

PUBLIC SERVICE PERSPECTIVES

Psychologists: The Backbone of the VA Health Care System

Daniel K. Akaka

Committee on Veterans Affairs, U.S. Senate

Veterans returning from Iraq and Afghanistan are presenting in large numbers with serious mental health needs. Chairman Akaka addresses this concern and the role of the Department of Veterans Affairs in caring for those in need of mental health services.

Keywords: veterans, Department of Veterans Affairs, veterans' mental health

Here in Congress, we are working through the budget process to fund the Veterans Affairs (VA) health care system. Central to our discussion is mental health care for veterans, including those already in the VA system and service members who are just now returning from battle.

It seems that every week a new story comes out about the mental health issues facing soldiers. In late 2005, mental health experts warned that the intensity of warfare in Iraq and Afghanistan could cause more than 15% of service members returning from these conflicts to develop posttraumatic stress disorder (PTSD), with a total of nearly 30% needing some kind of mental health treatment—from basic readjustment counseling to care for debilitating PTSD. A recent study published in the *Journal of the American Medical Association* reported that 35% of Iraq veterans received mental health care during their first year home (Hoge, Auchterlonie, & Milliken, 2006).

We know that the current war poses unique challenges to the resiliency of soldiers and families, such as long and repeated deployments, complex missions, and a harsh environment. The VA, under Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF), has hired outreach counselors to assist our soldiers.

It will take years of research and clinical information to fully understand the impact of OIF/OEF operations on the mental health and functioning of OIF/OEF veterans and that of their families.

What I have learned from experts is this: Although there is no cure for PTSD, early identification and treatment of symptoms may lessen their severity and improve the overall quality of life for individuals with this disorder. Therefore, the million dollar question confronting Congress is this: Are VA clinicians prepared to properly care for all returning service members who need mental health care? Of course, this is where VA psychologists come in.

The Veterans Health Administration (VHA) employs 1,200 psychologists, making it the largest single employer of psychologists in the nation. VHA represents almost 20% of American Psychological Association (APA)-accredited predoctoral psychology internship training sites and 33% of APA-accredited postdoctoral sites. Psychologists are truly the backbone of VA health care.

I recall testimony at a field hearing before the Committee on Veterans Affairs on the state of VA care in Hawaii, held in Hawaii on January 10, 11, and 13, 2006 (*Field Hearing*, 2006). On behalf of veterans from the remote Hawaiian island of Molokai, the witness, Larry Helm, President of Molokai Veterans Caring for Veterans, on January 10 asked for more psychological care, as it takes over 3 months to get an appointment with the itinerant VA psychologist. The witness told the Committee about Dr.

Correspondence concerning this article should be addressed to Daniel K. Akaka, c/o Kim Lipsky, Committee on Veterans Affairs, U.S. Senate, Russell 412, Washington, DC 20510. E-mail: Kim_Lipsky@vetaff.senate.gov

Kathleen McNamara, a VA psychologist who routinely travels to Molokai from a neighboring island. He called Dr. McNamara the “Mother Teresa” for the veterans. He also said, however, that Molokai needed more psychologists, because the demand to see Dr. McNamara is just so great.

I am happy to report that VA psychologists like Dr. McNamara seem to exist throughout the system. Thousands of miles away in Bath, NY, another VA psychologist, Norman Quirion, enjoys a similar reputation. Veterans seen by Dr. Quirion credit him with improving the quality of their lives.

As Chairman of the Committee on Veterans Affairs, I am quite proud of VA’s psychologists—those who provide direct service, those who have carried out some of the foremost research in the area, those who are training the next generation of psychologists through VA’s internship and postdoctoral fellowship programs, and those who develop and evaluate the new programs that will tailor the VA’s treatment of PTSD to the individual needs of this next generation of veterans and their families. We can thank them for contributing to VA’s reputation as being a recognized leader in the treatment of PTSD. With its outreach efforts and expert mental health staff, VA has made great strides in its treatment of those suffering from the psychological wounds of war.

Despite the good work of individual psychologists and other mental health professionals, VA still has a long way to go before it will achieve the level of PTSD treatment that our veterans deserve. Demonstrating this fact is a February 2005 report from the Government Accountability Office (U.S. Government Accountability Office, 2005), which found that VA has not fully met any of the 24 clinical care and education recommendations made in 2004 by VA’s Special Committee on PTSD (Department of Veterans Affairs, 2004). In fact, I cite here one of the report’s most disturbing points, that VA’s delay in fully implementing the recommendations raises questions about VA’s capacity to identify and treat veterans returning from the Iraq and Afghanistan conflicts, who may be at risk for developing PTSD, while maintaining PTSD services for veterans currently receiving them (U.S. Government Accountability Office, 2005, p. 3).

In my mind, this is further proof of the need for increased funding for VA health care. If we do not give VA the necessary funds for health care, how can we expect it to properly care for the flux of new veterans when it cannot even care for those it currently treats? In fact, VA officials have cited resource constraints as the primary reason for not implementing many of the Special Committee’s recommendations.

In 1984, Congress passed P.L. 98–528, which authorized the VA to establish a VA Special Committee on PTSD that would designate special programs for the diagnosis and treatment of PTSD (H.R. 2720, signed on October 19, 1984). These special programs were originally intended to aid Vietnam-era veterans diagnosed with PTSD. One of the Special Committee’s main charges is to carry out an ongoing assessment of VA’s capacity to diagnose and treat PTSD and to make recommendations for improving VA’s PTSD services.

With nearly 10,000 of our veterans returning home from Afghanistan and Iraq with a PTSD service-connected disability, it is imperative that VA be ready to meet the mental health demands of these veterans. Instead of being proactive with regard to caring for these soldiers, many in Washington gave a reactionary response prompted by a fear of rising costs.

It is unfortunate that some believe that reducing veterans’ compensation for PTSD by reexamining 72,000 previously awarded claims is a good way to save money. Many times, VA compensation is the only source of income for severely disabled veterans and their families. I am thankful that VA set aside its plan to move forward with the review late last year, yet I remain concerned because there are still efforts out there that may lead to reductions in compensation.

Those familiar with VA can recall the severe budget shortfall in fiscal year 2006, which forced VA facilities to scramble to make up nearly \$3 billion in needed funding. One reason for the shortfall is that VA wildly underestimated the number of younger vets returning from Iraq and Afghanistan. Also, the Administration thinks that in 2007 even *fewer* vets will come for care. This is a terrific gamble, as this miscalculation was one of the primary causes of the fiscal year 2006 shortfall.

I firmly believe that VA must make strides in its provision of mental health services and out-

reach efforts to service members returning from Iraq and Afghanistan. If we are not careful and do not give VA proper resources, progress will be impossible. As Chairman of the Committee on Veterans Affairs, I will work to ensure that progress is made.

References

- Department of Veterans Affairs. (2004). *Fourth annual report of the Department of Veterans Affairs Under Secretary for Health's Special Committee on Post-Traumatic Stress Disorder*. Washington, DC: Government Printing Office.
- Field hearing on the state of VA care in Hawaii before the Committee on Veterans' Affairs, U.S. Senate*, January 10, 11, & 13, 2006, 109th Cong., 2nd Session, S. Hrg. 109-376. (2006).
- Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association*, 295, 1023-1032.
- U.S. Government Accountability Office. (2005, February). *VA health care: VA should expedite the implementation of recommendations needed to improve post-traumatic stress disorder services*. (Document GAO-05-287.) Washington, DC: U.S. Government Printing Office.

Received May 31, 2006

Accepted December 5, 2006 ■