



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

Statement of:

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United States Senate Committee on Veterans' Affairs

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“Coping during COVID: Veterans’ Mental Health and Implementation of the Hannon Act”

Chairman Tester, Ranking Member Moran, and members of the Committee, the American Psychological Association (APA) would like to thank you for the opportunity to provide information about Veterans’ mental health during COVID as well as the implementation of P.L. 116-171, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act.

APA is the largest scientific and professional organization representing psychology in the United States, numbering more than 122,000 researchers, educators, clinicians, consultants, and students. For decades, psychologists have played vital roles within the Department of Veterans Affairs (VA), as providers of clinical services to Veterans; as educators and trainers, ensuring the next generation of mental health providers are able to care for Veterans in a culturally competent way; and as scientific researchers investigating mental health issues that frequently affect Veterans, such as Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). Today, VA employs more than 6,000 psychologists who, along with psychologists in the community and academia, continue to bring unique and critical expertise that is essential to meeting the mental health needs of Veterans.

APA would like to provide the following recommendations to the committee:

1. Congress and VA must work together to ensure that VA offers **culturally competent mental health care** to Veterans across the VA system.
2. VA must ensure **availability and physical accessibility to the full continuum of care** for Veterans, from at-home telehealth to in-person outpatient care to inpatient and residential care.
3. VA must continue to focus on **Veteran reemployment initiatives** through Veteran Readiness and Employment and collaborate with other departments and agencies, such as DOL VETS, as a way to improve mental health and wellbeing.
4. Congress must fully fund, and VA must fully implement provisions from P.L. 116-171, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act that **increase VA mental health staffing**.

The COVID-19 pandemic has unquestionably had negative mental health implications across the country and around the world. APA recently released findings from our *Stress in America™: One Year*

Later, A New Wave of Pandemic Health Concerns surveyⁱ indicating that 25% of essential workers have been diagnosed with a mental health disorder since the beginning of the pandemic and 47% of Americans delayed or cancelled health care services over the past year. These findings are not Veteran-specific, but they do represent a trend that VA and lawmakers should be paying close attention to. The increased diagnoses of mental health conditions and delaying of needed treatment indicates an increased demand for care. In order to address this demand, VA must invest in expanding the psychology and mental health workforce in order to provide timely, culturally competent services for all Veterans. And this cultural competency is not only military cultural competency, it is also racial, ethnic, and linguistic cultural competency as well.

VA researchers have found that Black and Hispanic Veterans are significantly more likely to test positive for COVID-19 compared to White Veterans,ⁱⁱ and the *Stress in America*TM study showed that Black adults are most likely to report feeling concerned about returning to in-person interaction and living life like they did before the pandemic compared to other racial/ethnic groups. The confluence of increased COVID-19 rates and the racial justice uprisings in the wake of the murder of George Floyd and the recent murder of several Asian American women in Georgia, make it clear that Black, Indigenous, and people of color are experiencing extreme stress during this time. This extends to Veterans as well – the Veteran community has more Black, Indigenous and people of color compared to the general population.ⁱⁱⁱ Several VA facilities across the country offer culturally specific care, such as the sweat lodge at Ft. Harrison, Montana. Initiatives like these need to be expanded in order to **ensure that Veterans from all cultural backgrounds have access to the types of mental health services that they want to receive and are culturally relevant.**

Because of its robust telehealth offerings, VA was able to pivot quickly to virtual care at the beginning of the pandemic. While many Veterans had to delay care, the vast majority had their appointments rescheduled in a reasonable time frame.^{iv} VA's long commitment to providing care to the Veteran regardless where the Veteran is located paid dividends these past 12 months. Even with that adjustment, there is likely to be a large backlog of Veterans seeking care, especially inpatient or residential care. Many studies have shown the equivalence of telepsychology and in-person services,^v yet some services must be provided in person, such as inpatient and residential substance use disorder care. Especially as more Americans have turned to alcohol and other substances to cope with the pandemic,^{vi} it is critical that VA is prepared to care for Veterans on an inpatient and residential basis as quickly as possible. Pre-pandemic, this care already had months-long waiting lists in some locations. In order to ensure that Veterans are able to fully recover from pandemic stress and setbacks, **the entire continuum of care must be made available in a timely manner, from at-home telehealth services, to in-person, inpatient, and residential care. Care must be taken to ensure any in-person services are physically accessible for Veterans with disabilities.**

The pandemic has also significantly increased unemployment for all Americans, including Veterans. According the U.S. Bureau of Labor Statistics, the unemployment rate for Veterans was 6.5% at the end of 2020; the unemployment rate for post-9/11 Veterans was 7.3%.^{vii} These figures are up from a low of 3.1% pre-pandemic. Studies since the 1980s have found an association between unemployment and poor mental health.^{viii,ix} The recent unemployment figures indicate an increased need for mental health care, potentially for Veterans who have never sought this type of care before. **VA must continue to focus on Veteran reemployment initiatives through Veteran Readiness and Employment and other**

services, including collaboration with other agencies and departments, such as DOL VETS, as a way to improve mental health and wellbeing.

All of this data points to an increased demand for mental health care. Fortunately, many provisions have been signed into law as part of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act that may help alleviate some of these burdens if implemented in a timely and effective manner.

First, VA must fully invest in implementing Sec. 502, which would provide scholarships to students pursuing degrees in mental health professions if they agree to work at Vet Centers for a certain period of time upon graduating. Since 2015, psychologists have ranked in the top 5 clinical shortage occupations in the Veterans Health Administration (VHA), and it is estimated that VHA must hire an additional 650 psychologists per year in order to maintain the growth in the workforce seen over the past few years.^x By fully funding and implementing this section, VA will not only strengthen its own workforce, but also strengthen the mental health workforce of the nation as a whole as we grapple with provider shortages nationally.

Second, VA must ensure that all organizations receiving funding from grants administered in Sec. 201 are competent in military culture and other cultural competencies, as well as adequately trained in suicide prevention, including firearm suicide prevention. With the pre-pandemic rate of suicide amongst Veterans rising for the last several years and the pandemic magnifying the needs and vulnerabilities across the country, it is crucial that any entity receiving VA funds to serve Veterans have the training they need to save lives. VA's Suicide Risk Management Consultation Program is a great first step that should be heavily advertised and promoted to community grant recipients in addition to formal training that should be required of these entities.^{xi}

Third, Sec. 701 must be implemented faithfully to ensure that access to VA telehealth services is expanded to areas that lack adequate broadband. Throughout this pandemic we have seen the importance of access to reliable broadband. Even before the pandemic, lack of high-speed internet was a huge concern for Veterans living in rural areas and lower income Veterans. Now more than ever, VA must ensure that Veterans have access to a reliable internet connection, whether that is in their home or at a local Veteran Service Organization post.

Finally, the bill includes several sections aimed at addressing the staffing shortages of VA mental health professionals. Staffing shortages of mental health professionals continue to be a problem across the VA system, and VA must continue to focus on recruiting and retaining these professionals. In addition to the staffing provisions included in the bill, moving psychologists to full Title 38 hiring authority would go a long way to retaining mid-career psychologists.

The Commander John Scott Hannon Veterans Mental Health Care Improvement Act touches on areas that VHA has been in the process of implementing for several years as part of the National Strategy for Suicide Prevention. Both the bill and National Strategy highlight the importance of collaboration, innovation, and grounding suicide prevention strategies in evidence and research. Psychologists have long played a vital role in ensuring VHA advances in mental health priorities for Servicemembers, Veterans and their Families are based in evidence and research.

This year marks the 75th anniversary of APA's Division 18, Psychologists in Public Service, VA Section and VHA's first psychology training programs in 1946. Since then, psychologists have played a fundamental role in providing the full spectrum of mental health services to Veterans. On this anniversary, our nation is experiencing the devastating impacts of the COVID-19 pandemic. With more than 30 million Americans infected and more than 540,000 deaths, the short- and long-term impact on the nation's mental health remains unmeasurable. The pandemic has had a disproportionate impact on people of color, and the poorest and most vulnerable communities, including our Veterans. APA and Psychologists in Public Service will continue to play key roles in promoting public safety, providing support to essential workers and frontline health care professionals, and mitigating the psychological impact of the pandemic.

If you have any questions, please reach out to Sophie Friedl (sfriedl@apa.org), Director of Congressional and Federal Affairs, Military and Veterans Health Policy.

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ⁱ American Psychological Association (2021). Stress in America: One Year Later, A New Wave of Pandemic Health Concerns. <https://www.apa.org/news/press/releases/stress/2021/sia-pandemic-report.pdf>

ⁱⁱ Rentsch C.T., Kidwai-Khan F., Tate J.P., Park L.S., King J.T. Jr., et al. (2020) Patterns of COVID-19 testing and mortality by race and ethnicity among United States veterans: A nationwide cohort study. PLOS Medicine 17(9): e1003379. <https://doi.org/10.1371/journal.pmed.1003379>

ⁱⁱⁱ U.S. Department of Veterans Affairs. (2020). 2017 Minority Veterans Report: Military Service History and VA Benefits Utilization Statistics. https://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report_Final.pdf

^{iv} Rosen, C. S., Morland, L. A., Glassman, L. H., Marx, B. P., Weaver, K., Smith, C. A., Pollack, S., & Schnurr, P. P. (2020). Virtual Mental Health Care in the Veterans Health Administration's Immediate Response to Coronavirus Disease-19. *American Psychologist*. Advance online publication. <http://dx.doi.org/10.1037/amp0000751>

^v McClellan, M. J., Osbaldiston, R., Wu, R., Yeager, R., Monroe, A. D., McQueen, T., & Dunlap, M. H. (2021). The effectiveness of telepsychology with veterans: A meta-analysis of services delivered by videoconference and phone. *Psychological Services*. Advance online publication. <https://doi.org/10.1037/ser0000522>

^{vi} Grossman, E. R., Benjamin-Neelon, S. E., & Sonnenschein, S. (2020). Alcohol Consumption during the COVID-19 Pandemic: A Cross-Sectional Survey of US Adults. *International journal of environmental research and public health*, 17(24), 9189. <https://doi.org/10.3390/ijerph17249189>

^{vii} U.S. Bureau of Labor Statistics. (2021, March 18). *Employment Situation of Veterans Summary* [Press release]. <https://www.bls.gov/news.release/vet.nr0.htm>

^{viii} Linn, M. W., Sandifer, R., & Stein, S. (1985). Effects of unemployment on mental and physical health. *American journal of public health*, 75(5), 502–506. <https://doi.org/10.2105/ajph.75.5.502>

^{ix} Murphy, G.C. and Athanasou, J.A. (1999). The effect of unemployment on mental health. *Journal of Occupational and Organizational Psychology*, 72: 83-99. <https://doi.org/10.1348/096317999166518>

^x OIG Determination of Veterans Health Administration's Occupational Staffing Shortage. Report No. 15-00430-103. (2015). Retrieved from <https://www.va.gov/oig/pubs/VAOIG-15-00430-103.pdf>

^{xi} U.S. Department of Veterans Affairs Rocky Mountain MIRECC. (2021). Suicide Risk Management Consultation Program. <https://www.mirecc.va.gov/visn19/consult/index.asp>