



# NARMH NOTES

A PUBLICATION OF THE  
NATIONAL ASSOCIATION FOR RURAL MENTAL HEALTH

Summer 2010

Volume 2 Issue 1

The summer edition of NARMH Notes highlights Veteran Mental Health Services in Rural Areas. In the Harold Kudler, M.D. article, he writes about innovative partnerships of public health and mental health which ease adjustment of deployment. Jeanne Kaufman's article about the Veteran's Rural Health Resource Center defines how the center improves access by utilizing technology and through collaborations in order to enhance mental health services to minority and geriatric veteran populations. Strategies with this limited population can be utilized with all rural veterans. Dr.

Katherine Selber, Professor at Texas State University in San Marcos, presents a blue print of developing Veteran supportive programs at her university.

In each of these articles, the reader is given insight on developing partnerships with community health and community mental health. As a result, more effective supports and services are reaching Veterans and their families. Veterans, who have been willing to make the ultimate sacrifice, and their families, whose lives are forever changed by deployments, are receiving services from grateful communities.

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## Building Community Competence through DoD/VA/State and Community Partnerships

by Harold Kudler, M.D.

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### Goals

The goals of Department of Defense (DoD)/Department of Veterans Affairs (VA)/State and Community Partnerships are to enhance outreach to Veterans, increase appropriate referrals, reduce stigma, promote healthy outcomes/resilience/recovery and increase consumer and provider satisfaction.

### VA and Rural Veterans

Of 23 million Veterans currently alive, nearly three-quarters served during a war or an official period of conflict. VA currently provides health care to 5.7 million Veterans (roughly 1 in

4 Veterans). Each is eligible for a comprehensive range of mental health services. This makes VA one of the largest mental health providers in the world.

Thirty-eight percent of Veterans live in rural or highly rural areas. Despite the development of over 900 VA community based outpatient clinics to complement the services of over 150 VA Medical Centers, VA still faces significant challenges in providing mental health services to rural Veterans. Recognizing the need, VA has established the Office of Rural Health in 2006. Its mission is to develop evidence-based policies and innovative practices in support of the unique needs of the 3 million Veterans who reside in rural communities.

### Veterans of Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF)

More than 44 percent of recent US military recruits are from rural areas. Forty-four percent of all Soldiers killed in OIF came from communities with populations under 20,000. The combined mental health burden of OEF and OIF is significant. As of the September 2009, over 2 million American service members had completed at least one tour of duty in OEF and/or OIF. Fully half of them were already eligible for VA medical services and, of these, 46 percent had sought VA care. Mental health problems were the second most common health issue among them. Overall, 48 percent (243,685) of eligible Veterans who presented to VA were diagnosed with at least one mental health dis-

order. Among these, posttraumatic stress disorder (PTSD) was the single most prevalent diagnosis but mood disorders, other anxiety disorders, and substance use disorders were also highly prevalent.

**Beyond the DoD/VA Continuum**  
Ideally deployment related mental health problems would be picked up somewhere within the DoD/VA continuum of care but if only 46 percent of all OEF/OIF Veterans eligible for VA care have come to VA where are the other 54 percent? There is a “silent majority” of OEF/OIF Veterans not coming to VA. While many of those who have not sought VA treatment may not need mental health attention, the National Vietnam Veterans Readjustment Study (conducted in the late 1980’s) showed that only 20 percent of Vietnam Veterans with PTSD had ever gone to VA for mental health care. An additional 42 percent sought MH care outside of VA. It is reasonable to assume that many rural OEF/OIF Veterans across America who would benefit from mental health assessment and treatment but have chosen not to be seen in DoD or VA systems of care.

### **The Public Health Model**

These considerations suggest that our nation needs a public health model designed to address the mental health needs of Combat Veterans and their Families. The public health model is based on the realization that, despite the high prevalence of mental health disorders among them, most war fighters/Veterans will not develop a mental illness. On the other hand, all war fighters/Veterans and their families face important readjustment issues in the course of the deployment cycle. We therefore need a population-based approach that is less centered on making diagnoses than on helping individuals and families retain or, if necessary, regain a healthy balance despite the stress of deployment.

The public health approach requires a progressively engaging, phase-appropriate integration of services that meets prospective users where they live. This is of particular importance in addressing the needs of rural Veterans who, as noted above, are over-represented among our nation’s 2 million OEF/OIF Veterans. But are rural communities prepared to meet the needs of Veterans and their families?

### **Beyond the DoD/VA Continuum: Partnering with States and Communities**

Many states have been hard at work developing DoD/VA/State and Community partnerships in support of service members, Veterans and their families. Among them are Maryland, Minnesota, Missouri, New Mexico, North Carolina, Ohio, Rhode Island, Virginia, and Washington State to name but a few. SAMHSA has held two Policy Academies to promote state level partnerships.

There are several advantages to organizing at the state level. These partnerships enhance access for service members, Veterans and family members seeking help within the DoD/VA continuum or in the community. They may also enhance the quality of services which Veterans and family members receive in community settings. Because National Guard programs are organized at the state level, partnerships have special opportunities to interact with Guard Members and their families. Every state already has its own Veterans Service Program whose leaders and local Veteran Services Officers know local issues and are already integrated into communities across the state. Finally, efforts to build interagency communication and coordination developed in time of war may serve well at times of disaster. As these partnerships maintaining their readiness for disaster response in times of peace, they will also be maintaining their readiness for future wars.

### **The North Carolina Governor’s Summit on Returning Veterans and their Families**

The North Carolina experience provides a good model for other state programs. On September 27, 2006, key leaders of North Carolina State Government, VA and DoD met with community leaders, providers, consumers and other stakeholders. The Governor attended the meeting and personally charged Summit participants to develop new ideas to help Veterans succeed in getting back to their families, their jobs and their communities. A Summit report was prepared for the state legislature which led to a multimillion dollar appropriation that established the North Carolina Governor’s Focus on Returning Combat Veterans and their Families. A full time coordinator was hired to steer the process and monthly meetings of the core group are ongoing.

The North Carolina Governor’s Focus seeks to exchange information about respective agencies through presentations and discussions at monthly meetings. Shared projects are nurtured by the program coordinator leading to the development of strategic partnerships. For example, both the State and VA have strong homelessness programs yet there had, up until the establishment of the Governor’s Focus, there had been no concerted effort to integrate their services on behalf of homeless Veterans. Also, thanks to the Governor’s Focus, VA Veterans Justice Outreach program officers are working with local courts to establish a Veterans Court program and are partnering with state officials to identify Veterans in jails and prisons in order to better assess and meet their needs through jail diversion, mental health and homelessness interventions, and post-release housing and medical programs.

The North Carolina Governor’s Focus works to optimize access to information and support. Among its first proj-

ects was development of a Governor's letter to every OEF/OIF Veteran upon return to the state. The letter thanks the Veteran and his or her family for service and offers access to a toll-free number and website which can link them to over 5,000 services across the state based on specific needs and location. Over 15,000 calls concerning Veterans have been logged to this number since the system's inception. The single most common request is for information about how Veterans or their family members can access Medicaid. This suggests that, despite the availability and quality of VA services, many eligible Veterans are seeking medical care from community providers. This is likely of special relevance to rural Veterans who may have difficulty accessing VA services because of distance and community preferences.

### **Next Steps**

Efforts are under way to bridge between DoD, VA, state and local mental health, primary care and family support programs. Among the best platforms for these connections are the Post Deployment Health Reassessments (for Active Duty Members) and Yellow Ribbon Events (for Reserve and National Guard Members) held with military units 90 to 180 days after their return from deployment. These provide opportunities for refresher briefings on clinical and functional problems (such as joblessness, educational needs, family breakdown, homelessness and/or legal problems) that may affect combat Veterans and their families.

Returning veterans and their family members are more likely to seek the help of a member of the clergy or a lay leader than they are to speak with a mental health professional. Through specially designed Clinical Pastoral Education training and a new Rural Church Initiative, Governor's Focus members work with local clergy and lay leaders to ensure that they have a good understanding of potential post-

deployment problems, appreciate that effective help is available, and know how to access clinical services and community resources when necessary. Other partnerships are being developed with state and national professional organizations including NARMH and the National Rural Health Association. In particular, efforts are being made to increase the number of TRICARE providers in rural areas (with a special accent on mental health and substance abuse treatment providers). Having TRICARE insurance is a great advantage but not if there are no TRICARE providers in your community.

### **Working with States on Rural Initiatives: VISN 6 Experience**

VISN 6 covers North Carolina, Virginia and Southeastern West Virginia. Partnerships are underway with the North Carolina Office of Rural Health and the Virginia Wounded Warriors Program (an innovative and highly effective DoD/VA/State and Community Partnership led by the Virginia Department of Veterans Services) to ensure that the efforts DoD and VA planners and providers are closely integrated with their counterparts in state and community systems.

VISN 6 has established a Rural Health Initiative with funds provided by VA's Office of Rural Health in order to engage and educate Veterans and their families on a variety of health issues. It partners with community providers and leaders with the understanding that VA is there to complement their services rather than compete with them. Its mission is to ensure that service members/Veterans and their families find their way to the right services at the right time in the right place for them.

### **The Two Prong Approach:**

Experience in VISN 6 has led us to adopt a two pronged approach: organize and educate. In addition to fostering DoD/VA/State and Com-

munity partnerships at the systems level, we train community providers (Mental Health, Primary Care and others) about military culture, deployment stress, deployment mental health issues and Traumatic Brain Injury (TBI), VA resources and programs, VA/DoD Clinical Practice Guidelines and available resources.

The VISN 6 Mental Illness, Research and Clinical Center (MIRECC) partnered with the Citizen Soldier Support Program (a federally funded demonstration project in service to Reserve and National Guard Members based at the Odum Institute of the University of North Carolina, Chapel Hill) and the North Carolina Area Health Education Centers (AHEC) to develop and field the Painting a Moving Train series. At the time of this writing, over 2,500 have health care providers and other community stakeholders have attended full day programs on deployment mental health and TBI. An additional 4,000 have signed up for the free, accredited training on the web-based versions of these courses (available at [www.aheconnect.com/citizensoldier](http://www.aheconnect.com/citizensoldier)) with over 200 providers completing training each week. A third web-based course focused on Women OEF/OIF Veterans and their families is currently in production.

In addition, the Citizen Soldier Support Program is developing a model directory of mental health providers which can be found at: [www.nc-warwithin.org](http://www.nc-warwithin.org). Providers are organized by specialty and office location. The system assures that each provider has a valid license and lists any special interests and relevant training. The site specifies all forms of insurance accepted by the provider including TRICARE and offers Google mapping to site of care. The NCWarWithin site is designed to be up-loadable to the National Resource Directory ([www.nationalresourcedirectory.org](http://www.nationalresourcedirectory.org)) developed by the Defense Centers of Excellence. There are few things

more frustrating than an unpopulated website when you are looking for help. By providing a strong and attractive referral system, [www.ncwarwithin.org](http://www.ncwarwithin.org) connects Veterans with local providers quickly and efficiently.

### **The Mission**

The mission of DoD/VA/State and Community Partnerships is to transform care for service members, Veterans and their families. This is an achievable goal. It will be accomplished when there is No Wrong Door in any of our communities to which Veterans or their families can come to for the right help.



## **Veterans Rural Health Resource Center-Western Region: Fostering Innovations in Mental Health Care for Rural Veterans**

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### **Native Domain**

The Veterans Health Administrations' (VHA) Office of Rural Health established the Veterans Rural Health Resource Center-Western Region (VRHRC-WR) in 2008 as a way to improve quality of and access to health care for rural Veterans. The mission of the VRHRC-WR is to facilitate "the creation of modular delivery systems targeting older and minority rural veterans that can be used as a model and adapted to all rural veteran populations. This model addresses the needs of most rural veterans and initiates timely interventions for their care." The VRHRC-WR has three main areas of focus:

- Access—assessing the needs, the current level of access, and delivery gaps; and increasing access to health care services
- Technology—clinical demonstrations using telehealth, as well as Web-based and in-home monitoring systems to address access difficulties in rural communities

- Collaboration—partnering with public and private entities to develop mutually beneficial projects in rural communities.

Mental Health Issues in Rural Veterans  
Mental health issues are on the rise among Veterans, and returning servicemen and women. Rural Veterans have a higher incidence of mental health complaints than their urban counterparts, and because of widespread geography and isolation, suffer from a significant lack of resources for treatment. While deployed, many were exposed to hazardous and stressful combat situations. Their lives may have been in danger, they may have been injured, and/or they may have seen fellow soldiers wounded or killed while in an unfamiliar climate and culture. Readjustment after deployment can be difficult, and some may turn to drugs or alcohol as a way to cope or mask their depression, fear, and anger. For many armed forces personnel, these issues cause concern; if not properly treated, they could escalate into suicidal thoughts and tendencies, or to committing acts of violence against themselves and others. For Veterans living in rural and remote areas, ac-

cess to mental health care facilities or services may be scarce or nonexistent, making a potentially volatile situation nearly impossible to avoid.

Mental health issues are especially prevalent in rural Veteran populations given the disproportionate number of rural service members represented in the military. According to the Office of Rural Health, in 2008, one out of every three enrolled Veterans lived in rural or highly rural areas, with the majority residing in the central and southern areas of the United States. In addition, one third of enrolled Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans lived in rural or highly rural areas. The mental health burdens related to military trauma, and the challenges to access and quality of care in rural areas, are becoming increasingly serious.

Seventy-five percent of Veterans living in rural areas are over the age of 65. Older Veterans consume two to three times more resources than their younger counterparts, generally because they suffer from more illnesses and take more medications. Older Veterans are also more likely to suffer from demen-

tia and depression, and according to the Centers for Disease Control and Prevention, older men have the highest suicide rate of any age group. One of the barriers to mental health care access is the stigma attached to seeking this type of treatment and the attitude that it is a personal failure to do so. However, delaying or avoiding such treatment can increase health risks. In addition, it is a logistical challenge for older Veterans to travel to obtain services, and they may also be limited in their ability to use technology to access alternative resources due to cognitive impairments.

Native (American Indian, Alaska Native, Native Hawaiian and Pacific Islander) Veterans serve at the highest rate per capita of any ethnic group in the U.S. Armed Forces, and suffer disproportionately higher rates of PTSD and substance disorders related to combat exposure. They are also the most rural of any ethnic group in the military. When seeking mental health treatment, they face similar challenges as other rural Veterans. However, they may also have difficulty finding “culturally competent” providers or those who are understanding of and responsive to the different attitudes, beliefs, values, verbal cues, and body language of another person’s heritage and culture, and who are aware of and can adapt behaviors and treatments to meet their specific needs.

### **VRHRC-WR Geriatric and Native Domains**

The VRHRC-WR focuses on older and Native Veteran populations through its Geriatric Domain and Native Domain, and strives to provide access to health care services in rural and remote areas to better serve the many older and Native Veterans living in these areas.

#### **Geriatric Domain**

The primary focus of the Geriatric Domain is age-related illnesses and issues associated with care-giving. Older Veterans, especially those liv-

ing in rural areas, have unique needs. Dementia, diabetes, cardiovascular disease, and COPD are the most common illnesses they contend with, making disease management and prevention core areas of concentration. Issues associated with care-giving, such as nursing homes, in-home care, and respite services are also included within the focus of this domain. Availability of and access to nursing homes and in-home assistance is not as prevalent as in urban areas, and in many cases, family members have moved away and can no longer provide care or transportation.

Older Veterans in rural areas face several health care access challenges due to their limited mobility and lack of transportation (do not or are unable to drive), making it difficult to get to health care or medical facilities. In addition, physical impairments such as loss of hearing and vision may make it difficult to utilize technology and devices such as the telephone, Internet, telehealth, or in-home devices. Older Veterans may also lack knowledge of these types of technology, further hindering access. These barriers present significant problems for older Veterans trying to obtain much needed care and treatment.

#### **Native Domain**

The primary focus of the Native Domain is to serve as a national resource on health care issues for rural Native Veterans. The three core focus areas are: population, policy and programs. The Native Domain’s goals are to conduct policy analysis, collect best practices, foster clinical demonstration projects, coordinate and partner with agencies and Native communities, and disseminate information about these populations.

Of the 8 million Veterans enrolled in the VA health care system, American Indians and Alaska Natives serve at the highest rates of any U.S. race or ethnic group. Approximately 3 mil-

lion enrolled Veterans live in remote and rural areas, and American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders are proportionately the most rural of this group. For Native Veterans living on reservations in highly rural and remote areas, obtaining transportation to travel long distances, often over poorly maintained roads, to access health care services may be virtually impossible. This in effect, delays services, increases health risks, and can contribute to an increase in the overall cost of treatment.

Given the considerable cultural, social and geographic diversity of rural Native and older Veterans, it is important to stress that while the Veterans Health Administration (VHA) is national in scope by its very nature, VHA programs and activities targeted at these populations may benefit from policy strategies that embrace a national scope while maintaining a local focus. A national scope involves the VHA engaging at a system-wide level in a collaborative, coordinated and cohesive effort to attend to the needs of these populations. A local focus refers to the adaptation of national efforts—including policy, best practices, partnerships, programs and dissemination—to the environments of rural Native and older Veterans at the level of individual tribes, villages, islands and communities. Thus, all work produced from the Native and Geriatric Domains will be considered with regard to a national scope with a local focus.

Technology/Telemental Health Clinics Telemental Health, telemedicine, and telehealth refer to the use of electronic communications and information technology equipment to enable patients and physicians in different locations to connect and interface when they are unable to meet face-to-face. The appeal of operating Telemental Health clinics on or near rural Native reservations and in highly remote areas is the ability to use videoconferencing to treat patients who are physically

isolated from the nearest VA health care facility, thus improving access and quality of services. Through the use of telecommunications and videoconferencing equipment in these real-time clinics, rural Veterans are able to interact with psychiatrists in urban areas and to receive treatment for mental health conditions. Therapy (individual, family, and group) and medication management are being successfully carried out and monitored via Telemental Health clinics.

A collaborative partnership between the VA, the Centers for American Indian and Alaska Native Health (CAIANH) at the University of Colorado Denver (UCD), tribal community partners, and the Indian Health Service (IHS) established several Telemental Health clinics in the Northern Plains. This collaboration allowed for the pooling of resources and for providers to create and run the clinics, which addressed challenges that rural Native Veterans were encountering in attempting to access mental health services. The assistance of a Tribal Outreach Worker (TOW) at each reservation site to recruit patients, operate and troubleshoot videoconferencing equipment, serve as a liaison for patient needs, and work with Tribal Veterans Representatives\* (TVRs) has contributed to the acceptance and progress of the clinics. The VA psychiatrists working at the UCD clinic site have been able to effectively communicate with and treat rural Native Veterans with PTSD and substance disorders. There are currently seven Telemental Health clinics serving 11 tribes on American Indian reservations in the Western region of the United States, with the anticipation of adding additional clinics increasing the number of participating tribes.

### **Collaboration**

Even with the success of the VA/UCD CAIANH Telemental Health program, future implementation on reservations or in rural areas requires careful

thought and consideration. Collaborating with multiple entities; creating agreements; purchasing and maintaining equipment; and recruiting psychiatrists, TOWs, and other individuals to conduct the clinics are just a few of the factors that should be considered. Mobilizing and coordinating multiple entities to perform the tasks necessary to implement and operate Telemental Health clinics, or provide alternative services, is essential when working with Veterans in remote areas. Sharing resources between the Veterans Administration, local communities, the Indian Health Service, tribal communities, federal and state agencies on aging, and universities reduces the burden on any one entity and increases the quality and access to essential health care services, while creating an inclusive working environment and partnerships.

Challenges to accessing health care services in rural areas include scarce facilities, lack of specialized services, difficulty recruiting and retaining practitioners, lack of transportation, and travelling long distances which contribute to irregular doctor visits resulting in increased health risks. The VA Rural Health Resource Center-Western Region strives to provide and improve access to health care services in rural and remote areas to better serve the many older and Native Veterans living in these areas. Alternative services and treatment options enable access to care that has been previously difficult or impossible to obtain. The use of education, technology, communication, and collaboration to facilitate this process offers significant benefits. Alleviating the inevitable rising medical costs, travel and transportation burdens, and delays in receiving specialized care ultimately improves treatment, recovery, access and quality of care.

\*TVRs are recognized by the tribes to provide outreach, peer assistance, and information on VA benefits and

services to Native Veterans, as well as act as liaisons between the Veterans, the VA, Veterans Service Officers, and the Indian Health Service.

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# Preparing University Communities to Serve Those Who Served Us: Texas State University's Student Veteran Initiative

## The Challenge

Helping troops make a successful transition from the battlefields of Iraq and Afghanistan to the classroom is a welcomed challenge for universities. With over 2 million military personnel returning from deployments in the war, the universities are witnessing a heavy increase in the student veteran population as the anticipated Post 9/11 "new G.I." Bill takes effect. This legislation that provides considerably more benefits to our returning troops promises to fuel a continued increase in student veteran enrollment for the upcoming academic years. However, it will require more than increased educational benefits to help ensure that our student veterans are successful in making the transition from warrior to student veteran and successfully completing their degrees. What universities need is an innovative, comprehensive plan for developing and coordinating campus services around student veteran identified needs. This article provides an initial roadmap for considering how universities can help student veterans transition into, through, and out of universities and how Texas State University is successfully developing its veteran initiative for over 1300 student veterans.

## This Generation of Veterans

To be successful universities must understand who our student veterans are and where they have been. Helping soldiers turn their hearts toward home and make a successful transition back to their lives with their families and communities and, in this case, into a new university community is one of the most important challenges facing us today. The soldiers' long journey has taken them from the home front to a place down range where they are asked to make physical, emotional, and spiritual sacrifices, all while exposed to multiple stressors unlike anything seen in recent conflicts (1). This

experience has changed the soldier and his or her family forever.

Our student veterans are much like other "non-traditional" students—they are entering college after a work-related delay, many have families, many are older than most entering freshman—yet their differences are notable. They have come from combat situations. Indeed, Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) have required our volunteer military to endure long deployments, to engage with a ruthless enemy, and to reach a level of preparedness that has affected the entire military community—its soldiers and their families. To date, over 2 million troops have been deployed in these operations and over half a million have been released from active duty after deployment requiring transition services; over 45,000 soldiers have been wounded in action, many with multiple traumatic injuries requiring interdisciplinary treatment; and over 5,488 have been killed (2). Each individual case involves a family caring about the soldier and affected by the deployment and its results. Multiple and long deployments and signature injuries such as Minimal Traumatic Brain Injury (mTBI) from incidents of improvised explosive devices (IED) contribute to difficulties in the soldier transitioning home. The hallmark Rand study found that among the 17% of returning soldiers identified with post-traumatic stress disorder (PTSD) symptoms, many reported being concerned that seeking services would possibly stigmatize them and this continues to be a challenge (3).

## Getting It Right

What can universities do to support our Student Veterans? What programmatic initiatives are needed and how do we get there? Texas State University has focused on developing and



evaluating a student veteran centered transitional service model.

## Coordination of Services

Universities have many services across myriad departments making it difficult to both understand the structure and transition successfully. Veteran-friendly campuses have a single point of contact and coordination for information so that questions can be directed to an office and person responsible for problem solving, planning, and identifying where coordination needs to happen. At Texas State we have a long tradition of a military friendly campus with both an Army and an Air Force ROTC unit on campus. This tradition is the foundation for our current initiative. In fall 2008 Texas State launched the Veterans Advisory Council (VAC) made up of staff and faculty from departments such as the Veterans Affairs Office, Registrar, Admissions, Disability Services, Student Affairs, Counseling Center, Career Services and with key representatives from our Veterans Alliance, the student veteran group. Our goal is to help student veterans in their transition to campus and through their college experience, successfully graduating and moving into a civilian career. Meeting monthly the VAC identifies and develops needed initiatives for our student veterans on campus.

## Building a Supportive Campus Climate

One challenge is to foster a climate of appreciation for our student veter-

ans across the university community. Celebrations of Veterans' Day and other special occasions that reflect our appreciation for their service and sacrifice go a long way in creating a welcoming home for them. At Texas State we provide monthly luncheons honoring our student veterans and a range of special events such as Welcome Back social events and a Yellow Ribbon Tying each semester that lets our veterans know they are appreciated.

This also means developing an understanding among all university stakeholders—students, staff, administrators, and faculty—about who these student veterans are and what challenges they face on campus. Training our university community to understand where these veterans have been and what that might mean for their transition to campus is essential. Texas State provides a training workshop “Transitioning From Combat to Classroom: Helping Student Veterans Succeed at Texas State” for faculty and staff to build awareness and skills in dealing with our student veterans. In addition, we have a veteran friendly office designation for those units on campus who take the training and agree to adopt a one-stop shop philosophy to serve student veterans.

### **Developing Peer Support and Peer Leaders**

Student veterans have much to share and have developed impressive leadership skills that other students can benefit from. Supporting a student veteran campus organization is an essential part of drawing on the established leadership skills of this group. Team building is not new to these students and indeed has kept them alive while in combat. Student veterans need a place to meet, plan, and build a sense of community among each other. They are a band of brothers and this is a strength that can be the foundation for their success on campus. Just as they helped each other on the battlefield,

student veterans want to help each other succeed in the university as well. They need to only be supported in a new environment to put these leadership skills to work. Our campus has an active student veteran organization—the Veterans Alliance at Texas State (VATS)—that reaches out to student veterans and helps them connect to each other in monthly social and service activities. In addition, recently we started the group Family and Friends of the Military (FFM) that supports dependents who are using the new GI Bill, significant others, parents, and others who might have active duty relatives.

Plans are now underway to add a new vet-to-vet program dimension to our student veteran initiative. We are beginning the process of identifying and bringing to campus training for our student veterans on helping them develop skills to assist each other in making the transitions through the university.



### **Providing Access to Tailored Information**

From the beginning of the application for admission, to class information, to mentoring and degree requirements, and career transition services, a veteran-friendly campus shapes its information and access to it to meet the needs of its veterans. This includes campus orientations, advising, written materials and web-based information. This generation of student veterans like other students are technologically savvy and want to access information on-line and 24/7. These students need information when they are still on active duty so they can plan for their

transition. Universities must make access easy, seamless, and visible. Texas State currently is further developing its website and has already changed its admissions and orientation approaches to be more veteran-friendly.

### **Developing Partnerships with Community Agencies**

Reaching out to external partners in the community can help us connect student veterans to these important resources. Many state, federal, and non-profit services are available in the community and a focus on developing those partnerships among service providers can be beneficial to the university and the student veterans. At Texas State we have actively reached out to such programs as the American Widow Project, TexVet.org, Hope for Heroes, Texas Veterans Commission, Vet Centers and many others to fill gaps. We provide a Resource Fair for our student veterans at the beginning of the fall semester to get our veterans connected to these important resources. We also provide web-based information on a range of resources both on campus and community-based for our student veterans and their families.

### **Providing a Continuum of Supportive Services**

At Texas State we are developing an array of services to meet the various transition challenges of our student veterans. Some of our services include: A Veterans Affairs Office staffed by veterans that works to secure educational benefits; a Counseling Center that staffed by professionals with a military background offers individual counseling services; Career Services that can help student veterans translate their military backgrounds to civilian experiences and prepare for a new career; Advising Services provided by advisors who are trained in helping student veterans; and Orientation Sessions that are individualized for student veterans' informational needs.



### **Training Social Workers and other Helping Professionals**

Providing services to troops and veterans both on campus and in the community will be a significant public health challenge over the next decade. To provide these services will require trained staff in health and human services in particular. Such training efforts on campus are a way of also raising awareness as well as generating service-learning opportunities related to supporting student veterans as an educational activity. To educate future helping professional about troop and veteran needs the School of Social Work offers a course each semester on Helping Troops and Veterans Transition Back to Family and Community. Staying Veteran Focused. A commitment to active outreach and seeking feedback directly from student veterans is crucial for success. Our Veterans Advisory Council stays focused on what veterans perceive they need and want by implementing focus groups and conducting individual interviews and an on-line needs assessment survey. In addition, student veteran leaders are involved in our Advisory Council and in all program development activities. This provides a clear path toward developing a more veteran-friendly campus.

### **Commitment to Developing a Model**

Texas State University is on the path to developing a model program for serving this generation of student veterans. We can get it right and support the veterans who have done so much for us. Our returning heroes deserve nothing less.

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*Dr. Katherine Selber is a Professor at Texas State University, School of Social Work. Dr. Selber has received several recognitions for her support of many deployed units engaged in OEF and OIF. In addition, the U.S. President's Council on Service & Civic Participation recently awarded her the President's Volunteer Service Award for 2006-2008 in recognition of her military support activities. In 2010 she was chosen Best Advisor on campus for her work with student veterans and received the Campus Excellence in Diversity award for her work on the student veteran initiative. Dr. Selber also is a military family member and has a son in the military who has deployed multiple times in support of OEF and OIF.*

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