Mental Health America of San Diego County

Addressing Barriers to Mental Health Services for Military Populations Participating in the Global War on Terrorism

May 1, 2009

Breaking Down Barriers Program

Mental Health America of San Diego County
www.mhasd.org

Addressing Barriers to Mental Health Services for Military Populations Participating in the Global War on Terrorism--Operation Enduring Freedom & Operation Iraqi Freedom (OEF/OIF) in the San Diego County

Barriers and Recommendations for Improvements

Background and Process:

On February 26, 2009 the Breaking Down Barriers program of Mental Health America assembled a group to discuss the challenges to access of mental health services for military personnel in San Diego County. Military personnel are defined as those who are active, reservists,[1] National Guard and support populations, participating in the Global War on Terrorism (GWOT) more specifically in Operation Enduring Freedom & Operation Iraqi Freedom (OEF/OIF). Though numerous governmental and non-governmental organizations are reaching out to active and retired populations, there is not currently a comprehensive plan in place at the county level or within the military, which aims to:

- increase outreach to active duty, reservists, National Guard, retired and discharged individuals and their families,
- reduce stigma about seeking mental health services,
- increase trust in services and
- ensure organizational collaboration of a comprehensive array of appropriate services to individuals and family needs.

This report contains clear short and long-term recommendations that can be a reference point for designing services that are both more comprehensive and more culturally appropriate, to meet the needs of past and present military service members and their families. The group was assembled by the Breaking Down Barriers Program and facilitated by Current Change Consulting. Appendix B includes more information on the Breaking Down Barriers Program. This report brings together the wisdom of a diverse group of stakeholders including mental health service providers for active, reserve and retired military personnel from various backgrounds, civilian and military; active military personnel from various ranks; active duty, reservists, National Guard, and retired veterans who have received mental health services; and spouses of active duty, reservists, National Guard and retired veterans. (A participant roster is included in Appendix A.) The report and recommendations focus on county services and military services. Some issues will require collaboration of County Mental Health Services and military services in order to improve the network of support for all military personnel, retired, reserve, National Guard and active, with mental and behavioral health challenges.

The group worked with the following purpose in mind:

[1] Term is transitioning to *inactive reserve* yet the common vernacular is still reservists.

Purpose of the Meeting:

1) To organize the group's wisdom about barriers to optimal mental health services for active duty, reservists, National Guard and retired veterans and their families in the San Diego region – barriers both within and outside of the community.
2) To prepare a concise set of short term and long term recommendations for the county to bring awareness of the barriers and to help them see clearly what actions could be taken to improve mental health support systems for active duty, reservists, National Guard and retired veterans.
3) To ensure the recommendations focus on solutions, rather than problems alone and to ensure that the scope of recommendations is thorough and relevant to the needs of active duty, reservists, National Guard and retired veterans and their families.
4) To recommit our skills and passions, as a diverse collaborative group, as we work toward improving the quality of active duty, reservists, National Guard and retired veteran's lives and the quality of community life.

This document is informed by two types of input. During a three and one-half hour meeting, participants provided the majority of the strategies and recommendations contained. These recommendations were assembled into a report format and then solicited further editing and input from the focus group participants. These efforts yielded the current, revised set of recommendations. Appendix A provides a roster of participants at the February 26 meeting and a full roster of the focus group that helped to edit the report and recommendations.

The focus group participants identified ***several factors that currently support mental health services.*** The group focused on building on these strengths and identifying gaps and barriers to comprehensive services. These strengths are:

- Service personnel experience a high level of support from communities and families to seek mental health services.
- Both military and non-military social service organizations are reaching out to military personnel with mental health support.
- Funding is available from Congress for non-profits, county and state entities, and other community organizations to enhance outreach and service provision.
- Mental health services are becoming more visible in the community in general and this de-stigmatization may eventually have an effect on military populations.

Barriers to Mental Health Services in San Diego County

The following list of barriers to mental health services for active duty, reservists, National Guard and retired veterans in San Diego County is not comprehensive. These categories and comments provide a reference point for understanding why military personnel are not adequately served by mental health services. While some of these barriers could apply to other populations, the focus

is on GWOT, OEF/OIF active duty, reservists, National Guard and retired veterans who reside in San Diego County.

Stigma and Fear of Seeking Services

Military personnel and family members expressed a variety of fears and stigma associated with accessing mental health services. Mental health service providers are challenged by the perception and stigma associated to mental health. Some of these fears are fueled by how mental health is perceived within the military as well as in the broader American culture. The military culture advocates for personnel to "be strong" and "be tough" and thus sees mental health issues as a point of weakness. It is understood, that the stigma of seeking mental health services is greater for active duty and reserve personnel because there is a fear that it may prevent future job assignments or affect security clearances. This also prevents families from seeking services, which will be discussed later. There is a disconnect between policy for those receiving mental health services and "what really happens" for those who seek treatment. Individuals fear that even though their records will not be shared with their commanding officers, (unless they are a danger to themselves or others) the nature of their mental health appointments will be known to their immediate supervisors and this alone will compromise their professional status. For example, in the Army when a service member is going to miss work or going to sick call, they need to fill out a slip in which they state why they need sick call. Service members feel that this process undermines confidentiality.

Military personnel have concern for their own mental health. Some military personnel are fearful of rapid re-deployment, where they won't be given the time to properly de-compress from their tour. This, compounded with the stigma and embarrassment associated with accessing mental health services, keeps many personnel from seeking help until they are discharged from active duty. In some cases, retired veterans don't want anything to do with the military once they leave, and won't seek services though they may need them. While others may not even develop any signs or symptoms until weeks, months, or even years later. Participants stressed that the fear of seeking treatment doesn't end with retirement, however. Individuals in the civilian workforce may fear that their past military duty could be seen as a detriment to their employability if they seek treatment for PTSD, for example.

The military culture poses a barrier in accessing mental health services and the challenge lies in how to change the perception in order to provide the necessary services. It was noted that educating military personnel to seek mental health support upon immediate release or discharge, is a beneficial strategy in order to address the issue before it impacts the next phase of their life, thus to have a smoother transition to civilian life.

Family Stressors

Families are doubly affected by mental health issues. They are stressed while their service member is away on duty and sometimes they don't have the support system to cope. When family members and spouses come home, many times they don't understand why the changes have occurred or why service members aren't willing to seek professional help. This issue also

applies to young, single, active duty, reservists, National Guard and veterans with no support network other than their immediate and extended family.

Whether justified in every instance or not, it must be acknowledged that fear of stigma limits a family's abilities to successfully connect with mental health services. Some, military families also have a mistrust of military services for fear that their personal information will be shared – either within their small communities, or with the military member's command which they feel will inevitably reach the commanding officer. In the latter case, there is a concern that they may get their family member in trouble if they seek services. Family members are also keenly aware of the potential consequences for career advancement if they seek mental health services. Another reason that some military families do not seek mental health services is the personal need to keep family life separate (private) from military life.

Perception of Civilian Service Providers

The diversity of experiences needed to provide mental health services is as broad as the population receiving the services. Consequently, there is a perception within the military culture that only a specific population is qualified to provide such services. Some active duty, reservists, National Guard and retired veterans have the perception that civilian service providers can't really help them because they have not been through a military experience. There is the underlying belief that because "you haven't been there" you can't help me. This barrier is further compounded by the various types of military service and the types of combat an individual might face. This view that "you haven't been there" can become so profound and specific that no one would be an appropriate confidant. This is a delicate matter and individuals seeking care need to understand mental health as human help, not a weakness but a fact of life, – a form of assistance with a human, rather than institutional face. At the same time, steps must be taken to ensure that mental health service providers who work with military populations can "identify" in specific ways with their clients.

Barriers result from a lack of basic information of how to navigate the system of care. Some individuals simply don't know what services are available to them and where to go once they are released from service. Some may know where to seek services yet fear being judged by the counselor for behavior and actions taken while in the combat zone; there is fear that their morals will be called into question. Others may just want to detach themselves completely once separated from the military because they don't want to deal with the procedures and structure any longer. The challenge with an individual disconnecting from the military is the detachment from the source who could provide mental health support.

Self-Medication

Mental health issues can be triggered by a diverse set of factors but ultimately if the person is not treated, they will find a way to cope, conventional or other wise. Partly due to the stigma associated with seeking mental health services, some military personnel are coping with unconventional means. Thus, a portion of the population are self-medicating with legal and illegal substances and engaging in other addictive and self-destructive behaviors such as gambling, drugs, alcohol and adrenaline seeking (i.e., racing, fighting). Once a person engages

in self-destructive behavior, alternative methods of outreach need to be devised that are sensitive to the original events that triggered trauma, as well as sensitive to the coping mechanisms an individual may have developed.

Continuity of Care and Outreach of Services

The transitions that a service member encounters in the military pose a challenge in maintaining proper continuity of care. When a service member transitions from active duty to civilian life, their treatment is compromised because service providers do not share information. A solution currently being implemented are military medical records transitioning to paperless entries and electronic storage of records. This would allow medical treatment facilities (MTFs) to transfer important information to a CD which will permit the sharing of information to other pertinent doctors and MTFs. The goal with sharing information among service providers would be the collaborative understanding that collectively they are all providing care to military personnel in need. Outreach and maintaining continuity of care to retired veterans would necessitate a different strategy. A potential solution would be the use of the monthly newsletter that is sent via e-mail or mail that could include mental health information inviting veterans to open discussion forums or groups and listing of other avenues of care.

Recommendations for Improvements

The following recommendations focus on three broad areas of importance:

1. Mental Health Services become more readily available to a full range of those effected by GWOT--OIF and OEF
2. Military personnel are able to release fear and seek the mental health services and support they need
3. Strategies are formed to counteract the stigma associated with seeking mental health services, while remaining respectful of military culture.

These recommendations take into account that there is a gap between current circumstances and optimal mental health services for military personnel. Steps can be taken, however, to move toward those optimal circumstances while keeping the bigger picture in mind. Each of these recommendations identifies a broad theme for improving mental health services for military personnel, followed by specific short term and some long term activities to address that issue.

It is noteworthy that these recommendations do not focus heavily on improving the image of the military or county services or increasing trust in military services specifically, though these are vital longer term goals.

Goal One: Provide enhanced support services for those who have been in combat - active duty, reserve, National Guard, retired veterans, those who have been dishonorably discharged, other than honorable discharged and incarcerated veterans

Discussion: There is an array of services that are available through the military and county services. The challenge is connecting military personnel to them. The following strategies suggest ways for the county and the military to collaborate and outreach creatively. Due to the stigma associated with mental health services, if personnel are given an option they may be more likely to accept services from agencies that are not associated with the military. Some of these recommendations concern military services, others concern civilian services. The goal in all cases is for them to work together more seamlessly where possible.

Short Term Recommendations:

1. Provide more and specific outreach through veteran affairs (VA) and service providers to active duty, reservists, National Guard and retired veterans when participating in the Navy Mobilization Processing Center (tour debrief) or with a Family Readiness Officer.
2. Network military and civilian services in order to increase the points of contact, identify opportunities and increase the array of options of mental health services. This strategy would give personnel the option to seek services in an environment and/or location they trust, either through the county or the military. Another potential solution would be including mental health information in the military systems that are familiar to personnel and that already exist. The monthly veteran newsletter and the MyPay (the military salary tracking system) website are two potential resources.
3. Engage Family Service Centers, Family Readiness Officers, Veterans Outreach Specialists, and the county in collaboration, so that specific plans can be made for seamless service provision.
4. Use and extend the Family Readiness Officer's information dissemination tools and instruction so that the repository of information is more broadly shared with civilian organizations.
5. Connect commands with the array of services available in order for them to support their personnel.
6. Connect with college campus services especially if they have a Student Veterans of America (SVA) Organizations to outreach to ex-military students and educate and refer to available mental health services.
7. Access and outreach to incarcerated veterans, who need mental health services, would necessitate that law enforcement and the military form a collaboration in order to identify and refer veterans.
8. Support and expand peer to peer veteran outreach to college campuses, Veteran of Foreign Wars (VFW) posts, community/health fairs, and military events (i.e., Miramar Air Show).

Long Term Recommendations:

1. Include additional programming and extend transition programs to include mental health referrals. An example where mental health components could be added is the Marines for Life program.
2. Outreach to VA medical center inpatient services and the Veterans Affairs Assistance Program (VAAP), to further educate military personnel on their mental health options before and after their release.
3. Outreach and engage veterans who have been dishonorably discharged or have other than honorable discharges. This may require additional strategies for accessing these individuals after discharge. In the long term, when more data becomes available regarding this group, a political change could be sought so that these individuals can receive medical benefits in order to access mental health services.

Evidence of success or movement toward success:

1. Increased usage of mental health services (by all populations covered in this report) as evidenced by military and civilian reporting on service usage in the short term and on a shift in focus from outreach to meeting and presenting needs for services in the long term.
2. Increased usage of family and individual counseling, as evidenced by governmental and non-governmental reporting on service usage in the short term and on a shift in focus from outreach to meeting and presenting needs for services in the long term.
3. Decreased stress on the job and increase in work productivity, as evidenced by reports from direct supervisors and commanding officers.
4. Increased smooth transitions from military service to college and work life, as reported by service personnel and their family members.
5. Decrease in military police reports as reported by the Provost Marshal's Office and San Diego Police Officers.
6. Increase in veterans graduating from college and retaining jobs as evidenced by campus veteran organization reports and individual reports from veterans.
7. Decreased family violence – both among active duty, reservists, National Guard and retired military personnel, as evidenced by base reports of domestic violence and non-governmental service agencies domestic violence statistics and qualitative reports.
8. Decreased suicide and divorce rates among active duty personnel and veterans as evidenced by governmental and non-governmental reporting.

Goal Two: Provide enhanced support and services for family members

Discussion: Sometimes simple barriers can be removed in order to accommodate the needs for families to participate in activities. Family members develop trust through word-of-mouth – endorsements from other family members, rather than through flyers or contacts with

organization staff. Families need the support to understand the changes their service member will go through when they return home from a tour of duty.

Short Term Recommendations:

1. Provide childcare each time a service is offered. Work with organizations (such as the county funded providers) that are capable of funding childcare and of providing locations and timing appropriate to family schedules.
2. Increase access to information by using County and Family Readiness Groups to disseminate county and military information on mental health services.
3. Increase off-base word of mouth by using military housing offices, popular housing complexes, community organizations and businesses to disseminate information.
4. Increase and consolidate a list of contacts in surrounding areas within and outside of San Diego County, with civilian providers.
5. Provide training on how to navigate the system of care.

Long Term Recommendations

1. Support spouses and children with educational programs, Family Readiness meetings and briefings regarding changes happening in their lives. Before a unit comes back to the states all spouses and significant others can be strongly recommended (by Officers and NCO's) to attend briefings led by licensed clinicians and other combat veterans that could detail what changes their loved one is likely to have undergone and what they can do to help mitigate those changes in a positive way. (Including families of separated service members in this process would require a targeted outreach strategy.)
2. Connect families to post traumatic stress disorder programs and other civilian inpatient programs and services.
3. Increase the potential of civilian providers and clinics who will accept military TRICARE insurance in order to reduce out of pocket expenses.

Evidence of success or movement toward success:

1. Increased involvement in family activities when spouses are deployed, as evidenced by family reporting.
2. Increased usage of mental health services (by all populations covered in this report) as evidenced by military and civilian reporting on service usage in the short term and on a shift in focus from outreach to meeting and presenting needs for services in the long term.
3. Decreased stress on the job and increase in work productivity, as evidenced by reports from direct supervisors and commanding officers.
4. Increase in veterans graduating from college and retaining jobs as evidenced by campus veteran organization reports and individual reports from veterans.
5. Decreased family violence – both among active duty, reservists, National Guard and retired military personnel, as evidenced by base reports of domestic violence

and non-governmental service agencies as well as domestic violence statistics and qualitative reports.
6. Decreased suicide and divorce rates among active duty, reserve personnel and veterans as evidenced by governmental and non-governmental reporting.
7. Increased smooth transitions from military service to college and work life, as reported by service personnel and their family members.

Goal Three: Helping families and communities support active duty military, reservists, National Guard and veterans

Discussion: Veterans must be supported in a variety of ways. Another strategy would be to engage military personnel in other interventions that are not perceived as mental health services, such as family groups, sports or recreation. In the long run by engaging individuals in safe environments to discuss their combat experience, mental health services are de-stigmatized and further referrals are possible. Within this strategy is the option to go to the places where military personnel already spend time, such as the VFW and other social groups.

Short Term Recommendations:
1. Service providers (civilian and military) can participate in community events to increase visibility of services and provide a “friendlier” face to mental health services.
2. Civilian groups can advocate that more cities “adopt” a unit so that they may keep the unit connected to the states while they are away and to services while they are home. (This is already a successful model, but military units cannot solicit this type of support. It must be community initiated.)
3. Provide training on how to navigate the system of care.
4. Outreach and educate allied communities on the issues facing active duty military and veterans and on available resources, to include faith organizations, casinos, bars and the criminal justice system.

Long Term Recommendations:
1. Interested parties (both civilian and military) should come together to strategize recreational options to enhance individual and family well-being and provide a bridge to mental health services when necessary.

Evidence of success or movement toward success:

1. Increased individual and family participation in recreational activities that don’t involve substance use or other dangerous behavior.
2. Increased sense of family well-being, ease of transitions and homecomings and general community connectivity as evidenced by individual family reports.
3. Increased involvement in family activities when spouses are deployed, as evidenced by family reporting.
4. Increased usage of mental health services (by all populations covered in this report) as evidenced by governmental and non-governmental reporting on service

usage in the short term and on a shift in focus from outreach to meeting and presenting needs for services in the long term.

5. Increased usage of family and individual counseling, as evidenced by governmental and non-governmental reporting on service usage in the short term and on a shift in focus from outreach to meeting and presenting needs for services in the long term.
6. Decreased stress on the job and increase in work productivity, as evidenced by reports from direct supervisors and commanding officers.
7. Increased smooth transitions from military service to college and work life, as reported by service personnel and their family members.
8. Decrease in military police reports as reported by the Provost Marshal's Office and San Diego Police Officers.
9. Increase in veterans graduating from college and retaining jobs as evidenced by campus veteran organization reports and individual reports from veterans.
10. Decreased family violence – both among active duty, reservists, National Guard and retired military personnel, as evidenced by base reports of domestic violence and non-governmental service agencies domestic violence statistics and qualitative reports.
11. Decreased suicide and divorce rates among active duty personnel, reservists, National Guard and veterans as evidenced by governmental and non-governmental reporting.

Goal Four: Create an environment where military families and personnel are not afraid to seek mental health services

Discussion: Within the military hierarchy a commanding officer has the right to know which of his or her subordinates is receiving mental health services. By creating a process that improves confidentiality for the patient, the culture may be altered to the extent that personnel would not fear seeking professional mental health support. Within this process the chain of command would be responsible for keeping the effects from affecting their unit.

Short Term Recommendations:

1. Educate and encourage Commanding Officers and all supervisors that it is okay to seek mental health services and engage high ranking officers and high ranking enlisted personnel who could act as role models. This could be done by creating mandatory forums, for E-7s (senior enlisted) and above and all E-6s (junior enlisted) and below, to discuss mental health and the state of their units. Therapists and clinicians would educate on mental health issues such as military suicide rates, military motorcycle deaths, military divorce rates, military alcohol related incidents, military drug related incidents, military in prison and military being discharged for PTSD. This strategy would stress how the mental health of a unit directly affects the ability to wage war and perform at work.
2. Share information with the military (Commanding Officers in specific) that illustrates the issues and consequences of not seeking mental health.

3. Design programs that use terminology that is wellness focused and less connected to the stigma of mental health. Some potential topic areas could be classes on anger management, communication or raising a healthy child.

Long Term Recommendations:

1. Enact county-wide public information campaign addressing the fears and stigma related to seeking mental health services.
2. Create a website that includes links to military and civilian mental health services and a campaign to develop awareness about the website.

Evidence of success or movement toward success:

1. Commanding Officers report an understanding of how subordinates' participation in mental health services will positively affect their units.
2. More referrals come from or through the chain of command for mental health treatment.
3. Increased information and involvement in family activities when spouses are deployed, as evidenced by family reporting.
4. Increased usage of family and individual counseling, as evidenced by military and civilian reporting on service usage in the short term and on a shift in focus from outreach to meeting and presenting needs for services in the long term.
5. Increased smooth transitions from military service to college and work life, as reported by service personnel and their family members.
6. Increase in veterans graduating from college and retaining jobs as evidenced by on-campus veteran organization reports and individual reports from veterans.
7. Decreased family violence – both among active duty, reservists, National Guard and retired military personnel, as evidenced by base reports of domestic violence and non-governmental service agencies domestic violence statistics and qualitative reports.

Goal Five: Connect military personnel with a full range of services that bridge military and civilian services

Discussion: The diverse needs of the military community warrant addressing mental health and other aspects of human life. The full range of services would include addressing the mind, body and spirit of every individual. Within the process would be defining who would provide services and how and when the client would access the different services. Ultimately, by changing how mental health services are presented and perceived individuals will come to understand that they don't have to make a choice between the health of their families and the advancement of their military careers. One of the best strategies in increasing use of services is by implementing preventative and early interventions. By introducing mental health services as a positive, logical and healthy choice before the services are needed, military personnel will be prepared when the need arises. With this strategy mental health service providers will be outreaching to the community more and will increase their visibility and become part of the fabric of military life.

Short Term Recommendations:

1. Share access to program information between service providers within the military and civilian service providers in order to maintain a high continuity of care.
2. Include overall well-being (mind, body, spirit) support in the array of services provided.
3. Educate and mobilize civilian providers and community organizations on the unmet needs of military veterans and their families.

Long Term Recommendations

1. Provide information and direct services to active duty personnel, reservists, National Guard and veterans through the county.
2. Remove barriers for county to accept military insurance for civilian providers and clinics.
3. Maintain a website that lists all available programs and provide training on how to navigate the system of care.

Evidence of success or movement toward success:

1. Increased involvement in family activities when spouses are deployed, as evidenced by family reporting.
2. Increased usage of mental health services (by all populations covered in this report) as evidenced by military and civilian reporting on service usage in the short term and on a shift in focus from outreach to meeting and presenting needs for services in the long term.
3. Increased usage of family and individual counseling, as evidenced by military and civilian non-governmental reporting on service usage in the short term and on a shift in focus from outreach to meeting and presenting needs for services in the long term.
4. Decreased stress on the job and increase in work productivity, as evidenced by reports from direct supervisors and commanding officers.
5. Increased smooth transitions from military service to college and work life, as reported by service personnel and their family members.
6. Decrease in military police reports as reported by the Provost Marshal's Office and San Diego Police Officers.
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8. Decreased family violence – both among active duty, reservists, National Guard and retired military personnel, as evidenced by base reports of domestic violence and non-governmental service agencies as well as domestic violence statistics and qualitative reports.
9. Decreased suicide and divorce rates among active duty personnel, reservists, National Guard and veterans as evidenced by governmental and non-governmental reporting.

Conclusion

These recommendations are a start to the more in-depth dialogue that needs to happen within the military and with civilian mental health service providers that support the military. This dialogue needs to happen in concert with military mental health service providers, county staff, community service providers, military personnel and their families. By coming together to discuss these initial barriers, issues, hopeful moments and potential solutions, the Breaking Down Barriers focus group hopes to increase the dialogue about positive changes in mental and behavioral health services for the military personnel participating in the Global War on Terrorism--Operation Enduring Freedom & Operation Iraqi Freedom (OEF/OIF), active, reserve, National Guard and support populations in San Diego County.

Appendix A

Breaking Down Barriers Focus Group Participants in the February 26, 2009 focus group. (This group provided the core input for this document.)

NAME	RANK or ORGANIZATION	BRANCH OF SERVICE
Barbier, Kristie	Chief Petty Officer	Navy Reserve
Beers, Peggy	Mental Health America – Director of Programs	N/A
Carmona, Alfonso	Chula Vista Vet Center	Army Reserve
Case, Robert	VA Regional Office (Marine Retired)	Marine Corps
Edmonson, Cindy	Chief Petty Officer (Retired)	Navy
Fall, Tara	Navy Spouse	Navy
Felix, Oscar	Sergeant	Marine Corps
Judd, Mike	Sergeant	Army National Guard
Jurczynski, Carla	Captain	Marine Corps Reserve
Kelly, Stephen	6th Avenue Vet Center (Commander, Retired)	Navy
Laux, Daniel	Captain	Marine Corps
Lolin, Tondra	Navy Spouse	Navy
Lugo, Felicia	County Behavioral Health Services	N/A
Lundell, David	Lieutenant Colonel (Retired)	Army
Morelan, Gayle	Navy Spouse	Navy
Pierson, Chris	Chief Petty Officer	Navy
Ponce, Steve	Chief Petty Officer (Retired)	Navy
Reynolds, Dawn	Lieutenant (Navy Nurse)	Navy Reserve
Royal, Mona	Chief Petty Officer	Navy
Shaffer, Heidi	County Behavioral Health Services	N/A
Tres, Beau	San Diego Vet Center	Marine Corps
Sakievich, Maegean	Army OneSource, Community Support Coordinator	N/A

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Andrew Poat - *San Diego Regional Economic Development Corporation*
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Mental Health America of San Diego County Staff

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Steve Ponce – Outreach Coordinator, Breaking Down Barriers - Veterans and Their Families

Appendix B

About Breaking Down Barriers

In November of 2004, the California voters approved Proposition 63, now called the Mental Health Services Act (MHSA), to provide funding for a comprehensive and community-based mental health system for uninsured/underinsured clients who would otherwise remain un-served underserved. Mental Health America of San Diego County was awarded the Breaking Down Barriers contract in September of 2006. The contract was expanded in July of 2008 to include a focus on Veterans and Their Families and Native American Communities.

Breaking Down Barriers purpose is to increase access to mental health services for un-served and underserved population from culturally diverse population who have a server mental illness. The term "culturally diverse" here refers to both ethnic and non-ethnic cultural groups. The former group includes Latinos, Native Americans, and Asian Americans, peoples from the Pacific Islands, African Americans and other historically un-served and underserved groups. The latter group includes – but is not limited to – groups with disabilities (blind and vision impaired, deaf and hard of hearing, physically challenged), gay, lesbian, bi-sexual, tans-gendered persons, transitional age youth and older adults, and veterans and their families.

For more information contact:

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About Mental Health America of San Diego County

For a century, Mental Health America, the country's leading nonprofit organization dedicated to helping ALL people live mentally healthier lives, has been addressing all aspects of mental health and mental illness. As one of the 300 affiliates nationwide, Mental Health America of San Diego County, has worked to improve the mental health of all San Diegans, especially those with mental disorders through advocacy, education, research and services. The work of MHA of San Diego County has resulted in positive change. We have educated our community about mental illness and reduced barriers to treatment and services. As a result of our efforts, many San Diegans with mental disorders have sought care and now enjoy fulfilling and productive lives.

Mental Health America of San Diego County's mission and response to these issues are to educate the public about ways to preserve and strengthen its mental health, to advocate for access to effective care, to bring an end to discrimination against people with mental and addictive disorders, to foster innovation in research, practice, service and policy and to provide support to individuals and families living with mental health and substance abuse problems. We invite all San Diegans to join our movement. Our *Bringing Wellness Home Campaign* will enable Mental Health America of San Diego County to share our message, achieve our mission and help San Diegans live healthier lives. Our message is simple. Good mental health is fundamental to the health and well being of every person and to our community as a whole. The good news is we have the knowledge and experience now about what works for good mental health. We have effective treatments that better control the symptoms of mental illness. We have community programs that help people recover, develop long term resilience and get back to their lives.

For more information contact:

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