

ISSUE BRIEF: VA MENTAL HEALTH CARE

The Situation

- VA is responsible for treating a large population of veterans diagnosed with mental health conditions. The most common disorders veterans receive care for are post-traumatic stress disorder (PTSD), depressive disorders, and alcohol and drug dependence. Veterans are seen at VA medical centers, community-based clinics, one of VA's 300 Vet Centers, 80 mobile units and 19 outstations for readjustment counseling.
- Between 2006 and 2018, the number of veterans who received mental health care from VA grew by 83 percent. This rate of increase is more than three times the overall increase in VA users. Since 2000, mental health encounters have increased from about 600,000 to 1.5 million—2.6 times as many encounters. The increase is especially remarkable for women veterans at 4.8 times as many encounters.
- Veterans are also more reliant upon VA mental health—in 2006, 20 percent of users received mental health care services compared to 28 percent in 2018.
- VA and DoD have developed clinical practice guidelines that ensure evidence-based practices are available to practitioners for conditions such as substance use disorders, PTSD, depressive disorders, insomnia, couples therapy, anxiety and pain management.
- VA trains thousands of clinicians in administering these evidence-based practices.
- VA also routinely screens veterans for PTSD, substance abuse, military sexual trauma, suicidal ideation, and other mental health conditions.

The Challenge

- The steady increase in the number of veterans seeking mental health treatment has posed challenges for VA in providing timely access to mental health care including access to long-term treatment for more serious mental health conditions and war-related post-deployment mental health challenges.
- Less serious mental health disorders such as mild depression and anxiety are treated in an integrated primary care setting in VA with more intensive care management provided for veterans with serious or chronic mental illness and veterans at high risk for suicide. Reducing suicide among veterans remains a particularly vexing problem for VA.
- Despite VA's aggressive action to recruit, hire and retain mental health professionals, it struggles to maintain a sufficient number of mental health clinicians to provide timely high quality mental health care services at all VA facilities.
- Community partners who are becoming increasingly responsible for administering veterans' care may not have access to the specialized guidelines and training for delivering care to veterans that are available to VA providers, nor may they be as knowledgeable about VA "wraparound" services to support veterans receiving mental health services.

The Solution

- VA must provide timely access for wartime veterans seeking primary mental health care and specialized readjustment services, emphasizing early intervention and routine screening for all post-deployed veterans as a critical building block to an effective suicide prevention effort.
- DAV urges Congress to ensure ample resources are available for VA's specialized mental health programs including Vet Centers, peer specialist services, and evidence-based treatments for PTSD and specialized substance use disorder services. Telehealth should continue to be used to the extent possible to provide access to veterans who reside in rural and highly remote areas.
- Congress must ensure VA has the resources to attract, recruit and maintain a sufficient number of qualified mental health care providers to meet demand for services.
- Congress and VA must ensure that community partners are adequately prepared to deliver high-quality mental health care to veterans.
- DOD and VA must improve care coordination for service members transitioning from the military to VA who need mental health services and specialized services for the aftermath of wartime trauma and military sexual assault.