DANIEL WILLIAMS, MEMBER, NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

STATEMENT OF
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SUBMITTED TO
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
WASHINGTON, D.C.

JULY 14, 2011

Chairman Murray, Ranking Member Burr, and Members of the Committee –

On behalf of the National Alliance on Mental Illness (NAMI), please accept NAMI's collective thanks for this opportunity for me to provide testimony at today's oversight hearing to assess the Department of Veterans Affairs' (VA) mental health programs.

INTRODUCTION
NAMI is the nation's largest grassroots consumer organization dedicated to improving the lives of individuals and families affected by mental illness. Through NAMI's 1,100 chapters and affiliates in all 50 states NAMI supports education, outreach, advocacy and research on behalf of persons with schizophrenia, bipolar disorder, major depression, severe anxiety disorders, post-traumatic stress disorder (PTSD), and other chronic mental illnesses that affect both adults and children. In my opinion what NAMI does best as an organization is to advocate for, train and educate family members of persons living with mental illness. In recent years NAMI began to realize that the lives of our newest veterans and the experiences that they've had while serving our country in combat necessitate not only that they receive post-deployment services essential to get well afterward, but also that their families have needs that must be addressed to ensure that a family recovers from the experience.

NAMI is very proud that the VA has recognized that NAMI can play an important role within VA mental health in helping families of veterans cope with, and recover from, mental illness, whether acute or chronic. One NAMI signature program in particular, Family-to-Family, is designed to meet the needs of family members who have questions relative to what their loved one—the veteran home from deployment in war—is experiencing, not only from the standpoint of what the illness is, but the treatment protocol, the various medications and prognosis, and what they can expect in supporting and caring for their loved one in gaining the ultimate goal of recovery.

MY STORY
Madam Chairman, I was asked to appear at this hearing to tell you about the journey of my life since 2003 to the present day. In 2003 and 2004 as an Army infantryman I was deployed to Iraq

with 4th Infantry Division based at Fort Hood, Texas. During my deployment to Iraq I suffered mental and physical injuries that will forever be a part of my life. I was exposed to a detonated improvised explosive device (IED) that injured my body and my mind. I received a traumatic brain injury (TBI) immediately, but I believe the most severe of these injuries is my post traumatic stress disorder (PTSD) – an invisible injury that no one can see but it haunts my every move.

From the moment I got injured until the time that I was honorably discharged from the Army, I received very little help from the Army, or even an acknowledgement of my mental state. I went to the base clinic at Ft. Hood where I was told that I was having anxiety and readjustment issues but that I would need to wait six months before I could get an appointment with a psychiatrist. In the winter of 2004 after receiving no help or hope of help I attempted suicide by shoving a .45 caliber pistol in my mouth while I was locked in the bathroom. My wife Carol begged me to let her in but when I wouldn't agree, she called the police. When the police arrived I argued with them. When they kicked open the door I pulled the trigger, but by the grace of God the weapon misfired. The officers handcuffed me and seated me in the back of the police car. One of the officers attempted to clear my weapon, but at the moment he did so, the same round that refused to kill me went off perfectly for him. Thankfully, no one was injured.

I was admitted to the psychiatric ward of the base hospital and remained an inpatient for two weeks. At this time I was formally diagnosed with readjustment and anxiety disorders, but my physicians also acknowledged that I had PTSD. I was told by the doctors that my treatment records would be kept confidential. However, my platoon sergeant was notified and she then proceeded to tell my fellow soldiers which in turn caused much heartache and turmoil for these guys with whom I had gone through war and had shed blood, sweat and tears. They began to look down on me, because in their eyes, I was weak and they thought that I would not be able to do my job, nor could they trust me to go back to war with them if we were called to do so.

I think that there needs to be more punishment for non-commissioned officers or any other soldier who has access to soldier's private mental health records and does not keep that information confidential. As in the past and still today, if a soldier has a mental health issue and fellow soldiers learn about it, then confidence is broken and military careers unquestionably are harmed. It took over a year for me to receive my medical evaluation board decision, and during that entire period I felt the effects of almost daily ridicule from members of my unit, a great pressure that affected my PTSD. I felt I let my soldiers down—that I was of no use to them anymore. I had lost my brotherhood. When I was finally discharged from the Army, I was diagnosed as having an anxiety disorder. In clearing the post prior to being released, I met with the Disabled American Veterans (DAV) representative who told me about the VA system and the entitlements that were available to me. That DAV representative assisted me in filing my claim for disability. I am grateful for the help of the DAV.

When I first went to the VA in Birmingham, Alabama in 2007, I felt lost and had no guidance. With the drain of PTSD, I wanted to give up due to it being so difficult. I had to wait for hours just to see a doctor, then also wait in lines to do anything at the VA while constantly hearing and seeing on the televisions while sitting in the waiting rooms the war and bad news of soldiers being injured and killed. I wanted to run and hide so I could be safe. At one point I was put on

an OIF/OEF transition team but then was removed from it because I was told I did not have a high-enough disability rating. Honestly, I couldn't handle the smell of that hospital, the crowds and VA's decision to assign me a doctor of Middle Eastern origin. I requested another doctor at the Huntsville, Alabama VA community-based outpatient clinic. There, I enjoyed my regular MD but the psychiatric doctor was a nightmare. Her recommendation was for me to go to the Tuscaloosa VA Medical Center for inpatient treatment, which would have included shock treatments to reset my brain. I did not want to do this, so I discussed this with my wife and we both agreed that we would try psychotherapy for a while to see if there could be some improvement.

After many sessions with my therapist, however, I could feel myself getting worse, not better. I began avoiding my wife and my family. I couldn't keep myself from crying, and I locked myself into my bedroom. The therapy was not working. My wife would come home from work not knowing what I had been going through, but she could see that I was despondent. I explained that I couldn't talk to my therapist, that she didn't listen to me, she just threw another pill at me, and I felt like I was getting worse, not better. I asked her to go to the therapist with me to see what I was talking about. She did, and she saw what I saw.

My wife then proceeded to call the local VA helpline and explain what was happening, but still there was not much help available through that means. Therefore, my wife and I returned to the Birmingham VA for help. We argued loudly with the receptionist in the psychiatric unit to try to get better services for me. The VA police officers stationed on that unit heard our argument and came to investigate. At that critical moment when I felt I was in jeopardy, we met Dr. Ryan. With the help of my wife, we explained to him my struggles with the VA, my PTSD, and with my overall health, and for the first time a doctor actually listened to us. Dr. Ryan is still is my psychiatric doctor of medications and also he keeps up with my overall psychology. A wonderful doctor he is. Dr. Ryan arranged for me to see a therapist weekly, ensured that I had proper medications, was assigned to support groups and was able to take classes. Later I met with the local recovery coordinator. Since that time I was asked to serve on the medical center's veterans' mental health council, an activity VA initiated to give veterans a voice to help make the local VA system better for mental health.

MORE OUTREACH TO VETERANS IS NEEDED

It's important for people, veterans and non-veterans, to realize that there are different types, causes and levels of mental illness, and that the most important thing they can do if they think they have problems is to step forward and talk to a mental health professional to find out, even when barriers are in the way. My experience also teaches that veterans need to advocate for themselves, because going to the VA can be a difficult experience.

I believe that the VA must do a better job of reaching out and making its services known to a larger share of the veteran population (both those recently discharged-demobilized and older generations), and work more cooperatively with the military service branches, other federal agencies, state governments, and private mental health providers. Today, we have over 23 million living veterans, yet VA sees only a quarter of them in its health care programs, and even a smaller fraction in its mental health services. Given our experience to date in the wars in Afghanistan and Iraq, plus the overlay of combat experiences of prior generations of veterans, it

is obvious that more veterans need readjustment and mental health counseling and other mental health services than those who are appearing at VA facilities to seek these services.

NAMI deeply appreciates the existence of 273-TALK, the nationwide suicide hotline. NAMI's national office has commended VA's Office of Mental Health Services and SAMHSA for having established this vital link to VA counselors, who have saved the lives of thousands of veterans, but we believe a larger group of veterans still is in need and is not being reached.

NAMI NATIONAL VETERANS COUNCIL

Despite our concerns about the need for broader outreach, not only to prevent suicides but to ensure that more veterans can become aware of VA services, NAMI has enjoyed a long-term interest and involvement in mental health programs within the VA. For 30 years NAMI has served as an advocate for veterans under care in VA programs, because VA is caring for our family members. NAMI and its veteran members formally established a Veterans Council in 2004 to assure close attention is paid to mental health issues and policies in the VA, especially within each Veterans Integrated Services Network (VISN) and programs at individual VA facilities. Council membership includes veterans who live with serious mental illness, family members of these veterans, and other NAMI supporters with an involvement and interest in the issues that affect veterans living with and recovering from mental illness. The Council members serve as NAMI liaisons with their VISNs; provide outreach to veterans through local and regional veterans service organization chapters and posts; increase Congressional awareness of the special circumstances and challenges of serious mental illness in the veteran population; and work closely with NAMI's State and affiliate offices on issues affecting veterans and their families. Currently, NAMI's national board of directors is engaging in a comprehensive policy review of the role of the Veterans Council with the expectation of strengthening the council's involvement with both VA and the Department of Defense.

NAMI FAMILY TO FAMILY EDUCATION PROGRAM

Our members are directly involved in consumer councils at more than growing number of VA medical centers and we advocate for even more councils to be established throughout the VA system. Also, VA and NAMI executed an important memorandum of understanding in 2007 formally establishing our signature Family to Family education program within VA facilities. As I mentioned above, Family to Family is a formal twelve-week NAMI educational program that enables families living with mental illness to learn how to cope with and better understand it. The program provides current information about schizophrenia, major depression, bipolar disorder (manic depressive illness), post traumatic stress disorder (PTSD), panic disorder, obsessive-compulsive disorder, borderline personality disorder, co-occurring brain disorders and addictive disorders, to family members of veterans suffering from these challenges. Family to Family supplies up-to-date information about medications, side effects, and strategies for medication adherence. During these sessions participants learn about current research related to the biology of brain disorders and the evidence-based, and most effective, treatments to promote recovery from them.

Family members of veterans living with mental illness gain empathy by understanding the subjective, lived experience of a person with mental illness, and Family to Family has recently been attested as an evidence-based practice in a journal of the American Psychiatric Association.

Our Family to Family volunteer teachers provide learning in special workshops for problem solving, listening, and communication techniques. They provide proven methods of acquiring strategies for handling crises and relapse. Also, Family to Family focuses on care for the caregiver, and how caregivers can cope with worry, stress, and the emotional overload that attends mental illness in families. We at NAMI are very proud of Family to Family, and we were especially pleased that Under Secretary for Health Dr. Robert Petzel approved a renewal of our Family to Family agreement. We greatly appreciate that support and confidence and look forward to widespread adoption of Family to Family programs in VA treatment settings.

The Family to Family education program has been a great success to date, functioning and growing in more than 100 VA medical centers. We at NAMI are hoping to continue building on that success, and hope to introduce to VA more of NAMI's signature programs, such as our Peer to Peer and NAMI Connections programs. We believe veterans and their families could greatly benefit from these programs.

NAMI AND VA: PARTNERS IN RECOVERY

Mr. Chairman, as you can see from some of these examples, and from my own experience, NAMI is deeply concerned about the newest generation of repatriated war veterans, whether they remain on active duty, serve in the Guard or Reserves, or return to civilian life following service. We want to see the Department of Veterans Affairs take a more leading role in coordinating both inter-governmental and public-private arrangements that would do a better job at outreach, screening, education, counseling and care of the veterans who fought and are still fighting these wars, and to help their families recover from these experiences. NAMI is committed to recovery, whether from transitional readjustment problems coming to a family that welcomes an Army or Marine infantryman back from war, or one dealing with chronic schizophrenia in a young adult who never served in the military. In the case of our professional military services, we want to ensure that those serving in the regular force are well cared for by DOD when they return to their duty stations after combat deployments; by both DOD and VA for those in the National Guard or Reserve components when they return to garrison in their armories; and, by VA for those who become veterans on completion of their military service obligations and return to their families – whether in urban or rural areas.

INTERGOVERNMENTAL AND PUBLIC-PRIVATE SOLUTIONS ARE ESSENTIAL

NAMI believes many tailored approaches will need to be made for these new veterans, but that all of the civilian efforts should be led by VA, in coordination with other agencies (including DOD, SAMHSA, the Public Health Service and the Indian Health Service), the National Guard Bureau, State Guard leaderships, and the leaders of State public mental health agencies, as appropriate to the need. In some cases, private mental health providers should be enlisted and coordinated by VA to ensure they can provide the quality of care veterans may need, and are trained to do so in the case of post traumatic stress disorder and other disorders consequent to combat exposure and military trauma, including military sexual trauma. We realize that finding qualified private mental health providers in highly rural areas is an extreme challenge and will require VA and other public agencies to be creative. Nevertheless, we believe these unmet needs can be dealt with if VA establishes a firm will to do so. We note in VA's Office of Rural Health a number of inter-governmental pilot programs are beginning to take hold in rural areas, in VA's

effort to reach out to National Guard, Reserve and Native American veterans who live far from VA facilities. NAMI applauds this progress, and we hope these pilot projects can set a pattern for additional initiatives of outreach and care.

VETERANS' COURTS – A CRUCIAL NEED

NAMI also urges this Committee and other relevant groups in Washington and in state capitals, to expand the establishment of diversionary courts for veterans. In the few instances where veterans courts exist, they have become effective tools to get veterans who are struggling with mental illnesses the help that they need. NAMI urges the Committee to support the development of diversionary courts for veterans, and especially combat veterans, and to make sure that VA reaches out and coordinates with the existing courts systems in cities and States to ensure post-deployment combat veterans receive the most timely and effective care possible, rather than allowing sick and disabled veterans suffering with mental illnesses consequent to their war service to be convicted of crimes and sent to jail or prison. These veterans need care, not confinement.

Mr. Chairman, the National Alliance on Mental Illness is committed to supporting VA efforts to improve and expand mental health care programs and services for veterans living with serious mental illness. For a time, forward motion was stalled on VA's "National Mental Health Strategic Plan," to reform its mental health programs – a plan that NAMI helped develop and fully endorses. NAMI wants to see VA stay on track to provide improved access to mental health services to veterans returning from Iraq and Afghanistan today, as well as to other veterans diagnosed with serious mental illness – all important initiatives within the VA strategic plan. Three years ago VA established a "Uniform Mental Health Service" benefits package, one that NAMI supports as beneficial to ensuring VA progress toward full implementation, and will provide help to the newest war veteran generation and all veterans who live with mental illness. We hope the Committee will through oversight spur VA forward in implementing and perfecting this reform.

Finally, NAMI is an endorser organization of the Independent Budget for Fiscal Year 2012. In that budget and policy statement, AMVETS, Disabled American Veterans, Paralyzed Veterans of America and Veterans of Foreign Wars of the United States recommend a series of good ideas that, if implemented would further improve VA's mental health programs. I ask the Committee to consider these recommendations and to ensure, whether through oversight or legislation that VA (and the Department of Defense in some instances) carries out the intent and spirit of these recommendations.

This concludes my testimony on behalf of NAMI, and I thank you for the opportunity. I would be happy to answer questions from you and other Members of the Committee.