



April 18, 2022

The Honorable Denis Richard McDonough  
Secretary  
Department of Veterans Affairs  
810 Vermont Avenue NW  
Washington, DC 20420

RE: [Proposed Rule](#): Schedule for Rating Disabilities: Mental Disorders

Submitted electronically via Regulations.gov

Dear Secretary McDonough:

NAMI, the National Alliance on Mental Illness, appreciates the opportunity to comment on the proposal by the Department of Veterans Affairs (VA) to amend the portion of the rating schedule dealing with mental disorders. VA indicates this change will provide more adequate compensation for the earnings losses experienced by veterans with service-connected mental disorders. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness, including our nation's veterans. As we explain in more detail below, we believe the proposed updates are appropriate and we encourage VA to finalize the changes as proposed.

#### **Veterans and Mental Health**

Veterans, especially those who have been deployed overseas, face elevated risks of mental health conditions. In 2018, 3.7 million veterans had a mental and/or substance use disorder.<sup>i</sup> About one in five veterans returning from Iraq and Afghanistan has post-traumatic stress disorder (PTSD) or depression, and the VA estimates that 30 percent of Vietnam veterans will experience PTSD in their lifetime.<sup>ii</sup>

Sadly, these mental health challenges can be fatal. Suicide continues to be a leading cause of death in the United States,<sup>iii</sup> and veterans are no different. In 2017, veterans accounted for 13.5 percent of all deaths by suicide among U.S. adults yet only constituted 7.9 percent of the U.S. adult population.<sup>iv</sup> According to the VA's 2019 National Veteran Suicide Prevention Annual Report, the suicide rate among Veterans is 1.5 times greater than the non-Veteran adult population.<sup>v</sup> Over 6,000 Veterans die by suicide each year.<sup>vi</sup>

We appreciate that VA recognizes the importance of supporting veterans with mental health conditions and that "the psychological toll of these deployments must be taken seriously." The proposed solutions will better support veterans with invisible wounds.

#### **NAMI Supports Ratings based on Functional Impairment, not Symptoms**

The VA Schedule for Rating Disabilities (VASRD) is used to determine the appropriate level of compensation for each service-connected disability based on the severity of the condition, as documented by supporting medical evidence. The proposed update to the VASRD for mental disorders

would enable VA to incorporate modern medical data and terminology to provide veterans with more accurate and consistent decisions. Specifically, the proposed change would focus on a disabled veteran's ability to function—rather than focusing on symptoms alone—by evaluating the extent of a veteran's disability based upon the following five functional domains:

- (1) Cognition (i.e., understanding and communicating),
- (2) Interpersonal interactions and relationships (i.e., interacting with people and participating in society),
- (3) Task completion and life activities,
- (4) Navigating environments (i.e., getting around), and
- (5) Self-care.

Essentially, rather than assigning an evaluation based on the number and type of symptoms present, these changes would evaluate mental disorders based on how impactful the disability is across the five domains of impairment. NAMI agrees with your premise that some mental illnesses, like PTSD, are not visible or subject to a laboratory test and therefore should be evaluated in terms of their functional consequences. There is no one universal experience for people with mental health conditions. Every mental health condition has a range of intensity of symptoms, how they impact a person's life and the lives of those around them, and how they respond to treatment. Two people could have the same diagnosis and the same symptoms, but a very different ability to function in regard to the domains mentioned above. We believe it is critical to meet people where they are and provide support at a level appropriate to meet the individual's functional limitations. Therefore, we support the proposed changes to base ratings on functional limitations rather than symptoms. We appreciate these efforts to better address the functional impairments of mental health conditions on veterans.

#### **NAMI Supports Changes that Remove Disincentives to Work**

NAMI supports the recovery goal of employment and recognizes that people with mental illness are disproportionately unemployed. Only 1 in 5 adults with a mental health condition who receives community mental health services is competitively employed—and the numbers drop to only 6.7%<sup>vii</sup> for adults with a diagnosis of schizophrenia. A way to support the goal of employment is to remove disincentives for trying to get better.

Serious mental illnesses are, by their very nature, chronic and recurring conditions that fluctuate in severity over time. In this proposal, VA would no longer require “total occupational and social impairment” to attain a 100% disability evaluation. We believe this is an appropriate change and it would allow veterans the ability to work at times when they are in a state of recovery and face few obstacles to working. Penalizing veterans who seek treatment and stay on medication for their mental illnesses is not consistent with VA's mission to serve and honor the men and women who are America's veterans.

#### **NAMI Supports Not Reducing Benefits for Current Recipients**

The proposed changes, if finalized, will not lead to any reductions in disability ratings for veterans who are already receiving compensation. We believe this is the correct policy. While the changes described have the potential to more accurately compensate for the earnings losses experienced by veterans with service-connected mental disorders, we do not believe it would be appropriate to reduce disability ratings for anyone currently receiving benefits. We are thankful that the proposal would allow some veterans to apply for an increase if they think the changes mean they could secure higher ratings.

### **Finalize this Proposal**

Thank you for the opportunity to comment on this important proposal. We believe this proposal will enable VA to continue to provide necessary supports to help those who have served our nation. To ensure no veteran is left behind, we also encourage you to monitor implementation to ensure there are no negative unintended consequences of this change.

Thank you for the opportunity to comment on this proposal. NAMI appreciates your efforts to modernize the process for assessing compensation for veterans with mental health conditions.

Sincerely,

/s/

Hannah Wesolowski  
Chief Advocacy Officer

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<sup>i</sup> [https://www.samhsa.gov/data/sites/default/files/reports/rpt23251/6\\_Veteran\\_2020\\_01\\_14\\_508.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt23251/6_Veteran_2020_01_14_508.pdf)

<sup>ii</sup> [https://www.ptsd.va.gov/understand/common/common\\_veterans.asp#:~:text=It%20is%20estimated%20that%20about,had%20PTSD%20in%20their%20lifetime](https://www.ptsd.va.gov/understand/common/common_veterans.asp#:~:text=It%20is%20estimated%20that%20about,had%20PTSD%20in%20their%20lifetime)

<sup>iii</sup> <https://jamanetwork.com/journals/jama/fullarticle/2778234>

<sup>iv</sup> [https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019\\_National\\_Veteran\\_Suicide\\_Prevention\\_Annual\\_Report\\_508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf)

<sup>v</sup> [https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019\\_National\\_Veteran\\_Suicide\\_Prevention\\_Annual\\_Report\\_508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf)

<sup>vi</sup> <https://afsp.org/military-and-veteran-suicide-prevention>

<sup>vii</sup> <https://www.nasmhpd.org/sites/default/files/latest-trends-in-state-mental-health-agencies.pdf>