

Opportunity Knocks: How Will We Answer?

L. Worth Bolton

The policy forum of this issue of the NCMJ presents North Carolina with a unique opportunity to provide veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), as well as their families, with the behavioral health resources they deserve and have earned. My perspective is that of a World War II veteran's son, a 2-tour combat veteran of Vietnam, and a social worker with more than 30 years of experience practicing with North Carolina families experiencing issues with substance abuse and mental health. The initial response of the nation and North Carolina to the behavioral health efforts highlighted in this issue has been positive, with effective and supportive programs present in all branches of the military. Likewise, military and civic associations have provided ongoing support to returning veterans, in the form of employment programs, housing, education, and family support. Hopefully, despite the difficult economic situation currently faced by the nation and North Carolina, this support will remain in place during the long journey to recovery that many veterans will travel as they address the "hidden wounds" associated with substance abuse and mental health issues.

Physical injuries receive the best medical treatment available, with remarkable responses from the brave men and women who are returning from war. North Carolina's biggest challenge, then, is to provide the best support and services to meet the behavioral health needs identified in this policy

forum. Important lessons from previous conflicts have been identified in the volumes of scientific studies and reports involving Korea, Vietnam, and the first Gulf War. These lessons cannot be ignored during the move forward to address the invisible behavioral wounds among returning veterans.

Since April 2006, I have had the privilege of being a part of a work group in North Carolina that took part in a national conference in Washington, D.C., attended by more than 1,400 individuals, to discuss the anticipated behavioral health needs of returning OEF/OIF veterans and their families. This collaboration of the Substance Abuse and Mental Health Services Administration, the National Institutes of Health, the Department of Defense, the Department of Veterans Affairs (VA), and all branches of the armed forces was joined by physicians, nurses, psychologists, social workers, addiction specialists, members of the clergy, and other health care professionals, to hear excellent plenary presentations and attend specific breakout sessions on the anticipated services and needs of returning servicemen and servicewomen. The result of these efforts in North Carolina was the development of the Governor's Focus on Servicemembers, Veterans, and Their Families, which is described by Fang [1] in the commentary associated with this sidebar.

The National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism, and the Nation-

(MIRECC), and the Area Health Education Centers program. The Painting a Moving Train series targets behavioral health clinicians and offers education on topics that would assist them when providing services to veterans and their families.

The General Assembly provided funding to support a military-liaison position in the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS), to coordinate efforts to meet the needs of active and reserve components, veterans, and their families. Since 2008, the military program manager has worked with service members, veterans, families, and the agencies that serve them, to ensure that their concerns are being addressed.

Governor's Focus on Servicemembers, Veterans, and Their Families

The summit also resulted in the formation of the Governor's Focus on Servicemembers, Veterans, and Their Families. Its mission is to promote evidence-based strategies and best practices in the screening, assessment, and treatment of active and reserve components, veterans, and their families. This effort includes the articulation and implementation of an integrated continuum of care that emphasizes access, quality, effectiveness, efficiency, and compassion. Principles of resilience, prevention, and recovery are high-

lighted, along with state-of-the-art clinical services, as part of a balanced public health and behavioral health approach. The Governor's Focus envisions a referral network of services through which target groups will have access to assistance during all stages of the deployment cycle in North Carolina.

Since fall 2006, the Governor's Focus has met monthly. It consists of a coalition of federal, state, and local agencies and professional and consumer organizations, with the goal of developing public and private services and supports for active and reserve components, veterans, and their families. The coalition discusses needs and identifies, develops, and assesses programs for these target groups throughout the state. Partnership on various initiatives has been key to the accomplishments of the Governor's Focus. These successes are described below.

Services and Supports

The North Carolina National Guard (NCNG) is partnering with the DMHDDSAS, the Alcohol and Drug Council of North Carolina, and the Behavioral Healthcare Resource Program at the University of North Carolina-Chapel Hill to provide substance abuse assessments and initial case-management services to the NCNG. Once the NCNG identifies a service member with a potential substance abuse problem, the NCNG issues a voucher for services. Service members are

al Cancer Institute joined with the VA to provide 11 research institutions with funding to support research on substance abuse and related problems among US military personnel; their research was presented in a report released in July 2009 [2]. This research, as well as the ongoing studies conducted by numerous other research facilities, will help yield further understanding about the biological, social, and environmental factors that influence substance abuse. In an October 2007 research update from NIDA, a well-made case was presented for the concurrent treatment of mental health and substance use disorders [3]. Data from this report indicated that 6 of 10 persons with a substance-related disorder also have another mental illness. The report stated that having one of the disorders does not always mean that the other disorder will follow, and it outlined the following 3 scenarios as confirmation: (1) drug abuse can cause a mental illness, (2) mental illness can lead to drug abuse, and (3) drug abuse and mental illness are both caused by other common risk factors (eg, stress, anxiety, trauma, and genetic vulnerabilities), as similar regions of the brain are affected.

There is growing support for mental health treatment of active-duty service members and discharged veterans, but the discussion is more difficult when the issue of alcohol and drug misuse is involved. One reason for this is the stigma that comes with alcohol and drug misuse and abuse. Another reason is the lack of education and experience that some behavioral health practitioners have in working with individuals who have comorbid conditions, such as mental health and substance use disorders. Finally, my professional experiences with colleagues and referral sources have shown that some

practitioners do not, under any circumstances, want to work with people who have substance abuse issues.

My final concern involves the mentality of military personnel and of civilians alike who do not believe that addiction is a legitimate mental health issue and always want to treat it as "bad behavior" or, even worse, as a criminal offense. After Vietnam, I saw many men who had served valiantly and bravely during that war receive dishonorable and undesirable discharges, as the armed forces began to downsize the military and these men struggled to cope with posttraumatic stress disorder, depression, and anxiety. My sincere hope for OEF/OIF veterans is that, this time, the United States and North Carolina answer the call and use available scientific knowledge to meet the behavioral health needs of these individuals. **NCMJ**

L. Worth Bolton, MSW, LCAS, CCS clinical assistant professor, Behavioral Healthcare Resource Program, University of North Carolina–Chapel Hill, Chapel Hill, North Carolina.

Address correspondence to Mr. L. Worth Bolton, Behavioral Healthcare Resource Program, University of North Carolina–Chapel Hill, 325 Pittsboro St, Chapel Hill, NC 27599-3550 (lwbolton@email.unc.edu).

References

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2. Substance abuse among the military, veterans, and their families. National Institute on Drug Abuse Web site. <http://www.nida.nih.gov/tib/vet.html>. Published July 2009. Accessed March 29, 2011.
3. Comorbid drug abuse and mental illness. National Institute on Drug Abuse Web site. <http://www.drugabuse.gov/tib/comorbid.html>. Published October 2007. Accessed March 29, 2011.

referred to the Alcohol and Drug Council of North Carolina for assessment. As of March 11, 2011, a total of 50 licensed substance abuse clinicians have been trained and have assessed 99 NCNG members for substance use disorders.

Because of relationships established through the Governor's Focus, the DMHDDSAS, the VA, and Mecklenburg County worked together to submit a grant application to SAMHSA. In October 2009, SAMHSA awarded a 5-year grant to the DMHDDSAS to develop a statewide infrastructure for a jail-diversion program that provides informed treatment for trauma-related injury and comprehensive needs-based support services to individuals, particularly veterans, in the criminal justice system. A state advisory committee has met monthly since June 2010 to discuss issues related to state policies and the development of Operation Recovery, the pilot program, in Mecklenburg County.

Outreach to Veterans and Their Families

The VA Health Care for Reentry Veterans program and the North Carolina Department of Corrections are collaborating to identify inmates who are veterans. One of the first steps was to train case managers and social workers in the North Carolina Division of Prisons to ask inmates about their military status. More than 2,000 veterans have thus far self-

reported their military status. It is estimated that 20% of the 42,000 inmates may be veterans. A prison staff member encourages veterans to work with a Health Care for Reentry Veterans specialist before discharge, to receive prerelease assessment services; referrals and linkages to medical, psychiatric, and social services; and short-term case management and assistance on release from prison. The goal of the Health Care for Reentry Veterans program is to prevent homelessness; to reduce the impact of medical, psychiatric, and substance abuse problems on community readjustment; and to decrease the likelihood of reincarceration for individuals leaving prison.

The VA and the North Carolina Office of Rural Health and Community Care are determining ways to deliver health care to veterans in rural North Carolina settings. During fall 2010, the VA Mid-Atlantic Health Care Network received \$13 million in funding to work with community mental health centers and federally qualified health centers and satellites. They have identified and contracted with community clinicians to deliver services and are setting up teams to engage and enroll veterans for health care services by offering influenza vaccinations, diabetes care, high-blood-pressure screening, homelessness services, substance abuse screening, and justice outreach.