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## eeting the Mental Health Needs of Returning Veterans in Rural Areas

NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE

### LARGE NUMBER OF SERVICE MEMBERS NEED MENTAL HEALTH CARE

According to a recent RAND report, *Invisible Wounds of War*, nearly 1 in 5, or 30,000 soldiers who have served in Iraq or Afghanistan have PTSD or serious depression while only about half of that number actually sought treatment. A report released by the U.S. Surgeon General's Office found that about 15-20% of soldiers returning from Iraq have signs of PTSD or depression and that the one-year breaks that soldiers receive between successive 12- to 15-month deployments in Iraq do not provide adequate time for recovery. In addition, recently released data from the Pentagon shows that the number of U.S. service members diagnosed with PTSD increased by nearly 50% from 2006 to 2007. In 2007, nearly 14,000 cases of PTSD were diagnosed by military officials, compared with about 9,500 new cases in 2006 and 1,632 in 2003. These numbers represent only those diagnosed by military personnel and do not include those diagnosed by Department of Veterans Affairs staff or civilian health professionals. Because of this, it is likely that these numbers represent a fraction of new cases.

### MANY VETERANS DO NOT SEEK CARE WITHIN THE VA SYSTEM

Of the about 800,000 Iraq and Afghanistan war veterans eligible for VA benefits, only about 300,000 have sought care in the VA system. Of those veterans, 59,800 have PTSD and 120,000 have at least one mental disorder. Dr. Tom Insel, Director of the National Institute on Mental Health, projects that up to 70% of returning soldiers with PTSD and depression will not seek treatment from the Departments of Defense or Veterans. The RAND report, and other sources, highlights concerns about confidentiality and logistical barriers, among other issues, as reasons for not seeking care within the VA system.

### PROPOSAL

It is proposed that Congress provide funding for a comprehensive program to meet mental health needs of veterans who live in areas remote from VA health facilities. To be effective, the program should include the following components: (1) training, certification, and employment of veterans to work as peer outreach specialists and peer counselors; (2) training of community mental health center clinical staff to ensure clinical and "cultural" competence (*vis a vis* the combat experience and military milieu); and (3) delivery of needed behavioral health services. This proposal would strengthen the VA's mental health capacity by funding a \$100 million contracting initiative with Community Mental Health Organizations located in rural areas; the department shall have prior approval over all patient referrals. In furtherance of this initiative, the VA shall contract with a national mental health organization in the amount of \$3 million to train veterans to provide outreach and peer support services and to ensuring that mental health services are delivered in a culturally competent manner.



## Request

Support this initiative to provide mental health services to returning veterans.

