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Written Statement of
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On behalf of the
American Psychological Association
Before the
Subcommittee on Health
of the
House Committee on Veterans' Affairs
on
U.S. Department of Veterans Affairs Medical Care:
The Crown Jewel and Best Kept Secret

May 19, 2009

Mr. Chairman and members of the Subcommittee, please allow me to express appreciation for the opportunity to speak on behalf of the 150,000 members and affiliates of the American Psychological Association regarding outreach activities to veterans on college campuses. I am the son of a decorated WWII veteran captured on December 7, 1941, released in September of 1945, and buried in Arlington National Cemetery. I have spent 30 years working as a psychologist committed to the mental and behavioral health of students on college campuses. Meeting the needs of the increasing numbers of our nation's veterans -- particularly on college and university campuses -- is extremely significant to me.

Our ability to diagnose and treat combat-related mental and behavioral health problems, including depression, traumatic brain injury, and post-traumatic stress disorder has improved dramatically in recent years. Estimates suggest that between a quarter and a third of all veterans returning from Operation Enduring Freedom and Operation Iraqi Freedom will display symptoms of a mental disorder within a year of leaving military service. Many of these veterans are expected to benefit from the new Post-9/11 GI Bill by furthering their education at our nation's colleges and universities. These facts point to the important role that colleges and universities must play in our national efforts to meet the mental and behavioral health needs of our service members and veterans.

During the past year, George Mason University has been involved in a number of important activities to enhance our outreach to military personnel and veterans on campus. First, we hired Mr. Michael Johnson to serve as our full-time Military and Veterans Liaison in our Military and Veterans Office. Mr. Johnson, who has accompanied me to today's hearing, is a veteran of the United States Marine Corps, where he served for 17 years as both an enlisted member and an officer. Mr. Johnson and his colleagues in the Military and Veterans Office currently serve approximately 1,000 active duty, reserve, National Guard and veteran students, offering assistance and information regarding issues such as veteran services and academic counseling, as well as information about the many benefits to which they are entitled through state and federal government programs. The office also assists veterans in adapting to collegiate life, connecting them to each other, and supporting them as they pursue their studies.

In addition, George Mason University has recently completed a needs survey of our military and veteran student population and established connections between the new Military and Veterans Liaison and virtually every component within the university. We have also established the Mason Military Outreach group, which is a collaboration of students, faculty and staff in support of our service members, veterans, and their families. Further, the Mason Veteran Peers (MVP) initiative, involves a group of veterans who are working with Counseling & Psychological Services to provide peer support to veteran students.

Last month, George Mason University was one of only 20 institutions of higher education awarded a "Success for Veterans Award Grant" sponsored by the American Council on Education and the Wal-Mart Foundation. This \$100,000 grant will help George Mason University's Military and Veterans Office evolve further into a comprehensive, coordinated one-stop resource and support center to ensure academic, psychological, and transition support. We are grateful for this award. However, like most grants, it will not cover the predicted level of need, and it is time limited. Furthermore, our university may be unable to continue the program

upon completion of the grant. Unfortunately, service members and veterans attending colleges and universities that have not received such grant funding will not be able to benefit from the additional support to aid in the successful completion of their academic work.

Just as the community mental health system is stretched far too thin, so are college and university mental health resources. In fact, campus mental health faces significant systemic challenges, including an insufficient number of service providers, such as psychologists, psychiatrists, and case managers. Funding for colleges and universities to provide the specialized mental and behavioral health care required by many service members and veterans is unavailable. As more service members and veterans are utilizing college and university mental health services, these facilities are experiencing the strain of increasing caseloads and case management needs.

Data indicate that students on college and university campuses are increasingly arriving with more severe preexisting mental and behavioral health problems or developing these health concerns during their college careers. The increasing civilian mental and behavioral health needs on campus make it even more challenging for colleges and universities to provide sufficient services and supports for the growing population of service members and veterans on campus.

While we at George Mason University and our colleagues at colleges and universities around the country have been taking important steps to reach out to service members and veterans on campus, much work remains ahead. I would like to provide a few recommendations that may help our institutions of higher learning to ensure that we are doing all that we can to meet the mental and behavioral health needs of our military and veteran student population.

First, sufficient resources must be made available to support targeted efforts on campus to address mental and behavioral health needs among service members and veterans, including risk of suicide. In recent years, some important federal initiatives have been created through the Substance Abuse and Mental Health Services Administration (SAMHSA) to address the national problem of increased mental and behavioral health concerns on campus, including suicide.

While these SAMHSA grants currently support education and outreach efforts related to suicide prevention on college and university campuses, there are currently only 49 programs in place to create greater awareness about suicide and strengthen suicide prevention efforts. Much more needs to be done. Initiatives are underway to enable SAMHSA to support direct services for students on campus, an increasing number of whom will be service members and veterans, so that the full range of their mental and behavioral health needs can be met.

Senators Durbin and Collins and Representative Schakowsky have introduced the *Mental Health on Campus Improvement Act* (S. 682/H.R. 1704) and its programs will complement SAMHSA's Campus Suicide Prevention program to offer the full range of prevention and intervention services currently needed on college and university campuses. In addition, this legislation calls on grant applicants to include a plan, when applicable, to meet the specific mental and behavioral health needs of veterans attending institutions of higher education. This bill would also establish a College Campus Task Force, which includes representation from the Department of Veterans Affairs, to discuss mental and behavioral health concerns on college and university campuses.

Second, continuing education and training opportunities must be readily available for college and university mental and behavioral health professionals regarding some of the unique deployment, reintegration, and readjustment issues facing service members, veterans, and their families. Both the Department of Defense (DoD) and the Department of Veterans Affairs (VA) have unique knowledge and expertise in this domain. I recently attended a week-long training conducted by the DoD Center for Deployment Psychology in which leading experts in the field provided critical training regarding the deployment cycle, trauma and resilience, behavioral health care for the severely injured, and the impact of deployment on families. These are high quality training programs that are worthy of continued attention and support.

Third, we must develop mechanisms to conduct appropriate outreach to service members and veterans who are beginning their post-secondary education online while deployed or upon their return from service. Such online education opportunities may present unique challenges for our military and veteran students, not because these education programs are unworthy or ineffective, but because of their potential isolating effect. Service members and veterans who are enrolled in online education programs and experiencing mental and behavioral health problems are often more isolated than their on-campus colleagues, and this isolation can be contraindicated for their healthy readjustment and recovery.

APA and the psychology community looks forward to continuing to work with Congress, the VA, the DoD, and the veterans service community to welcome home our men and women in uniform and ensure that they receive the mental and behavioral health services and supports -- on college and university campuses and in the larger community -- that they have so honorably earned.