

VETERANS MENTAL HEALTH TRAINING INITIATIVE: Enhancing the Capacity of Community Mental Health Providers & Primary Care Physicians & Providers in NYS to Meet the Mental Health Needs of Veterans

The New York State Chapter of the National Association of Social Workers (NASW-NYS), the New York State Psychiatric Association (NYSPA) and the Medical Society of the State of New York (MSSNY), are seeking a \$600,000 grant in the 2016-17 New York State budget, to be appropriated equally among the three organizations (\$200,000), for the continuation and expansion of the comprehensive statewide training program, known as the Veterans Mental Health Training Initiative. The program educates both community mental healthcare providers and primary care healthcare providers on veterans-specific mental health issues including combat-related post traumatic stress disorder, traumatic brain injury and other conditions, including substance abuse. This *one-of-a-kind* program is equipping New York's healthcare workforce in the community, where veterans most often turn to for care, with the tools required to meet their mental health needs.

The Veterans Mental Health Initiative has two-tracks: one led by the National Association of Social Workers – New York State Chapter, providing an accredited education and training program for community mental health workers, and one led by the New York State Psychiatric Association and the Medical Society of the State of New York training primary care physicians and health providers from across the primary care specialties, including internal medicine, family practice, emergency medicine and OB-GYN.

Although the three organizations have successfully trained more than 2,500 community health and mental health providers and across New York State to date, the need for this initiative remains in communities across the State. The ongoing funding for the state's premiere Veterans Mental Health Training Initiative will allow for the continued delivery of cutting edge evidence-based education and training to community mental health providers and primary care physicians across the State as well as expand the curriculum specific to suicide, suicide prevention, and substance use given the alarming rates of veterans who have taken their own lives. The initiative has also identified a need for training and curriculum on women veterans, a component that will become all the more vital as the U.S. Defense Secretary recently announced that all combat positions will be open to women. In addition, this appropriation will enable the sponsoring organizations to build a database and directory of the health care providers who have completed the trainings, resulting in an expansion of accessible care to at risk veterans. The sponsoring organizations expect the establishment and construction of the database to take one year, after which they plan to seek additional funding to launch a public awareness campaign to inform veterans and their family members as well as the public at large about the database.

The Veterans Mental Health Training Initiative has been successful through its previous legislative grants, but the need for it remains as an influx of veterans return home as U.S. operations in Afghanistan wind down. Furthermore, in an effort to combat the long wait times veterans have been facing in seeking care through the Veterans Administration, legislation was passed by Congress and signed into law by President Obama on August 7, 2014: the Veterans Access, Choice and Accountability Act of 2014 (Public Law 113-146). The law authorizes veterans who have been waiting more than thirty day for an appointment or who live more than forty miles from a

Veterans Administration facility to seek care and treatment from non-VA providers and facilities. More than 8 million veterans who were enrolled in the VA health care system by August 1, 2014 will receive "Choice Cards," which will enable them to seek care *outside* of the VA. The sponsoring organizations believe this will result in an even greater need for the Veterans Mental Health Initiative as providers who may not have experience in treating or caring for veterans enlist to be a VA-approved provider. In November 2015, U.S. Department of Veterans Affairs Secretary Robert McDonald said the number of appointments that have not been completed in thirty days has grown from 300,000 to nearly 500,000. Furthermore, the VA has developed a plan to bolster access to private care adding further evidence of the need to have qualified workforce throughout the continuum of care.

The growing and alarming rate of suicide is an area that the Veterans Mental Health Initiative will place more emphasis on in the next cycle. Reports have highlighted the staggering rate of suicides, including a 2013 report from the U.S. Department of Veteran Affairs indicating that 22 veterans completed suicide a day in 2010. Research published in *JAMA Psychiatry* (March 2014) reports that nearly a quarter of U.S. Army soldiers had a common mental illness and also found that 14 percent had considered taking their own lives, 5.3 percent had made plans to take their own lives and 2.4 percent in fact had attempted suicide. Meanwhile, in January 2014, the Department of Veterans Affairs reported that suicide rates among male veterans aged 18 to 29 rose by 44 percent between 2009 and 2011, while the rate for female veterans increased 11 percent based on date from the Centers for Disease Control and Prevention. The Iraq and Afghanistan Veterans of America conducted a survey of its more than 4,000 members in 2013 and found that nearly one in three post 9/11 veterans had contemplated suicide with 45 percent indicating they know of a veteran who served in Iraq or Afghanistan who thought about taking their own life and 37 percent knowing a veteran who completed suicide. Among active duty soldiers there were 259 suicides in 2013, according to the U.S. Department of Defense with the number of suicides among reservists rising from 203 in 2012 to 220 in 2013.

Research consistently demonstrates unprecedented rates of alcohol and substance abuse among deployed and returning service members who are struggling to cope with the war and the effect it has had on them and their families. Unfortunately, families of American military personnel are often collateral victims of the wars in Iraq in Afghanistan, with prolonged multiple deployments bearing significant negative effects on the spouses and children of deployed and returning troops. Even upon return, families are often challenged in caring for a returning soldier who suffers from serious mental health problems as a result of his or her combat experience. Trauma sustained in these combat areas, and the effect of deployment on families, is embedded within the unique context of military culture, and often manifests differently among military populations than in the general public. As service members continue to return to New York, they and their families are often in need of expert mental health care, yet there remains a short supply of mental health and health professionals who are adequately trained in veterans-specific mental health issues.

Previous grants from the New York State Legislature provided the opportunity for the NASW-NYS, NYSPA and MSSNY, to launch this initiative in 2009. While we are making strides here in New York State, addressing the needs of our returning veterans remains ever present. In an effort to meet the above outlined needs and to minimize the barriers veterans seeking care face, the sponsoring organizations seek a continuation of this grant to increase the knowledge base and capacity for primary care health care providers and community mental health providers to meet the unique needs of our returning veterans and their families. From its inception, the Veterans Mental Health Training Initiative was envisioned, both by its authors and the New York State Legislature to be a multi-year effort. While the initiative has reached hundreds of providers thus far, our work is not yet complete and the need remains critical.