Current Practices and Training Needs of Mental and Physical Health Providers who Treat Veterans and Their Families

Sally Koblinsky, PhD, Emily Cook, MS, & Leigh Leslie, PhD

School of Public Health, University of Maryland

Disclosure

 The authors have no actual or potential conflict of interest in relation to this presentation.

Background

- OEF/OIF/OND veterans and families experience unique health and mental health challenges
- Only ½ of combat veterans access VA medical or psychological care
- Shortage of trained civilian providers





Maryland Veterans Resilience Initiative

- Partnership between
 - MD Dept. of Health and Mental Hygiene and
 - University of Maryland School of Public Health
- 450,000 veterans, 10% post 9/11
- Online needs assessment survey was one component of the project
 - Mental health providers
 - Physical health providers

Purpose of Study



- Use statewide online needs assessment to:
 - Assess knowledge and practices of mental and physical health providers who may treat veterans and their families
 - Explore role of demographic and military background factors in predicting providers' knowledge of treatments for veteran conditions
 - Examine providers' interest in trainings about conditions of veterans and family members

Method

- Online needs assessment of Maryland mental and physical health professionals
 - Military experience, training & employment
 - Screening and VA referral practices
 - Knowledge of best-practice treatments for 14 conditions
 - Confidence to treat veterans and families
 - Training interests



Participants

- Focus on civilian providers
- 3,046 surveys received over 2 month period
 - Excluded Active Duty, Guard/Reserves, and those working in a DOD/VA facility or treatment center
- Final sample
 - 1,665 mental health providers
 - 1,276 physical health providers



Results: Health Providers

Mental Health Professionals*	
Social Workers	60%
Psychologists	24%
Professional Counselors	21%
Marriage and Family Therapists	9%
Psychiatrists	4%

Physical Health Professionals*	
Physical/Occupational Therapists	50%
Physicians (e.g., family medicine, internal medicine, Ob/Gyn, pediatrics, emergency)	35%
Nursing	7%
Other	8%

^{*}Participants could check more than one specialty

Results: Needs Assessment

Provider Characteristics	MH	PH
Female	81%	88%
55 years or older	48%	28%
White	79%	82%
Racial/Ethnic minority	19%	14%
Work in urban settings	82%	77%
Veterans themselves	6%	6%
Immediate family member of a veteran/service member	21%	23%
Received training in a DOD/VA facility	16%	18%
Any DOD/VA employment	13%	10%
TRICARE provider	31%	48%
Treated veterans, service members, and/or families (past year)	65%	75%

Results: Client Screening

Military/veteran/family member status	MH	PH	
Regularly	49%	18%	
Occasionally	16%	14%	
Never	34%	69%	
Stressors of military service for veterans			
Regularly	50%	14%	
Occasionally	24%	26%	
Never	26%	60%	
Stressors for family members			
Regularly	43%	12%	
Occasionally	27%	26%	
Never	30%	62%	



Results: VA Referrals



Frequency of Referral to VA	MH	PH
Often	13%	5%
Sometimes	38%	28%
Never/Unsure	49%	67%
Factors that Prevent VA Referral		
Lack of knowledge about eligibility requirements	17%	21%
Lack of knowledge about how to refer	15%	25%
Concerns about wait time for appointments	13%	10%
Concerns about quality of care	10%	8%
Clients not eligible for VA services	4%	6%

Results: High Knowledge of Treatments

	МН	PH		МН	PH
Anger	26%	7%	Military Sexual Trauma	11%	2%
Anxiety	33%	10%	Pain Management	10%	20%
Caregiver Stress	26%	12%	Posttraumatic Stress	32%	10%
Depression	35%	11%	Sleep Disorders	14%	7%
Family Stress/Relationship Problems	34%	9%	Substance Abuse/Dependence	30%	9%
Family Violence/Abuse	27%	5%	Suicide	31%	6%
Grief/Bereavement	29%	8%	Traumatic Brain Injury	10%	17%

Results: Significant Predictors of High Knowledge of at Least 5 Veteran Conditions

Mental Health Providers

Age: 55+

Sex: Male

- Military family member
- VA/DOD training
- VA/DOD employment
- Recent treatment of military clients

Physical Health Providers

Age: 55+

Veteran status

VA/DOD employment



Results: High Confidence to Treat

	MH	PH		МН	PH
Anger	26%	7%	Military Sexual Trauma	13%	3%
Anxiety	35%	9%	Pain Management	10%	23%
Caregiver Stress	33%	10%	Posttraumatic Stress	28%	6%
Depression	37%	9%	Sleep Disorders	12%	6%
Family Stress/Relationship Problems	34%	2%	Substance Abuse/Dependence	26%	6%
Family Violence/Abuse	27%	3%	Suicide	30%	5%
Grief/Bereavement	30%	8%	Traumatic Brain Injury	9%	18%

Results: Interest in Training

	МН	PH		МН	PH
Anger	92%	77%	Military Sexual Trauma	84%	60%
Anxiety	92%	80%	Pain Management	80%	85%
Caregiver Stress	92%	81%	Posttraumatic Stress	93%	83%
Depression	92%	78%	Sleep Disorders	85%	71%
Family Stress/Relationship Problems	94%	76%	Substance Abuse/Dependence	82%	68%
Family Violence/Abuse	90%	72%	Suicide	90%	68%
Grief/Bereavement	91%	74%	Traumatic Brain Injury	85%	83%

Implications for practice

- Needs assessment results informed trainings
- Trained 690 mental health providers in 4 sites
 - Military culture, PTSD, TBI, family stress, sleep disorders, suicide prevention, women veterans' health
 - College/University Counselors
 - Prolonged Exposure Therapy for PTSD
- Future trainings
 - Primary Care, Women Veterans' Health



Conclusion

- Civilian providers will increasingly encounter veterans and family members in their practices.
- Providers need and want targeted trainings on servicerelated conditions.
- Needs assessments can inform development of professional education and reduce problems before they become more chronic, costly, and severe.



Thank you! Questions?



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Contact: Sally Koblinsky koblinsk@umd.edu