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With veteran suicides rising, the VA must improve its mental-health services

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Next month, the Obama administration is due to bring home a "significant" number of troops from Afghanistan. How many will come marching home? Depends on the conditions on the ground in Afghanistan.

Whatever the number, for many, even after they alight in their communities stateside, they're far from home-free.

After surviving enemy attacks, a staggering number of obituaries eulogize veterans who later die at their own hands. The Department of Veterans Affairs crystallized that troubling reality last year. Veterans now represent nearly 20 percent of the nation's estimated 30,000 suicides each year.

The veterans department insists it's trying. VA officials note more than 3,500 additional mental-health professionals have been deployed in recent years. And the VA's using new strategies, like fast-tracking assessments within 24 hours of never-before-evaluated vets who might be "in crisis."

Appropriate steps.

Still, some 18 veterans each day succumb to their psychic pain. Including many who waited for a VA cavalry that was M.I.A. Those numbers provide harrowing evidence that the VA's strategy for winning the mental-health war desperately needs overhauling.

The United States Court of Appeals for the Ninth Circuit last month agreed.

In a 2-1 decision in the case of Veterans for Common Sense v. Eric K. Shinseki — the Secretary of Veterans Affairs — the court sided with the two veterans groups that filed the case (the other was Veterans United for Truth). They argued the VA was buried by an avalanche of troops returning from Iraq and Afghanistan with combat-related emotional or physical injuries. That left the VA to ad-lib.

U.S. statutes grant veterans benefits for health care, and death and disability for service-connected injuries, and the court — regarding these statutory benefits as "property interests" — ruled the VA's "unchecked incompetence" deprived veterans of timely and quality mental-health care and slowed the disability-claims process. This violated their Fifth Amendment right to due process.

Too often timely care isn't the case. A May 2007 Office of the Inspector General report found veterans often faced significant delays in receiving doctor referrals for treatment of PTSD and depression.

The court rightly blasted the VA, declaring systemic reform of the VA's mental-health-care system is in order. "No more veterans should be compelled to agonize or perish while the government fails to perform its obligation," the court concluded.

How that reform might look is unclear. But we hope the VA takes the ruling seriously. It should start by correcting the inexplicable absence of suicide-prevention coordinators at the 800 community-based outpatient clinics that veterans

most frequently use.

It must beef up its less-than-rigorous suicide-screening process. And the VA should remedy the inexcusable lack of follow-up protocols for tracking despairing vets at 70 percent of vets' health facilities.

As the war in Afghanistan nears a decade in duration, the problem isn't just going to go away. Since the VA launched a crisis line four years ago, more than 400,000 calls have poured in.

And while America begins its slow withdrawal in Afghanistan, on the home front the VA must take steps to provide veterans the help they need — and deserve — to help them beat the invisible, relentless enemy that hitched a ride home in their heads.

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