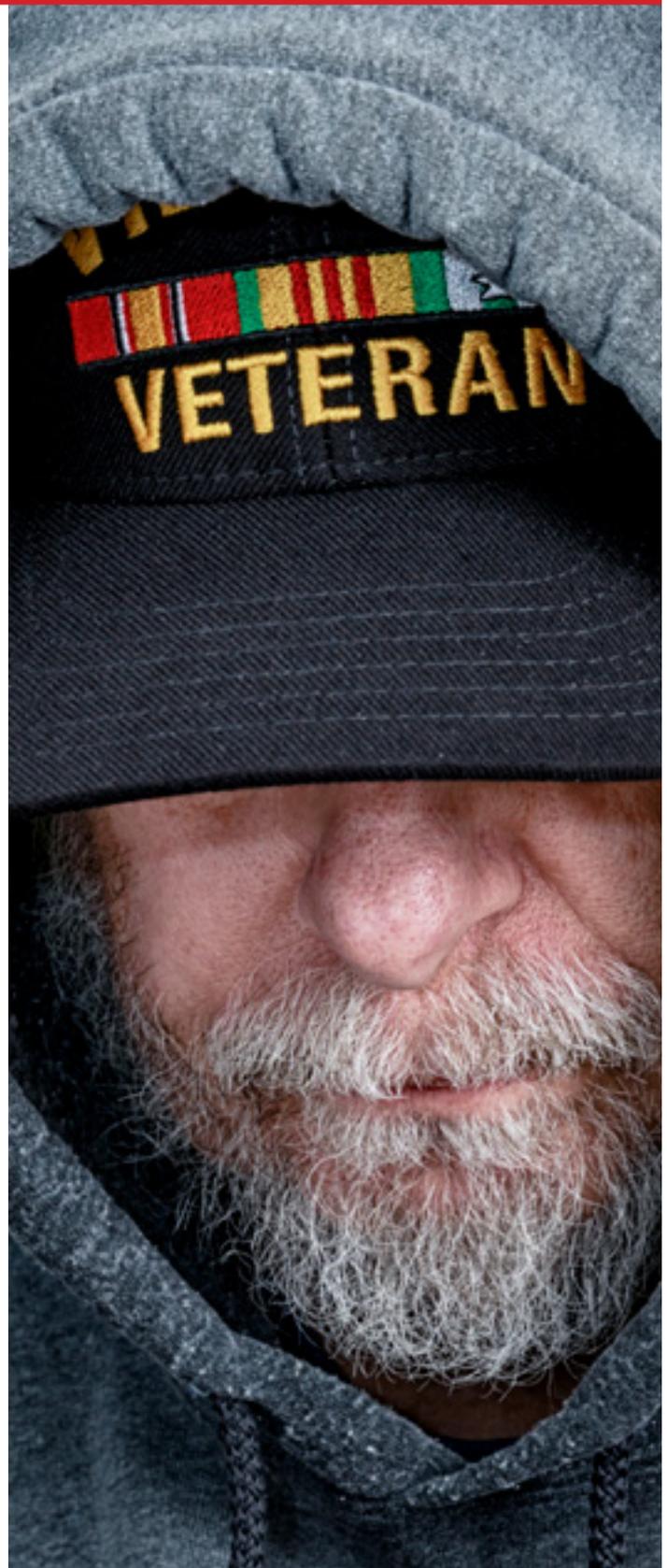
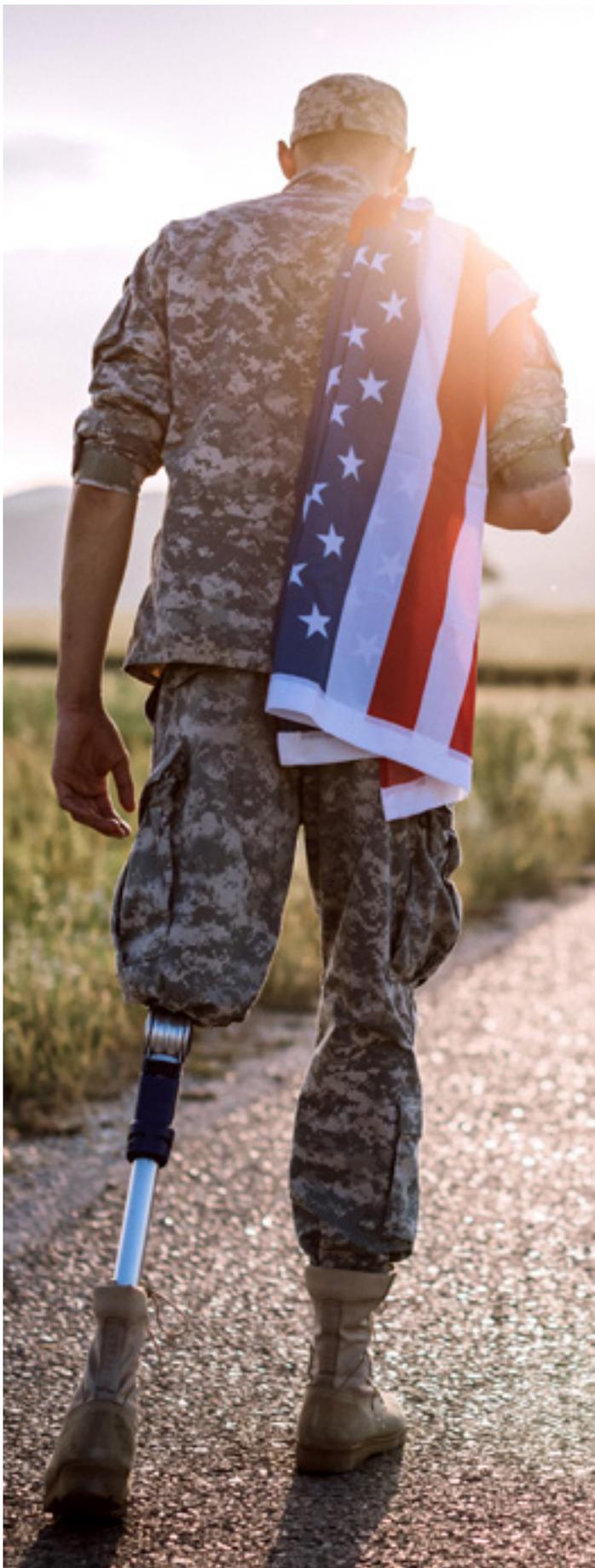


7 Enhance Mental Health Services & Suicide Prevention

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 percent of VA's enrolled patients). Veterans' need for mental health care and readjustment services has grown substantially over the last two decades in the wake of continued military deployments to Afghanistan and Iraq. In FY 2022, VA requested more than \$10 billion to support its mental health programs, including inpatient, residential, outpatient, and telehealth settings, in addition to its Vet Centers.¹³ It has developed counseling programs for LGBTQ veterans in recent years. It has also provided help with interpersonal violence, anger management, parenting, relationship counseling, and eating disorders. As part of its regular programming, it offers counseling services for readjustment, substance-use disorders, serious mental illness, homelessness, and post-traumatic stress disorder (PTSD).

In addition to the mental health issues experienced by the public at large, veterans have a higher risk of trauma exposure due to combat, military sexual trauma, and post-deployment readjustment challenges. Veterans are also at an elevated risk of suicide—with male veterans 1.5 times, and women veterans 2.2 times more likely to die by suicide—than nonveteran adult peers.¹⁴ 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.¹⁵ Still, even after VHA established suicide prevention as its top clinical priority; expanded access to care; and developed new mental health programs, clinical guidelines, and research initiatives, the rate of suicides among veterans has remained relatively constant.





Require Veteran Community Care Network (VCN) Providers to Receive Specialized Training

The VA MISSION Act required VA to establish a VCN or networks of providers and expanded veterans' access to care in the community. The Independent Budget veterans service organizations (IBVSOs) called on VHA to require Network providers to meet or exceed VA's clinical care standards and receive the same specialized training as VA mental health care providers for treating common mental health conditions among veterans.¹⁶ VA has developed and trained about 15,000 VA providers in evidence-based practices to address PTSD and depression. Working with the Department of Defense, VA has also developed clinical practice guidelines for addressing certain issues, including managing veterans at high risk of suicide, substance-use disorders, use of opioids in managing chronic pain, traumatic brain injury (TBI), PTSD, and bipolar disorder.¹⁷

We believe 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 PTSD, depression, and TBI. Community partners can benefit from VA's vast and collective expertise in treating these conditions, deliver veteran-centric care, and demonstrate a commitment to delivering high-quality evidence-based mental health treatments to veteran patients.

Adopt Best-In-Class Practices Throughout the VHA

VA has programs, such as Primary Care Behavioral Health Integration, that serve as models for the health care industry. VHA 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 at each VA medical center. Additionally, VA has developed guidance for its emergency departments—known as the Safety Planning for Emergency Department (SPED) initiative—to ensure veterans in crisis receive safety planning prior to discharge and follow-up contact post-discharge encouraging them to seek outpatient treatment associated with their suicidal ideation.¹⁸ While the IB-

VSOs are pleased VA has distributed this guidance, it is not clear that it has been implemented with fidelity throughout VHA. All of VA's emergency rooms should adopt this best practice, which is associated with a significant reduction in suicidal behavior and an increase in engagement in outpatient behavioral health care post-discharge.

Mandate Suicide Prevention Training Protocols

In its efforts to further reduce veteran suicide, VA has initiated a safe storage of lethal means initiative to improve providers' counseling skills for at-risk veterans, touching on safe storage practices for prescription medication and firearms. According to VA's 2020 annual report on veterans' suicide, firearms were the method of self-harm most frequently used by veterans who died from suicide in 2018.¹⁹ The report noted that veterans used firearms in 68.2 percent of completed suicides compared to 48.2 percent of deaths by suicide in the nonveteran adult population. Rates of suicide by firearm among male veterans were 69.4 percent compared to male nonveterans at 53.5 percent and 41.9 percent for female veterans compared to female nonveterans at 31.7 percent. 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. To ensure proper management of suicidal risk behavior and improved health outcomes, VA should mandate this suicide prevention training protocol for all of VHA clinical staff, peer support specialists, and VCN providers.

Enhance and Diversify VA Staff and Peer Support

Finally, VA must redouble its efforts to diversify its staff to better reflect the veteran patient population it serves. Peer support specialists help create a more welcoming and personalized health care experience for new patients and veterans struggling with post-deployment mental health challenges. They can help veterans navigate the system, a large and often daunting bureaucracy, as well as promote engagement in treatment and recovery. Peer support specialists have often overcome similar challenges. They should represent subpopulations within the medical center's patient demographics, including—Black, Hispanic, Native American, Alaska Native, women, sexual minorities or other veterans who may need a more personalized and culturally sensitive approach when seeking recovery. ♦

The IBVSOs Recommend:

- Congress 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.
- Congress require that protocols included in VA's SPED initiative are mandatory for every veteran in a mental health crisis who seeks emergency care services from the VHA or a Network provider. SPED provisions include issuance and update of a mental health safety plan pre-discharge, and follow-up contact post-discharge to facilitate engagement in outpatient mental health care.
- VA continually update and plan enterprise efforts to train staff and community partners. Additionally, it should establish 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, TBI, and suicidal ideation.
- Congress permanently authorize peer retreats and create new peer support programs and integrative health treatment options that better reflect the demographics of its medical centers, including women, racial and ethnic minorities, and sexual minorities.