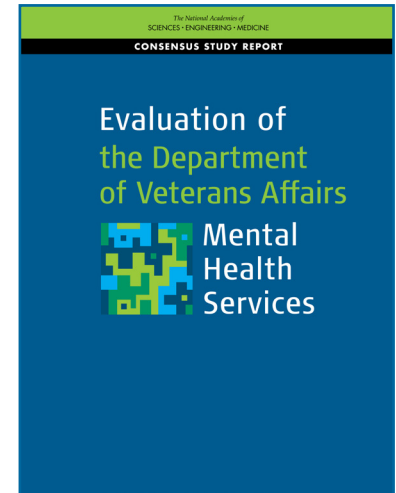


KEY FINDINGS AND RECOMMENDATIONS

JANUARY 2018 • EVALUATION OF THE DEPARTMENT OF VETERANS AFFAIRS MENTAL HEALTH SERVICES

Approximately 4 million U.S. veterans supported the wars in Iraq and Afghanistan—Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND)—and many have need for mental health care services.

Under a Congressional mandate responding to concerns about the health care experience of these veterans, the Department of Veterans Affairs (VA) asked the National Academies of Sciences, Engineering, and Medicine to assemble a committee to assess veterans' ability to access mental health services at the VA, as well as the quality of those services. After reviewing the relevant published literature, conducting site visits, and surveying veterans, the committee recommends ways to improve problems with access to and quality of mental health services for veterans, including treatment of posttraumatic stress disorder (PTSD), major depressive disorder, substance use disorder (SUD), and suicidal thoughts or behaviors. The committee's key findings and recommendations appear below.



KEY FINDINGS

There is a substantial unmet need for mental health services in the OEF/OIF/OND population as identified using standard screeners of mental health conditions or veteran-reported diagnoses. Approximately half of OEF/OIF/OND veterans surveyed by the committee who may have a need for mental health care services do not use VA or non-VA mental health care services. These results are consistent with several other studies of VA mental health care and demonstrate that a large proportion of veterans do not receive any treatment following diagnosis of PTSD, SUDs, or depression. Additionally, more than half of veterans who have a mental health need do not perceive a need for mental health services, which suggests that some veterans do not seek care because they do not perceive that they personally have a need.

A number of VA health system factors may facilitate or be barriers to veterans' willingness to seek care.

- A lack of awareness about how to connect to the VA for mental health care is pervasive among OEF/OIF/OND veterans. Among OEF/OIF/OND veterans who have a mental health need and who have not sought VA mental health services, their main reasons for not doing so are that they do not know how to apply for VA mental health care benefits, they are unsure whether they are eligible, or they are unaware that the VA offers mental health care benefits.
- The process of accessing VA mental health services has been burdensome and unsatisfying for many OEF/OIF/OND veterans. The changes that OEF/OIF/OND veterans would like to see at the VA include, for example, making the process for scheduling appointments easier and improving customer service.
- From a systems perspective, the VA can facilitate access by ensuring VA leadership and management acumen are focused on aligning resources to veteran needs. Chronic workforce problems exist that have a significant impact on the care veterans receive. Complex eligibility criteria and confusing procedures to transition between the Department of Defense (DoD) and the VA are examples of policy-related barriers veterans encounter when seeking VA health care.

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Many veterans' personal factors may facilitate or be barriers to veterans' willingness to seek care.

- OEF/OIF/OND veterans who have significant others (for example, family members and friends) who support their seeking treatment are much more likely to use VA health care services than veterans without such support.
- The use of the Internet or the phone to receive mental health care is acceptable to nearly half of OEF/OIF/OND veterans. Younger veterans tended to be more open to obtaining mental health care using the Internet.
- Transportation to and the convenience of VA medical facilities may pose challenges for many OEF/OIF/OND veterans who live far from VA facilities or who have chronic health conditions that make traveling long distances difficult.
- Additional barriers to seeking mental health care include employment concerns (spending time off from work, harm to their careers, denial of security clearance, and receiving less confidence and respect from co-workers and supervisors) and fears that discrimination could affect their ability to own guns, lead to a loss of contact with or custody of their children, or lead to a loss of medical or disability benefits.

A majority of OEF/OIF/OND veterans who use the VA report positive aspects of and experiences with VA mental health services. These aspects of care include the availability of needed services, the privacy and confidentiality of medical records, the ease of using VA mental health care, the mental health care staff's skill and expertise, and the staff's courtesy and respect toward patients.

Many OEF/OIF/OND veterans receive high-quality mental health care from the VA; however, the VA's ability to deliver high-quality mental health care consistently to all veterans across facilities and subpopulations is an ongoing challenge. While evidence-based mental health services are available to veterans and are mostly concordant with clinical standards and policy mandates, there are significant gaps in care delivery. Problems with adequate staffing, physical infrastructure, and providing timely care appear to contribute to the variability in the VA's delivery of evidence-based mental health services. Burnout and job-related stress among VA mental health providers may contribute to high turnover.

The VA dedicates resources to and has a history of implementing innovative practices in the areas of patient care, health information technology, and quality monitoring.

- The VA has implemented innovative and evidence-based models of collaborative and integrated care to improve the delivery of mental health treatment.
- The VA has long-standing experience and expertise with electronic health records (EHRs), telehealth, virtual care technologies, and tele-mental health research and app development.
- The VA has many data systems tracking patient care; however, it has not yet operationalized a comprehensive system for collecting health outcome data with standardized patient-reported outcome measures.
- The VA is using some community-based mental health resources to serve veterans—for example, through the Choice Program and partnerships with organizations specializing in veterans' services—to help alleviate the VA's workforce and infrastructure problems. However, the VA does not collect adequate information about the approaches that it uses to ensure care coordination and quality monitoring for services the VA offers through contracts with community providers.

RECOMMENDATIONS

To see specific actions for many of these recommendations, please visit [nationalacademies.org/VAMentalHealthCare](https://www.nationalacademies.org/VAMentalHealthCare).

Recommendation 16-1

The VA should set a goal of becoming a high-reliability provider of high-quality mental health care services throughout the VA health care system within 3 to 5 years. The VA should develop a comprehensive system-wide strategic plan for providing readily accessible, high-quality, integrated mental health care services to improve the overall health and well-being of veterans. This plan should have a 3- to 5-year horizon, and its implementation should be regularly monitored, reviewed, and updated, as needed, during that time.

Recommendation 16-2

Via policy changes and other approaches, the VA should eliminate barriers to accessing mental health care experienced by OEF/OIF/OND veterans. The VA should adopt additional strategies to engage veterans, expand outreach efforts beyond the initial postdeployment period, and improve its transitional services as well as VBA and VHA processes with the goal of enhancing and facilitating access to mental health care.

Recommendation 16-3

The VA should examine how its facilities interface with community resources and compile an inventory of VA–community collaborations with the objective of identifying exemplary or model collaborations and best practices for forging community partnerships.

Recommendation 16-4

The VA should take steps to ensure that its diverse patient population receives readily accessible, high-quality, integrated mental health care services. Areas to focus on are service delivery, workforce issues, and resource allocation (including the logistics of care delivery and the structure of clinical space).

Recommendation 16-5

The VA should evaluate whether all types of mental health care workers could be brought under Title 38 U.S.C. and if this might alleviate some workforce shortages. If the assessment indicates that this reclassification would have a salutary effect, then the VA should pursue the necessary solutions.

Recommendation 16-6

The VA should conduct a broad examination of its various types of facilities to assess how it could re-align its human resources and capital assets to better meet the demand for mental health care services. Adequate clinical and office space and staffing are necessary to reduce wait times, lessen administrative and clerical burden on clinicians, improve the fidelity of treatment, and increase adherence to clinical practice guidelines.

Recommendation 16-7

The VA should leverage its existing health technology infrastructure and internationally recognized expertise in telehealth and virtual care to substantially expand the scale and quality of its tele-mental health and technology-supported mental health services for clinical, research, and educational purposes.

Recommendation 16-8

The VA should take a lead role nationally in advancing quality management in mental health care. Toward this end, the VA should take steps to accelerate the development and use of standardized performance measures to assess and improve care for mental health conditions in veterans. It should engage with performance measure development organizations to develop a robust portfolio of mental health care performance measures. As part of its comprehensive mental health care strategic plan, the VA should articulate how performance measures will be rolled out and implemented, maintained, and used for quality improvement and research purposes, and otherwise managed.

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