

Caring for Our Veterans' Mental Health

The Availability of Community-based Services and Supports

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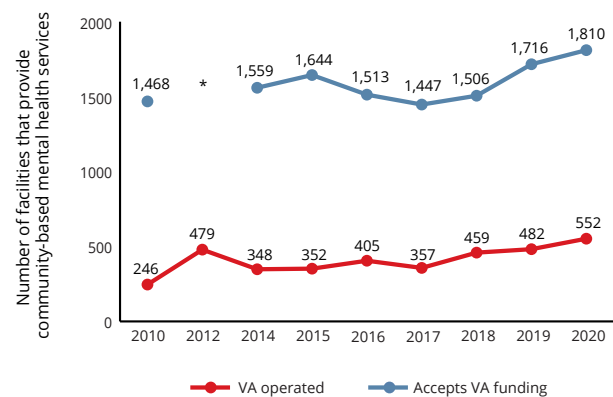
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Caring for our veterans' mental health is a national priority. About 4 million veterans served in Iraq and Afghanistan between 2001 and 2014. Many veterans returned from deployment with complex care needs and an increased risk for mental health and substance use problems, suicide, and homelessness. An estimated 41 percent potentially need mental health services, and almost 20 percent have post-traumatic stress disorder or depression.^{1,2} Community-based mental health services, which include outpatient services, day treatment, and partial hospitalization programs, are critical to help veterans live independently and avoid disability.

In this study, we used data from the National Mental Health Services Survey (N-MHSS) from 2010 to 2020 to examine the availability of community-based mental health services to veterans.³ We present information on the mental health services and supports offered through U.S. Department of Veterans Affairs (VA) facilities and, because some veterans choose to seek care outside of the VA, through mental health facilities that accept VA funding.

VA-operated facilities and facilities that accept VA funding that offer mental health services, including inpatient and residential services (results not shown).

Figure 1. Number of facilities offering community-based mental health services to veterans, by year and facility type



Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Mental Health Services Survey (2010 to 2020).

Notes: Facilities that accept VA funds provide services to non-veterans and veterans. The asterisk denotes the year in which the National Mental Health Services Survey did not collect information on whether facilities accepted funding from the VA.

VA = U.S. Department of Veterans Affairs.

In 2020, most VA-operated facilities and facilities that accept VA funding offered individual or group therapy, family therapy, trauma care, or cognitive behavioral therapy, with availability ranging from 84 percent of VA-operated facilities offering family therapy to 99 percent of VA-operated facilities offering individual or group therapy (Figure 2). Fewer facilities offered integrated mental health and substance use disorder treatment or other services, suggesting opportunity for improvement.

Overall, the types of mental health treatments offered by VA-operated facilities and facilities that accept VA funding did not differ much, except in rates of offering antipsychotic medications. In all, 90 percent of VA-operated facilities offered antipsychotic medication in 2020 compared with 62 percent of facilities that accept VA funding. Conversely, compared with VA-operated facilities, a greater percentage of facilities that accept VA-funding offered other mental health treatment (90 percent versus 77 percent), a category that includes treatments such as

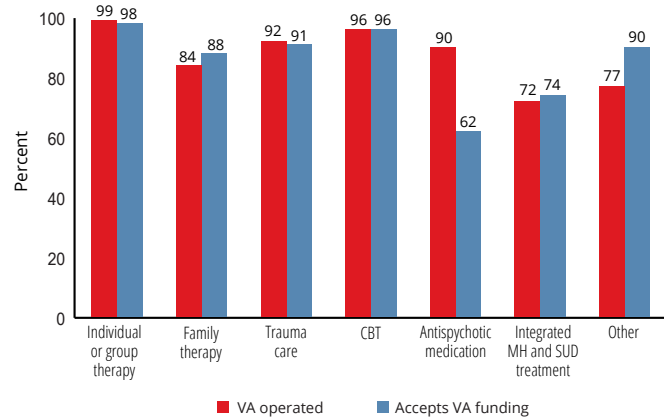
Key findings

- The availability of community-based mental health services increased from 2010 to 2020.
- More than 80 percent of all facilities provide core mental health treatments such as individual, group, or family therapy.
- VA-operated facilities are more likely to provide support services (including care coordination services, physical health services, and social services) than facilities that accept VA funding.
- The availability of employment supports, psychiatric emergency services, and services specifically for people with traumatic brain injury was low.

The number of facilities that offer community-based mental health services to veterans fluctuated from 2010 to 2016 and then steadily increased to 2020 (Figure 1).⁴ Over this 10-year period, the VA added 306 facilities that provide community-based mental health services (a 124-percent increase), and mental health facilities that accept payment from the VA increased by 342 facilities (a 23-percent increase). These increases mirror a steady increase in the overall number of

dialectical behavior therapy, electroconvulsive shock therapy, and activity therapy.⁵

Figure 2. Percentage of facilities offering specific mental health treatments in 2020, by VA status



Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Mental Health Services Survey (2020).

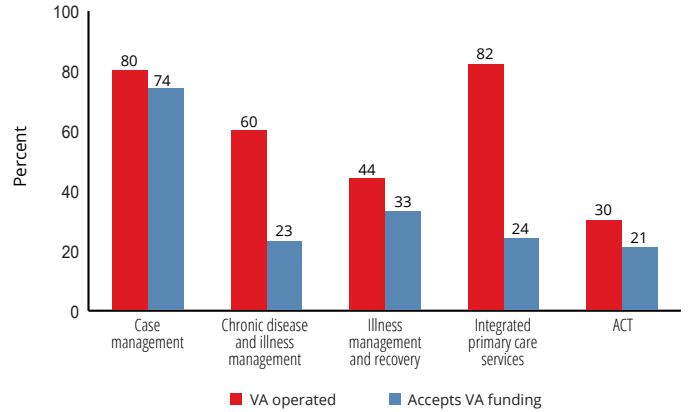
Notes: Figures 2 to 7 reflect facilities that provide community-based services and offer specific mental health treatments. Because some facilities provide community-based and inpatient or residential services, it is possible that some of the mental health treatments or services are provided through inpatient or residential services and not community-based services. Because some facilities provide community-based and inpatient or residential services, it is possible that some of the mental health treatments or services are provided through inpatient or residential services and not community-based services.

CBT = cognitive behavioral therapy; MH = mental health; other = dialectical behavior therapy, cognitive remediation therapy, behavior modification, activity therapy, electroconvulsive therapy, Transcranial Magnetic Stimulation, Ketamine Infusion Therapy, and more; SUD = substance use disorder; trauma care = trauma therapy or eye movement desensitization and reprocessing therapy; VA = U.S. Department of Veterans Affairs.

In 2019, before the COVID-19 public health emergency, access to telemedicine in VA-operated facilities was high (93 percent; not shown). It was much lower in facilities that accept VA funding, with only 53 percent of facilities offering telemedicine in 2019. During the COVID-19 public health emergency in 2020, availability of telemedicine increased for both facility types. Almost all VA-operated facilities offered telemedicine (98 percent), and 83 percent of facilities that accept VA funding offered telemedicine, a 57-percent increase.

Care delivery approaches that integrate and coordinate care can help meet veterans' various needs and support their treatment and recovery goals. Although case management services were common in 2020 among VA-operated facilities and facilities that accept VA funding, only 24 percent of facilities that accept VA funding provided integrated primary care compared with 82 percent of VA-operated facilities (Figure 3). Chronic disease and illness management was also much more common in VA-operated facilities. Fewer facilities (44 percent of VA operated and 33 percent of facilities that accept VA funding) provided illness management and recovery, an evidence-based practice focused on teaching illness management to people with mental illness. Only about a third of facilities reported offering Assertive Community Treatment, an intensive approach to delivering integrated care to people with serious mental illness.

Figure 3. Percentage of facilities offering management and coordination services in 2020, by VA status



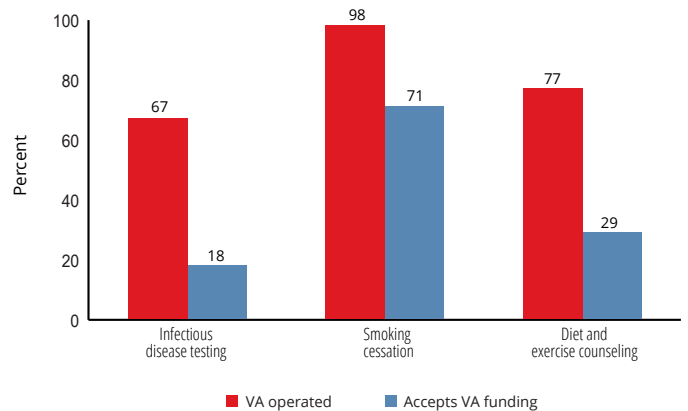
Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Mental Health Services Survey (2020).

Note: Because some facilities provide community-based and inpatient or residential services, it is possible that some of the mental health treatments or services are provided through inpatient or residential services and not community-based services.

ACT = assertive community treatment; case management = intensive case management or case management; VA = U.S. Department of Veterans Affairs.

A higher percentage of VA-operated facilities than facilities that accept VA funding provided physical health services (Figure 4). Smoking cessation services, including screening for tobacco use, cessation counseling, nicotine replacement therapy, or non-nicotine smoking or tobacco cessation medication, were the most widely available services at both types of facilities: 98 percent of VA-operated facilities and 71 percent of facilities that accept VA funding offered them. Infectious disease testing had the lowest availability, offered by only 67 percent of VA-operated facilities and 18 percent of facilities that accept VA funding.

Figure 4. Percentage of facilities offering specific physical health services in 2020, by VA status



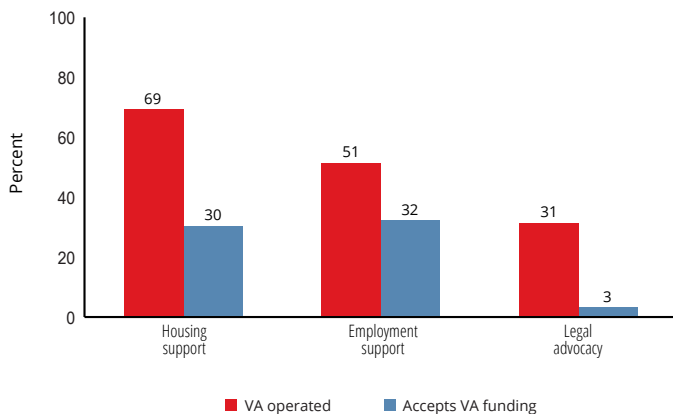
Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Mental Health Services Survey (2020).

Note: Because some facilities provide community-based and inpatient or residential services, it is possible that some of the mental health treatments or services are provided through inpatient or residential services and not community-based services.

Infectious disease testing = testing for hepatitis B, hepatitis C, HIV, sexually transmitted diseases, or tuberculosis; smoking cessation = screening for tobacco use, smoking, vaping, and tobacco cessation counseling, nicotine replacement therapy, or non-nicotine smoking or tobacco cessation medication; VA = U.S. Department of Veterans Affairs.

Consistent with the availability of medical services, a greater percentage of VA-operated facilities offered housing support, employment support, and legal advocacy compared with facilities that accept VA funding (Figure 5). In all, 69 percent of VA-operated facilities offered veterans housing support and about half offered veterans employment support. Less than a third offered veterans legal advocacy. The availability of these services among facilities that accept VA funding was much lower: about one-third of these facilities provided housing or employment support, and only 3 percent offered legal advocacy.

Figure 5. Percentage of facilities offering specific social services in 2020, by VA status



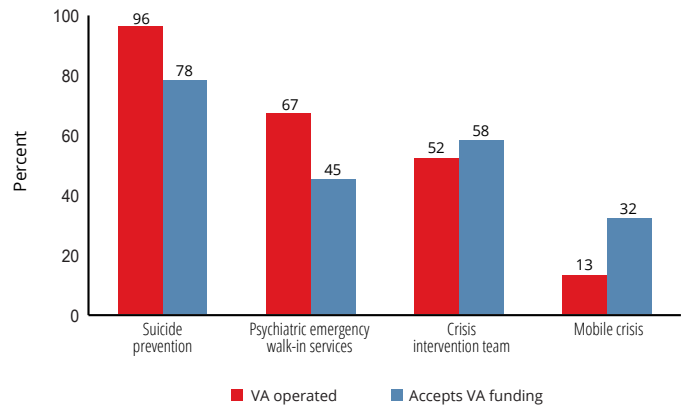
Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Mental Health Services Survey (2020).

Note: Because some facilities provide community-based and inpatient or residential services, it is possible that some of the mental health treatments or services are provided through inpatient or residential services and not community-based services.

Employment support = vocational rehabilitation services or supported employment; housing support = housing services or supported housing; VA = U.S. Department of Veterans Affairs.

In recent years, the VA has invested significant resources to identify and prevent suicide among veterans and to improve their same-day access to care. Almost all VA-operated facilities provided suicide prevention in 2020, and 67 percent provided veterans with psychiatric emergency walk-in services (Figure 6). About 78 percent of facilities that accept VA funding provided suicide prevention, and less than half offered psychiatric emergency walk-in services. About half of all facilities had crisis intervention teams to handle acute mental health issues. Across facilities, availability of mobile crisis services was low. About one-third of facilities that accept VA funding and only 13 percent of VA-operated facilities offered mobile psychiatric crisis services.

Figure 6. Percentage of facilities offering suicide prevention or psychiatric emergency services in 2020, by VA status



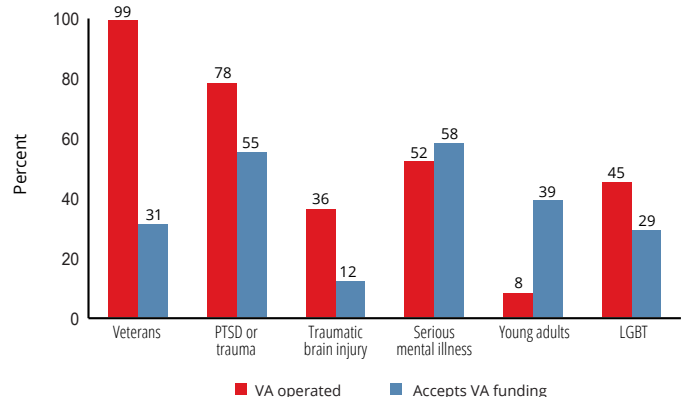
Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Mental Health Services Survey, 2020.

Note: Because some facilities provide community-based and inpatient or residential services, it is possible that some of the mental health treatments or services are provided through inpatient or residential services and not community-based services.

VA = U.S. Department of Veterans Affairs.

More VA-operated facilities provide treatment groups specifically for veterans, people with post-traumatic stress disorder or trauma, and people with traumatic brain injury than facilities that accept funding from the VA (Figure 7). This difference is unsurprising because of the prevalence of trauma and traumatic brain injury among veterans, but the percentage of VA-operated facilities that provide treatment groups designed for veterans with traumatic brain injury was low: only 36 percent. A higher percentage of VA-operated facilities offer treatment programs designed for veterans who identify as LGBT than facilities that accept VA funding (45 percent versus 29 percent). The percentage of facilities that offer treatment programs for people with serious mental illness is similar for both facility types. A greater percentage of facilities that accept VA funding offer treatment programs for young adults.

Figure 7. Percentage of facilities offering designated treatment groups in 2020, by VA status



Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, National Mental Health Services Survey (N-MHSS) data (2020)

Note: Because some facilities provide community-based and inpatient or residential services, it is possible that some of the mental health treatments or services are provided through inpatient or residential services and not community-based services.

PTSD = post-traumatic stress disorder; VA = U.S. Department of Veterans Affairs.

Discussion

The availability of community-based mental health services is key to allowing veterans to remain connected to their community while receiving mental health care. The number of facilities that provide community-based mental health treatment increased from 2010 to 2020, but it is unclear whether the increase led to improved access to mental health care. The increased availability of telemedicine is promising and could reduce the stigma associated with mental health care, improve access, and address inequities in access to care.

Facilities that serve veterans provide a range of mental health treatments and services. Most facilities offered core mental health treatments, including individual or group therapy, trauma care, cognitive behavioral therapy, and family therapy. Yet the availability of employment supports, psychiatric emergency services, and services for special groups of high risk populations, such as people with traumatic brain injury, was comparatively low. Facilities that provide care to veterans might have to bolster services in these areas to meet the range of veterans' needs.

Finally, across most services (care coordination, physical health, social services, crisis services), a higher percentage of VA-operated facilities offered the service compared with facilities that accept VA funding. As a result, veterans who do not live near VA-operated facilities might not have access to the same service offerings as veterans who access care in VA-operated facilities. The VA and providers that accept VA funding might want to work together to understand how to bolster services to meet the unique needs of veterans.

Endnotes

- 1 National Academies of Sciences, Engineering, and Medicine. "Evaluation of the Department of Veterans Affairs Mental Health Services." Washington, DC: The National Academies Press, 2018.
- 2 Tanielian, T., and L.H. Jaycox (eds.). *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Santa Monica, CA: RAND Corporation, 2008.
- 3 Center for Behavioral Health Statistics and Quality. "National Mental Health Services Survey (N-MHSS), 2010-2020" [data set]. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.
- 4 Facilities that offer community-based mental health services were defined as facilities reporting they offer outpatient treatment, day treatment, and/or partial (less than 24-hour) hospitalization.
- 5 The distribution of other services for VA-operated facilities is as follows: 48 percent of VA-operated facilities and 70 percent of facilities that accept VA funding offer dialectic behavior therapy; 9 percent of VA-operated facilities and 1 percent of facilities that accept VA funding offer electroconvulsive therapy; and 28 percent of VA-operated facilities and 35 percent of facilities that accept VA funding offer activity therapy.

Suggested Citation:

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