



Mental Health Association in New York State, Inc.

Glenn Liebman, CEO

Susan A. Wheeler, Board Chair

MEMORANDUM OF SUPPORT

S.5624A (Griffo)/A.7529A (Brindisi)

AN ACT to amend the criminal procedure law, in relation to establishing an alternative resolution program for veterans accused of certain felonies

The Mental Health Association in New York State, Inc. fully supports S.5624-A/A.7529-A which would provide an alternative resolution program for justice involved veterans with certain mental health “wounds of war” in a manner that would compel proper mental health treatment, facilitate recovery and enable where possible family restoration.

The experiences of First Gulf War, Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have raised national consciousness about the mental health conditions that afflict veterans. The length and frequency of deployments, prevalence of traumatic brain injuries and inherent stress of military operations have all resulted in high prevalence of post-traumatic stress disorder (PTSD), major depression and anxiety disorders, substance use disorders, traumatic brain injuries (TBIs) and suicide.

Recent research indicates that an estimated 25 to 30 percent of the veterans of the wars in Iraq and Afghanistan have reported symptoms of a mental disorder or cognitive condition. That rate jumps to about 30 percent for soldiers who have been on three or four combat deployments, partly because troops are not getting enough time at home between deployments, the US Army said. And a now familiar RAND Corporation study “Invisible Wounds: Mental Health and Cognitive Care Needs of America’s Returning Veterans” further illuminates this reality, highlighting an estimated 1 out of 5 service members and veterans returning from OEF/OIF, or 18.5%, suffer from PTSD or some form of major depression. In addition, 25-40 percent has less visible wounds—psychological and neurological injuries associated with post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI).

For a variety of reasons, veterans too often do not receive timely treatment for these conditions. As a result, returning veterans with mental health and substance abuse problems may run into problems in other areas of their lives such as domestic violence, homelessness and unemployment, crime or suicide. When untreated, mental illness or TBI can contribute to a veteran becoming justice-involved and the consequences of their behavior may exacerbate the problems that the veteran and military families are already experiencing. Too often the veteran still receives no help for the underlying condition. In these cases an alternative resolution program provides a course of action that would compel veterans eligible for the program to receive needed treatment and help assure recovery and well-being in the family and community.

PTSD has been shown to be a strong risk factor for intimate partner violence (IPV).ⁱ Depression, substance abuse and TBI are also known risk factors. Eighty-one percent of veterans suffering from depression and PTSD engaged in at least one violent act against their partner in the past year and male veterans with PTSD are two to three times more likely to engage in domestic violence compared to those without PTSDⁱⁱ. These risk factors often explain the emergence of post-combat behaviors such

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as IPV that did not exist or was never displayed in families prior to military service. An alternative resolution program for veterans that become justice-involved, including incidents of domestic violence offences, affords an opportunity to differentiate patterns of behavior directly tied to untreated mental illness acquired as a result of military service from longer-standing patterns of criminal behavior. Service-connected domestic violence with roots in PTSD and other mental health wounds of war is not the same as more typical non-service-related domestic violence patterns. MHANYS believes that Veterans who have served our country with honor deserve an option in the justice system to make this important distinction and tailor treatment accordingly.

Veterans charged with domestic violence and other crimes and also have mental health disorders need treatment. Incarcerating veterans in domestic violence cases, when mental health treatment is needed does no benefit to military familiesⁱⁱⁱ who have likely already struggled with the stress of long separations from their military spouse often exacerbated by multiple deployments. It also exposes families to additional economic challenges due to lost wages. This is important because an alternative resolution process can help establish the likelihood of no repeat offence, especially when no such pattern existed prior to military service. In the absence of such intervention we know that for example only 50 percent of veterans with PTSD would otherwise receive treatment. Making these offenders ineligible for the alternative resolution process and incarcerating them without needed mental health treatment and therapies shown to be effective at eliminating future domestic violence episodes^{iv} would miss substantial opportunities for treatment, recovery and family restoration, which should be the ultimate goal. We owe this much to veterans and their families.

For all of the aforementioned reasons MHANYS supports S.5624-A/A.7529-A and urges the Legislature to pass this bill in its current form without any amendments that would make veterans charged with domestic violence offences ineligible for the alternative resolution program.

The Mental Health Association in New York State is comprised of 29 affiliates across New York State representing 52 counties. The organization mission is to provide accessible community based mental health services to all New Yorkers. For more information contact, John Richter at jrichter@mhanys.org or at (518) 434-0439, ext. 229.

ⁱ Marshall AD, Panuzio J, Taft CT. Intimate partner violence among military veterans and active duty servicemen. Clin Psychol Rev. 2005;25(7):862–876.

ⁱⁱ Department of Veterans Affairs Office of Public Health & Environmental Hazards (Jan 2009)

ⁱⁱⁱ MHANYS draws upon its extensive work on the mental health needs of veterans and their families during and after deployment. Through our two-year grant funded Recovery & Resiliency Initiative (RRI) working with military families we have become very familiar with the challenges that military families face and the therapeutic value of engaging and educating families about the mental health needs of military spouses. In addition, for three years prior to this, we were on NASW-NY's Advisory Committee on Veterans needs and helped design and deliver trainings to civilian mental health providers across the state. We were also one of the first, if not the first shortly after OIF began, to recognize the need for this information and begin doing presentations and articles on it.

^{iv} Evidence-based treatment programs for veterans in domestic violence cases include: *The Domestic Violence Project* (DAP) – see: <http://www.domesticabuseproject.com/get-help/therapy/mens-therapy-services/change-step>; and the Strength at Home program for military families struggling with post-deployment conflict, anger, and readjustment issues <http://www.strengthathome.com/veterans.html>