

**Policy Proposal for Veterans Accessibility to Mental Health Services**

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### **Abstract**

This paper addresses barriers that veterans seeking mental health services encounter. Barriers such as accessibility, knowledge of available services, and military culture are discussed. Two current mental health interventions and services implemented for veterans are described in detail and the relative merits of each are discussed. It is proposed that the Veterans Administration expand the range of PCPs with PC-MHI providers available to veterans in order to further increase access to mental health services for veterans. Finally, the elements of a presentation of the policy proposal to key stakeholders and legislators are discussed.

*Keywords:* veteran, mental health, Veterans Administration, healthcare, accessibility

## **Policy Proposal for Veterans Accessibility to Mental Health Services**

Veterans of the U.S. Military are a vulnerable population in need of increased and improved access to appropriate mental health care services. Many veterans experience acute mental health difficulties due to the demands of their respective military institutions. In 2016, it was found that over 1.5 million of the 5.5 million veterans assessed in Veteran Administration (VA) hospitals met the criteria for a mental health diagnosis (White, 2021). Mental illnesses such as Post Traumatic Stress Disorder (PTSD) or depressive disorders are often undiagnosed and/or untreated among the veteran population. Veterans have shown reluctance to seek mental healthcare due to several reasons such as the limited capacity of mental healthcare workers specialized in military trauma, a limited knowledge of benefits and services to which they may be entitled, or the perceived social stigma of mental health issues related to both active-duty and Veteran military members. Additionally, the military culture embedded in veterans' values and belief systems largely determines their openness to seeking mental health treatment as well. Based on these findings drawn from evidence-based data and literature which focused on veterans and mental health care access, it is evident that these issues represent a social problem for a population in need of social change, institutional modifications, and policy reform to meet the needs of the affected individuals.

Comprehensive and aggressive approaches are necessary to connect more veterans with mental health care. A potentially effective intervention is the VA's implementation of "Whole Health" care in its health services. This approach is a framework centered around redesigning veterans' healthcare from "patient-driven" to "person-driven" (Gaudet & Kligler, 2019). This approach requires the development of infrastructure which can facilitate peer conversations between veterans seeking mental healthcare with other fellow veterans to focus on what is

important to them regarding their health (VA, 2013). These peer conversations are often facilitated by health coaches who are trained in the peer-health program (Gaudet & Kligler, 2019). The approach defies the primary conceptual disease framework of medicine and instead implements an intervention focused on positive outcomes that are not measured on a notion of deficits of health or wellbeing (Gaudet & Kligler, 2019).

By helping veterans focus on what they wish to receive out of their healthcare rather than what they must fix about themselves, the Whole Health approach may help decrease the stigma surrounding veterans' seeking of mental healthcare, which has been a major identified barrier. A critical aspect of these initiatives is that they must be connected with the VA's network of practitioners in VA clinical treatment facilities who are trained on the Whole Health approach (Gaudet & Kligler, 2019). A dilemma of this is that the Whole Health approach is currently an optional healthcare approach for facilities and is not uniform across clinical treatment facilities. This means that not all veterans will be able to benefit from the intervention. It would be important that the Whole Health approach be integrated within all VA healthcare services to reach the most veterans who could benefit from the intervention. The Whole Health approach also needs to develop a standard of measurement for the positive outcomes of veterans' healthcare, without relying on the typical medical deficit model (Gaudet & Kligler, 2019). To be effective for veterans' increased access to and use of mental health care services, the Whole Health approach needs to be a focus of transformation within the entire system of VA healthcare services.

It is important to focus on policy implications that recognize veterans' belief systems and work to engage veterans' support systems in a way that facilitates veterans seeking the help that they need. The Veteran's Health Administration (VHA) implemented an initiative known as the

Primary Care-Mental Health Integration (PC-MHI) which is aimed at increasing access to mental health services for veterans (Leung et al., 2019). PC-MHI services are a collaboration of mental health care providers and primary care providers (PCPs) that coordinates with a veterans Patient Aligned Care Team (PACT). This collaboration of health care providers allows them to provide services for mental health issues such as depression, anxiety, PTSD, and substance abuse without the necessity for separate consults with mental health providers outside of the PACT clinic area (Leung et al., 2019). The advantage of PC-MHI services is that it is available to all veterans with PCPs, which eliminates the issues caused by the ineligibility of many veterans to receive VA health services due to rationing criteria and Congressional appropriations (VA, 2015).

Research by the U.S. Department of Veteran Affairs has shown that PC-MHI integrated health care has improved veterans' access to high quality treatment, increased patient engagement, clinical and behavioral outcomes, and veteran patient satisfaction (VA, 2015). Because studies have shown evidence of veterans' reluctance to seek mental healthcare to be largely due to perceived stigma, integrating mental health care with their physical and primary healthcare has increased the number of patients seeking mental health services through their PCPs, rather than specialized mental health services. Additionally, the integrative services may assist many veterans who live in rural areas or communities in which obtaining access to specialized mental health services is especially time consuming or poses geographic barriers. In examination of 5.4 million primary care patients in 396 national VHA clinics from 2013-2016, the median rate of patients who were seen by a PC-MHI provider was 6.3% and each of these percentage points was associated with 11% more mental health care visits (Leung et al., 2019). Compared with patients in clinics with lower numbers of PC-MHI providers, clinics with larger proportions of PC-MHI providers received more mental health visits from veterans (Leung et al.,

2019). Although the PC-MHI and PACT initiative appears to have been successful at increasing patient care access and utilization, the VHA did experience an increased total cost for patient care (Leung et al., 2019).

There are many interventions and programs that exist to support veterans' seeking of mental healthcare and veterans' receiving of mental healthcare. However, data and research show that the barriers surrounding veterans' access and use of mental health services remains a pertinent issue in need of reform. Because many veterans lack knowledge of the services they are entitled to, it is highly necessary that both the military institution itself and the VA implement a more effective approach to guiding and educating veterans about their benefits and available options before soldiers retire their service in the military. The VA must make efforts to inform both active-duty soldiers and veterans about their options to receive mental healthcare for military-related mental health issues under the PC-MHI integrated care program. All VHA facilities should be required to provide PC-MHI services. PC-MHI providers should be implemented across all PCP locations in the U.S. to ensure equal access to care for all veterans regardless of geographic distance or other known barriers. This requires the VHA to expand the range of PCPs with PC-MHI providers available to veterans. There is also a need for an assessment of each PCP's adherence to the model to ensure that the PC-MHI integrated care competencies through the VA are being adhered to.

To seek support for the proposal to expand the range of PCPs collaborating with the VHA and PC-MHI providers it would be beneficial to consider the affected population of veterans in need of mental health support and care. By appealing to veterans' desires for increased services that are more accessible, it would influence the support from veterans themselves. Additionally, PCPs could potentially benefit from the collaboration with the VHA

and implementing PC-MHI providers to increase revenue within their facilities which may influence their support as well. Veterans and PCP facilities who support the proposal could influence legislators and the VA to improve upon the existing PC-MHI integration in the VHA in order to increase access to the number of mental health services and locations for veterans in need. Many legislators also prioritize topics surrounding veteran wellbeing and health on their political agendas because it is perceived as an honorable way to garner support for their political campaigns, which would be an advantage for this proposal to potentially be implemented. Because the governmental VA and military budgets are so flexible, funding for the implementation of more PC-MHI providers would not be a major concern, especially because the amount of specialized mental health service providers under the VA would be receiving less clients due to the shift to an integrated care approach.

When presenting the proposal to key stakeholders and legislators, including statistics regarding the striking number of veterans who experience mental health issues as a result of military experiences would be important. Additionally, research data on studies with veterans and their conceptualization of the accessibility of mental healthcare and services would be useful to highlight the need for improvement upon the access of the services. Highlighting the strengths and weaknesses of the current PC-MHI integrated care system will also be crucial to note the areas of improvement. After noting areas which need improvement, it is time to suggest the proposal to the audience. After stating the proposal it is important to identify how these policy changes would benefit the veteran population if they are enacted. Then, briefly summarizing the points discussed throughout the presentation would be essential to ending the presentation.

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