VA needs to expand access to mental-health care

By Don W. Locke, President, American Counseling Association

With thousands of troops returning from Iraq and Afghanistan, it is not just concerning – but alarming – that the average wait at the Department of Veterans Affairs for treatment for needed mental-health care is 50 days. Men and women who struggle with thoughts of suicide, post-traumatic stress disorder and family crises deserve better.

The types of mental and emotional challenges our veterans face are not new. What is new is that the culture of America has changed regarding mental-health care. Veterans are less reticent about asking for the help they deserve, and there is significantly less stigma attached to receiving that care. We need to see this healthy cultural change echoed at the VA in its staffing and treatment options so that the VA has enough clinicians to handle the current load as well as the crush of servicemen and women who are returning from war zones.

This week the VA announced that it will be adding 1,900 health care providers to its rosters to improve access to its mental-health services. Sadly, its track record in the last few years reveals biases and procedures that get in the way of providing timely treatment.

Six years ago Congress passed the “Veterans Benefits, Healthcare, and Information Technology Act of 2006,” which explicitly recognized licensed professional mental-health counselors (LPCs) within the VA. Following passage of that law, it took the VA nearly four years to establish an occupational standard for LPCs, and adoption of the standard occurred only after the House and Senate VA Committee staff became involved.

Since the standard was adopted, almost no LPCs have been hired, despite the urgent need. The VA’s own inspector general pointed out the need Monday in a report documenting shockingly long waits veterans endure for mental-health treatment. A core problem behind this is that the VA is dangerously understaffed in mental-health care providers, and yet, inexplicably, while the VA recruits, trains and hires psychiatrists, psychologists and social workers, it has so far excluded licensed professional counselors.

Mental health counselors are licensed nationwide under education, training, experience, and examination requirements on par with those of clinical social workers. While the two professions evolved with slightly different perspectives and approaches, both require a master’s degree and thousands of hours of post-master’s experience prior to licensure, and both are prepared to treat the
serious psychological issues that servicemen and women confront when abruptly transitioning to life at home. To exclude LPCs is baffling and frustrating, since these skilled professionals are qualified to do the job not only by their training, but also by the VA’s own occupational standard.

There are 120,000 LPCs in the United States. There are 1,500 current vacancies and 1,600 new positions in mental-health care that need to be filled at the VA. It’s a problem that has a solution. The VA can significantly expand the talent pool of available mental health professionals by hiring LPCs. If this doesn’t happen, Congress should step in. The VA needs to modernize its practices and opinions about mental-health care to do what is best for the patient – provide timely treatment.