



Behavioral Health Needs Assessment Executive Summary

Minnesota Department of Veterans Affairs

Purpose

The Minnesota Department of Veterans Affairs (MDVA) contracted with Wilder Research to conduct a behavioral health needs assessment of Veterans in Minnesota. The assessment was originally commissioned by the Minnesota Legislature in response to recent research and news stories identifying gaps in the Veteran mental and behavioral health system. This assessment set out to identify the mental and behavioral health needs of Minnesota Veterans, the existing mental and behavioral health resources available to them, and the opportunities to address any unmet mental or behavioral health needs of this population.

Methods

Wilder used a mixed methods approach to complete the assessment, including key informant interviews with practitioners who serve Veterans, a survey of Minnesota Veterans, and an analysis of existing data.

Key informant interviews

Wilder Research interviewed 45 practitioners with knowledge of service resources and gaps related to Veteran mental health and behavioral health in their area. These key informants were identified by MDVA, by another interviewee, or through an online search for individuals with relevant knowledge.

All key informants worked with Veterans, as defined by the state. Of the 43 interviews completed, 65 percent focused on an area in greater Minnesota, 33 percent on the Twin Cities metro area, and 2 percent on the entire state of Minnesota.

Minnesota Veteran survey

Veterans across the state were asked to complete a survey about their mental and behavioral health needs, their experiences accessing services for mental and behavioral health needs, and their recommendations for improving the mental and behavioral health system for Veterans. The survey was primarily shared with Veterans using convenience sampling through County Veteran Service Officers, the Minnesota Veteran newsletter, and the MDVA email listserv.¹ This survey was administered primarily online, with options for paper and telephone surveys available. To be included in the analysis, respondents had to live in Minnesota, have served on active duty in any branch of the military, and have been honorably discharged from military service. For the report, Wilder Research focused on Veterans who met the Minnesota definition of a Veteran (MN Statute 197.447; refer to full report for definition). Of the 1,185 Veterans who completed the survey, 918 met all the requirements for inclusion.

Characteristics of survey respondents were compared to Veterans in the state of Minnesota (Minnesota Department of Veterans Affairs, 2016). Survey participants were more likely to be female (15% compared to 7%), a person of color (12% compared to 9%), live in the Twin Cities metro area (56% compared to 46%), and younger (96% were under age 74 compared to 78%) than Minnesota Veterans, overall. Slightly more than half of survey respondents served in the Army (53%), followed by the Navy (22%), Air Force (19%), Marine Corps (10%), and Coast Guard (1%). A quarter of respondents (25%) had served in the National Guard/Reserve. Survey respondents represent a wide range of service eras with 39 percent serving in the Vietnam era, and approximately 30 percent serving in each era after. Slightly more than half of respondents served in a combat or war zone (55%), and more than half were on active duty for between 2-5 years (57%).

Analysis of existing data

Analysis of existing data focused on the Minnesota Veteran population, common risk and protective factors in Veteran mental and behavioral health, and existing resources available to Veterans. The data sources used for this analysis include published literature and the following: Minnesota Department of Veterans Affairs, U.S. Department of Veterans Affairs, The Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS), Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health (NSDUH), Minnesota College Student Health Survey, Wilder Research's triennial Minnesota Homeless Study Survey, Minnesota Department of Human Services, and Minnesota Department of Health death records.

¹ It should be noted that this survey methodology may have affected who participated in the survey. In particular, the survey conducted for this study used a convenience sample and explicitly described the focus on behavioral health, which may have increased the interest in responding among Veterans with behavioral health experiences or concerns and Veterans who are already connected to Veteran communities and supports. In addition, most respondents chose to use the online survey option, rather than a paper or telephone option, so the respondents may have been younger and/or more comfortable with technology.

Prevalence of mental and behavioral health needs

Mental health diagnoses

- Overall, 47 percent of respondents to the Minnesota Veteran survey had some type of mental health diagnosis. The most common diagnoses included anxiety disorder or panic disorder (33%), followed by major depression (30%) and Post-Traumatic Stress Disorder (PTSD; 28%).
- Over one-quarter of survey respondents screened positive for mental health symptoms at the time of the survey (26% for depression, 27% for anxiety, and 32% for PTSD). Of those who screened positive, approximately two-thirds also had a formal diagnosis.
- Other state and national sources report a smaller proportion of Veterans with mental health diagnoses. Approximately 22 percent of U.S. Department of Veterans Affairs patients nationally had a depression diagnosis, 13 percent had a PTSD diagnosis, and 12 percent had another anxiety disorder in 2014 (U.S. Department of Veterans Affairs, 2016). The over-representation of Veterans with mental health diagnoses in the Minnesota Veteran survey data allows for richer information about mental health service use and needs.

Suicide

- Thirty-five percent of Minnesota Veteran survey respondents reported suicidal ideation at some point in their lives. Of those who reported suicidal ideation, 13 percent were having these thoughts at the time of the survey (4% of all respondents), 25 percent have attempted suicide (9% of all respondents), and 44 percent have sought help at some point because they were suicidal (15% of all respondents).
- The Minnesota Veteran survey showed a strong connection between diagnoses and suicidal ideation. Respondents with both a mental and chemical health diagnosis were at greatest risk for suicidal ideation (70%) compared to those with a mental health diagnosis only (52%), a chemical health diagnosis only (26%), or neither diagnosis (15%).
- The U.S. Department of Veterans Affairs (2016) found that 20 Veterans nationally died by suicide each day in 2014, and this rate was consistent with previous years.
- According to Minnesota death certificates, the number of Veterans who died by suicide in 2013, 2014, and 2015 has stayed consistent at about 100 individuals. However, the overall number of suicides in Minnesota has increased in that time, making the proportion of suicides by Veterans lower over time (Minnesota Department of Health, 2016).

Chemical health diagnoses

- In the Minnesota Veteran survey 18 percent of respondents reported having any chemical health diagnosis. This includes 17 percent with an alcohol abuse disorder and 4 percent with a drug abuse disorder.
- In addition, 29 percent of respondents screened as clinically significant for an alcohol or drug abuse issue. Of those who screened clinically significant, half also reported a chemical health diagnosis, most commonly an alcohol abuse disorder diagnosis.

Key findings

Many Veterans are accessing the supports they need.

Recommendation:

Promote the services available throughout the state and continue outreach to the Veterans who have service needs and are not receiving adequate support.

- ✓ Overall, 77 percent of Minnesota Veteran survey respondents felt they have the support they need. This included more respondents who did not receive services in the last two years (53%) than those who did receive services (24%).
- ✓ In addition, the majority of survey respondents who had a mental (63%) or chemical health need (32%), as determined by a reported diagnosis or positive screening, received services since exiting the military (63-65%) and/or in the past two years (50-57%).
- ✓ Nearly all survey respondents who received behavioral health services specifically received individual one-on-one counseling (90%), and most (68%) identified this as their preferred format. In addition, most of the services received (72%) were federal services.

There are statewide shortages in behavioral health providers, which disproportionately affect greater Minnesota.

Recommendation:

Provider shortages cannot be addressed by MDVA alone. However, MDVA could enhance collaborations with other efforts to address these concerns. For instance, in 2016, Governor Dayton convened a task force dedicated to addressing capacity challenges within Minnesota's mental health system. The recommendations of this task force will likely impact the Veterans described in this study as well.

- ✓ Many key informants identified a shortage of trained providers (73%), especially psychiatric prescribers (60%), and an inability to retain or recruit prescribers (60%) as some of the primary gaps in services. Key informants in greater Minnesota were more likely to cite these shortages as barriers to service provision than respondents in the Twin Cities metro area.
- ✓ Key informants in greater Minnesota (66%) were significantly more likely than those in the Twin Cities metro area (23%) to report there are no services in their area. In particular, they identified the need for same-day, crisis, and chemical health services for Veterans.
- ✓ Similarly, survey respondents in greater Minnesota were also more likely to say that services were not available in their area (15%) compared to survey respondents in the Twin Cities metro area (5%).
- ✓ Key informants in greater Minnesota discussed reasons for the provider shortage in their area. They endorsed the idea that working in rural areas is less lucrative than working in the same field in the Twin Cities metro area. They also noted that there is a general shortage of mental health professionals affecting all parts of the state.
- ✓ Existing data demonstrate that a number of services exist across Minnesota. However, many services operate at or near capacity, and many areas do not have services available locally. In fact, data from the Minnesota Department of Human Services and the U.S. Department of Health and Human Services have identified a shortage of mental health providers in greater Minnesota.

Veterans encounter barriers to accessing services, including perceived stigma and the need for a formal VA diagnosis.

Recommendation: There is a need to reduce stigma for seeking mental health services, including addressing the belief that seeking help will affect future employment and military service. In addition, there is a need to increase awareness of when a formal VA diagnosis is necessary and what services may be available without a formal diagnosis.

- ✓ Half of all survey respondents (50%) selected at least one barrier that prevented them from accessing services. The barriers they identified included not having a VA diagnosis (34%), being worried about how they will be seen (28%), being worried about the effect on current or future employment (24%), not thinking the services will help (19%), and not being able to pay for services (19%).
- ✓ Key informants identified several barriers that may prevent Veterans from accessing the mental and behavioral health services they need. The top barriers selected were: concern over effect on employment (83%), concern over how the Veteran will be seen by others (79%), concern over effect on future military service (79%), transportation (74%), and not believing that services will help (71%). Over half of key informants (57%) indicated that Veterans may not be accessing services due to not having a VA diagnosis.

Community-based service providers may not provide support appropriate for Veterans.

Recommendation: It is important that mental health and behavioral health providers are trained to identify and address conditions and concerns common to Veterans.

- ✓ Of the survey respondents who received services, most received federal services (72%), followed by private services (38%), nonprofit services (19%), and state services (19%). Although most Veterans are accessing services through agencies such as the U.S. Department of Veterans Affairs (VA), many are accessing support from agencies that may not specialize in working with Veterans.
 - ✓ Thirteen percent of survey respondents who encountered a barrier to accessing services named a lack of appropriate supports for Veterans as a barrier.
 - ✓ Veteran survey respondents who had served in combat or war zones were more likely to say that services were not good with Veteran-specific issues (18%) than non-combat Veterans (6%) and that services were not available in their area (12% versus 6%).
 - ✓ Greater Minnesota key informants were significantly more likely to say there are no good services in their area for Veteran-specific issues (55% in greater Minnesota versus 15% in the Twin Cities metro area).
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Informal social supports are essential to Veteran behavioral health.

Recommendation: Increase and improve efforts to prepare families and friends to support Veterans and increase opportunities for Veterans to obtain informal, individual support from peers.

- ✓ The Minnesota Veteran survey found that social connectedness is a strong protective factor for behavioral health. Survey respondents that either reported a strong sense of belonging in their community or reported receiving the social support they need were significantly less likely to report behavioral health diagnoses and symptoms based on standardized screening tools.
- ✓ Survey respondents reported a preference for informal and peer supports. One-third of survey respondents (33%) prefer informal support, such as from family or friends, and over one-quarter (26%) prefer peer-to-peer support, which places these types of services as the second and third most popular (behind individual services 68%).
- ✓ In addition, the most commonly mentioned support that was missing for survey respondents was a form of social support (18%) which includes family support (7%), friend support (4%), community support (4%), and spousal support (3%).
- ✓ Key informants endorsed the need for more services provided to Veterans, by Veterans. They discussed that Veterans know about their own issues, know how to support each other, and need to feel useful even if they are not able to participate in the full-time workforce. Key informants felt that more peer-to-peer mental and chemical health groups would be beneficial for Veterans.
- ✓ Previous studies have also clearly documented the ways in which social supports and community connectedness can protect Veterans from experiencing PTSD and depression symptoms, as well as suicidal ideation and behaviors (Pietrzak, Harpaz-Rotem, & Southwick, 2011; Nock et al., 2013).

Specific populations have increased risk for behavioral health needs.

Recommendation: Provide population-specific behavioral health services for Veterans to increase access and address the intersectionality between identities as Veterans and members of these populations.

- ✓ The Minnesota Veteran survey identified several groups of Veterans at an increased risk for behavioral health issues. In particular, women Veterans, Veterans of color, younger Veterans, and Veterans with a disability or chronic medical condition, including traumatic brain injury, were more likely to report behavioral health diagnoses and symptoms.
 - ✓ Some sub-populations of survey respondents were significantly less likely to feel they have the support they need compared to other groups. The sub-populations most likely to be in need of additional support were: survey respondents with a concussion/TBI diagnosis, those with a disability, respondents age 34-55, and women.
 - ✓ Most key informants said services for specific sub-groups of Veterans are not available in their area. Some described a need for services tailored to women Veterans, Veterans who have served in the same conflict or era, and Veterans with traumatic brain injury.
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Sexual assault experiences increase behavioral health risks for both men and women.

Recommendation:

Specialized services for both men and women experiencing sexual assault are essential. In particular, services for men need to address the decreased likelihood of seeking support and the increased risk of chemical dependency. It is also important to note that many Veterans had a sexual assault experience prior to serving in the military, so supports must address sexual violence that occurred prior to, as well as during, active service.

- ✓ Minnesota Veteran survey respondents who reported experiencing sexual assault (19%) had a greater risk for experiencing mental and chemical health symptoms and diagnoses, including suicidal ideation or behaviors.
- ✓ While the proportion of Minnesota Veteran survey respondents reporting sexual assault was greater for women (62% versus 11%), the number of women and men who experienced sexual assault was roughly equal (84 men and 79 women).
- ✓ Of the survey respondents who were sexually assaulted, 58 percent were assaulted before their military service, 54 percent were assaulted during their military service, and 13 percent were assaulted after their service, indicating that many had multiple assault experiences. Women were more likely to experience sexual assault during their military service, and men were more likely to experience sexual assault prior to their military service.
- ✓ Compared to women, men responding to the survey who experienced sexual assault were more likely to have a diagnosis of alcohol abuse disorder (34% versus 17%) or drug abuse disorder (17% versus 5%) and screen clinically significant for alcohol or drug abuse (48% versus 25%). In addition, men who have experienced sexual assault were less likely to seek help because of their sexual assault experiences (31% versus 54%).
- ✓ Key informants also discussed the need for services specifically for Veterans who have experienced sexual assault, including separate services for men and women. It should be noted that the majority of key informants identified that there are services available for Veterans who have experienced sexual assault, but these programs may not be as accessible or appropriate to address all of the service needs in this area, including the needs of male victims.

Conclusion

This study demonstrates that there is a considerable need for behavioral health services for Veterans in Minnesota. Many Veterans report that the current system is providing the support they need, but there are some important gaps to address. In particular, there is a disproportionate need for support in greater Minnesota and community providers who often fill this gap are not adequately prepared to address Veterans' unique needs. The behavioral health system needs to be able to address complex needs that Veterans present, including dual diagnoses, sexual assault experiences, and needs of specific populations of Veterans. Many Veterans also identify barriers to accessing support, such as stigma and the need for VA diagnoses, as well as a need for both formal and informal support systems. By collaborating with other systems working to address the mental health needs of all Minnesotans, the Minnesota Department of Veterans Affairs can enhance the supports provided to Veterans.

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For more information

This summary presents highlights of the *Minnesota Veterans Behavioral Health Needs Assessment* prepared for the Minnesota Department of Veterans Affairs. For more information about this report, contact Kristin Dillon at Wilder Research, 651-280-2656.

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