Introduction

Chapter 1

Our military men and women and their families are heroic, risking their lives or the lives of their loved ones for our safety and freedom. North Carolina has a strong connection to these courageous men and women, with the fourth largest number of military personnel in the country. Our military personnel are represented in each branch of the military: Army, Marines, Navy, Air Force, and Coast Guard. There are currently 120,000 active duty personnel based at one of the seven military bases or deployed overseas. In addition, our state is likely to receive 15,000 additional active duty members by 2013 as military installations close in other states. Another 45,000 soldiers, marines and airmen live in all 100 counties of North Carolina and serve in the National Guard or Reserve. Approximately one-third (35%) of the state's population is in the military, a veteran, spouse, surviving spouse, parent, or dependent of someone connected to the military.

North Carolina is home to many veterans. There are nearly 800,000 veterans who live in our state, which places North Carolina fifth in military retiree population and ninth in veteran population in the country.[1] Chapter 2 discusses the military members and their impact on North Carolina in more detail.

During the past 100 years, the United States has been involved in armed conflicts from World War I through the current conflicts in Iraq and Afghanistan. By its very nature, armed conflicts increase the risk of both physical and psychological harm. The likelihood of harm is increased when combatants are subject to multiple deployments. Our current engagements in Iraq (Operation Iraqi Freedom/OIF [now Operation New Dawn/OND]), and Afghanistan (Operation Enduring Freedom/OEF) have been particularly challenging. The United States has been engaged in these wars for more than nine years, longer than World War II. More than 2 million men and women have fought in Iraq or Afghanistan.[2,3] These wars are being fought by an all-volunteer fighting force. This puts additional strain on the military, because they cannot draft more troops when needed. As a result, service members are subject to multiple deployments with much less time at home between deployments (dwell time).

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Historically, battle lines were well-defined, and military service members deployed into theater were in less danger than those in combat. In OEF/OIF, there are no distinct battle lines. As the amount of time spent in armed conflict and in theater increases, so does the chance of physical or psychological injury. In the past, many people who experienced combat injuries would not survive. However, with our recent advances in medicine, we have been able to save a great majority of our injured service members. Thus, we have increasing numbers of active and returning service members and veterans living with significant injuries, including physical, mental health, and other behavioral health problems. The two most common health issues diagnosed among OEF/OIF veterans seeking US Department of Veterans Affairs (VA) health care are musculoskeletal and

mental health problems.[2] More than half (50.2%) of all OEF/OIF veterans who have presented for VA health care report symptoms of possible behavioral health problems, including posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, affective psychoses, neurotic disorders, suicidal ideation, and drug and alcohol dependence. More information about substance abuse, mental health disorders, traumatic brain injury, and other needed services is discussed in Chapter 3.

Not only does active service in the armed forces affect the service member but also military service affects their families before, during, and after deployment. More than 100,000 children and adolescents of active and reserve components live in North Carolina. Children of military families in which one or more parents are deployed experience emotional and behavioral difficulties more often than other children. The longer the deployment, the more likely that a child will suffer social and emotional difficulty.[4] Similarly, longer deployments are associated with increased mental health diagnoses in spouses.[5] The effects of military service on family members are discussed further in Chapter 2.

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Addressing the physical health needs of veterans can be challenging. However, it is often even more difficult to address the complex *behavioral health* needs of active and former members of the armed forces and their families. Behavioral health includes mental health, substance use disorders, and traumatic brain injury. Understanding the nature of the military culture, combat, and the stresses of living and working in a war zone is critical for behavioral health providers to establish credibility with clients. Nonetheless, many active and former service members and veterans choose not to seek behavioral health services because of the stigma attached to these conditions. Furthermore, active duty personnel are sometimes concerned that seeking mental health or substance abuse services may jeopardize their military careers.

Active duty service members and their families can receive medical and behavioral health services through military treatment facilities and TRICARE, the health benefit program for services mainly offered by civilian providers. TRICARE is available to service members and their families while on active duty or for a short transition period after leaving the military. However, TRICARE is generally not available to people once they leave the armed forces unless they have retired with 20 or more years of service. VA provides health care services to eligible veterans through four VA medical centers and eight community-based outpatient clinics (CBOCs) across the state. But, only 50% of those who are eligible use VA health services.[3] Unlike TRICARE, the VA system does *not* provide direct services to family members except for care involving the well-being of the veteran (e.g., couple's counseling). However, individual, group, and family counseling is available to any combat veteran or bereaved spouse through any of the five storefront vet centers located in North Carolina. Thus, although the United States offers health services to active and former military

personnel, there are gaps in coverage for both the service member and his or her family. Eligibility for military health and behavioral health services is described in Chapter 4. Furthermore, as noted above, some people who do have access choose not to seek services within the military, TRICARE, or VA systems. State-funded services can help fill in some of the gaps.

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) is charged with providing state-funded behavioral health services in North Carolina. The resources vary by region. Behavioral health services are managed by Local Management Entities (LMEs) across the state. However, because of limits in state funding, mental health and substance abuse services are not available to serve all the current and former military members who need services. Chapter 5 discusses service availability among the civilian population.

The needs of military families are unique and need to be understood by those who provide services to them. When service members and families seek behavioral health services and other support, they need providers who understand military culture and other aspects of military service. The North Carolina Area Health Education Centers, the Citizen Soldier Support Program, and other partners have developed a series of trainings to help a variety of service providers understand more about the military in North Carolina. Chapter 6 will discuss more about military outreach, training for providers of services, and research.

The North Carolina General Assembly directed the North Carolina Institute of Medicine (NCIOM) to study the adequacy of mental health, developmental disabilities, and substance abuse services funded with Medicaid and state funds that are currently available to active and reserve component members of the military, veterans, and their families.

Task Force on Behavioral Health Services for the Military and their Families

The North Carolina General Assembly directed the North Carolina Institute of Medicine (NCIOM) to study the adequacy of mental health, developmental disabilities, and substance abuse services funded with Medicaid and state funds that are currently available to active and reserve component members of the military, veterans, and their families. The NCIOM was also asked to determine any gaps in services (Section 10.78(ff) of Session Law 2009-451; Sections 16, 19 of Session Law 2009-574). The Task Force was co-chaired by Representative Grier Martin, JD, LLM, North Carolina House of Representatives; Senator William R. Purcell, MD, North Carolina Senate; and Michael Watson, Deputy Secretary for Health Services, North Carolina Department of Health and Human Services. It included 43 other Task Force and Steering Committee members. (See pages 9-11 for a complete list of Task Force and Steering Committee members.) The Task Force was asked to provide an interim report to the 2010 Session of the North Carolina General Assembly and a final report to the 2011 Session. The Task Force was supported by funding from the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Abuse Services through the North Carolina Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse and Mental Health Services Administration.

Work of the Task Force

The Task Force met a total of 11 times between November 2009 and December 2010.

The report includes 7 chapters, the first being this brief introduction. Chapter 2 describes the various components of the military population in North Carolina and their families. Chapter 3 reviews behavioral health needs of the military, including posttraumatic stress disorder, depression, suicidal ideation, substance abuse, and traumatic brain injury. Chapter 4 summarizes eligibility for military health and behavioral health services. Chapter 5 describes the availability of services in the civilian population, including those services provided by the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. Chapter 6 describes the behavioral health workforce; outreach to active and former service members, veterans, and their families; and research. Finally, Chapter 7 summarizes the Task Force recommendations.

References

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