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Issue Brief: Veteran's Affairs

NAMI places the highest priority on the nation meeting the treatment and community-support needs of individuals with severe mental illness who have protected our freedoms through military service. According to the Veterans Health Administration (VHA), the Department of Veterans Affairs (VA) is the largest unified provider of mental health services in the United States.

- Nearly one-half million veterans are service-connected for a mental illness.
- 150,000 veterans are service-connected for psychotic illnesses – chronic, severely debilitating brain disorders that often manifest during or shortly following military service.
- VA has positively adjudicated claims of 150,000 veterans for post-traumatic stress disorder (PTSD) – a disorder most often correlated with both acute and chronic stress reactions from combat exposure.
- In 2008, more than 750,000 veterans received mental health services from the VA, including almost 150,000 veterans of combat service in Iraq and Afghanistan.

NAMI endorses implementation of integrated services for veterans living with mental illness including access to physician services, effective therapies, state-of-the-art medications, family education and involvement, inpatient and outpatient care, residential treatment, supported housing, assertive community treatment (ACT), psychosocial rehabilitation, peer support, vocational and employment services, and integrated treatment for co-occurring mental illness and substance abuse disorders.

NAMI endorses the *Independent Budget (IB) FY 2010* recommendations for funding overall VA health care, for reforming that funding system to ensure advance appropriations, and for providing comprehensive VA mental health care; NAMI fully endorses the *IB FY 2010* policy recommendations to improve VA care and services to veterans with mental health needs.

1. **Oversight:** VA must provide meaningful oversight of its mental health service programs. Congress should enhance its efforts to provide oversight for VA's mental health transformation and implementation of VA's National Mental Health Strategic Plan and Uniform Mental Health Services delivery initiative.
2. **VA National Mental Health Strategic Plan:** Medical Services funding to support the Mental Health Enhancement Initiative should be provided on a recurring "earmarked" basis, outside of the VERA system, until such time that VA is confident that the programs within the initiative are sustainable. Given the urgency of ensuring the implementation of the Uniform Mental Health Services package, consideration should be given to holding Congressional oversight hearings as soon as possible on the implementation strategy employed by VACO for this initiative. Congress should require VA to provide an assessment of resource requirements, as well as a completion date for full implementation of the Uniform Mental Health Services package.
3. **Family-Centered Services:** VA must increase access to veteran and family-centered mental health care programs including family therapy and marriage counseling. These programs should be available at all VA health care facilities. Veterans and Family Consumer Councils should become routine standing committees at all VAMCs. These Councils should include the active participation of veteran health care consumers, their families and their representatives.
4. **Performance Measures:** VA and DOD should track and publicly report performance measures relevant to their mental health and substance use disorder programs. VA should focus intensive efforts to improve and increase early intervention and the prevention of substance abuse in the veteran population.

Mental Health Needs of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) Veterans

Evidence grows ever stronger that the health care burden for OIF/OEF veterans will be heavy, and the legacy of their war will be a long one. Utilization rates for health care and mental health services of these veterans predict an increasing requirement for health services in the future. Since 2002, over 300,000 OEF/OIF veterans have contacted VA following their service in these war zones. The devastating effects of poly-trauma, PTSD, traumatic brain injury (TBI), blindness, multiple limb loss, burns, sexual assaults and other injuries with mental health consequences that are not so easily recognizable, and can lead to serious health catastrophes, family dissolution, and even suicide, if they are not adequately addressed. The DoD and VA have taken the first steps toward improving mental health services for active duty members and veterans of OIF/OEF, but are still far from meeting the mental health needs of OIF/OEF veterans and achieving the universal goal of "seamless transition."

NAMI endorses the *Independent Budget (IB) FY 2010* recommendations to VA and DoD for improving care and services for veterans of OIF/OEF, caregivers of the severely injured among this population, including parent caregivers; and to reinforce programs for peer counseling in the VA's Readjustment Counseling Service's "Vet Center" program, its substance-use disorder programs and its programs for co-morbid disorders involving a mental health diagnosis and substance-use disorder.

VA and DOD must ensure that veterans and service members receive adequate screening for mental health needs, including post-deployment mental health issues such as PTSD, anxiety, depression and alcohol and other substance use disorders. When problems are identified with screening, providers should use non-stigmatizing approaches to enroll all veterans in early treatment in order to mitigate the development of chronic illness and disability.

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