**Destigmatizing and Normalizing Mental Health Services**

**at an Academic Health Science Center**

**Author Note**

Kathy L. Gibbs, M.Ed., M.S.

Assistant Vice Chancellor for Student Academic Support Services and Inclusion

University of Tennessee Health Science Center

8 S. Dunlap GEB. BB9

Memphis TN 38163

kgibbs@uthsc.edu

Lori S. Gonzalez, Ph.D.

Vice Chancellor for Academic, Faculty and Student Affairs

University of Tennessee Health Science Center

lsgonz01@uthsc.edu

Kimberley W. Collins, Ph.D.

Clinical Psychologist – University Health Services

University of Tennessee Health Science Center

kwill176@uthsc.edu

Acknowledgements

The authors wish to acknowledge Dr. Darrylinn Todd and Rachel Bolick for their work on the Care Team model. We also acknowledge the University of Rochester for allowing us to model our Take Care website using the Rochester site.

**Abstract**

Mental health services at the University of Tennessee Health Science Center (UTHSC) were fragmented and insufficient for our students. To improve services, we engaged NaBITA/NCHERM for training and for an audit of our mental health services. UTHSC implemented the recommendations from NaBITA/NCHERM which significantly improved our approach to student mental health and helped us expedite significant and positive changes.

**Destigmatizing and Normalizing Mental Health Services**

**at an Academic Health Science Center**

College students are coming to our campuses with significant need for mental health services and the demand for services continues to rise. The National College Assessment (American College Health Association, 2019) presented data that showed almost a quarter of all respondents reported feeling hopeless (23.2%) at any time over the last twelve months. Additionally, two-thirds (66.7%) of respondents reported feeling overwhelming anxiety and 45% reported feeling so depressed that it was difficult to function. Almost half (45.3%) reported experiencing more than average stress at any time over the last year and 13.4% reported tremendous stress.

Campuses are also seeing students with more serious issues that have can make them more at risk for suicide. About 1 in five college students report having harmed themselves to soothe emotional pain at least once. Habitual self-harm, over time, is a predictor for higher suicide risk in many individuals. Self-harm has been shown to be reduced with specialized forms of talk therapy that was originally invented for people with a diagnosis of borderline personality disorder (Carey, 2019).

Academic programs in the health sciences bring added stress to the learning environment as the programs are high risk, fast-paced, and high cost. According to Dyrbye and Shanafelt (2016), most medical students enter programs with as good or better mental health compared to the general population. However, by the time they complete their programs, rates of depression range from 15 to 30% higher than students in other types of programs (Dyrbye and Shanafelt, 2016). Depression, hopelessness and stress impact learning which translates to higher rates of burnout and medical errors (Paturel, 2020).

Fischbein and Bonfine (2019) reported that 50% of U.S. medical students are affected by burnout. Further, they reviewed data found in the Healthy Minds Study and concluded that “among pharmacy and medicine students, there was a high prevalence of psychological distress, including depression and anxiety” (p. 2210) with 28% reporting a psychiatric diagnosis. Pharmacy students showed high levels of stress negatively correlated with health-related quality of life and self-esteem (Henning, Ey and Shaw, 1998). Mental wellbeing was significantly poorer than age-adjusted US population norms. Half (50.1%) of pharmacy students were clinically distressed resulting in a higher prevalence than both dental and medical students (Henning et al., 1998).

Laurence, Williams, and Eiland (2009) reported that dental students also struggle with mental health issues. They reported that psychological distress rose from 36% in the first year to 44% in the fifth year (final year) of dental school. Students also presented with high levels of emotional exhaustion (39%) and low levels of social support associated with depression (Laurence et al., 2009). A 2014 study showed that 38.7% of undergraduate nursing students had mild to severe depression (Rezayat and Nayeri, 2014).

It is important to note that the stress of educational programs significantly impacts students from underrepresented groups. An estimated 5% to 10% of black males have depression. Contributing factors include: the isolation of being one of few blacks on campus, racial discrimination, or financial and academic stress (Olele, 2016).

Finally, 40% of individuals who served in Iraq and Afghanistan will be returning as individuals with disabilities. According to 2008 Rand estimates, 30% of these veterans will have mental health conditions and/or traumatic brain injuries. Veterans may be new to their diagnoses without prior history or knowledge of IDEA/Section 504 eligibility (Tanielian, Jaycox, Schell, Marshall, Burnam, Eibner, Karney, Meredith, Ringel and Vaiana, 2008). Veterans can bring experience and maturity to the health science environment and the profession but navigating the culture and adapting to the demands can be daunting while adjusting to being back home.

Choi, Moon, and Friedman (2020) indicated that several factors must present to create a culture of wellbeing and to destigmatize and normalize mental health care. Along with best practices, there must be support from top administrators and leaders in medical education for medical students, residents and faculty including funding, creative solutions involving screening, online resources, and triaging to most appropriate resources and/or professionals. Choi and colleagues (2020) state that: “With clinician burnout reaching near-epidemic levels, medical schools need to shift from a treatment-based model for mental health care to a preventive and public health based approach to improving well-being” (Page 6). Further, Slavin and Chibnall (2016) state that “with data and commitment, we can begin to move forward to create a new paradigm in medical education and health care that supports rather than diminishes and that inspires rather than disheartens” (Page 1196).” UTHSC has committed to moving towards that end.

UTHSC is building an innovative model for delivery of mental health services for our students beginning with a recognition of gaps in mental health services through external evaluation and implementation of recommendations. We describe our journey and end with our next steps with the intention that others may benefit from hearing of our progress.

**About UTHSC**

The University of Tennessee Health Science Center serves approximately 3,200 students pursuing degrees and training in health sciences including professional programs such as medicine, dentistry, nursing, health professions, and pharmacy. The student body is made up of primarily graduate and professional students with only 9% of the students enrolled in undergraduate programs. Undergraduate students transfer to UTHSC as rising juniors or seniors.

As might be expected, the cost of attendance is high making the programs also high-risk. According to the UTHSC Office of Financial Aid, in academic year 2020, the average debt for dental, medical and pharmacy students was $254,000, $175,000, and $143,000, respectively. The debt levels for first-generation students and Pell recipients were higher in all three programs.

**Mental Health Services at UTHSC**

Prior to 2017, mental health services were provided by mental health nurse practitioners and clinicians funded through the Student Assistance Program primarily through University Health Services. Additionally, the Office of Student Academic Support Services and Inclusion (SASSI), our academic support office, provided limited mental health services with one, half-time counselor.

**The Call to Action**

After a significant change in personnel in University Health Services, it became glaringly obvious that gaps existed in service to students who had need for medical management and mental health counseling. Students were struggling to access services and UHS and SASSI were stretched to provide the needed services. We recognized the need to call upon national experts to help us build the appropriate programming and services for our student population.

**Shoring Up Mental Health Services – Responding to the Experts**

**NaBITA and NCHERM**

As a first step, a consultant from NaBITA was engaged to train administrators, faculty, and the behavioral intervention team in best practices for students at risk. During conversations with the consultant, it became evident that training alone was insufficient; we needed a closer look at campus services. We then engaged NaBITA/NCHERM to complete an audit of UTHSC campus-wide counseling services. The audit was completed over two days and included small group interviews across all colleges/programs with over 70 individuals including deans, administration and students. Informed by the interviews and anonymous surveys, NaBITA/NCHERM consultants recommended the following:

* Immediately hire three new clinical staff: two full-time masters’ level, licensed mental health counselors and a case manager;
* House the new staff in SASSI. During interviews with students, SASSI was identified as the office where students felt most comfortable accessing services, even at this level, for academic and counseling support. Counselors should be assigned to SASSI (due to relationships SASSI staff had created with students, strategic marketing approaches developed by the office, and the quality of services);
* Provide administrative supervision by the Assistant Vice Chancellor of SASSI and clinical supervision by the clinical psychologist from UHS;
* Use an electronic record management system to maintain clinical treatment records;
* Develop training programs around suicide prevention and mental health awareness as well as developing an online portal for mental health needs;
* Develop peer support model;
* Develop an annual report of mental health prevention and treatment on campus; and
* Consider hiring a part time psychologist to provide testing and review of students’ ADA accommodation requests.

**The JED Foundation**

To further address the needs of UTHSC students, The JED Foundation was engaged to holistically evaluate and provide recommendations to strengthen mental health programs and systems across campus. The JED Foundation was also to provide 24/7 resources for online materials and services including topics such as suicide prevention, stress, resilience, eating disorders, anxiety, alcohol and other drug prevention, use and abuse. The JED review resulted in the following recommendations:

* Establish broad ownership and a shared commitment;
* Develop easier access to counseling services website;
* Gatekeeper training across campuses;
* Coordinate of data analysis among offices;
* Create regular, ongoing communication channels on shared cases to facilitate continuity of care; and
* Establish and maintain a comprehensive list of community mental health resources.

**Implementation**

**Location of Services – An Integrated Model**

As stated previously, mental health services were not integrated or coordinated. After the NaBITA/NCHERM review, the campus embraced the overarching goal of destigmatizing mental health care by integrating academic assistance and mental health support services. To accomplish this, the majority of student mental health services was moved out of the traditional health clinic setting and into the Office of Student Academic Support Services and Inclusion (SASSI). The mission of the Office of Student Academic Support Services and Inclusion (SASSI) is to provide quality programming, services, and resources to assist students in adjusting to the emotional, academic, social, and physical demands of the health science curricula and health care professions. Through SASSI resources, the environment is enriched to support adjustment, coping, learning and performance. SASSI services target accessibility, engagement, learning, prevention, counseling, case management and connection to promote a diverse and inclusive environment for all students.

The initial focus has been on what could be most directly influenced including increased counseling and coaching support, training of faculty, staff and students across all campuses, marketing, and programs providing models of self-care and resiliency.

**Addition of Counseling Personnel**

The University has added two full-time counselors for students and one full-time counselor for residents funded through the Office of Graduate Medical Education. These counselors bring expertise in drug and alcohol, sexual assault and suicide prevention, and career coaching. A case manager with the title of Care Navigator was added to improve student access to mental health services with the overarching goal of destigmatizing mental health care by integrating academic assistance with mental health support and assisting the campus in providing wrap-around care and resources. The Care Navigator works strategically with the SASSI team and the BIT team to: 1) provide behavioral risk assessments, advocacy, resources and referrals; 2) serve as a point of contact in triaging students to support services including counseling, ensuring continuity of care, coordinating and tracking referrals to internal units as directed; 3) maintain accurate electronic case management records, compile statistical data and prepare reports for program operation, activities and progress; 4) design and implement individual action plans for identified students using evidenced-based practices; 5) compile and maintain a directory of community resources and develop on-going referral relationships with community partners; 6) work with CARE Team to facilitate access to medical care and/or treatment; 7) facilitate broader resource linkages for students such as medication management and longer-term counseling services; 8) provide emergency consultative services as needed; and, coordinate student transitions to external, community providers (e.g., psychiatric/psychological treatment services, alcohol and drug treatment services, etc.).

The relationships and connections established by the CARE Navigator provide targeted, individualized services, streamlined to address students and the academic and clinical environments at the health science center. Students’ privacy became a priority along with faster access to services which was accomplished by working with treatment center administrative staff and providing education to and partnering with UTHSC campus police and faculty/staff.

**Reformulation of the BIT: Improving our Approach**

We realized that the BIT was broken and needed immediate intervention. Leadership and member roles were not clearly defined. There was a lack of common agreement regarding information sharing to protect students with one member of the team withholding information critical to timely intervention with students. Finally, the BIT relied on telephone communication rather than face-to-face discussions.

After the NaBITA/NCHERM review, we rebranded the Behavioral Intervention Team as the CARE Team and added the CARE Navigator (case manager) to the Team. The team was reconstituted with membership based on recommendations from NaBITA. The Assistant Vice Chancellor of SASSI was assigned the role of chair and weekly meetings were scheduled. Training on the purpose of the CARE Team as well as how to share a concern about a student was offered to the campus community with sessions offered to each college and to student groups at least once per academic year. Members of the CARE Team have been encouraged to seek NaBITA certification and currently all members of the Team are NaBITA certified.

SASSI works in partnership with the CARE Team which is comprised of members from Student Academic Support Services and Inclusion, Student Affairs and Community Engagement, campus police and a counseling psychologist. The CARE Team’s mission is to identify and assist students in accessing resources that will help them succeed academically, personally, and socially. The Team engages in a proactive, preventive and collaborative approach to identify, assess, and mitigate risks associated with students who are exhibiting distressing or disruptive behaviors or thoughts. The CARE Team applies best practices set by NaBITA and has contracted with NaBITA for management and training focused on student concerns and threat assessment. As a result, the team utilizes the NaBITA Risk Rubric and the Structured Interview for Violence Risk Assessment (SIVRA-35) to standardize assessing risk and determining interventions.

**#TakeCare**

In fall of 2018, the University of Tennessee Health Science Center kicked off a new #TakeCare campaign designed to support the physical and emotional health and well-being of its students. The “Take Care” slogan was adopted with the hope that it communicates that UTHSC “cares” about students as they navigate through challenging programs and training. As part of #TakeCare, events and programing, such as Student Welcome Back Cookout, Student Appreciation Day, and others, integrated self-care and mental health into campus and community activities. The campaign is still ongoing and offers resources and opportunities for faculty, staff, and students to interact and learn together about important mental health topics. These activities are listed below.

* Resources offered through workshops and online resources to learn about stress, coping, and adjustment, and campus offices with support;
* #TakeCare events designed to bring students together in relaxing, fun environments where they eat, receive massages, engage in meditation, through games, interact with faculty and staff in a casual environment, and other activities completed across each academic year;
* Faculty, staff and students provided access to suicide prevention resources and QPR training and information through films, JED resources, and staff-created materials and presentations;
* Warrior Within panels (faculty and students) offered where panelists shared their journeys during difficult times and how they dealt with the demands for health science programs while pursuing academic success with the goal to destigmatize mental health issues and normalize self-care;
* “Thriving, Not Just Surviving” Week scheduled in 2019 to continue the theme of integrating and normalizing self-care and prevention. Included a national speaker to present to all health science students on *Resilience, Happiness and Thriving in the Health Sciences*. Smaller breakout groups provided along with a dinner for black male students with the speaker;
* Created a #TakeCare Instagram Account to promote strategies for academic/personal success and wellness, campus events, etc.;
* Launched the UTHSC after hours/weekends #takecare counseling hotline (901-690-CARE);
* Faculty training initiated to promote positive communication and support for in-person and online courses;
* *SASSI Chat* gave students access to a counselor regarding immediate but not emergency needs;
* Future counseling services to target preventive, psychoeducational and student support groups; and
* As part of a preventive approach for incoming medical students, wellness check-ins with a staff member in SASSI required before the end of the first semester. Meetings provided an early connection with one person who could be their link to services, support, and resources at UTHSC. A Wellness Questionnaire was used to provide a holistic approach to identify any gaps that could possibly provide a challenge for students such as financial burdens, physical and/or mental health, student learning approaches, food insecurity, etc. and how to access support and/or resources. Following the College of Medicine requirement, the colleges of Pharmacy and Nursing have also implemented these check-ins.

**Online Portal for Mental Health Needs.** Following the recommendation from NaBITA/NCHERM to create an information portal, the campus developed the #takecare website (https://uthsc.edu/take-care/). The site includes information about on-campus and off-campus counseling and academic and learning resources (tutoring). Students can access disability resources as well as information on wellness, inclusion, and care. Of most importance, is the Share-a-Concern Portal ([https://uthsc.edu/care-concern)](https://uthsc.edu/care-team/how-to-share.php)  which is marketed to the campus community as an avenue to easily report concerning, distressing, and disruptive behaviors on campus. The portal is managed by the Care Navigator and can be accessed anonymously to increase access to care. Since the creation of the Share-a-Concern Portal, over 135 names have been submitted and subsequently reviewed by the CARE Team.

**Prevention.** A vital component of prevention for UTHSC involved creating a safety net for students in Memphis and other campuses in Tennessee (Chattanooga, Jackson, Nashville, and Knoxville). This included robust in person and online resources and support with clear information on navigating offices and resources on other campuses and new locations. The CARE Navigator developed strong relationships and connections with local professionals, treatment centers, and experts in the areas around each campus including members of Behavioral Intervention Teams, and with companies who identified mental health providers who would accept our students’ health insurance.

The CARE Navigator established a direct (fast-track) with local treatment centers making inpatient or outpatient treatment smoother and the follow-up clearer regarding students’ needs and recommendations. This resulted in a more efficient transition to and from treatment and more consistent care and services for our students including return to campus.The CARE Navigator also worked with the vendor, *Thriving Campus*, to identify mental health providers across the state who accept Student Health Insurance as well as low-cost or free resources within each city. SASSI also utilized the Tennessee Medical Foundation and *eCheckUpToGo* to provide online preventive intervention resources, programming, and assessments on the following: alcohol, cannabis and tobacco use/abuse and sexual assault prevention training.

We also reviewed all policies related to student mental health and revised the student substance use policy to begin with the Care Navigator rather than the conduct officer. The goal was to create an intentionally caring and less punitive approach for withdrawal policies and procedures especially around substance use/abuse within the parameters of health professional boards.The withdrawal policy was revised to immediately involve the Care Navigator with the intent to provide a supportive and restorative pathway when the withdrawal was for reasons other than academic.

Again, based on a recommendation from NaBITA/NCHERM, QPR training has been offered to the campus. Since the first offering in Fall 2019, nine sessions have been offered with an additional 20 planned for the 2020-2021 academic year. Further, workshops and online resources have been offered to students with topics dealing with stress, coping, and adjustment. SASSI staff have partnered with colleges to support integration of wellness into the Curriculum as well as developing Student Mentoring Programs and Communication Models that promote positive relationships and connections with students. The office is currently producing a student video series on adjusting to the demands of the health science center along with supporting and promoting discussions on social justice.

**Campus Buy-In.** As evidence that mental health issues are of critical importance to the campus, the strategy: “*foster student wellness and resilience to prepare them for lives and careers as health professionals”* was added to the campus strategic plan under the education pillar. The #TakeCare events were funded by the Office of Academic, Faculty and Student Affairs and that office continues to provide resources in support of students.

**Outcomes**

It is clear that bringing in outside expert consultants to review the current level and quality of services resulted in transformational change at UTHSC. While administrators within Academic, Faculty and Student Affairs saw the need for systemic changes, the recommendations from our consultants influenced the perspectives of top administrators who could provide the needed resources. We were able to use the recommendations to affect change and build a model of mental health services that significantly improved access and quality of services for our students.

It was interesting to note that students began scheduling appointments with the counselors without any advertisement of the added services. Counseling visits increased by over 250% during the 2018-2019 academic year. Given the increased staffing, student cases are now triaged at intake with urgent cases seen immediately. Other cases referred to educational specialists if academics are being impacted. The wait time for less acute cases is two weeks and students are informed of existing support groups while waiting to see a counselor. These support groups target coping skills and stress management, dealing with clinical environments during COVID, and board preparation and are available virtually. Support group options for academic year 2020-2021 include:

* + Question Persuade Refer – Suicide Prevention;
  + Imposter Syndrome – Coping and Overcoming;
  + Stress Reduction – (Heart Math component);
  + Coping as a member of the BIPOC (Black, Indigenous, People of Color) population;
  + The New Normal – Learning Remotely (Counseling and Educational Specialist); and
  + Coping with Loss – Impact of Grief.

**Future Plans**

As we move into the next iteration of #TakeCare, we must continue to evaluate, revise and create procedures for further centralizing and streamlining student care. Plans are underway to offer faculty training and scenarios on classroom behavioral intervention and communication models to impact retention and progression. While we have been successful in our early efforts at outreach around prevention of substance abuse, we recognize that we need a more focused effort with a detailed communication plan to increase attention to this issue. Our campus-wide suicide prevention training (QPR) will continue and will include train-the-trainer workshops.

Several support groups have been started at UTHSC and we plan to continue offer these for high-risk students and affinity groups. As part of the support group initiative, we will continue to engage with students to determine which groups are most needed on the campus. Our aim is to continue to develop initiatives to build resiliency in our students.

Finally, we recognize the need for an additional case manager who could serve as the intake coordinator. This individual would allow the CARE Navigator to focus on the more serious and acute cases with the coordinator following those students at less risk.

**The Caregivers**

While we have focused significant resources on prevention activities and support services for our students, we must not forget those individuals who serve these students every day (Kafka, 2019). The need to care for the front-line staff was shown in stark clarity when a well-known director of counseling services committed suicide (Johnson, 2019). This tragedy has led us to develop strategies to support our caregivers. The severity of the issues impacts the counselors as well as staff who get to know the students. JED estimates that 1300-1400 students die by suicide annually. While the numbers at UTHSC have been small, every death is a devastating loss.

Counselors have been asked to deal with more students who present with complex problems. Just as we worry about burnout in our students and later as nurses, doctors, dentists, and other health professionals, we must support our front-line counselors who also deal with burnout. As we develop strategies, we want to include the administrative staff and also our custodial staff who get to know our students coming in and out of the SASSI offices.

We must develop self-care protocols. This is a work in progress for us and we must focus on this more deliberatively. In March 2020, given the COVID-19 crisis, all of our counseling services moved off-campus with counselors using telemedicine and videoconferencing for individual and group counseling. Staff have been granted a monthly “mental health day” which gives them time away from their jobs to recharge and relax. Staff report this level of support from administration communicates their importance and the importance of what they are doing for our students and the campus community especially during a time when everyone is impacted by COVID-19. The campus is providing these days and working to destigmatize self-care in a profession that focuses on caring for others. It is our intention to continue this practice for counselors and educational specialists when we return to campus.

**A Last Word**

The University of Tennessee Health Sciences is committed to creating a mental health system that focuses on preventive care and intervention. By bringing experts to our campus, we were able to quickly implement recommendations which resulted in transformative change. Through academic assistance with mental health support, our approach removed the stigma of accessing mental health services and encouraged students to view them as one more aspect of support and self-care. It required us to share our strengths and weaknesses with outside experts which could be intimidating. Our view was if we were to make positive and lasting change, we needed to get it right from the start.

**References**

American College Health Association. (2019). American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2019. Silver Spring, MD: American College Health Association. Retrieved from https://www.acha.org/

Carey, B. (November 22, 2019). Getting a handle on self-harm. *The New York Times,* Section D, p.1.

Choi, A.M.K., Moon, J.E. and Friedman, R.A. (2020), Meeting the challenges of medical student mental health and well‐being today. *Medical Education*, 54:183-185. doi: 0.1111/medu.14064

Dyrbye, L.N. and Shanafelt, T. (2016). A narrative review on burnout experienced by medical students and residents. *Medical Education,* 50(1):132-149. doi: 10.1111/medu.12927

Fischbein, R. and Bonfine, N. (2019). Pharmacy and medical students’ mental health symptoms, experiences, attitudes and help-seeking behaviors. *American Journal of Pharmaceutical Education, 83(10)*: 2204-2215*.* doi: 10.5688/ajpe7558

Henning, K., Ey, S., & Shaw, D. (1998). Perfectionism, the imposter phenomenon and psychological adjustment in medical, dental, nursing and pharmacy students. *Medical Education*, 32, 456-464. doi: 10.31478/201801b

Kafka, A.C. (2019, September). Overburdened mental-health counselors look after students. But who looks after counselors? *The Chronicle of Higher Education.* Retrieved from https://www.chronicle.com/

Johnson, E. (2019, September). Head of counseling at Penn dies in suicide. *Inside Higher Ed.* Retrieved from insidehighered.com/

Laurence, B., Williams, C., & Eiland D. (2009). Depressive symptoms, stress, and social support among dental students at a historically black college and university. *Journal of American College Health, 58(1)*: 56-63. doi: [10.3200/JACH.58.1.56-63](http://dx.doi.org.ezproxy.uthsc.edu/10.3200/JACH.58.1.56-63)

Olele, O. M. (2016, May). Depression and suicide among black men in college. *APA Blogs*. Retrieved from https://www.psychiatry.org/

Paturel, A. (2020, January). Healing the very youngest healers. *AAMC News & Insights*. Retrieved from www.aamc.org/

Rezayat, F. & Nayeri, N.D. (2014). The Level of Depression and Assertiveness among Nursing Students. *International Journal of Community Based Nursing & Midwifery*, 2(3): 177-184. Retrieved from <http://www.sums.ac.ir/>

Slavin, S.J. & Chibnall, J.T. (2016). Finding the why, changing the how: Improving mental health of medical students, residents and physicians. *Academic Medicine,* 91(9): 1194-1196. doi: 10.1097/ACM.0000000000001226

Tanielian, Terri, Lisa H. Jaycox, Terry L. Schell, Grant N. Marshall, M. Audrey Burnam, Christine Eibner, Benjamin Karney, Lisa S. Meredith, Jeanne S. Ringel, and Mary E. Vaiana, Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans. Santa Monica, CA: RAND Corporation, 2008. Retrieved from https://www.rand.org/