Global War On Terror – PTSD

Tom Schumacher, Director Behavioral Health Programs
WDVA
Outline

• Handouts – Saving pager – I will send electronically any items noted
• GIS Maps of Returning GWOT Veterans
• Incidence of PTS/D Among Veterans
• Federal VA Services Nationally & Washington State
• Shifting Demographics of Veterans in WA
  • PTSD Program Changes – Model Modifications
  • Networking Supplementing Treatment Funds from other than state funds
• Keith Meyer, M.S., LMHC and Adrian Magnuson-Whyte, Ph.D., LMHC: local PTSD Program Providers
  • Mark Fischer, M.S. and Jason Alves, B.A., Vet Corps
  • Randi Jansen, M.A., LMHC, Soldier Project
Global War on Terror (GWOT), Homecoming, and Connections
GWOT Military and Veterans Data:
From 1 Oct 2001 – 31 March 2012
Source: Epidemiology Program, VHA, DVA  http://pubic.health.va.gov/epidemiology

- Number Served or Deployed to GWOT: 2.4 million
- GWOT Veteran Home and Eligible for federal VA Services: 1,478,370
  - 821,318 (56%) Former Active Duty (all branches)
  - 657,052 (44%) Reserve and National Guard

- State Veteran Number difficult to know, but ranges from 36,000 to 50,000+
  - Department of Defense (DoD) Defense Manpower Data Center (DMDC) – OIF/OEF/OND Veteran Roster
Nationally: VA Services

Total Discharged and VA Eligible: 1,478,370

- 821,318 (56%) Former Active Duty (all branches)
  - 451,494 (55%) have sought VA health care (all types)
- 657,052 (44%) Reserve and National Guard
  - 353,210 (54%) have sought VA health care (all types)

Total Seen by VA Nationally = 804,704 GWOT Veterans = 54% of total discharges
VA (Nationally) Health Care Utilization
FFY 2002 – June 2012 (Outpatient and Inpatient)
Source: Epidemiology Program, VHA, DVA  http://publichealth.va.gov/epidemiology

- 804,704 GWOT Veterans who have received VA health care:
  - 751,754 (93%) have been seen at least once in an outpatient VA health care facility
  - 52,950 (7%) have been hospitalized at least once in a VA Medical Center

- Services to GWOT Veterans represents 8% of all services to the 6.2 million VA Veterans
VA Health Care Utilization among OEF/OIF/OND Veterans – Rank Order of 7/15 highest Diagnoses
Cumulative from 1st Qtr FY 2002-2nd Qtr FY 2012 – Released data: June 2012
Number and % of total Diagnoses among OEF/OIF/OND Veterans
Source: Epidemiology Program, VHA, DVA http://pubic.health.va.gov/epidemiology

<table>
<thead>
<tr>
<th>Condition</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td>456,006</td>
<td>56.7%</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>424,803</td>
<td>52.8%</td>
</tr>
<tr>
<td>Symptoms &amp; Ill Defined Con.</td>
<td>417,703</td>
<td>51.9%</td>
</tr>
<tr>
<td>Nervous System/Sense Org.</td>
<td>360,644</td>
<td>44.8%</td>
</tr>
<tr>
<td>Digestive Disorders</td>
<td>289,303</td>
<td>36.0%</td>
</tr>
<tr>
<td>Metabolic Systems</td>
<td>260,330</td>
<td>32.4%</td>
</tr>
<tr>
<td>Injury/Poisoning</td>
<td>232,142</td>
<td>28.8%</td>
</tr>
</tbody>
</table>
## Mental Disorders – GWOT Veterans Seen

### National VA System

Rank Order – Top Seven Diagnoses

Cumulative from 1st Qtr FY 2002-2nd Qtr FY 2012 - Released data: June 2012

Number Diagnosed among OEF/OIF/OND Veterans for each MH Condition

Source: Epidemiology Program, VHA, DVA  
http://publichealth.va.gov/epidemiology

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<thead>
<tr>
<th>Condition</th>
<th>N / Amended N</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>228,361 / 245,658</td>
</tr>
<tr>
<td>Depressive D/O</td>
<td>174,799</td>
</tr>
<tr>
<td>Neurotic D/O</td>
<td>153,346</td>
</tr>
<tr>
<td>Affective Psychosis</td>
<td>105,841</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>49,797</td>
</tr>
<tr>
<td>Abuse of Rx Drugs</td>
<td>35,360</td>
</tr>
<tr>
<td>Nonpsychotic M/D due to Organic Brain Damage</td>
<td>27,880</td>
</tr>
</tbody>
</table>
Rates of PTSD GWOT

- **Active Duty PTSD**
  - 14 - 21% Various Estimates before and since RAND Study
  - RAND Corporation – 2008
    - 20.0% Veterans had PTSD or Major Depression
    - 19.0% likely suffered TBI (Traumatic Brain Injury)
    - 17.0% taking anti-depressants in the field

- **Veterans**
  - PewResearchCenter findings with GWOT Combat Veterans
    - 37% - 49% surveyed think they have PTS/D
    - 52% say they suffered significant traumatic stress while in the war zone
    - 47% know someone who was killed in action (KIA)
Federal VA PTSD Services Within Washington State

- VISN 20 = (WA, OR, ID, AK)
- VA Medical Centers: N = 5 (counting American Lake and the Vancouver satellite)
  - PTSD Outpatient Clinics (within VAMCs)
  - PTSD Inpatient Program (e.g. American Lake)
  - Community Based Clinics (CBOC) N = 8
    - Medical Clinics - some Mental Health Services / Major Staffing Shortages
  - Mental Health Fee Services (Non-VA Providers)
    - 98% of these services are west of Cascades (Puget Sound HCS)

- Vet Centers – Readjustment Counseling Centers
  - 8 Store Front Clinics – In population centers of the state
  - Vet Center Contractors (8 Providers/7 are WDVA Providers)
The Problem: Extreme Service Demands & Sources of Barriers to PTSD Treatment
Federal VA Services to GWOT Veterans - VISN 20 (Washington)
2002 – June 2012

- VISN 20 (WA, OR, ID, AK)
  - 47,437 GWOT Veterans seen from 2002-2012

- Washington State Federal VA – All VA entities
  - 11,737 GWOT Veterans seen from 2002-2012
  - 35,203 Home to Washington (Actual totals are still confusing)

- VA National-All State % of GWOT Veterans Served
  - 47.4% (54%) Veterans (Former Active Duty)
  - 45.3% (53%) Reserve/National Guard

- Federal VA: Veterans Served in Washington State
  - 33.2% Veterans (Former Active Duty)
  - 33.8% Reserve/National Guard

(Source: Terry C. Washam, Senior Military Outreach Liaison, VHA OEF/OIF Outreach Office)
### Barriers to Mental Health Care

*Positive Screen for PTSD among Active Duty (Hoge et al., 2004)*

#### The Stigma Associated to Obtaining MH Care

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would be seen as weak</td>
<td>65%</td>
</tr>
<tr>
<td>My unit leadership might treat me differently</td>
<td>63%</td>
</tr>
<tr>
<td>My unit would have less confidence in me</td>
<td>59%</td>
</tr>
<tr>
<td>My leaders would blame me for the problem</td>
<td>51%</td>
</tr>
<tr>
<td>It would harm my career</td>
<td>50%</td>
</tr>
<tr>
<td>Difficulty getting time off work for treatment</td>
<td>55%</td>
</tr>
<tr>
<td>It is difficult to schedule an appointment</td>
<td>45%</td>
</tr>
<tr>
<td>I don’t trust mental health professionals</td>
<td>38%</td>
</tr>
<tr>
<td>Mental health care doesn’t work</td>
<td>25%</td>
</tr>
<tr>
<td>I don’t know where to get help</td>
<td>22%</td>
</tr>
</tbody>
</table>
GWOT Veterans: Good News – Troubling News

1. Most returning veterans do adjust after military service
2. Most veterans are resilient, are searching for Post Traumatic Growth from their experiences – Wanting a happy life!
3. Elevated levels of PTS/D, TBI, and wounds/injuries
4. Homecoming Can = Social Disconnection = > Problems
5. Unemployment is 2x the civilian rate: Bias against vet hiring?
6. Many veterans attending higher education: (The actual number is unknown and not collected in Washington State)
   - High suicide ideation rates (46%); 24% had a plan; 46% expressed severe anxiety; high drop out rates reported.
7. Family Members need support - Providers need to be able to see family members when treating PTS/D - VA does very little family Tx
8. Homelessness, Substance Abuse, Legal Problems, and Suicide Risk
   - Majority of veterans have guns – 85% of suicides among veterans is with a fire arm
Systems Can Create Treatment Barriers – Some things that impact VA utilization

1. **Geography and Weather** – distance to federal centers of care

2. The architecture of large facilities, crowded parking lots – hard to navigate when suffering from PTS/D or TBI

3. **Long Delays for Intake and long durations between appointments at many VA facilities**

4. **Mental Health treatment stigma**
   - Fear of a MH diagnosis, and the impact on employment, security clearances, federal work, police jobs, teaching careers, pilot’s license, others careers, etc.
1. **Gender Barriers** affecting Women Veterans

2. **Ethnicity Barriers** - lack of cultural awareness or shared ethnicity with providers

3. Over adherence to “evidence based practices” or research protocols - frequently alienates the veteran – *loss of human-to-human connection*

4. **An over emphasis on pathology & diagnosis; the loss of the human experience of war, the need to tell the trauma story.***

5. **The Moral Injury** resulting from combat and killing:
   - Often the real wound is needing to be addressed but missed by overwhelmed institutional providers

6. **Lack of awareness of Veteran Trauma Informed Care and Military or Veteran Culture Awareness**
Successful Community Based Model: Veteran Comes to Provider’s local office – Works Best When Treatment is in the Veteran’s Home Community
Interactive Diagram of VAMC, Vet Centers, WDVA PTSD Program

**Vet Centers**
- Seattle
- Everett
- Tacoma
- Bellingham
- Yakima
- Spokane
- Federal Way, & Walla Walla

**Deployment Health Clinic**
- Primary medical care;
  - Mental health screening/triage
  - Brief therapy & meds

**VA PTSD Programs**
- PTSD Clinical Teams
- Women’s Trauma Team
- PTSD Inpatient Unit
- PTSD Domiciliary

**Affiliated Mental Health Programs**
- Addictions Programs
- General Mental Health

**WA State DVA Behavioral Health Programs:**
- WDVA & King County PTSD Contractors
### WDVA PTSD Program Referral Sources 2005-2012

Twelve highest referral sources for 4305 Veteran Clients

<table>
<thead>
<tr>
<th>Source</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>WDVA (Webpage or direct referral by staff)</td>
<td>631</td>
</tr>
<tr>
<td>Former or current Veteran client</td>
<td>517</td>
</tr>
<tr>
<td>V.A. Hospitals in Washington</td>
<td>457</td>
</tr>
<tr>
<td>Self Referred – actual source not determined</td>
<td>386</td>
</tr>
<tr>
<td>Mental Health Center Within Provider’s County</td>
<td>244</td>
</tr>
<tr>
<td>Veterans of Foreign Wars Office</td>
<td>236</td>
</tr>
<tr>
<td>Family Members</td>
<td>205</td>
</tr>
<tr>
<td>Other Community Organizations (Vet Centers, DSHS, etc.)</td>
<td>175</td>
</tr>
<tr>
<td>Private Practice Mental Health Professionals</td>
<td>173</td>
</tr>
<tr>
<td>Vietnam Veterans of America Office</td>
<td>173</td>
</tr>
<tr>
<td>Other Veterans Organization</td>
<td>164</td>
</tr>
<tr>
<td>Other Individuals (Landlords &amp; neighbors)</td>
<td>160</td>
</tr>
<tr>
<td>Other Government Agencies</td>
<td>138</td>
</tr>
<tr>
<td>Disabled American Veterans Office</td>
<td>131</td>
</tr>
<tr>
<td>American Legion Office</td>
<td>116</td>
</tr>
</tbody>
</table>
Changing Demographics of Veteran Population = Changing Helping Models
Vietnam War Veterans - Still the largest segment of VA and WDVA PTSD Services

Sources: VAMC PSCHS (2007); WDVA PTSD Program (2010-11)

- Average age: 66
- Out of military for 35-44 years
- Usually 1 combat tour – 12 to 13 months
- High risks in VN, but fewer in direct combat roles
- Married/divorced/remarried or alone, isolated
- Retired, unemployed/disabled
- Retirement increases PTSD for many VN Veterans
- Empty nesters – grandparents – end of life issues begin
- Agent Orange/war zone environmental illnesses
- Seeking more VA benefits and health care
- Early severe illnesses and premature death
- 68% of VN vets have used VA for something (VAMC/VARO)
- Post-WW II Generation/Baby-Boom Generation
GWOT (OIF & OEF) Veterans = 8% of Federal VA; 14% of WDVA PTSD Program

- More time in war zone/ more direct combat participation/more veterans surviving wounds
- Average age: 24-31 (Different developmental stages/tasks)
- Out of military 0-9 years – More acute PTSD and TBI
- Single or newly married – very busy lives
- Going to school, work, and planning career
- Living with parents or roommates – *Homeless by definition*
- 46 to 54% of GWOT Vets have used VA Nationally - 33.2% of WA State Veterans seen by federal VA
- Much higher wound survival rates than earlier wars
- High rate of suicide in military; Highest rate age - 19-24
- 47% say difficult homecoming/readjustment
- Law Enforcement/First Responder issues
- Stigma around obtaining mental health/behavioral health
- Avoidant of the VA – Fear of diagnostic labels
Some PTS/PTSD War Trauma Program Model Changes/Additions since 2001

- Prevailing Treatment Model: “Come to us for care” works for many, but not all Veterans/Families

- WDVA Community Based – Alternative to VA, outpatient counseling remains very important for GWOT and VN War Veterans

- The WDVA PTSD Program = proactive support of the GWOT veterans/family members during the post deployment homecoming and readjustment experience

- We have learned to offer service that mimic the pathways of Veterans as they return home – expanding on peer to peer connections – not on complex, difficult to access systems of care
PTSD/War Trauma Counseling
34 PTSD Contractors
Offers 1:1 Couples, Family, Group & MST Counseling

Veterans Conservation Corps
Mark Fischer, MS
Jason Alves, BA
Federally funded Vet Corps
WA Traumatic Brain Injury Project
Veteran Employment Project

Veteran Friendly Campuses
Peter Schmidt, Psy. D.

K-12 Based Children of Deployed Parents Project
King County
Diana Frey, Ph. D.
Thurston County
David Calles, Psy. D.

Veteran Training Service Center (VTSC)
Edmonds Community College – Center for Learning Connection

King County Vet Court – Deferred Prosecution Model
Scott Swaim, MA

WDVA & King County PTSD Program Family Project

http://www.dva.wa.gov/ptsd_counseling.html
WDVA PTSD Program Providers & Treatment Funding
(Note: These services-extender fund sources vary by county, by VA catchment areas, and VA Program criteria for eligibility.)

Intakes
(See referral list)

Funding Ratio
State : Other
Tx Funds
$1 : $3.28

Over time and with Improving Mental Health: Referral to VA Medical Centers for Primary Care
WDVA PTSD/War Trauma Program

Annual Intakes N = 1,650

Unique Clients in WDVA Program = 3,400 unique clients annually

1/3 to 1/2 = Family Members

250 – 552 children in Classroom Based - Deployment Resiliency Project in King and Thurston Counties

1,781 GWOT Veterans from 2003-2012
WDVA PTSD Programs - 2012

http://www.dva.wa.gov/ptsd_counseling.html

Map showing the locations of WDVA PTSD Contractors in Washington state.
18 PTSD/War Trauma Service Providers in King County

- On e therapist offers home visits to veteran families.
- One contractor offers in-service/consultation to college and university counseling staff to create Veteran Friendly Campuses; and the Veteran Training Service Center trains providers to enhance clinical, crisis, veteran trauma informed services.
- One contractor offers Veteran Count Assessment Services to Seattle and King County District Courts.
- One contractor edits the E-RAG Newsletter - a widely distributed tool for getting out the word about PTSD Tx and provider information.

http://www.dva.wa.gov/ptsd_counseling.html
Federally Funded Vet Center Contracts for 7 WDVA PTSD Program Contractors
Veteran Clients Must Be Combat Veteran - Value = $1.25M
Puget Sound VA Mental Health Fee Services Coverage Area

Eligibility: Service-Connected Disabled Criteria
Area in Red = PSHCS VA Catchment Area. Area in Green is Portland VA Fee Catchment Area
Note: Nearly no Fee Services provided by VA in Eastern WA
Director of Behavioral Health Services
Tom Schumacher, MS, LMHC, NCC

Program Specialist 4
Michelle McMeel

PTSD/War Trauma Counseling
34 PTSD Contractors
Offers 1:1 Couples, Family, Group & MST Counseling

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Mark Fischer, M.S.
Interactive Diagram of VAMC, Vet Centers, WDVA PTSD Program: Inter-referral and treatment support

**Vet Centers**
- Seattle
- Everett
- Tacoma
- Bellingham
- Yakima
- Spokane
- Federal Way, & Walla Walla

**VA PTSD Programs**
- PTSD Clinical Teams
- Women’s Trauma Team
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**Deployment Health Clinic**
- Primary medical care;
  - Mental health screening/triage
  - Brief therapy & meds

**Affiliated Mental Health Programs**
- Addictions Programs
- General Mental Health

**WA State DVA Behavioral Health Programs:**
- PTSD Contractors
- VetCorps Members/TBI Project
- PTSD Education & Vet Friendly Campuses
- Federal Contractors
MST - Military Sexual Trauma Counseling

- **Women Veterans** – VAMC 206-277-3337, Vet Centers, WDVA Contractors

- **Men Veterans** – VAMC, Vet Centers, and WDVA PTSD Contractors

- **Women Military Sexual Trauma VAMC**
  - Contact Julia Sewell, MSW - PSHCS – VAMC Seattle 206-277-1816
Federal and WDVA Resources for MH/RC

- **PSHCS – American Lake and Seattle VA Medical Centers**: 800-329-8387 or 206-764-2636  *(Includes the Post-Deployment Clinic)*

- **Spokane VA Medical Center**: 509-434-7000

- **Walla Walla Medical Center**: 888-687-8863

- **Portland and Vancouver VA Medical Center**: 503-220-8262

- **Vet Centers**: Washington
  - Seattle 206-553-2706
  - Everett 425-252-9701
  - Tacoma 253-565-7038
  - Spokane 509-444-8387
  - Bellingham 360-733-9226
  - Yakima 509-457-2736
  - Federal Way 253-838-3090
  - Walla Walla 509-525-5200

- Oregon
  - Portland 503-273-5370
  - Grants Pass 541-479-6912
  - Eugene 541-465-6918
  - Salem 503-362-9911

- **WDVA PTSD Program Call Center**: 800-562-2308 or
- **Tom Schumacher, PTSD/War Trauma Program Director**: 360-725-2226

- 34 Community Based Counselors listed by country:
  [http://www.dva.wa.gov/ptsd_counseling.html](http://www.dva.wa.gov/ptsd_counseling.html)
Web Site Resources & Topics

- **www.dva.wa.gov** Veteran Services Division
  - 1-800-562-2308 for benefits, services, housing, referral

- **www.dva.wa.gov/ptsd_counseling.html**
  - VA & VA Post deployment clinic numbers, VAMCs, Vet Centers, & Vet Center Contractors
  - VA Suicide Hotline 1 800 273 (talk) 8255
  - Center for PTSD – PILOTS search engine
  - The Ray Scurfield Veteran Resource Directory
  - *The Soldier Project*, Randi Jensen, M.A., LMHC, Director
    - 206-290-1035

- [www.rand.org/pub/monographs/MG720/](http://www.rand.org/pub/monographs/MG720/)
- [www.oqp.med.va.gov/cpg/PTSD/PTSD_Base.htm](http://www.oqp.med.va.gov/cpg/PTSD/PTSD_Base.htm)
- [http://www.mentalhealth.va.gov/College/](http://www.mentalhealth.va.gov/College/)