

Improve Mental Health Services and Suicide Prevention Efforts to Reduce Veterans Suicide

In fiscal year (FY) 2019, the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) provided mental health care services to 1.76 million veterans (about 29% of VA's enrolled patients). Veterans' need for mental health care and readjustment services has grown substantially in the last two decades in the wake of continued deployments to Afghanistan and Iraq. In FY 2022, VA requested more than \$10 billion to support its mental health programs which includes care in inpatient, residential, outpatient, and telehealth settings in addition to its Vet Centers. In recent years, it has developed programs for LGBT, interpersonal violence, anger management, parenting and relationship counseling and eating disorders in addition to its programming for readjustment counseling, substance use disorders, serious mental illness, homelessness, and post-traumatic stress disorder.

Compared to their civilian counterparts veterans have a higher burden of trauma exposure and post-deployment readjustment challenges that place them at higher risk for mental health conditions. Veterans are also at an elevated risk of suicide—with male veterans 1.5 times and women veterans 2.2 times more likely to commit suicide—than non-veteran adult peers. Veterans from recent deployments, who enroll for VA care, are more likely to seek mental health and substance use disorder services and use them more often than veterans from earlier conflicts. Still, even after VHA established suicide prevention as its top clinical priority, expanded access to care, developed new mental health programs, clinical guidelines and research initiatives, the rate of suicides among veterans has remained relatively constant.

The VA MISSION Act of 2018 (Public Law 115-182) required VA to establish a Veterans Community Care Network (VCCN or Network) of providers and expanded veterans' access to care in the community. While this increases veterans' access to mental health services Network providers are not required to meet the VA's mental health clinical care standards or training requirements for evidenced-based mental health treatments as VA mental health care providers. VA has developed and trained about 15,000 VA providers in evidence-based practices to address Post Traumatic Stress (PTS) and depression. It has also, with the military, developed clinical practice guidelines for addressing issues including management of veterans at risk of suicide, substance use disorders, use of opioids in management of chronic pain, traumatic brain injury, Post Traumatic Stress Disorder (PTSD), and bipolar disorder.

DAV believes that mandating training in evidence-based treatments will ensure community partners develop core competencies for addressing veterans' unique mental health care needs—specifically for conditions frequently associated with military service such as post-traumatic stress (PTS) and depression (related to combat and/or sexual trauma) and traumatic brain injury (TBI). Community partners can benefit from VA's vast and collective expertise in treating these conditions and demonstrate a commitment to delivering high quality evidence-based mental health treatments to veteran patients.

VA's integration of primary and behavioral health care serves as a model for the health care industry. VA also has an active Veterans' Crisis Line that receives hundreds of thousands of calls, texts and chats annually, and has assigned at least one suicide prevention coordinator to serve each VA medical center. VA also developed guidance for its emergency departments—known as Safety Planning for Emergency Department or SPED—to ensure that veterans who present in mental health crisis receive safety planning prior to discharge and receive follow up contact post-discharge encouraging them to seek outpatient treatment associated with their suicidal ideation. As a targeted effort to reduce veteran suicide we want to be sure that this policy has been implemented with fidelity throughout VHA. All VA emergency rooms clinicians and community care network providers should adopt this best practice, which is associated with a significant reduction in suicidal behavior and increased engagement in outpatient behavioral health care post-discharge, to ensure at risk veterans receive appropriate and timely follow up care.

In its efforts to reduce veteran suicide, VA has also initiated a safe storage of lethal means initiative to improve providers' skills for counseling at risk veterans about safe storage practices for prescription

medication and firearms. According to VA's 2019 annual report on veterans' suicide, firearms were the method of self-harm selected most frequently by veterans who died from suicide in 2017. Veterans used firearms in 69.4% of completed suicides compared to 48.1% of deaths by suicide in the non-veteran adult population. Rates of suicide by firearm among male veterans was 70.7% compared to male non-veterans at 53.5% and 43.2% for female veterans compared to female non-veterans at 31.3%. Given these findings, counseling veterans in the safe storage of firearms is a critical component of suicide prevention that should be a part of any comprehensive public health strategy.

- **Congress should require mandatory suicide prevention training for all VA clinical staff and its community care partners to ensure veterans in mental health crisis receive proper screening, crisis interventions (for lethal means safety substance-use disorders) and mental health treatment.**
- **VA should require that protocols included in the VA's Safety Planning in Emergency Departments—or SPED program—are mandatory for every veteran in mental health crisis who seeks emergency or urgent care services from VA or a community care network provider.**
- **VA must consistently update, disseminate and train staff and community partners on established mental health clinical practice guidelines and evidence-based treatments for commonly experienced conditions among veterans, including post-traumatic stress disorder (related to combat and/or military sexual trauma), substance use disorders, depression, anxiety, traumatic brain injury and suicidal ideation.**