

# Access to Mental Health Services: Military Personnel and Their Family Members

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#### Number of Veterans in United States

- US Military
  - 3.5 Million Active Duty and Reserves (2014 DoD Demographics)
  - 19.3 million Veterans from all wars (e.g., WW II, Korean conflict, Vietnam, Gulf war, OEF/OIF)
  - Dependents 1.8 million military children nationally, 37% 0-5; 31% 6-11; 24% 12-18
- Michigan
  - Active duty: 1,101; Selected Reserves: 15,813 (dispersed across state)
  - 658,469 Veterans from all wars
- Marital Status (2014 DoD Demographics)
  - 51% of Active Duty military members are married
  - 45% of the National Guard and Reserve are married

## The Most Pressing Mental Health Concern: Suicide

- 20 veterans die per day by suicide (www.va.gov)
- Rates are 35 percent higher since 2001 (www.va.gov)
- Rates are 85 percent higher for women since 2001 (www.va.gov)
- The fastest growing suicide rates are among young veterans aged 18-29 (now twice as high as civilian suicide rates) (www.va.gov)
- In 2011, suicide rates among National Guard soldiers surpassed those of active component soldiers (National Center for Telehealth & Technology, 2014).
- Suicide risks increase over the first 12 months soldiers are home and soldiers require ongoing screenings and interventions (Kim et al.)

# Mental Health Concerns (Michigan Study)

#### **National Guard Soldiers**

- 11% PTSD / Combat
- 21% Depression
- 5% Suicidal thoughts
- 20% Hazardous alcohol use
- 40% One or more mental health problems

Gorman, Blow, et al. (2011)

# Mental Health Concerns (Michigan Study)

#### National Guard Spouses/Significant Others

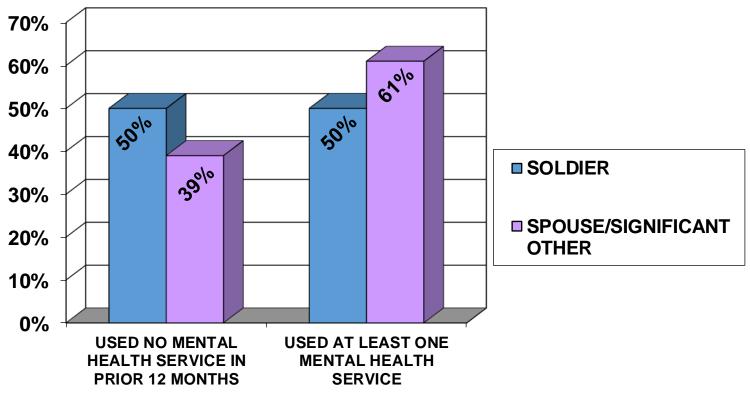
- 17% PTSD/Stressful life event
- 22% Depression
- 10% Suicidal thoughts
- 3% Hazardous alcohol use
- 34% One or more mental health problems
- Poor mental health of soldier and spouse is disruptive to family functioning

Gorman, Blow, et al. (2011); Blow et al., (2013)

## Michigan Numbers Mirror National Trends

- Nationally, 33% reported of returning veterans reported a mental health/cognitive condition
- Nationally, 18.5% met Posttraumatic Stress Disorder (PTSD) or depression criteria (300,000 veterans)
  - > 14% PTSD
  - > 14% Depression
- 19.5% reported a probable Traumatic Brain Injury (320,000 veterans)

# Michigan Participants with Identified Mental Health Concern: Use of Mental Health Services in Prior Year



Gorman, Blow, et al. (2011)



## Barriers to Care for Service Members

Barrier	Percent
Stigma	
It would be too embarrassing.	15%
It would harm my career.	17%
Members of my unit might have less confidence in me.	19%
My unit leadership might treat me differently.	19%
My leaders would blame me for the problem.	11%
I would be seen as weak.	18%
Logistical	
I don't know where to get help.	6%
I don't have adequate transportation.	5%
It is difficult to schedule an appointment.	12%
There would be difficulty getting time off work for treatment.	14%
Mental health care costs too much money.	18%
Belief	
I don't trust mental health professionals	16%
Mental health care doesn't work.	7%

Gorman, Blow, et al. (2011)



# Barriers to Mental Health Care Perceived by Spouses/Significant Others

I don't trust health professionals	5%
I don't know where to get help	11%
I don't have adequate transportation	6%
It is difficult to schedule an appointment	17%
Difficulty getting time off work for treatment	14%
Mental health care cost too much	29%
It might harm my career	4%
I would be seen as weak	6%
Mental health care doesn't work	5%
There are no providers in my community	7%
I would have to drive great distances for high quality care	10%

## The VA is an Option, but it Does Not Work For All

"So, I called the VA and tried to make an appointment... about my back some emotional stuff and they didn't return my call. Then, I called again and they didn't call me back, and then, I called again and I called them several times over the course of a few weeks, just like begging for help and like it just makes me so mad. I, finally, got through because I called the VA emergency room and said I need to talk to somebody today, I want to talk to somebody today. So, they said come into the emergency room. So I went and I talked to mental health a few times, until I realized that they are mostly interested in doing a research study...And that's how you get into mental health at the VA... or you wait four weeks.

Risk, Resilience, and Coping in National Guard Families. Psychological Health/Traumatic Brain Injury Research Program under Award No. W81XWH-12-1-0419 and 0418 (Blow, PI; Gorman, Partnering PI)

#### Mental Health Care Access and Utilization: Barriers

- Some Reserve forces not eligible for VA services
- Veterans and families do not always recognize an issue as mental health issue
- Individuals are not always walking into the door asking for help.
- When Veteran's and spouses seek help, it may be from a civilian provider (Gorman, Blow, et al., 2011)
  - 17% of Veterans and 51% of spouses with a mental health problem report talking to their civilian medical doctor about their problem
  - 11% of Veterans and 30% of spouses with a mental health problem report talking to a civilian mental health provider about their problem
  - 6% of Veterans and 14% of spouses with a mental health problem report talking to their civilian clergy about their problem
- Need more outreach that helps Veterans and families identify a mental health issue



### Civilian Based Mental Health Access Models

- Star Behavioral Health Providers
- Pathways to Resilience (P2R)



#### What is SBHP?

#### **Star Behavioral Health Providers**

To address the need for qualified, civilian behavioral health providers who understand military issues, a collaboration between:

- Michigan National Guard (MING),
- Human Development and Family Studies at Michigan State University (HDFS)
- National Guard Bureau, Psychological Health Program (NGB PHP),
- Military Family Research Institute (MFRI),
- The Center for Deployment Psychology (CDP).

(http://www.starproviders.org/)

### Overview of the SBHP Tiers

#### TIER THREE

Evidence-based training for PTS, Insomnia, Depression, or Family Resilience (Tier 3, Two Day)

#### TIER TWO

Psychological Health Rates and Treatment Types (Tier 2, Two Day)

#### TIER ONE

Military Culture, Deployment Cycle and its effects on Service Members and their families. (Tier 1, One Day)



# Completed SBHP Trainings in Michigan (since 2013)

- Tier 1: 789 providers trained
- Tier 2: 392 providers trained
- Tier 3: 298 providers trained

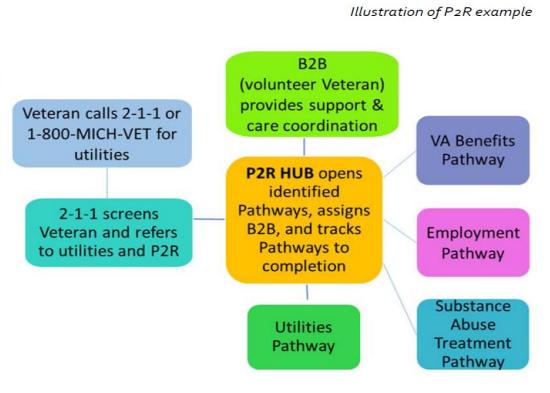
 Many providers accept TRICARE, offer reduced fee services, or participate in "Give an Hour"

## Proposed Pathways to Resilience (P2R) Model

The Pathways model is based on three principles:

- 1. Find those at greatest risk
- Serve to ensure individuals receive evidencebased health and social services
- Measure and evaluate benchmarks and final outcomes

Innovation. The Pathways model is a quality improvement effort that is transforming service delivery and payment models and holds potential as an evidenced-based model that can improve integration of healthcare and community resources for military personnel, Veterans, and their families. The community HUB serves as a central repository for governance documents (protocols, privacy practices, reporting and contracting requirements, etc.) and as a central data system for tracking demographics, care planning checklists, and pathways. The model ensures that risk factors are addressed using pathways and a pay-for-performance methodology.



## Critical Considerations in Caring for our Veterans

- Early intervention is critical to prevent more severe conditions, e.g., suicide, homelessness
- Do Veterans have access to care?
- Are the services they receive adequate?
  - The best treatments available
  - Trained practitioners who understand military culture
  - The optimal dosage of treatment, i.e., are they completing care or is the care that they receive effective?
- How do they pay for treatment?
- How to help family members?
- How to continue to reduce stigma?

## How to Pay for Mental Health Services for Veterans

For those seeking non-VA services

- Easier if they have employment, income above \$50,000, and health insurance (Gorman et al. 2016)
- For those without benefits it is much more difficult

The conclusion of a state wide representative survey of MI residents in 2012 was the following:

Despite the complicated nature of this issue, our study findings clearly indicate that there is the political will on the part of Michigan citizens is to do more to meet the needs of National Guard service members. Regardless of political affiliation, a majority of Michigan residents indicated they would support a state tax intended to provide resources for returning National Guard service members (Blow et al., 2012)

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