

ISSUE BRIEF: MENTAL HEALTH SERVICES AND SUICIDE PREVENTION

The Situation

- Veterans' need for mental health care and readjustment services has grown substantially in the last two decades in the wake of continued military deployments to Afghanistan and Iraq.
- Department of Veterans Affairs (VA) mental health programs include access to care in inpatient, residential, outpatient, and telehealth settings in addition to community-based Vet Centers and through VA's community care network. VA has mental health and supportive services for 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 (PTSD).
- Veterans have the higher burden of trauma exposure (due to combat and or military sexual trauma) and post-deployment readjustment challenges that place them at higher risk for mental health conditions and suicide—with male veterans 1.5 times and women veterans 2.2 times more likely to commit suicide—than non-veteran adult peers.
- In its efforts to reduce veteran suicide, VHA has a 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 developed a suicide prevention initiative—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 mental health treatment.
- VA also implemented 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, with firearms being used in 69.4% of completed veteran 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%.

The Challenge

- 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.
- VA's community care network providers do not meet VA's mental health clinical care standards and are not required to receive the same specialized training as VA mental health care providers for

evidence-based treatments for common mental health conditions among veterans such as PTS and depression (related to combat and/or sexual trauma) and traumatic brain injury.

- It is not clear if VA's guidance for emergency room providers treating veterans in mental health crises is used by all VHA and network community care providers, despite findings that this best practice is associated with a significant reduction in suicidal behavior and increased engagement in outpatient behavioral health care post-discharge.
- Counseling veterans in the safe storage of firearms is a critical component of suicide prevention however, many veterans are reluctant to discuss this issue with their provider—fearful they will lose access to their firearms if they seek help for mental health challenges.

The Solution

- Congress should require mandatory suicide prevention training for all VA clinical staff and its community care partners to ensure proper screening, intervention counseling (for lethal means safety and substance-use disorders), and treatment for veterans in mental health crises.
- VHA should require that established protocols included in VA's SPED program are used for every veteran in mental health crisis who seeks emergency or urgent care services from VHA or through a VA community care network provider.
- VA must continually update and plan enterprise efforts to train and disseminate to staff and community partners, established mental health clinical practice guidelines for commonly experienced conditions among veterans, including PTSD (related to combat and/or military sexual trauma), substance use disorders, depression, anxiety, traumatic brain injury and suicidal ideation.