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Statement of Chairman Bernard Sanders

Senate Committee on Veterans' Affairs
VA Mental Health Care – Ensuring Timely Access to High-Quality Care
March 20, 2013

Good morning and welcome to today's hearing on VA Mental Health Care.

Ensuring timely access to high-quality mental health care is critical for our veterans and their loved ones. The stakes are high. While many individuals with mental illnesses do not commit suicide, it is clear the consequences of failing to properly address and treat mental illness are dire.

According to a recent VA report, up to 22 veterans commit suicide each day – that's more than 8,000 veteran deaths by suicide each year. Even one veteran suicide is too many. 8,000 suicides are absolutely unacceptable. We owe it to our veterans to treat not just the physical wounds of war, but the invisible ones as well. Veterans return from the battlefield with conditions ranging from mild depression to severe post-traumatic stress disorder and, let's be clear, these are reasonable reactions to very abnormal situations.

I want to commend VA for its work in this area. The Department has made great strides in providing mental health care to veterans. In fact, VA is leading the field on PTSD research, but our work is not done. Addressing the mental health needs of our veterans requires a three pronged approach of timely, quality and appropriate care.

Today, all first-time patients referred to or requesting mental health care services are required to receive an initial evaluation within 24 hours and a comprehensive evaluation within 14 days. In April of last year, the Office of the Inspector General found that VHA was not meeting these benchmarks. Some veterans were waiting as many as sixty days for an evaluation, which was absolutely unacceptable. However, I want to commend VA for the strides they have made since April 2012 in implementing recommendations from the IG report.

Given one of the variables contributing to high wait-times was staffing shortages, I am pleased Secretary Shinseki has implemented the executive order to hire 1,600 new mental health clinicians. I understand that as of March 13th, VA has hired more than 3,000 mental health professionals and administrative support, including more than 1,000 of these new mental health

clinicians. While this is good progress toward VA's goal, I am concerned that VA has hired just 47 clinicians in the last two months. I understand VA must ensure they are hiring high-quality clinicians, but VA must step up the pace of hiring if it intends to meet its goal of 1,600 new clinicians by the end of June of this year.

Just as it is critical that VA clinicians be available to see patients, they must also be properly trained to consistently deliver high-quality care. VA has made important steps in this area. VA clinicians are now trained in evidence-based therapies such as Cognitive Behavioral Therapy and Prolonged Exposure Therapy. While VA clinicians are trained in these therapies, VA must do a better job tracking utilization so we may ensure that what these clinicians are trained to do is being put into practice.

Access to timely and high quality care only matter if the care is delivered to veterans in the appropriate way. VA must continue to provide care in a variety of settings to meet the needs of each veteran. Medical Centers, Community-Based Outpatient Clinics, Vet Centers and Telehealth services each play important roles in appropriate care delivery. VA Medical Centers are equipped to treat the most severe cases conditions, such as PTSD. They are also critical in addressing the mental health care needs of patients admitted to the hospital for physical injuries. Vet Centers provide a safe, welcoming, home-like environment for veterans to receive care both one-on-one and in group settings. Additionally, Community-Based Outpatient Clinics, or CBOCs, offer mental health care services that are often closer to veterans' homes. In certain situations, CBOCs use telemedicine to link veterans to clinicians at VA Medical Centers.

It is critical that VA provide these various options of care. We must ensure not only that these options remain available, but veterans know about them. While VA has made tremendous strides in improving mental health care to our veterans, we must do more to ensure better prevention for today's servicemembers, the veterans of tomorrow.

The Army – which has sustained the highest rates of suicide among the services in recent years – has addressed this issue head-on. Based in large part on the efforts of this Committee, the Army Task Force on Behavioral Health recently completed a comprehensive review of behavioral health care. The report provided multiple recommendations for improving mental health care, including, positioning behavioral health experts at both the command and installation levels to provide better consultation, guidance, and care coordination; ensuring each installation appoints a Director of Psychological Health; and maximizing tele-behavioral health at remote locations.

I look forward to hearing from our Army witness about these efforts and any others to improve soldier-readiness and resiliency. It is my sincere hope that the Department of Defense as a whole will benefit from the Army's work and adopt these recommendations. Such efforts are critical to ensure not only a healthy military force but also a healthy veteran population in the years to come.

While we often think of the military and VA as providers of mental health care for our servicemembers and veterans, community organizations, like the ones that will testify here today, play a key role in helping veterans access the care they need. These organizations can partner

with VA to identify veterans in need of care, work with veterans to help them prepare for care and provide direct care to veterans. Some examples of such organizations are the National Alliance for Mental Illness, which has created a Veteran and Military Council to address specific mental health needs of veterans, Give an Hour, a non-profit organization that provides free mental health services to veterans and their families and Team Rubicon, which organizes veterans to contribute to communities in the wake of natural disasters.

These organizations do not shy away from the worst consequence of serious mental illness – suicide. In my home state, the Vermont Veterans Outreach Program, operated by the Vermont Guard, has intervened to prevent suicides from occurring. I am tremendously proud of their work. Other organizations, like the Tragedy Assistance Program for Survivors help family members cope with the heartbreaking loss of a loved one to suicide.

Suicide is a tremendously difficult issue with no single answer. Our goal today is to understand what works, what needs improvement and where we go from here. Mental health is just one facet of a veteran's life, but one that has repercussions for physical health; employment; education; and housing.

When we work to provide what is necessary to help improve a veteran's mental health, we improve the overall life of the veteran. Each Department and organization represented here plays an important role in this and I thank you all for being here today. It is up to all of us to ensure servicemembers are prepared for the difficulties of war, veterans receive timely access to care and not one more veteran or servicemember commits suicide. I commend all of you for your efforts and look forward to your testimony.