



May 8, 2020

The Honorable Robert Wilkie
Secretary of Veterans Affairs
U.S. Department of Veterans' Affairs
810 Vermont Avenue, NW
Washington, D.C. 20420

Dear Secretary Wilkie:

We write to urge you to develop and implement a comprehensive plan to care for the mental health and well-being of our nation's veterans throughout and following the novel coronavirus (COVID-19) pandemic. The pandemic will likely exacerbate symptoms of existing mental health conditions and create additional need from those who have not previously sought mental health care at the Department of Veterans Affairs (VA). While mental health is mentioned in the March 23rd COVID-19 Response Plan issued by the Veterans Health Administration, this critical issue requires a focused, designated plan.

While it may take years for the full impact of the COVID-19 pandemic on mental health to be thoroughly understood, early research paints a deeply concerning picture. According to a recent poll by the American Psychiatric Association, more than one third of Americans say the pandemic is having a serious impact on their mental health.¹ As you know, roughly one in five veterans already experience mental illness.² The stress, uncertainty, and isolation associated with the pandemic – all risk factors for suicide in a population where an estimated 17 veterans tragically die by suicide a day— will further increase demand for mental health care among our veteran population, necessitating a comprehensive plan to meet that need.³

We were encouraged to hear that in March, VA mental health providers completed more than 34,000 VA Video Connect appointments with veterans, an increase of 70% from the previous month.⁴ In addition to such telehealth services, we urge you to meet the veteran

¹ American Psychiatric Association. "New Poll: COVID-19 Impacting Mental Well-Being: Americans Feeling Anxious, Especially for Loved Ones; Older Adults are Less Anxious." American Psychiatric Association press release, March 25, 2020.

² Improving the Quality of Mental Health Care for Veterans: Lessons from RAND Research. Santa Monica, CA: RAND Corporation, 2019.

³ Department of Veterans Affairs Office of Mental Health and Suicide Prevention, "2019 National Veteran Suicide Prevention Annual Report," https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf (accessed March 21, 2020).

⁴ The American Legion. "Virtual mental healthcare skyrockets amidst COVID-19," *The American Legion* (Washington, D.C.), April 16, 2020.

population where they are. This includes moving peer-led support groups to phone or video conferencing, as has been done with most group counseling; forming additional public-private partnerships and expanding access to existing ones, such as the one that has made Portal video-conferencing available to veterans; and offering mental health counseling to the VA employees facing unprecedented levels of job stress as they work on the frontlines of the outbreak. We acknowledge that not all veterans have internet access and ask that you provide information on VA's plan to leverage the authorities provided under the CARES Act to work with telecommunications companies in subsidizing internet and mobile broadband services for veterans, as well as an assessment of whether conducting mental health appointments via phone meets clinical needs. We urge you to conduct public outreach—the importance of which is recognized by the National Strategy for Preventing Veteran Suicide—focused on reaching veterans experiencing isolation, job stress, financial strain, and other pandemic-related pressures. We also ask that you provide information on any planned compassionate communication programs, such as the “Annie” text messaging system, aimed at connecting with and supporting veterans in their daily lives.

We recommend that a comprehensive plan also prepare for increased use of existing services, by hiring additional mental health care providers and providing these individuals, as well as the professionals who staff the Veterans Crisis Line, with training and support focused on the particular challenges of the current crisis, including managing isolation and grief for lost loved ones. Further, as you know, the suicide surveillance system operations of VA's Center of Excellence for Suicide Prevention provide key analytical support to VA's Suicide Prevention Program. VA must maintain vigilant surveillance of suicides and be prepared to address any spikes that may occur. We ask that you provide information on how the staff and capacity of this system may be impacted by the pandemic and how VA plans to meet these challenges.

The COVID-19 impact on mental health will be long-term, and immediate action as well as a long-term response plan are necessary to combat the mental health implications of this crisis. We look forward to your response and to working with you to ensure you have all the necessary authorities and resources to care for the mental health of our nation's veterans throughout this crisis.

Sincerely,

/s/ RICHARD BLUMENTHAL
United States Senate

/s/ JON TESTER
United States Senate

/s/ ELIZABETH WARREN
United States Senate

/s/ TIM Kaine
United States Senate

/s/ ROBERT P. CASEY, JR.
United States Senate

/s/ KAMALA D. HARRIS
United States Senate

/s/ SHERROD BROWN
United States Senate

/s/ CATHERINE CORTEZ MASTO
United States Senate

/s/ TINA SMITH
United States Senate

/s/ CHARLES E. SCHUMER
United States Senate

/s/ KIRSTEN GILLIBRAND
United States Senate

/s/ DEBBIE STABENOW
United States Senate

/s/ JACK REED
United States Senate

/s/ JACKY ROSEN
United States Senate

/s/ RON WYDEN
United States Senate

/s/ DOUG JONES
United States Senate

/s/ MICHAEL F. BENNET
United States Senate

/s/ CHRIS VAN HOLLEN
United States Senate

/s/ CHRISTOPHER S. MURPHY
United States Senate

/s/ TOM UDALL
United States Senate

/s/ BRIAN SCHATZ
United States Senate

/s/ AMY KLOBUCHAR
United States Senate

/s/ RICHARD J. DURBIN
United States Senate

/s/ MAZIE K. HIRONO
United States Senate