

SURVEY ON VA MENTAL HEALTH SERVICES

SUMMER 2010

DBSA Consumer and Family Survey Center

Veteran Views of VA Mental Health Services July 2010

Background

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DBSA has a long history of promoting recovery and peer support within the Department of Veterans Affairs (VA) facilities and at the national level. The organization has maintained a long-time commitment to the Consumer Liaisons Council of the VA's Committee on Care of Veterans with Serious Mental Illnesses (SMI Committee), advising the committee on issues of importance to Veteran consumers. DBSA's peer specialist training curriculum was determined to meet competency standards established by the VA Office of Mental Health Services (OMHS), and the organization regularly serves as a resource and consultant to OMHS. In 2010, DBSA was asked to speak as part of a panel at the annual VA National Mental Health Conference, and to report on "how the VA is doing" in transforming to a recovery-focused system. To prepare for this presentation, DBSA invited Veterans to respond to an online survey posted in the DBSA Survey Center. Survey respondents were asked to provide their views about VA mental health services based only on their personal experiences. Veterans were notified of the survey via e-mails to participants in monthly VA peer support conference calls, and to individual veterans who had participated in DBSA peer support training courses. A link to the survey also appeared on the DBSA home page.

Individuals who identified themselves as Veterans who have experienced mental illness <u>and</u> who receive (or have received) mental health services from a VA facility were invited to participate in the survey. Most respondents were ages 25-54 (43%) or 55-64 (43%); 71% were Male and 29% Female. Racial/ethnic make-up of those completing the survey was 63% White/Caucasian, 17% Black/African-American, 11% Asian/Pacific Islander, 9% American Indian/Alaskan Native, 3% Hispanic/Latino, and 6% Mixed Race or Other. Fifty-one percent served in the military in the Vietnam era, 20% in the Gulf Wars era, and 14% each in the OEF/OIF and Cold War eras. Six percent did not indicate an era of service. (*Respondents were able to identify more than one era if applicable.*) The survey was posted in Summer 2010 and received responses from 36 Veterans.

Results and discussion

Veteran views of their VA providers and services

(Note: the survey defined "VA provider" as the clinical staff member who provides the respondent with mental health services at the VA. If the respondent receives mental health services from more than one individual VA staff member, they were asked to respond with reference to the VA provider who provides you with most of their mental health services.)

Results of the survey demonstrate Veterans' solid belief in the knowledge and abilities of their VA providers. Eighty-three percent agree strongly or somewhat with the statement, "I am confident that my VA provider is knowledgeable about my illness." Eighty percent of respondents believe strongly or somewhat that their VA provider cares about them as individuals, helps them feel hopeful about their



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future, and believes in their strengths and abilities. Somewhat fewer (71%) express confidence that their VA provider can help them with their problems. Sixty percent of respondents believe strongly or somewhat that they are able to get as much mental health treatment at the VA as they need, but 40% feel that their level of need for treatment is not being met there.

Veteran treatment and engagement

This section of the survey examined the role of the Veteran in VA treatment and the partnership between veteran and provider. Sixty-nine percent of Veterans indicate strongly or somewhat strongly that they work closely with their VA provider to develop treatment goals. However, nearly one-third (31%) do not believe that they have that partnership with their providers.

More than half (52%) of respondents indicate that their VA providers do not give them specific things to do between appointments. An even greater number (54%) say strongly or somewhat strongly that their provider does not make them aware of services available outside the VA.

When asked if their treatment plans include goals for both mental and physical health, 60% agreed strongly or somewhat, while 40% disagreed strongly or somewhat.

Veteran involvement in peer support

An overwhelming majority of veterans responding to the survey (89%) believe that the support of other veterans is important to their recovery from mental illness. However, the availability of peer support services (defined in the survey as services delivered by a consumer, another person who has experienced mental illness) at VA facilities varies greatly. Only 54% of respondents are confident or fairly confident that such services are available at the facility where they receive mental health services. Similarly, only 57% stated that they have been offered an opportunity to receive peer support services through the VA.

Fifty-four percent of Veterans responding indicate that they participate or have participated in a peer support group at the VA. Those who do participate or have participated in such a group had widely varying knowledge of the type of individual facilitating the group. One-quarter (26%) stated that a consumer facilitates the group, 11% stated that a VA provider facilitates the group, and 20% of respondents stated that the group is facilitated by a consumer and a VA provider together. The remaining 43% of respondents did not answer this question.

Mental health resources and veteran decision-making at VA facilities

Four questions were asked concerning awareness of key mental health resources and formal veteran involvement in decision-making within VA mental health programs and facilities Almost half (46%) of Veterans responding to the survey believe strongly or somewhat strongly that Veterans do not play an important role in determining what types of mental health services and programs are offered at their VA facility. When asked if there is a Veterans Consumer Council at their VA facility, 40% said Yes, 14% said No, and nearly half (46%) said they were not aware of such a Council.



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Only slightly more than half of Veterans responding (51%) are aware of VA crisis intervention resources and services. By contrast, the great majority of respondents (83%) are aware of suicide prevention resources and services offered by the VA.

Summary and Conclusions

While there are inherent limitations in any open survey that is web-based, the findings of this survey support a number of key themes. Veterans clearly value the knowledge and support of their VA service providers and believe that those providers care about their well-being. Improvement seems indicated in creating and strengthening partnerships between Veterans and their service providers. Responses indicate widely ranging knowledge of available resources and avenues for Veteran decision-making and involvement in their care. This could indicate that either those resources do not exist, or that awareness is low.

Almost all Veterans point to the importance of peer support of other Veterans in their recovery from mental illnesses, yet there is substantial variation in knowledge and availability of such support. Significant numbers of Veterans are unaware of this important recovery tool which has been strongly endorsed in the VA's Uniform Services Handbook for VA Mental Health Services. Nearly half of those Veterans responding do not believe that these services are available to them, and more than 40% have not been offered an opportunity to participate in these services.

In addition to providing important information and promoting understanding of the impact mental illnesses have on Veterans, the results of this and future surveys will be critical in DBSA's work and partnership with both public and private entities that support the health of our nation's Veterans. As more information such as this becomes available, so do the opportunities to improve the lives of those seeking recovery from mental illnesses.

This survey was conducted over the DBSA website and was time-limited. The respondents are self-selecting and generally representative of the population informed of the survey and the population that utilizes DBSA's web resources. These surveys and the results are in the public domain and available for general use with citation and reference to the DBSA Consumer and Family Survey Center, www.DBSAlliance.org/SurveyCenter. Inquiries about this survey should be directed to Lisa Goodale, ACSW, LSW, Vice President of Training at DBSA, LGoodale@DBSAlliance.org.