Supporting Veteran Transitions to the Academic Setting: VA on Campus

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Supporting Veteran Transitions to the Academic Setting: VA on Campus

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ABSTRACT

In this case study, we assessed academic functioning, service satisfaction, and needs of student veterans at a community college who had accessed the Veterans Health Administration (VHA) Student Veteran Health Program (SVHP) (n = 36). The SVHP provides outreach and behavioral health services directly on a large community college campus to overcome common barriers to engagement in mental health care (e.g., distance from a VA medical center). Academic difficulties that were most commonly reported were in the areas of retention of information, meeting deadlines, and cooperation with other students. Overall, the majority of student veterans who received services in the SVHP were satisfied (76.5%). Services targeting attention and concentration and utilization of educational benefits were highlighted as important by student veterans. This case study of VA services delivered within the community college setting provides important insights into how to design VA services to target the needs of student veterans. Specific recommendations for supporting student veterans on a community college campus are discussed.

Nationally, the number of student veterans using Veterans Administration (VA) educational benefits has increased dramatically from 397,598 in 2000 to 924,909 in 2015 (McCaslin, Leach, Herbst, & Armstrong, 2013; Veterans Benefits Administration, 2016). Over one-third of student veterans choose to attend community college (Queen & Lewis, 2014; Ryan, Carlstrom, Hughey, & Harris, 2011). This decision is likely driven by the lower cost of attending community college relative to private or state universities for veterans.

Student veterans are nontraditional students. They are more likely to be older, have spouses and dependents, experience breaks between periods of academic enrollment (e.g., because of continued reserve military responsibilities), and have a greater depth and breadth of world experiences than nonveteran students (Ackerman, DiRamo, & Garza Mitchell, 2009; DiRamo, Ackerman, & Mitchell, 2008). Student veterans are also more likely to be first-generation college students. In the 2010 National Survey of Student Engagement, 66% of combat veterans reported that they were first-generation students (Wurster, Rinaldi, Woods, & Liu, 2013).

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Challenges to successful reintegration on the college campus

There is limited research available examining best practices to support student veterans on a community college campus (Evans, Pellegrino, & Hoggan, 2015; Miles, 2014). It is known that veterans have the potential to be extremely successful in an educational environment given strengths developed during military service, such as discipline and sense of responsibility (Cate, 2014). However, many student veterans can also face challenges in academic environments while simultaneously experiencing a lack of support on campus (Indiana University Center for Postsecondary Research, 2010).

The presence of mental and physical health conditions (e.g., symptoms of post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI)-related impairments in memory or concentration) and social factors (e.g., lack of a strong support system, stigma, financial issues, and cultural differences in the military versus college context) can result in poorer academic performance and psychosocial functioning (DiRamio et al., 2008; Ellison et al., 2012; McBain, Kim, Cook, & Snead, 2012; Plach & Sells, 2013). Fortney et al. (2016) reported a significantly higher prevalence of depression (33.1%), PTSD (25.1%), and suicidal ideation (19.2%) among community college enrolled veterans compared to nonveteran students. Pressures related to academic work can compound existing high levels of stress from health and social concerns (Ellison et al., 2012).

On-campus services for veterans

Due to the unprecedented numbers of veterans enrolling in postsecondary education programs, academic institutions have attempted to improve their existing policies to ensure adequate support for veterans on college campuses (U.S. Department of Education Press Office, 2013). With input from educators, academic administrators, Veterans Health Administration (VHA) clinicians, and veterans themselves, a wide range of clinical and nonclinical veteran outreach programs has been launched to provide services on college campuses (U.S. Department of Education, 2013). However, success of these programs is unknown.

Due to the lack of consistency between programs, services may still be difficult to navigate. In a qualitative study exploring barriers to care, a veteran was noted as saying: “You know there’s this magical world of resources out there, but how exactly do I get there? What road do I take to get there? What number do I call? You know, what door do I walk in?” (Schaffer, Crabtree, Bennett, McNally, & Okel, 2011). Given the relatively low rate of healthcare utilization among veterans of the most recent conflicts, with up to 60% of Iraq and Afghanistan veterans with symptoms of PTSD not engaging in VHA care (Friedman, 2004; Kim, Thomas, Wilk, Castro, & Hoge, 2010; Sharp et al., 2015), services provided on campus have promise to overcome commonly cited barriers to care, such as distance from a medical facility and time demands.

There is a clear need to establish guidelines and best practices for the services provided to student veterans. Veteran-specific resource centers on college campuses could create a more efficient system for veterans entering higher education programs to navigate resources and access clinical care. This might contribute to an easier transition from military service into the classroom and, in turn, improve the likelihood of succeeding in school, graduating, and entering the workforce (U.S. Department of Education, 2013). While there are publications describing current programs on campus, information is needed on whether veterans are positively responding to them (Miles, 2014).

On-campus VHA services

The current case study describes the Student Veteran Health Program (SVHP), which was designed to support student veterans at a large urban community college in San Francisco. The college is one of the nation’s largest public colleges with a diverse student body and active campus life including...
intercollegiate athletics. The majority of classes are held in person on campus, though online course offerings are also available.

The SVHP was among the first VHA clinics to be established on a college campus. It was initiated in the fall of 2010 as a collaborative effort between a group of VHA mental health clinicians, college educators and staff, and student veterans, who recognized the need to support the growing student veteran population on campus. The program model was developed in direct response to the requests of student veterans that VHA enrollment, social work, and mental health resources were made available on campus, thereby overcoming barriers to receiving VHA services (e.g., distance from the medical center, stigma). In response to the recommendations of student veterans, campus administrators, and faculty at the school, the San Francisco VHA leadership assembled an administrative and clinical team to provide outreach and mental health clinical services directly on the college campus. The program has served over 1900 student veterans since its inception in 2010 and was identified in 2011 as a model program for the creation of the VHA’s national Veterans Integration to Academic Leadership program (VITAL), designed to increase access to resources and treatment on the college campus (McCaslin et al., 2014). VITAL is now at 23 VHA Medical Centers serving over 100 college campuses across the country (Department of Veterans Affairs, 2016).

Currently, in part of VITAL, the SVHP provides a “one-stop-shopping” experience, located at a convenient location adjacent to the school’s academic counselors, veterans’ educational benefits officials, and veteran resource center. This program, staffed by a multidisciplinary team of VHA mental health providers and a health benefits advisor enrollment specialist, offers VHA healthcare enrollment on-site, education about VHA resources, referrals to primary care, mental health and social work services, medication management, and connections to additional supports and off-campus services. With two dedicated offices on campus, veterans are able to access services through unscheduled drop-in visits and scheduled VHA mental health appointments. The team also provides educational seminars and lectures to veterans on subjects relevant to stress, health, and functioning, as well as support and guidance to campus staff and faculty who work with student veterans.

With the availability of VHA staff on campus, large numbers of student veterans have been able to receive services. To date, approximately 48% of veterans seen have been Iraq and Afghanistan veterans, and 13% have been women. As the influx of student veterans continues, general community college staff is limited in the support they can provide and it is essential to understand how outside support can be provided on campus (Miles, 2014). For a more in-depth overview of the program, please refer to (McCaslin et al., 2013).

While the literature on student veterans continues to grow, data describing specific classroom difficulties and evaluation of services provided to student veterans are urgently needed in order to provide the best support (Evans et al., 2015; Miles, 2014). This case study aimed to the following: 1) understand specific educational difficulties student veterans may encounter at a community college; 2) evaluate the specific needs of student veterans on a community college campus; 3) examine whether any differences existed between subsets of veteran identities; and 4) assess the ability of a VHA health program to meet student veteran needs on campus.

Methods

Participants included student veterans enrolled at a specific community college in San Francisco who self-identified as having accessed services at the SVHP (N = 36). This sample is a subset of a larger group of 51 student veterans surveyed (70.6% of the total sample). Veterans were invited via an email that was distributed by the college student services staff to their veteran distribution list to participate in the survey during the 2014 spring semester (1/1/2014–6/5/2014). The survey was administered via Qualtrics. Participants were instructed to not answer a question if it did not apply to them. Some participants responded to questions regarding services despite previously notating they did not receive the service and this data were not utilized in analyses. Due to the methods utilized for recruitment, there may have been duplicate email addresses, incorrect email addresses, or students
no longer enrolled at the institution. Therefore, we cannot state what percent of student veterans who were invited to participate to complete the survey did so. Institutional Review Board approval was received prior to the study being conducted.

Measures

Demographics collected at baseline were gender, age, ethnicity, education, and military service details.

Academic functioning

Academic functioning was assessed utilizing 15 items from the Inventory of Psychosocial Functioning (Marx et al., 2009). This measure includes seven subscales of functional impairment, including education, which was the subscale used for this study. The items were measured on a scale of 1 (never) to five (always) and can be found in Table 1. Initial tests of the psychometric properties illustrate strong internal consistency ranging from .79 to .90 (McQuaid et al., 2012).

Needs assessment and satisfaction survey

Participants were asked to rate the degree to which they felt various mental health, social work, and other supportive services should be provided within VHA programs on campus. These were rated on a Likert-type scale ranging from 1 (not at all important) to 5 (extremely important). The listed services included mental health interventions (such as individual therapy, couples therapy, psychiatric medication management), social work services, and a psychoeducational didactic speaker series program that provides information on various topics relating to reported student veteran concerns or interests and helped in connecting with academic, work, and on-campus services. Veterans were asked to rate different aspects of their interaction with the program, such as warmth and friendliness of staff on a scale of 1 (poor) to 5 (great). Lastly, participants were asked to rate the services that they had accessed on a scale of 1 (not at all) to 3 (very), with regard to 1) how effective they believed the services had been and 2) if contact with the on-campus program made it more likely that they would engage in other VHA healthcare services in the future.

Results

SPSS version 19.0 was used to conduct analyses. Participants represented all military branches. Thirty participants were male (83.3%). The median age of participants was 35 and ranged from 20 to

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>I took responsibility for my schoolwork</td>
<td>34</td>
<td>4.56</td>
<td>.82</td>
</tr>
<tr>
<td>I got along with classmates and/or instructors</td>
<td>34</td>
<td>4.53</td>
<td>.75</td>
</tr>
<tr>
<td>I attended classes regularly</td>
<td>34</td>
<td>4.50</td>
<td>.62</td>
</tr>
<tr>
<td>When necessary, I cooperated with classmates</td>
<td>34</td>
<td>4.50</td>
<td>.79</td>
</tr>
<tr>
<td>I completed my schoolwork to the best of my ability</td>
<td>34</td>
<td>4.47</td>
<td>.75</td>
</tr>
<tr>
<td>I arrived on time for my classes</td>
<td>34</td>
<td>4.29</td>
<td>1.03</td>
</tr>
<tr>
<td>I understood course material</td>
<td>34</td>
<td>4.21</td>
<td>.73</td>
</tr>
<tr>
<td>I stayed interested in my classes and schoolwork</td>
<td>34</td>
<td>4.12</td>
<td>.91</td>
</tr>
<tr>
<td>I was patient with my classmates and/or instructors</td>
<td>34</td>
<td>4.06</td>
<td>1.15</td>
</tr>
<tr>
<td>I solved problems &amp; challenges in class with much difficulty</td>
<td>34</td>
<td>3.74</td>
<td>.96</td>
</tr>
<tr>
<td>I could easily remember what I read</td>
<td>34</td>
<td>3.41</td>
<td>1.16</td>
</tr>
<tr>
<td>I had trouble remembering what the instructor said</td>
<td>34</td>
<td>3.00</td>
<td>1.37</td>
</tr>
<tr>
<td>I turned in assignments late</td>
<td>34</td>
<td>2.50</td>
<td>1.21</td>
</tr>
<tr>
<td>I had trouble settling disagreements with others in class</td>
<td>30</td>
<td>2.13</td>
<td>1.38</td>
</tr>
<tr>
<td>I had trouble being supportive of classmates’ achievements</td>
<td>32</td>
<td>2.09</td>
<td>1.33</td>
</tr>
</tbody>
</table>

Note. Scores ranged from 1 (never) to 5 (always) and participants could choose NA which lowered N.
Sixteen (44.4%) of the participants had been deployed in support of operations in Afghanistan and Iraq, and another 12 (33.4%) had been deployed to other operations. Twenty-five (69.4%) were identified as non-White. Fourteen (39%) reported having children, 15 (41.7%) were employed, and 12 (33.3%) were married.

**Academic functioning**

Using the Inventory of Psychosocial Functioning, it was found that the most commonly reported difficulty was “having trouble remembering what the instructor said,” with 68% of the participants reporting “sometimes” or “always.” This was followed by difficulty with “I could easily remember what I read” (47.1%) and “I turned in assignments late” (44.1%). Full results can be found in Table 1.

**Needs assessment and satisfaction survey**

Overall, participants reported being pleased with services with 26 (72.2%) rating overall satisfaction with services “good” to “great,” 24 (66.7%) rating warmth and friendliness, being helpful, and answering questions “good” to “great,” and all but one participant stated the received services were “somewhat” to “very helpful”. Enrollment services had the highest utilization with 23 respondents (90%) receiving help. Nobody received smoking cessation services. See Table 2 for full utilization information.

Approximately half of the sample reported high increased likelihood of enrollment in VHA healthcare (52.8%), use VA health or social work services (47.2%), and connection to primary care services (47.2%) as a result of having services on campus. A lower number of respondents reported a VA presence on campus made it more likely to engage in mental health or smoking cessation services (25%) or manage physical and mental health symptoms to stay in school (38.9%).

When asked about the most important services to provide on campus, participants’ responses indicated a desire for 1) help in understanding Veterans Benefits Administration (VBA) academic/GI Bill and 2) help with attention, concentration, and/or distractibility, as being the most important. See Table 3 for complete results.

**Differences between groups**

Results from independent t tests indicated differences between groups in some domains after accounting for age and Iraq and Afghanistan combat veteran status. Other variables did not yield significant differences between groups.

**Age**

In order to examine whether there were differences between older and younger veterans in the sample, the group was split into half using the median age of 35. Overall, participants in the over 35 age group reported scores of higher functioning in specific areas. For instance, students over 35 (M = 4.50, SD = .816, n = 16,) reported higher scores than the younger age group (M = 3.78, SD = .88, N = 18,) on

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-campus VA enrollment services</td>
<td>23</td>
<td>2.74</td>
<td>.54</td>
</tr>
<tr>
<td>Social work services</td>
<td>7</td>
<td>2.57</td>
<td>.54</td>
</tr>
<tr>
<td>Speaker series presentations</td>
<td>7</td>
<td>2.57</td>
<td>.54</td>
</tr>
<tr>
<td>Individual counseling/therapy</td>
<td>6</td>
<td>2.67</td>
<td>.52</td>
</tr>
<tr>
<td>Psychiatric medication</td>
<td>3</td>
<td>3.00</td>
<td>.00</td>
</tr>
<tr>
<td>Family/couples counseling</td>
<td>1</td>
<td>2.00</td>
<td>.73</td>
</tr>
</tbody>
</table>

*Note. Scores ranged from 1 (not at all) to 3 (very).*
the question of “I stayed interested in my classes and schoolwork,” $t(32) = -2.47$, $p < .05$. Those over the age of 35 ($M = 4.94$, $SD = .250$) also reported higher scores on “I took responsibility for my schoolwork” compared to the younger group ($M = 4.22$, $SD = 1.00$); $t(19.35) = -2.92$, $p < .01$. In items assessing getting along with classmates and or/instructors, those over 35 group ($M = 4.88$, $SD = .34$) scored higher than the younger group ($M = 4.22$, $SD = .88$); $t(22.54) = -2.92$, $p < .01$. Lastly, they ($M = 4.81$, $SD = .54$) reported that when necessary, they cooperated with classmates more ($M = 4.22$, $SD = .88$); $t(28.77) = -.38$, $p < .05$.

**Iraq and Afghanistan student veterans**

Student veterans who served in Iraq and Afghanistan ($M = 3.19$, $SD = 1.60$, $N = 16$) reported higher levels of trouble at school than those who did not ($M = 1.73$, $SD = 1.01$, $N = 11$); $t(25) = -2.67$, $p < .05$. Specific items that they reported having more difficulty with were having trouble remembering what the instructor said ($M = 3.40$, $SD = 1.30$, $N = 15$) versus ($M = 2.33$, $SD = 1.37$, $N = 12$), $t(25) = -2.07$, $p < .05$; getting along with classmates and or/instructors ($M = 4.13$, $SD = .92$, $N = 15$) versus ($M = 4.92$, $SD = .29$, $N = 12$), $t(17.36) = 3.13$, $p < .01$; and when necessary, cooperating with classmates ($M = 4.13$, $SD = .92$, $N = 15$) versus ($M = 4.75$, $SD = .62$, $N = 12$), $t(24.5) = 2.078$, $p < .05$. Again due to there not being much variability in the responses, these differences need to be examined further with larger samples.

**Discussion**

This study examined student veterans’ academic functioning, perceptions about the provision of VHA services on campus, and their satisfaction with services received. Approximately half of the participants served in Afghanistan and Iraq, which is well above the reported 10% of these veterans seen at traditional VHA medical centers (Department of Veterans Affairs, 2014). It has been observed that veterans with PTSD who served in Iraq and Afghanistan are less likely to engage in traditional VHA mental health clinics specifically, and as such, there is a need to offer flexible services that meet veterans “where they are” in the community (Hoge, 2011). These typically younger veterans also reported more difficulty in school than those who did not serve in Iraq or Afghanistan. Timely identification and treatment of mental health problems soon after military service/deployment may prevent long-term disability and improve outcomes for younger veterans, an area in which community partnerships may be advantageous (Department of Veterans Affairs and the Department of Defense, 2010).

VHA has made strides in the area of VA and community partnerships with postsecondary education programs. College campuses provide a unique and critical opportunity to reach a large number of veterans who may not present at traditional VHA mental health centers and clinics for a number of reasons, including stigma (Hoge et al., 2008) and lack of time due to juggling multiple

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**Table 3. Means and standard deviations of importance of services.**

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help understanding VA academic benefits</td>
<td>4.45</td>
<td>1.00</td>
</tr>
<tr>
<td>Help with attention, concentration, and/or distractibility</td>
<td>4.45</td>
<td>.83</td>
</tr>
<tr>
<td>Help connection to campus support services</td>
<td>4.18</td>
<td>1.10</td>
</tr>
<tr>
<td>Help in accessing employment resources</td>
<td>4.15</td>
<td>1.20</td>
</tr>
<tr>
<td>Individual counseling/therapy on campus</td>
<td>4.09</td>
<td>1.23</td>
</tr>
<tr>
<td>Social work services</td>
<td>4.06</td>
<td>1.14</td>
</tr>
<tr>
<td>Recreational therapy</td>
<td>3.82</td>
<td>1.42</td>
</tr>
<tr>
<td>Speaker series presentations</td>
<td>3.64</td>
<td>1.50</td>
</tr>
<tr>
<td>Family/couples therapy</td>
<td>3.61</td>
<td>1.52</td>
</tr>
<tr>
<td>Psychiatric medication</td>
<td>3.48</td>
<td>1.70</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>2.73</td>
<td>1.63</td>
</tr>
</tbody>
</table>

Note. Scores ranged from 1 (not at all important) to 5 (extremely important) ($N = 33$).
responsibilities. Indeed, in our sample, not only were the veterans attending school but nearly 40% reported having children and 42% reported working full or part time. For these nontraditional students, finding time to attend medical or mental health appointments at a hospital location can be difficult.

Overall, the student veterans who responded to this survey reported positive experiences with the VHA program on campus. We believe that the presence of knowledgeable, friendly, and helpful clinicians located on campus contributes to positive initial experiences with the VA healthcare system, which are critical in determining whether or not veterans choose to enroll in VHA health care and access treatment. Reaching out to student veterans to provide accurate information about their medical benefits is a simple yet important intervention that reduces barriers to VHA services. Even when it is not feasible to develop a VHA office on the college campus, it is often still possible for VHA staff to provide outreach to the student veterans to connect them to care. Outreach to campus faculty and staff can also be beneficial in increasing awareness of potential needs and resources.

Implementation considerations

We recognize that there is no “one size fits all” campus program model for student veterans. The quality and breadth of veteran-specific programs will vary in different college settings and will be contingent on a number of factors, including the number of veterans at each site, the capacity of the local VHA Medical Centers to provide on-campus services, and the interest of student veterans, VHA staff, and college faculty and administration in the development and implementation of such programs. For schools with a smaller veteran population (e.g., under 50), having a full-time VHA clinician will likely not be feasible. School culture also plays an important role in determining how and what services are needed. For example, some schools emphasize the importance of not segregating students and hence may not be as enthusiastic in the development of student veteran facilities, while other schools espouse the creation of student veteran-specific clubs and lounges.

While not every community college may have the capacity to provide on campus services, we recommend several possible approaches to integrating VHA services. An overall outline is provided, followed by a discussion on each point. 1) Community colleges should attempt to form collaborations with outside organizations, including the VA, to provide services on campus; 2) Recognize additional supports veterans may need and work with disability services to provide them for the classroom; 3) Try to work with local policy to standardize services for veterans across schools. Schools, in conjunction with the VA or private entities, may develop a minimum level of services available at every school (e.g., enrollment options for the VA), and depending on numerous factors outlined, they offer additional elective services.

Approximately half of the participants in this study reported having at least some difficulty with academic functioning. VHA mental health services can partner with on-campus departments (e.g., disability services) to address difficulties related to trouble attending to and retaining information. For example, a combat veteran with PTSD who has difficulty attending to and remembering information from class due to mental health symptoms can receive treatment through the VHA office on campus while at the same time receiving coordinated accommodations (e.g., audio-recording or note-taker assistance) from campus services. When appropriate, VHA clinicians can also connect the veteran to other VHA and community services, such as cognitive rehabilitation or academic tutoring programs. Comprehensive, wraparound services are particularly important for veterans struggling with multiple and/or chronic diagnoses (e.g., TBI, chronic pain, attention and concentration, PTSD, anxiety and depression).

While it may not always be obtainable, assigning a VHA representative to visit the school on a regular basis to help with enrollment, provide information about the VHA and VBA, and scheduling initial appointments may be feasible. VHA representatives can also help student veterans navigate and access the range of on-campus resources provided by the school, further developing the VA
community partnership and maximizing utilization of resources. The use of video-conferencing to help those students stay connected to healthcare services, as well as to other student veteran programs, could also be utilized. For schools with larger numbers of student veterans, programs could be enhanced by inviting VHA representatives on campus, creating and implementing a series of events/educational lectures on various topics of interest to student veterans and providing psychotherapy, medication management, and social work services. In extending support beyond the individual college campuses and thinking more broadly and collectively about student veterans, the VHA can also help to build a local network of student veteran leaders. By organizing regular meetings with student veteran leaders, the VHA can facilitate an avenue for student veteran leaders to lend support and share best practices across schools, supporting the student veteran community at large in a large geographical region.

In addition to reducing barriers to care, the presence of veteran-specific programs on campus may help to reduce the stigma of accessing services, particularly mental health treatment. Veterans may experience fear or discomfort with the idea of meeting with an unknown provider to discuss sensitive subjects. When services are provided in central locations on campus, veterans are able to familiarize themselves with providers, which may improve treatment engagement. Providing a range of services where veterans can “test the waters” with routine VHA services, such as enrolling in health care or scheduling appointments, may increase the likelihood that veterans feel more comfortable returning to the same providers to access mental health care when they are ready.

The type of program we have implemented and described in this case study report appears to significantly benefit student veterans. However, while this program helps to alleviate some of the commonly faced barriers to care, there are significant systemic challenges to implementing a successful program. Working on a national level to identify the barriers to partnerships among large bureaucratic entities (e.g., local, state, federal governments, and private institutions) and developing targeted solutions will result in an increased level of support for our student veterans and may further contribute to their success. For example, standardizing memoranda of agreements, revocable license, and lease agreements (which are required by the VHA when implementing these programs) could lead to faster implementation of VA programs on college campuses. Developing standards of practice regarding the sharing of confidential information between the school and the VHA may also result in expedited provision of services to students who have significant mental health problems or who are failing in school.

The development of a comprehensive ratings system with standards for postsecondary programs that serve veterans could be developed. The ratings system could be designed by a group of student veterans, advocates, and school administrators and could help reward schools who are doing well by publicizing their success while highlighting areas of improvement in schools without adequate services. A guide describing best practices for implementing a successful student veteran program on a college campus through partnering with VHA, VBA, and or other nonprofit organizations could also be developed. The guide could provide sample administrative documents provide ideas on common speaker series topics and include information on student veterans for administration or faculty. While some resources are available in the VA Campus Tool Kit (Department of Veterans Affairs, 2012), we are unaware of any comprehensive resources that describe methods to develop and implement on-campus programs.

**Limitations**

This study is among the first to examine the acceptability and impact of VHA services provided on the college campus and provides insight into student veteran needs and important considerations for such programs. The purpose was to examine students served through the SVHP to understand what difficulties they were experiencing in the classroom and to find out if they were pleased with services received. We recognize that as a small case study, there are a number of limitations. The primary limitation of this study is the low response rate. A number as small as 36 limits the type of analyses
that were able to be conducted, and the results may not be generalizable. Results and conclusions must be interpreted with caution due to the low participant number. We were also unable to directly compare student veterans with nonveteran students on campus, as this was beyond the scope of this study. A higher response rate may have been yielded if incentives were offered, as with the other studies. Overall low response rates to emailed surveys may point to this not being a research method to reach community college student veterans easily. As we only included students from an urban community college, results may differ in studies examining needs of student veterans in other academic settings, for example, in more rural areas or from four-year institutions. Also, as this was an anonymous survey, it was not possible to compare student self-report information with clinical data, such as mental health outcomes. Larger studies that examine the acceptability of veteran-specific programs at a variety of postsecondary education programs would help define best practices for this group on campus.

Conclusions and future study

Student veterans constitute a unique group with specific needs as they transition from the military to academic setting. Those who were deployed to Iraq and Afghanistan are at high risk for a number of adverse medical, psychiatric, and social outcomes (Fulton et al., 2015). Our innovative model of providing services on campus has the potential to improve retention rates and engagement in mental health care for veterans, including Iraq and Afghanistan veterans, who are highly represented in this sample. Improved treatment engagement may in turn lead to improved academic outcomes and overall improved psychosocial functioning. Given the stated need of student veterans for additional help in the area of academic success, we postulate that culturally sensitive tutoring services embedded within other veteran services on campus may improve academic functioning and positively impact graduation rates.

Results from this case study suggest that student veterans in community college settings frequently experience difficulty with academic functioning and report satisfaction with on-campus VHA services. Larger studies with student veterans in community college settings as well as other academic institutions (four-year universities, nonurban settings) in order to identify needs of student veterans in other academic environments. A “one size fits all” model is not practical due to the differences in group sizes of student veterans on campus and local resources, assessment of VITAL sites could help identify basic services that veterans at any school could benefit from, which can then be further expanded upon by individual institutions depending on available resources.

Veterans transitioning from the highly structured environment of the military often face stress and isolation as they adjust to college life. Our program provides resources, mental health treatment, and support to veterans at a crucial time as they attend college. By providing multiple options in an accessible and convenient setting on campus, we may be able to decrease the stigma associated with receiving mental health care and increase the likelihood that veterans will access services. By providing these services on campus, we hope to identify and treat mental health problems soon after military service/deployment and facilitate connection to academic and social supports, which may prevent long-term disability and improve outcomes for younger generations of veterans.

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