



ISSUE BRIEF: MENTAL HEALTH SERVICES AND SUICIDE PREVENTION

The Situation

- Veterans' need for mental health care and readjustment services has grown substantially in the wake of 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.
- The VA offers a wide range of mental health and support services to include programs for interpersonal violence, anger management, parenting and relationship challenges, 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 a high 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. While there were 343 fewer deaths by suicide among veterans in 2020 than 2019 (a decrease in the total number of veteran suicides for the second consecutive year), veterans are still 57.3% more likely than non-veterans to die by suicide.
- In its efforts to reduce veteran suicide, the Veterans Health Administration (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.
- The 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 follow-up contact post-discharge encouraging them to seek outpatient mental health treatment. Congress also recently enacted legislation allowing veterans in crisis to receive emergency mental health care at any facility at the VA's expense.
- The VA also implemented a lethal means safe storage initiative to improve providers' skills for counseling at-risk veterans about safe storage practices for prescription medication and firearms. According to the VA's 2022 national annual report on veterans' suicide, firearms were the method of self-harm selected most frequently by veterans who died by suicide in 2020, with firearms being used in 71% of completed veteran suicides compared to 50.3% of deaths by suicide in the non-veteran adult population. Rates of suicide by firearm among male veterans was 72.1% compared to male non-veterans at 55.3% and 48.2% for female veterans compared to female non-veterans at 33.3%.

The Challenge

- VHA's efforts to prioritize suicide prevention, including expanding access to emergency care for veterans in mental health crises and investing in training and research initiatives, are just beginning to lower the number of suicides among veterans.
- VA's community care network providers do not meet the 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 PTSD, substance use disorder, depression and traumatic brain injury.
- Although the VA has made significant progress in implementing best practices with its NOW Initiative and discharge planning and follow-up for veterans in emotional crisis who seek care in emergency departments, these practices do not extend across its network of community care providers.
- 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 because they are fearful they will lose access to their firearms if they seek help for mental health challenges.
- Gaps in programming make access to some mental health services inconsistent across the VA system. Not all programs are culturally sensitive and inclusive of gender-specific needs.

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 the tenets of the 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.
- The VA must address service gaps across the nation so that geography does not dictate availability of necessary care. It should also address the need for gender exclusive and culturally sensitive mental health care programs.
- The VA must continually update, train and disseminate information to staff and community partners on 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 suicide prevention.