

# Serving Our Veterans:

## Filling the Gaps in Military Mental Health

*This Issue Focus was written to accompany the November 29, 2007, audioconference GIH convened on military mental health.*

**S**tories of devastation on the evening news depict families struggling to cope with the health and mental health problems of their loved ones who have served in the military. For too many, help is not coming quickly enough. Nearly one-third of returning service members had signs of depression, post-traumatic stress disorder (PTSD), conflicts in relationships, and other mental health problems six months after leaving Iraq (Milliken et al. 2007). Despite recent efforts to improve mental health services for troops, suicide rates among returning Army soldiers jumped 20 percent from 2006 to 2007 (Priest 2008). Veterans are also at higher risk for a number of adversities, including alcohol and other substance abuse, violence toward partners, and homelessness. In fact, while veterans represent only 11 percent of the civilian population over age 18, they make up approximately 26 percent of homeless people (National Alliance to End Homelessness 2007).

Why are those who serve our country not getting the care they need? The reasons are multiple and complex. First, the wars in Iraq and Afghanistan have lasted much longer than anyone expected. As a result, soldiers face multiple deployments, causing more stress for them, their families, and their communities. While the conflicts in Iraq and Afghanistan have been compared to the Vietnam War, returning soldiers are from a different generation and have different needs. The veteran-serving organizations (VSOs) set up 60 years ago may not be up to speed on their needs.

Concerns about stigma and suspicion of the system also create barriers to accessing needed care. Soldiers who suspect they may need help for a mental health problem related to their deployment may fear doing so. For many, seeking help is a sign of weakness and may be perceived as a threat to one's career. Nearly 12 percent of active-duty soldiers and 15 percent of reservists reported abusing alcohol; yet less than 1 percent were referred for substance-abuse treatment (Milliken et al. 2007), possibly due to concerns about treatment records not being confidential.

Eligibility for services is another concern. Soldiers who have been less-than-honorably discharged may not be eligible to receive services from the Department of Veterans Affairs (VA). Even if they are eligible for services, many do not seek them

### TRAUMATIC BRAIN INJURY (TBI)

TBI has been described as the "signature wound" of the Iraq war. It can be caused by bullets or shrapnel hitting the head or neck and also by blast injuries that often result from mortar attacks or roadside bombs. Overall, between 10 percent and 20 percent of Iraq veterans have suffered a TBI during the war.

Identifying TBI is not always easy, and treating it is not always straightforward. TBI does not always cause an external wound; the pressure of a blast can affect the brain without leaving a visible trace. Moreover, the symptoms of TBI can be difficult to distinguish from combat stress and other related psychological injuries. Telltale signs of TBI include memory and emotional problems; vision, hearing, or speech problems; and sleep disorders. In addition, multiple, mild TBIs can accumulate over time, leading to serious neurological problems that are not readily linked to one injury. As a result, TBI can often remain undiagnosed and untreated. Severe TBIs require a lifetime of rehabilitation and therapy.

Source: Iraq and Afghanistan Veterans of America 2008

because they do not understand how to navigate the system. The military and the VA have separate health care systems, each with an exceptionally complicated and confusing bureaucracy (Iraq and Afghanistan Veterans of America 2008).

Finally, VSOs and the VA are operating at maximum capacity. In part because the wars were not expected to continue for years, available funding does not match the need for services. Veterans seeking services face waits of months and even years for medical or mental health appointments and disability compensation. Agencies are buckling under staffing shortages, and many are not equipped to deal with concerns of families.

Even for those who do access services, there is no guarantee how their conditions will be treated. Among clinical experts, there is little consensus on appropriate evidence-based treatments for war-related PTSD. In fact in an October 2007 report, the Institute of Medicine stated that "the scientific

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evidence on treatment modalities for PTSD does not reach the level of certainty that would be desired for such a common and serious condition among veterans.” A lack of agreement on how to treat PTSD coupled with a shortage of qualified providers obscure treatment options.

With all the challenges facing the support system for returning veterans, what can foundations do to help? The usual set of strategies applies, but there are specific challenges that funders should keep in mind when working in this area.

- **Capacity building** – Many nonprofit organizations that serve returning military and their families are relatively new, small organizations that lack the infrastructure to perform outreach and deliver services. General operating grants can allow these groups to hire the staff needed to provide direct services and also manage the organization’s administrative functions. The California Community Foundation’s Iraq and Afghanistan Deployment Impact Fund (IADIF) provided a \$2.5 million grant to USA Care, which provides assistance to military service members and their families who have unmet needs related to death, injury or other physical or mental disability, or financial hardship.
- **Public Awareness and Advocacy** – Without change at the federal level, the systems that serve veterans will not be transformed. Funders can use their policy expertise to help nonprofit organizations engage in non-lobbying advocacy to drive system reform. IADIF provided a \$4 million grant to National Public Radio to delve deeply into issues affecting the military, with the goal of expanding public awareness.
- **Demonstration Projects and Research** – Foundations have the ability to fund projects and research that will test new methods of treatment and that can be replicated throughout the country. Some projects have tremendous return on investment. For instance, The Rhode Island Blueprint and the Veteran’s Task Force of RI sprung from a \$5,000 conference planning grant from The Rhode Island Foundation. A group of concerned residents convened to survey the state’s services for the military and their families and found that programs were operating in isolation and that people had no idea that services were available. The process led to the development of *The RI Blueprint*<sup>®</sup>, a handbook that provided recommendations to the Rhode Island National Guard and the VA about how to reform the system. The resulting military-civilian partnership, the Veteran’s Task

Force of RI, has been a model for other states who have adapted it to meet their specific needs.

IADIF has funded the RAND Corporation to conduct a major study to collect and analyze information about the needs of and services for military personnel suffering from PTSD, TBI, and other mental and emotional injuries associated with deployment to Iraq or Afghanistan. The report, expected to be released in spring 2008, will summarize the availability of programs and services to address these consequences, identify critical gaps in services, and examine the effects of these mental and neurological injuries. RAND will also estimate the economic costs associated with these injuries and the resources required to treat them.

#### FOR MORE INFORMATION

- **Iraq and Afghanistan Veterans of America (IAVA)** is the nation’s first and largest nonprofit, nonpartisan advocacy organization for **veterans** of the **Iraq and Afghanistan** wars. Visit the Web site at <http://www.iava.org> to learn more.
- **The RI Blueprint**<sup>®</sup> outlines the challenges faced by returning soldiers and their families and examines Rhode Island’s capacity to deliver services. Read more and download the handbook at <http://www.riguard.com/modules.php?name=Content&pa=showpage&pid=183>.

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