



**AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION**  
SERVICES, INC.

**Statement for the Record of**  
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American Psychological Association Services, Inc.  
to the  
U.S. House of Representatives  
Committee On Veterans' Affairs  
Subcommittee on Oversight and Investigations

*Re: "Answering the Call: Examining VA's Mental Health Policies"*  
April 30, 2025

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Chairperson Kiggans, Ranking Member Ramirez, and Distinguished Members of the Committee:

American Psychological Association Services, Inc. (APASI) submits the following statement for the record in advance of the House Veterans Affairs Committee Oversight and Investigations Subcommittee hearing entitled *Answering the Call: Examining VA's Mental Health Policies*. We appreciate the Committee's willingness to examine challenges surrounding the critical delivery of mental health care for our nation's veterans. Demand for VA mental health care has increased steadily over the past twenty years and continues to outpace other care within the VA. Meeting this demand while maintaining the VA's high level of clinical excellence is a priority.

American Psychological Association and its companion organization APA Services, Inc. (APA/APASI) serve as the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as over 173,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science. Psychologists and the profession have a rich history within the VA, serving veterans since World War II. As such, today we would like to address three policy areas important to the delivery of quality mental health care: maintaining clinical excellence and care coordination, protecting veteran privacy and confidentiality, and ensuring adequate mental health provider training and staffing.

**Maintaining Clinical Excellence and Care Coordination**

APASI is grateful that VA Secretary Collins is making preventing veteran suicide a top priority. Over many years, the VA has made tremendous strides in universal suicide prevention risk assessments and required training for providers of care on topics including but not limited to suicide prevention, lethal means safety, military culture, and

military sexual trauma. The demand for mental health care is growing across our entire nation's health care system, also highlighting the unique role and mission within the VA to train much of our nation's healthcare workforce.

Increased investments in veteran suicide prevention have been impactful, and veteran outcomes are improved when interacting with the VA. The 2024 National Veteran Suicide Prevention Annual Report demonstrates the suicide rates for veterans receiving only VA care are 50 percent lower than even those receiving all their care in the community care program. However, one veteran suicide death is one too many and now is not the time to let our foot off the gas on VA investments in mental health staffing, care coordination, and best practices that could be applied everywhere a veteran in crisis might receive care.

As Congress reviews the VA's internal mental health policies, it is important to highlight that the VA continues to provide veterans with a gold standard of care in mental health treatment. Whether leading the way in post-traumatic stress disorder (PTSD) or requiring access to evidence-based psychotherapy, the VA maintains a high bar<sup>1</sup> and consistently outperforms non-VA care in both quality of care and trust among veterans<sup>2, 3</sup>.

Strong internal clinical standards, oversight by the VA Office of Inspector General (VA OIG) and other agencies, and the existence of reporting and compliance mechanisms within the VA all play a role in maintaining exceptional clinical excellence in mental health care. It is worth noting that such high clinical standards and oversight is lacking or nonexistent in VA community care. For example, the mandatory risk assessments and required trainings referenced above are optional in the community. APASI would like to see policies such as adoption of risk assessments and mandatory training applied regardless of site of service for the veteran and agrees with a recent Government Accountability Office report<sup>4</sup> that stronger oversight of community care contracts is necessary to ensure high quality care.

We encourage the Committee to support evidence-based treatments, measurement-based care, and the VA's critical role in care coordination, as each is so important to maintaining the high standards that are at the core of the VA's mental health program. Lessening care coordination and clinical standards does nothing to improve the health of America's veterans. We are concerned, for example, that the recently introduced Veterans' ACCESS Act, H.R. 740, which will allow access to outpatient private treatment without any VA authorization or referral, could adversely impact the quality of care. Care coordination and oversight ensures quality care for veterans. We are also concerned that this bill lessens the current VA facility requirement that mental health

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<sup>1</sup> <https://www.mentalhealth.va.gov/providers/sud/docs/uniformserviceshandbook1160-01.pdf>

<sup>2</sup> <https://news.va.gov/press-room/va-outperform-non-vafacilities-cms-ratings/>

<sup>3</sup> <https://www.va.gov/initiatives/veteran-trust-in-vafacilities/>

<sup>4</sup> <https://www.gao.gov/assets/gao-24-106390.pdf>

residential rehabilitation treatment programs (RRTPs) be accredited by both the Commission on Accreditation of Rehabilitation Facilities (CARF) and The Joint Commission to requiring only one of those accreditations. While improving access to care is critical and community care is a necessary complement to VA direct care, exacting standards for clinical excellence should be applied equally in each setting. Access to “any” care is not necessarily access to “quality” care.

### **Ensuring Veteran Privacy and Confidentiality**

A recent issue of significant concern for us is ensuring veteran privacy and confidentiality when delivering mental health care within the VA. The recent policy change requiring most federal employees to return to the office, including VA psychologists and other mental health care providers, is significantly impacting the delivery of confidential mental and behavioral health services. Many VA facilities lack sufficient private spaces to accommodate the influx of mental health providers who previously worked remotely. This has resulted in providers being asked to conduct sensitive therapy sessions in open office environments, cubicles, or shared spaces that fail to meet basic HIPAA confidentiality and privacy requirements for the delivery of mental health care services.

The VA has long used telehealth to reach isolated, rural, and disabled veterans in need of mental health services and it further expanded access to telehealth services between 2020-2024 which allowed more mental health care providers to deliver care from private home offices. This enabled the VA to expand to meet a growing demand. Unfortunately, the return-to-office mandate undermines access and confidentiality essential to effective mental health care. This needs to be addressed as plans are put into effect. Without ensuring adequate space to absorb the return of mental health providers, those providers face the difficult choice between violating ethical and legal patient confidentiality requirements or suffering disciplinary action for non-compliance with return-to-office mandates.

In light of these serious concerns regarding the timing and implementation of return-to-office mandates and other policies impacting delivery of mental health services, **we encourage the Committee to consider waivers for all mental health providers that would return to a shared space until veteran privacy and access to care concerns are addressed.** Our concerns currently center on several key issues:

- Ethical and practice standards: Both the APA Ethics Code and VA professional standards require that psychotherapy be conducted in private settings that protect patient confidentiality. In many facilities, the current implementation of return-to-office orders without adequate office space availability appears inconsistent with these requirements.
- Patient confidentiality and trust: A strong therapeutic relationship depends on confidentiality. Veterans dealing with sensitive mental health issues require

assurance that their disclosures remain confidential. Conducting therapy in shared spaces fundamentally compromises this trust.

- HIPAA compliance risks: Arrangements in some facilities may violate HIPAA privacy and security requirements if patient information can be overheard in shared spaces. This not only presents individual providers with legal liability and ethics concerns but would also constitute a HIPAA violation by the Veterans Health Administration itself.
- Veteran care impact: These challenges threaten to disrupt ongoing care relationships and may deter veterans from seeking or continuing needed mental health treatment in their preferred setting.
- Workforce retention concerns: Reports indicate that some mental health professionals are considering resignation rather than practicing under conditions they view as unethical and below an acceptable standard of care. This could worsen existing staff shortages in VA mental health services.

Many veterans experience trauma and sensitive mental health conditions. APASI supports long-standing policies that ensure the protection of patient confidentiality and privacy, including adequate physical space within VA facilities to provide private mental health services that prioritize patient needs.

### **Ensuring Adequate Mental Health Provider Training and Staffing**

Finally, APASI continues to be concerned about adequate staffing to serve veterans of today and tomorrow. Psychology is again the number one clinical workforce shortage area within the VA, with 85 of 139 facilities reporting psychology shortages<sup>5</sup>. The demand for mental health care continues to increase both within the VA and throughout our nation's healthcare system. With well over 400,000 new PACT Act Veterans Health Administration (VHA) enrollees, and 754,000 new enrollees overall since August 2022, continued investment into the VA mental health workforce is more important than ever.

The VA provides healthcare training, residencies, and fellowships to more than 120,000 trainees each year in over forty disciplines. Even today, 65 percent of all U.S. psychologists and 70 percent of physicians receive training in the VA. As Congress faces current Administration plans to reduce the size and scope of the VA, we ask that it not lose focus on one of VA's foundational missions dating back nearly 80 years - "To educate for VA and the Nation". Our nation's veterans and every American depends on this critical health care workforce pipeline.

Thank you again for your focus on mental health and the VA policies necessary for quality delivery of care. APASI stands ready to work with the Committee to ensure the best care for veterans.

For more information, contact K. Conwell Smith, APA Deputy Chief for Military and Veteran Policy at [csmith@apa.org](mailto:csmith@apa.org) or (301) 875-8923.

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<sup>5</sup> <https://www.vaoig.gov/sites/default/files/reports/2024-08/vaoig-24-00803-222.pdf>