

Senator Patty Murray
Senate Committee on Veterans' Affairs
Statement for the Record
Hearing on Access to Mental Health
October 28, 2015

Thank you, Mr. Chairman, for holding this critically important hearing, and thank you to the witnesses for appearing here today.

I think everyone in this room agrees that our nation has a duty to care for its veterans.

With so many veterans diagnosed with mental health needs, a significant part of that care is access to mental health treatment.

Veterans face stress and adversity from multiple deployments, and the unique challenges they face during tours of duty that can make it difficult to readjust to life back home.

Difficulties with this transition are even worse for those experiencing depression, post-traumatic stress disorder, substance use disorder, or those suffering from military sexual trauma.

These invisible wounds of war can be with veterans for many years – but we also have treatments that help, and can get veterans back into their lives.

The VA has a duty to provide the services and foster a culture that actually serves our veterans.

However, I am deeply concerned that despite all of our efforts over several years to address gaps in access to mental health care services, the VA is not making the changes that are needed – and that they have been required to make.

As far as I'm concerned, that equates to failing our veterans.

When I was Chairman of this Committee, we held several hearings on mental health care. I asked for several IG and GAO investigations. We demanded VA hire more providers, and listen to providers in the field about the barriers they face in trying to help veterans. We even passed into law reforms designed to improve VA's ability to provide for the mental health needs of our veterans.

But as we sit here today, I'm having a hard time understanding what has really changed since we covered this exact same ground in 2012, and even in 2008.

I'm frustrated that VA:

- still has does not have an accurate picture of wait times.
- still does not have a staffing model for mental health care
- still has an alarmingly high number of vacancies in mental health positions

Now, as the Ranking Member on the HELP Committee, I understand very well the nation-wide shortage of mental health providers.

But things need to change. So I'll be looking for answers on exactly how the VA is addressing two things that we identified as problems years ago:

One, how the VA is making sure there are enough mental health professionals who can quickly and accurately diagnose and treat our veterans.

And two, how the VA intends to recruit and maintain this crucial workforce. Without proper staffing levels, the VA will never be able to satisfy the demand.

And that is a failure we cannot allow.

Allowing veterans to seek care outside the VA is certainly, part of meeting this need, but the sobering reality is that half of all U.S. counties do not have a single psychiatrist, psychologist, or social worker.

And even if there were enough private-sector providers, it wouldn't solve the problem.

Because of the unique nature of the veteran experience, we need providers specifically attuned to their needs, which include evidence-based treatment and cultural competency.

This ultimately means that for far too many veterans and their families, it is unclear where to turn for help.

The VA Inspector General released a report this past August addressing the issue of VA efforts to improve veterans' access to outpatient psychiatrists.

This report concluded that the VHA has not been fully effective in its use of hiring opportunities or use of its existing personnel to improve veterans access to psychiatrists.

This is very alarming given that the report also found that 94 out of 140 health care facilities needed at least one additional psychiatrist.

But most concerning – these problems aren't new. IG and GAO have reported on these same types of failings for years.

We need to fix this.

And really, it shouldn't take multiple Senate hearings over the course of many years to get this done.

Mental health is just as much of a priority as physical health.

Veterans must have access to see these professionals, without the fear of confusion over where they can go, or lengthy wait times for initial appointments.

The GAO report that was released today discusses some of these above concerns. I look forward to continuing the discussion on what we can do to address scheduling issues, and how to ensure we have accurate information to see where we've fallen short.

The demand for these services is only going to increase as it has been for the last several years. We need to be able to devote the resources to these efforts NOW, so that VA has the ability to respond quickly and appropriately when someone is clearly in, or approaching a crisis.

We also know that the fastest growing group of new veterans are women. Which is why it is extremely important for us to be focusing on the unique mental health needs of female veterans, and I'll continue working to make sure VA is addressing the needs of this growing population.

So I am deeply appreciative of our witnesses today for their insights, and I hope that this hearing is a step forward in increasing accountability, and improving access, quality, effectiveness, and efficiency of mental health services for our veterans and their families.