



# Federal Health Matters

## Study Finds VA and DoD Face Costly Mental Health Crisis

The long-term societal and personal costs of war have been calculated in one of the largest and most comprehensive non-government-affiliated studies into the mental health status of veterans. The study, titled "Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery," was conducted by the Forces and Resources Policy Center of the National Security Research Division and the nonprofit research organization the RAND Corporation (Santa Monica, CA) from April 2007 to January 2008. Its analysis included a literature review on the prevalence of posttraumatic stress disorder (PTSD), major depression, and traumatic brain injury (TBI); a confidential survey of 1,965 service members from all military branches and units returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF); a review of existing treatment programs for service members and veterans in the DoD, VA, and private health care sectors; a focus group with service members and their families; and a microsimulation model to forecast the economic costs of the mental health conditions studied.

Led by Terri Tanielian and Lisa H. Jaycox, the researchers estimated that PTSD and depression in OEF/OIF service members and veterans will cost the United States up to \$6.2 billion in direct and indirect costs. The researchers concluded that investing in the widespread implementation of evidence-based care could save nearly \$2 billion within two years and gave

concrete recommendations to the federal and private health care systems for implementing the necessary changes. According to Tanielian, OEF/OIF troops and veterans are facing a "major health care crisis," and unless they "receive appropriate and effective care... there will be long-term consequences for them and for the nation." Paul Rieckoff, founder and executive director of the nonprofit and independent organization Iraq and Afghanistan Veterans of America, reported on the study in the organization's blog, calling the findings "appalling, but not surprising."

According to the study's survey, 18.5% of service members met the criteria for PTSD or major depression upon returning from OEF or OIF; 19.5% reported possibly incurring a TBI during deployment, and about 7% reported a possible TBI and met the criteria for a mental health problem. Only about half of all respondents with one of the three conditions, however, received treatment that the researchers described as "minimally adequate care." If the survey numbers are representative, this means that 620,000 of the 1.64 million service members deployed as part of OEF/OIF to date are suffering from PTSD or depression or have experienced TBI.

Rates of PTSD and depression were highest among army and marine soldiers and former or nonactive military members. Women, Hispanics, and enlisted personnel were more likely to report symptoms of PTSD and depression, and the single biggest predictor of PTSD and depression was exposure to combat trauma.

While the DoD and VA regularly hold joint congressional hearings on coordination of care between agencies and have responded to some of the rec-

ommendations made by the President's Commission on Care for America's Returning Wounded Warriors, the researchers found much room for improvement in both departments. They report that systemic factors—including an inadequate number of effectively trained health care practitioners, stigma amongst soldiers and veterans to seek mental health treatment, long appointment waiting periods within the VA, and a VA health care system that is better suited to care for older rather than younger veterans—have created barriers in access to care. Additionally, while the study cites data suggesting the VA has made great strides in improving the treatment of depression, it notes that research into the effectiveness of PTSD treatment strategies is pending.

The costs of treating PTSD and depression for two years after deployment were estimated to range from \$5,900 to \$25,760 per person. The costs of treating TBI for one year after deployment were estimated to be up to \$32,760 per person for mild injuries and more than \$400,000 per person for severe injuries.

The researchers also calculated the long-term societal costs and found that untreated PTSD, depression, and TBI raised the risks of other psychological problems, attempted suicide, and unhealthy behaviors (such as smoking, overeating, and unprotected sex); were associated with higher rates of physical health problems, mortality, missed work, and reduced productivity; and were possibly linked to homelessness. The study estimated that implementing available evidence-based treatments for PTSD and depression for 100% of those in need of care would result in a cost savings of up to \$1.7 billion in increased productivity. With these

estimates, the researchers point out that the cost of implementing evidence-based care for PTSD and depression could be paid for within two years.

The researchers made four main recommendations to the DoD, VA, and private health care sectors on the basis of their analysis: (1) increase and improve the capacity of the mental health care systems to deliver evidence-based care, which entails creating aggressive provider training and recruitment programs; (2) create system-wide policies that encourage service members and veterans to seek all necessary mental health care services and allow for confidentiality; (3) deliver evidence-based care in all health care settings utilized by the military population; and (4) invest in national research into PTSD, depression, and TBI across all medical service sectors to close knowledge gaps and plan effectively.

The full, nearly 500-page study is available online through the RAND Corporation's web site (<http://www.rand.org/multi/military/veterans/>).

## VA Attempts to Boost Veterans' Awareness of Benefits

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Beginning May 1, a VA-contracted private company (EDS, Plano, TX) will begin making phone calls to 570,000 Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans to make sure they're aware of the VA's medical services and benefits. VA Secretary James B. Peake said the newly established Combat Veteran Call Center (CVCC) will allow the VA to let recent veterans know that the agency is "committed to getting [them] the help they need and deserve," while Edward Huycke, chief DoD coordination officer at the VA, remarked, "we will leave no stone unturned to reach these veterans."

The CVCC will contact veterans in two phases. The first phase of calls will go out to an estimated 17,000 OEF/OIF veterans who became sick or injured during military service. During the call, the VA will offer to appoint

a care manager to veterans who don't already have one. The second phase of calls will target the 550,000 OEF/OIF veterans who have been discharged from active duty but have not contacted the VA for services.

An April 24 VA press release announcing the CVCC stated that the VA itself will make any necessary follow-up calls to veterans. It did not disclose how the need for follow-up will be determined.

The VA also announced on March 28 it was releasing the 2008 edition of *Federal Benefits for Veterans and Dependents*. This 148-page booklet describes VA benefits and other federal services available to veterans, including information for former prisoners of war and on potential environmental hazards during the Vietnam and Gulf Wars. The handbook may be downloaded in either English or Spanish from the VA's web site ([http://www1.va.gov/OPA/vadocs/current\\_benefits.asp](http://www1.va.gov/OPA/vadocs/current_benefits.asp)) or purchased through the Government Printing Office's online bookstore (<http://bookstore.gpo.gov>). ●