

**TESTIMONY OF LINDA ROSENBERG, PRESIDENT & CEO,
NATIONAL COUNCIL OF COMMUNITY BEHAVIORAL HEALTHCARE
BEFORE THE HOUSE COMMITTEE ON
VETERANS AFFAIRS**

MAY 16, 2007 POST-TRAUMATIC STRESS SYMPOSIUM

Mr. Chairman, and members of the committee, my name is Linda Rosenberg, and I am President & Chief Executive Officer of the National Council for Community Behavioral Healthcare. Thank you for this opportunity to testify on the challenges that returning Iraq and Afghanistan war veterans are confronting in seeking access to care for Post-Traumatic Stress Disorder (PTSD) and other service-related mental disorders.

The National Council represents over 1,600 Community Mental Health Centers and other community-based mental health and substance abuse agencies across the United States. Our members serve 6 million low-income children and adults with mental disorders every year.

Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) are unique in their heavy reliance on the National Guard and Reserves who compose a large percentage of our fighting forces. Reserve forces alone make up as much as 40 percent of U.S. forces in Iraq and Afghanistan and, at one point, more than half of all U.S. casualties in Iraq were sustained by members of the Guard and Reserves. These operations are also unique in their reliance on repetitive deployments.

Extent Of The Problem: In all candor, Mr. Chairman, the incidence of mental disorders among U.S. soldiers returning from the Middle East can only be described as alarming. According to the latest Department of Defense data, released earlier this month, fully one-quarter of returning veterans are reporting symptoms consistent with PTSD. The prevalence rates for closely related mental health problems – including major clinical depression and anxiety disorders – are also strikingly high. I note that in recent coverage

Page 2

of an Institute of Medicine study on PTSD, the *Washington Post* referred to, “fears that troops returning from the wars in Iraq and Afghanistan will produce a tidal wave of PTSD cases.”

Treatment Challenges: But let me hasten to add that sheer numbers are only part of the story. From a clinical perspective, it’s important to note that all three of these conditions – PTSD, clinical depression and anxiety disorders – often co-occur in the same individual, which gives rise to major treatment challenges. Added complexities include co-occurring substance abuse disorders and the strong social stigma still associated with mental illnesses. In many instances, fear and shame combine to delay initial access to treatment, which means that veterans do not seek out mental health care until their symptoms have become acute – or they are in psychiatric crisis. In addition, I was struck by the recent testimony of Colonel Cameron Ritchie, M.D., a U.S. Army Psychiatrist and the former Chief Forensic Psychiatrist of the Walter Reed Health Care System, before the Senate Mental Health Caucus some weeks ago. Col. Ritchie stated that the prevalence of mental illnesses is particularly high among soldiers who have experienced multiple deployments.

CMHC Response – Innovative Service Partnerships: Mr. Chairman, there can be no question that the U.S. Department of Veterans Affairs is THE world leader in recognizing and successfully treating PTSD. Furthermore, the National Council strongly believes that VA’s research and treatment capacity in this critical area must be both preserved and substantially expanded.

At the same time, I am very proud to report that – when called upon – National Council members have stepped up to the challenge of providing intensive mental health services to our fighting men and women. There are several examples from around the country where outpatient VA clinics have engaged in innovative service partnerships with CMHCs to address the needs of the unexpectedly large number of veterans who require often

intensive mental health services. In almost every instance, the target patient population includes mostly National Guard members and Reservists living in rural areas far from existing VA facilities. The most prominent example is in Montana. There the VA Montana Healthcare System has contracted with all four Community Mental Health Centers in the state to initiate care for veterans requiring outpatient services. The individual case rate is identical to that paid if the National Guard member had received mental health care in the VA system. Moreover, the individual VA clinics have total control over all referral processes. While Montana has a relatively small population despite its immense size, it is astounding to note that just in 2006 alone, our member agencies served over 2,100 veterans with service-related mental illnesses.

In South Dakota, the VA system has initiated another contract with all twelve community-based behavioral health agencies in the state. But, not all these alternative service models are statewide. As an illustration, the Washington Department of Veterans Affairs has partnered with a single agency -- Valley Cities Counseling -- to provide PTSD screening and community-based services to 120 National Guard members and Reservists in Auburn, Kent and the Seattle metro area. What's interesting about all these partnerships is that family support services are a required component. Indeed, these services are provided to the families of veterans who have returned from the Middle East as well as the families of deployed service personnel. Finally, National Council members make every effort to ensure that all mental health services delivered to veterans are culturally competent. In many instances, peer counseling is key part of any comprehensive service plan developed for an Iraq war veteran.

In conclusion, the innovative service partnerships are an adjunct to the VA's outpatient clinic network – and each individual partnership was developed to address the unexpected circumstances we now confront. Given the mental illness prevalence rates that I cited just a few moments ago, the National Council strongly supports a nationwide contract initiative funded at \$100 million targeting only National Guard members and

Page 4

Reservists living in rural areas. Thank for the opportunity to testify this morning. I'd be happy to answer any questions you may have.