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Resolved: The United States Federal Government should substantially reform the provision of mental health services to the chronically mentally ill.

Contention 1 is the Background:

The mental state of our army is pathetic. Mental illness related discharges, such as PTSD, increased by 64% from 2005 to 2009 and currently accounts for 1 out of 9 discharges.

Gregg Zoroya, USA TODAY, 07/23/2010

"Mental illness costing military soldiers" http://www.usatoday.com/news/military/2010-07-23-1Amentaldischarge23_ST_N.htm

The number of soldiers forced to leave the Army solely because of a mental disorder has increased by 64% from 2005 to 2009 and accounts for one in nine medical discharges, according to Army statistics. Last year, 1,224 soldiers with a mental illness, such as post-traumatic stress disorder, received a medical discharge. That was an increase from 745 soldiers in 2005 or about 7% of medical discharges that year, according to personnel statistics provided to USA TODAY. The trend matches other recent indicators that show a growing emotional toll on a military that has been fighting for seven years in Iraq and nine years in Afghanistan, the Army and veterans advocates say. "These numbers really just validate the mental health communities' concern about multiple deployments," says Adrian Atizado, who specializes in health issues as assistant national legislative director for Disabled American Veterans. "Mind and body are both taking a beating." Soldiers discharged for having both a mental and a physical disability increased 174% during the past five years from 1,397 in 2005 to 3,831 in 2009, according to the statistics. Army Lt. Col. Rebecca Porter, an Army behavioral health official, says research shows "a clear relationship between multiple deployments and increased symptoms of anxiety, depression and PTSD." Aggressive efforts to identify and treat mental illnesses by medical officials, Porter says, are also why more soldiers are being discharged. But veterans groups argue that the failure of early detection and treatment allow mental illnesses to fester into problems so severe that a soldier must be discharged from the service. "The military is excellent at treating visible wounds," says Joe Davis, a spokesman for Veterans of Foreign Wars. "The military and entire medical community at large still have a long way to go to effectively and reliably screen and treat wounds to the head and mind. Before discharging troops for behavioral reasons, it is absolutely imperative that commanders first ask 'What caused this?'" A Pentagon analysis in May reported that in 2009, for the first time in 15 years, mental health disorders caused more hospitalizations among U.S. troops than any other medical condition, including battle wounds.

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Contention 2 is the Harm: Military Suicides

- 1. The military is inadequate at meeting the mental health needs of its active duty soldiers where only a little over half of the 360,000 PTSD patients are being treated.**

DAVID TARRANT, The Dallas Morning News, 08/22/2010

"Some veterans get mental health help, but needs are far from being met" http://www.dallasnews.com/sharedcontent/dws/news/localnews/stories/DN-dfwvetprograms_22ent.ART.State.Edition1.359c7bb.html

The military still says it falls short of meeting the mental health needs of all active-duty soldiers and veterans who need help. Even Fort Hood, the country's largest base with 50,000 soldiers, is scrambling to meet the demand for services. Though Fort Hood offers a broad range of mental health services, it still must rely on local hospitals in Central Texas, such as Scott & White Healthcare, as well as independent therapists, to meet the needs of its military community, which includes more than 100,000 family members. "We are not able to serve the entire population. So we are relying on our partners in the community to help provide some of that care," says Dr. Adam Borah, chief of Fort Hood's Resiliency and Restoration Center, which provides on-base outpatient mental health services. "We're lucky we have a relatively speaking robust network of community providers we can rely upon." Nearly 20 percent of all combat veterans from the Iraq and Afghanistan wars – about 360,000 in all – report symptoms of PTSD and depression. Yet only a little over half of those have sought treatment, according to a study by Rand Corp.

- 2. Poor mental health has led to a doubling of suicides in the military. Every 36 hours, a US soldier somewhere in the world succumbs to stress and voluntarily ends his life.**

HOUSTON CHRONICLE, 10/05/2010

"Death watch: As soldier suicides increase, Pentagon must intensify its prevention efforts" <http://www.chron.com/disp/story.mpl/editorial/7233391.html>

A recently published study, mandated last year by Congress, reported that from 2005 to 2009, the suicide rate in the Army and the Marines more than doubled. It cited the "unprecedented" physical and psychological demands placed on soldiers since 2002, with multiple deployments in two wars, noting that in those five years, more than 1,100 Armed Forces members committed suicide, an average of one every 36 hours.

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Contention 3 is the Inherent Barrier: Mental Shortage.

There is a substantial shortage of therapists and psychiatrists in the army in the status quo.

Mark Thompson, TIME Magazine, 08/22/2010

"Invisible Wounds: Mental Health and the Military" <http://www.time.com/time/magazine/article/0,9171,2008886,00.html>

Army Lieut. General Eric Schoomaker, the surgeon general who oversees the mental and physical well-being of the nation's soldiers, concedes he doesn't have the doctors and therapists he needs. "We're in uncharted territory in respect to the strain on the force," Schoomaker said recently. Translation: he needs help. According to the Army's estimates of its needs, 414 psychiatrists are 20% fewer than Schoomaker should have. A study released by the Army on July 29 concluded that "numerous critical shortages of care providers including behavioral health" personnel are hurting its efforts to curb suicides. "The Army has been criminally negligent," says Captain Peter Linnerooth, an Army psychologist for nearly five years until 2008, who notes that the service has had a difficult time finding psychiatrists to care for combat vets, which puts even more pressure--"and way too much burnout"--on those who stay.

Thus the plan:

The USFG should substantially reform the provision of mental health services to the chronically mentally ill by expanding the responsibility of military primary care providers to include PTSD diagnosis and treatment for current soldiers and veterans.

The Agent will be the United States Federal Government.

Funding and Enforcement will be through normal means.

NFALD is a one-person, persuasive, policy debate on traditional stock issues. Thus a stock issues paradigm should be preferred in this round for purposes of fairness and education.

Contention 4 is Solvency: Expanding responsibilities for primary care providers solves for the shortage of psychiatrists by lessening the load and attracting additional psychiatrists.

Stephen M. Stahl, MD, PhD, professor of psychiatry in the Department of Psychiatry at the University of California at San Diego, December 2009

"Crisis in Army Psychopharmacology and Mental Health Care at Fort Hood" http://www.cnsspectrums.com/UserDocs/ArticleImages/179/1209CNS_Stahl.pdf

Our suggestion instead is for the army to make mental health staff multipliers out of primary care providers and nurses. Such a redeployment of primary care and medical nurses to much greater roles and responsibilities in mental health care for the army in general and for Ft. Hood in particular, accompanied by high quality mental health care training would immediately take some of the load off current psychiatrists and mental health workers. This could have the additional benefit of increasing the attractiveness of serving as a mental health care practitioner for the army and thus aid in the recruitment of additional mental health staff to fill the large number of vacancies.

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Contention 5 is the advantage: Chronically Unemployed Veterans

1. **Untreated PTSD becomes a major barrier to employment because employers are afraid of the explosive symptoms associated with untreated PTSD.**

Alexandra Zavis, Los Angeles Times, 09/21/2010

"Many veterans with PTSD struggle to find supportive employment" latimes.com/news/local/la-me-veterans-invisible-wounds-20100920,0,7812729.story

After nearly a decade of war, many U.S. military veterans have lived through extended periods of combat stress and the trauma of losing colleagues. Nearly a third of the troops returning from Iraq and Afghanistan report symptoms of PTSD, severe depression or traumatic brain injury, according to a 2008 study by the Rand Corp. Many of these new veterans struggle to find and retain civilian jobs. Not only are they returning to the worst economy in decades, advocates say, but many employers do not know how to accommodate these invisible wounds and worry that they might "go postal."

"If you are a person with a lost limb, it's a little more straightforward what you might need," said John Wilson, assistant legislative director for Disabled American Veterans. "You might need a different kind of keyboard or voice-recognition software to do the typing." But employers may not know what to expect from a person with PTSD or a brain injury. The symptoms can include severe headaches, memory lapses, poor concentration, slurred speech, loss of

balance, a short temper and anxiety in a crowd. "These elements can make it a challenge to do everyday activities in the workplace."

said Raymond Jefferson, assistant secretary for the Veterans' Employment and Training Service in the U.S. Department of Labor. "But there are very reasonable accommodations employers can make to allow wounded warriors with PTSD and [brain injuries] to be high-contributing, high-performing members on the team." When the Society for Human Resource Management surveyed its members in June, 46% said they believed post-traumatic stress and other mental health issues posed a hiring challenge. Just 22% said the same about combat-related physical disabilities.

2. **Veterans are as a result caught in a vicious cycle of unemployment because unemployment is directly correlated with depression and other mental illnesses.**

Esmé E. Deprez, Businessweek, 09/03/2010

"Study Shows Psychological Impact of Unemployment" http://www.businessweek.com/bwda/ily/dnflash/content/sep2009/db2009092_648686.htm

The study, The Anguish of Unemployment, is one of the first and most comprehensive of its kind, according to its authors, who say they sought to produce a representative view of unemployed workers' attitudes. The report was conducted through surveys of 1,200 people who are currently unemployed

or have been in the past 12 months. The BLS reported last month that the number of people who had been unemployed for 27 weeks or longer rose by 584,000 in July to 5 million, the highest level since 1948 when the data were first collected. Overwhelming majorities of the survey's respondents said they feel or have experienced anxiety, helplessness, depression,

and stress after being without a job. Many said they've experienced sleeping problems and strained relationships and have avoided social situations as a result of their job loss. Still others described diminished hopes of finding employment at older ages, and feelings that advanced degrees are useless or have caused potential

employers to think they're overqualified. Some said they have questioned their self-identity after they had allowed their professional careers to define them, and some reported difficulty finding credit to begin new businesses.

BLAMING THEMSELVES "We don't tend to look at unemployment as having a psychological effect, just an economic one," co-author Carl Van Horn, a

Rutgers professor of public policy, said on Sept. 2 in an interview. Van Horn warns of a silent mental health epidemic, as the jobless face financial, emotional, and social consequences of being unemployed. "For many people, being unemployed is embarrassing. They're not interested in talking about it and think of it as their fault," he says.

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3. Unemployment is directly correlated with physical ailments and mortality.

RONI CARYN RABIN, New York Times, 05/08/2009

"Unemployment May Be Hazardous to Your Health" http://www.nytimes.com/2009/05/09/health/09sick.html?_r=1

Even as the U.S. Labor Department released figures showing that the economy lost more than half a million jobs in April, researchers on Friday made public a large study with an unsettling finding: **Losing your job may make you sick.** A researcher at the Harvard School of Public

analyzed detailed employment and health data from 8,125 individuals surveyed in 1999, 2001 and 2003 by the U.S. Panel Study of Income Dynamics. **Workers who lost a job through no fault**

of their own, she found, **were twice as likely to report developing a new ailment like high blood pressure, diabetes or heart disease over the next year and a half, compared to people who were continuously employed.** Interestingly, the risk was just as high for those who found

new jobs quickly as it was for those who remained unemployed. Though it's long been known that poor health and unemployment often go together, questions have lingered about whether unemployment triggers illness, or

whether people in ill health are more likely to leave a job, be fired or laid off. In an attempt to sort out this chicken-or-egg problem, the new study looked specifically at people who lost their jobs through no fault of their

own — for example, because of a plant or business closure. "I was looking at situations in which people lost their job for reasons that...shouldn't have had anything to do with their health," said author Kate W. Strully, an

assistant professor of sociology at State University of New York in Albany, who did the research as a Robert Wood Johnson Foundation scholar at the Harvard School of Public Health. "What happens isn't reflecting a prior

condition." Only 6 percent of people with steady jobs developed a new health condition during each survey period of about a year and a half, compared with 10 percent of those who had lost a job during the same period. It

didn't matter whether the laid off workers had found new employment; they still had a one in 10 chance of developing a new health condition, Dr. Strully found. David Williams, a professor at the Harvard School of Public

Health who was not involved in the research, said **the study is a reminder that job loss and other life stressors have a tremendous impact on both mental**

and physical health and contribute to the development of chronic conditions. "We know that stress affects health," said Dr. Williams,

director of the Robert Wood Johnson Foundation Commission to Build a Healthier America. **"It causes changes in physiological**

function in multiple ways, and it can lead to alterations in health behavior. People no longer exercise, they eat more, they drink more.

People who smoke, smoke more on high stress days." "There is a lot of focus on the economic downturn, but there is not much

attention being paid to the health consequences of the downturn," he added. "This study shows that it does not take a long sustained period of unemployment to see health effects."