Improving Access to Mental Health and Deceasing the Suicide Rate within the Military

Veterans Mental Health Screenings and Assessment Act
House Bill 1308
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Health Policy Fellowship Class 2010
September 24, 2010
Servicemembers’ from both Afghanistan (OEF) and Iraq (OIF) have an increased need for mental health services

Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), major depression and an increased rate of suicide

The DOD and VA have fully acknowledged the suicide problem -- document increasing suicide data in their monthly reports

Rate of suicide was lower in the military than among civilians – that pattern reversed in 2008
Defining the Problem

- Gradual increase in military suicides had been documented since 2005

- 2008 represented a turning point

- For the 1st time; roughly 20.2 of every 100,000 soldiers killed themselves. The civilian rate for 2006 was 19.2 when adjusted to match the demographics.
The rates per 100,000 people of suicide among active-duty personnel in the Army, Marines, Navy and Air Force. The statistics show an increase in suicide rates since 2001 compared with the relatively steady rate of suicide among the U.S. civilian population.

Source: U.S. military branches (2001-09) and Centers for Disease Control (CDC) and Prevention (latest figures through 2006)  Credit: Adrienne Wollman
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Introduction

- For three years, DOD and the VA have placed the reduction of suicide as one of their highest priorities.
- **Suicide data of 2008 totaled 189** (140ad/57rc)
- In January 2010 the December suicide data report was at an all time high with **238 potential suicide deaths** (160ad/78rc) for 2009
- April 2010 not only reveals a continued upward trend of suicides for 2010, it also included an even higher updated cumulative numbers for 2009, now 262 total suicides for last year
- Recent data...
Active Duty Suicide Deaths (CY 2003-2009)

Compared to the Civilian Rate per 100,000
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History and Background

- Military suicide rates show a continual increased for five straight years
- The **DOD suicide data** centers on active duty and reserve component military - doesn’t show the whole picture of war-related suicides
- **DOD** and the **VA** are responsible for providing mental health to two distinct populations
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History and Background

- No nationwide system for surveillance of suicide among all veterans
- Approx 30,600 thousand US citizens fall prey to suicide each year in the USA
  - studies suggest that 20% are veterans,
  - about 17 veterans commit suicide everyday
  - more than 6,000 a year
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History and Background

- **Early analysis**-focused on PTSD, TBI, depression, an increased tempo of deployment, and multiple deployments with minimal dwell time

- **Suicide risk factors** include family problems, divorce, drug and alcohol abuse, trouble with the law and financial problems

- **Unseen injuries of war**, such as PTSD and depression were not accorded the full attention they deserved

- Initially **quality and access** issues in an overburdened system
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Efforts by the DOD and VA

- Combined DOD and VA Mental Health Summit
- 2009 - Doubled the **budget** for psychological health and TBI to almost $1.2 billion from 2008, including $400 million specifically for R&D
- **Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention** –
- **Army STARRS** a five-year, $60 million study with the National Institutes of Mental Health (NIMH). (Army Study to Assess Risk and Resilience in Servicemembers)
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Efforts by the DOD and VA

- By 2011, will add an additional 200 mental health providers available from the National Institutes of Health
- Psych: health staff has increased by almost 2,000 providers in military-treatment facilities and by more than 10,000 in TRICARE
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Efforts by the DOD and VA

- Established **National Intrepid Center of Excellence**
- Addressing chronic shortages of mental health professionals
- Expanding DOD **recruiting at medical schools** for healthcare professionals
- Increasing **uniformed mental health experts**
- Combating **the stigma** associated with seeking help for psychological injuries
  - **Real Warriors Campaign** - national multimedia public-education effort designed to combat this stigma
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Efforts by the DOD and VA

- Military OneSource or the Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury Outreach Center
- VA efforts include a toll-free, round-the-clock suicide prevention hotline
- Expanded hours at VA’s 153 medical facilities for veterans with mental health problems
- The VA’s 2011 budget - keen focus on improving the quality, access and value of mental health care provided to veterans.
- Seeks $5.2 billion for mental health, an increase of $410 million
“June was worst month on record for Army suicides”
USA TODAY - Author: Gregg Zoroya, Date: July 16, 2010

In June, the number of confirmed and suspected suicides in the Army topped those of previous months.

Source: U.S. Army
By Julie Snider, USA TODAY

Brought to my attention by HPF Jim Lally, DO at the AOA HOD 2010
2010 suicide data is based on confirmed suicides as of July for June 2010 (130/145). Last quarter has typically been the highest, and there is a 3 month average lag time.
Active Military and Veterans Suicide Prevention

Despite substantial efforts, and a philosophy of “if you build it they will come” the suicide rate has continued to trend upward.

The obvious question remains unanswered: “What is the underlying problem impacting the care needed to decrease the suicide rate within the US military and veteran population?”
The proposed legislation: House Bill 1308
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4 basic provisions or goals of the House Bill

(1) Conduct mandatory, face-to-face, confidential mental health and traumatic brain injury screenings conducted by a licensed medical professional for each member of the Armed Forces
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(2) Requirements of Screening:

- Provide objective mental health and traumatic brain injury standard to screen for suicide risk factors;
- Ease the members' transitions by allowing them to be honest in their assessments;
- Battle the stigma of depression and mental health problems among service personnel and veterans; and
- Reduce the prevalence of suicide among veterans of Operation Iraqi Freedom and Operation Enduring Freedom.
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(3) Cannot prohibit a member from returning to the United States due to any screening result or determination.

(4) Establish a joint protocol to share existing and future reports from confidential screenings conducted to help aid members in their transition from health care and treatment provided by the Department of Defense (DOD) to health care and treatment provided by the Department of Veterans Affairs (VA).
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Supportive Stakeholders

- Non Commissioned Officers Association (NCOA)
- Disabled American Veterans (DAV)
- AMVETS (American Veterans)
- Iraq and Afghanistan Veterans of America (IAVA)
- Veterans of Foreign Wars (VFW),
- American Psychiatric Association (APA)
- Department of Defense (DOD)

The bill currently enjoys bipartisan congressional support
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Opposing Stakeholders

- Potential for opposition stakeholders does exist within the military itself
- Complained of unfair treatment
- Lack of transparency
- Military culture
- Stigma of seeking mental health
- RAND study – jeopardize career, loss of security clearance, loss of confidence by team members, medication side effects, family before the DOD
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Recommendations

- Focus on a critical issue of military and veteran suicides
- Targeted Screenings
- A refinement and strengthening of current policy
- *Post-Deployment Health Reassessment* (PDHRA)
- Joint Protocols Sharing of information from the DOD can significantly strengthen current VA mental health screening policy
- Mandatory, face to face, confidential, by a licensed health care professional (90 & 180)
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Recommendations

- Reinforces the communication between the DOD and the VA (forces joint protocol's)
- Prevents the Sec. of Defense from delaying a servicemember’s return home
- HR 1308 represents the more aggressive policy needed to identify those at risk and provide early treatment in an effort to prevent suicides in our returning military
I will always place the mission first;
I will never accept defeat;
I will never quit;
I will never leave a fallen comrade.
Have the Courage to Help a Buddy

“One suicide is one too many.”
Kenneth O. Preston
Sergeant Major of the Army

Talk to your Chaplain or a Behavioral Health Professional or call Military OneSource
1-800-342-9647
www.militaryonesource.com

Suicide Prevention – Posters Source: US Army
THANK YOU

Questions