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Kameron R. Grigsby

Eastern Kentucky University, kameron_grigsby9@mymail.eku.edu

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Veteran Access to Mental Health Services and How it Contributes to the Rates of Suicide

Kameron Grigsby & Susan Skees-Hermes, Ph.D.
Eastern Kentucky University

Abstract: *Veteran suicide is a major healthcare issue in the United States that has been steadily increasing since the military was created. High rates of suicide have been attributed to the lack of access to mental health services whether by specialized providers or Veterans Affairs (VA) specific providers (Boudreaux et al., 2019). Factors such as geographical location and stigma are few of many reasons that American Veterans struggle with their mental health when integrating back into society (Shiner et al., 2021). Although this phenomenon continues to grow, proactive actions taken could decrease the Veteran suicide rates and bring much needed awareness to veterans in need. It is necessary to examine Veteran access to mental health services and how it contributes to the rates of suicide. Implementing early intervention strategies (Hester, 2017.), increasing mental healthcare access (Boudreaux et al., 2019), and suicide risk training for professionals (Kashiwa et al., 2017) can be few of many suggestions to decrease Veteran suicide rates.*

Keywords: *Veterans, mental health, suicide, occupational science*

History of Veteran Mental Health Diagnoses

Once known as shell-shock, Post-Traumatic Stress Disorder (PTSD) has been attributed to being one of the biggest influencing factors on Veteran mental health and suicides among their population (McDonald et al., 2018). The phenomenon of shell-shock was discovered around World War I when people noticed that Veterans were returning and presenting with similar symptoms to those of “hysterical women” and showed, “amnesia, or some kind of paralysis or ability to communicate with no clear physical cause,” (McDonald et al., 2018). Shell-shock was first thought to be caused by physical injury, but that idea quickly shifted once physicians realized many Veterans were experiencing it, even those that weren’t injured (McDonald et al., 2018). This was when shell-shock was discovered and symptoms were attributed to psychological trauma from war. The concept then evolved into the belief that shell-shock developed due to a combination of physiological and psychological trauma. Quickly following this discovery, a stigma developed and people began to consider that soldiers and Veterans suffering from the effects of war mentally were weak. As World War II and the Vietnam war followed, there was a shift away from the term “shell-shock” into PTSD as it is known now. Approximately 13.8 percent of American Veterans returning from Afghanistan and Iraq have PTSD and, “a male veteran of those wars is four times more likely to develop PTSD than a man in the civilian population is,” (McDonald et al., 2018). Subsequently, PTSD has been a major contributing factor to the rate of veteran suicides, and it is now estimated that more than 22 Veterans commit suicide daily (McDonald et al., 2018).

What is known today as occupational therapy was created around the time of World War I, as soldiers began returning home with mental and physical wounds from war. Occupational therapy (OT) was mainly developed as not much was known about what veterans were struggling with or how to treat their “invisible wounds”. Healthcare providers began OT by using musical therapy, exercises, and artwork to encourage Veterans’ abilities to complete their daily tasks and cope with new emotional difficulties caused by experiences from war (Spooner et al., 2019, p. 15). As wars have evolved in technology and severity, so have the mental health repercussions on war Veterans. Subsequently rates of suicide completions have increased among the population. Occupational therapy is one of many solutions to combat the rising issue.

Identification of Veteran Suicide as a National Health Care Issue

Nationally, Veteran suicide rates are a health care issue because a considerable amount of all suicides in the United States occur within the Veteran population. In 2018 alone, “6,435 veterans and 40,075 nonveteran adults died by suicide. Because there are many more nonveterans in the population, the rate of suicide among veterans was 32.0 per 100,000, compared with 17.2 per 100,000 for nonveterans,” (Ramchand, 2022, p. 3). Within the Veteran community this is a major issue because Veterans are losing fellow comrades, beyond active warfare, due to the inability to access mental health services to receive care they need to reintegrate.

Veterans are already at risk for feeling alone upon their return home and when paired with other mental health issues

such as PTSD and depression, veterans are more likely to have suicidal thoughts and actions (Hooper, 2022). It was discovered that Veterans in rural communities isolated from healthcare and others were more likely not to seek services and later commit suicide (Shiner et al., 2021). Because of this implication, the government should be urged to increase their VA presence in rural communities to try and combat the geographical factor contributing to high Veteran suicide rates. A common underlying factor in the rates of suicide among Veterans continues to be the feeling of loneliness and isolation from a society they once knew before serving their country (Hooper, 2022).

Impact of Veteran Suicide Rates on Healthcare Delivery

Consequently, the healthcare system must learn to adapt to the needs of Veterans' mental healthcare. This may look like training healthcare professionals in mental health services so that if needed, these professionals could effectively implement mental health knowledge and strategies. Causing the American healthcare system to investigate access to mental health services for veterans in difficult to reach areas is another necessity. Recommendations for such issues to better care for the mental health of Veterans have been made and suggest to, "increase the number of highly trained mental health providers, reduce barriers to care, adopt and enforce appropriate, consistent quality-of-care standards, improve monitoring and performance measurement, continue to develop and test new models of care, and strengthen the evidence base," (RAND, 2019, p. 2). Increasing the number of mental health providers highly trained in this area must occur both within the Department of Veterans Affairs (VA) as well as within private practice offices due to the inevitable treatment of Veterans (RAND, 2019, p. 2). Adoption and enforcement of consistent and appropriate quality-of-care could be achieved by the creation of incentives which support best practices for Veterans by providers (RAND, 2019, p.2). Reducing care barriers would present as providing education to Veterans concerning available treatments and creating an expansion of access to treatment that is high-quality (RAND, 2019, p. 2). Finally, a strengthening of the evidence base must occur to increase effectiveness and understanding of alternative mental health therapy which is complementary to Veterans (RAND, 2019, p. 2).

Connection of Veteran Suicide Rates to Healthcare

While the US healthcare system has many benefits it also has inadequacies in certain areas, particularly with caring for the mental health of Veterans. Overall, "...the VA needs to do a better job of developing strategies for routine mental health screening and early intervention for all service members before they return to civilian life," (Hester, 2017, p. 3). Early intervention for conditions, especially with veteran mental health, is key in preventing further development into an outcome more harmful to the person. Early intervention focuses on the early detection and treatment of illnesses such as PTSD, depression, anxiety, and others (Hester, 2017, p. 2).

The military currently exercises some forms of early intervention that could be developed into new strategies to assist

Veterans upon return home. One strategy is known as "Combat and Operational Stress Control" and utilizes interventions to such as stress inoculation with biofeedback, attention bias modification training (ABMT), and/or acceptance-based skills training (Maglione et al., 2022). The mentioned interventions along with many others were discovered to assist in a decrease of stress, absenteeism, and aided in return to duty if that was a goal of the Veteran (Maglione et al., 2022, p. 853). Decreases in the high stress levels associated with these areas could consequently lead to a decrease in the development of mental health issues which contribute to suicide rates. Veterans are one of many populations that face adversity when seeking health services and it is America's job to look out for such populations so that everyone has adequate access needed to receive mental health services.

Another national level well-known initiative for improving health among Americans is Healthy People 2030. Healthy People strives to improve the overall health of the country by examining and striving to decrease health disparities (Office of Disease Prevention and Health Promotion [ODPHP], n.d.). Healthy People 2030 has many goals and includes fighting the increasing rates of suicides among Veterans (ODPHP, n.d.). In 2021, the U.S. Surgeon General discussed establishing PREVENTS, the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide, as one way that Healthy People hopes to decrease veteran suicides by 2030. Goals of PREVENTS include the construction of a central office to support the campaign and improve outreach to Veterans in need (U.S. Surgeon General, 2021). Along with prevention, Healthy People 2030 proposes to improve lethal means safety with those at risk by educating veterans on lethal weapon safety including guns, knives, poisons, and others (U.S. Surgeon General, 2021, p. 36). The main goal of Healthy People surrounding the Veteran population is to decrease suicide rates by education and increased outreach using PREVENTS.

Application to Occupational Science

Occupational science studies the impact of a variety of factors such as healthcare issues, environment, culture, etc. on how people complete their everyday occupations, or important daily activities. The issue of Veterans' access to mental health relates to the study of occupational science because it examines how the population level disparity occurring among Veterans impacts their mental health and could eventually lead to suicide. Inability for Veterans to receive adequate mental health care has been shown to increase mental health risks such as those with substance abuse, anger management, and even PTSD (Hester, 2017). Any of these mental health issues could contribute to a change in clients' normal occupations. Such occupations that are commonly impacted by a decline in Veteran mental health and indicate suicide risk could include a decrease in normal social interactions and lack of energy to complete daily tasks such as personal hygiene. It is important that occupations are analyzed to conclude what changes may have developed in their personality or other areas of their lives, and whether that indicates a risk for suicide.

Another important aspect of occupational science is that it investigates hindrances to occupational performance. Such hindrances that contribute to Veteran decreased mental health access could include but are not limited to, “homelessness, financial concerns, relationship distress, unemployment, increasing alcohol sales, and increasing sales of and access to firearms,” (Carroll et al., 2020, p. 1). Such factors correlate with Veterans’ accessibility to mental health services. Occupational science also examines how symptoms and conditions impact occupations. Occupational therapists dive deeper with this information to implement symptom and condition management for those struggling with mental health illnesses (AOTA, 2020, p. 30). Occupational therapists may take their understanding of Occupational Science to create coping strategies for Veterans struggling with their mental health and experiencing suicidal thoughts or actions (AOTA, 2020, p. 30).

Application to Roles of Future Healthcare Providers

As a future healthcare provider, it is imperative to keep in mind that Veteran patients may be going through different mental health issues than the typical civilian patient. If all professionals that could possibly interact with Veteran clients face-to-face were trained in mental health, especially suicide risk and prevention, more immediate actions could be taken to assist someone in need. This is already an important training, for OTs especially, who could provide mental health services when a patient may be in immediate need. OTs also encourage mental health improvements with this demographic by including treatments for Veterans to maintain ADL practices and to help them identify and alter behavior choice patterns to change thought processes (Veteran Aid, 2018). Occupational therapists currently promote preventative measures for healthcare issues, but a case can be made to include, “suicide prevention training as a professional competency and explore opportunities to address suicide risk through the use of evidence-based interventions for posttraumatic stress disorder, combat stress, and depression,” (Kashiwa et al., 2017, p.1). It is important to know signs and symptoms of such mental health crises when the time arises.

Relevance to Health Care Policies

Current healthcare policies for Veterans include that they currently have access to VA health benefits, however many must supplement this insurance with dual providers such as Medicare and Medicaid. About 55% of Veterans must also use employer-based insurance providers or Medicare and Medicaid programs to pay for services (Boudreaux et al., 2019, p. 76). Recently, the Affordable Care Act has been passed to combat lack of access to services and in relation to Veteran healthcare, the ACA has created new insurance Marketplace options (Boudreaux et al., 2019, p. 76). Due to the expansion for Veteran health coverage in the ACA, more Veterans have been able to gain insurance to seek services they may need. In correlation to the ACA, Veteran suicide rates could decrease because of the new accessibility and coverage.

Implications for Practice

To decrease the rate of suicides among Veterans due to lack of access to mental health services, there are many steps that can be taken. It is a fact that Veterans living in rural areas have decreased access to mental health services and therefore are at greater risk for committing suicide (Shiner et al., 2021). Suggestions such as creating more telehealth opportunities for Veterans as well as allowing them to seek specialized non-VA mental health services could be a start. Suicide prevention training is another of many answers to the effort of decreasing suicides among the Veteran population (Kashiwa et al., 2017). If all healthcare professionals had adequate mental health training, quicker detection and assistance could be provided to patients. Along with telehealth and specialized trainings, suicide risk screenings should take place during any VA visit with Veterans to monitor and assess their mental health status (Bahraini et al., 2022).

Homelessness is another risk factor contributing to decreased mental health in Veterans (Carroll et al., 2020). Homelessness introduces more financial concerns, strains relationships, and contributes to Veterans' already fragile mental health (Carroll et al., 2020, p. 1). Veteran homelessness is an issue that could be addressed by the creation of specialized homes for Veterans which would allow them a place to feel more comfortable and capable of seeking needed mental health assistance.

An additional assistance to improving Veteran mental health could be the implementation of the Home-Based Mental Health Evaluation program, also referred to as HOME. HOME was created to maintain Veteran engagement with care, specifically after psychiatric hospitalization (Matarazzo et al., 2017). Veterans that used HOME participated in care quicker and more significantly than Veterans who did not (Matarazzo et al., 2017). It was ultimately found that HOME engages those Veterans at high-risk after hospitalization for psychiatric conditions once home (Matarazzo et al., 2017). HOME could ultimately decrease the likelihood of suicide attempts among Veterans after they receive care.

Outcomes of Solutions on Health Care Service Delivery

Positive outcomes of previously proposed solutions for the suicide rates among Veterans would be easier access, earlier detection, and a greater feeling of comfort for Veterans seeking services. Earlier access to mental health services would indicate that suicidal Veterans could be screened and provided with care sooner rather than later. Catching mental health issues before they spiral out of control is key in the fight to decreasing Veteran suicide completions. Paired with earlier access and detection, making Veterans more comfortable and confident in receiving services would improve the stigma surrounding mental health and how patients cooperate with their treatment.

Negative outcomes of solutions could include extended schooling or training for healthcare professionals to become competent in the mental health field. Suicide awareness training is already encouraged for most licensed healthcare providers, however expanding the requirement to other professions dealing

with Veterans could be a key component in decreasing the rates of those that may attempt suicide because their suicidal thoughts and tendencies were not caught (Graves et al., 2018, p. 760). In 2017 it was mandatory in ten states for healthcare professionals to take a suicide prevention training class and in seven states there were policies encouraging such training (Graves et al., 2018, p. 760). Allocating services for mental health training and Veterans in hard-to-reach areas, as well as implementing a suicide prevention mandated training in all states would be necessary steps, however this may create a difficult strain on the healthcare system.

Conclusion

The Veteran suicide crisis in the United States is a healthcare issue that is often overlooked. This should not be the case considering that Veterans make up a quarter of those who commit suicide in the United States and a third of those do not have access to VA care (Hooper, 2022). The rates are so high because veterans lack adequate access to mental health services (Shiner et al., 2021). Access is difficult for many because of geographical location which isolates them from care and stigma surrounding mental health services (Shiner et al., 2021). If all professionals that had to possibly provide for Veterans were trained to notice early warning signs of suicidal indicators, mental health screenings were given at VA appointments, and more clinics were created specifically for Veterans, the rate of suicides among Veterans could begin to decrease in frequency. Ultimately, as stated by Sherman Gillums Jr. in a NAMI interview, when it comes to Veterans, “to help combat suicide and provide hope, we need to remind them that the military is not their whole identity, and they have many reasons to live outside of their service,” (Gillison, 2021).

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