





# **Survey of West Virginia Veterans of Recent Conflicts: *Updated Analyses and Recommendations (June 2, 2008)***

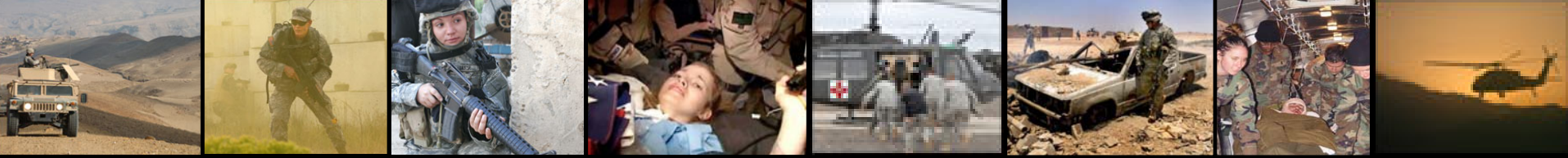
**Conducted by the *Veterans Work Group* at the request of the *West Virginia State Legislature Select Interim Committee on Veterans' Issues*:  
Delegates Barbara E. Fleischauer and Richard J. Iaquina, and Senator  
Jon B. Hunter**

***Project Coordinators*: Ginny Majewski, PhD and Joseph R. Scotti, PhD**

***Project Lead and Primary Contact*: Joseph R. Scotti, PhD**

***Contributing Members of the Veterans Work Group*: Hilda R. Heady,  
Jodie Jackson, Roy Tunick, Betsy Randall, Linda Ferrise, Larry Linch,  
Keith Gwinn, Nathan Garnes, Michael Zakour, and Pamela Mulder**





# The Survey

- *Health Status and Deployment Experiences of West Virginia Veterans*
  - 108-item survey developed by the *Veterans Work Group*
    - Demographics, deployments, combat exposure, symptoms of traumatic stress and depression, impact of symptoms, and use of services
  - Mailed early December 2007 to 6,400 WV Veterans
    - Had deployments in recent conflicts, including in Iraq, Afghanistan, Bosnia/Kosovo, and various areas of the Persian Gulf
      - Some also served in other conflicts, including Vietnam and Somalia
    - Confidential mailing list, anonymous survey data
    - 1,100+ completed surveys returned to date
      - 936 entered and analyzed to date (and presented here)
      - About 1,000 surveys undeliverable due to changes in address
        - » 350 Re-sent to forwarding addresses





# The Sample

- *Home Counties:* All 55 WV Counties represented
- *Residency When Completed Survey:*
  - 27% Residing Out-of-State ( $n = 253$ )
    - Primarily at or near military bases
  - 73% Residing in West Virginia ( $n = 683$ )
    - **Rural-Urban Counties** defined as Population Less Than vs. Greater Than 25,000 (U.S. Office of Management and Budget, 1999)
    - 53% in 42 Rural Counties ( $n = 361$ ; 39% of Total Sample)
    - 47% in 13 Urban Counties ( $n = 322$ ; 34% of Total Sample)
      - Berkeley, Brooke, Cabell, Hancock, Jefferson, Kanawha, Marshall, Mineral, Monongalia, Ohio, Putnam, Wayne, Wood





# The Sample

- *Age*: Average of 38 years (20 to 76)
- *Gender*: 10% Female, 90% Male
- *Race/Ethnicity*: 95% White; 3% Black, ~1% each Hispanic, Asian, American Indian
- *Education*: 76% have at least a High School Degree, 20% at least a Bachelor's Degree, 12% have a Post-graduate Degree
- *Residence*: 79% live in a House, 10% live in an Apartment, 6% live in a trailer, 1% are Homeless (6% live on a Military Base)

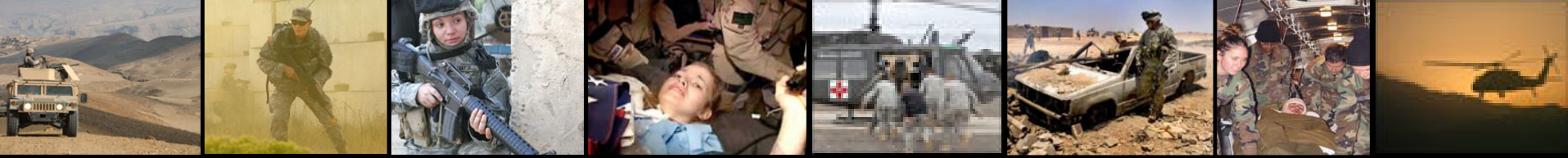




# The Sample

- *Marital Status:* 73% Married, 13% Single, 12% Separated/Divorced
- *Cohabit:* 77% live with a Spouse/Partner, 12% live Alone, 7% live with a Parent
- *Children:* 48% live with their Children
  - Average of 1 Child (0 to 5) under age 21 in home
- *Duty Status:*
  - Currently Out-of-State Veterans more likely to be Active Duty (93% vs. 48% for In-State)
  - Currently In-State Veterans more likely to be National Guard (50% vs. 5%)





# The Sample

- *Deployments*

- 91% ( $n = 847$ ) of the Sample provided information about where they had been deployed
- Reported Duty Stations included:
  - These are collapsed by region for ease of presentation
  - Iraq (64%,  $n = 627$ ), Afghanistan (14%,  $n = 121$ ), Bosnia/Kosovo (12%,  $n = 100$ ), Others Areas of the Persian Gulf (e.g., Kuwait, Qatar, Saudi Arabia; 38%,  $n = 319$ )
  - 34% reported being stationed in more than one of these regions
    - *NOTE: At this time we do not have complete data on number of tours and dates, as the responses were often incomplete*





# PTSD and Depression

- **Posttraumatic Stress Disorder (PTSD)** is characterized by:
  - **Reexperiencing** events via flashbacks, nightmares, intrusive thoughts, etc.
  - **Avoidance** of reminders of the event(s), people, and places; emotional numbing; etc.
  - **Hyperarousal** exhibited by being on-guard, easily startled, irritable, sleep disturbances, etc.
- **Depression** is characterized by:
  - Feelings of sadness, worthlessness, fear, and hopelessness; poor appetite; crying spells, etc.
- **Psychometric Measures**
  - Posttraumatic Stress Disorder Checklist (PTSD Checklist) was used as a self-report of PTSD symptoms
  - Center for Epidemiological Studies-Depression Scale (CES-D) was used as a self-report of symptoms of depression





# PTSD and Depression

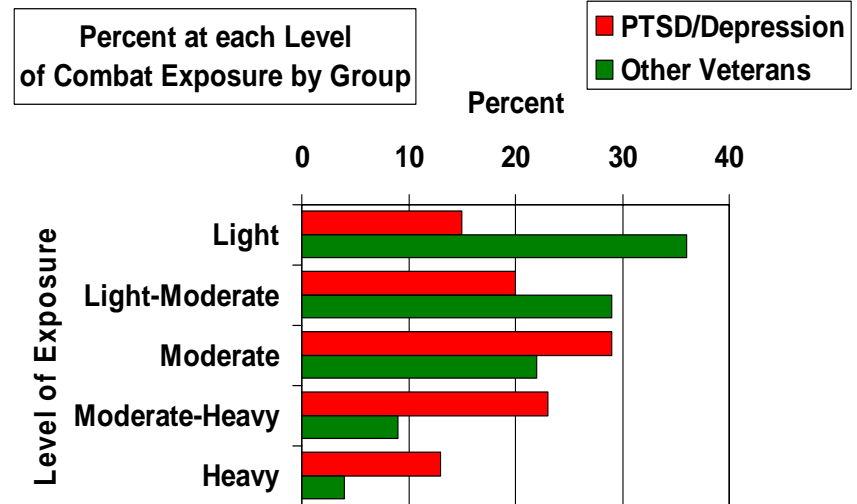
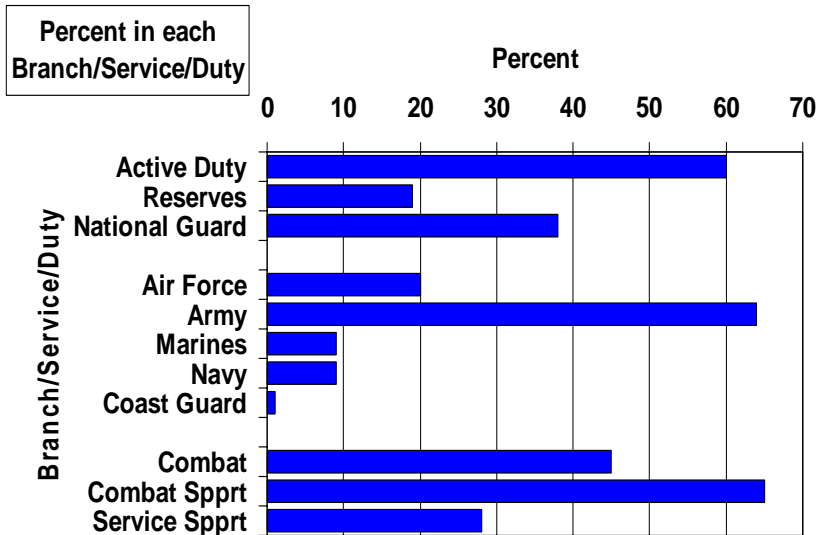
- ***In this sample of 936 Veterans:***
  - 33% ( $n = 309$ ) had PTSD-Checklist scores suggesting **PTSD**
  - 42% ( $n = 392$ ) had CES-D scores suggesting **Clinical Depression**
  - 46% ( $n = 426$ ) had scores suggesting **PTSD and/or Depression**
    - This sub-segment will be referred to as the ***PTSD/Depression*** Group
  - The remaining 54% of Veterans in the sample will be referred to as the ***Other Veterans*** Group
    - We ***cautiously*** note that—although they did not score in the PTSD/Depression range—the ***Other Veterans Group*** still may qualify for other diagnoses (e.g., panic disorder, generalized anxiety disorder) ***or no diagnosis at all***

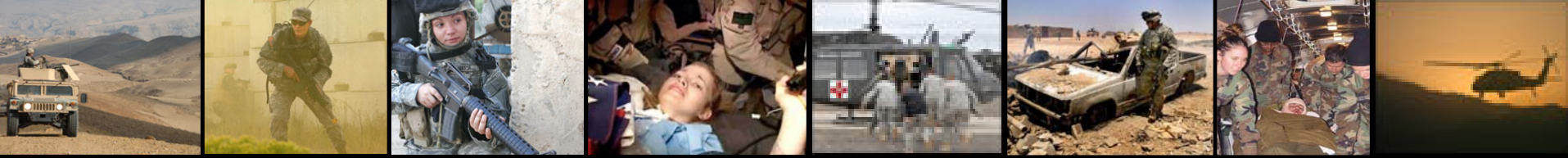




# Military Information

Veterans with PTSD/Depression were statistically significantly more likely than Other Veterans to have served in the National Guard (42% vs. 34%) and the Army (75% vs. 55%), to have had Combat Roles (52% vs. 39%), and to have been exposed to heavier levels of combat, risk, gore, injury to self and others, and death of others.

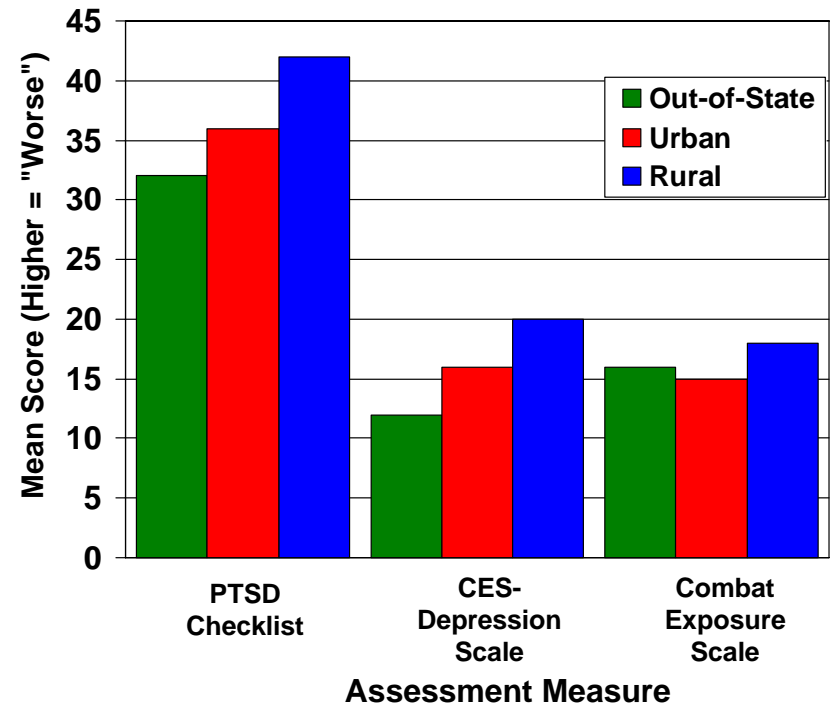


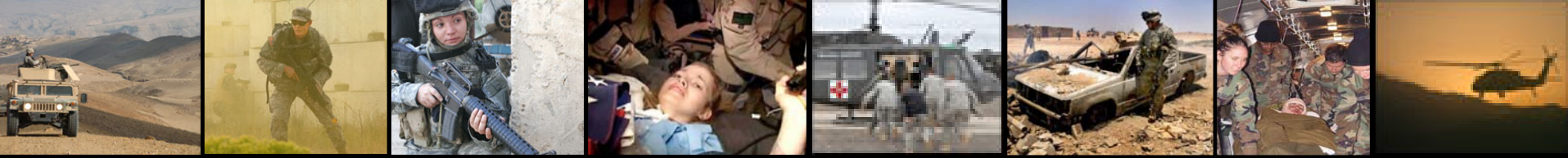


# PTSD/Depression by Rurality

- 56% of Rural Veterans had scores suggesting PTSD/Depression
  - This was statistically significantly more than for Urban (32%) and Out-of-State Veterans (34%)
- Scores on the PTSD Checklist and the CES-Depression Scale:
  - Higher for Rural Veterans than for Urban; both were higher than for Out-of-State Veterans
- Combat Exposure Scale
  - Higher scores (more combat exposure) for Rural than for Urban Veterans

Key Assessment Scores by Level of Rurality

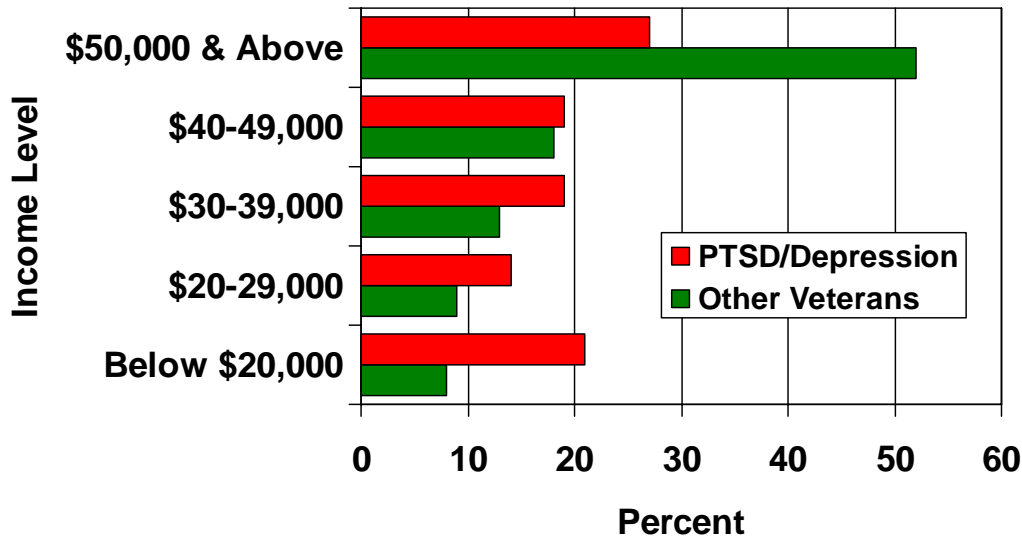




# Decline in Functioning

Veterans with PTSD/Depression were as likely as Other Veterans to be employed *prior* to deployment. **After returning home**, Veterans with PTSD/Depression were statistically significantly more likely than Other Veterans to be unemployed (12% vs. 4%) or physically/mentally disabled (11% vs. 1%), to have a lower income, and to show statistically significant declines in functioning. (Veterans in Rural Counties have a lower income and are less likely to be Students.)

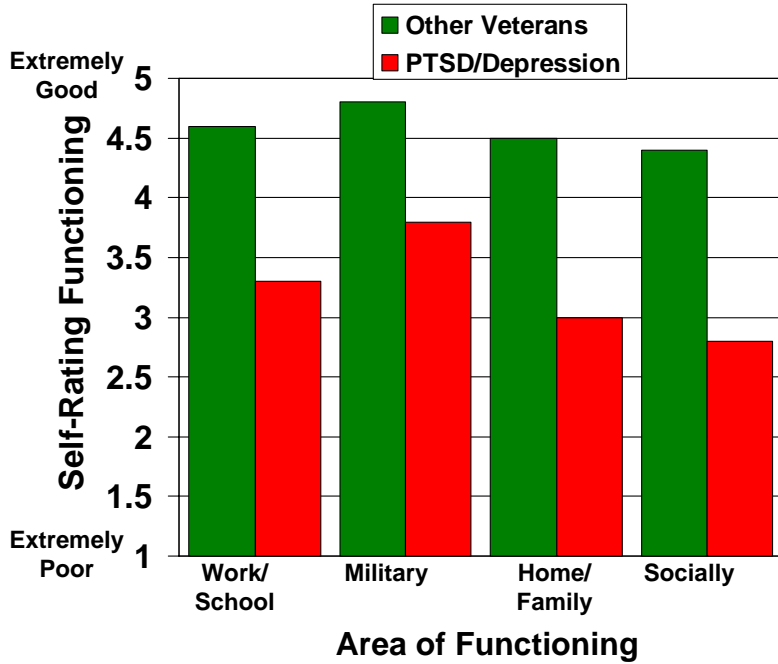
Current Income Level by Group



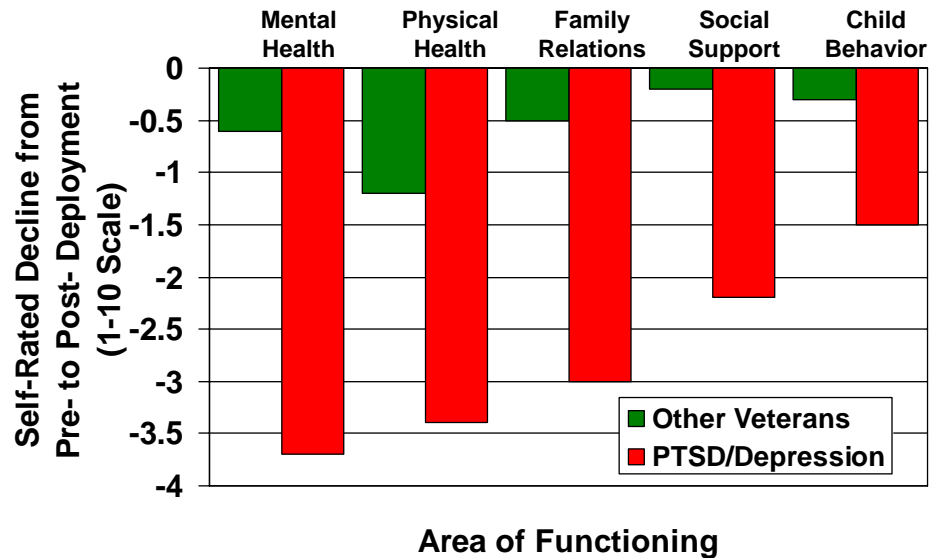


# Decline in Functioning

Current Functioning in Four Areas\*

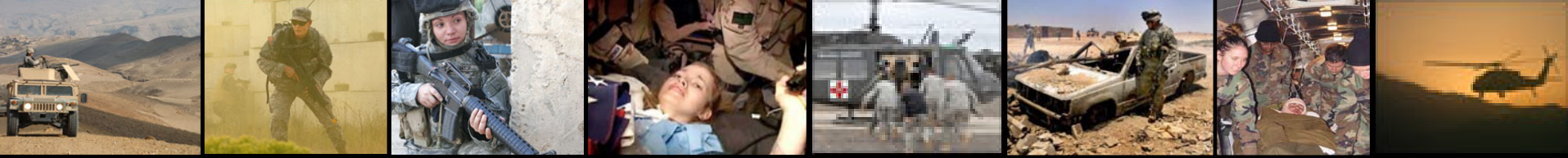


Decline in Five Areas of Functioning (Pre- to Post-Deployment) by Group\*

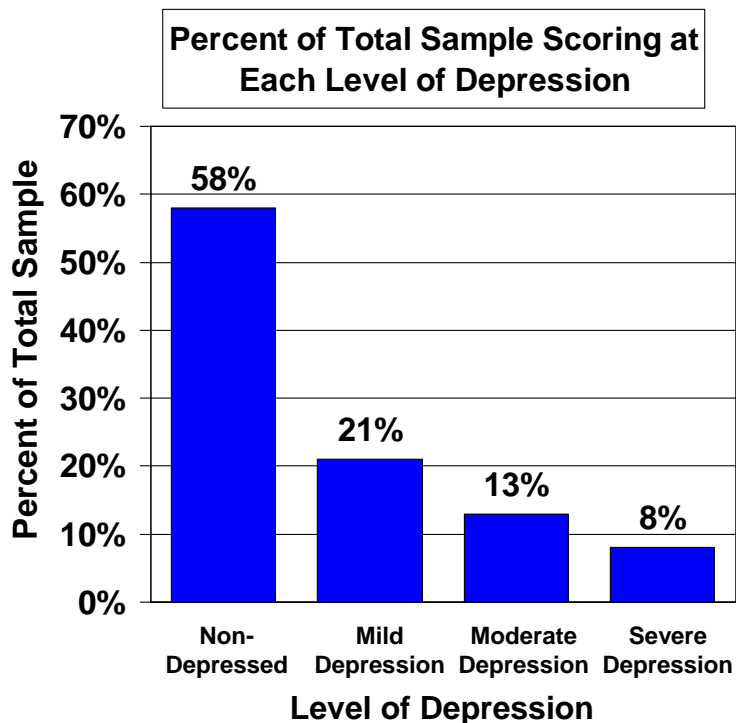


\*Statistically significant interaction of Group by Rurality, such that Veterans with PTSD/Depression who are residing in Rural Counties are reporting a *Poorer Level of Functioning* on each of the above indices than: (a) those Veterans without PTSD/Depression residing in Rural Counties, and, (b) those Veterans—both with and without PTSD/Depression—who are residing in Urban Counties.





# Predicting Risk of Suicide



- CES-Depression Scores were categorized into four levels (based on Ogles et al., 1998)
  - *Non-Depressed* (i.e., below “Clinical Level”) = 0-15 ( $n = 544$ )
  - *Mild Depression* = 16-27 ( $n = 197$ )
  - *Moderate Depression* = 28-39 ( $n = 123$ )
  - *Severe Depression* = 40-60 ( $n = 72$ )



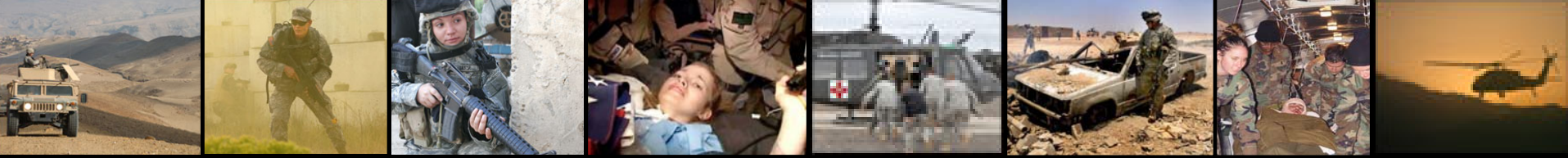


# Predicting Risk of Suicide

- Karney et al. (2008)\* (*Working Paper from the RAND Center for Military Health Policy Research*)
  - Recent and past research shows suicide risk in Veterans is associated with high levels of depression, PTSD, and combat exposure
- The 72 Veterans (8%) at the Severe Level of Depression in the Present Survey:
  - Have statistically significantly higher PTSD Checklist scores (i.e., more PTSD symptoms) than Veterans at the other three Levels of Depression
  - Have statistically significantly higher Combat Exposure scores than Veterans at the Non-Depressed and Mild Depression Levels
- These 72 Veterans appear to be at a **High Risk for Suicidal Behavior**
  - *NOTE:* This is a *prediction* based on statistical associations
    - This does NOT imply that the other 92% of Veterans are free of risk
    - The anonymous nature of the survey does not allow identification of individuals

\*Karney, B. R., et al. (2008, April). *Invisible wounds: Predicting the immediate and long-term consequences of mental health problems in veterans of OEF and OIF*. RAND Center for Military Health Policy Research.





# Service Awareness and Use

- **Five Levels of Mental Health Services**

- *Informal Support:* Family, friends, other Veterans
- *Formal Support:* Veteran organizations and support groups
- *Emergency/Medical:* Crisis line, emergency room
- *Mental Health:* Clergy, counselors, social work, psychologists, psychiatrists
- *Center-Based:* Community mental health center, Vet Center, VAMC, psychiatric hospital

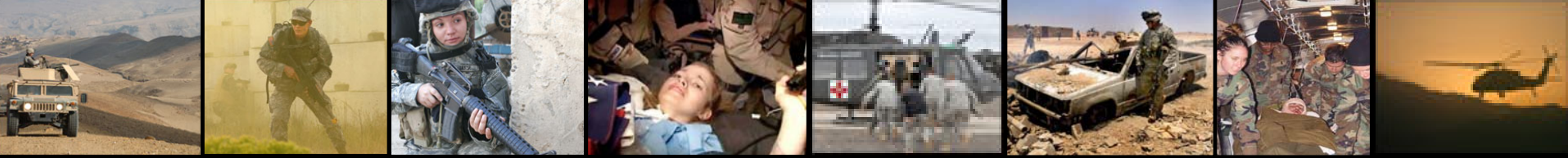


**Service Utilization by Levels of Support and Veteran Status  
(Veterans with PTSD/Depression vs. Other Veterans)**

Service Options	<i>Is Service Available to You?</i>	<i>IF Not: Would You Use IF Available?</i>	<i>Available: Have You Used It?</i>	<i>IF Used It: Were You Other vs. PTSD/Dep?</i>	<i>IF Used It: Did It Help?</i>	<i>IF Helped: Were You Other vs. PTSD/Dep?</i>
<b>Level I: Informal Support</b>	~ 82%	~ 35%	~ 51%		~ 93%	
Family	95	59	67	63 v 72	91	98 v 84
Friends	90	38	67		92	99 v 84
Neighbors	62	16	36		96	
Groups/Clubs	68	18	23		91	98 v 83
Other Veterans	93	44	61	57 v 68	95	98 v 91
<b>Level II: Formal Support</b>	~ 82%	~ 21%	~ 26%		~ 85%	
Veterans Organization	88	26	30	43 v 57	83	92 v 77
Veterans Support Group	82	30	19	10 v 32	86	
Other Support Groups	69	14	12	9 v 18	95	
On-Line/Internet	80	8	26	19 v 36	89	96 v 83
Job/Employment Services	83	18	31	23 v 41	72	82 v 63
State DVA	90	32	37	26 v 53	86	
<b>Level III: Emergency/Medical</b>	~ 88%	~ 12%	~ 24%		~ 89%	
Phone Crisis Line	74	9	5	3 v 8	84	
Emergency Room	94	14	29	23 v 37	90	
Medical Hospital	95	14	39	31 v 49	92	96 v 89
<b>Level IV: Mental Health</b>	~ 81%	~ 22%	~ 32%		~ 77%	
Clergy, Minister	86	19	33		95	98 v 91
Vocational/Rehab. Counselor	70	14	18	8 v 33	69	
Psychologist	86	35	36	16 v 60	73	
Social Worker	68	10	16	5 v 33	69	
Psychiatrist	81	24	29	10 v 54	71	
Physician	93	31	58	49 v 70	87	94 v 82
<b>Level V: Center-Based</b>	~ 84%	~ 28%	~ 27%		~ 79%	
Community Mental Health Center	74	11	9	4 v 17	77	
Psychiatric Hospital	80	13	7	2 v 16	70	
Vet Center	90	32	38	24 v 55	85	
VA Medical Center	93	57	53	38 v 71	85	

*Notes.* All values are percentages of those responding to that item or sets of related items. Percentages at each level are estimates (~). Comparisons of percentages for Veterans with PTSD/Depression and Other Veterans only are provided if they were statistically significant (Chi square Test,  $p < .05$ ).





# Service Utilization by Levels of Support and Veteran Status (Veterans with PTSD/Depression vs. Other Veterans)

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<b>Family</b>	95	<b>59</b>	<b>67</b>	63 vs. <b>72</b>	91	<b>98</b> vs. 84
<b>Friends</b>	90	38	<b>67</b>		92	<b>99</b> vs. 84
<b>Neighbors</b>	62	16	36		96	
<b>Groups/Clubs</b>	68	18	23		91	<b>98</b> vs. 83
<b>Other Veterans</b>	93	44	<b>61</b>	57 vs. <b>68</b>	95	<b>98</b> vs. 91

**Notes.** All values are percentages of those responding to that item or sets of related items. Percentages at each level are estimates (~). Comparisons of percentages for Other Veterans vs. Veterans with PTSD/Depression only are provided if they were statistically significant (Chi square Test,  $p < .05$ ).





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<b>Level II: Formal Support</b>	~ 82%	~ 21%	~ 26%		~ 85%	
<b>Veterans Organization</b>	88	26	30	43 vs. <b>57</b>	83	<b>92</b> vs. 77
<b>Veterans Support Group</b>	82	30	19	10 vs. <b>32</b>	86	
<b>Other Support Groups</b>	69	14	12	9 vs. <b>18</b>	95	
<b>On-Line/Internet</b>	80	8	26	19 vs. <b>36</b>	89	<b>96</b> vs. 83
<b>Job/Employment Services</b>	83	18	31	23 vs. <b>41</b>	72	<b>82</b> vs. 63
<b>State DVA</b>	90	32	37	26 vs. <b>53</b>	86	

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**Preliminary Analyses:** For more information and permission to distribute, contact Dr. Scotti at [Joseph.Scotti@mail.wvu.edu](mailto:Joseph.Scotti@mail.wvu.edu)

Updated: June 2, 2008 19





## Service Utilization by Levels of Support and Veteran Status (Veterans with PTSD/Depression vs. Other Veterans)

Service Options	<i>Is Service Available to You?</i>	<i>IF Not: Would You Use IF Available?</i>	<i>Available: Have You Used It?</i>	<i>IF Used It: Were You Other vs. PTSD/Dep?</i>	<i>IF Used It: Did It Help?</i>	<i>IF Helped: Were You Other vs. PTSD/Dep?</i>
<b>Level III: Emergency/Medical</b>	~ 88%	~ 12%	~ 24%		~ 89%	
<b>Phone Crisis Line</b>	74	9	5	3 vs. <b>8</b>	84	
<b>Emergency Room</b>	94	14	29	23 vs. <b>37</b>	90	
<b>Medical Hospital</b>	95	14	39	31 vs. <b>49</b>	92	<b>96 vs. 89</b>

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<b>Psychiatrist</b>	81	24	29	10 vs. <b>54</b>	71	
<b>Physician</b>	93	31	<b>58</b>	49 vs. <b>70</b>	87	<b>94</b> vs. 82

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# Service Awareness and Use

- *Veterans indicated being reasonably aware of the availability of multiple services at each level (~ 81% to ~ 88%)*
  - Of those **unaware** of a service, less than one-third would use it if it were to become available to them (~ 12% to ~ 35%)
- *Less than half reported actually using most of these services (~ 24% to ~ 51%)*
  - Apparent preference for more **informal sources**, with the exception of Physician and VA Medical Center
  - Veterans with PTSD/Depression were **more likely** to report use, at many levels of service, than were Other Veterans
  - Unclear at this time if Rurality is related to Service Awareness and Use
  - Initial analyses suggest that Veterans at the highest level of depression are somewhat **more likely** to be seeking Center-Based Services
- *Over two-thirds of Veterans having used a level of service reported it was helpful (~ 77% to ~ 93%)*
  - More informal levels appear to be reported as more helpful
  - Veterans with PTSD/Depression **less often** reported services as being helpful, as compared to Other Veterans



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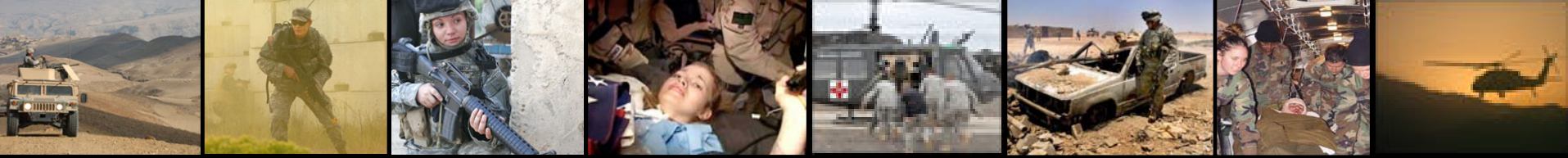




# Services and Issues of Concern

- ***Problem of intention vs. behavior***
  - Knowing a service is available and saying it would be used, is *not* the same as actually using it
  - Using a service does *not* guarantee it is helpful or effective
    - We did not evaluate the type of service the Veteran had rated with regard to helpfulness
      - For example: *Did a Veteran with PTSD/Depression seek services for those issues or for a physical health issue? Was the physical health issue satisfactorily addressed, and PTSD/Depression not addressed at all?*
- At the *Center-Based Level*, community mental health centers and psychiatric hospitals were rated **least** likely to be used
  - Only 9% and 7% (respectively) of Veterans reporting use
- Symptoms of PTSD and Depression wax and wane over time
  - Services might not have been sought as symptoms might not be evident for some years after a traumatic event, such as combat
  - **However:** Early intervention is good prevention
  - Veterans currently **not** reporting PTSD/Depression need to be aware and seek treatment *prior to* (so as to prevent) a worsening of their status





Exclusive CEO roundtable: Rural executives make their case / Page 24

# Modern Healthcare

THE ONLY HEALTHCARE BUS

NOVEMBER 5, 2007

Former Marine Adam Fultz, who suffers from post-traumatic stress disorder, says he has to travel more than two hours one way from his home in West Virginia to receive the counseling his physician recommends.

VETERANS STRUGGLE TO FIND CARE IN RURAL AREAS

## A HOSPITAL TOO FAR

Outpatient clinics, telemedicine seen as ways to extend veterans healthcare services to underserved areas / Page 6

### Some Comments from the Surveys

*“WV treats its veterans better than any other state.”*

*“I want to go to the Vet Center, but it is a 2-hour drive each way.”*

*“My problems started during Iraqi Freedom. Because of an other than honorable discharge, no one at the VA will help me.”*

*“How do you live with seeing men without arms, legs, or faces. What was I supposed to do to help them? What am I supposed to do now?”*

*“Why is it so hard to find services . . . They are not advertised anywhere.”*

*“Thank you for doing this survey. I appreciate your efforts to help veterans.”*

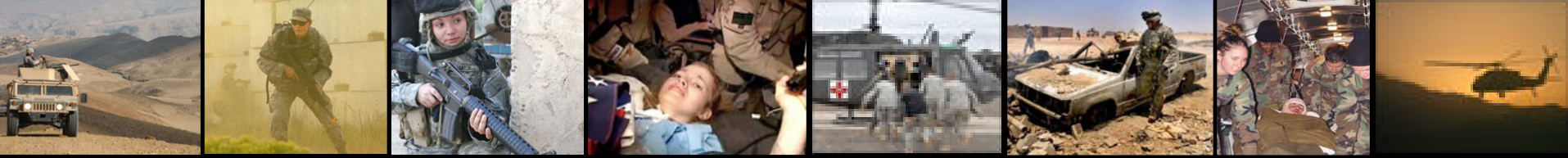




# Summary of Findings

- **Veterans of recent conflicts in Iraq, Afghanistan, and Kosovo . . .**
  - Are at a significantly **high risk** for PTSD and/or Depression
    - The 46% rate of PTSD/Depression in this sample suggests that some 3,000 of the over 6,400 West Virginia Veterans who served in these conflicts may exhibit symptoms of PTSD and/or Depression
      - *Again:* These figures do **not** include other mental and physical health problems (including TBI) that may be evident in these Veterans, nor the possibility that these disorders will occur at a later date
  - Veterans with PTSD/Depression report declines in functioning that impact their incomes, family relations, and children
    - Recall that 77% of these Veterans live with a spouse/partner and an overall average of one child
    - This represents over **5,000 family members** who may be impacted by the problems exhibited by Veterans with PTSD/Depression, and who may themselves be in need of services





# Summary of Findings

- ***Veterans of recent conflicts in Iraq, Afghanistan, and Kosovo . . .***
  - Show a differential impact such that Veterans residing in Rural Counties are **more likely** to meet criteria for PTSD/Depression and to experience a more negative impact across multiple measures of functioning
  - Include a subset that is likely to be at increased risk for suicidal behavior due to higher levels of depression, PTSD, and combat exposure
    - *Again:* This does **not** mean other Veterans are free of such risk
  - Are ***NOT*** fully accessing services
    - Less than one-third of all Veterans in the survey reported accessing services
    - Less than one-half of Veterans with PTSD/Depression
      - This group is also reporting services to be **less** helpful
    - Unclear if Rurality is related to seeking services
    - Higher level of depression **does** appear related to seeking Center-Based Services

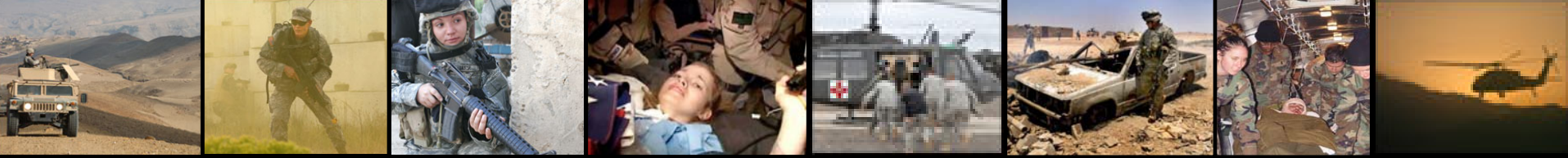




# Preliminary Recommendations

- Efforts to improve awareness and education
  - Veterans and families
  - Primary care providers
  - Mental health providers
  - Policy makers
- Efforts to increase collaboration between civilian health/mental health system and the VA system
  - Is there a role for the state-supported regional VA offices in supporting collaborative efforts?
  - Is there a role for community mental health centers in sharing the large case load of Veterans and family members?





# Preliminary Recommendations

- Efforts to increase number of appropriately trained practitioners (*especially to Rural Counties*)
  - Dissemination of best practices to existing practitioners
    - MDTV, continuing education, web-based training and supervision
  - Specialized training tracks for new mental health graduates
    - Rural rotations for students in training, scholarships, stipends
- Efforts by higher education institutions to access funding sources
  - Federal training and research grants
    - NIH, NIMH, SAMSA
    - Collaboration with the *National Center for PTSD* and the *Child Traumatic Stress Network*
    - Private foundations





# Preliminary Recommendations

- Efforts to provide outreach to:
  - Veterans
    - Who need intervention, early intervention, and support
      - Including those *other than honorably discharged*
  - Families, partners, children
    - These parties are not typically addressed by VA services
    - Need for support, education, and therapy (individual/family)
  - *Residents of Rural Counties*
    - Communication and travel issues
  - Established Veterans organizations
  - Faith communities





# Some of Our Steps Forward

- Dissemination of Survey Results
  - State Media Outlets: Newspaper, Television, Radio
  - Professional Organizations
    - WV State Association for Social work (4/08) and Psychology (9/08), Governor’s Conference on Veterans (6/08), International Society for Traumatic Stress Studies (11/08)
- Networking
  - Care-Net, Military OneSource, National Guard
- Grant Seeking
  - WV Rural Health Research Center grant application
  - Treatment dissemination grant
    - Focus on Veterans returning to Higher Education





# Special Thanks

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- Lastly, a heartfelt ***Thank You*** to the West Virginia Veterans who participated in this survey and those who served Our State and Nation when called upon to do so.

