

Comments on Report of American Psychological Association Presidential Task Force on Military Deployment Services

By Office of Mental Health Services, Department of Veterans Affairs

We are grateful to the American Psychological Association (APA) for allowing the Department of Veterans Affairs Office of Mental Health Services to respond to the report, “The Psychological Needs of U.S. Military Service Members and Their Families: A preliminary Report,” prepared by the Presidential Task Force on Military Deployment Services for Youth, Families, and Service Members. We also appreciate APA’s concern for the mental health needs of current military service members and their families. However, we must express concerns about the report, which we believe misrepresents VA in important ways. Our goal in providing this commentary is to promote dialogue between VA and APA; we have been supportive partners for many generations and expect to maintain that collegial relationship.

In this brief overview, we want to draw attention to two glaring misrepresentations of VA in the report. First, there is a lack of appropriate differentiation between the Department of Defense and VA; as a result, this report does not accurately and appropriately characterize VA. Second, and more importantly, the report does a disservice to VA and to veterans in misrepresenting the status of mental health services currently available. While we are convinced these errors are not intentional on the part of anyone at APA, they still must be brought to the public’s attention.

We *do* agree with one particular statement made in the Report: “The perception among some potential users that the care available through VA and DoD facilities is of poor quality can create a significant barrier to the provision of excellent behavioral health care.” Our main concern about this report is that it could discourage veterans who need our services from seeking them. Implying that VA provides anything but quality care is in direct contradiction to the facts. VA health care, in fact, is widely recognized both within the media and in external reviews, as the “best care anywhere.”

Report Fails to Clearly Distinguish Between VA and DoD

The report fails to distinguish clearly the Department of Veterans Affairs (VA) from the Department of Defense in reporting its findings, yet the two agencies differ in crucial respects with regard to their structure, Congressional charges, processes, and programs of treatment. Each is a separate, Cabinet-level department. Throughout the report, VA appears as if it were simply a subsidiary of the Department of Defense. To have VA characterized so incorrectly suggests there have been fundamental flaws in developing the report.

Report Has Serious Methodological Limitations and Content Errors

The report also has methodological problems and errors in content, that call into question its findings. First, the Task Force’s conclusions, particularly with regard to VA, are unsubstantiated. Empirical support and citations to relevant research are not provided for the specific and general points in the report regarding VA. In fact, the Task Force notes its reliance on “anecdotal evidence,” and generally no mention is made of the source of the information provided. Similarly, the Task Force states that it was unable to identify certain types of research, yet nowhere states how it attempted to gather such information (e.g., information sources, search criteria, contact with appropriate agencies). The report excludes certain important information and data on VA service delivery and national programs, that could have been available had they been specifically requested. VA’s Central Office did not have an opportunity to review or contribute to this report, to the degree it should have been and that could have better informed the process.

The limited information provided on mental health care in VA is narrow in scope, in many instances inaccu-

rate, and fails to credit the substantial efforts underway already within VA to bolster mental health services. These efforts are based on a comprehensive Mental Health Strategic Plan, which was approved in November, 2004, and which has been implemented with massive effort and substantial funding since then. That implementation includes development and funding of numerous Mental Health Enhancement Initiatives, which continue to result in extensive national mental health hiring programs. In fact, the number of VA mental health staff has steadily and significantly increased over the last two years, including a 15% increase in the number of Psychologists hired. The VA now encompasses the largest national network of Psychology providers. These mental health providers are being hired to supplement staffing in current programs and to create new programs, including ones focused specifically on returning OIF/OEF veterans, and others, such as integration of mental health care in primary care settings.

VA does collect extensive data on wait times and services delivered (including mental health services), and these data are continuously used to identify areas for improvement and to take effective action. We are now bringing increased mental health care to Community Based Outpatient Clinics (CBOCs), at reasonable distances from the homes of the majority of veterans.

There are errors of omission as well in the report. For example, there is almost complete failure to mention the VA's National Center for PTSD (NCPTSD), an internationally recognized resource for training in PTSD and for improving clinical care for combat veterans and their families. The NCPTSD web site offers excellent materials, which have been broadly used throughout VA to guide clinical care for returning veterans. These include a detailed web page on services for returning veterans. The NCPTSD also conducts extensive training through consultation, conferences, and mentoring.

These few examples demonstrate some of the inaccuracies and omissions contained in the report; this list is not exhaustive of all the errors of fact and misleading statements. Our purpose is not to present a complete critique of the report, but rather to provide evidence that it cannot, in its current form, be considered a useful and accurate document for the community of professional providers of mental health care to our veterans.