

The Importance of PSYPACT Legislation to Military and Veteran Populations: An Analysis of PSYPACT Relevance in New Mexico

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New Mexico is home to three major active duty military installations [i.e., Kirtland Air Force Base (AFB), Cannon AFB, Holloman AFB] and a variety of additional military units. At any given time, New Mexico hosts approximately 12,000 active duty service members (ADSM; Defense Manpower Data Center; 2020), 5,000 Reservists and Guardsmen (Defense Manpower Data Center; 2020), 13,000 military dependents (i.e., spouses and children of ADSMs; Military One Source, n.d.), 6,500 Department of Defense employees (Defense Manpower Data Center, 2020), and 154,172 military veterans (New Mexico Department of Veterans Services, 2020, p. 62). The DoD presence in the state accounts for \$6.1 billion of annual contributions to New Mexico's economy (Office of Local Defense Community Cooperation, 2021, p. 80).

On average, ADSMs receive military orders to move to a different installation every 2-3 years (DeSimone, 2018). Given that 49.4% ADSMs are married [U.S. Department of Defense (DoD), 2017, p. 124] and 39% have children (DoD, 2017, p. 124), this can result in up to 3,692 people moving into or out of New Mexico on any given year. Because of the lingering stigma of mental healthcare in the DoD (Dingfelder, 2009; Greene-Shortridge, Britt, & Castro, 2007; Lieberman, 2018), it is common for ADSMs to be in their current unit for an extended period of time before developing enough comfort and confidence to pursue mental healthcare, which means that they may have only months left in their current unit before initiating care. This gives them limited time to establish an effective and trusting working relationship with a mental healthcare provider before having to move to another state – where the same hesitation period is likely to occur before the ADSM again attempts to find a new provider. This results in significant disruptions in care, which negatively impacts treatment outcomes.

Research shows that the therapeutic relationship is the single best predictor of treatment outcomes (Huibers & Cuijpers, 2015; Imel & Wampold, 2008; Laska, Gurman, & Wampold, 2014; Mulder, Murray, & Rucklidge, 2017; Rosenzweig, 1936; Zilcha-Mano, Roose, Brown, & Rutherford, 2019). Thus, when a strong therapeutic relationship is achieved, it should be carefully preserved until treatment goals are satisfactorily met. Forcibly ending these therapeutic relationships prematurely due to an out-of-state military move disrupts continuity of care and is contraindicated for ethical, patient-centered care. Further, treatment outcomes show a dose-response curve (Consumer Reports, 1995; Lambert, Hansen, & Finch, 2001; Morrison, Bradley, & Westen, 2003), which suggests that the longevity of care, as clinically indicated, in the context of a strong therapeutic relationship should be prioritized over the barriers imposed by state boundaries. Importantly, *Ethical Principles of Psychologists and Code of Conduct* states that

“paramount consideration given to the welfare of the client/patient” when interrupting therapy [section 10.9; American Psychological Association (APA), 2017].

ADSMs, Reservists, Guardsmen, and DoD employees are frequently sent on short term business trips to other installations for training, inspections, evaluations, etc. These trips can take individuals to other states for days-to-months at a time. If New Mexico mental health providers are prohibited from providing virtual services across state lines, hundreds of individuals will continue to face disruptions in care – irrespective of their needs or circumstances at the time of their travel.

To highlight an example of the significance of impact, New Mexico hosts the Air Force Inspection Agency (AFIA) and the Air Force Safety and Evaluation Center (AFSEC), both of which report to the Pentagon. Personnel at AFIA are tasked with traveling to AFBs worldwide to conduct inspections, so it is common for these personnel to travel multiple times in one month. Similarly, personnel at AFSEC are tasked with traveling on demand to inspect and evaluate mishaps and are often out-of-state for up to six weeks at a time. New Mexico’s failure to enact PSYPACT legislation will continue to bar these personnel from benefitting from effective, continuous care, as their travel schedules are prohibitive of building effective therapeutic relationships and maximizing the dosage of treatment received.

New Mexico is a significant hub for military veterans, as many of them retire locally to enter into a post-service career as a DoD employee. As noted previously, there are over 150,000 military veterans in the state – many of which have historically faced mental healthcare stigma, disruptions in care due to travel, and premature terminations in care due to military orders to move. As DoD employees, they may be subject to further business travel.

Military veteran suicides are an increasingly visible societal-level problem, as over 6,000 veterans die by suicide annually, which equates to an approximate average of 18 veterans per day (US Department of Veteran Affairs, 2020). This suicide rate is 1.5 times that of nonveterans in the general US population when controlling for age and gender (Novotney, 2020). Locally, the New Mexico veteran suicide rate is 43.6 (i.e., per 100,000 population) – representing a significantly higher veteran suicide rate than the broader western region of the US (i.e., 36.0) or the national veteran suicide rate of 32.0 (US Department of Veteran Affairs, 2018).

We need both institutional and grassroots efforts to prevent the tragic, needless deaths of those who have served our nation, and accessible, reliable mental healthcare should be paramount in those efforts. An immediate way we can collectively take prevention steps for New Mexico veterans is to vote to reduce legalistic barriers to their uninterrupted mental health treatment. We accomplish this by supporting SB 119 – thereby joining PSYPACT.

In joining PSYPACT, New Mexico has the opportunity to be innovative in the long-term problem-solving of continuity of care and access to care for its residents – including that of military members, veterans, and their families. PSYPACT enactment is further poised to set a mental healthcare precedent for all credentialing types to follow, which offers the prospect of further enhancing New Mexican’s mental healthcare through the capabilities of our Clinical Social Workers, Professional Counselors, Marriage and Family Therapists, etc.

As mental healthcare providers who primarily serve military members, veterans, and their families, Spire Group urges our New Mexico Representatives and Senators to support legislation to join PSYPACT.

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