

Statement for the Record

of the

**NATIONAL MILITARY FAMILY ASSOCIATION**

Before the

**House Committee on Veterans’ Affairs**

of the

**United States House of Representatives**

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**The Committee**

The National Military Family Association is the leading nonprofit organization committed to strengthening and protecting military families. Our over 40 years of accomplishments have made us a trusted resource for families and the Nation’s leaders. We have been at the vanguard of promoting an appropriate quality of life for active duty, National Guard, Reserve, retired service members, their families and survivors from the seven uniformed services: Army, Navy, Air Force, Marine Corps, Coast Guard, and the Commissioned Corps of the Public Health Service and the National Oceanic and Atmospheric Administration.

 Association Volunteers in military communities worldwide provide a direct link between military families and the Association staff in the Nation’s capital. These volunteers are our “eyes and ears,” bringing shared local concerns to national attention.

 The Association does not have or receive federal grants or contracts.

Our website is: *www.MilitaryFamily.org*.

Chairman Jeff Miller, Ranking Member Michael Michaud, and Distinguished Members of the Veterans’ Affairs Committee, the National Military Family Association thanks you for the opportunity to submit testimony for the record on *“Honoring the Commitment: Overcoming Barriers to Quality Mental Health Care for Veterans.”*  After 11 years of war, we continue to see the impact of repeated deployments and separations on our service members, veterans, and their families. We appreciate your recognition of the service and sacrifice of these families, as well as the unique mental health challenges facing them. Our Association will take the opportunity to discuss the mental health challenges and needs of our veterans and their families.

**Behavioral Health Care**

Our Nation must help veterans, transitioning service members, National Guard and Reserve members, and their families cope with the aftermath of over a decade of war. Frequent and lengthy deployments have created a sharp need in behavioral health services. The Department of Veterans Affairs (VA), Department of Defense (DoD), and State agencies must partner in order to address behavioral health issues early in the process and provide transitional mental health programs, especially when leaving active duty and entering veteran status (voluntary or involuntary). Partnering will also capture the National Guard and Reserve member population and their families, who often straddle these agencies’ health care systems.

There are barriers to access for some in our population. Many already live in rural areas, such as our National Guard and Reserve members, or they will choose to relocate to rural areas lacking available mental health providers. We need to address the distance issues families face in finding mental health resources and obtaining appropriate care. Isolated service members, National Guard and Reserve members, veterans, and their families do not have the benefit of the safety net of services and programs provided by the VA facilities, Community-Based Outpatient Centers, and Vet Centers, or DoD’s network of care.

The VA should examine DoD’s alternative methods of mental health services as possible solutions to their access issues. DoD discovered embedding mental health providers in medical home modeled clinics allows for easier access for mental health services. DoD has created a flexible pool of mental health providers that can increase or decrease rapidly in numbers depending on demand on the Military Health System side. Currently, Military Family Life Consultants and Military OneSource non-medical counseling are providing this type of preventative and entry-level service. DoD has been offering another vehicle for service members, National Guard and Reserve members, and their families through a web-based (Skype) medical and non-medical mental health counseling. This works extremely well especially for those who live far from counselors. Veterans and their families need this flexibility of support.

The VA, along with the DoD, should examine the possibility of adopting the United Kingdom’s model of community involvement in providing mental health services and programs to their military, veterans, and their families. This model of care identifies local resources and creates buy-in by the community to help their own. The model creates a direct reporting line from the community to Parliament and back to the community.

**Families Impacted from Stresses of War**

In the research they conducted for us, RAND found military children reported higher anxiety signs and symptoms than their civilian counterparts. A study by Gorman, et. al (2010), *Wartime Military Deployment and Increased Pediatric Mental and Behavioral Health Complaints,* found an 11 percent increase in outpatient mental health and behavioral health visits for children from the ages of 3-8 during 2006-2007. Researchers found an 18 percent increase in pediatric behavioral health visits and a 19 percent increase in stress disorders when a parent was deployed. Additional research has found an increase in mental health services by non-deployed spouses during deployment. A study of TRICARE claims data from 2003-2006 published last year by the *New England Journal of Medicine* showed an increase in mental health diagnoses among Army spouses, especially for those whose service members had deployed for more than one year. The VA needs to be aware of the mental health needs of veterans’ children when allowing access to service and implementing support programs.

Our Association’s research also found the mental health of the caregiver directly affects the overall well-being of the children. Therefore, we need to treat the family as a unit as well as individuals. Communication is key in maintaining family unit balance. Our study also found a direct correlation between decreased communication and an increase in child and/or caregiver issues during deployment. Research is beginning to validate the high level of stress and mental strain our military families are experiencing. This stress is carried over with them when they enter veteran status. The answer is making sure our families have access to behavioral health providers with the VA’s system of care, as well.

Successful reintegration programs will require strong partnership at all levels between the various mental health arms of the VA, DoD, and State agencies. Opportunities for the entire family and for the couple to reconnect and bond again must also be provided. Our Association has recognized this need and established family retreats under our *Operation Purple ®* program in the National Parks, promoting families the opportunity to reintegrate and readjust following the stresses of war and deployment. The VA should provide similar types of venues for veterans and families to reintegrate.

**Wounded Veterans have Wounded Families**

Our Association asserts that behind every wounded service member and veteran is a wounded family. It is our belief the government, especially DoD and VA, must take a more inclusive view of military and veterans’ families. Those who have the responsibility to care for the wounded, ill, or injured service member or veteran must also consider the needs of the spouse, children, parents of single service members/veterans, and their siblings, and their caregivers. The VA and DoD need to think proactively as a team and one system, rather than separately, and address problems and implementing initiatives upstream while the service member and their family is still on active duty status.

Reintegration programs become a key ingredient in the wounded service members, veterans, and their family’s success. For the past three years, we have held our *Operation Purple® Healing Adventures* camp to help wounded, ill, or injured service members and their families learn to play again as a family. We hear from the families who participate in this camp that many issues still create difficulties for them well into the recovery period. Families find themselves having to redefine their roles following the injury of the service member. They must learn how to parent and become a spouse/lover with an injury/illness. Each member needs to understand the unique aspects the injury/illness brings to the family unit. Parenting from a wheelchair brings a whole new challenge, especially when dealing with teenagers. Parents need opportunities to get together with other parents who are in similar situations and share their experiences and successful coping methods. Our Association believes everyone must focus on treating the whole family, with VA and DoD offering mental health counseling and skill based training programs for coping, intervention, resiliency, and overcoming adversities. Injury interrupts the normal cycle of the reintegration process causing readjustment issues. The VA, DoD, and non-governmental organizations must provide opportunities for the entire family and for the couple to reconnect and bond, especially during the rehabilitation and recovery phases.

The VA and DoD must do more to work together both during the treatment phase and the wounded service member’s transition to ease the family’s burden. They must continue to break down regulatory barriers to care and expand support when appropriate through the Vet Centers, the VA medical centers, and the community-based outpatient clinics (CBOCs), along with DoD’s system of care. We recommend the VA allow veteran families access to mental health services throughout the VA’s entire network of care. Before expanding support services to families, however, VA facilities must establish a holistic, family-centered approach to care when providing mental health counseling and programs to the wounded, ill, or injured service member or veteran. Family members are a key component to a veteran’s psychological well-being. They must be included in mental health counseling and treatment programs for veterans.

**Caregivers of the Wounded**

Caregivers need to be recognized for the important role they play in the care of their loved one. Without them, the quality of life of the wounded service members and veterans, such as physical, psycho-social, and mental health, would be significantly compromised. They are viewed as an invaluable resource to VA and DoD health care providers because they tend to the needs of the service members and the veterans on a regular basis. Their daily involvement saves VA, DoD, and State agency health care dollars in the long run. However, their long-term psychological care needs must be addressed. Caregivers of the severely wounded, ill, or injured service members, who are now veterans, have a long road ahead of them. In order to perform their job well, they will require access to robust network of mental health services.

We have observed from our own *Healing Adventure Camps* the lack of support and assistance to the spouse/caregiver of our wounded, ill, or injured. Many feel frustrated with not being considered part of the care team and not included in long-term care decisions. The level of frustration displayed by the spouses/caregivers at our recent *Healing Adventure Camp* at Ft. Campbell about lack of information and support was disturbing. Even the Congressionally mandated Recovering Warrior Task Force (RWTF) discovered the same level of frustration during their site visit to Ft. Carson and raised their concerns to the Military Treatment Facility (MTF) and Warrior Transition Unit (WTU) Commanders. The VA and DoD need to make sure the spouse/caregiver and the family are also cared for and provided them the support they need to perform their role as a caregiver and provide them with the tools to care for themselves as well. The VA and DoD need to establish spouse/caregiver support groups and mentoring opportunities. Spouses/caregivers need a platform where they can voice their concerns without the fear of retribution.

The VA has made a strong effort in supporting veterans’ caregivers. Our Association still has several concerns with the VA’s interpretation of P.L.111-163. The VA’s eligibility definition does not include illness, which means it does not align with DoD’s *Special Compensation for Service*. This means the benefit ends once the ill service member transfers to veteran status. We believe the VA is waiting too long to provide valuable resources to caregivers of our wounded, ill, or injured service members and veterans who served in Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (OIF/OEF/OND). The intent of the law was to allow caregivers to receive value-added benefits, such as mental health counseling, in a timely manner in order to improve the caregiver’s overall quality of life.

**Educating Those Who Care for Veterans and their Families**

The families of veterans must be educated about the effects of Post-Traumatic Stress Disorder (PTSD), and suicide in order to help accurately diagnose and treat the veteran’s condition. These families are at the “pointy end of the spear” and are more likely to pick up on changes attributed to either condition and relay this information to their health care providers. Programs are being developed by the VA and each Branch of Service. However, DoD’s are narrow in focus, targeting line leaders and health care providers, but not broad enough to capture our military family members and the communities they live in. The VA’s message is broader, but still lacks the direct outreach needed to educate veterans’ families.

There are many resources for veterans and their families provided by DoD, VA, State agencies, and non-government agencies. However, there is often difficulty navigating this sea of good will and knowing which resource to access when. We recommend an extended outreach program to veterans and their families of these available mental health resources.

Health care and behavioral health providers must also be educated about our military culture. We recommend a course on military culture be required in all health care and behavioral health care college curriculums and to offer a standardized VA and DoD approved military culture Continuing Education Unit (CEU) for providers who have already graduated. Providers should be incentivized to take these courses. VA providers must be educated about stigma among veteran families, who are experiencing secondary PTSD. These families, often caregivers, are afraid to tell someone they too have PTSD. Veterans’ families must be told it is okay to seek help for themselves.

Families want to be able to access care with a mental health provider who understands or is sympathetic to the issues they face. We appreciate the VA allowing family member access to Vet Centers. However, families need to have access without gaining permission from the veteran first. Once the service members become veterans, families have fewer access points for mental health services. Barriers, such as the requirement for families to first obtain the veteran’s permission, only further prevent access to timely mental health care. Treatment through the VA should include access to medication along with therapy. Currently, the VA is only allowing therapy for families and caregivers. We also encourage the VA to develop more family-oriented programs and offer web-based Skype group meetings.

The VA must also look beyond its own resources to increase mental health access by working with other government agencies. We appreciate President Obama’s recent Executive Order allowing the VA to partner with the Substance Abuse and Mental Health Services Administration (SAMHSA). However, we encourage the VA to include SAMHSA’s Military Families Strategic Initiative and Service member, veteran, and family Policy Academy States and Territories in their partnership. SAMHSA’s initiative encourages State agencies to provide already established services and programs to service members, veterans, and family members. Our Association has been actively working with SAMHSA providing valuable input on military families and military culture. We encourage committee members to ask fellow Members of Congress and the Administration to fund SAMHSA’s initiative so they may educate the remaining States and Territories about the unique needs of the military, veterans, and their families.

**Survivors**

The VA must work together to ensure surviving spouses and their children can receive the mental health services they need through all of VA’s venues

***Recommend the VA examine DoD’s alternative methods of mental health services and possibly adopt the United Kingdom’s model of community involvement as possible solutions to their access issues.***

***Recommend the VA be aware of the mental health needs of veterans’ children and families when allowing access to service and implementing support programs.***

***Recommend the VA and DoD think proactively as one team and one system, in order to successfully address problems and implement initiatives upstream while the service member and their family is still on active duty status.***

***Recommend the VA establish a holistic, family-centered approach to care.***

***Recommend the VA and DoD establish spouse/caregiver support groups and mentoring opportunities.***

***Recommend the VA educate family members of veterans about the effects of Post-Traumatic Stress Disorder (PTSD) and suicide.***

***Recommend the VA create outreach programs to veterans and their families about all of the available VA, DoD, State agencies, and non-government agencies behavioral health resources.***

***Recommend the VA and DoD educate health care and behavioral health providers about our military culture and stigma among veterans’ families.***

***Recommend committee members ask fellow Members of Congress and the Administration to fund SAMHSA’s initiative so they may educate the remaining States and Territories about the unique needs of the military, veterans, and their families.***

***Recommend the VA ensure surviving spouses and their children receive the behavioral health services they need through all of VA’s venues.***

**Military Families – Our Nation’s Families**

The National Military Family Association would like to thank you again for the opportunity to submit testimony on overcoming barriers to quality mental health care for veterans and their families. Veteran families have supported the Nation’s military mission. The least their country can do is make sure they have consistent access to high quality behavioral health care. Wounded service members and veterans have wounded families. The VA and DoD systems of care should work together in providing quality behavioral health services. We ask this Committee to assist in meeting that responsibility. We look forward to working with you to improve the quality of life for service members, veterans, their families and caregivers, and survivors.