Policy Brief
H.R. 6108

from
Association of VA Psychologist Leaders
American Psychological Association

October 18, 2016

Background

On September 21, 2016, H.R. 6108, the "Never Again Act," was introduced. The bill was written in response to a devastating event: Veteran Sgt. Brandon Ketchum shot himself to death after requesting and being denied inpatient psychiatric care at the Iowa City VA Medical Center. The bill is intended to insure that no veteran requesting inpatient psychiatric care at a VA Medical Center is ever turned away. The author states: "The Never Again Act would require that when a veteran enrolled in the VA health care system requests at a VA Medical Center to be admitted for inpatient psychiatric care, the VA must provide that care for the veteran in the psychiatric ward of that Medical Center. If there are not enough beds or providers at that location, the VA must find care for the veteran at a non-VA facility."

The bill's intention is laudable. The VA has the responsibility to provide emergency care when a patient is at elevated risk for self-harm. Providers should be receptive to a Veteran's perspective; disclosure of suicidal thoughts/plans/ intent should be taken seriously.

However, this bill's current language would have severe, unintended negative consequences for suicide prevention efforts and for the VHA in general. We explain those below.

Analysis

- Supporting veterans to seek care when they are suicidal is very important. Collaborative decision-making between clinician and patient should be the norm. The first choice should always be to treat. But **allowing patients to override professionals and have themselves admitted would set a precedent that would upend our system of medical care.**

- It is feasible that all VA **psych beds might fill up** with Vets (e.g. homeless) who would only need to ask to be guaranteed hospital shelter/meals. Non-VA community inpatient beds might fill up too. Veterans who request inpatient care because they are seeking shelter but do not have an urgent psychiatric circumstance should receive services appropriate to their level of need, but not hospitalization.

- Providing psychiatric beds for patients seeking overnight stays who may not be in a true crisis would **decrease bed availability for Veterans with real inpatient psychiatric needs** (and in many cases must be involuntarily admitted). We anticipate that the bill, as written, could lead to more, not less, Veteran suicides.

- By allowing an unlimited number of non-VA inpatient bed-nights to be purchased, the incurred costs would be prohibitive. Inpatient stays are the most expensive care. The bill comes without additional funding, so those costs would be taken from medical center operating budgets, **compromising the ability to provide other mental health and medical care**.

Alternative ideas

- Develop/expand stepped-down care options for Veterans who when assessed are not considered to need inpatient hospitalization. For example:
    - Promote expansion of community social model stabilization units for psychiatric crises. The VA could purchase beds. This is akin to what the VA does for drug detox at social model detox centers. They cost significantly less than inpatient units, are staffed 24/7 and are closely linked to medical settings for intervention when needed.
    - Fund every VA for an Intensive Psychiatric Outpatient Program, staffed all day Mon-Fri.
- Commission a national survey of VA sites to better understand the needs and adequacy of disposition options in local communities.
- Ensure that the number of VA inpatient psych beds and staffing is adequate, as recommended by the local mental health council.

Any Veteran suicide is one too many. Let's continue to improve the system without creating unintended harm.

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