

KEEP WHAT WORKS

About one in five veterans returning from Iraq and Afghanistan have post-traumatic stress disorder (PTSD) or depression.¹ Additionally, the U.S. Department of Veterans Affairs (VA) estimates that 30% of Vietnam veterans will experience PTSD in their lifetime.² Each day, an average of 20 veterans die by suicide.³

Veterans health care is a public trust and a national responsibility. Ensuring America's veterans have timely access to high-quality mental health care is imperative to reduce the high rate of suicide among veterans and to provide quality of life after service. Congress should *keep what works* and *make it better* by acting to preserve and improve the VA health care system and the Veterans Choice Program.

VA health care system

Nearly 9 million veterans receive health care services from the VA.⁴ The Veterans Health Administration (VHA) promotes integration of health and mental health care and evidence-based interventions, like cognitive behavioral therapy (CBT). The VA also spends \$1.8 billion on research each year, including on mental health conditions, like post-traumatic stress disorder and depression, and on suicide prevention.⁵ Importantly, VHA mental health providers are familiar with military culture.

Outside of the VHA, only 13% of private mental health providers met criteria to deliver culturally competent, evidence-based care.⁶ In addition, half of U.S. counties lack any practicing mental health professionals.⁷ With severe workforce shortages, particularly in rural areas, and limited capacity to deliver effective, veteran-centric mental health services outside of the VHA, it is vital to support and enhance the VHA's integral role in providing mental health care.

Veterans Choice Program

Designed to help address long wait and travel times, the Veterans Choice Program allows eligible veterans to get mental health care from non-VA professionals in their community. While the premise is laudable, improvements are needed to build high-performing networks of well-qualified providers in the Choice program.

To encourage providers to participate, Congress should ensure reimbursement rates are competitive and processes result in timely payment. At the same time, Congress should ensure participating providers demonstrate military cultural competency and receive training on evidence-based treatments and suicide prevention. This is especially important because 14 of every 20 veterans who die by suicide did not receive care from the VA.⁸ To properly serve our nation's veterans, it is critical that we train non-VA providers in the latest techniques to identify and effectively treat veterans with mental health conditions.

Finally, Congress should change policies to encourage more military service members and veterans to seek needed mental health care. Only about half of service members returning from Iraq or Afghanistan with mental health conditions seek help. Service members and veterans need to be able to receive effective and confidential mental health services without fear of harming their career or experiencing other harmful consequences.

References

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