

CREATING A CULTURE OF EQUITY *for* VETERANS' MENTAL HEALTH

• REPORT BRIEF •





BACKGROUND

The men and women who have served our country have been profoundly shaped by their military experiences, including recruitment, training, and socialization. While many of those experiences build valuable skills and leadership abilities that benefit civilian employers and social networks, others are highly stressful, regardless of whether service members have been deployed overseas or seen combat. In many cases, stigma and organizational culture in both civilian and military populations inhibit veterans from seeking support to manage those stressors. In other cases, support services may not be accessible or appropriate for the increasingly diverse veteran population.

The U.S. Department of Veterans Affairs projects that while the veteran population will decline from approximately 22 million to 14 million by 2040, the proportion of veterans of color will continue to grow, mirroring demographic shifts in the overall U.S. population. Policy changes and technological innovation are also diversifying military ranks. Despite a long history of women's contributions to war efforts, service members were traditionally men. The share of female service members increased from approximately 1% of military personnel in 1970 to 14% in 2012. Moreover, since 2010, women and men who are openly gay or bisexual are able to serve in the military with the repeal of "Don't Ask, Don't Tell" (DADT), a Clinton-era policy that had prohibited the service of openly gay and lesbian members of the armed forces. These trends underscore the need to assess the current military culture, approaches to recruitment and socialization, and structures of support for veterans and their implications for health outcomes.

COMMONHEALTH ACTION'S APPROACH

In September 2013, CommonHealth ACTION received funding from the Robert Wood Johnson Foundation to conduct a one-year environmental scan to understand veterans' historical context, key policies and trends related to mental health, and elevate opportunities to improve equitable mental health outcomes for our veterans. CommonHealth ACTION conducted a literature review and media scan, key informant interviews and a convening of advisors, and collected original data through focus groups and a national survey. This resulting study identifies challenges and opportunities facing all veterans, with a particular focus on 12 veteran subpopulations who, due to their characteristics or circumstances, experience vulnerability when they interact with systems and institutions. CommonHealth ACTION defines vulnerability as the degree to which people are susceptible to experiencing oppression or harm during or as a result of their interactions with or feedback from systems, institutions, or entities that affect their health or well-being.

REPORT OVERVIEW

In the report, two sets of veteran subpopulations are explored: veterans belonging to groups who have been historically oppressed—including veterans of color as well as women, immigrants, and people who identify as lesbian, gay, bisexual, transgender, intersex, or queer—as well as veterans with certain post-military experiences, by choice or by circumstance, who encounter challenges as they interact with systems and institutions designed to support them. These subpopulations include veterans who are disabled, elderly, homeless, incarcerated, other-than-honorably discharged, rural dwellers, students, and the unemployed. In the full report, CommonHealth ACTION identifies opportunities for each of the subpopulations to achieve greater equity through recommending policies and programs, strategies to implement policies and programs, and research questions to spark further discussion.



KEY FINDINGS

- CommonHealth ACTION believes that health is a production of society. Likewise, veterans are a production of military recruitment, socialization, culture, training, and experiences.
- Whether or not military service members are deployed, they are exposed to stressors and trauma.
- Both the military and the civilian populations stigmatize mental illness and mental/behavioral healthcare.
- When service members separate and transition to veteran status, they may experience vulnerability in their interactions with systems and institutions that create barriers to good mental health, which becomes an even greater concern as our military and veteran populations grow more diverse.
- The field of support for veterans exists at the local, regional, and national levels; these services are vast but uncoordinated, often only address basic needs; and may not be accessible to certain veteran subpopulations that have experienced discrimination due to their characteristics or post-military experiences.
- By using an equity lens, we identify opportunities for equity—policy design and implementation as well as investments in culture change and accountability—that create greater opportunities for all veterans to achieve good mental health.

SURVEY DATA HIGHLIGHTS

Respondents who identified with at least one subpopulation* that is susceptible to vulnerability experienced depression, posttraumatic stress (PTS) or posttraumatic stress disorder (PTSD), and suicide ideation at a greater proportion than those who did not identify with one of the subpopulations. In the summary below, (a) represents survey respondents who identified with at least one subpopulation experiencing vulnerability and (b) represents survey respondents who did not identify with a subpopulation experiencing vulnerability.

“Veterans need other veterans, we are trained to rely on our battle buddies and when we leave the service we lose that. If we could get connected to others like us at exit we would be better off. It is very hard on its own to transition and now you must go back to “civilian life” that in itself is different and can be overwhelming” – Respondent, CommonHealth ACTION’s Veterans’ Health Survey

Question: Have you experienced or are you experiencing one or more of the following?

- **Experienced Depression (total n=353)**
 - a) **157 (47.4%)** – of veterans who identified with at least one vulnerability
 - b) 8 (36.3%) – of those who did not experience any vulnerabilities
- **Experienced PTS or PTSD (total n=353)**
 - a) **128 (38.6%)** – of those who identified with at least one vulnerability
 - b) 5 (22.7%) – of those who did not experience any vulnerabilities
- **Experienced substance use disorder (total n=353)**
 - a) 31 (9.4%) – of those who identified with at least one vulnerability
 - b) **4 (18%)** – of those who did not experience any vulnerabilities
- **Experienced suicide ideation (total n=353)**
 - a) **51 (15.4%)** – of those who experienced at least on vulnerability
 - b) 1 (4.5%) – of those who did not experience any vulnerabilities

*NOTE: 22 survey respondents did not identify with any subpopulations.



SURVEY DATA HIGHLIGHTS (CONT'D)

- **Experienced traumatic brain injury (TBI) (total n=353)**
 - a) **33 (10%)** – of those who experienced at least one vulnerability
 - b) 1 (4.5%) – of those who did not experience any vulnerabilities

While veterans who identified with at least one subpopulation experiencing vulnerability were more likely than their peers to report depression, PTS/PTSD, and suicidal ideation, they were also more likely to report experiencing TBI, which could be a contributing factor to these conditions. Also, a greater proportion of respondents who did not identify with a subpopulation experiencing vulnerability reported more substance use disorders. Both of these findings indicate the need for further research. For additional survey data, please see the full report.

CALL TO ACTION

1. We need a national dialogue that engages veterans and their families as well as military leaders, service organizations, policymakers, and others in order to create the culture change needed to achieve greater equity for veterans' mental health. We hope this study encourages a dialogue about the military's social conditioning, stressors, vulnerability, and resilience that leads to a better understanding of the diversity of veterans and how important veterans' mental health should be to every community.
2. We encourage military and veteran leaders to invest in inclusive, veteran-informed policy and culture changes to address mental health supports and organizational structures at the start of military service rather than shortly before separation. In addition, there is an opportunity for each military branch to socialize and train its members for military service and their post-service civilian lives, simultaneously, throughout the course of their careers. This framework informs our approach to understanding veterans' mental health to create conditions that meet the World Health Organization's (2007) expansive definition: a state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her and his community.
3. We need to invest in more research and assessment to understand specific needs and experiences of diverse veteran subpopulations. Better understanding the experiences of different subpopulations during and after their military service is the key to designing effective, responsive interventions.

FUTURE IMPLICATIONS

Veteran subpopulations that experience vulnerability are highlighted in this report because they experience greater inequities and disparities in health, well-being, and quality of life. Our recommendations are applicable for today's returning veterans but also include generations who have served in previous eras. Moreover, even veterans who do not currently belong to a group that experiences oppression and discrimination will eventually belong to at least one subpopulation—the elderly—as they age.

In this report, CommonHealth ACTION lays the foundation for a veteran-led, comprehensive, inclusive, and equitable national narrative that supports a cultural shift in our understanding of veterans' mental health. CommonHealth ACTION's capacity-building approach is rooted in the belief that perspective transformation is necessary to change these systems so that all people can achieve their full potential.



In essence, perspective transformation is about seeing and understanding the world in a new way and acting upon that new knowledge as a result. Perspective transformation involves using both our heads and hearts. The complex and challenging nature of an equity-focused approach it requires all people to have a personal understanding and perspective on what equity means to his or her everyday life. This “heart” component, including a commitment to justice, is not sufficient to change outcomes.

Equity also requires us to engage the more technical aspects of this work (the “head” component) by writing policies, thinking through logistics, and using data to drive our strategies. Yet an equity analysis—assessing who receives the benefits and who bears the burdens of decisions and actions—is not always black and white; rather, equity requires interpreting shades of gray by activating a shared understanding of fair and just outcomes for the work. Using only one of these levers—the “head” or the “heart”—will rarely produce the desired results. It is the connection between the head and the heart that achieves perspective transformation and brings us closer to organizational and community change. A national narrative will engage both heads and hearts, giving people the tools to transform veterans’ mental health from a system of need to a culture of equity.

VETERANS' VOICES ON SUPPORTING A HEALTHY TRANSITION TO CIVILIAN LIFE

“I was able to find a job that allowed me to use my military skills to make a living. Without the interview training that focused on changing military jargon to civilian terminology, I wouldn’t have been able to get jobs so easily.”

~Respondent, CommonHealth ACTION’s Veterans’ Health Survey

“Veterans are walking around looking for a new mission, including myself – everything in the military we did in the military was important – we need to teach veterans to come up with their own mission and goals, which they are used to receiving in the military.”

~Respondent, CommonHealth ACTION’s Female Veterans Focus Group

“A support program for transitioning families should include individual case worker who will sit down one on one with each member/family and go over everything that they qualify for, help them apply for benefits, and guide them through the whole process ... The case worker would even stay in contact with member/family periodically after discharge to check in with them for at least the first year.”

~Respondent, CommonHealth ACTION’s Female Veterans Focus Group

“There is no one size fits all solution. Veterans can be male/female, retire[d]/separate[d], single/married, [two] parents/single parent, etc. ... all of these [identities] affect their [lives] differently.”

~Respondent, CommonHealth ACTION’s Veterans’ Health Survey



CommonHealth
ACTION

CommonHealth ACTION is a national public health organization that aligns people, strategies, and resources to create community-generated solutions to health and policy challenges. We envision an America in which all people have equitable opportunities and neighborhood conditions to achieve their best possible health. This study was supported with funding from the Robert Wood Johnson Foundation and in partnership with The Chicago School of Professional Psychology. For more information about this project, visit www.commonhealthaction.org.



ACKNOWLEDGMENTS

To the key informant stakeholders that participated in our interviews and the U.S. veterans that participated in our focus groups and survey, thank you for sharing your experiences, knowledge, and ideas. We hope this report helps to create the space for a national narrative that is equitable, inclusive, and veteran-led. Ultimately, it is incumbent upon all of us to create the policies, systems, and neighborhood conditions that provide the contexts within which you and your families will live your lives, be healthy, and thrive.

We would also like to recognize and thank Stacy Pearsall and all the veterans featured on the report cover, for allowing us to use their photos. *For more information about the Veterans Portrait Project, visit <http://www.veteransportraitproject.com/>.*