



Suicide, PTSD, and Substance Use Among OEF/OIF Veterans Using VA Health Care: Facts and Figures

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July 18, 2011

Congressional Research Service

7-5700

www.crs.gov

R41921

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On May 10, 2011, the Ninth Circuit Court of Appeals ruled against the Department of Veterans Affairs (VA) in a case brought by two nonprofit veterans advocacy groups, Veterans for Common Sense and Veterans United for Truth.¹ The ruling criticized the VA's mental health services, among other things.² This has intensified interest in veterans' mental health, already a topic of ongoing concern to Members of Congress and their constituents.

This brief report addresses three relevant topics: suicide, posttraumatic stress disorder (PTSD), and substance use disorders. Using data from the VA, it answers two questions about each topic: (1) How many veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF)³ are affected? and (2) What is the VA doing, in terms of screening, prevention, and treatment?

OEF/OIF Veterans Using VA Health Care

In general, veterans must enroll with the VA in order to receive VA health care services. All enrolled veterans are offered a standard medical benefits package that covers, among other things, mental health care, including substance abuse treatment; additional benefits may be available, based on service-connected disabilities, income, or other factors.⁴

The VA offers OEF/OIF veterans enhanced enrollment eligibility for five years following separation.⁵ From FY2002 through FY2010, a total of 1,250,663 OEF/OIF veterans separated from service. Approximately half of them (625,384) used VA health care at some point during that time.⁶

The VA has provided Congressional Research Service (CRS) with data on these veterans. The data include suicide rates (annual through FY2008), prevalence of PTSD (cumulative across years), and prevalence of substance use disorders (cumulative across years).⁷

The VA uses electronic medical records, which include reminders for required screenings. Providers at the VA can also access electronic records for care provided by the Department of Defense (DOD), including mental health assessments conducted prior to separation.⁸

¹ *Veterans for Common Sense v. Shinseki*, No. 08-16728 6 (U.S. 9th Circuit Court of Appeals 2011).

² The suit also addressed VA's handling of disability benefits claims and medical services.

³ Operation Enduring Freedom (OEF) began on October 7, 2001, and continues today. Operation Iraqi Freedom (OIF) began on March 20, 2003. On September 1, 2010, OIF was redesignated Operation New Dawn, which continues today. The beginning dates of these operations are not defined in statute; the dates presented are commonly accepted. In this report, the abbreviation OEF/OIF refers to Operation Enduring Freedom and Operation Iraqi Freedom, including Operation New Dawn.

⁴ Summary of CRS Report R41343, *Veterans Medical Care: FY2011 Appropriations*, by Sidath Viranga Panangala.

⁵ Under the National Defense Authorization Act for Fiscal Year 2008 (P.L. 110-181), OEF/OIF veterans discharged or released from active service on or after January 28, 2003, are eligible to enroll in the VA health care system for five years from the date of discharge or release. They continue to be enrolled after the five-year eligibility period ends.

⁶ Department of Veterans Affairs, Office of Public Health and Environmental Hazards, *Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans, Cumulative from 1st Quarter FY2002 through 4th Quarter FY2010*, December 2010.

⁷ Prevalence is the percentage of a specified population experiencing a condition within a given timeframe.

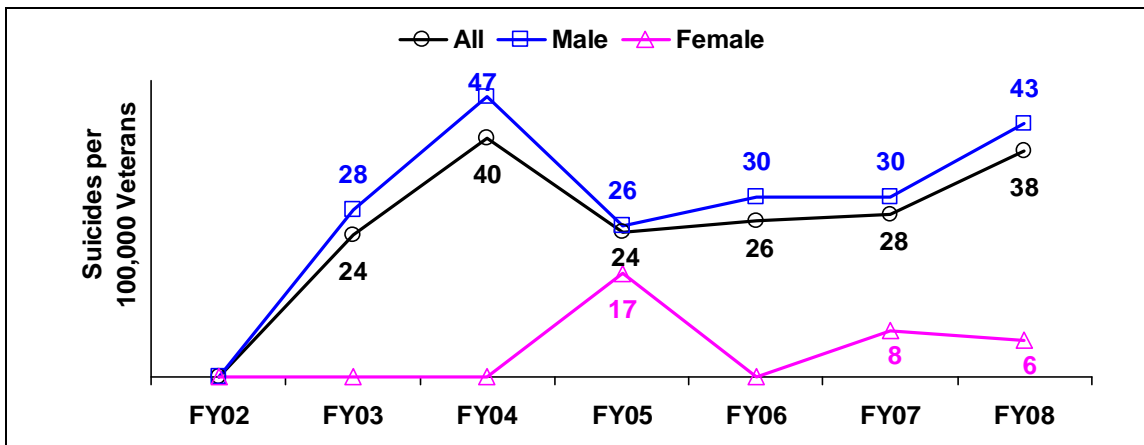
⁸ Using the Federal Health and Bi-directional Health Information Exchange (FHIE/BHIE), VA and DOD share most essential health information that is available in electronic form.

Systematic information regarding veterans who do not use VA health care is not available. Data about OEF/OIF veterans using VA health care should not be extrapolated to the rest of the OEF/OIF veteran population, or to the broader veteran population. Limitations of the VA’s data are discussed in **Appendix A**.

Suicide

The VA identifies veteran suicides by matching suicides from the National Death Index⁹ with the roster of veterans in VA administrative data. **Figure 1** presents annual suicide rates (i.e., not the number of suicides) among male and female OEF/OIF veterans, separately and combined. Rates are presented per 100,000 OEF/OIF veterans enrolled in VA health care; for example, in FY2008, the rate of suicides was 38 per 100,000 OEF/OIF veterans (male and female combined) enrolled in VA health care.¹⁰ The figure represents only completed (i.e., fatal) suicides; it does not include attempted (i.e., nonfatal) suicides. Data limitations are discussed in **Appendix A**.

Figure 1. Annual Suicides per 100,000 OEF/OIF Veterans Using VA Health Care, FY2002-FY2008



Source: CRS analysis of data provided by the VA on March 8, 2011, pursuant to a CRS inquiry.

Note: Rates are presented per 100,000 OEF/OIF veterans enrolled in VA health care; for example, in FY2008, the rate of suicides was 38 per 100,000 OEF/OIF veterans (male and female) enrolled in VA health care.

Suicide Prevention in the VA Health Care System

Department policy requires an annual depression screening for veterans using VA health care. For each veteran identified as at high risk for suicide, a suicide prevention safety plan is developed, and the veteran’s medical record is flagged. The VA has established a center of excellence in suicide prevention, and every VA Medical Center is staffed with a suicide prevention

⁹ For more information, see Centers for Disease Control and Prevention, National Center for Health Statistics, *About the National Death Index*, http://www.cdc.gov/nchs/data_access/ndi/about_ndi.htm.

¹⁰ The suicide rate is the ratio of the number of OEF/OIF veterans enrolled in VA health care who are identified as suicides in the NDI during the year to the total number of OEF/OIF veterans enrolled in VA health care (whether in active treatment or not). The result is then multiplied by 100,000 to create a rate per 100,000 OEF/OIF veterans.

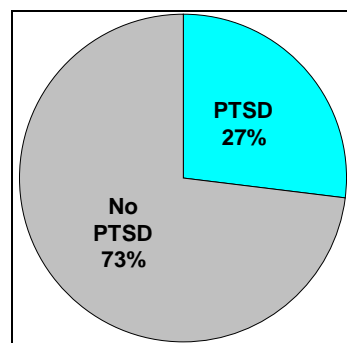
coordinator.¹¹ All veterans, regardless of enrollment, may use the department's suicide hotline (1-800-273-8255, option 1), an online chat service (www.VeteransCrisisLine.net/chat), and an online suicide prevention resource center (www.suicideoutreach.org) maintained jointly with the DOD. Several reports that have evaluated the department's suicide prevention efforts, and offered recommendations, are listed in **Appendix B**.

Posttraumatic Stress Disorder (PTSD)

Posttraumatic stress disorder (PTSD) is a psychological response to a traumatic event; however, a history of trauma is not enough to establish a diagnosis of PTSD. The diagnosis requires a minimum number of symptoms in each of three categories: reexperiencing (e.g., recurring nightmares about the traumatic event); avoidance (e.g., avoiding conversations about the traumatic event); and arousal (e.g., difficulty sleeping). Symptoms must persist for at least one month and must result in clinically significant distress or impairment in functioning.¹²

Figure 2 shows the prevalence of PTSD among OEF/OIF veterans receiving VA health care in FY2002-FY2010.¹³ This percentage is subject to important data limitations discussed in **Appendix A**.

Figure 2. Prevalence of PTSD Among OEF/OIF Veterans Using VA Health Care, FY2002-FY2010



Source: U.S. Department of Veterans Affairs, Office of Public Health and Environmental Hazards, *Analysis of VA Health Care Utilization Among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans, Cumulative from 1st Quarter FY2002 Through 4th Quarter FY2010*, December 2010.

PTSD Treatment in the VA Health Care System

Department policy requires that veterans new to VA health care receive a PTSD screening, which is repeated every year for the first five years and every five years thereafter, unless there is a clinical need to screen earlier. Department policy also requires that new patients requesting or referred for mental health services receive an initial assessment within 24 hours and a full evaluation appointment within 14 days; follow-up appointments for established patients must occur within 30 days.¹⁴ Congressional testimony has raised questions about the extent to which these policies are implemented in practice.¹⁵

¹¹ Department of Veterans Affairs, *Suicide Prevention*, http://www.mentalhealth.va.gov/suicide_prevention/.

¹² CRS summary of American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (Washington, DC: American Psychiatric Association, 2000), pp. 467-468.

¹³ Prevalence is the ratio of the number of OEF/OIF veterans with a diagnosis code indicating PTSD in FY2002-FY2010 to the number of OEF/OIF veterans enrolled in VA health care in FY2002-FY2010.

¹⁴ Department of Veterans Affairs, Veterans Health Administration, *Programs for Veterans with Post-Traumatic Stress Disorder (PTSD)*, VHA Handbook 1160.03, March 12, 2010.

¹⁵ U.S. Congress, Senate Committee on Veterans' Affairs, *VA Mental Health Care: Closing the Gaps*, 112th Cong., 1st sess., July 14, 2011.

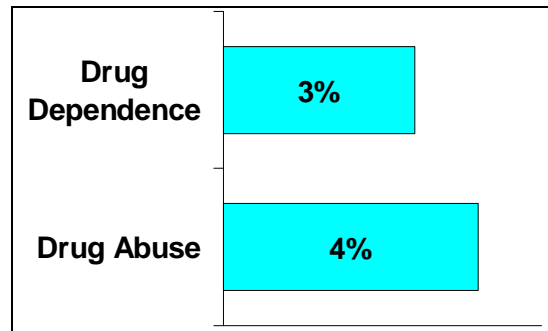
PTSD treatment provided by the VA includes both medication and cognitive-behavioral therapy (a category of talk therapy).¹⁶ Every VA Medical Center has specialists in PTSD treatment. Some facilities offer specialized PTSD treatment programs of varying intensity and duration, including (among others) PTSD day hospitals (four to eight hours per day, several days per week); evaluation and brief treatment PTSD units (14-28 days); specialized inpatient PTSD units (28-90 days); and PTSD residential rehabilitation programs (28-90 days living in a supportive environment while receiving treatment). Veterans may also receive PTSD treatment at VA community-based outpatient clinics (CBOCs)¹⁷ or at Vet Centers¹⁸ (which are subject to different policies than VA health care facilities).¹⁹ Several reports that have evaluated the VA's PTSD screening and treatment efforts, and offered recommendations, are listed in **Appendix B**.

Substance Use Disorders

Substance use disorders include dependence on and abuse of drugs, alcohol, or other substances (e.g., nicotine). A diagnosis of dependence requires at least three symptoms (e.g., tolerance or withdrawal); substance use that does not meet criteria for dependence, but leads to clinically significant distress or impairment, is called abuse.²⁰ Each diagnosis is specific to the substance, so an individual may have multiple diagnoses of abuse or dependence—one for each substance (e.g., marijuana dependence and cocaine abuse).

Figure 3 shows the prevalence of drug dependence and abuse among OEF/OIF veterans using VA health care during FY2002-FY2010.²¹ Alcohol dependence (7%) is more common than either drug dependence or abuse; the prevalence of alcohol abuse was not provided. These percentages are subject to important data limitations discussed in **Appendix A**.

Figure 3. Prevalence of Drug Abuse and Dependence Among OEF/OIF Veterans Using VA Health Care, FY2002-FY2010



Source: U.S. Department of Veterans Affairs, Office of Public Health and Environmental Hazards, *Analysis of VA Health Care Utilization Among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans, Cumulative from 1st Quarter FY2002 Through 4th Quarter FY2010*, December 2010.

¹⁶ Jessica Hamblen, *Treatment of PTSD*, Department of Veterans Affairs, National Center for PTSD, 2010.

¹⁷ For more information on CBOCs see CRS Report R41044, *Veterans Health Administration: Community-Based Outpatient Clinics*, by Sidath Viranga Panangala.

¹⁸ Readjustment Counseling Centers (Vet Centers) provide veterans and their families with services such as screening and counseling for PTSD or substance use disorders, employment/educational counseling, bereavement counseling, military sexual trauma counseling, and marital and family counseling.

¹⁹ Department of Veterans Affairs, National Center for PTSD, *PTSD Treatment Programs in the U.S. Department of Veterans Affairs*, <http://www.ptsd.va.gov/public/pages/va-ptsd-treatment-programs.asp>.

²⁰ CRS summary of American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (Washington, DC: American Psychiatric Association, 2000), pp. 191-199.

²¹ Prevalence is the ratio of the number of OEF/OIF veterans with a diagnosis code indicating abuse/dependence in FY2002-FY2010 to the number of OEF/OIF veterans enrolled in VA health care in FY2002-FY2010.

Substance Use Disorder Treatment in the VA Health Care System

Given the comparatively low rates of drug abuse and dependence (relative to PTSD or alcohol dependence), VA policy does not require routine drug use screening. Department policy does require an annual alcohol screening, which is waived for veterans who drank no alcohol in the prior year.²²

The VA offers medication and psychosocial interventions for substance use disorders, as well as acute detoxification care when necessary. Medication may be used to reduce cravings or to substitute for the drug of abuse (e.g., methadone for heroin users). Psychosocial interventions include (among others) brief counseling to enhance motivation to change; intensive outpatient treatment (i.e., at least nine hours of treatment per week); residential care (i.e., living in a supportive environment while receiving treatment); long-term relapse prevention; and referral to outside programs such as Alcoholics Anonymous.²³

Several reports that have evaluated the department's alcohol screening and substance use disorder treatment efforts, and offered recommendations, are listed in **Appendix B**.

²² Department of Veterans Affairs and Department of Defense, *VA/DOD Clinical Practice Guideline for the Management of Substance Use Disorders*, August 2009.

²³ Department of Veterans Affairs, *Summary of VA Treatment Programs for Substance Use Problems*, May 20, 2010, <http://www.mentalhealth.va.gov/res-vatreatmentprograms.asp>.

Appendix A. Data Limitations

In order to understand the limitations of the data presented in this report, it is helpful to understand their sources. As noted previously, the VA identifies veteran suicides by matching suicides from the National Death Index with the roster of veterans in VA administrative data. The VA identifies PTSD and substance use disorders by searching VA administrative data for diagnosis codes associated with specific conditions (e.g., 309.81 for PTSD). These codes are entered into veterans' electronic medical records by clinicians, in the normal course of evaluation and treatment.

The data provided by the VA should be interpreted in light of at least four limitations, each of which is discussed below.

First, suicides may be understated, because cause of death might not always be accurately identified in the National Death Index, particularly where intent is involved. For example, it may not be known whether a car crash or drug overdose is intentional, which may be the determining factor in identifying suicide.

Second, some conditions may be overstated, because veterans with diagnosis codes for a condition might not have the condition, as a result of provisional diagnoses or noncurrent diagnoses. A provisional diagnosis code may be entered into a veteran's electronic medical record when further evaluation is required to confirm the diagnosis. A diagnosis may be noncurrent when a veteran who had a condition in the past no longer has it. In either case, the code remains in the veteran's electronic medical record.

Third, some conditions may be understated, because veterans who have a condition might not be diagnosed (and therefore might not have the diagnosis code in their records), if they choose not to disclose their symptoms. Veterans might not want to disclose information that would lead to a diagnosis of mental illness. Veterans have reported not wanting to disclose trauma for fear that that they will not be believed, that others will think less of them, that they will be institutionalized or stigmatized, or that their careers will be jeopardized, among other reasons.²⁴ Also, veterans using VA health care services may receive additional services outside the VA, without the knowledge of the department.

Fourth, the numbers provided by the VA should not be extrapolated to all OEF/OIF veterans, or to the broader veteran population, because OEF/OIF veterans using VA health care are not representative of all OEF/OIF veterans or the broader veteran population. Veterans who use VA health care may differ from those who do not, in ways that are not known. Potential differences include (among other characteristics) disability status, employment status, and distance from a VA medical facility.

²⁴ Matthew D Jeffreys, Ruth Q Leibowitz, Erin Finley, et al., "Trauma Disclosure to Health Care Professionals by Veterans: Clinical Implications," *Military Medicine*, vol. 175, no. 10 (October 2010), pp. 719-724.

Appendix B. Selected Evaluations of VA Services

Table B-1 lists selected reports published since 2008 that evaluate VA’s efforts to address suicide, PTSD, and substance use disorders. In some cases, the focus of the evaluation was broader than the specific topics addressed in this report (e.g., mental health services generally).

Table B-1. Selected Evaluations of VA Mental Health Services Since 2008

Report Full Citation and Link	Suicide	PTSD	Substance Use
Department of Veterans Affairs, Office of Inspector General, <i>Healthcare Inspection: Post Traumatic Stress Disorder Counseling Services at Vet Centers</i> , Report No. 10-00628-170, May 17, 2011, http://www.va.gov/oig/54/reports/VAOIG-10-00628-170.pdf		√	
Department of Veterans Affairs, Office of Inspector General, Combined Assessment Program Summary Report Re-Evaluation of Suicide Prevention Safety Plan Practices in Veterans Health Administration Facilities, Report Number 11-01380-128, March 22, 2011, http://www.va.gov/oig/CAP/VAOIG-11-01380-128.pdf	√		
Department of Veterans Affairs, Office of Inspector General, <i>Healthcare Inspection: Progress in Implementing the Veterans Health Administration’s Uniform Mental Health Services Handbook</i> , Report No. 08-02917-145, May 4, 2010, http://www.va.gov/oig/54/reports/VAOIG-08-02917-145.pdf	√	√	√
U.S. Government Accountability Office, <i>VA Faces Challenges in Providing Substance Use Disorder Services and Is Taking Steps to Improve These Services for Veterans</i> , GAO-10-294R, March 10, 2010, http://www.gao.gov/new.items/d10294r.pdf			√
Department of Veterans Affairs, Office of Inspector General, <i>Healthcare Inspection: Evaluation of Suicide Prevention Program Implementation in Veterans Health Administration Facilities January–June, 2009</i> , Report Number 09-00326-223, September 22, 2009, http://www.va.gov/oig/54/reports/VAOIG-09-00326-223.pdf	√		
Department of Veterans Affairs, Office of Inspector General, <i>Healthcare Inspection: Review of Veterans Health Administration Residential Mental Health Care Facilities</i> , Report No. 08-00038-152, June 25, 2009, http://www.va.gov/oig/54/reports/VAOIG-08-00038-152.pdf		√	√
Blue Ribbon Work Group on Suicide Prevention in the Veteran Population, <i>Report to James B. Peake, MD, Secretary of Veterans Affairs</i> , June 30, 2008, http://www.mentalhealth.va.gov/suicide_prevention/Blue_Ribbon_Report-FINAL_June-30-08.pdf	√		

Source: CRS search for evaluations of VA services related to suicide, PTSD, and substance use, since 2008.

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