MATTHEW KUNTZ, EXECUTIVE DIRECTOR, MONTANA CHAPTER, NATIONAL ALLIANCE ON MENTAL ILLNESS

STATEMENT OF
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SUBMITTED TO
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UNITED STATES SENATE

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Chairman Akaka, Ranking Member Burr, and Members of the Committee -

As the Executive Director of the Montana Chapter of the National Alliance on Mental Illness (NAMI), I appreciate your invitation to provide testimony to the Committee. Also on behalf of NAMI Executive Director Michael Fitzpatrick, our NAMI Board of Directors Veterans Committee Chairman Fred Frese, Ph.D., and our national grassroots Veterans Council Chairman, Ms. Sally Miller, a neighbor of mine from Bozeman, Montana, please accept NAMI's collective thanks for this opportunity for me to testify before your Committee today.

Mr. Chairman, as a proud and grateful consumer of services provided by the Department of Veterans Affairs (VA), I thank you for your work on this Committee to sustain and improve programs for veterans. I also want to thank Senator Jon Tester for identifying me to your staff as a potential witness today. Senator Tester has been an incredible ally through all of my experiences and involvement with veterans' mental health issues. We are happy to have him represent God's Country in the Senate of the United States.

NAMI is the nation's largest non-profit organization representing and advocating on behalf of persons living with chronic mental health challenges. Through our 1,100 chapters and affiliates in all 50 states and over 200,000 members, NAMI supports education, outreach, advocacy and biomedical research on behalf of persons with schizophrenia, bipolar disorder, major depression, severe anxiety disorders, post-traumatic stress disorder (PTSD), and other chronic mental illnesses that affect children and adults.

NAMI and its veteran members established a Veterans Council in 2004 to assure close attention is being paid to mental health issues in the VA and especially within each Veterans Integrated Services Network (VISN) and at individual facilities. We advocate for an improved VA continuum of care for veterans with severe mental illness. The council includes members from each of VA's 21 VISNs. These members serve as NAMI liaisons with their VISNs; provide outreach to local and regional Veterans Service Organization units; increase Congressional awareness of the special circumstances and challenges of serious mental illness in the veteran

population; and work closely with NAMI State and affiliate offices on issues affecting veterans and their families. Our members are deeply involved in consumer councils at almost 50 VA medical centers and we advocate for even more councils to be established throughout the VA system.

In respect to VA's consumer councils, some of my NAMI colleagues have learned and have asked me to report to this Committee that some VA attorneys may be using the requirements of the Federal Advisory Committee Act (FACA) as a type of shield to prevent or obstruct the establishment by VA facilities of new consumer councils in the mental health area. This is a very worrying trend. A consumer council is not a federal advisory committee in any sense of that concept. Participating in consumer councils is at the very heart of our involvement in the care of our family members who are veterans in VA treatment programs. VA's own mental health strategic reform plan, adopted formally by the Veterans Health Administration almost four years ago, prominently calls for the establishment of mental health consumer councils as a key component of advancing recovery as a model goal for the entire VA system. NAMI hopes you will use your oversight to examine how VA attorneys could reach a conclusion that a VA mental health consumer council is a federal advisory committee within the meaning of the FACA, particularly in the face of the hundreds of councils that have been established by VA over the years. Hopefully you can change their minds.

NAMI's Veterans Council membership includes veterans who live with serious mental illness, family members of these veterans, and other NAMI supporters with an involvement and interest in the issues that affect veterans living with mental illness. Also our Veterans Council and other NAMI resources are committed to a Memorandum of Understanding NAMI secured in 2008 with the Department of Veterans Affairs, to bring NAMI's signature education program, called "Family to Family," directly into the VA mental health treatment environment. Family to Family is a formal twelve-week NAMI educational program that enables families living with mental illness to learn how to cope with and better understand it.

NAMI's Family to Family program provides current information about schizophrenia, major depression, bipolar disorder (manic depression), post traumatic stress disorder (PTSD), panic disorder, obsessive-compulsive disorder, borderline personality disorder, co-occurring brain disorders and addictive disorders, to family members of veterans suffering from these challenges. It supplies up-to-date information about medications, side effects, and strategies for medication adherence. During these sessions participants learn about current research related to the biology of brain disorders and the evidence-based, most effective, treatments to promote recovery from them. Family members gain empathy by understanding the subjective, lived experience of a person with mental illness. Our Family to Family volunteer teachers provide learning in special workshops for problem solving, listening, and communication techniques. They provide proven methods of acquiring strategies for handling crises and relapse. Also, Family to Family focuses on care for the caregiver, and how caregivers can cope with worry, stress, and the emotional overload that attends mental illness in families. We at NAMI are very proud of Family to Family, and we were especially pleased last year that Under Secretary Michael Kussman and VA's Office of Mental Health saw the wisdom of finally bringing NAMI resources like Family to Family into VA mental health programs at the local level.

Mr. Chairman, section 7321 of title 38, United States Code, requires VA to appoint a "Committee

on Care of Veterans with Serious Mental Illness," with clearly defined duties: to identify system-wide problems and specific VA facilities at which program enrichment is needed to improve treatment and rehabilitation, and to promote model programs that should be implemented more widely within VA's mental health practice. These are the expectations of Congress for that committee. Since 2006, however, this committee-an activity that at one time displayed inspired leadership and effectiveness in meeting this Congressional mandate-has seemingly become a functional arm of VA Central Office (VACO) leadership, and is no longer an independent voice for better services for the most vulnerable enrolled patient population: the chronically mentally ill. As an endorsing organization that holds designated seats on this committee, NAMI is in full agreement with the Independent Budget for FY2010 that the current committee structure and function should be replaced by another activity that has more independence and an ability to communicate its findings directly to the Secretary of Veterans Affairs and to Congress without interference. NAMI joins the Independent Budget in urging the Committee to take appropriate steps to reform this function.

I joined the fight for better care for our returning service members' post traumatic stress injuries after losing my step-brother, Chris Dana, to a post traumatic stress disorder (PTSD)-induced suicide approximately fifteen months after he returned from Iraq where he served as a Humvee machine gunner with the 163rd Infantry Regiment of the Montana National Guard.

Chris's death was an ugly, painful, and needless tragedy. However, it did spark a major campaign in Montana for better treatment for our service members and veterans who are struggling with mental illnesses. The Governor put together a task force to analyze the problem and make recommendations. In October of 2007, the Montana National Guard implemented all of the task force's recommendations. By the summer of 2008, the National Guard Bureau recognized that Montana had implemented the best system in the country for caring for post traumatic combat stress injuries, depression and other readjustment challenges.

Personally, I ended up giving up my practice as a corporate attorney to serve as Executive Director of NAMI Montana. In that role, I would like to explain to you some of the challenges that we have in treating Montana's veterans that are struggling with mental illness.

All of the challenges are tied to the fact that Montana is the fourth largest state with a relatively small population, less than a million people. The state of Montana contains an area of approximately 147,046 square miles. That area is large enough to fit more than thirty-six of the Big Island of Hawaii. Montana is over three and a half times the size of the state of Virginia. We are also double the size of the State of Washington.

The population of Montana has a significant need for treatment for combat-related mental illnesses. We are also among the leading States in both the percent of wartime casualties per capita and the percent of wartime injuries per capita. I think that it is therefore a reasonable assumption that Montana is also among the highest States in PTSD related to the conflicts in Iraq and Afghanistan per capita.

The logistical challenges of treating veterans with severe mental illnesses scattered across a state the size of Montana are obvious. But they are compounded by Montana's lack of a strong mental illness treatment infrastructure for the VA to rely upon as a safety net. In NAMI's 2006 Grade

the States Report, Montana's system for treating seriously mental illness graded out at an "F." Based upon that grade, the VA cannot expect that the State of Montana will be able to provide treatment for veterans with mental illness who fall through the cracks of the VA system.

While the Montana VA has admirably been able to utilize telemedicine to overcome some of the logistical challenges, some treatment challenges cannot be resolved with high technology fixes. For example, our state desperately needs geographically dispersed crisis beds to serve veterans in rural areas that have a mental health emergency. Put simply, if a veteran threatens to commit suicide in Scobey, Montana, we do not have a humane way to handle that threat. The distance from Scobey to our state mental hospital is 534 miles, an eight hour drive. That is a long time to have one of our combat heroes shackled in the back of a police car. It is also a long time for a small community that may have only three or four law enforcement personnel to give up a deputy and a patrol car.

We need to ensure that the VA has access to, or can arrange, geographically-dispersed crisis beds to ensure that no veteran must be made to travel more than two or three hours to get to a safe place of care.

The crisis beds issue is becoming even more critical due to the waiting periods at the Department of Veterans Affairs' inpatient mental health treatment facilities. Last month, I worked with Senator Tester's staff on the case of a Marine combat veteran with PTSD who had a co-occurring substance-use dependency problem. This veteran had been court-ordered into inpatient treatment because in the opinion of the court he needed immediate and critical help. The veteran was placed on a VA waiting list in November 2008 for an opening in March 2009. The court contacted me at the end of January when they were worried that the veteran was going to kill himself. Thankfully, Senator Tester's staff ensured that the veteran got the help that he needed, but this veteran's plight highlights the fact that our failure to treat a veteran's mental illness at a preliminary stage will eventually lead to a higher and more expensive level of care.

In the case of a crisis, it's a level of care that the State of Montana really needs the federal government's help on, because we cannot do it alone - especially given the current financial situation.

That brings me to another important point. One of the major lessons from Chris's death is that we can't afford to wait for symptoms of the illness to become so overwhelming that service members either reach out for help or have their lives collapse. In response to our bitter lesson, Montana implemented a face-to-face screening program for all of its returning service members, upon redeployment and then every six months afterwards for two years.

These screenings help open the way to provide effective treatment when the disease is in its initial stages. Just like any other illness, early treatment is more effective from both a medical and cost standpoint. In human terms, it can make the difference between whether a veteran moves on to be a productive member of society, ends up on the street - or worse. In VA financing terms, early intervention and treatment can lead to lower health care costs and reduced disability ratings.

These screenings will allow the Department of Defense to treat military personnel's mental illnesses when they first arise, not drop them off on our rural VA health care system one step away from a full blown psychiatric or substance abuse crisis.

I have been working with Senator Baucus and Senator Tester on developing draft legislation to implement the Montana Model on a national scale for the active duty, reserve and National Guard units and members who are coming home from combat deployments. I would really appreciate your support for that legislation.

To summarize Mr. Chairman, in the year following my step-brother's death, I was overwhelmed by the calls and letters that I received from veterans and family members who needed help. So I joined NAMI and gave up my practice as a corporate attorney to focus on advocating for people affected by severe mental illness. In that role, I have noticed three glaring issues that need to be addressed.

The first issue is that we need to reduce the waiting times to gain access to inpatient mental health treatment facilities. Thankfully, as I mentioned earlier, Senator Tester's staff ensured that a veteran in crisis was admitted earlier than VA had planned. But let me ask you: should we need to rely on a U.S. Senator's intervention to get a combat veteran into a critical VA treatment program that might save his life?

The second problem, especially important in Montana and other rural and frontier States, is that we need access to appropriate beds for our veterans who are in mental health crisis. The bottom line for me is that we need to ensure that the VA has access to, or can arrange, geographically dispersed crisis beds to ensure that no veteran must be made to travel more than two or three hours to get to a safe place of care.

The third concern is that diversionary courts can be excellent tools to get veterans who are struggling with mental health issues the help that they need. In the instance of the Marine I described earlier, the drug court likely either saved his life or kept him out of prison. We have a mental health court in Missoula that is similarly effective at helping sick veterans receive the help they need. I have even read about a "Veterans Court" that was established in Buffalo, New York, designed to help combat veterans who have fallen through the cracks. I would urge this Committee and the VA to support the development of these diversionary courts for veterans, and especially combat veterans, and to make sure that VA reaches out and coordinates with the existing courts system to ensure the most timely and effective care possible, rather than allowing sick and disabled veterans to be convicted and go to jail or prison.

Mr. Chairman, my colleagues at NAMI's national office also asked me to highlight for the Committee a current collaboration between the Department of the Army and the National Institute of Mental Health (NIMH), on the development of effective suicide prevention strategies. According to my NAMI colleagues, the Army Secretary and NIMH Director have made this initiative a top priority for their respective agencies. I certainly agree it is critical that both the Army and the VA more effectively engage with the NIMH to ensure that suicide prevention efforts are grounded in sound scientific evidence, but I would also add from my experience that the Army's efforts should extend to involvement of the National Guard Bureau

and all the State National Guard adjutants, to bring these efforts to the ground in rural America, where our Guard members reside and must live after serving their deployments in combat.

Mr. Chairman, the National Alliance on Mental Illness is committed to supporting VA efforts to improve and expand mental health care programs and services for veterans living with serious mental illness. Our members directly see the effects of what the national Veterans Service Organizations have reported through the Independent Budget for years: chronic under-funding and late funding of veterans' health care has eroded the VA's ability to quickly and effectively respond to present-day and projected requirements, even with the infusion of new funds it now is receiving. Until very recently forward motion has been stalled for years on VA's "National Mental Health Strategic Plan," to reform its mental health programs - a plan that NAMI helped develop and fully endorses. NAMI wants to see VA back on track for improved access to mental health services for veterans returning from Iraq and Afghanistan, as well as others diagnosed with serious mental illness - all important initiatives within the VA strategic plan. NAMI hopes the Committee will agree that oversight of VA's implementation of the National Mental Health Strategic Plan and its recent announcement of a "Uniform Mental Health Service" benefits package, would be beneficial to ensuring its progress toward full implementation, to provide help to the newest war veterans and all veterans who live with mental illness.

Mr. Chairman, this concludes my formal testimony. My colleagues at NAMI's national office and I hope you will take all of our views into consideration as you conduct the important work of this Committee. Thank you again for inviting me to testify. I would be honored to answer any questions that you might have.