Responding to the PTSD Crisis Among Returning Vets Session 5065.0

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Short History

- Spring 2006 Initial White Paper, Helping Veterans Return.
- White Paper published in Archives of Psychiatric Nursing and Behavioral Healthcare.

Nature of the Problem

- Problem is significant (35-40%), with expected large numbers 450-500 thousand.
- Most will suffer from PTSD, Depression, Anxiety, and Substance Use Disorders.
- Epidemiology confirmed by the DoD *Mental Health Report*, issued in June 2007.

Key Elements of the White Paper

- Recommended Approach:
 - GIS and mapping.
 - Outreach to public and not-for-profit mental and substance use services (new partnerships).
 - Availability of a call center for anonymous care.
 - Creation of a virtual support group, with care elements.
 - Testing in key sites, with appropriate evaluation.

Key Service Issues in Project Area

- DoD vs. VA vs. National Guard
- Units vs. VAMCs vs. States
- Need for a Fusion Center

Epidemiology and Surveillance: How many vets have problems, how severe are the problems, and how are these vets distributed?

Volunteers vs. Draftees: Volunteer army personnel come predominantly from poverty areas and poor families.

- Large Scale Analytical Studies: Who is using what services with what effects?
- DoD and VA VistA Electronic Health Records
- State encounter records.

Evaluation Studies: Are the clinical interventions working as planned? What needs to be improved?

■ Field studies vs. controlled studies

Family Impact Studies: What impact does the ill vet have on the family unit? On spouse? On children?

20 suicides of vets/day.

Preventive Interventions within a Public Health Framework: How can these problems be prevented before they occur?

- Resiliency Theory
- Social Support Theory
- Analogues from other major stress situations.

Potential Funding Sources

- DOD CDMRP
- VISN/VAMC—Services Research Funds
- Targeted HHS Projects
- Projects Authorized by State Legislatures

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