

**Statement of the
National Association of State Mental Health Program Directors (NASMHPD)
DOD Task Force on Mental Health
March 1, 2007**

The National Association of State Mental Health Program Directors (NASMHPD) welcomes the opportunity to provide comments to the Department of Defense (DOD) Task Force on Mental Health on mental health services provided to members of the Armed Forces in its efforts to develop best practice recommendations for DOD personnel. NASMHPD represents the \$27.3 billion public mental health service delivery system serving 6.1 million people annually and is affiliated with the approximately 220 state psychiatric hospitals. Its members are the 50 state, District of Columbia and territorial executive managers of mental health programs.

The overwhelming response of the public to the recent Washington Post reports on veterans' care at Walter Reed Army Medical Center and media coverage of journalist Bob Woodruff's brain injury and the injuries of others while in Iraq and Afghanistan is that our country has the highest obligation to provide excellent and timely care to our injured soldiers. While outstanding care is provided by both the DOD and the Department of Veterans Affairs (VA), there are shortcomings and gaps that are unacceptable. As an organization comprised of the states' commissioners of mental health, our comments will primarily address matters related to the care that is available to veterans and their families when they return to their communities.

NASMHPD encourages the Task Force to keep the principle that mental health is integral to overall health at the forefront of its deliberations. This principle is elucidated in these seminal reports: *Mental Health: A Report of the Surgeon General*, the reports of the President's New Freedom Commission on Mental Health, and the Institute of Medicine (IOM) report, *Improving the Quality of Health Care for Mental and Substance-use Conditions*. Just as mental health cannot be separated from overall health, the health of the individual is affected by the wellbeing of each member of the family. The actions that are undertaken to care for veterans must include the larger community that extends to family members, co-workers and friends. It is estimated that 700,000 children alone have at least one parent deployed. The impact on civilian communities beyond these children is enormous.

A recent NASMHPD study described an alarming finding that the life expectancy of individuals with serious mental illness is twenty-five years shorter than the average person. This is an unconscionable situation which demands immediate action, for our veterans with mental illness as well as others who now face such terrible odds against living a long and healthy life.

There are a number of factors that make mental health issues especially important during the current Iraq-Afghanistan conflict and in the years to come. Soldiers are serving tours of duty that are longer and more frequent than in past conflicts, creating hardships for them and their families. Women are serving in larger numbers and are

experiencing wartime stresses that are in some ways different from their male counterparts. Some families have both parents serving in the military, making the impact on children greater. The ratio of casualties to deaths is much higher today than in World War II, Korea and Vietnam. While this is made possible through life-saving equipment and medical care, the system must be enhanced to provide the care needed to maximize the quality of life for all of those injured.

We are very concerned about reports documenting gaps in the quality of care during a veteran's transition from inpatient care at a DOD or VA facility into the community. It is an unacceptable failure of the system when soldiers experience the consequences of disruptions in care when they are discharged into the community. The path to recovery is neither easy nor predictable but a seamless transition to care in the community is necessary to maintain progress and avoid setbacks. Problems have arisen from a variety of situations: paperwork is delayed or mishandled; a primary care physician who is needed for care coordination and referrals is unavailable or unassigned; or appropriate specialty care is unavailable. It is critically important for all soldiers to be screened for traumatic brain injury (especially since some are not readily apparent) and for mental and emotional distress. Protocols for follow-up care for soldiers who demonstrate signs of injury or distress must be followed rigorously.

Because a significant number of returning veterans and their families live in small communities and do not have access to VA facilities, the mental health system outside the VA should be strengthened to provide needed services. The 2003 report of the President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*, found the mental health system to be "fragmented and in disarray lead[ing] to unnecessary and costly disability, homelessness, school failure and incarceration." Overall, this is not a system equipped to provide quality care to veterans and their families. The safety net services provided to those with mental illness through Medicaid and other state and federal programs must be enhanced.

Solutions to some of the problems exposed in recent coverage do require new resources but progress can be made on several fronts without significant financial expenditures. Every effort should be made to enhance the inter-agency cooperation that has begun among the Departments of Health and Human Services, Housing and Urban Development, Justice, Veterans Affairs, Education, and Labor and the Social Security Administration. In addition, we would urge the creation of a new Federal Interagency Task Force on Mental Health, chaired by the Executive Office of the President, to establish a framework and process to improve federal collaboration and coordination on mental health policy, financing and management. The work of this proposed task force is detailed in "*Emergency Response: A Roadmap for Federal Action on America's Mental Health Crisis*," issued by The Campaign for Mental Health Reform in July, 2005. NASMHPD is a campaign partner along with 16 other mental health advocacy organizations.

A second recommendation is for the federal government to invest in a pilot project to develop an online service for veterans and their families to link them with

support services within their communities. This could be a version of the program, Network of Care, recognized as a model in the President's New Freedom Commission on Mental Health.

A final recommendation is to encourage additional research into treatments for Posttraumatic Stress Disorder (PTSD) and other service-related disorders and to accelerate the translation of existing science into practice. The recent study on treating PTSD through prolonged exposure in female veterans in the Journal of the American Medical Association (JAMA) is just one example of promising research that needs to reach the field immediately and tested further for application across a range of clinical settings.

NASMHPD appreciates the opportunity to submit comments and recommendations for consideration by the DOD Task Force on Mental Health. If NASMHPD or its partner, the NASMHPD Research Institute, Inc., can provide any additional information or assistance, we would welcome the opportunity. We would also be pleased to identify states that have been able to develop collaborative programs with the military, service organizations and local governments to maximum resources to meet the needs of returning soldiers. We look forward to your May report.