The following definitions are used in this pocket guide.

**TOCs minimally require:**
- Care coordination within and among clinicians and health services involved in care transitions
- Accurate relay of all pertinent medical records involving service members, veterans, and families of military personnel
- Clear communications regarding the transition plan between providers and with the patient and family, and ongoing communication after transition of the patient to ensure continuity of care
- Effective logistical arrangements to ensure that patients who relocate to new locations have access to appropriate health care professionals and services

**DEFINITIONS**

- **Handoffs** refer to the act of transmitting information about military personnel during a handoff or transition of care.
- **Peer Reviewer:** COL(B) Elizabeth Cameron Ritchie, MD, MPH
  - Chief Clinical Officer
  - Department of Mental Health
  - Washington, DC
  - Professor of Psychiatry
  - Uniformed Services University of the Health Sciences
  - Bethesda, MD
  - Former Psychiatry Consultant
  - US Army Surgeon General

**INCIDENCE OF MENTAL HEALTH DISORDERS IN THE MILITARY**

- In 2010, > 20% of hospitalizations among active military personnel were for behavioral health disorders
- Among returning OIF/ODF veterans seen at VA medical centers, ~25% experienced mental illness

**Position Statement**

Behavioral health care for military service members, veterans, and military families is an increasingly important concern among the US Department of Defense and the US Department of Veterans Affairs (VA). As a result of combat experiences, multiple deployments, and extended periods of time living under stressful conditions, service members returning from conflicts in the Middle East are experiencing relatively high rates of mental disorders, and many of these individuals are not receiving optimal health care. Enhancing transitions of care are experiencing relatively high rates of mental disorders, and many of these military personnel transitioning from active duty to reserve status, or from one branch of service to another, or from active to veteran status.

The overarching goals of this pocket guide are to (1) increase awareness of the burden of ineffective transitions of care among active and veteran military personnel with behavioral health disorders; and (2) provide military and civilian health care providers with evidence-based tools to enhance their competence in transitioning service members, veterans, and military family members through various levels of care in an efficacious, consistent, cost-effective, and quality-driven manner.

**BARRIERS TO EFFECTIVE BEHAVIORAL HEALTHCARE SERVICES**

In a 2010 survey conducted by the Joint Mental Health Advisory Team 7 (J-MHAT 7), service members from 40 Army maneuver unit platoons in Afghanistan were asked to indicate which factors influenced their decisions against seeking mental health care. The responses of service members who screened positive for mental health problems are presented as follows:

**CONTRIBUTING FACTORS FOR INEFFECTIVE TRANSITIONS OF CARE AMONG MILITARY PERSONNEL**

- Frequent relocation
- Multiple transitions
- Sporadic and abrupt
- Military individual’s fear of being stigmatized

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**How to Overcome Barriers to Quality TOCs**

- Understand how the health care system works in your institution
- Institute performance measures and QI programs
- Develop and use standardization processes
- Provide culturally competent care
- Be accountable, and hold others accountable
- Document, document, document!
“I PASS THE BATON” MENONIC FOR HANDOFFS

In 2006, the National Defense Authorization Act required that the US Secretary of Defense assemble a task force to assess and make recommendations to improve behavioral health services for members of the military. The task force recommended that policies should be developed to ensure seamless transitions of care for service members transitioning within the military and for those personnel who are leaving the military and entering civilian life and the VA health system.

Policies should include guidelines about:
- The responsibilities of behavioral health professionals involved in handoffs.
- Requirements for the transfer of medical records.
- Military-to-civilian provider handoffs.
- Quick access to current patients.
- The VA health system for military personnel transitioning to/from.
- Electronic medical records connecting DoD and the VA health care system.

DoD/VA RECOVERY COORDINATION PROGRAM

To improve transitions of care among seriously ill or wounded military service members, the DoD and the VA have developed a coordination program called the Wounded Warrior Program.

For service members who incur serious or severe injuries and may be medically separated from the military, a Wounded Warrior Care Coordinator is assigned to:
- Oversee and develop a comprehensive recovery plan.
- Coordinate with a multidisciplinary team of health care providers, family support personnel, transition liaisons, and advocates to implement the recovery plan.

More information, call:
- 877-732-4456 or go to http://www.woundedwarrior.gov.

REFERENCES


ADDITIONAL RESOURCES

More information, call:
- 1-800-424-4685 (DSN) Outside the United States; 1-800-424-7877 Inside the United States; 1-877-732-4456 or go to: http://www.woundedwarrior.gov/fedcovery.asp

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