



**Texas Council of Community**  
Mental Health & Mental Retardation Centers, Inc.

**Testimony of Waymon Stewart  
CEO of the Andrews Center  
Before the House Committee on  
Defense And State Federal  
Relations**

February 12, 2008 – Veterans/Guard/Reserve Mental Health Issues

Mr. Chairman, and members of the committee, my name is Waymon Stewart, and I am the Chief Executive Officer of the Andrews Center Behavioral Healthcare System with its central office in Tyler. Our Center provides mental health services in 5 counties in Northeast Texas.

I appreciate your invitation to provide testimony on Interim Charge #2 which calls you to monitor the US Congress for the enactment and rules regarding the Veteran's Mental Health Outreach and Access Act of 2007 and to explore coordination with the community based mental health clinics in Texas that would be able to provide prescribed services to veterans.

Mr. Chairman, I served 4 years on active duty with the U.S. Army in the 70s. I served 27 years in the Army Reserve, including deployment to Iraq for a year with the 485th Quartermaster Company, headquartered in Tyler, Texas.

The Andrews Center is one of thirty-nine (39) Community MHMR Centers that represent the local system of care for Texans with mental illness, mental retardation and/or chemical dependency in all 254 counties in Texas.

Centers are a creation of local governmental entities that interface with the state and Federal government to secure funding for community-based mental health services. In return, Centers act as the public mental health safety net to over 140,000 adults and children with serious mental illnesses.

In the 80<sup>th</sup> Legislature, you provided \$82 million of new funding for Centers to build and maintain a crisis response system for those Texans who find themselves, due to their mental illness, at risk of harm to themselves or others. We expect 54,000 Texans annually will need these services.

In response to Hurricane Katrina and Rita, Centers stepped up in communities to serve the mental health needs of 1000s of evacuees, many of whom were suffering from Post Traumatic Stress Disorder.

Centers provided behavioral health screening and interventions to a large number of juveniles discharged from institutional care by the Texas Youth Commission in the summer and fall of 2007.

It is impossible to state accurately but the numbers are high of veterans and their families in Texas, including regular forces, guard and reserve, who have served in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) and other wars.

The impact of those deployments on service members has been profound.

The prevalence of mental health problems among OIF/OEF veterans appears significantly higher than earlier anticipated.

To illustrate, recent data from the Defense Medical Surveillance System (reflecting post-deployment health self-assessments since June 2005 of service members in Iraq) show that 50% of Army National Guardsmen and some 45% of Army and Marine reservists have reported mental health concerns.

Unexpectedly, high percentages of OIF/OEF veterans are receiving VA mental health services, many with very serious problems like PTSD and depression. According to the VA, more than 35% of OIF/OEF veterans who accessed VA care from 2002 through November 2006 were diagnosed or being evaluated for a mental health disorder.

VA data identify PTSD (seen in 15%), drug abuse (13%) and depression (10%) as the most prevalent disorders being treated in its facilities. Importantly another 5% were diagnosed with psychosis.

We know that 90% of the persons who commit suicide have a mental illness.

Last week the Department of Defense announced that as many as 121 Army soldiers committed suicide in 2007, a jump of some 20 percent over the year before.

We also know that 120 veterans kill themselves every week or over 6,000 per year. In all 50 states, based on death records for veterans and non-veterans, investigators have found that veterans were twice as likely to commit suicide.

A VA mental health system that might have been adequate for peacetime has been overwhelmed by the psychological injury to the troops coming home from these wars.

This is particularly true for the high percentages of Guard and Reservists among the OIF/OEF cohort.

These "citizen-soldiers" often live in communities remote from VA medical centers. Yet they are as likely to have readjustment issues or to experience anxiety, depression or PTSD as veterans who live in a large urban area with good access to VA health care.

Long distance travel is a very formidable barrier to a veteran's seeking (and continuing) needed treatment. That barrier is likely to be even higher for veterans with mental health needs, given the lingering stigma surrounding mental health treatment.

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.

At the same time, I am very proud to report that – when called upon in other states – community mental health centers 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 the VA has engaged in service partnerships with community mental health centers to address the needs of the unexpectedly large number of veterans/guard/reserve that require intensive mental health services.

Interim Charge #2 provides an opportunity to examine, review and study the mental health status of the growing number of soldiers from Texas who served in the Iraq/Afghanistan wars and make recommendations on how the State of Texas can assist in ensuring our soldiers and their families to a full continuum of mental health services.

It gives you a chance to calculate population densities in Texas of deployed soldiers, National Guard and Reserve Units and compare their access to mental health services at the VA facilities in this state.

Recently, Dallas Metro Care and Tarrant County MHMR, among the largest mental health providers in the state, attempted to identify the number of veterans receiving services.

Dallas Metro Care estimated it is serving 1400 veterans and Tarrant County has 400 veterans receiving services.

Community centers are not required to keep data that identifies whether a patient is a veteran. Individuals who meet our admission criteria receive our services with payment coming from Medicaid or general revenue. The VA is not billed.

Mr. Chairman, is the VA health care system in Texas – with all its strengths – adequately staffed, configured and located to meet the mental health needs of returning service members?

Common sense says it is not.

The VA is a facility based system that does not necessarily provide good access to care for veterans in rural Texas or in other areas remote from its healthcare facilities.

I think we know gaps in services exist for those in the Guard and Reserve who have returned from overseas deployments to communities far from VA facilities.

Mr. Chairman, community mental health centers have a 40-year track record of providing critical mental health services. Combined with our comprehensive geographic and deep roots in our communities, we are ideally equipped to answer the growing need to treat PTSD and other mental disorders in our Veterans/Guard/Reserve and their families.

There is much to be done and a compelling reason to develop better data to support the a recommendation by this Committee that would promote collaboration between the VA community based mental health centers to meet the significant and unique mental health needs of our OIF and OEF veterans.

Respectfully,

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