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DEPARTMENT OF WASHINGTON

STATEMENT OF
KATHY D. NYLEN, DEPARTMENT SERVICE OFFICER
THE AMERICAN LEGION, DEPARTMENT OF WASHINGTON
BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
ON
THE MENTAL HEALTH CARE NEEDS OF VETERANS

AUGUST 17, 2007

Senator Murray,

Thank you for the opportunity to express The American Legion's views on the mental health needs of those men and women who have served our Country and safeguarded our freedom. As the Department Service Officer in Washington State for The American Legion, I am intimately aware of the types of claims and issues being raised by our clients to the Department of Veterans Affairs and consider it an honor and privilege to speak for those unable to do so for themselves.

A recent study-entitled Mental Health Disorders Among 103,788 US Veterans Returning From Iraq and Afghanistan Seen at Department of Veterans Affairs Facilities-can be utilized to illustrate the importance of timely accessibility for those who suffer from mental health issues. Of 103,788 OEF/OIF veterans seen at VA health care facilities, 31% received mental health and/or psychosocial diagnoses. Mental health diagnoses were detected soon after the first clinic visit, approximately 13 days. Sixty percent of most initial diagnoses were made in mostly primary care settings. The youngest group of these veterans (age 18-24) had a greater risk for receiving mental health diagnoses. The study concluded that the co-occurring mental health diagnoses were detected early in the primary care setting. This early detection and intervention are needed to prevent chronic mental illness and disability. If those who seek care are forced to wait months to be seen for their appointments, opportunities for early detection of mental health issues will decrease, allowing the conditions to worsen and making them more difficult to treat.

According to the Veterans Health Administration (VHA) Office of Public Health and Environmental Hazards, of the returning Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans who have sought care at VHA facilities, mental health problems are the second most common medical problem of these war veterans. There has been significant restructuring of VA mental health services during the past several years which has often resulted in a downsizing of in-patient based care, and the shift of treatment programs from residential-based to ambulatory-based programs. I have received several complaints from veterans and counselors alike that the level of care being provided has been decreased from one-on-one counseling to more group counseling. In answer to this issue, VA has stated that the necessary care is being provided however, the "word on the street" is one of disappointment and difficulty adapting to the group-counseling environment.

During the past several years, the number of veterans provided specialized substance abuse treatment has declined, while the funding for such treatment has been significantly decreased. The Veterans Health Administration now has more mental health patients seeking treatment with fewer mental health providers. However, as more OIF/OEF veterans return, many continue to need increased access to mental health services, including, but not limited to, Community Based Outpatient Clinics, Mental Health Intensive Case Management, Substance Abuse Disorder Programs, and Compensated Work Therapy Programs.

The signature wound of the Global War on Terror is Traumatic Brain Injury and The American Legion is concerned that veterans are often misdiagnosed resulting in errors both in medical treatment and disability compensation ratings. The policy of redeployment without allowing adequate time to determine if there are any physical or mental issues to address has placed our young men and women at risk for significant long-term medical problems. We would like to see that all returning service members are routinely evaluated for TBI and that a system be established to ensure follow-up evaluations since some symptoms are not manifested immediately.

A common complaint heard from those service men and women being evaluated by a Medical Evaluation Board to determine eligibility for continued service is that they are waiting months, and in some cases nearly a year, for a decision. They understandably get frustrated and when offered the chance to be discharged, we see them accepting a lower disability rating than they are entitled to. We have assisted a number of clients in correcting their military status in order to receive the retirement benefits they are entitled to once the VA rates the same disabilities, which DoD rated at less than 30%.

A major obstacle for veterans seeking mental health services--or any other medical service--is timely accessibility. Wait lists and staffing shortages affect the speed of delivery of care system-wide. Those who need care for readjustment or other mental health issues need immediate attention. Since many do not immediately seek assistance when their problems first manifest, their mental health condition may be more advanced by the time they decide to seek care--requiring quick response. I would like to reiterate the findings of the study in my opening and the concerns we have that if those who seek care are forced to wait months to be seen for their appointments-mental or physical health -opportunities for early detection of mental health issues will decrease, allowing the conditions to worsen and making them more difficult to treat.

The Department of Veterans Affairs plan to augment staff at select Vet Centers and to create 23 new Vet Centers within the next two years, bringing the number of Vet Centers to 232, will improve access to readjustment services for many combat veterans and their families--some of which reside in underserved areas. Vet Centers are a unique, invaluable asset for veterans seeking readjustment counseling. Because Vet Centers are community based and veterans are assessed the day they seek services, they receive immediate access to care and are not subjected to wait lists. Designed to provide services exclusively for veterans who served in theaters of conflict, or experienced military sexual trauma, they provide mental health counseling to not just the veteran, but those in his or her support system - like the spouse and children. Services are provided in a non-clinical environment, which may appeal to those who would be reluctant about seeking care in a medical facility. A high percentage of the staff, more than 80%, are combat

veterans and can relate to the readjustment issues experienced by those seeking services. We are pleased that Everett has been selected as one of the sites for a new Vet Center but see a need for additional sites in rural areas.

In conclusion, The American Legion realizes the Department of Veterans Affairs faces many difficult challenges addressing the complex mental health issues of our Nation's heroes. We will continue to monitor and work closely with VA to ensure veterans receive the treatment and benefits they are entitled to.

Thank you again for this opportunity to present our views on this critical issue.