

**VA**



U.S. Department  
of Veterans Affairs

# Prevention of behavioral health disorders in Veterans

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*Date: January 25, 2024*

# Brief overview of Veteran population

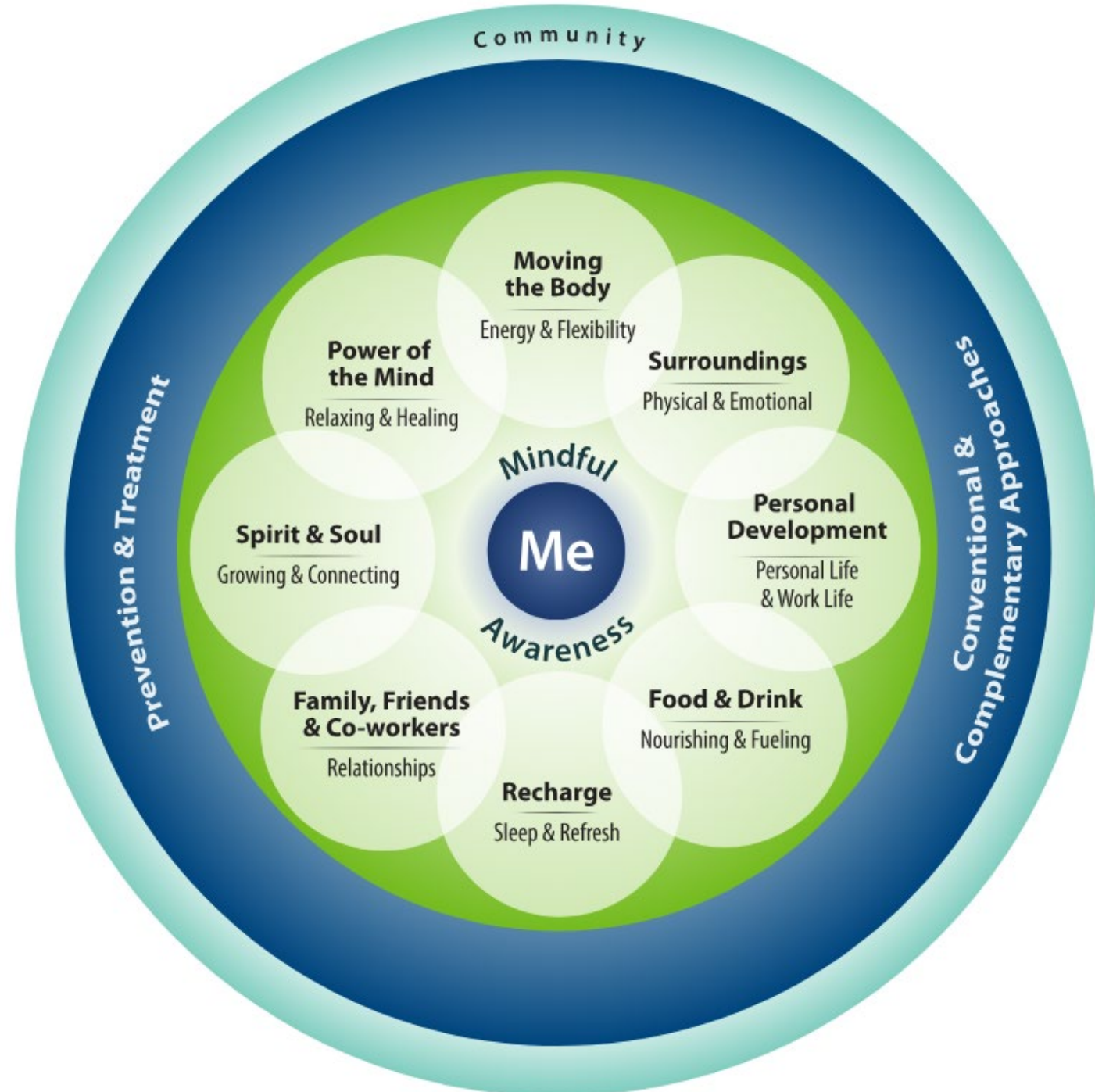
- Approximately 23 million living U.S. Veterans
  - They make up about 6% of the general population, and this is dropping over time
- Out of all eras of service, about 5 million Veterans served after 9/11 during the War on Terror
- About 49-50% of Veterans use the benefits of the Department of Veterans Affairs (any benefits, health and otherwise) in a given year
  - There is equal utilization by men and women
  - Highest utilization is in those under 35 and over 65
- The VA healthcare system provided services to about 6 million Veterans in FY23

# VA's approach to prevention

- Between Veterans Health and Veterans Benefits Agencies, services and benefits are structured for each level of prevention
  - Tertiary prevention: VHA has a complete continuum of care in mental health that aims to provide services to Veterans at the level that they need, at the time that they need them, and in the least restrictive environment. The continuum of care includes self help tools and self management skills, outpatient general and specialty mental health care, including somatic and pharmaceutical treatments and intensive community treatment; residential treatment and domiciliary care; and acute inpatient care. These services are provided in an integrated system with a common medical record.
  - Secondary prevention: the VA has a comprehensive screening and clinical reminder system that includes screening not only for behavioral health disorders but also for at risk groups and screening for disorders or conditions that can have a deleterious effect on mental health.
  - Primary prevention: a wide variety of services designed to preserve health and prevent disorders before they develop, using a Whole Health approach and “upstream” interventions
  - VA also has an extensive research program that funds prevention and implementation research

# Whole Health

- “Whole Health is VA’s approach to care that supports your health and well-being. Whole Health centers around **what matters to you**, not what is the matter with you. This means your health team will get to know you as a person, before working with you to develop a personalized health plan based on your values, needs, and goals.”
- There is a Whole Health app to develop a personalized whole health plan



# A summary of the prevention services provided by the VA

- Physiological needs
  - Adequate nutritious food, clean water, suitable and safe housing, adequate sleep, access to social services if needed, freedom from pain, mobility
- Safety
  - Freedom from violence, adequate income, employment and valued social roles, psychological safety, access to public safety services
- Belonging, social connections and love
  - Acceptance within the community, lack of discrimination, an adequate and strong social network, safe intimate relationships, lack of loneliness and isolation
- Confidence and self worth
  - Being adequately recognized and rewarded for contributions, self esteem, emotional regulation, problem solving skills, stress management
- Self actualization
  - Engaging in work that aligns with personal interests, passions, values; personal growth; fulfilling aspirations and dreams

# Physiological needs

- Universal screening
  - Food insecurity and linkages to local food resources
  - Homelessness
  - Toxic exposures
  - Depression, PTSD, TBI and alcohol and drug use
  - Domestic violence
  - Smoking
- Housing and homelessness services
  - HealthCare for Homeless Veterans
  - HUD-VA Supported Housing (section 8) using Housing First principles
  - Mortgage assistance
  - Community Living Centers
  - SSVF Grant Program
- Veterans Justice Outreach and Incarceration Re-entry
- Tobacco cessation program, including a Quit Line that provides evidence based smoking cessation services
- Adequate sleep
  - Sleep clinics
  - Insomnia self help app
- Pain management
  - Pain clinics that incorporate non-opiate interventions
  - Providers nationally trained in CBT for Pain
  - Close monitoring of opiate prescribing and guidance on tapering
- Mobility
  - Protheses, assistive technology and equipment
  - Spinal cord injury programs
  - Integrated TBI clinics
- Programs offered in yoga, Tai Chi and Qi Gong, mindfulness and meditation, acupuncture, occupational and physical therapy, evidence based chiropractic care, and others

# Safety needs

- Disability payments for military injuries
- The VA employs thousands of Veterans with job security and excellent benefits
- Talent Engagement Program provides career counseling and support to transitioning servicemembers
- Caregiver support program pays caregivers for their efforts in taking care of Veterans with ADL difficulties
- Vocational resources and occupational therapy for sub-groups of Veterans
  - Amputees
  - Spinal cord injuries
  - Mental Illness (e.g. supported employment)
  - Traumatic Brain Injury
- Veterans Justice Outreach staff work with Veterans Courts and other courts to arrange for diversions and alternatives to incarceration
- Gun lock distribution and lethal means safety programs
- Safety planning app
- Universal screening for suicide risk at every level of the continuum of care and safety planning
- SSG Fox Grant program, which funds many upstream interventions (e.g. benefits navigation, financial literacy)

# Connectedness and Acceptance

- Vet Centers staffed by combat Veterans
- Peer support specialists throughout the system
  - Whole Health peers
  - Care navigators
  - Support group leaders
  - 12 step facilitators
  - Group therapy facilitators
  - Advocates
  - Recreational organizers
- VA facilities have many services to welcome and recognize sub-groups of Veterans
  - Women Veterans
  - Service branches
  - Honor guards
  - Chaplaincy services
  - LGBTQ events
- Home based Primary care allows Veterans to be seen in their homes
- CLCs provide nursing home care with other Veterans
- Coaching into Care helps family members to support Veterans in getting care
- Intensive community mental health care and Psychosocial Rehabilitation services are provided to seriously ill Veterans to keep them integrated with their communities, out of the hospital, and able to function in the community
- Family and couples services provide education and support to family members and help Veterans maintain loving healthy relationships

# Confidence and self actualization

## Self esteem and confidence

- Supportive psychotherapy to assist with self esteem, emotional regulation, stress and anger management, and problem solving skills
- Providers nationally trained in Problem Solving Skills Training, DBT
- Self help apps for stress management, PTSD symptoms, sleep coach, exercise and nutrition

## Self actualization

- Agency sponsored National Creative Arts Competition and Fair
- VA adaptive Sports programs
  - Adaptive Sports Winter, Summer and Golf Clinics
  - Wheelchair and Golden Age Games
- Agency sponsored job fairs
- Scholarship programs for hard to hire professions and staff wanting to get college degrees

# Health Equity—an important component of prevention

## Agency-wide

- Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission.
- The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans.
- OHE supports the VHA's vision to provide appropriate individualized health care to each Veteran in a way that eliminates disparate health outcomes and assures health equity.
- OHE does research, monitors quality and satisfaction data by demographic characteristics, and reports on disparities

## Office of Mental Health

- The Office has established a strategic priority to identify and reduce mental health disparities among historically marginalized or minoritized Veterans.
- Data tools have been built to identify potential disparities across demographics groups
- Training and education is being disseminated to raise cultural awareness among providers
- Dissemination of evidence based interventions for racial trauma is being encouraged

- As the panel is preparing its recommendations, we urge you to consider the history of structural racism that has permeated American public institutions, many of which are mentioned in the overview for this study. Any infrastructure meant to prevent mental illness cannot be effective unless it acknowledges the role that structural racism has played in creating a mental health crisis; and deliberately attempts to reverse some small part of the damage that has been done.
- In addition, care should be taken to ensure that recommendations, if implemented, would not inadvertently perpetuate structural discrimination or racial stereotypes.
- Any set of recommendation cannot fix an entire public system, but should also not accept the status quo as “just the way it is” and unsolvable

- Definition: Systemic and structural racism are forms of racism that are pervasively and deeply embedded in and throughout systems, laws, written or unwritten policies, entrenched practices, and established beliefs and attitudes that produce, condone, and perpetuate widespread unfair treatment of people of color.
- An example might be to consider how systemic issues could result in inequitable access to prevention services in the context of the education system:
  - A recognition of the racist systems that have kept communities of color from accumulating intergenerational wealth, thus placing them in communities with low property ownership and therefore under resourced schools, which perpetuates the problem
  - A recognition that school policies and procedures tend to pathologize and treat white student “problem behavior”, but punish and label as threatening Black student “problem behavior”
  - Fewer prevention resources in under resourced schools will perpetuate disparities in access to services and in health outcomes and may inadvertently perpetuate stereotypes of Black students as uninterested in school, aggressive and threatening.

# Thank you!