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Statement of the American Psychiatric Association

Presented to the

United States House of Representatives

House Committee on Veterans' Affairs

Subcommittee on Health

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The American Psychiatric Association (APA), the national medical specialty society representing over 36,500 psychiatric physicians and their patients, is pleased to submit this statement for the Subcommittee's hearing that includes legislation designed to establish an informed consent protocol within the Department of Veterans Affairs (VA), as part of an effort to improve the overall clinical care of our nation's veterans.

Nearly two years after the incident surrounding delayed access to mental health services at the Veterans Health Administration (VHA), the matter of ensuring that veterans receive quality and timely care has been a priority for our nation. These issues are receiving considerable attention from Congress, and the APA is hopeful that attention will be translated into action. Towards that end, APA thanks Subcommittee Chairman Benishek and Ranking Member Brownley for holding this hearing.

United States veterans are a multifaceted population requiring a culturally competent approach to medical treatment and care. Veterans experience mental health disorders, substance use disorders, post-traumatic stress, and traumatic brain injury at disproportionate rates compared to their civilian counterparts. Often in combination with military-related diseases, many veterans develop substance use disorders and a large number ultimately complete suicide. Approximately 1.9 million OEF/OIF/OND veterans have become eligible for VHA health care services since 2002.¹ While a relatively small percentage of veterans utilize the health care services offered, the VHA has seen a 63 percent increase in the number of veterans receiving mental health care between 2005 and 2013.² As of March 2015, 57.6% (685,540) of the veterans seeking care at VHA facilities received at least one provisional mental health diagnosis, with the most common conditions being post-traumatic stress disorder, depressive disorders, and other anxiety disorders.¹ Through the expansion of the Choice Program under the Veterans Access, Choice, and Accountability Act of 2014, the VA anticipates the number of veterans seeking mental health services to rise.

¹ U.S. Department of Veterans Affairs. VHA Office of Public Health. Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans. Sept. 2015.

² U.S. Department of Veterans Affairs. Office of Informatics & Analytics. VA Mental Health Services Public Report. Nov. 2014.

The VHA operates the nation's largest integrated health care delivery system, providing care to nearly 6 million veteran patients, and employing more than 270,000 full-time staff. In 2015 the Government Accountability Office audited the VHA, and identified two key barriers to accessing quality and timely care: 1) the lack of scheduled medical appointment slots, and; 2) the acute shortage of physicians. Health care professionals play a central role in ensuring the well-being of our nation's veterans. The providers working with the veteran population must be able to address the patient's particular physical and mental health demands. Physicians, in particular, play a critical role to this distinct population in providing quality care by engaging the patient, being aware of the patients' military history, and recognizing risk factors.

With respect to the vital function of medical professionals at VHA, APA would like to convey a number of items that inadvertently create barriers to accessing mental health services and ensuring high quality care. The APA stands ready to assist the Subcommittee in advancing legislation that improves the overall care our veterans receive, and we ask that the Subcommittee take the following items under close consideration.

The APA believes that any legislative initiative should not segregate mental health from other medical care, such as segregating psychotropic medications as posing certain risks. Psychotropic medications are in a class of pharmaceuticals along with other classes of medications that contain potential adverse effects, including cardiac, hematologic, oncologic, rheumatologic, steroids, as well as most commonly prescribed antibiotics. The APA believes that all providers should have an open dialogue and participate in shared decision making with patients about any pharmacological treatment that may have potential adverse effects to their lifestyle.

The APA understands that the Subcommittee is entertaining the possibility of requiring a physician-patient dialogue concerning the warnings associated with psychotropic medications. The vast increase in the number of new psychopharmacologic agents over the last 20 years has made more therapeutic options available, but has also made treating patients more

complicated. Prescribing practices, inclusive of the concurrent administration of a variety of psychotropic medications, have made the awareness of pharmaceutical interactions key for meeting the treatment needs of each individual patients. To date, the Food and Drug Administration has few indications on combination use with psychotropic drugs. To engage in a physician-patient discussion as entertained by the Subcommittee, the APA believes that the FDA must provide comprehensive data that would allow for informed decisions on complex treatment.

Frequently, veterans will utilize primary care office visits to seek care for mental disorders. In these incidents, antidepressants are more often prescribed by primary care providers than psychiatric physicians. Any additional steps for increased informed consent may unintentionally reduce a primary care provider's receptivity to prescribe psychotropic drugs. Regrettably, the patient will likely not receive the medical treatment needed to aid in their mental wellness.

The APA understands that the Subcommittee is entertaining a new way of measuring standards of care for informed consent for psychotropic drugs. Providers who do not comply with completing the required steps of increased informed consent would be vulnerable to a claim of negligence against them. The APA recommends establishing guidelines that would safeguard providers.

The military culture promotes inner strength and self-reliance, contributing heavily to a stigma associated with mental disorders and to seeking treatment. Where stigma creates barriers to care, the additional measures required may generate unintended consequence of over emphasizing risks to an extent that some patients would view psychotropic drugs as more dangerous and decide not to take them.

The Veterans Health Administration has multiple clinical practice guidelines and evidence-based tools to assist clinicians in identifying risk factors and measures to improve health

outcomes. Physician and patient dialogue is a significant element in a patient's treatment, providing a platform for an informed discussion. The practice of medicine is a serious responsibility that encompasses providing a comprehensive understanding of treatment to the patient. The APA concurs a physician-patient dialogue may positively impact the decision of the patient's treatment. The APA asks that all classes of medications that pose adverse effects be included in the process of increased informed consent. This would eliminate an inherently discriminatory approach to mental health treatment, and further encourage a stigma associated behavior towards mental health services.

Thank you again for the opportunity to offer our expertise on the consideration of establishing an increased level of informed consent for the record. We look forward to continuing our work with members of the Subcommittee. If you have any questions, or if we can be of further assistance, please contact Jeffrey P. Regan, Chief of Department of Government Relations at jregan@psych.org.