HEALTHY MINDS POLICY INITIATIVE

Understanding and addressing veteran suicide

Overview of scope of the problem and barriers in Oklahoma

In 2019, Oklahoma was home to more than 260,000 veterans (about 6.6% of the state's total population), making it the state with the 13th highest rate of veterans per capita. Many Oklahoma veterans have mental health challenges, sometimes because of their service and sometimes caused or worsened by factors that lead to Oklahoma's high suicide rate overall. In 2019, Oklahoma had the 15th highest veteran suicide rate in the nation. This report will serve as a comprehensive review of veteran suicide in Oklahoma and an assessment of the mental health services and systems available to Oklahoma veterans. In it, we highlight opportunities for improvement in our continuum of care, proposing feasible solutions and next steps.

Key Findings

- **Oklahoma veterans who die by suicide are less likely to have received mental health treatment than other Oklahomans who die by suicide.** Compared to non-veterans, Oklahoma veterans had lower rates of both previous mental health treatment (25.6% vs. 30.5%) and ongoing mental health treatment (21.1% vs. 25.1%) at the time they died.
- **Risk for suicide goes undetected more often.** Veterans who died by suicide were less likely than non-veterans to have recorded indications of suicide risk, including a history of suicidal ideation (14.8% vs. 17.9%) or suicidal plans and prior suicide attempts (12.7% vs. 20.2%).
- **Physical health issues were the most common predictor of veteran suicides, implicated in 41.8% of all veteran suicides.** This aligns with Oklahoma's status as the state with the highest concentration of veterans living with a service-connected disability.
- **Better geographic distribution of services is needed in Oklahoma**. The United States Department of Veterans Affairs (VA) is the primary provider of healthcare for veterans in Oklahoma. However, only 20.2% of Oklahoma by geography currently has appropriate access to VA facilities, where "appropriate access" is defined by the VA standard of 30 minutes of driving.

Key Opportunities

- **Expand mental health services for veterans through promotion of integrated care and telehealth.** Integrated care is beneficial in addressing the link between veterans' physical and mental health. Telehealth can work in concert with integrated care and also provides veterans much-needed convenience and privacy.
- **Expand the veteran Transition Assistance Programs to improve veterans' reintegration experience.** This can bring more veterans into an active community early and reinforce Oklahoma's identity as a veteran-forward state.

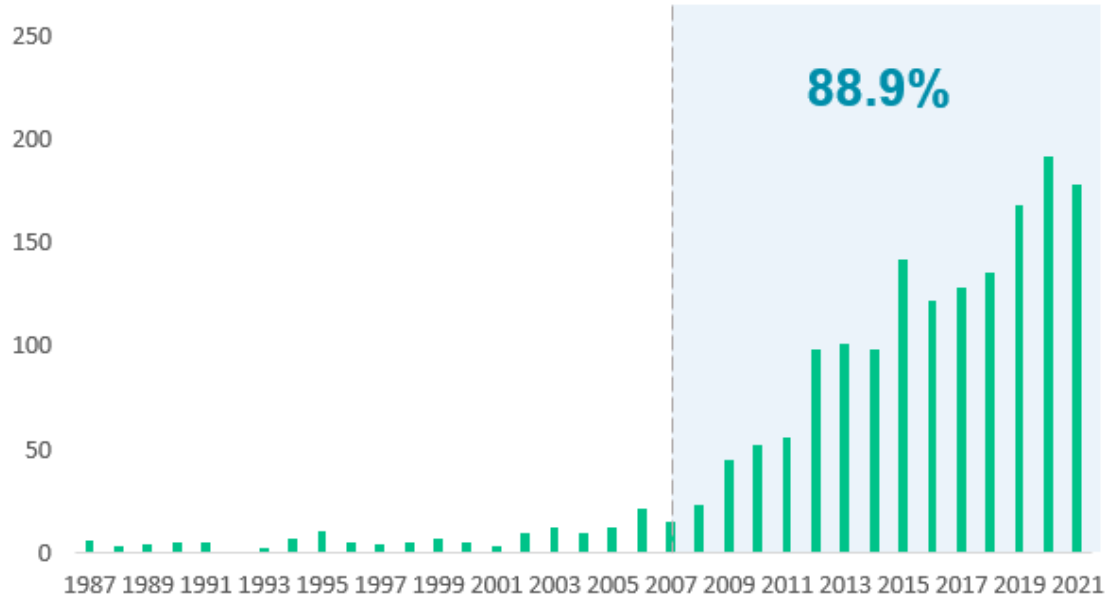
- **Use existing "veteran-friendly business" initiatives to create mental health support structures for veterans in the workplace.** This can help improve young veterans' experiences in the workplace and provide a natural support base for Oklahoma veterans.

Veteran Suicides in Oklahoma

Nationwide suicide prevention initiatives for veterans are a recent development. In 2007, amidst rising concerns regarding post-traumatic stress disorder, Congress passed the Joshua Omvig Veterans Suicide Prevention Act, which mandated that the Department of Veterans Affairs (VA) develop a nationwide program to address rising veteran suicide rates.[1] Prior to the act, veteran-specific suicide research in the United States was not common. A review of Elsevier's Scopus research database finds that 88.9% of all documents including "veteran suicide" in the title, abstract, or keywords have been published after 2007 compared to 55.4% of all documents including "suicide" alone.[2]

Figure 1

Timeline of veteran suicide research

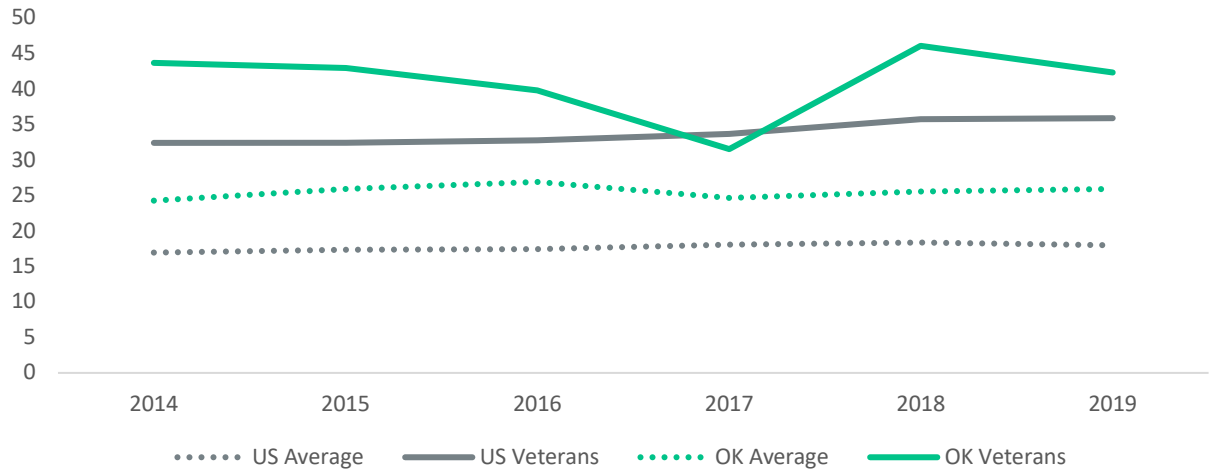


Reducing veteran suicides is now officially the VA's top clinical priority. Starting in 2016, the VA began publishing annual state veteran suicide fact sheets; each year releases data from two calendar years prior, with 2014 being the earliest year of data released in this series.[3]

A broad review of these sheets finds two high-level trends: (1) veteran suicide rates nationwide tend to be higher than those of the general population; and (2) suicide rates in Oklahoma tend to be higher than benchmark nationwide averages.[4] Oklahoma veterans, therefore, are at particular risk for suicide.

Figure 2

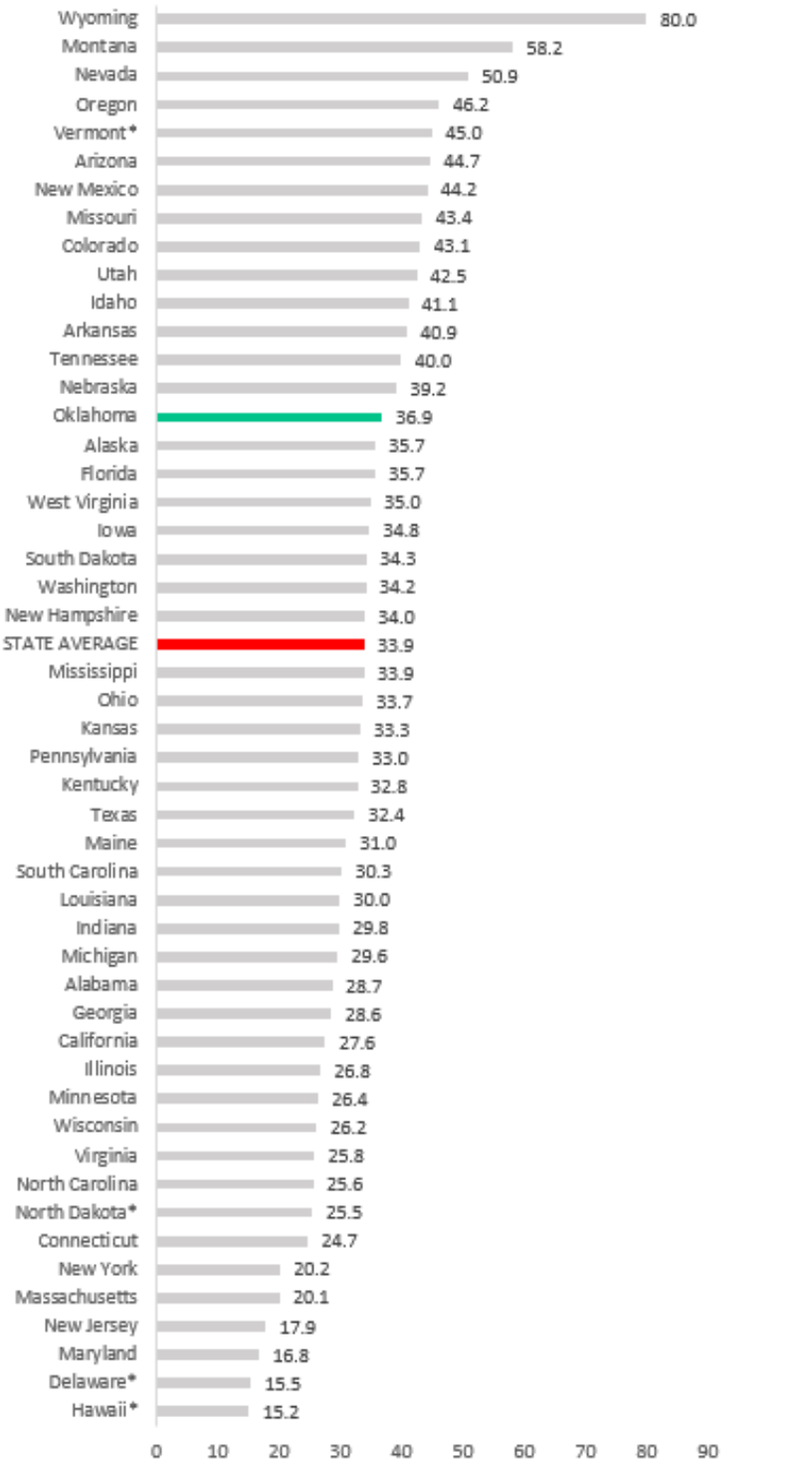
Suicides per 100,000 adults



We can contextualize Oklahoma's veteran suicide rate using data from other states. Focusing on the most current year of data available, in 2019, Oklahoma was the state with the 15th highest veteran suicide rate in the nation.[5] During this year, Oklahoma was also the state with the highest veteran suicide rate in the VA's southern region.[6]

Figure 3

Veteran suicides per 100,000 people, 2019



*Rates considered unreliable due to low counts
**Rhode Island and District of Columbia excluded due to having fewer than 10 datapoints

These high rates of suicide emphasize the need to examine veteran mental health in Oklahoma. Fortunately, there are several organizations in our state dedicated this field of work. The Oklahoma Governor's Challenge, for example, is a statewide effort that brings together local nonprofits, the Oklahoma Department of Veteran Affairs (ODVA), and federal agencies. Recent Governor's Challenge initiatives have been focused on increasing awareness of the services available to Oklahoma veterans and promoting collaboration between organizations in this space. Other collaborations include the Oklahoma Veteran Alliance and Oklahoma State University's Veteran Care Extension for Community Healthcare Outcomes (Project ECHO).

As a final remark, it is important to note that Oklahoma's high veteran suicide rate largely reflects our state's high general population suicide rate. In 2019, Oklahoma was the state with the 10th highest general population suicide rate.[7] During that year, veteran suicide rates in the United States were 62% higher than general population suicide rates, while in Oklahoma, veteran suicide rates were 43.6% higher than the general population suicide rate.[8] Therefore, relative to other states, even when considering high base rates of suicide, being a veteran in Oklahoma is actually a protective factor.

This speaks to the strength and resiliency of our veteran community. Ultimately, however, we must reckon with – and address – the high base rate of veteran suicides in Oklahoma. This report will therefore focus on veteran-specific topics of mental health: including access to VA care, the link between physical injury and mental health, and the importance of non-clinical support groups and social networks. However, it is also important to note that issues related to veteran suicide and veteran mental health reflect broader, all-encompassing needs. Veterans are an integral and inseparable part of our community. Though they belong to a distinguished category, they still require the same fundamental mental health support systems as civilians. The topics outlined in this report will be veteran-focused, but will also have implications for our state's current needs-detection, health service access, and anti-stigma initiatives.

Causes of Veteran Suicide

While nationwide efforts to reduce veteran suicide are a recent development, Oklahoma has been developing suicide surveillance systems since the early 2000s. The National Violent Death Reporting System (National VDRS, or NVDRS) is a database maintained by the Centers for Disease Control and Prevention in collaboration with individual states. This database tracks individual instances of violent death, including suicide, and assigns each individual death a series of "underlying causes" through an analysis of police and coroner reports. Oklahoma joined this initiative in 2004, one year after the program's inception; therefore, nearly every suicide in our state since 2004 has a series of assigned "underlying causes" that give insight into the circumstances of death.

The Oklahoma VDRS database currently holds records on over 9,500 suicides, of which 1,960 (20.1%) were veteran suicides. An analysis and comparison of these records finds the following:

- Oklahoma veterans who died by suicide had lower rates of both previous (25.6% vs. 30.5%) and ongoing mental health treatment (21.1% vs. 25.1%) compared to non-veterans who died by suicide. These lower rates of treatment are likely indicative of higher rates of untreated mental health issues rather than lower need.
- For veterans, the most common circumstance associated with a death by suicide was a physical health problem. 41.8% of all veteran suicides involved a physical health problem, making physical health problems an even greater predictor of a death by suicide than ongoing mental health problems (39.7%) or depressed mood (38.0%).
- Veterans who died by suicide were equally likely as non-veterans to disclose intent to commit suicide (29.6% as compared to 29.3%). However, these veterans were far less likely to have other recorded indications of suicide risk, including a history of suicidal thoughts or plans, and prior suicide attempts.

The Oklahoma VDRS offers a rare insight into "why" suicide occurs in our state. By comparing the circumstances implicated in veteran suicide to those implicated in non-veteran suicides, we can identify veteran-specific issues. Each of these bullets, therefore, requires an extended discussion.

Oklahoma Veterans and Rates of Mental Health Treatment

Oklahoma veterans who died by suicide had lower rates of both previous (25.6% vs. 30.5%) and ongoing mental health treatment (21.1% vs. 25.1%) compared to non-veterans who died by suicide. Lower rates of mental health treatment, when considered alongside significantly higher suicide rates, indicate a high level of untreated mental health needs among our state's veterans; and it is imperative that we understand the degree of this need in our state and promote access to treatment.

There are few datasets that assess the complete prevalence of mental health illness among veterans nationwide, and even fewer specific to Oklahoma veterans. Most analysis of veteran mental illness rates relies on data from veterans actively engaged with VA services; once service members separate from the military, there are no standardized tracking systems for ex-military personnel health outcomes. This makes it difficult to assess the true rate of mental health illness among veterans, though an analysis of veterans engaged with VA services can provide a starting point.

In 2020, 25.7% of all Oklahoma veterans who sought VA services received a mental illness diagnosis.[9] This VA statistic is slightly higher than the reported mental health illness rate of the Oklahoma general population (22.5% in 2019).[10] It is, however, likely that the VA's rate of diagnosed mental illness underrepresents the true prevalence of overall veteran mental illness.

VA mental illness prevalence rates naturally include only veterans seeking VA care. As a result, several subgroups of veterans, including veterans with other-than-honorable (OTH) discharge status, veterans with extensive overdue VA payments, and justice-involved veterans are all excluded from these counts. This is important, as each of these factors can be associated with greater risk for mental health illness. Veterans with OTH discharges, for example, are significantly more likely than veterans with honorable discharge to experience suicidality, post-traumatic stress disorder, and substance abuse disorders; they are also more likely to have negative opinions of mental health services, and therefore less likely to seek care.[11]

Reducing suicidal thoughts and behaviors within at-risk veteran populations is a key component of Oklahoma's strategy for suicide prevention.[12] To this end, a greater understanding of veterans who do not or cannot utilize mental health treatment services in our state is necessary. In 2018, an Oklahoma survey on veteran service usage preferences found that of veterans who did not use VA services, 54.5% reported accessibility problems as the primary obstacle (35% "difficulty getting appointments," 20.0% "facilities too far away").[13] Accessibility issues were the greatest contributors to veterans opting not to use VA services; and while VA services are not the only mental health treatment options available to veterans, they were the primary source of mental health care selected by the surveyed veterans; and furthermore, veterans engaged with VA services have the greatest visibility in our statewide data.[14]

There are two major takeaways from this topic. The first is that our current understanding of the mental health needs of our veteran population is lacking, due in part to the difficulty of tracking veterans who are not engaged with VA services. As a result, solutions that expand access to services and support can have two-fold benefits: increasing not only the rate of treated mental health issues, but also our awareness of veteran needs.

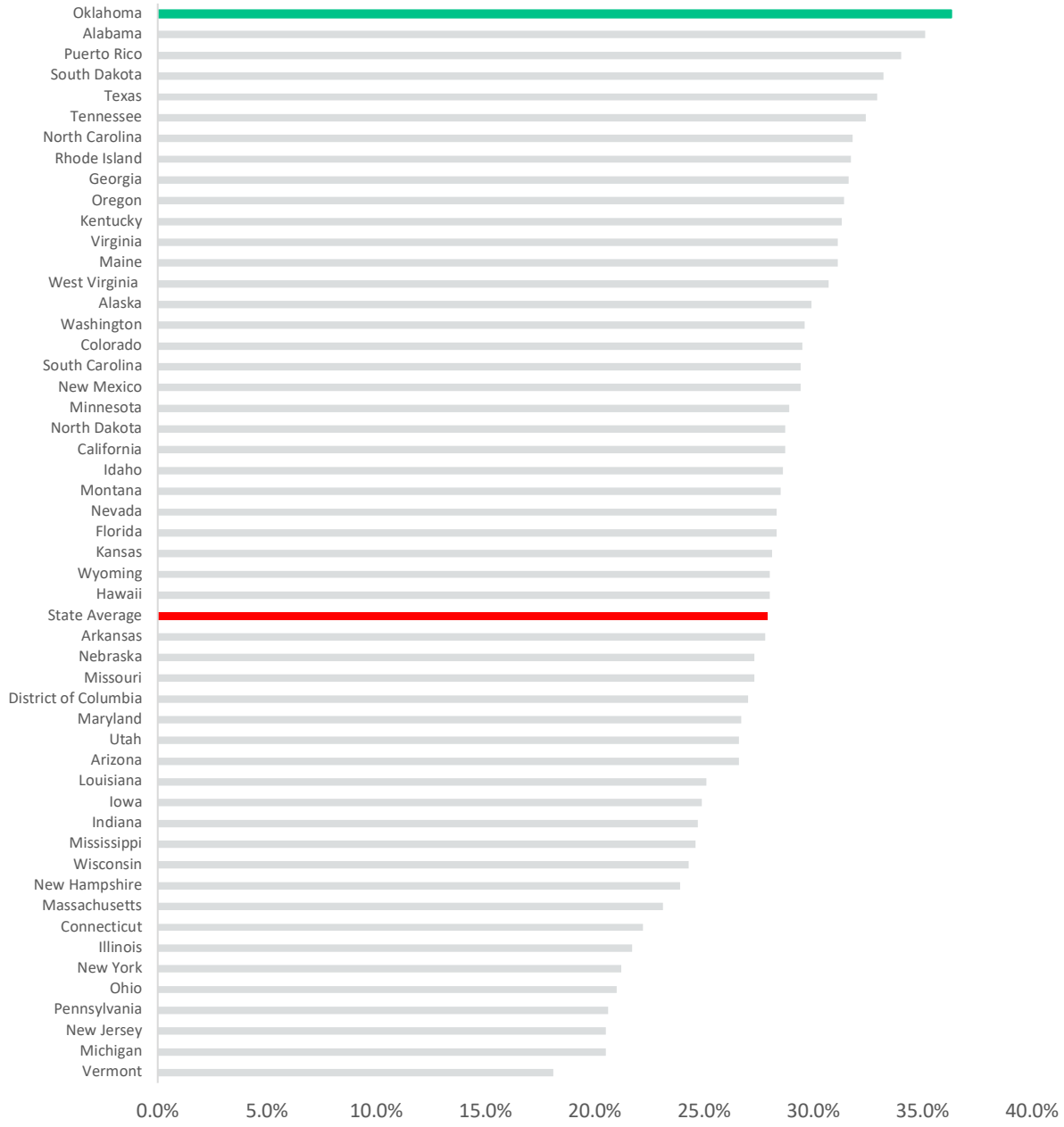
The second is that we must devote special attention to veterans who are not involved with the VA – and, in a broader sense, veterans who are not engaged with common systems of support. These veterans are not only the most difficult to access, but also have the greatest mental health needs. For example, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is one non-VA provider offering mental health and substance use disorder services for veterans. Veterans make up a low proportion of ODMHSAS clients; in 2020, 2597 veterans (6.1% of ODMH's total patient census) utilized ODMHSAS mental health or substance use disorder services.[15] Despite this low count, a staggering 83.3% of the veterans who used ODMHSAS mental health or substance use disorder services received a severe mental illness diagnosis (as compared to 38.7% of general population clients).[16] If it is nominal for a veterans to be engaged with VA services, we must understand how other veteran populations interact with non-VA healthcare providers and the unique challenges or barriers that they face. Expanded, Oklahoma-specific survey efforts and research can help address this issue and provide important documentation and data.

Oklahoma Veterans and Physical Health

In 2018, 36.3% of veterans ages 21-64 living in Oklahoma were estimated to be living with a VA service-connected disability, making Oklahoma the number one state in the nation for concentration of disabled veterans.[17]

Figure 5

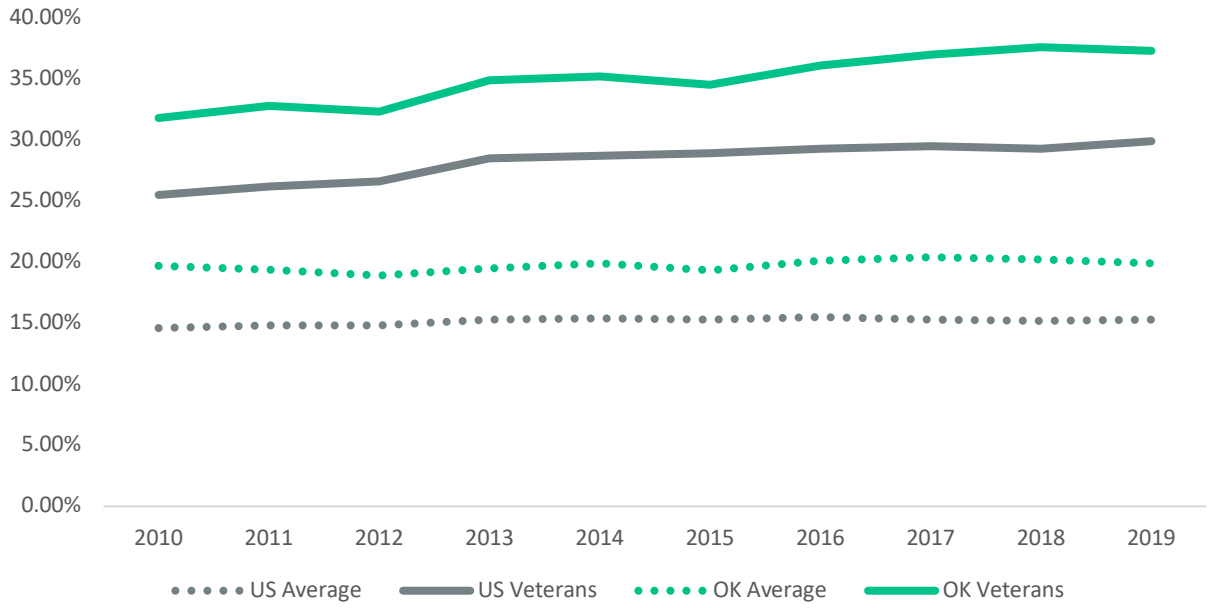
Concentration of disabled veterans by state, 2018



Disability rates in Oklahoma are also climbing, with the veteran disability rate increasing faster than that of the general population. During the past decade, the rate of Oklahoma veterans living with a disability has increased by 17.3%, as compared to an increase of only 1% in the Oklahoma general population.[18] Furthermore, when comparing Oklahoma disability rates to national averages, Oklahoma consistently marked higher than these averages for both veterans and the general population, mirroring the trend found in our state's suicide statistics.[19]

Figure 6

Rates of disability among veterans



If we consider Oklahoma's high rate of disabled veterans alongside the high rate of physical health issues implicated in veteran suicides, a clear point emerges: **the mental health crisis among Oklahoma veterans is fueled in-part by an underlying physical health crisis**. The link between physical and mental health has long been established. In 2017, a case-controlled study among the general population found that nine major physical health conditions – back pain, brain injury, cancer, congestive heart failure, chronic obstructive pulmonary disease, epilepsy, HIV/AIDS, migraine, and sleep disorders – were associated with significant increased suicide risk, with traumatic brain injury having the most significant impact and increasing the odds of suicide by almost nine times.[20] A 2019 study conducted by the VA found that higher self-reported pain intensity scores were significant predictors of suicide attempts among veterans seeking care as well.[21]

Oklahoma veterans have more demanding physical health needs than the general population, or even their veteran peers nationwide. It is important that we address these needs and understand the connection between physical health and mental health. One recent development on this subject has been the expansion of integrated care for veteran health.

Integrated care is the practice of administering mental health care alongside primary care. Starting in 2008, the VA mandated that all VA medical centers and large community-based outpatient clinics implement integrated care, and this has given rise to several good practices.[22] First, all veterans who receive primary care services at the VA are offered screening for mental health concerns, including depression, alcohol dependence, and post-traumatic stress disorder.[23] Second, mental health services at the VA are offered in the same clinical practice area as primary care services and are available for a brief consultation (20-30 minutes) during a primary care visit.[24] If an individual screens positive for a mental health concern, this integrated model of care allows for an immediate first interaction with a mental health professional. It is then possible to have further discussion and schedule extended follow-up appointments, creating a strong bridge between physical and mental health.

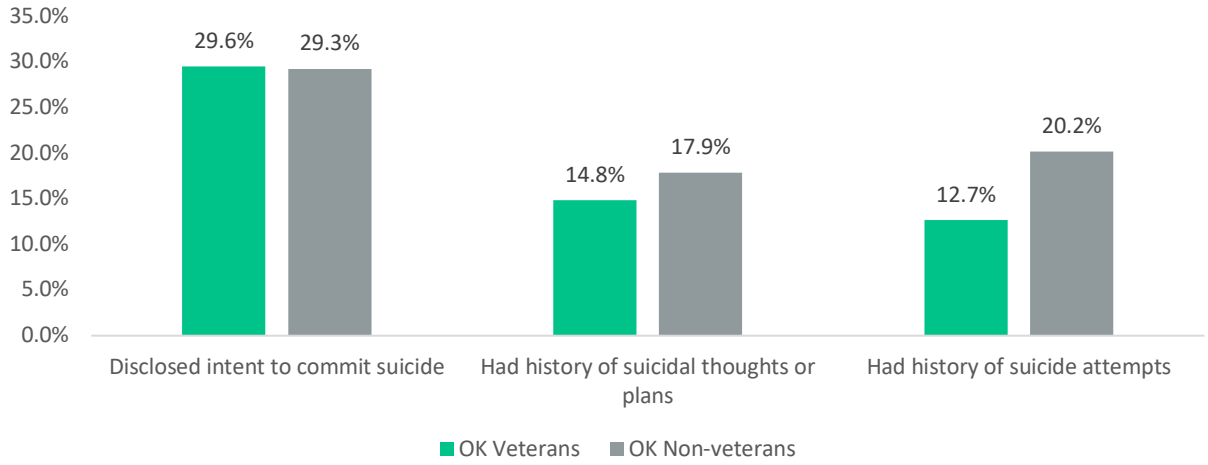
Though these practices are standard to the VA, they are not implemented at all health facilities that treat veterans. Integrated care has potential benefits for all Oklahomans, but may be especially impactful for Oklahoma veterans. Integrated care has benefits not only for individuals in primary care seeking more information about mental health services, but also for individuals engaged with mental health services that have questions about their physical pains or disability.

Oklahoma Veterans and Suicide-Related History

Oklahoma veterans had approximately equal rates of reported suicidal intent when compared to non-veterans (29.6% vs. 29.3%).[25] Despite this, veterans who died by suicide had lower rates of recorded suicidal thoughts or plans (14.8% vs. 17.9%) and far lower rates of prior suicide attempts than non-veterans who died by suicide (12.7% vs. 20.2%).[26] At first glance, these figures seem to conflict with established research findings. For example, a 2014 global study of suicide risk conducted by the World Health Organization found that a history of suicide attempts was the single strongest predictor of a death by suicide.[27] It is therefore notable that Oklahoma veterans who died by suicide had lower rates of these predictors than non-veterans despite higher rates of death by suicide.

Figure 7

Rates of suicide with co-occurring risk factors, 2004-2018

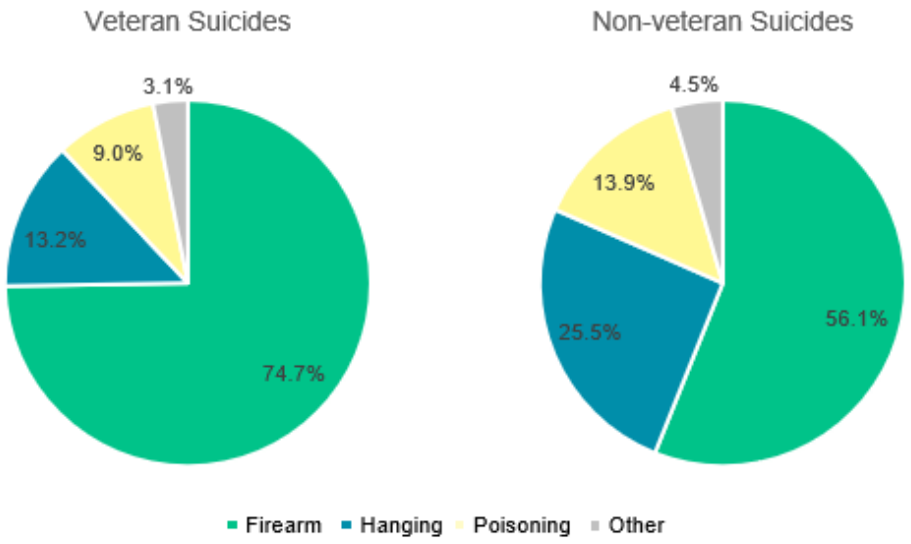


These figures imply two interesting dynamics to veteran suicide. First, a lack of recorded suicidal thoughts or plans suggests that veteran suicides tend to occur before these items are detected. Oklahoma veterans are unlikely to have lower true rates of suicidal thoughts or plans than non-veterans. Nationwide surveys of veterans have found that 9.0% of all veterans have had suicidal ideation, and 7.3% have made suicidal plans, and 3.9% have made suicide attempts.[28] These figures are substantially higher than rates among non-veterans (estimated to be 4.0% for suicidal ideation, 1.1% for suicidal plans, and 0.6% for suicide attempts).[29] It therefore stands that the lower rate found in the VDRS data is the result of undetected suicidal thoughts or plans, rather than lower true rates of suicidality.

Second, a lack of prior suicide attempts may be explained by differences in suicide lethality between veterans and non-veterans. Previous research has found that the majority of deaths by suicide occur during an individual's first suicide attempt.[30] The method selected for a suicide attempt also significantly affects the likelihood of death. Suicide attempts involving a firearm are highly lethal, estimated to result in death 89.6% of the time.[31] Suicide attempts by hanging, by comparison, are less lethal, estimated to result in death 52.7% of the time; and suicide attempts by drug ingestions have low lethality rates, estimated to result in death only 1.9% of the time.[32] Veteran suicides tend to involve more lethal methods than the general population.[33]

In Oklahoma, three suicide methods were responsible for more than 95% of all suicide deaths: firearm injury, hanging, and poisoning.[34] This remained true regardless of veteran status; however, the distribution of these three methods varied significantly depending on veteran status. Among Oklahoma veterans, 74.7% of deaths by suicides involved a firearm, far higher than the 56.1% of non-veteran deaths by suicide that involved a firearm.[35] Accordingly, Oklahoma veterans who died by suicide were less likely than non-veterans to have died by hanging (13.2% as compared to 25.5%) or poisoning (9.0% as compared to 13.9%).[36]

Figure 8
Methods of suicide, 2004-2018



In summary, Oklahoma veteran suicides, compared to non-veteran suicides, have lower rates of two major suicide warning signs: prior suicidal thoughts and plans, and prior suicide attempts. These figures indicate a lack of detection, rather than a lack of extant issue. Because we know that veterans often choose highly lethal means of suicide, veteran suicide prevention initiatives should focus both on preventing crisis situations from emerging, and addressing a crisis situation should it occur.

Peer networks or veteran "buddy programs" may be effective way to both cultivate crisis management skills and ensure available support during a crisis situation. Recent meta-analyses of civilian peer networks have found significant psycho-social benefits for participants, including increased feelings of empowerment, hope, and self-reported recovery.[37, 38] An analysis of the VA's own Veteran X peer-led mental health recovery program found similar effects on self-reported recovery, wellbeing, and functioning.[39] Despite these promising initial findings, several studies have also found lackluster results when analyzing the effect of peer networks on quantifiable health outcome measures, such as lower hospitalization rates or reduced psychiatric symptoms.[40, 41] While veteran peer networks are a sensible anti-suicide initiative, it is important that we track their ultimate effectiveness at improving health outcomes and promoting engagement with other mental health services.

Utilization of VA Services

The VA is the largest provider of veteran-focused healthcare in Oklahoma. However, not all veterans use VA health services. The most recent VA state summary for Oklahoma veterans from 2017 found that less than half of Oklahoma veterans (46.3%) are enrolled in VA benefits.[42] Furthermore, only about one third (31.8%) of Oklahoma veterans received VA care during that year.[43] These findings are very consistent with national averages, which show 45.6% of veterans enrolled in benefits and 30.2% who received VA care during the year.[44]

As mentioned earlier, there are currently no systems that track health outcomes of veterans once they separate from the military. VA datasets currently offer the best available insight into veteran health but are limited to the auspices of the VA and contain information only on veterans who choose to use VA services. It is therefore important to understand why veterans choose to either use or avoid VA services, as this knowledge can inform us of ways to increase veteran involvement with healthcare and provide insight into any missing data.

Obstacles to Accessing Services

Recent statewide survey efforts have found that many Oklahoma veterans do not use their VA health service benefits due to accessibility obstacles. In 2016, a team of researchers united to administer the "Take 10" survey, which polled a representative sample of Oklahoma veterans. Out of Oklahoma veterans who chose not to use VA services, more than half (54.5%) identified accessibility issues, where "difficulty with appointments" was the most commonly cited obstacle (34.5% of respondents) and "facilities too far away" was the second-most common (20.0%).[45]

"Difficulty with appointments" can be split into two issues: first, trouble navigating VA health services, and second, difficulty scheduling a timely appointment. The complexity of navigating VA healthcare and longer wait times for mental health services can create barriers to care. These issues should be understood together, rather than separately. If it is difficult for a veteran to schedule an appointment in the first place, and if a veteran is then made to wait for care, it is possible that the individual will refuse to engage with health services in the future.

Regarding difficulty navigating services, the VA health system is a very complex entity. Notably, a 2010 survey commissioned by the VA found that fewer than half of all enrolled veterans (47.5%) understood their health benefits.[46] This is important, as previous civilian research has shown that individuals that do not understand their benefits are more likely to either delay or forgo health care due to worries about the cost.[47] As a result, Oklahoma veterans who are unable to navigate the VA health system may be avoiding necessary mental health care, preventative checkups, or screening due to the VA's complexity.

There have been major nationwide and state-level efforts to consolidate information about benefits for veterans and increase awareness of services. In Oklahoma, the OK VALOR Assistance Locator is an example of a tool to increase awareness of mental health services. Local nonprofits, such as Tulsa's Community Service Council, have also founded work groups and support lines dedicated to connecting veterans to health services.

While these systems are effective, one common challenge is actively reaching out to veterans who are not already engaged with support programs. Additional support structures embedded naturally within veterans' lives, such as within the workplace or alongside veteran reintegration programs, can help increase knowledge of health services and the navigation thereof. This type of community integration can help support veterans struggling with mental health troubles regardless of if they actively seek services. When surveyed, veterans reported that they were most likely to use a health service after learning about it from another veteran within their community.[48] Peer referrals were also seen as the most helpful health care resource.[49] By meeting veterans where they are in the civilian world, rather than requiring them to actively seek help on their own, we can increase the general knowledge of health services and encourage these peer interactions in our community.

Another major factor to Oklahoma veterans who reported "difficulty with appointments" is appointment timeliness. In 2017, the VA launched a website to publicize health service timeliness and quality data. VA facilities currently cite lower average wait times than the private sector, with primary health care visits taking 15.3 days on average to schedule for new patients (as compared to 29.3 days).[50] The VA also publicizes quick scheduling for mental health services, which take 10.3 days to schedule on average.[51] For comparison, VA access standards hold a maximum appropriate wait time of 20 days for both physical and mental health.[52]

An analysis of Oklahoma VA facilities shows that locally, the state is on par for primary health care visit wait times, with a 15.4 day wait time averaged across facilities for new appointments, as compared to the national average of 15.3.[53] However, Oklahoma VA facility mental health services showed notably longer wait times for mental health services. Overall, new patients would wait 13.4 days for mental health services, which is 30.0% higher than the national average.[54] Two facilities – Altus and Clinton – were unable to accept new patients at all.[55] Oklahoma VA facilities also demonstrated less consistent availability for mental health service appointments compared to primary care services. The average wait time for mental health services showed a standard deviation of 9.7 days depending on facility compared to 6.2 days for primary care services.[56] Wait times tended to be higher at smaller, more remote VA facilities with fewer resources and staff to process patients than at the major urban centers. Not all VA facilities had long wait times: two Oklahoma VA facilities – McCurtain County and Tinker – were able to admit new patients right away for mental health services, while two others – Lawton and Jack C. Montgomery in Muskogee – reported wait times of more than 30 days. In total, seven of the 20 VA facilities

providing mental health services in Oklahoma (35%) failed to meet the VA's 20-day wait time standard.[57]

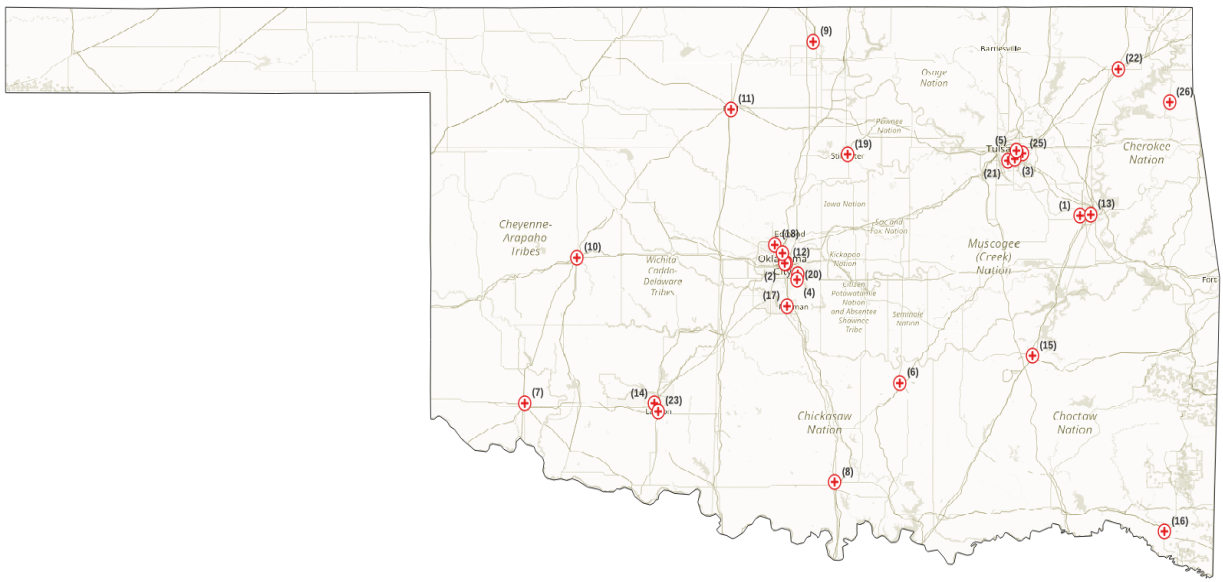
This heighted general wait time and inconsistent availability between facilities can be an issue for veterans seeking mental health treatment. Veterans who are experiencing an immediate crisis do have access to supports, such as a 24-hour crisis hotlines and chat features.[58] The VA will also reimburse emergency room visits if regular VA services are not available and will transfer veterans experiencing an emergency to their own facilities after.[59] The fact remains, however, that veterans experience difficulty accessing preventative mental health care. Heightened wait times – especially at smaller, rural VA facilities – can be attributed to Oklahoma's sparse mental health workforce.

Physical Access to VA Services

In addition to difficulties navigating and scheduling an appointment, physical accessibility to VA services – or the reported obstacle of "facilities too far away" – represent another fundamental healthcare access issue for Oklahoma veterans. Oklahoma is currently home to 26 VA facilities.[60] Compared to other states, Oklahoma has slightly fewer VA facilities relative to both its geographic size and population, ranked 19 out of 50 for both facilities by land area and facilities by population.[61]

Figure 9

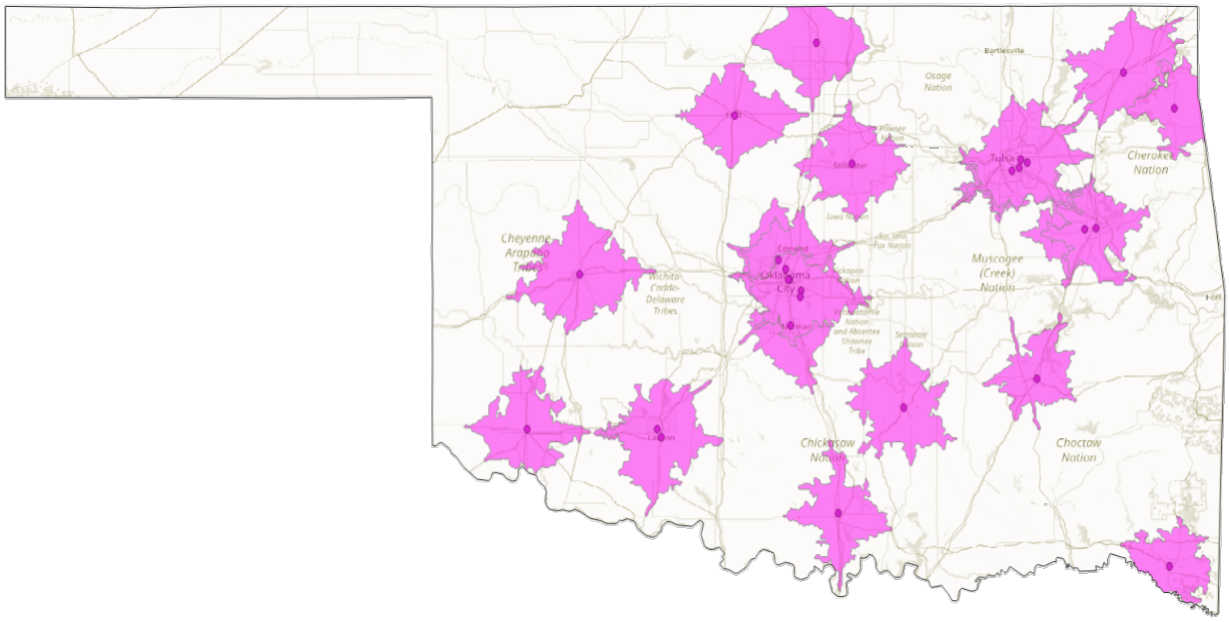
Oklahoma VA facilities



In 2019, the VA announced a new set of standards regarding access to care.[62] Under these standards, veterans are asked to drive no longer than 30 minutes to access mental health care.[63] Using mapping software, we can calculate the effective range of each of our VA facilities underneath these standards.

Figure 10

Oklahoma VA facilities within a 30-minute drive

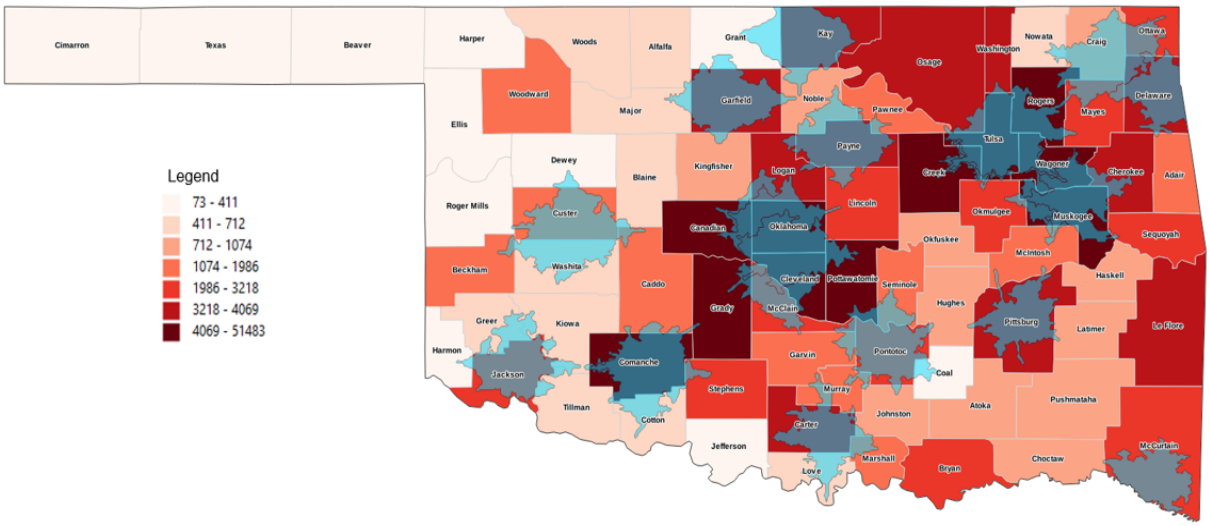


We found that in combination, Oklahoma's 26 VA facilities covered an effective area of 14,142.3 square miles (20.2% of the state). As a result, almost 80% of Oklahoma (by geography) lacks appropriate access to VA health facilities.

While Oklahoma VA facilities cover most of the high-density population areas in our state, not all veterans have easy access to a VA facility. Oklahoma's VA centers are located at the state's major population hubs. As a result, many rural counties and major portions of the Osage, Cherokee, Choctaw, Chickasaw, and Muscogee (Creek) Nations lack appropriate access to VA facilities. Even portions of more populated counties, such as Canadian, Grady, and Pottawatomie remain outside of or in-between VA facility service areas. This is especially important, as 39.9% of Oklahoma veterans live in rural areas – an even greater proportion than the general population, of which 33.7% live in rural areas.[64, 65]

Figure 11

Oklahoma VA facilities within a 30-minute drive per veteran population by county



Veterans living outside of the VA's effective range have a few options for seeking mental health services. The VA's Community Care Network is an option for veterans without appropriate access to VA facilities or who require a health service the VA does not provide.[66] To receive access to Community Care, veterans must first apply to the VA for approval. Notably, this application begins with a referral from a VA provider, meaning that to access Community Care, veterans must first be able to access VA services.[67] Obtaining approval for Community Care can take several weeks; a report from the Government Accountability Office (GAO) found that the VA could take a maximum of 19 calendar days to process a Community Care application and forward the veteran's information to the appropriate Community Care partner.[68] Furthermore, once a veteran has been approved for Community Care, there are no timeline requirements for that Community Care partner to schedule an appointment.[69] These factors, combined with extended appointment wait times at Oklahoma VA facilities, mean that veterans may wait months before they are able to access health services in a location convenient to them. This extended wait time, along with the requirement of accessing VA services first before later accessing a closer provider, is another barrier to care and may discourage veterans from engaging with supportive services.

Solutions

We have discussed two core issues with veteran mental health in Oklahoma. First, veterans bear a great burden in both their physical and mental health, but are less likely to have these concerns detected. Second, veteran crises situations are likely to be sudden and fatal – this is at-odds with a care system that is often fraught with delays.

The following solutions therefore seek to expand the range of mental health care for veterans while acknowledging the difficulty in accessing this population. Veterans are spread out, difficult to identify, and sometimes reclusive. By tailoring our support systems to their experience, we can create natural points of interaction rather than isolated resources that veterans must themselves come forward to access. Our goal is to engage veterans where they are and add to Oklahoma's robust network of support organizations and grassroots efforts.

Integrated Care and Reducing Mental Health Stigma

The VA currently has a robust integrated care program that allows primary care appointments to also serve as a support network and screening service for mental health concerns. This approach not only expands the scope of VA mental health services, but also helps normalize mental health treatment for veterans–lending additional anti-stigma advantages. However, as illustrated in the analysis of the effective range of VA facilities, these best practices are only accessible to a certain subset of veterans. Veterans who are not engaged with VA services may not receive benefits from integrated care because there is currently no integrated care standard across our state.

As a result, expanding integrated care in Oklahoma clinics has veteran-specific implications, and should be considered a priority by policymakers and clinicians alike. Previous trials have shown the effectiveness of integrated care efforts at improving veteran clinical outcomes and usage of psychotherapeutic health services.[70, 71] These service-expanding benefits can be seen as a result of integrated care's interaction with mental health stigma. Limited trials, for example, have found that patients were more willing to see a psychologist in an integrated primary care setting than at a behavioral health clinic.[72] This effect was stronger in patients with higher degrees of mental health stigma.[73]

Mental health stigma is a topic of particular importance for veterans seeking care. Surveys of active servicemembers have found that mental health stigma is a great barrier to care-seeking behavior. In 2018, the Department of Defense's Survey of Health-Related Behaviors found that of servicemembers that forwent mental health treatment, 40.1% were concerned that seeking mental health care would harm their career, and 35.1% were concerned that members of their unit may have reduced confidence if they sought mental health services.[74] These concerns persist even after service and continue to affect veterans in the community. Integrated care's beneficial interaction with mental health stigma lends itself especially to veteran care.

To consider active next steps, there are already groups dedicated to expanding integrated care models in our state. The University of Oklahoma SBIRT (Screening, Brief Intervention, and Referral to Treatment) Collaborative is a partnership between the University's Anne and Henry Zarrow School of Social Work and four major health Oklahoma systems: INTEGRIS Health, St. Anthony's, OU Medical, and Community Health Centers Incorporated. This program is dedicated to implementing integrated care systems in our state, and also updating best practices as new research

emerges. Expanding partnerships between these clinical groups and both government and community-based veteran support organizations can help expand integrated care practices beyond the VA and better equip integrated primary care clinics to engage veteran patients.

For more information, please read Healthy Minds' full report on integrated care.

Expanded Transition Assistance Programs

A key theme in this report has been the difficulty of retaining veteran engagement once they separate from the military. This is due in part to a lack of programs that follow veterans and continue to support them after their service concludes. If veterans are not or cannot engage with VA services, it becomes difficult to follow their health outcomes, resulting in incomplete data and lost individuals.

One opportunity to keep veterans involved with VA services and other support structures is the federal government's Transition Assistance Program (TAP). TAP is a collaborative federal effort initiated in 2012 that provides online training, in-person events, and other resources meant to aid active service members in their transition to civilian life.[75] TAP initiatives tend to focus on job training and other workplace skill-building activities. Notably, participation in TAP must begin one year prior to the service member's separation or retirement.[76] Service members that miss this window and new veterans who have already separated from the military are therefore ineligible for this program and must rely on other transition resources.

Fortunately, Oklahoma has, and continues to develop, other transition resources for these individuals. Tulsa's Coffee Bunker is an organization dedicated specifically to veteran transition services, offering employment assistance, a peer support network, and a robust array of mental health skill-building coursework that includes critical incident stress management, resiliency training, and moral injury training.[77] Regarding statewide initiatives, the ODVA recently announced a new veteran transition effort called the Oklahoma Veteran Specific Transition and Education Program (OKSTEP).[78] There are also expanding services meeting veterans where they are. The Cohen Veterans Network recently opened its first clinic in Lawton[79], and the Department of Mental Health and Substance Abuse services asked for matching funds to open an additional clinic in the Oklahoma City area.[80]

It is crucial that mental health skills continue to be embedded within these transition programs. In addition, we must make a concerted effort to acknowledge access to service issues, even within non-clinical support structures. Veteran transition support events tend to be localized in urban communities. While this does provide transition support services to high concentrations of the veteran population, we must also find ways to extend these services to rural and remote communities. Using virtual meeting spaces is one step toward greater access, though even this must be actively monitored to ensure that remote access truly increases the intervention's reach

and the diversity of attendees. Partnering with, or establishing connections to, veteran organizations in a wider array of geographic locations would be a great way to increase engagement among rural veterans.

Workplace as Support

As veterans begin the transition to civilian life, the workplace can be an arena for conflict and difficulty. Finding employment can be a challenge due to years spent away from the workforce, and once hired, veterans may face additional challenges. Veterans may face workplace discrimination and negative stereotypes; for example, veterans are often typecast in the workplace as being industrious but cold. Additionally, civilians in the workplace often make presumptions about the effects and prevalence of post-traumatic stress disorder within the veteran population.[81] The clash of a veteran's military-service identity with their new civilian life may also serve as a barrier in the workplace and cause additional stress.[82]

We see the strain that the workplace can put on young veterans (ages 18-34) even within Oklahoma. Notably, from 2004 to 2018, young Oklahoma veterans who died by suicide were 60.4% more likely to have "job problems" implicated in their suicide than their non-veteran peers.[83] This higher rate of "job problems" represented the single highest discrepancy among NVDRS factors for young veteran suicides. This is in spite of the fact that when considering all ages, veteran suicides did not demonstrate higher rates of job problems overall, but in fact demonstrated identical rates to non-veterans (10.0% as compared to 9.9%).[84]

Young veteran suicides are a particular concern for our state. In 2018, Oklahoma had the highest young veteran suicide rate in the nation.[85] This fact, when paired by the significant rate of "job problems" implicated in veteran suicides, demonstrates a clear need – and opportunity – to utilize the workplace as a mental health support structure for veterans.

There are several necessary considerations when approaching this issue. The first is the type of jobs that Oklahoma veterans tend toward. Jobs with a high degree of social isolation may require the most support. In 2021, the top three most common jobs for Oklahoma veterans who died by suicide were truck driver, mechanic, and welder, jobs that tend to have high suicide rates among non-veteran workers as well.[86] Another consideration is the impact of workplace culture on an individual's likelihood of seeking mental health services. For example, a 2021 survey found that only 17% of construction workers reported that they would be willing to discuss mental health issues with their supervisors, and only 18% would be willing to discuss mental health issues with their coworkers.[87] This compares to 51% of general workers expressing willingness to discuss mental health issues with their supervisors or coworkers.[88] With these factors in mind, certain veteran workplaces may pose a greater opportunity than others. Areas of focus should be those with the highest proportion of veterans, and also the highest need for additional conversations about mental health concerns.

Currently, Oklahoma has a few veteran-friendly business initiatives. The ODVA currently recognizes and promotes veteran-owned businesses through the Business & Veterans Entrepreneur Connection.[89] The Oklahoma Quality Jobs Program, administered by the Oklahoma Department of Commerce, offers tax breaks for companies whose new payroll comprises of at least 10% veterans.[90] Expanding on these programs, and including additional incentives or requirements for veteran-friendly workplaces to include a mental health component, may help address the suicide crisis among young veterans. Possible engagement strategies for veteran-friendly workplaces may include mental health skills training similar to the modules offered in transition assistance curriculums, or additional veteran visibility and community initiatives.

By engaging veterans within the workplace, we can help make mental health support an everyday part of veterans' lives. This can promote healthier day-to-day being, while also improving on-ramps to clinical services.

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