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Report Finds Gaps in Health Services for U.S. Veterans

Families and communities also need assistance, experts say

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WEDNESDAY, March 31 (HealthDay News) -- U.S. government agencies need to do more to meet the physical and mental health needs of military personnel returning home from tours in Iraq or Afghanistan, contends a new report from the Institute of Medicine.

And the added aid should extend to their families and communities as well, the report suggests.

Veterans today differ from those who returned from earlier wars, said Dr. Albert W. Wu, a professor of health policy and management at Johns Hopkins Bloomberg School of Public Health and a member of the committee that prepared the report for the institute, an independent advisory arm of the National Academy of Sciences.

The nearly 2 million veterans from Iraq and Afghanistan are older and many more are married than veterans from other wars, he noted. Today, the average enlisted person is 27, compared with an average age of 18 during World War II, Wu said, and more than half are married and have children.

Today's veterans also have a higher survival rate after being wounded -- three times higher than from the Vietnam War, Wu said.

"People are surviving with pretty devastating injuries," he said. "Consequently, there are almost 44,000 veterans with traumatic brain injury to be cared for."

Chuck Arnold, coordinator of the veterans program at the University of Medicine and Dentistry of New Jersey, said that "today's veteran is facing so much more than in the past -- family issues, unemployment when returning, etcetera."

"While the veteran is trained to handle difficult situations, families are not," Arnold said. "There needs to be more education and training for families, to include children."

To address these issues, the institute's report, released March 31, recommends that the U.S. Department of Defense and the Department of Veterans Affairs:

Fund research on the readjustment needs of veterans, their families and the communities they return to. Research should examine such issues as the social and economic effects of multiple deployments on families, including domestic violence and maltreatment of children, and "culturally sensitive treatment approaches" for minorities.

Prepare for the long-term needs of returning veterans with multiple traumas and traumatic brain injuries, including likely complications and rehabilitation services.

Recruit more mental health professionals to help veterans deal with post-traumatic stress syndrome (PTSD), depression, substance abuse and other issues that many face.

Reduce the stigma within the military community of mental health treatment.

Examine whether the mental health needs of female veterans are being met, including treatment for sexual harassment and assault. Women now constitute 14 percent of deployed U.S. forces, the report said.

Consider a so-called "third-location decompression" program, which would involve sending military personnel to some location to readjust to a non-combat environment before returning home to their families.

"We wanted to identify physical and mental health and other readjustment needs of veterans and their families," Wu said. "We also wanted to see what the gaps were."

The gaps, he said, included an abundance of mental health issues. "There are at least 40,000 cases of PTSD," Wu said, as well as depression, substance abuse and suicide among returning veterans.

There are also social outcomes, Wu said, including financial hardships, unemployment, homelessness, domestic violence, marital problems and mistreatment of children. Caregivers are stressed from taking care of injured family members, he said. And many veterans, particularly reservists and members of the National Guard, return to find that their old job wasn't held for them and they have trouble finding a new one, he said.

"There are a lot of readjustment needs that we are just beginning to look at," he said.

Physical needs of veterans are being met, for the most part, Wu said, but their mental health needs are not.

"The mental health providers in many places are really overwhelmed with huge case loads," he said. "Some social workers talk about having 700 or 800 cases that they are responsible for, which is extraordinary."

Other veterans face long waiting periods before they can be seen, and many have to endure long travel times. Moreover, the Veterans Affairs department has problems keeping mental health professionals, Wu noted.

The VA and the Defense Department need to come up with good estimates of the number of mental health professionals needed and determine where they are needed, he said.

In addition, the number of people seeking help will undoubtedly grow because the peak of health service needs, historically, comes 30 years after a conflict. "The peak needs are going to be somewhere around 2040, and those projections haven't been done," Wu said. "We need to know what the need is and then make a plan for it."

As for solutions, Wu noted that there is very little to base solutions on, which is why the report stresses the need for more research before the committee can come up with more specific recommendations.

The report was done under a mandate from Congress in 2008. For the just-completed first phase, the committee used scientific literature, media reports and testimony from veterans and their families gathered at town hall meetings to identify what it determined to be the most important needs of veterans and their families.

In the next phase, Wu said, the committee will turn its attention to more detailed findings and recommendations based on reviewing additional data and the results of ongoing research. That will take about 30 months to complete, he said.

In the interim, Wu noted, a wealth of federal agencies as well as state, community and private groups can offer help to veterans, but many of their programs are underused because people don't know they're available.

"There is no single source of all of these programs," Wu said. "There is also very little evaluation of these programs. This needs to be organized so that real people can use these services."

More information

The U.S. Department of Veterans Affairs has more on [health and wellness programs for veterans](#).

SOURCES: Albert W. Wu, M.D., M.P.H., professor, health policy and management, Bloomberg School of Public Health, and professor, medicine, School of Medicine, Johns Hopkins University, Baltimore; Chuck Arnold, coordinator, veterans program, University of Medicine and Dentistry of New Jersey, Piscataway, N.J.; March 31, 2010, report, National Institute of Medicine, Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families

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