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**STATEMENT FOR THE RECORD
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DISABLED AMERICAN VETERANS
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
MARCH 24, 2021**

Chairman Tester, Ranking Member Moran, and Members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to submit testimony on our views about the impact of the COVID-19 pandemic on veterans' mental health and access to Department of Veterans Affairs (VA) mental health services during the public health crisis. As a veterans service organization comprised exclusively of wartime service-disabled veterans—reliable access to VA's specialized mental health programs is critical for many of our more than one million members.

In the Veterans Health Administration, as with other health care systems around the globe, COVID-19 and the onset of the pandemic substantially changed the way health care was delivered, emphasized existing gaps and weaknesses in health systems and altered existing policy and planning for the future. The pandemic has also had an impact on the mental health of all Americans, including our nation's veterans, their family members and VA staff. Struggles with isolation, uncertainty, death of family members and friends have taken an emotional toll—especially on veterans who were already facing mental health challenges such as post-traumatic stress disorder (PTSD), depression, substance use disorders and anxiety due to their military service.

As COVID-19 vaccines become more widely available throughout our nation and life begins to hopefully return to a "new normal," it is appropriate for VA, Congress and veteran stakeholders to evaluate not only lessons learned over the past year and to plan for the future, but to look at issues that existed before the pandemic as well as those that have arisen or become exacerbated since the public health emergency began.

Prior to March 2019, VA was focused on improving access to VA mental health services and lowering the rates of suicide among veterans. Despite VA's efforts and targeted initiatives to eliminate the tragedy of veterans' suicide—suicide rates for veterans and service members remained plateaued at higher rates than their non-veteran peers. VA established a number of public awareness campaigns that aimed to teach community and family members how to recognize important symptoms and behaviors and engage with veterans and others who were struggling, in crisis or at risk

for suicide. The VA's Office of Mental Health and Suicide Prevention identified that both male and female veterans were more likely to use firearms in self-directed violence when compared to their non-veteran peers, and informed providers and family members about the importance of talking to veterans who are in crisis about lethal means safe storage practices for medications and firearms. VA ramped up evidence-based programs such as its SPED (Suicide Prevention for Emergency Departments) program, a safety planning intervention with follow-up contact for suicidal patients and its REACH-VET initiative, which analyzes existing data to identify veterans who are at an elevated risk for suicide and allows VA to provide them with preemptive care and support services. VA also focused on improving its clinical practice guidelines, crisis hotline, access to Vet Centers, peer support networks and peer support specialists to respond to veterans in crisis in accessible, more culturally appropriate ways.

DAV believes these initiatives and collective efforts have been important in addressing emergent needs in the veteran population and, had VA not had them in place, VA would likely be seeing significant increases in rates of suicide rather than holding the line. While initial data on veterans' suicide since the pandemic began suggests that this existing trend is continuing, it is too early to tell how rates of suicide among veterans will be affected.

Prior to the start of the pandemic and public health emergency, VA was also focused on timely access for veterans seeking VA mental health care services and implementation of the Veterans Community Care Program. Social distancing requirements to reduce spread of the virus required VA to quickly shift to telehealth for routine medical care and conduct outreach to veteran patients using VA mental health services, to ensure their care would not be interrupted. VA posted information online informing enrolled veterans that mental health services were available and urging them to reach out for help if it was needed.

Standing up COVID-related safety measures at VA health care facilities was a priority and some treatment and outreach efforts were stalled or replaced with alternative options such as tele-mental health. Telehealth appointments and tele-mental health, in the form of telephone or video connect meetings, increased dramatically and provided veterans' continued access to routine primary care and mental health services. Many veterans embraced—or at least accepted—Telehealth, but for those with broadband access issues or veterans who are not used to working with technology, it likely added some stress to attaining necessary treatment. VA expressed concern that many patients fearful of becoming ill due to the virus, especially those requiring ongoing care for chronic conditions, may have delayed care by choosing to wait until the COVID pandemic is quelled to receive face-to-face support. This will likely result in a significant demand for care as the population has access to COVID vaccines and feels more comfortable seeking in-person care. Likewise, some VA research is already recognizing suppressed demand for mental health care.¹

¹ Mitchell L, Fuehrlein B. Patient Volume and Dispositions in a VA Psychiatric Emergency Room During COVID-19. *Community Ment Health J.* 2021 Jan 30:1–3. doi: 10.1007/s10597-021-00778-w. Epub ahead of print. PMID: 33515359; PMCID: PMC7846908.

While many VA medical centers are reporting waiting times that meet VA standards of less than 30 days (as of Feb. 17, average waits for mental health for new patients are 10.3 days and 3.3 days for established patients),² some VA clinics already report they are not accepting new patients. While VA's Office of Inspector General reported significant vacancies for psychologists since 2015,³ its most recent report did not list psychologists as a critical occupational shortage, yet psychiatry was cited most frequently among VA medical centers as their most severe occupational shortage (60% of all facilities). While DAV is supportive of the new authority allowing VA to care for recently discharged service members⁴ and provide emergency mental health to veterans with "bad paper" discharges, this expansion for eligibility will potentially add more veterans to the already overburdened queues.

In the months ahead, we will likely have to ask even more of VA leadership and clinical staff in managing the anticipated fallout and pent-up demand for care that may come from these difficult times. We are hopeful that Congress will continue its oversight and generous support for VA and provide the additional staff and resources that the Department will likely require to meet demand.

VA's employees, in addition to all of our frontline health care workers, deserve our support and gratitude as the pandemic continues. We have asked so much of them. VA providers and support staff have struggled to cope with managing the crisis and the tremendous burden of severe disease and loss of life—with VA treating 239,770 cumulative cases of COVID-19 among veterans and employees and seeing more than 11,000 deaths as of March 23.⁵ Health care staff have experienced continued threats to their own personal health and safety, and that of their families and loved ones. VA employees have also experienced a number of stressors, including: shortages in critical medical supplies and equipment and personal protective equipment necessary to protect themselves; lack of effective life-saving treatments in the early months of the pandemic; being the primary support for critically ill veteran patients who could not have loved ones by their side as they were dying, as well as the unimaginable loss of veteran patients in their care.

DAV reached out to VA mental health providers to find out about their experiences and how they continued to provide needed mental health care and support to veterans. One clinician noted that he and his staff remained onsite at their hospital during the pandemic to assist veterans undergoing difficult or frightening procedures and to ensure hospitalized veterans who were isolated and fearful had iPads allowing them to have contact with their loved ones. Some providers took the place of loved ones at the bedside, remaining with veterans who would have otherwise died alone. One provider noted that he is just now beginning to see new patient referrals of veterans, many of whom are seeking mental health support for the first time, for issues like depression and anxiety that developed during the public health crisis. We are eternally

² <https://www.accesstocare.va.gov/Healthcare/Overall>

³ <https://www.va.gov/oig/pubs/VAOIG-20-01249-259.pdf>

⁴ Service members recently discharged from military service are now eligible for VA care one-year post discharge under Executive Order 13822 (83 Fed.Reg. 1513).

⁵ <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary> accessed 3/24/21.

indebted and want to thank the frontline workers—our nurses, doctors and mental health professionals and support staff who have remained on the job from the beginning of the pandemic and continue to do this difficult and soul-wrenching work as the health crisis continues.

Some of the early research findings looking at the impact of the pandemic on the mental health of Americans suggest increased reporting of symptoms of depression when compared to 2019 and increasing substance use to cope with stress or emotions related to COVID-19.⁶ There were also reports of difficulty sleeping, eating, and increased alcohol consumption due to worry and stress over the coronavirus. As the pandemic wears on, ongoing and necessary public health measures will likely continue to impact many people experiencing situations linked to poor mental health outcomes, such as isolation and job loss.⁷

Given these findings and reports from health professionals, we expect that the pandemic and its social and economic fallout will likely exact a heavy toll on our veterans and their families. Like others around the globe, veterans have experienced personal loss, social upheaval, compromised health, loss of jobs or productive work engagement and social isolation. These circumstances may create or exacerbate mental health conditions including depression, anxiety and substance-use disorders. Loss of gainful employment may increase homelessness, poverty and family dissolution—all of which increase veterans' risk of suicide.

VA has already begun to study those who may be most affected by the pandemic. One study investigated the effect of the pandemic on veterans with mental health conditions prior to the pandemic and assessed them for suicidal ideation. Veterans found to have suicidal ideation (19.2% of the studied population) were more likely to have lower incomes, to have been infected with COVID-19, to be financially and socially affected by the virus and to be older than veterans without suicidal ideation. Conversely, veterans without suicidal ideation tended to be higher income and have a purpose in life.⁸ VA must continue this research and heighten its efforts to screen and engage veterans in treatment for conditions that may have arisen or become exacerbated as a result of the pandemic—even if veterans were previously stable.

VA researchers are also looking at the differences in how the pandemic has affected minority veteran populations. Relatively early in the pandemic, VA found that Black and Hispanic veterans were experiencing significantly higher (two times) the rates

⁶ Mark É. Czeisler^{1,2}; Rashon I. Lane, MA³; Emiko Petrosky, MD³; Joshua F. Wiley, PhD¹; Aleta Christensen, MPH³; Rashid Njai, PhD³; Matthew D. Weaver, PhD^{1,4,5}; Rebecca Robbins, PhD^{4,5}; Elise R. Facer-Childs, PhD¹; Laura K. Barger, PhD^{4,5}; Charles A. Czeisler, MD, PhD^{1,4,5}; Mark E. Howard, MBBS, PhD^{1,2,6}; Shantha M.W. Rajaratnam, PhD. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States. June 24–30, 2020. CDC. 2020 June.

⁷ Nirmita Panchal , Rabah Kamal , Cynthia Cox Follow @cynthiacox on Twitter , and Rachel Garfield Follow @RachelGarfield on Twitter KFF Issue Brief: The Implications of COVID-19 for Mental Health and Substance Use
Published: Feb 10, 2021.

⁸ <https://www.sciencedirect.com/science/article/pii/S0022395621001655>

of COVID-19 infection as their white peers.⁹ Research now indicates that their rates of hospitalization and adverse outcomes also appear to differ.¹⁰ Because of these disparities, VA will need to carefully monitor and assess the mental health needs of veterans who have been substantially impacted by the pandemic due to loss of employment and/or their home, chronic illness resulting from COVID-19 (long-haulers) and loss of family members or friends.

DAV is concerned that an expected surge in demand may compel VA to look to referring veteran patients to providers in the community who do not have the same knowledge about common mental health conditions among veterans, their particular risks for suicide or the experience in delivering evidence-based treatments used by VA's mental health providers. We are hopeful that to the extent VA must use community providers to ensure VA meets demand for care in a timely manner, VA and Congress will consider requiring access and quality standards for community partners that better inform VA referrals and scheduling of community care appointments. In addition, we want to ensure VA maintains its role as the primary health care coordinator for veterans during community care episodes.

In addition to addressing the issues many veterans will likely face in a post-COVID environment, Congress took important steps in the 116th Congress to address existing gaps in VA's suicide prevention and mental health programs—particularly for veterans who do not use VA. DAV supported Public Law 116-171, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Hannon Act), and is pleased that the Committee is focused on implementation of the many important provisions in this law.

We appreciate that the Hannon Act aims to create new community-based outlets for mental health and other supportive services aimed at preventing suicide, particularly among veterans who have not sought VA care, and we look forward to research and analysis about the effectiveness of the grants providing this mix of services. DAV suggests these efforts include a targeted awareness campaign about VA mental health services for this veteran population as, according to VA's own survey, veterans cite lack of awareness about VA, its services and their eligibility as primary reasons for not using VA health care.¹¹ We also support the requirement for VA to develop a plan to appropriately staff its mental health programs. It is critical for VA to develop a concrete plan for meeting ongoing staffing shortages in its mental health programs with goals and timelines for meeting them. Congress must also commit to funding this plan.

⁹ Rentsch, C. T., Kidwai-Khan, F., Tate, J. P., Park, L. S., King, J. T., Jr, Skanderson, M., Hauser, R. G., Schultze, A., Jarvis, C. I., Holodniy, M., Re, V. L., 3rd, Akgün, K. M., Crothers, K., Taddei, T. H., Freiberg, M. S., & Justice, A. C. (2020). Covid-19 by Race and Ethnicity: A National Cohort Study of 6 Million United States Veterans. *medRxiv : the preprint server for health sciences*, 2020.05.12.20099135. <https://doi.org/10.1101/2020.05.12.20099135>

¹⁰ Cardemil CV, Dahl R, Prill MM, Cates J, Brown S, Perea A, Marconi V, Bell L, Rodriguez-Barradas MC, Rivera-Dominguez G, Beenhouwer D, Poteshkina A, Holodniy M, Lucero-Obusan C, Balachandran N, Hall AJ, Kim L, Langley G. COVID-19-Related Hospitalization Rates and Severe Outcomes Among Veterans From 5 Veterans Affairs Medical Centers: Hospital-Based Surveillance Study. *JMIR Public Health Surveill.* 2021 Jan 22;7(1):e24502. doi: 10.2196/24502. PMID: 33338028; PMCID: PMC7836907.

¹¹ National Survey of Veterans 2010. <https://www.va.gov/vetdata/docs/SurveysAndStudies/NVSSurveyFinalWeightedReport.pdf>

There are a number of provisions included in Public Law 116-171 that will help VA develop new treatment options and overall, improve mental health services for the veterans under its care. We appreciate this Committee's commitment to ensuring expeditious implementation of these important and potentially life-saving programs and services.

Mr. Chairman, thank you for inviting DAV to provide testimony for this important hearing.