Senate Committee on Veterans' Affairs Field Hearing
Breaking Barriers: Improving Veterans' Mental Health in Louisiana.
August 14, 2025

Chairman Moran, Ranking Member Blumenthal, and Members of the Committee:
Thank you for the opportunity to appear before you today to discuss how we can improve mental health care for veterans in Louisiana and across the country. On behalf of the DAV (Disabled American Veterans) Department of Louisiana, I am honored to offer testimony in support of one of our organization's top legislative priorities for the 119th Congress: eliminating persistent gaps in veterans' mental health care and suicide prevention—particularly for service-disabled veterans in rural, remote, and underserved communities.

Veterans' Mental Health and Suicide Prevention: Persistent Gaps

The Department of Veterans Affairs (VA) has made commendable progress over the past decade in expanding access to mental health services and investing in suicide prevention. Veterans struggling with post-traumatic stress disorder (PTSD), depression, anxiety, military sexual trauma (MST), and substance use disorders have more resources than ever. However, serious gaps remain in both the equity and continuity of that care—especially for women and rural veterans and those veterans affected by MST or intimate partner violence.

According to VA's most recent 2024 National Veteran Suicide Prevention Annual Report, 6,407 veterans died by suicide in 2022. Of those deaths, nearly 74% involved firearms. Veterans are significantly more likely than their civilian peers to use a firearm in a suicide attempt—69.6% more likely for men and 144.4% more likely for women. These data points reinforce a critical truth: we must do more to tailor VA suicide prevention strategies to the known risk factors affecting different segments of the veteran population.

Unfortunately, VA's innovative suicide risk predictor model—designed to flag veterans at elevated risk—originally did not include MST or intimate partner violence, despite robust evidence that both are major contributors to veteran suicide. This omission was addressed in DAV's report *Women Veterans; Journey to Mental Wellness* and VA recently announced that it was updating its model to include these critical risk factors.

Another important issue relates to training. While VA providers receive training on lethal means safety counseling and trauma-informed care, community care providers—who serve a growing portion of VA-referred veterans—are not required to meet the same standard.

Community Care Must Meet VA Standards for Training

VA is increasingly reliant on non-VA, community-based mental health providers, particularly in rural areas like large swaths of Louisiana. However, these providers often lack the same level of training in veteran-specific care, including trauma-informed approaches, suicide prevention, and cultural competence in understanding military-related trauma.

DAV believes it is essential that VA require all community providers to receive training in:

- Suicide prevention, including firearm safety counseling;
- Trauma-informed care, consistent with VA's own clinical protocols; and
- Gender- and trauma-specific care, including MST-sensitive approaches.

Congress could also act to mandate these standards in statute if VA does not amend its community care contracts accordingly.

Meeting Veterans Where They Are

One of the greatest barriers to accessing mental health care in Louisiana is geography. Rural and remote veterans often live far from VAMCs and do not have consistent broadband or cellular access to use VA's telehealth options. In some cases, veterans lack access to transportation altogether. In these situations, telehealth is not a viable substitute for care and is another real barrier for many veterans.

To truly break down these barriers, VA must invest in mobile outreach units capable of delivering in-person mental health care in underserved areas. After Hurricane Katrina, VA deployed mobile medical buses to serve displaced veterans across the state. A similar approach should now be used for behavioral health outreach. We recommend that VA implement quarterly mobile mental health outreach clinics, operated out of the three Louisiana VAMCs in New Orleans, Alexandria, and Shreveport.

This would allow VA to reach veterans where they live, restore trust in the system, and provide consistency in care—especially for veterans who struggle to develop rapport with a rotating cast of clinicians. Trust takes time, and many veterans disengage when forced to repeatedly "start over" with new mental health professionals. Provider retention and continuity of care are essential components of effective mental health treatment.

Gender-Specific and Trauma-Informed Care

DAV's 2023 report, *Women Veterans: The Journey to Mental Wellness*, documents persistent shortcomings in VA's ability to fully address the mental health needs of women veterans. According to VA, one in three women veterans report experiencing MST. Many women do not feel safe or supported in mixed-gender treatment environments. MST survivors should never be placed in group therapy settings designed for combat trauma—they are not the same, and must not be treated as such.

We urge VA and its community partners to expand access to gender-specific mental health programs that acknowledge and accommodate the unique experiences and preferences of MST survivors, including access to female providers and private therapy options where appropriate.

Policy Recommendations

To close the gaps in mental health access and suicide prevention, we respectfully urge the Committee to consider the following actions:

1. Require VA to continually access its suicide risk prediction model to include known risks factors that could help prevent suicide;
2. Mandate that all VA community care mental health providers be trained in suicide prevention, lethal means safety counseling, and trauma-informed care;
3. Fund quarterly mobile mental health outreach clinics to serve rural veterans across Louisiana and other underserved states; and
4. Expand gender-specific mental health programming for women veterans, including those who have experienced MST and/or intimate partner violence.

Conclusion

Improving veterans' mental health care is not just about increasing access—it's about restoring trust, tailoring care, and removing every barrier that prevents a veteran from seeking help. Veterans need to see that their lives matter. They need continuity, cultural competence, and the confidence that the clinicians understand what they've been through.

On behalf of DAV Department of Louisiana and the veterans we serve, thank you for your leadership and continued commitment to this mission. I am happy to answer any questions the committee may have.