

STATEMENT
of the
NATIONAL MENTAL HEALTH ASSOCIATION
before the
HOUSE VETERANS AFFAIRS COMMITTEE
SEPTEMBER 20, 2001

Mr. Chairman and Members of the Committee:

NMHA is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. In partnership with our network of 340 state and local Mental Health Association affiliates nationwide, NMHA works to improve policies, understanding, and services for individuals with mental illness and substance use disorders. Several NMHA affiliates have developed and operate programs serving persons who are homeless and suffer from mental illness and co-occurring substance use disorders.

We commend the Committee for holding a hearing on legislation aimed at improving programs and services for veterans who are homeless.

Who are the homeless, and how do we meet the challenge of ending homelessness among America's veterans? In answering those questions we urge the Committee to consider the prevalence of mental illness and substance use disorders among homeless veterans. As recently as June, VA reported that of 32 thousand homeless veterans assessed in FY 2000

to determine their clinical and other needs, 82 per cent were determined by VA clinicians to have a serious psychiatric or substance use problem. Of these, 44 percent had a serious psychiatric problem, 69 percent were dependent on alcohol and/or drugs, and 32 percent were dually diagnosed with psychiatric and substance use disorders. An array of factors contributes to homelessness. But for many individuals the reality of mental illness and often co-occurring substance use problems cannot be disassociated from unemployment, lack of social and family support, and poverty. For these individuals, ending homelessness requires that VA provide a road to recovery from their illness.

NMHA certainly supports legislation to improve VA and VA-supported programs to assist veterans who are homeless or at risk of becoming homeless. We applaud efforts to expand the role which community-based organizations can play to support that effort. It is critical, however, that VA have the infrastructure of specialized mental health and substance abuse services needed to address issues which for most veterans are at the core of homelessness. We believe that the failure to narrow substantially the wide gap between VA's obligation, on the one hand, to provide state of the art programs to help veterans recover from mental illness and substance use disorders, and the eroded capability of its mental health and substance use programs, on the other, will limit the effectiveness of efforts to assist homeless veterans. Our testimony on June 20, 2001 before the Committee's Subcommittee on Health sets forth our views in more detail. At that hearing on VA mental health and substance abuse programs we offered observations pertinent to the challenge of homelessness among veterans. First, we observed, over the last five years the VA health care system has markedly diminished – by its own measures -- its capability to provide care to veterans with mental and substance use disorders. Second, this loss of program capacity has been variable from network to network – wholly at odds with VA's obligation to operate a national health care system and provide equitable access to care. And third, with its failure over the last five years to maintain and reinvest mental health funding to establish needed community-based mental health programs, VA can no longer claim to provide state of the art mental health care.

Experience has taught us that successful recovery requires an array of services that include intensive case management, access to substance abuse treatment, peer support and psychosocial rehabilitation such as pharmacologic treatment, housing, employment services, independent living and social skills training, and psychological support to help persons recover from a mental illness. In most communities, VA does not have the means to provide even veterans who are service-connected for mental illness this spectrum of needed services. Is that not VA's highest priority?

NMHA urges the Committee both (1) to put new "teeth" into current law governing VA's maintenance (and restoration of) VA's specialized mental health/substance use treatment "capacity", and (2) to bring VA programs for veterans with mental illness and substance use disorders to the level that experts inside the VA and elsewhere acknowledge to be state-of-the-art.

Clearly a broad-based effort to end homelessness among veterans must address a wide spectrum of needs. In crafting legislation to achieve that goal, we would urge the Committee to be mindful that model programs for individuals who are homeless or at risk of homelessness must provide or offer services **in the community** so that people learn life skills in the setting where the skills will be used. In our view, such efforts necessarily require partnerships between VA and community-based organizations to be successful. Community-based organizations are a key both to leveraging resources VA may not have authority to furnish and to developing symbiotic partnerships with VA around those services which it should provide. We would be pleased to work with the Committee to propose new avenues for VA to partner cooperatively with community-based organizations on behalf of veterans who are homeless or at risk of homelessness.