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NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

S 38/HR 2689

OVERVIEW

According to a recent RAND report, *Invisible Wounds of War*, nearly 1 in 5, or 30,000 soldiers who have served in Iraq or Afghanistan have PTSD or depression while only about half of that number actually sought treatment. In addition, a report released by the U.S. Surgeon General's Office found that about 15.2% of soldiers returning from Iraq have signs of PTSD or depression and that the one-year breaks that soldiers receive between successive 12- to 15-month deployments in Iraq do not provide adequate time for recovery.

The Veterans Mental Health Outreach and Access Act – introduced in the Senate (S 38) by Senators Pete Domenici (R-NM) and Barack Obama (D-IL) on May 23, 2007 and introduced in the House (HR 2689) by Representatives Ciro Rodriguez (D-TX), Patrick Kennedy (D-RI), Steve Pearce (R-NM), and Albio Sires (D-NJ) on June 12, 2007 – would improve access to mental health services for veterans returning from Iraq and Afghanistan.

SPECIFIC PROVISIONS OF THE VETERANS MENTAL HEALTH OUTREACH AND ACCESS ACT

The Veterans Mental Health Outreach and Access Act would authorize the Secretary of Veterans Affairs (VA) to develop and implement a comprehensive national program to increase the availability of mental health support so that veterans affected by combat-related mental health problems do not go without the care they need. In remote areas of the country in which the VA determines there is inadequate access to a VA medical center, the Veterans Mental Health Outreach and Access Act directs the Secretary of the VA to contract with community mental health centers to provide treatment and support services and readjustment counseling. All contract-providers would be required to hire a qualified peer specialist and have its clinicians participate in a training program to ensure services are tailored to meet the specialized needs of combat-affected veterans.

The bill calls on the Secretary of VA to develop a national program to train returning service members for positions as peer outreach workers and support specialists. The bill places particular emphasis on providing services for National Guardsmen and Reserve veterans who have served in Iraq and Afghanistan. These civilian soldiers often return from combat duty and immediately resume civilian life and may not have adequate access to readjustment services or VA facilities. The legislation includes provisions to extend counseling services to veterans' families, who may also experience issues with readjustment after their loved-ones have returned from deployment.

HOUSE ACTION ON THE VETERANS MENTAL HEALTH OUTREACH AND ACCESS ACT

The Veterans' Health Care Improvement Act of 2007 (HR 2874) would require 1) a national program to train and deploy returning veterans to provide peer-outreach and support services and 2) in rural areas not adequately served by a VA facility, to enter into arrangements with community behavioral health centers. The bill, introduced by Representative Michael Michaud (D-ME), was passed in the House on August 6, 2007.



Request

Support HR 2874:

The Veterans' Health Care Improvement Act of 2007

