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Mr. Chairman, Mr. Ranking Member, and Members of the Committee, I appreciate the opportunity to appear today to discuss the Department of Veterans' Affairs (VA) efforts to address the mental health needs of America's Veterans.

There is no disagreement that the mental health demands on the VA will continue to grow over the course of the next decade. Given the duration of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) current mental health demands are unprecedented. In addition to grappling with anticipated problems like depression, post-traumatic stress disorder, and substance abuse, the VA is struggling to address the tragic loss of veterans' to suicide. I have no hesitation to endorse the recent efforts of the VA, but will offer encouragement for the VA to explore non-traditional approaches and public-private partnerships in an effort to undermine the devastating impact of stigma.

As you will hear from other witnesses, the VA has implemented a range of programs and initiatives, all geared toward meeting the growing mental health demands of today's Veterans. With respect to suicide, the VA has launched an intensive suicide prevention program, one that includes an innovative suicide prevention hotline and Internet chat line. As you know, there are eighteen deaths per day due to suicide among America's Veterans, with approximately five per day among those in active treatment with the VA. These numbers are nothing short of heartbreaking.

These numbers reveal several challenges, including the simple reality that the majority of Veterans' in need are not accessing much needed services at moments of crisis. Data is emerging to suggest that recent changes in the VA delivery system are proving more effective with OEF and OIF Veterans', with a reduction in suicide risk for those in active treatment. Scientifically we know that there are a number of treatments and interventions proven effective for suicidality. The effective elements of these treatments are simple and straightforward, inspiring hope and recovery in concrete fashion. Despite the availability of effective treatment, it is important to remember that not only will many of our Veterans face acute problems a large percentage will struggle for many years requiring intensive and enduring care. This is not a short-term issue. In addition to what the VA is currently doing, efforts that certainly should be applauded, I would like to emphasize the need for the VA to think outside of the box, to experiment with non-

traditional approaches and consider that the existing data point to one undeniable truth, we simply are not reaching the larger portion of those in need. This is a problem for both the VA and the Department of Defense. Stigma and the military culture are at the heart of the problem.

The military culture is one appropriately dedicated to developing warriors, one that treasures strength, courage and sacrifice. As OEF/OIF have demonstrated, psychiatric casualties are much larger than originally anticipated. Prolonged and repeated exposure to combat takes a considerable psychological toll. Our soldiers and Veterans struggle to understand their experiences and the consequences of killing. Traditional mental health approaches are simply not effective at reaching our soldiers and Veterans, an outcome that is not particularly surprising. Traditional mental health approaches talk almost exclusively in the language of illness, contrary to the very core of military training. For many of our Veterans the notion of illness and disorder is synonymous with personal failing and weakness, only serving to compound existing shame and guilt. We need to move away from the traditional language of pathology and talk about the issue of optimal performance and resilience.

It is critical for both the Department of Defense (DoD) and VA to reach Veterans by “normalizing” the combat experience and subsequent adjustment. This can take many forms, but it is essential that early in training all soldiers be exposed to training targeting the consequences of killing, talking in specific terms about post-combat adjustment. Not a single soldier comes out of combat the way that they went in; combat is a life altering experience. We can do a better job of helping our warriors understand the normal adjustment problems experienced following combat, eliminating the possibility that subsequent psychological problems will be attributed to personal failings and weakness. As the Air Force Suicide Prevention Program demonstrated, the impact of high-ranking leaders cannot be underestimated. Nothing is more powerful to a struggling enlisted man or woman, hesitant to seek care, than to see a commander talk openly and honestly about his or her own difficulties following combat.

Similarly, it is important for the VA to recognize that they fight a longstanding image as an inflexible and unresponsive bureaucracy. There is a need to stretch existing boundaries and explore public-private partnerships that provide new service alternatives for our Veterans. As an example, given that an estimated 500,000 Veterans will make their way to college and university campuses over the next decade, the VA should consider the placement of providers on campuses around the country. The VA will need to go to where the Veterans are in order to reach the seventy percent hesitant to seek care. We would certainly welcome such a partnership. Similarly, expansion of the existing VA system may not be the most effective expenditure of available funds. As is well known among suicide researchers, a large percentage of those that take their own lives see primary care providers in the month prior to their death. Although the VA has improved training for primary care providers within their system, why not explore other potential partnerships with private medical centers?

The problems experienced by today’s Veterans demonstrate an undeniable truth, traditional approaches do not reach those in greatest need. We need to think outside of the box, experiment with non-traditional approaches, set aside the language of mental illness and pathology, and put our Veterans first.