

Overview

Military service members and veterans struggle to access adequate mental health treatment, face high rates of mental health conditions and suicide and experience unique barriers to care not commonly found in the civilian population.

NAMI supports VA Secretary David Shulkin's recent and ongoing efforts to enhance mental health services for veterans within the walls of VA and through Choice providers in the community, including establishing veteran suicide prevention as VA's top clinical priority, offering urgent mental health care services to veterans with Other-than-Honorable discharges, and streamlining veteran medical records with the Defense Department for interoperability.

However, more needs to be done to ensure all veterans with mental health conditions receive the best treatment possible. NAMI urges Congress to work with VA on employing evidence-based treatments. Research shows that cognitive behavioral therapies, such as Cognitive Processing Therapy (CPT) and Prolonged Exposure therapy (PE) are among the most effective evidence-based treatments for PTSD. Although VA currently recommends cognitive behavioral therapies as first-line treatments for PTSD, many VHA mental health providers have not been properly trained or do not administer them.

Congress must act to reform and reauthorize the Veterans Choice Program to ensure America's veterans have timely access to the best mental health care available. When Congress reauthorizes and constructs the foundation for Choice 2.0, the program should promote effective culturally-competent treatment, rather than focusing on the current 40-mile distance and 30-day wait time. With only 13% of mental health care providers in the community currently meeting a minimum level of military cultural competency, all Choice program providers should be required to take yearly continuing education credits on military culture.

Additionally, NAMI strongly urges Congress to broadly reject the proposed 5% cut to the VA Medical Research budget. At a time when science and innovation could be the key to unlocking life-saving treatments for America's veterans living with mental health conditions, it is unacceptable to cut any federal funding for medical research. The VA Office of Medical Research is tasked with investigating medical conditions unique to veterans. With no other government research agency pursuing this research, progress on treating these conditions will be significantly halted.

NAMI's asks

- **Support H.R. 874, Sgt. Brandon Ketchum Never Again Act**, sponsored by Rep. David Loebsack (D-IA-2). This legislation would require VA, upon the request of a veteran who is enrolled in the VA health care system and entitled to in-patient psychiatric care, to provide the veteran with in-patient psychiatric care at the closest VA facility or at a non-VA facility if VA lacks such capacity or capability.

- **Support H.R. 918, Veteran Urgent Access to Mental Healthcare Act**, sponsored by Rep. Mike Coffman (R-CO-6). This legislation directs VA to provide veterans with an Other-than-Honorable discharge with an initial mental health assessment and the mental health care services required to treat the veteran's urgent mental health care needs, including risk of suicide or harming others.
- **Support S. 992 / H.R. 2652, Veteran Overmedication Prevention Act of 2017**, sponsored by Sen. John McCain (R-AZ), Rep. Mike Coffman (R-CO-6) and Rep. Seth Moulton (D-MA-6). This legislation requires VA to complete a thorough analysis of the number of veterans who died by suicide in the last five years and the number of instances in which the veteran was on multiple medications prescribed by VA physicians or non-VA physicians.

NAMI's budget and appropriations recommendations

- \$8.4 billion for Veterans' Mental Health Services
 - \$186.1 million for Suicide Prevention
- \$713 million for the VA Research Program
- \$17 million for Emerging Research Needs, including post-deployment mental health care concerns such as PTSD, depression, anxiety and suicide
- \$65 million for the VA Million Veteran Program

This is consistent with the Independent Budget (IB) recommendations.

Facts about military & veteran mental health

- About one in five veterans returning from Iraq and Afghanistan have post-traumatic stress disorder (PTSD) or depression.ⁱ
- The VA estimates that 30% of Vietnam veterans will experience PTSD in their lifetime.ⁱⁱ
- According to a VA Office of Suicide Prevention report from 2016, approximately 20 veterans per day die by suicide—and only 6 of the 20 veterans are utilizers of Veterans Health Administration (VHA) services.ⁱⁱⁱ
- The rates of suicide among younger veterans (ages 18-29) are the highest among all age-adjusted veteran population groups.^{iv}
- The risk for suicide among female veterans is 240% higher than their civilian counterparts.^v

ⁱ Substance Abuse and Mental Health Services Administration. (2014). Veterans and Military Families. Accessed online at <https://www.samhsa.gov/veterans-military-families>.

ⁱⁱ U.S. Department of Veterans Affairs. (n.d.) PTSD: National Center for PTSD. *How Common is PTSD?* Accessed online at <http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>.

ⁱⁱⁱ U.S. Department of Veterans Affairs. Office of Suicide Prevention. (2016). *Suicide Among Veterans and Other Americans 2001-2014*.

^{iv} *Ibid.*

^v *Ibid.*