

POLICY FORUM

Behavioral Health Needs of Military Personnel and Their Families

Introduction

We send our citizens into conflicts to bear the physical burdens of war. As members of the armed forces, they put their bodies in harm's way to protect our freedoms and our lives. These harms are evident in lost lives and limbs but are less apparent when they injure the most vulnerable of human organs, the brain.

Technological advances have increased the survival rate among combatants who sustain injuries that, in past conflicts, would have been fatal. However, individuals who survive combat-related injuries, both physical and mental, often must cope with long periods of recovery and with stress that affects them and their families. In addition, personnel who serve in combat, regardless of whether they are physically injured, are at risk for posttraumatic stress disorder, depression, and suicidal ideation. Because these conditions are often hidden and express themselves over time and in subtle ways, they can be overlooked. The federal government offers a range of behavioral health care services to active and former military personnel and their families, but gaps in coverage remain.

The North Carolina General Assembly asked the North Carolina Institute of Medicine (NCIOM) to assemble a task force to assess the adequacy of Medicaid- and state-funded behavioral health services available to service members, veterans, and the families of these groups. The task force made several recommendations that highlight areas where state resources can be used to plug the gaps in federal coverage.

The policy forum of this issue builds on the task force's recommendations by describing the need for and potential benefits of new behavioral health initiatives for military personnel and their families. The lead article, written by Kimberly Alexander-Bratcher (project director, NCIOM), Grier Martin (representative, North Carolina General Assembly), William R. Purcell (senator, North Carolina General Assembly), Michael Watson (deputy secretary for health services, North Carolina Department of Health and Human Services), and Pam Silberman (president and chief executive officer, NCIOM), sets the stage for this discussion by summarizing the work of the NCIOM task force and reviewing how behavioral health services provided at the federal, state, and local levels require coordination, as well as some degree of intensification.

North Carolina's 2 senators recognize the priority of caring for our returning service members, veterans, and their families. We must heed the senators' call to understand the problem and to bring all citizens together to meet the behavioral health needs of these courageous individuals.

Thomas C. Ricketts III, PhD, MPH
Editor in Chief