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# POLICY PRIORITIES TO IMPROVE VETERANS' MENTAL HEALTH







# INTRODUCTION

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Most Americans, policymakers included, consider it a national duty to care for military veterans. The recent findings of a veterans task force can help policymakers chart a path to better fulfill that sacred obligation.

In March of 2019, President Donald Trump signed an executive order creating the task force known as PREVENTS – the President’s Roadmap to Empower Veterans and End the National Tragedy of Suicide.<sup>1</sup> With the publication of the task force’s recommendations, policymakers are now poised to make sure all U.S. veterans have access to the mental health services they need and deserve.

That access must include groups that can be marginalized or difficult to reach, specifically women, homeless veterans and veterans who separated from the service with an other-than-honorable discharge.

# MENTAL HEALTH CHALLENGES FACING VETERANS

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The service-related mental health issues faced by U.S. military veterans can inflict pain, suffering and even death just as surely as any bullet or bomb.

In fact, the National Council for Behavioral Health estimates that 30% of active duty and reserve military personnel who have been deployed to Iraq or Afghanistan have a mental health condition. Yet only about half of returning veterans receive any kind of mental health treatment.<sup>2</sup>

These veterans are often dealing with major depression or post-traumatic stress.<sup>3</sup> The Veterans Administration has seen disability cases related to post-traumatic stress spike in recent years, rising from 345,000 cases in 2008 to 940,000 in 2017.<sup>4</sup>

Traumatic brain injury is also a significant problem. The improvised explosive devices and other weapons that now confront frontline troops routinely inflict this type of injury, to the point that traumatic brain injury is considered the “signature wound” of Operation Enduring Freedom and Operation Iraqi Freedom veterans.<sup>5</sup>

The various mental disorders related to combat experiences and the prolonged stress of military deployment exact a heavy toll on returning troops. At the Department of Veterans Affairs, medical researchers

and health care professionals pursue more effective treatments, as an average of almost 20 U.S. veterans die by suicide each day.<sup>6</sup>



The VA plays a critical role in meeting the mental health needs of America’s veterans. In addition to comprehensive medical services, VA centers can also provide new technologies with a demonstrated impact on mental health. For example, virtual reality technologies show tremendous promise as a tool for treating post-traumatic stress. Therapists can use virtual reality devices to accurately recreate the setting and circumstances of a traumatic event, allowing the patient to safely relive it in a clinical environment. As the patient confronts the memory, the brain’s response to it is gradually diminished.

Reaping the full benefit of VA services, however, poses challenges for some veterans.





# WOMEN, THE INVISIBLE VETERANS

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It wasn't until 2013 that women began serving in combat roles in the U.S. military, although many women had served as engineers, medics, or in other roles that exposed them to danger. Today, their numbers – both in service and as veterans – have rapidly grown. Women now make up 20% of Air Force, 19% of Navy, 15% of Army, and almost 9% of Marine Corps troops. They represent 17% of overall military personnel.<sup>7</sup> But in spite of the significant presence of women in the military, they are too often overlooked or ignored, leading them to feel invisible as veterans.

As public perceptions of the Armed Services evolve to acknowledge the growing contributions of women, the VA can work toward providing female veterans the health care they need. A major need is better treatment for sexual trauma. One in four women veterans seeking VA health care reports facing military sexual trauma.<sup>8</sup> Sadly, some of them also have experienced harassment, either from staff or other patients, at VA clinics.<sup>9</sup>

The number of women treated at the VA almost tripled between 2000 and 2015. As more and more women veterans turn to the VA for the health care they have earned with their service, the VA must ramp up its ability to give them the specialized treatments they need. Just as basic differences exist in the physical and hormonal makeup of men and women veterans, so do differences in the health care services they require.<sup>10</sup>

Some progress is already underway. In May 2019, the House Committee on Veterans' Affairs launched the Women Veterans' Task Force, a bipartisan effort that promotes inclusivity and equitable access to resources, benefits and health care for women veterans.<sup>11</sup> Since its creation, the task force has focused on a variety of issues and has adopted a comprehensive, evidence-based approach to reducing veteran suicide. The approach was inspired by the Centers for Disease Control and Prevention's Seven Core Strategies for Suicide Prevention.<sup>12</sup>



# HOMELESS VETERANS

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Few places in modern-day urban and suburban America are untouched by homelessness. The latest U.S. Department of Housing and Urban Development Homeless Assessment Report found that just under 570,000 people in the United States were homeless on any given night in 2019. More than 37,000 of them were military veterans.<sup>13</sup>

Homelessness presents a major stumbling block when it comes to providing veterans with mental health services. Mental health challenges and substance abuse issues stemming from military service can directly contribute to the circumstances that result in veterans having no permanent place to live. At the same time, unstable living situations

impede the delivery of help addressing those issues – assistance that could get veterans off the streets.

It's difficult for homeless veterans and their caregivers to establish and maintain an effective treatment regimen when the veterans do not have a permanent address, may lack access to reliable transportation or might not even know from night to night where they will sleep.

The experience becomes a vicious cycle. Service-related issues result in homelessness; being homeless then blocks treatment for those issues. To do right by America's veterans, policymakers must prioritize policies that help to break that cycle.



# VETERANS WITH AN OTHER-THAN-HONORABLE DISCHARGE

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Just over 500,000 former service members have an other-than-honorable discharge,<sup>14</sup> meaning that a break with expected rules of conduct prompted their separation from the Armed Services. The irony is that, in many cases, the behaviors or poor decisions these veterans made were rooted in the stresses they experienced while serving. Yet because of their other-than-honorable discharge status, they are ineligible for VA benefits.



Failing to provide benefits to these veterans ignores the fact that, regardless of how their service ended, they volunteered to defend the United States. Not every case is the same, but none should be dismissed out of hand.

An other-than-honorable discharge can be particularly unjust to women in the military. In some cases, women have reported in-service sexual assaults only to find that

their superiors deemed reporting to be unacceptable behavior, resulting in an other-than-honorable discharge.

The VA took action in 2017, directing all Veterans Health Administration medical centers to offer emergency stabilization care for former service members with an emergent mental health need, regardless of their discharge status. During an initial period of 90 days, the Veterans Health Administration and the Veterans Benefits Administration determine if the mental health condition results from a service-related injury, which would make the veteran eligible for ongoing coverage.

Additionally, Congress passed legislation that allows the VA to provide ongoing mental and behavioral health care to certain former service members with other-than-honorable discharges, including those who were on active duty for more than 100 days and served in a combat role, or experienced sexual harassment or sexual assault while serving.<sup>15</sup>

The progress made on helping other-than-honorable veterans suffering from service-related mental illness is encouraging. But much more work remains to be done.





# CONCLUSION

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Recommendations from the PREVENTS Task Force mark a growing and continued effort by the Trump administration to identify policy solutions on veterans mental health.

To make good on the country's commitment to those who've served in the Armed Forces, policymakers should likewise tackle the challenges faced by women, homeless and other-than-honorably discharged veterans. Incorporating the needs of these three groups will allow leaders to craft meaningful policies that improve all veterans' health, well-being and quality of life for the long term.

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