DVA/DoD Collaborations for Postdeployment Health

Sonja V. Batten, Ph.D.
Coordinator, Trauma Recovery Programs
VA Maryland Health Care System

Assistant Professor of Psychiatry
University of Maryland School of Medicine
Goals today

• Will describe local work we’ve been doing in Maryland in collaboration with MD Army National Guard
• Will discuss my experience working on a federal work group with the DoD focused on issues of Psychological Health and TBI in returning servicemembers
• The Post-Deployment Health Reassessment (PDHRA) Program is a program mandated by the Assistant Secretary of Defense for Health Affairs in March 2005 and designed to identify and address health concerns, with specific emphasis on mental health, that have emerged over time since deployment.

• The PDHRA provides for a second health assessment using DD Form 2900 during the three- to six-month time period after return from deployment, ideally at the three to four month mark.
PDHRA
Postdeployment Health Reassessment

- Began with PDHA
- Reason for the timing of the PDHRA (90-120 days)
PDHRA at the
VA Maryland Health Care System

• First PDHRA conducted in July of 2006
• Have since done PDHRAs with all branches of the military, both National Guard and Reserves
  – Approximately 20 PDHRAs conducted
  – Over 1250 servicemembers screened
PDHRA at the VA Maryland Health Care System

- Very fortunate to have a collaborative relationship with the MDANG
- Hosted the first few PDHRAs at National Guard Armories
  - hot, problems with technology, etc.
- Went well, but tried to think how we could continue to improve the process
PDHRA at the VA Maryland Health Care System

• Decided to try to host a PDHRA at the VA!
  – First VA in the country to do this
  – Went extremely well
    • Service members know where the VA is now – where to park, see that it’s a nice, new building, etc.
    • Can register people for VA onsite!
    • Ability for immediate follow up (TB, medical, psych)
    • Schedule appointments immediately
  – Really increased the level of collaboration between VA and MDANG
PDHRA at the VA Maryland Health Care System

• Day starts with orientation and Battlemind
• Then screened by contractors or VA staff
• Each individual voluntarily fills out forms to be registered in the VA system
• Appointment scheduling process
  – At beginning of the day, they’re told that they have access to both primary care and RVOEC services
  – Can schedule appointments either in response to screening questions on PDHRA or just self-referred
PDHRA at the VA Maryland Health Care System

- Can self-refer for RVOEC services
- Also talk to each person informally about coming in to RVOEC while they’re registering in the VA system or setting up Primary Care appointment
  - Attempt to destigmatize by framing as preventive maintenance
- Even if people don’t set up appointments, they’re provided with a booklet that has contact info for all VAMHCS programs, as well as info on TBI, tips for family members, VA suicide prevention hotline, etc.
Moving from Local to National Collaboration

- Have really enjoyed our work with the local National Guard and Reserve Components
- Most recently implemented a Reintegration Academy, based on the model developed in Minnesota
- Starting in July of 2007, I was given the opportunity to collaborate with the DoD in an even bigger way
The Red Cell

- Began with a phone call from Toni Zeiss
- Asked if I would be willing to be part of a “Red Cell” on PTSD and TBI
The Red Cell

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• Finally one of my patients explained to me what a Red Cell was

(I still don’t really know what that has to do with what we ended up doing, but…….)
Overall Context

• Feb 2007: Walter Reed story broke in the *Washington Post*

• At the same time, multiple reports provided high-level attention to the needs of returning service members
  – Task Force on Returning GWOT Heroes
  – DoD Mental Health Task Force
  – Commission on Care for America’s Returning Wounded Warriors
  – DoD IG Review of DoD/DVA Interagency Care Transition
  – Independent Review Group (IRG)
  – Veterans Disability Benefits Commission
Overall Context

• May 2007: Wounded, Ill, and Injured Senior Oversight Committee was formed
  – Co-chaired by the DEPSECDEF and DEPSECVA
  – Goal: To streamline, de-conflict, and expedite the two Departments' efforts to improve support of wounded, ill, and injured service members' recovery, rehabilitation, and reintegration.
Overall Context

- May 2007: Wounded, Ill, and Injured Senior Oversight Committee was formed
  - Consisting of 8 Lines of Action (LOAs) focused on issues such as:
    - Disability System
    - TBI/Psychological Health
    - Case Management
    - DoD/DVA Data Sharing
    - Facilities
    - Personnel, Pay and Financial Support
Line of Action 2: TBI/Psychological Health

- LOA 2 was formed in June of 2007, to develop, coordinate, and implement DoD policies, programs and oversight in the critical areas of TBI and Psychological Health
  - Started with PTSD, changed to psychological health
- This “Red Cell” consisted of 2 subject matter experts from each branch of the service, plus 2 VA reps
Line of Action 2:
TBI/Psychological Health

• Focus and Intent
  – Improve access to care for TBI and psychological health at all locations
  – Enhance quality of care
  – Increase psychological resilience and decrease stigma
  – Improve TBI and psychological health programs through robust screening and surveillance
  – Enhance transition care and support
  – Enhance collaboration in care and research
The Work

• The work of this group was to address over 300 recommendations from the multiple high-level reports related to TBI and Psychological Health.

• As we did this work, had to work through cultural differences between the two organizations – true collaboration vs. including the other organization as an afterthought.

• Each Red Cell member took leadership on several initiatives.
The Work

- My target initiatives led to development of a DoD/DVA Strategic Working Group on the Psychological Health of Women Servicemembers and Veterans
- Meeting convened on 22 OCT 07
- Wonderful to be able to paint with such a broad brush
Attendees

- OSD Health Affairs
- OASD Reserve Affairs
- Air Force and Air Force Reserves
- Army and Army Reserves
- Navy and Navy Reserves
- Navy Bureau of Medicine and Surgery
- Army National Guard
- Air National Guard
- LOA 2 – “Red Cell”
- TRICARE - Office of the Chief Medical Officer
- SAPRO - Sexual Assessment Prevention and Response Office
- Family Advocacy Program

- VA Central Office
- VA OEF/OIF Executive Director
- VA Women’s Health & Women’s Mental Health
- VA National Center for PTSD – Women’s Health Science Division
- VA Military Sexual Trauma (MST) Programs
- VA Residential Treatment Programs
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Public Health Service (PHS)
Addressing DoD Task Force on Mental Health Recommendations

- The needs of women service members and veterans should remain a focus of high-level planning groups in the DoD (with all military Services represented) and the DVA. The DoD Psychological Health Strategic Plan should include specific attention to the psychological health needs of women. The annual report on the Status of Female Members of the Armed Forces should include information about the adequacy of support for psychological health of women. (Recommendation 5.5.2.1)
Addressing DoD Task Force on Mental Health Recommendations

- DoD should develop treatment programs specifically geared toward the psychological health needs of female service members. (Recommendation 5.5.2.2)

- DoD should continue to aggressively conduct prevention, early identification and treatment of military sexual trauma among service members of both sexes. (Recommendation 5.5.2.3)
Highlighted Clinical Recommendations

• To reduce stigma and increase treatment access for women service members seeking mental health services, the DoD should increase the number of mental health providers located in women’s health clinics in the MTFs.

• The DoD should work to build awareness among ALL health care providers in the DoD and TRICARE systems about the specific mental health issues facing women service members. All providers should receive training in gender-sensitive responding.
Highlighted Research Recommendations

• The DoD and DVA should add a focus on gender to all research priorities, especially those having to do with postdeployment mental health. A sufficient number of women and men should be recruited, when feasible, for all studies, so that significant statistical power exists to study gender differences.

• Future rounds of DoD/DVA research funding priorities should include a focus on gender differences in responses to occupational stress in the combat zone.
Highlighted Policy Recommendations

- DoD should have centralized leadership in women’s psychological health, to ensure that these issues continued to be a focus of high level attention in the DoD, both in clinical and research settings.
- Propose addition of a position of leadership in Women’s Psychological Health in the DoD Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury, reporting directly to the Senior Executive Director for Psychological Health in the DCoE.
One of the outcomes of the Red Cell and SOC was the creation of a Defense Center of Excellence for Psychological Health and TBI. Officially established on 30 NOV 2007, Headed by COL(P) Loree Sutton, the mission is to maximize opportunities for warriors and families to thrive through a collaborative global network promoting resilience, recovery, and reintegration for PH and TBI.
DCoE “Center of Centers”

- **Defense Veteran’s Brain Injury Center (DVBIC)**
  - TBI-specific evaluation, treatment and follow-up care for all military personnel, their dependents and veterans
  - TBI clinical research, training and education

- **Center for Deployment Psychology (CDP)**
  - Deployment-related behavioral health training for military and civilian mental health professionals
  - Research deployment-related needs of service members and families

- **Deployment Health Clinical Center (DHCC)**
  - Medical advocacy and assistance for military personnel and families with deployment-related health concerns
  - Specialized Care Programs for service members and veterans suffering from chronic illnesses and PTSD

- **Center for the Study of Traumatic Stress (CSTS)**
  - Conduct research, education, consultation and training on PH/TBI
  - Knowledge, leadership and applications for preparing for, responding to and recovering from the consequences of disaster and trauma

- **National Intrepid Center of Excellence (NCoE)**
  - Clinical arm of DCoE
  - PH/TBI evaluation and diagnosis, initial treatment plans, family-centered education, telehealth and long-term follow-up
  - Research teams
DCoE

- Multiple directorates, including: Resilience and Prevention, Clinical Care Standards for TBI and PH, Research in TBI and PH, Training and Education, Outreach and Advocacy
- The DCoE will have VA liaisons and a VA Deputy Director to facilitate continued collaboration and consultation
In Summary

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• Once we got past the initial challenges of working together, I came to be very fond of my DoD colleagues
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• Just as I love the veterans I work with, I’ve enjoyed working with the pre-veterans in the DoD

  – Excellent sense of humor, especially under pressure
If this sort of collaboration sounds interesting to you……

• .... You might enjoy working with VA Central Office and the DoD

• I recommend taking these sorts of opportunities when they come!
  – Upcoming opportunity
Questions or follow up?
sonja.batten@va.gov