Mental Health Conditions Among VHA Patients

From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Overview

Mental health conditions are prevalent among Veterans who receive care through the Veterans Health Administration (VHA). In 2023, 31.0% of VHA service users had a confirmed mental health diagnosis.[1] Posttraumatic stress disorder (PTSD), depression, anxiety, schizophrenia, bipolar disorder, and substance use disorder are more prevalent among Veterans in the VHA primary care setting than among members of the general population.[2] A diagnosis of any mental health condition was associated with increased risk of subsequent suicide among patients who used VHA services.[3] However, 45% of Veterans in VHA care between 2000 and 2014 who died by suicide before 2015 had not been diagnosed with a mental health condition.[4] Mental health conditions are treatable, and treatment can mitigate suicide risk. From 2001 to 2021, suicide rates among recent Veteran VHA users with mental health or substance use disorder diagnoses decreased from 77.8 per 100,000 to 58.2 per 100,000.[5]

Key Findings

Mental Health Conditions in VHA Patients

- Data show that 14.0% of VHA service users had a confirmed diagnosis of PTSD in 2023.[1] Among Veterans of the wars in Iraq and Afghanistan in VHA care, PTSD was the most frequent new diagnosis from among six common mental health conditions (PTSD, major depressive disorder, alcohol use disorder, drug use disorder, bipolar disorder, and schizophrenia) across all age groups and for both men and women between 2001 and 2014. For men, the highest cumulative incidence (41.23%) was among Veterans ages 18–29. For women, the highest incidence (27.73%) was among Veterans ages 30–44.[6]
- The majority of VHA patients with PTSD had a co-occurring psychiatric condition in 2012: 36.7% had one other psychiatric condition, 21.3% had two other co-occurring conditions, and 12.2% had three or more other psychiatric conditions. Depression and anxiety disorders were the most commonly co-occurring conditions. Multimorbidity with PTSD was associated with younger age and homelessness.[7]
- Diagnosis rates between 2001 and 2014 also varied for other mental health conditions by age and sex. Rates of major depressive disorder diagnosis were higher for women in all age groups than they were for men. In the 30–44 and 45–64 age groups, the risk for bipolar disorder was higher among women than among men. Compared with female Veterans, male Veterans in VHA care had a higher risk for VHA diagnoses of schizophrenia and alcohol or substance use disorder.[6]
- During that same period, diagnosis rates also varied by race, ethnicity and age. Overall, Veterans who identified as White were more likely than those who identified as Hispanic or African American to be diagnosed with PTSD and bipolar disorder. In contrast, Veterans who identified as African American were more likely than those who identified as white to be diagnosed with schizophrenia.[6]
- Veterans of all races and ethnicities have a higher rate of serious psychological distress compared with their civilian counterparts. Characteristics associated with serious psychological distress among Veterans were female sex, being aged 45–64, being white, having lower educational attainment, and living alone or with other adults who are not a spouse or partner.[8]
- Among Veterans who accessed VHA primary care between 2000 and 2011, a diagnosis of depression, anxiety, PTSD, substance use disorder, or serious mental illness (bipolar disorder or schizophrenia) was associated with shorter life expectancy and higher rates of all-cause mortality as compared to those without a mental health condition. Further, rates of mortality were higher for those Veterans who had a greater number of diagnoses as compared to those with fewer. The proportion of those who died by heart disease, cancer, cerebrovascular disease, influenza, kidney disease, chronic respiratory

disease, and septicemia among those with a mental health condition were similar to those with no mental health conditions. The proportion of those who died by accidents, alcohol-related liver disease, assault, human immunodeficiency virus, or suicide was higher among those diagnosed with a mental health condition.[9]

- Among Veterans who accessed VHA primary care between 2000 and 2014 and died by suicide before 2015 (n=27,741), 45% had no mental health or substance use diagnoses prior to their death.[4] They were more likely than Veterans with one or more mental health or substance use diagnoses to be above age 55, White, male, and living with a spouse or partner.[4] Veterans with no mental health diagnosis were also less likely to have a service-connected disability and had lower rates of health care utilization outside of primary care.[4] Similarly, a study of Veterans who accessed VHA primary care between 2000 and 2011 found that 52% of those who died by suicide had no mental health or substance use diagnosis.[9]

VHA Care Use

- Between 2019 and 2020, 21% of Veterans used VHA care as their primary source of health care. After controlling for suicidality, psychiatric symptoms, trauma exposure, and functional impairment, primary VHA care use was positively associated with mental health care use, suggesting that its use may facilitate mental health service access.[10]
- Veterans who use VHA services are more likely to have a lower income and be a member of a racial or ethnic minority group than Veterans who do not use VHA care. They are also more likely to have chronic health conditions, pain, mental distress, anxiety, and self-reported poor health.[11]
- More than 65% of Veterans with service-connected depression or PTSD used VHA care. While the factor most associated with VHA care use was a 100% combined service-connected disability rating, service-connected mental health conditions — including depression, PTSD, and anxiety disorders — were also associated with greater VHA service use. Similarly, hospitalization rates varied by service-connected condition, with most hospitalizations at VHA facilities occurring among Veterans with mental health conditions.[12]
- In 2023, 83.9% of VHA service users with a confirmed diagnosis of any mental health condition were seen in outpatient mental health care settings; 2.4% were seen in inpatient mental health settings, and 1.2% were seen in residential mental health care settings.[1]
- Among Veterans diagnosed with PTSD in 2012, having one or more additional mental health diagnosis was associated with increased service use, including medical visits, psychiatric and substance use outpatient visits and inpatient treatment, and community-based psychosocial rehabilitation.[7]
- A study of 116 Veterans enrolled in VHA primary care with current symptoms of depression, PTSD, or alcohol misuse found that recognition of mental health problems as cause for concern and beliefs regarding mental health care were better predictors of recent mental health care service use than perceptions regarding stigma, motivation to seek mental health care, knowledge of how to seek mental health care, logistical concerns, and the availability of emotional or practical support seeking care.[13]
- Another study found that belief that emotional problems are self-resolving and belief in the efficacy of religious counseling for mental health problems were associated with having no subsequent mental health service use, as were high levels of emotional stoicism and mistrust of others. The odds of non-sustained use of mental health services (as compared to sustained use) were lower in those with higher scores in measurements of self-stigma and were higher among those with higher scores in measurements of mistrust of others and those endorsing the belief that emotional problems are self-resolving.[14]
- Veterans of the Army Reserve components who screened positive for alcohol misuse, depression, or PTSD during post-deployment evaluations were more likely than those who received negative screenings to enroll in VHA and use VHA services.[15]

Ways You Can Help

- Everyone has a role to play in preventing suicide. Know the signs and risk factors so you can ask about them when you meet with Veterans and their families. Individuals with access to the ***VA intranet network*** (including VA and VHA employees, staff, contractors), can complete the VA S.A.V.E Refresher Training (VA TMS Course #30535) as well as the Skills Training for Evaluation and Management of Suicide (STEMS; VA TMS Course #39351) and its refresher course (VA TMS Course #43820).

Mental Health Conditions Among VHA Patients

- Providers outside of VHA can access suicide prevention trainings at ***VHA TRAIN***, an affiliate of the TRAIN Learning Network powered by the Public Health Foundation or at ***Psych Armor***.
- Ensure that Veterans who have mental health concerns can receive same-day mental health services through their ***Primary Care – Mental Health Integration (PC-MHI) team*** where available and appropriate.
- Refer Veterans who have mental health concerns beyond the scope of PC-MHI care, or where PC-MHI staff are unavailable, to specialized mental health services.
- Provide follow-up outreach services to help ensure that patients receive scheduled mental health visits.
- To help reduce stigma, normalize the experience of having a mental health condition by sharing some of the previously cited numbers with patients, when appropriate. The VA provides ***information*** and ***resources*** around stigma.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

References

1 Greenberg, G., Chiu, S., & Hoff, R. (2024). FY2023 Mental Health Data Sheet: National, VISN, and Healthcare System Tables – All Eligible Veterans. West Haven, CT: Northeast Program Evaluation Center.

2 Trivedi, R. B., Post, E. P., Sun, H., Pomerantz, A., Saxon, A. J., Piette, J. D., Maynard, C., Arnow, B., Curtis, I., Fihn, S. D., & Nelson, K. (2015). Prevalence, comorbidity, and prognosis of mental health among US Veterans. *American Journal of Public Health, 105*(12), 2564–2569.

3 McCarthy, J. F., Bossarte, R. M., Katz, I. R., Thompson, C., Kemp, J., Hannemann, C. M., Nielson, C., & Schoenbaum, M. (2015). Predictive modeling and concentration of the risk of suicide: Implications for preventive interventions in the US Department of Veterans Affairs. American Journal of Public Health, 105(9), 1935–1942.

4 Simonetti, J. A., Piegari, R., Maynard, C., Brenner, L. A., Mori, A., Post, E. P., Nelson, K., & Trivedi, R. (2020). Characteristics and injury mechanisms of Veteran primary care suicide decedents with and without diagnosed mental illness. *Journal Of General Internal Medicine*, 10.1007/s11606-020-05787-1. Advance online publication.

5 Office of Mental Health and Suicide Prevention. (2023). 2023 National Veteran Suicide Prevention Annual Report.

6 Ramsey, C., Dziura, J., Justice, A. C., Altalib, H. H., Bathulapalli, H., Burg, M., Decker, S., Driscoll, M., Goulet, J., Haskell, S., Kulas, J., Wang, K. H., Mattocks, K., & Brandt, C. (2017). Incidence of mental health diagnoses in Veterans of Operations Iraqi Freedom, Enduring Freedom, and New Dawn, 2001-2014. *American Journal of Public Health, 107*(2), 329–335.

7 Hefner, K., & Rosenheck, R. (2019). Multimorbidity among Veterans diagnosed with PTSD in the Veterans Health Administration nationally. *The Psychiatric Quarterly, 90*(2), 275–291.

8 Weissman, J. D., Russell, D., Harris, R., Dixon, L., Haghighi, F., & Goodman, M. (2019). Sociodemographic risk factors for serious psychological distress among U.S. Veterans: Findings from the 2016 National Health Interview Survey. *The Psychiatric Quarterly, 90*(3), 637–650.

9 Trivedi, R. B., Post, E. P., Piegari, R., Simonetti, J., Boyko, E. J., Asch, S. M., Mori, A., Arnow, B. A., Fihn, S. D., Nelson, K. M., & Maynard, C. (2020). Mortality among Veterans with major mental illnesses seen in primary care: Results of a national study of Veteran deaths. *Journal of General Internal Medicine, 35*(1), 112–118.

10 Kline, A. C., Panza, K. E., Nichter, B., Tsai, J., Harpaz-Rotem, I., Norman, S. B., & Pietrzak, R. H. (2022). Mental health care use among U.S. Military Veterans: Results from the 2019-2020 National Health and Resilience in Veterans Study. *Psychiatric Services (Washington, D.C.), 73*(6), 628–635.

11 Fink, D. S., Stohl, M., Mannes, Z. L., Shmulewitz, D., Wall, M., Gutkind, S., ... & Hasin, D. S. (2022). Comparing mental and physical health of US veterans by VA healthcare use: Implications for generalizability of research in the VA electronic health records. *BMC Health Services Research, 22*(1), 1500.

12 Maynard, C., Batten, A., Liu, C. F., Nelson, K., & Fihn, S. D. (2017). The burden of mental illness among Veterans: Use of VHA health care services by those with service-connected conditions. *Medical Care, 55*(11), 965–969.

13 Johnson, E. M., & Possemato, K. (2021). Problem recognition and treatment beliefs relate to mental health utilization among Veteran primary care patients. *Psychological Services, 18*(1), 11–22.

14 Fischer, E. P., Curran, G. M., Fortney, J. C., McSweeney, J. C., Williams, D. K., & Williams, J. S. (2021). Impact of attitudes and rurality on Veterans' use of Veterans Health Administration mental health services. *Psychiatric Services (Washington, D.C.), 72*(5), 521–529.

15 Vanneman, M. E., Harris, A. H. S., Chen, C., Adams, R. S., Williams, T. V., & Larson, M. J. (2017). Postdeployment behavioral health screens and linkage to the Veterans Health Administration for Army Reserve component members. *Psychiatric Services (Washington, D.C.), 68*(8), 803–809.