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Supporting Servicemembers, Veterans, and Their Families (SMVF) in Community Health Settings

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Veterans Mental/Behavioral Health Subject Matter Expert

US Navy Veteran

Learning Objectives

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- **Understand** the fragmented care crisis for military populations.
- **Identify** common physical, mental, and behavioral health conditions among military populations.
- **Recall** the community-based strategies being implemented by the Pennsylvania Governor's Challenge Team to enhance engagement and care coordination for military populations.
- **Describe** the unique cultural, social, and psychological aspects of military life that influence interactions with healthcare systems and providers.
- **Develop** advocacy skills to address barriers to care for military populations in community health settings.

Current Landscape

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- **Over 18 million veterans** live in the U.S., with **roughly 60%** receiving most or all their care through civilian community providers rather than the VA.
- Additionally, **approx. 40% of all VA-coordinated care** is delivered through the Community Care Network (CCN).
- **Community health settings are no longer alternatives to the VA**; they are the front lines for military-affiliated care.
- Many **veterans do not self-identify** unless directly asked.
- **Community systems often treat veterans without knowing they served**.
  **Research suggests that only 14-25% of community providers ask about patient/client veteran status as a standard practice.*

(National Center for Veterans Analysis and Statistics, 2025; Selleck et al., 2021; Lucier-Greer et al., 2025)

Question

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Can you think of any reasons why it might be a problem for service members and veterans to receive care/treatment from providers who are unaware that they served?

Fragmented Care Crisis

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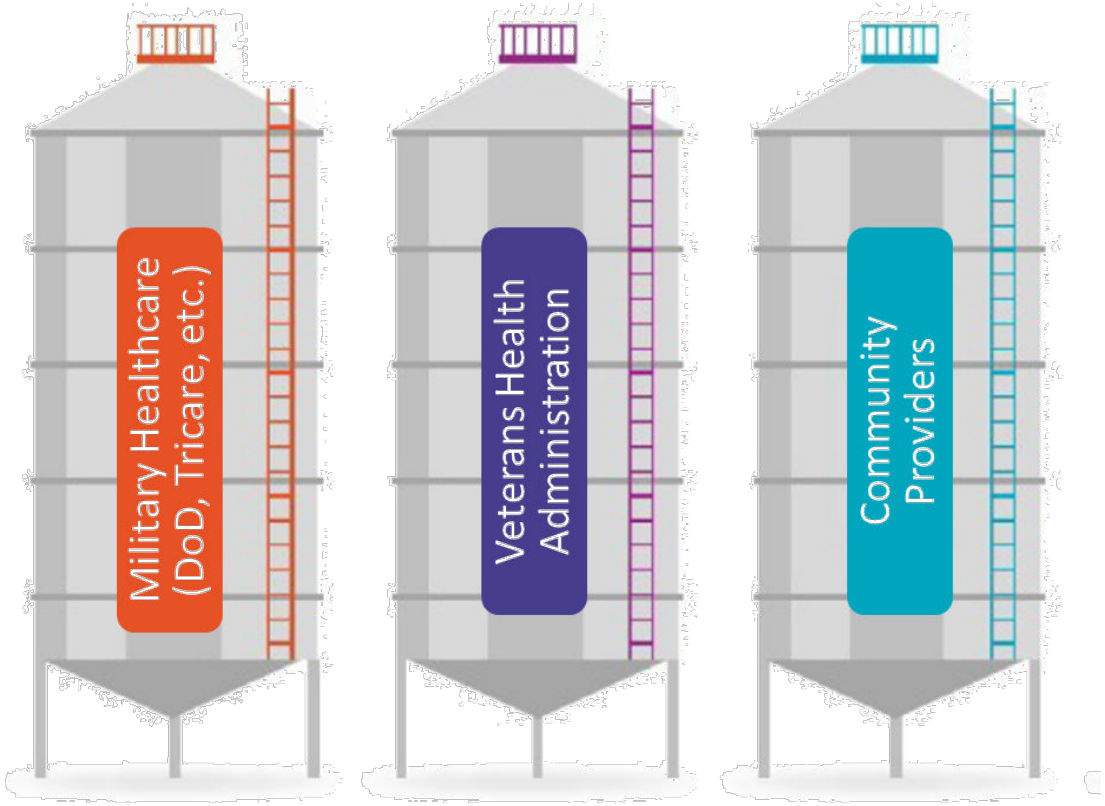
Challenge: fragmented care, communication, and cross-system data sharing between military, VA, and civilian systems.



- **Compromises patient safety**- duplicate testing, conflicting medication prescriptions, and delayed diagnoses.
- **Community providers lack access** to service-connected medical histories, toxic exposure records, or military health files.
- **Administrative burden** of bridging these systems often **falls on the veteran**.

Health Profile: Physical

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Chronic Pain:

- **40% of veterans** live with chronic pain.

Traumatic Brain Injury (TBI):

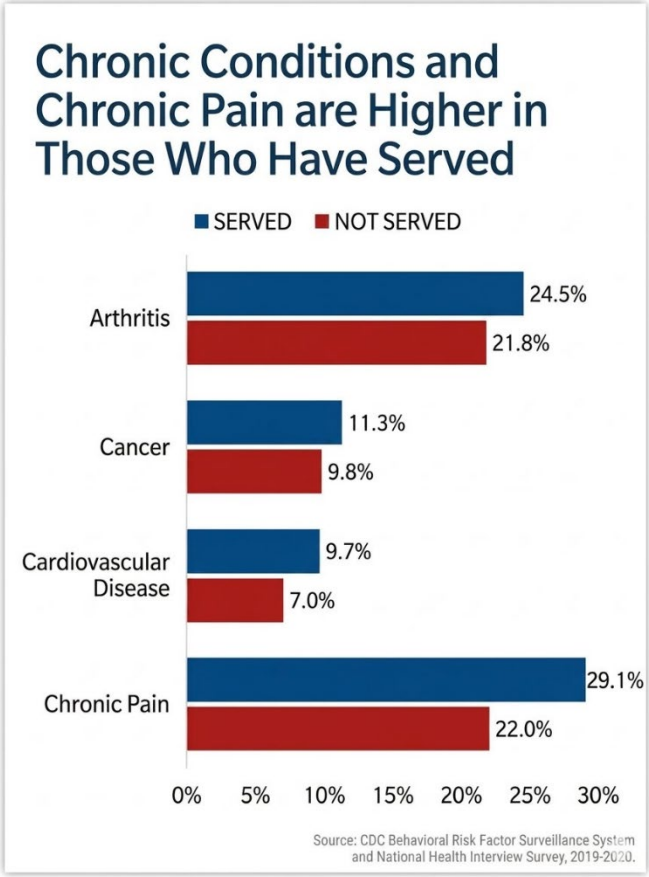
- **20%** of military TBIs are classified as **greater than mild (moderate, severe, or penetrating TBI).**

Exposure-Related Illnesses:

- **47.6% of veterans** screened explicitly endorsed **at least one potential toxic exposure** during their service.

Sleep Disturbances:

- Approx. **70% of veterans experience clinically significant insomnia.**
- **4x more likely to develop obstructive sleep apnea** (OSA).



(United Health Foundation, 2022; CDC, 2021)

Health Profile: Mental/Behavioral

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Post-Traumatic Stress Disorder:

- **11% to 20% of veterans** meet the diagnostic criteria for PTSD in any given year.
- **Military Sexual Trauma (MST) - 55% of female veterans** and **38% of male veterans** report experiencing MST while in the military.

Moral Injury (MI):

- **44.7% of U.S. veterans** have been exposed to Potentially Morally Injurious Events (PMIEs).
- Approx. **13.1% develop clinically significant moral injury** (roughly 955,000 veterans nationwide).

*Having MI *in addition* to PTSD creates a **significantly higher likelihood of suicidal intent and behaviors**.

Female Veterans

2.1X ⬆

Higher rates of any mental illness
37.9% of females who served vs.
18.2% of males who served

1.9X ⬆

Higher rates of suicidal thoughts
10.1% of females who served vs.
5.4% of males who served

1.5X ⬆

Higher rates of frequent mental distress
19.9% of females who served vs.
13.5% of males who served

(United Health Foundation, 2022; CDC, 2021)

Health Profile: Mental/Behavioral

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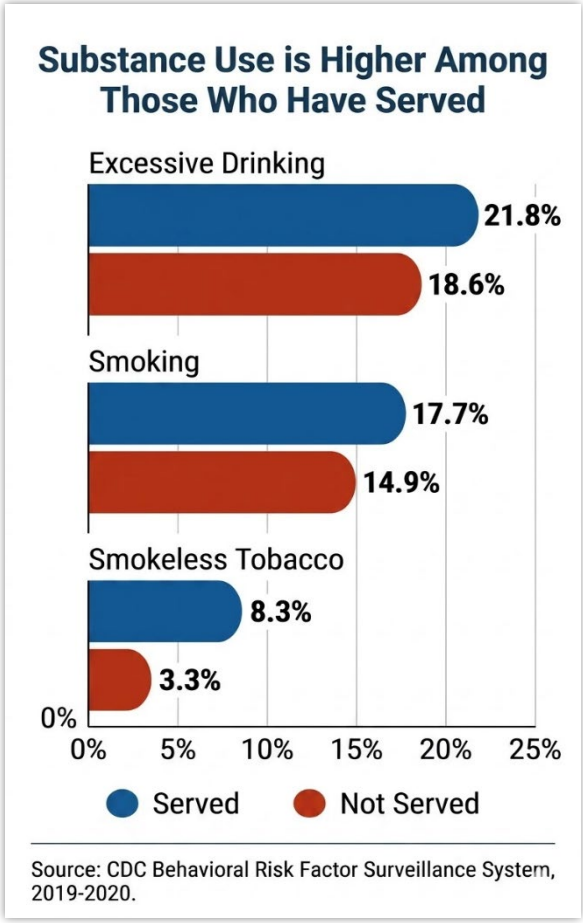
Substance-Use Disorder (SUD):

- Alcohol is the primary substance of misuse, accounting for **over 80% of veterans seeking addiction treatment**.
- **PTSD and SUD are intricately intertwined.** A large national epidemiologic study confirms that **veterans with lifetime PTSD** are:
  - **2 times more likely** to meet the criteria for an **alcohol-use disorder.**
  - **3 times more likely** to meet the criteria for a **drug use disorder.**
  - **Over 3 times more likely** to meet the criteria for a **nicotine use disorder.**



(United Health Foundation, 2022; CDC, 2021; Smith, S.M. et al., 2016)

Veteran Suicide

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The baseline suicide rate for **all U.S. veterans is 34.7 per 100,000**, compared to **17.1 per 100,000 for non-veteran adults.**

- The risk of suicide among veterans is incredibly high **during the first 12 months** following separation from the military **(46.2/100,000)**.
- **Veterans ages 18-34** have the highest suicide rates across all groups **(47.6 per 100,000)**, experiencing rates **nearly three times higher** than their civilian peers.
- Veterans **diagnosed with a mental health disorder or substance use disorder** face significantly elevated risks **(56.4 per 100,000)**.
- **Female veterans** have a suicide rate **more than double** that of non-veteran females.
- Higher risk among veterans with **Other Than Honorable (OTH)** discharges.
- **Justice-involved veterans** are almost **twice as likely** to attempt suicide than veterans who are not involved in the justice system.
- The suicide rate for **veterans in the LGBTQ+ community** can be up to **7 times higher** than that of non-LGBTQ+ veterans.

(Ramchand & Montoya, 2025)

PA Governor's Challenge

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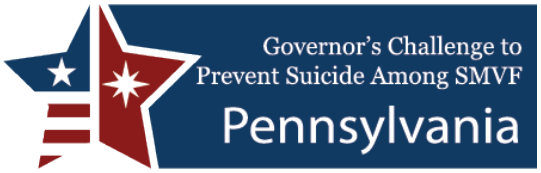
- DMVA has served as Pennsylvania's lead agency for the **VA/SAMHSA Governor's Challenge** to Prevent Suicide Among Service Members, Veterans and Their Families (SMVF) **since 2020**.
- Governor's Challenge Team (GCT) is made up of community, county, regional, state, and federal partners.
- Focus areas include:
  - Firearm safe storage and lethal means safety (LMS)
  - Educating community members and providers
  - Addressing barriers to mental health and substance use treatment
  - Raising awareness of available local, statewide and federal resources for SMVF population



Priorities & Implementation

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1. **Standardized Veteran Status Question:** "Have you ever served in the U.S. military?“

2. **Communities of Practice (CoP):** Using peer leadership groups to connect, educate, and support providers in serving SMVF populations.

3. **Lethal Means Safety (LMS) Campaign:** Plan. Pause. Protect will embed mental health components into firearm safety discussions and protocols, raise awareness of SMVF suicide risk, and provide resources for effective planning and safety considerations.

What & Who Is A Veteran?

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Core Criteria for Veteran Status:

- **Service type**: Active duty, reserve, or National Guard service.
- **Minimum service**: For most benefits, at least 24 continuous months of active duty, or the full period ordered to active duty.
- **Discharge character**: Must be honorable, general under honorable conditions, or other than honorable (OTH).

Some individuals ***choose* not to self-identify as veterans** despite meeting legal criteria. This is often associated with:

- **Stigma or negative associations** with certain discharge statuses.
- **Lack of awareness** of their own eligibility.
- **Desire to avoid bureaucratic processes** or perceived burdens of benefits.
- **Experiences of trauma in the military**, especially for those who experienced institutional betrayal and/or moral injury while serving.

"Have you ever served in the U.S. military?"

(Cameron, K., 2023)

Cultural Considerations

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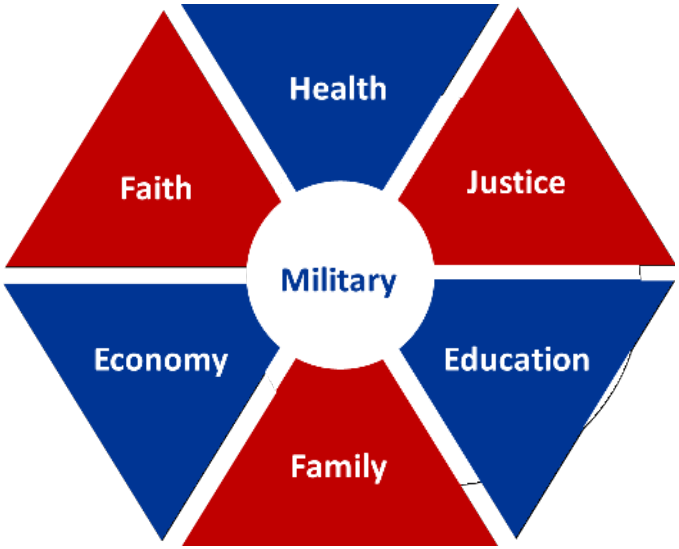
- **Warrior Ethos:** Service members are conditioned to prioritize the mission over personal physical or emotional distress.
- Seeking mental health care carries a **stigma of being weak, undisciplined, or not mission ready.**
- Service members operate within a strict, hierarchical chain of command. In healthcare settings, they frequently **default to a subordinate role**.



What reinforces stigma?	What builds trust?
Using “Soldier” as a blanket term.	Asking open-ended questions about their branch/role.
Pathologizing survival habits.	Validating military training and survival skills before tweaking habits.
Faking military knowledge.	Practicing transparent, humble curiosity.
Waiting for them to disclose status.	Standardizing the military service question at intake.

(Lucier-Greer et al., 2025; McKee et al., 2023; Gleeson and Hemmer, 2014)

Suicide Prevention & Firearms

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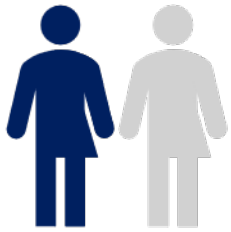
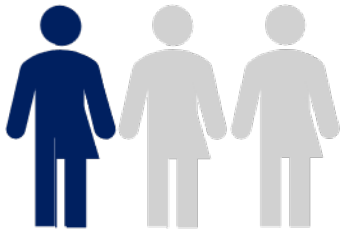
- In 2022, **74% of veteran suicides involved firearms**.
- Since 2001, the **veteran firearm suicide rate has increased by 65%.**
- **Firearms are the most lethal means for suicide**, with a 90% death rate compared to ~10% for other means.
- The rate of firearm ownership is much higher among veterans than the general population. And **firearm access is an independent risk factor for suicide.**



1 in 2 Veterans owns at least one firearm



1 in 3 Veterans stores a firearm loaded & unlocked

> community > commonwealth > country

(Department of Veterans Affairs, 2024; Miller et al., 2013; Simonetti et al., 2018; RAND, 2025)

Advocacy and Future Directions

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- **Collaborative Care Models:** Integrating mental health services into primary care settings.
- **Trauma-Informed & Family-Centered Care:** Creating "Veteran-friendly" environments that acknowledge the service history of the whole family.
- **VA-Community Integration:** Tools for better data sharing and referral pathways.
- **Resource Navigation:** Developing a directory of veteran-specific community resources (e.g., VSOs, food pantries) and helping SMVF access benefits they may not be aware of.
- **Deployment Cycle Awareness:** Providing support tailored to the specific phases of the deployment cycle (Pre-deployment, Sustainment, and Reintegration).
- **Case Management:** Ensuring a "warm handoff" between community providers and VA or military liaisons.
- **Veteran Peer Support:** Hire or contract certified Veteran Peer Support Specialists to improve appointment attendance and adherence to treatment.
- **Comprehensive Suicide Risk Screening, Safety Planning, and Referral:** All individuals in care are screened for suicidal thoughts and behaviors at intake and at every subsequent encounter, with safety planning and referrals implemented as needed.

Call to Action

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Commit to implementing <u>at least one</u> "SMVF-ready" practice.

- **Ask the Question:** Standardize the intake prompt *"Have you ever served in the U.S. Military?"* to identify your SMVF population.
- **EHR Code for Military Status/Screenings:** Ensure the Electronic Health Record has a standardized demographic field for military affiliation. This field should trigger automated alerts for relevant screenings (e.g., depression, suicide, SUD, toxic exposures).
- **Separate PTSD from Moral Injury:** Train clinicians to use distinct screening tools for trauma.
- **Screen for Military Sexual Trauma (MST):** Implement sensitive, universal screening protocols for MST for both male and female veterans, ensuring they are aware of civilian and VA specialized resources.
- **Implement Lethal Means Safety Counseling:** Train all clinical staff in evidence-based suicide prevention frameworks, such as CALM (Counseling on Access to Lethal Means). Proactively complete safety plans and provide free cable gun locks to patients in distress.
- **Enroll Staff in Military Literacy Training:** Require all personnel to complete foundational cultural competency modules through accredited institutions like PsychArmor.

Join the Governor's Challenge

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Scan the QR Code or follow the link below to sign-up for a Governor's Challenge Team work group!

https://forms.office.com/g/muWfsXeCCm

Comments / Questions

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References

2023 Survey of Veteran Enrollees' Health and Use of Health Care. Department of Veterans Affairs. (2023). https://www.va.gov/VHASTRATEGY/SOE2023/2023_Survey_of_Veteran_Enrollees_Health_and_Use_of_Health_Care_Main_Results_Report.pdf

Cameron, K. (2023). Veteran Evolution: Re-Classifying the Military and Veterans as Independent Cultures. Advances in Applied Sociology,13, 47-95. https://doi.org/10.4236/aasoci.2023.131005

CDC Behavioral Risk Factor Surveillance System and SAMHSA National Survey on Drug Use and Health, 2019-2020.

Gleeson, T. D., and P. A. Hemmer. 2014. "Providing Care to MilitaryPersonnel and Their Families: How We Can All Contribute." AcademicMedicine 89, no. 9: 1201–1203. https://doi.org/10.1097/ACM.0000000000000368.

Lande, R. G. 2014. "Stress in Service Members." Psychiatric Clinics ofNorth America 37, no. 4: 547–560. https://doi.org/10.1016/j.psc.2014.08.007.

Lucier-Greer, M., O'Neal, C. W., Cooper, E., Vandenberg, C., Quichocho, D., & Sherman, H. (2025). Military cultural competence among human service helping professionals: A psychometric analysis of three brief measures. Journal of Marital and Family Therapy, 51(3). https://doi.org/10.1111/jmft.70038

References

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McKee, G. B., S. D. McDonald, A. Karmarkar, and M. P. Ghatas. 2023."Demographic Characteristics, Mental Health Conditions, and Psy-chotherapy Use of Veterans in Couples and Family Therapy." Coupleand Family Psychology: Research and Practice 12, no. 1: 11–23. https://doi.org/10.1037/cfp0000185.

National Center for Veterans Analysis and Statistics. (2025, September 3). *Use of VA benefits and services: 2023 (part 1)*. data.va.gov. https://www.datahub.va.gov/stories/s/Use-of-VA-Benefits-and-Services-2023-Part-1-/59yt-v847/

Ramchand, R., & Montoya, T. (2025). *The rising rate of suicide among veterans*. RAND. https://www.rand.org/pubs/perspectives/PEA1363-1-v2.html

Selleck, C., McGuinness, T., McGuinness, J., & Stanley, G. (2021). *Identifying veterans in your practice: What clinicians need to know*. Journal for Nurse Practitioners. https://www.sciencedirect.com/science/article/pii/S1555415520305456

Smith, S. M., Goldstein, R. B., & Grant, B. F. (2016). The association between post-traumatic stress disorder and lifetime DSM-5 psychiatric disorders among Veterans: Data from the National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III). Journal of Psychiatric Research, 82, 16-22. https://doi.org/10.1016/j.jpsychires.2016.06.022

United Health Foundation. (2022). Health of those who have served report 2022. United Health Foundation. https://assets.americashealthrankings.org/2022-health-of-those-who-have-served-report.pdf

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