NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

Meeting the Behavioral Health Needs of Veterans

Operation Enduring Freedom and Operation Iraqi Freedom

NOVEMBER 2012

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The National Council for Community Behavioral Healthcare (National Council) is the unifying voice of America's behavioral health organizations. Together with our 2,000 member organizations, we serve our nation's most vulnerable citizens — more than 8 million adults and children with mental illnesses and addiction disorders. We are committed to providing comprehensive, high-quality care that affords every opportunity for recovery and inclusion in all aspects of community life.

The National Council advocates for policies that ensure that people who are ill can access comprehensive healthcare services. We also offer state-of-the-science education and practice improvement resources so that services are efficient and effective.

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Meeting the Behavioral Health Needs of Veterans of Operation Enduring Freedom and Operation Iraqi Freedom

We have all heard the alarms about the mental health challenges facing veterans of our most recent wars. Headlines have been awash in warnings about suicide, substance abuse, military sexual trauma, depression, PTSD, anxiety, and other mental health conditions. Simply put, the idea that veterans have significant mental health needs has reached the point where the response is often, "Well, of course – they've been to war."

The good news is that these veterans are incredibly resilient and there are effective, proven, and cost saving treatments to help them.

To fulfill our national obligation, we need a mandate and the funding to deliver proper outreach and assessment techniques and evidence-based treatments for our veterans. This effort must occur where veterans receive care – the behavioral health care systems of the Department of Defense (DoD), Department of Veterans Affairs (VA), and community-based care including the nation's system of Community Behavioral Health Centers. **Accomplishing this will save lives and money.**

The following brief draws on a wealth of research to examine the mental health needs of Americans who served in the Iraq and Afghanistan wars in Operation Enduring Freedom and/or Operation Iraqi Freedom (OEF/OIF). We then examine the cost savings available if veterans get the right care at the right time in the right setting.

My name is Huerta. I am an American Soldier and I have PTSD. I refused to admit it to myself even when the Army doctors told me I had it in 2004. I refused to talk to anyone about it even when Army health professionals told me I needed to in 2005. I was afraid how Army leadership would react if I had that on my record. I was a Soldier, I was tough, I just needed to rub the patch and drive on. [. . .]

I am getting help because I'm tired of not being home. I am tired of being on the battlefield I brought back with me. It is time for me to come home. It is time for all of us to come home. My name is Huerta and I am a wounded American Soldier, and I am not ashamed of my wounds and I have no genetic failing. I am proud of my service and I am going home. Let's go home together.

http://www.army.mil/article/78562/Leaving_the_battlefield__Soldier_shares_story_of_PTSD

How Big is the Challenge?

Since 2001, 2.4 million active duty and reserve military personnel were deployed to the wars in Iraq and Afghanistan. Of this group, 30% nearly 730,000 men and women will have a mental health condition requiring treatment. Studies have shown that 18.5% of all OEF/OIF veterans have post-traumatic stress disorder, Major Depression, or both PTSD and Major Depression. Other Mental Health Disorders are estimated to affect 11.6% of those without PTSD or Major Depression. (Table 1)

Table 1
Mental Health Need of Iraq and Afghanistan Veterans (2014 Projections)

	Prevalence	Veterans
PTSD only	4.7%	113,978
Major Depression Disorder (MDD)	4.7%	113,978
Co-morbid PTSD and MDD	9.1%	220,680
Subtotal	18.5%	448,636
Other Mental Health Disorders	11.6%	281,307
Total	30.1%	729,943

In Texas alone, nearly 70,000 veterans of these wars will confront a mental health condition; in California, 63,000; in Florida, 50,000. This challenging legacy of the service given by these men and women is present in virtually every community across the country. (Appendix 2) These numbers are much greater than what was initially expected in 2003 and will reverberate through the military, veterans, and civilian mental health care systems for years to come.

Addressing Mental Health Needs through Evidence-Based Care

Numerous studies have examined what types of care work best for veterans with PTSD and Major Depression. Those treatments that have shown documented benefits are classified as "Evidence-Based" including several forms of cognitive behavioral therapy. (Appendix 1)

Unfortunately, less than half of veterans needing mental health services receive any care and veterans being treated for PTSD and Major Depression are receiving Evidence-Based Care only 30% of the time.[1] Instead, the majority are getting what is called "Usual Care," the provision of a broad set of services, only a portion of which is Evidence-Based. Not surprisingly, research has proven that Evidence-Based care is more effective than Usual Care, but Usual Care is better than No Care. (Table 2)

Less than 50% of returning veterans in need receive any mental health treatment.

Of those receiving care, only 30% get Evidence-Based care.

Table 2
Effectiveness of Evidence-Based Care, Usual Care, No Care
Remission Probabilities Following Three Months of Illness

	Evidence Based	Usual Care	No Care
PTSD or Co-morbid PTSD and MDD	39%	30%	5%
Major Depression Alone	48%	40%	12%

Thus, the two part challenge becomes: 1) increasing the number of veterans in need who receive care and 2) ensuring that care is promptly available and delivered using appropriate evidence-based screening and treatment.

Closing the Gap on the Unmet Need

Recent efforts have focused on expanding capacity inside the VA system. In August 2012, President Obama issued an Executive Order aimed at Improving Access to Mental Health Services for Veterans, Service Members, and Military Families. The Executive Order called for the VA to hire 800 peer to peer counselors and 1,600 mental health professionals, and to establish a small number of pilot projects with community based providers.[2] While this marks progress in meeting the mental health needs of veterans, it also illustrates how under equipped we have been. More alarming is that these efforts appear to have been prompted not by careful review of the actual mental health needs of veterans, but rather by the overwhelming number of calls being placed to VA crisis phone lines.

Of equal importance is assessing where care should be provided. Of the 2.4 million OEF/OIF veterans, 40% are still on active duty and 60% have been discharged. Of veterans who have been discharged, just more than half are using Veterans Administration care while the rest are using private healthcare. As time passes, a shift is occurring from DOD-provided services to VA-provided services to community-based services, with community-based services increasing to 40% of the total.[3] (Table 3)

Table 3
Number of Iraq and Afghanistan Veterans (2014 Projections)

	Veterans	Ratios
Active Service Members	946,687	39%
Discharged, Using VA Healthcare	821,318	34%
Discharged, Using Community-Based Care	657,052	27%
Current Total	2,425,057	100%
Using Community-Based Care (after shift)	970,023	40%
Increase # (due to shift)	312,971	
Increase % (due to shift)	48%	

Of necessity, federal departments will have to partner with their civilian counterparts, including Community Behavioral Health Centers, to adequately meet veteran's needs. This is especially important in rural America where a significant number of OEF/OIF veterans needing mental health care will include National Guardsmen and reservists who do not have ready access to VA facilities or TRICARE mental health providers.

The Role of Community Behavioral Health

The imperative to expand community-based care contrasts with the public policy dialogue to-date, which has framed the mental health care capacity shortfall as the sole responsibility of the VA and DoD. Indeed, there has been a pervasive failure to acknowledge the role of civilian agencies and service providers. In particular, given the fiscal challenges that currently confront the nation, there is a need to acknowledge – up front – the mental health needs of this patient population and the associated service capacity requirements of civilian agencies. It is quite likely that veterans' increasing use of non-DoD/VA behavioral health services will result in huge costs down the road for public mental health agencies as well as Medicaid and Medicare.

The 2012 Executive Order to establish a small number of pilot projects with community based providers is an important start in building capacity in the private sector. As the remaining Iraq and Afghanistan veterans return home and greater numbers are served outside the DoD and VA systems, it is critical to quickly ramp up capacity in order to fully address the unmet need.

One important source of support is the nation's network of Community Behavioral Health Centers. Currently, more than 50 Centers have contracts with the Department of Veterans Affairs to provide behavioral health services to returning veterans and an additional 400 Centers have expressed interest in pursuing VA contracts. As the nation's specialists in treating mental health and addiction disorders, all centers have a strong commitment to outreach to returning veterans and use of Evidence-Based Care.

The Economic Argument for Addressing Veteran's Mental Health Needs

Is the call to provide evidence-based screening and treatment to all veterans needing mental health care justified simply because it's the right thing to do or is there also an economic argument for this approach?

In their landmark 2008 study, Invisible Wounds of War, RAND computed the costs over two years for veterans who had PTSD and/or Major Depression. They computed health care costs and lost wages costs as well as costs associated with suicide. From the RAND study, we have learned that if we provide Evidence-Based Care to veterans who were untreated, we could save substantial money $3,000 to $12,000, per person, depending on the condition. (Table 4)

Table 4
2-Year Total Cost Impact (2014 Dollars) of PTSD and Major Depression and Benefits of Evidence-Based Care (Based on 2008 RAND Study: Invisible Wounds of War)

	Two Year Costs without Treatment	Two Year Savings with EB Treatment
PTSD only	$13,369	$2,994
Major Depression Disorder (MDD)	$33,438	$11,995
Co-morbid PTSD and MDD	$21,919	$3,891
Total, per Veteran	$22,673	$5,722

If all 210,000 untreated veterans with PTSD and/or Major Depression were to receive Evidence-Based Care, the $481 million investment would result in over $1.2 billion in cost savings, a return on investment of 2.5 to 1. (Table 5)

Table 5
2-Year Total Cost Impact of PTSD and Major Depression and Benefits of Evidence-Based Care Based on 2008 RAND Cost Benefit Analysis (2014 Dollars)

Unserved Veterans with PTSD and/or Major Depression	210,859
Average Treatment Cost per Case	$2,282
Evidence-Based Treatment Costs of Treating Unserved	$481,222,076
Total Cost per Case without Treatment	$22,673
Total Costs if no Treatment Provided	$4,780,842,785
Savings per Case	$5,722
2 Year Total Cost Savings	$1,206,503,135
Return on Investment	2.5:1

In other words, every $1 invested in evidence-based care to Iraq and Afghanistan veterans with untreated mental health disorders results in $2.50 of savings over a two year period, even after the cost of that care is factored into the equation. As seen with previous generations of veterans, including those who served in Vietnam, the economic consequences of not providing effective mental health treatment goes far beyond a two-year window of time.

Every $1 invested in evidence-based care for Iraq and Afghanistan veterans with untreated mental health disorders results in $2.50 of savings over two years.

Return on Investment in Community Behavioral Health

Combined with the increase in VA staff, additional support for meeting veteran's behavioral health needs in the nation's Community Behavioral Health Centers will save both money and lives. Assuming that the community-based investment is made over a two-year period, an annual expenditure of $145 million would result in an annual cost savings of $192 million. (Table 6 and Appendix 2)

Table 6
Veterans Treated in the Community-Based System of Care - 2-Year Total Cost Impact of PTSD and Major Depression and Benefits of Evidence-Based Care
Based on 2008 RAND Cost Benefit Analysis
2014 Dollars

Unserved Veterans with PTSD and Major Depression	210,859
Percent to Treat in the Community-Based System	40%
Number to Treat in the Community-Based System	84,343
Average Treatment Cost per Case	$3,443
Evidence-Based Treatment Costs of Treating Unserved	$290,406,831
Cost per Year (assuming 2-year Treatment Window)	$145,203,416
Per Year Cost Savings of Evidence-Based Treatment	$192,341,627

Conclusion

Our veterans deserve the mental health services they need to support their incredible resilience and move toward recovery. The alternative is stark. Veterans comprise one in five homeless Americans, one in three homeless men are vets, and 58.9 percent of homeless vets are minorities (vs. 20.7% of all vets).[4] Veterans of Iraq and Afghanistan have an unemployment rate approximately 40% greater than the general population. There are effective, proven treatments that can save lives and costs. We must ensure that our veterans get the services we owe them.

Appendix 1: A Brief Primer on PTSD and Major Depression

PTSD can occur after experiencing, seeing, or hearing about a traumatic event, such as combat, sexual or physical abuse/assault, terrorist attack, serious accidents, or natural disasters. Over the course of 2003, 87% of the Marines serving in Iraq saw dead bodies, were shot at, were attacked/ ambushed, received rocket or mortar fire, and/or knew someone who was killed/ seriously injured. With experiences like these, the fact that only 15% of veterans appear to experience PTSD offers profound testimony to the resilience of these men and women.

PTSD symptoms are outlined in the screening tool in the side bar. These symptoms usually start soon after the traumatic event, but may not appear until months or years later. They also may come and go over many years. If symptoms last longer than 4 weeks, cause great distress, or interfere with work or home life, a PTSD diagnosis may be appropriate.

Major Depression is indicated by one or more Major Depressive episodes. These episodes are characterized by at least two weeks of depressed mood or loss of interest/pleasure accompanied by at least four more symptoms of depression (including changes in appetite, weight, difficulty in thinking and concentrating, and recurrent thoughts of death or suicide).[5]

Of the Evidence-Based treatments for PTSD, cognitive behavioral therapy (CBT) has been shown to be the most effective, with several variants also proving successful. Cognitive Processing Therapy (CPT) works to help people learn skills to understand how trauma changed their thoughts and feelings. Prolonged Exposure (PE) therapy involves talking about the trauma repeatedly until memories are no longer upsetting, as well as going to places that are safe, but had been avoided because of their relationship to the trauma. Another, similar treatment is eye movement desensitization and reprocessing (EMDR), which involves focusing on sounds or hand movements while talking about the trauma. While medication can be helpful in treating some people with PTSD, the evidence is less conclusive than for the cognitive behavioral therapies. Selective serotonin reuptake inhibitors (SSRI), and Prazosin have been found to be helpful, but what has been proven is that benzodiazepines and atypical antipsychotics should generally be avoided for PTSD treatment.[6] For Major Depression, a combination of medication and psychotherapy has proven most helpful to people.

PTSD Screen

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

- € Have had nightmares about the experience or thought about it when you did not want to?
- € Tried hard not to think about the experience or avoided situations that reminded you of it?
- € Were constantly on guard, watchful, or easily startled?
- € Felt numb or detached from others, activities, or your surroundings?

Current research recommends that if you answered "yes" to any three items, you should seek more information from a mental health care provider. A positive screen does not mean that you have PTSD. Only a qualified mental health care practitioner, such as a clinician or psychologist, can diagnose you with PTSD.

http://www.ptsd.va.gov/public/understanding_ptsd/booklet.pdf

Appendix 2: Iraq and Afghanistan Veterans Mental Health Analysis Summary Need, Costs and Savings by State if PTSD and Major Depression Treated

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					All Veterans with PTSD/Major Depression			Veterans Served in the Community		
State	# of OEF/OIF Veterans	# with PTSD/ Major Depression	# with All Other MH Disorders	Total with Any MH Disorder	# Unserved	Evidence-Based Treatment Costs for Unserved	2 Year Cost Savings	# Unserved	Evidence-Based Treatment Costs for Unserved	2 Year Cost Savings
Alabama	48,246	8,925	5,597	14,522	4,195	$9,573,770	$24,003,022	1,678	$5,777,558	$7,653,159
Alaska	11,580	2,142	1,343	3,486	1,007	$2,297,870	$5,761,140	403	$1,386,714	$1,836,890
Arizona	59,898	11,081	6,948	18,029	5,208	$11,886,037	$29,800,255	2,083	$7,172,959	$9,501,558
Arkansas	28,270	5,230	3,279	8,509	2,458	$5,609,883	$14,064,903	983	$3,385,440	$4,484,475
California	211,137	39,060	24,492	63,552	18,358	$41,897,430	$105,043,770	7,343	$25,284,168	$33,492,312
Colorado	48,607	8,992	5,638	14,631	4,226	$9,645,496	$24,182,850	1,691	$5,820,843	$7,710,496
Connecticut	17,148	3,172	1,989	5,162	1,491	$3,402,887	$8,531,600	596	$2,053,567	$2,720,228
Delaware	8,096	1,498	939	2,437	704	$1,606,551	$4,027,889	282	$969,518	$1,284,258
D.C.	4,431	820	514	1,334	385	$879,287	$2,204,517	154	$530,630	$702,891
Florida	168,958	31,257	19,599	50,856	14,691	$33,527,588	$84,059,193	5,876	$20,233,154	$26,801,558
Georgia	103,537	19,154	12,010	31,165	9,003	$20,545,701	$51,511,462	3,601	$12,398,874	$16,423,991
Hawaii	15,235	2,819	1,767	4,586	1,325	$3,023,266	$7,579,827	530	$1,824,474	$2,416,763
Idaho	15,594	2,885	1,809	4,694	1,356	$3,094,337	$7,758,012	542	$1,867,363	$2,473,576
Illinois	82,242	15,215	9,540	24,755	7,151	$16,319,833	$40,916,515	2,860	$9,848,657	$13,045,882
Indiana	48,077	8,894	5,577	14,471	4,180	$9,540,192	$23,918,835	1,672	$5,757,294	$7,626,317
Iowa	22,253	4,117	2,581	6,698	1,935	$4,415,842	$11,071,245	774	$2,664,863	$3,529,972
Kansas	26,557	4,913	3,081	7,994	2,309	$5,269,896	$13,212,500	924	$3,180,265	$4,212,693
Kentucky	38,230	7,073	4,435	11,507	3,324	$7,586,298	$19,020,100	1,330	$4,578,162	$6,064,397
Louisiana	38,711	7,161	4,490	11,652	3,366	$7,681,633	$19,259,122	1,346	$4,635,695	$6,140,607

Appendix 2: Iraq and Afghanistan Veterans Mental Health Analysis Summary
Need, Costs and Savings by State if PTSD and Major Depression Treated

(Page 2 of 3)

					All Veterans with PTSD/Major Depression			Veterans Served in the Community		
State	# of OEF/OIF Veterans	# with PTSD/ Major Depression	# with All Other MH Disorders	Total with Any MH Disorder	# Unserved	Evidence-Based Treatment Costs for Unserved	2 Year Cost Savings	# Unserved	Evidence-Based Treatment Costs for Unserved	2 Year Cost Savings
Maine	12,924	2,391	1,499	3,890	1,124	$2,564,677	$6,430,069	450	$1,547,726	$2,050,173
Maryland	58,552	10,832	6,792	17,624	5,091	$11,618,933	$29,130,581	2,036	$7,011,768	$9,288,038
Massachusetts	28,565	5,284	3,314	8,598	2,484	$5,668,317	$14,211,406	993	$3,420,703	$4,531,186
Michigan	57,871	10,706	6,713	17,419	5,032	$11,483,695	$28,791,518	2,013	$6,930,155	$9,179,930
Minnesota	28,922	5,350	3,355	8,705	2,515	$5,739,112	$14,388,900	1,006	$3,463,426	$4,587,778
Mississippi	25,088	4,641	2,910	7,552	2,181	$4,978,416	$12,481,711	873	$3,004,364	$3,979,687
Missouri	51,505	9,528	5,975	15,503	4,478	$10,220,526	$25,624,545	1,791	$6,167,860	$8,170,168
Montana	10,895	2,016	1,264	3,279	947	$2,161,921	$5,420,294	379	$1,304,672	$1,728,214
Nebraska	15,325	2,835	1,778	4,613	1,333	$3,041,091	$7,624,518	533	$1,835,231	$2,431,013
Nevada	26,942	4,984	3,125	8,110	2,343	$5,346,288	$13,404,027	937	$3,226,366	$4,273,760
New Hampshire	10,702	1,980	1,241	3,221	931	$2,123,605	$5,324,228	372	$1,281,548	$1,697,585
New Jersey	32,242	5,965	3,740	9,705	2,803	$6,397,990	$16,040,817	1,121	$3,861,045	$5,114,478
New Mexico	21,562	3,989	2,501	6,490	1,875	$4,278,694	$10,727,392	750	$2,582,097	$3,420,338
New York	72,514	13,415	8,412	21,827	6,305	$14,389,427	$36,076,669	2,522	$8,683,700	$11,502,739
North Carolina	95,853	17,733	11,119	28,852	8,334	$19,020,892	$47,688,513	3,334	$11,478,686	$15,205,077
North Dakota	6,783	1,255	787	2,042	590	$1,346,096	$3,374,884	236	$812,339	$1,076,053
Ohio	81,757	15,125	9,484	24,609	7,109	$16,223,745	$40,675,605	2,844	$9,790,670	$12,969,070
Oklahoma	40,319	7,459	4,677	12,136	3,506	$8,000,840	$20,059,425	1,402	$4,828,329	$6,395,777
Oregon	30,888	5,714	3,583	9,297	2,686	$6,129,324	$15,367,227	1,074	$3,698,911	$4,899,710

Appendix 2: Iraq and Afghanistan Veterans Mental Health Analysis Summary Need, Costs and Savings by State if PTSD and Major Depression Treated

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State	# of OEF/OIF Veterans	# with PTSD/ Major Depression	# with All Other MH Disorders	Total with Any MH Disorder	# Unserved	Evidence-Based Treatment Costs for Unserved	2 Year Cost Savings	# Unserved	Evidence-Based Treatment Costs for Unserved	2 Year Cost Savings
Pennsylvania	77,805	14,394	9,025	23,419	6,765	$15,439,342	$38,708,978	2,706	$9,317,300	$12,342,028
Rhode Island	5,855	1,083	679	1,762	509	$1,161,869	$2,912,997	204	$701,162	$928,784
South Carolina	48,556	8,983	5,632	14,615	4,222	$9,635,230	$24,157,111	1,689	$5,814,647	$7,702,289
South Dakota	8,309	1,537	964	2,501	722	$1,648,840	$4,133,915	289	$995,038	$1,318,063
Tennessee	52,943	9,794	6,141	15,936	4,603	$10,505,803	$26,339,782	1,841	$6,340,019	$8,398,215
Texas	226,680	41,936	26,295	68,231	19,710	$44,981,772	$112,776,724	7,884	$27,145,500	$35,957,898
Utah	16,801	3,108	1,949	5,057	1,461	$3,334,038	$8,358,982	584	$2,012,018	$2,665,190
Vermont	3,958	732	459	1,191	344	$785,327	$1,968,945	138	$473,928	$627,781
Virginia	125,928	23,297	14,608	37,904	10,949	$24,988,909	$62,651,317	4,380	$15,080,251	$19,975,839
Washington	72,485	13,410	8,408	21,818	6,303	$14,383,742	$36,062,414	2,521	$8,680,269	$11,498,194
West Virginia	17,447	3,228	2,024	5,252	1,517	$3,462,169	$8,680,229	607	$2,089,342	$2,767,617
Wisconsin	37,423	6,923	4,341	11,264	3,254	$7,426,063	$18,618,364	1,302	$4,481,464	$5,936,307
Wyoming	6,574	1,216	763	1,979	572	$1,304,444	$3,270,457	229	$787,203	$1,042,757
Puerto Rico	9,741	1,802	1,130	2,932	847	$1,932,977	$4,846,293	339	$1,166,509	$1,545,199
Other	8,538	1,579	990	2,570	742	$1,694,161	$4,247,541	297	$1,022,389	$1,354,292
Grand Total	2,425,057	448,636	281,307	729,942	210,859	$481,222,076	$1,206,503,135	84,343	$290,406,831	$384,683,253

End Notes

1 Invisible wounds of war: psychological and cognitive injuries, their consequences, and services to assist recovery.

2 http://www.whitehouse.gov/the-press-office/2012/08/31/executive-order-improving-access-mental-health-services-veterans-service

3 Table 6.B.4. Invisible wounds of war: psychological and cognitive injuries, their consequences, and services to assist recovery. Terri Tanielian, Lisa H. Jaycox. RAND Center for Military Health Policy Research. 2008.

4 http://www.mentalhealth.va.gov/depression.asp and http://www.mirecc.va.gov/visn22/depression_education.pdf. Accessed October 26, 2012.

5 http://www.ptsd.va.gov/public/pages/what-is-ptsd.asp Accessed October 26, 2012.