U.S. Government Accountability Office

VA Health Care: Organization of the Office of Mental Health and Suicide Prevention

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Report to Congressional Committees
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Accessible Version

Why This Matters

Suicide is a persistent public health problem facing all populations, particularly veterans. Veterans suffer a disproportionately higher rate of suicide compared with non-veterans. An average of almost 18 veterans died by suicide each day in 2021—a rate about 72 percent higher than the general adult population.[1] The Department of Veterans Affairs (VA) reported that about 62 percent of the veterans who died by suicide in 2021 had not recently obtained health care through the Veterans Health Administration (VHA). VHA works to build networks of support, communication, and health care across communities in which veterans live and work to help prevent deaths by suicide of veterans who do not obtain care through VA's health system.

Suicide prevention is VA's stated top clinical priority. VHA's Suicide Prevention Program and Veterans Crisis Line (Crisis Hotline)—which we refer to collectively as suicide prevention programs—have the responsibility for overseeing and implementing the department's suicide prevention initiatives.[2] Since establishing these programs in 2007, VHA has moved their organizational placement within its national headquarters, also referred to as the central office, multiple times.

In May 2017, both suicide prevention programs were placed alongside VHA's mental health programs within a newly established program office: the Office of Mental Health and Suicide Prevention (OMHSP). However, in July 2023, VHA approved a number of changes to its organizational structure, including changes to the placement of these suicide prevention programs, that it plans to implement by June 2024.

The Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 includes a provision for us to review VA's management of its mental health and suicide prevention services, including OMHSP's organizational structure.[3] This report answers key questions related to the organization of OMHSP and its suicide prevention programs.

Key Takeaways

- VHA stated that it created OMHSP in 2017 to ensure oversight and management of evidence-based strategies within VHA and the community related to identifying veterans with mental health care needs, identifying veterans in crisis, and decreasing the rate of veteran suicide.
- OMHSP leadership officials identified benefits and challenges related to placing suicide prevention and mental health programs within the same office. For example, OMHSP leadership officials reported that this structure facilitated internal coordination. However, officials responsible for OMHSP's suicide prevention efforts noted that it has given them less autonomy with decision-making, such as decisions about suicide prevention initiatives, which require multiple levels of approval.

- In July 2023, VHA approved a number of changes to its organizational structure that include moving both the Suicide Prevention Program and Crisis Hotline out of OMHSP and into a separate program office. VHA documents indicate that it plans to make this placement change in 2024.

What is VA's overall approach for suicide prevention?

VA's 2018 National Strategy for Preventing Veteran Suicide (National Strategy) states that it takes a public health approach that focuses on reducing deaths by suicide among the greatest number of veterans possible by promoting wellness, building resilience, and preventing suicidal behaviors, among other efforts.[4] This approach includes a combination of (1) clinically-based interventions, such as suicide risk screening for individual patients, and (2) community-based programs and services, such as programs to promote firearm safety to the public to reduce the risk of suicide by firearms. See figure 1.

Figure 1: Department of Veterans Affairs National Strategy for Preventing Veteran Suicide

Source: Department of Veterans Affairs documentation; GAO (illustrations). | GAO-24-106023

[a]"Medical bad news" refers to medical professionals' communication of a negative diagnosis that could have implications for mental health care or suicide.

VA's National Strategy provides a framework for identifying priorities, organizing efforts, and contributing to a national focus on veteran suicide prevention. It also acknowledges that suicide is a complex problem requiring coordinated, evidence-based solutions and a comprehensive public health approach that looks beyond the individual veteran to involve peers, family members, and the community.

Within OMHSP, the Suicide Prevention Program helps to implement VA's National Strategy through the following initiatives:

- **Suicide Prevention 2.0** focuses on implementing clinically-based and community-based interventions with a long-term focus. Clinically-based interventions include medication, psychotherapy (i.e., cognitive behavior therapy), and suicide screening for individuals. Community-based efforts include initiatives such as the Governor's Challenge and the Mayor's Challenge, which was established in partnership with the Substance Abuse and Mental Health Services Administration. These efforts are intended to enhance local and state-wide suicide prevention efforts through policy development and implementation trainings. For example, one state participating in the Governor's Challenge implemented a strategy that encourages organizations to ask "have you served" during suicide risk

screenings, to increase the likelihood of identifying veterans at risk of suicide and to build connections with veterans.

- **Suicide Prevention NOW** implements prevention strategies with a short-term focus. Specifically, the initiative aims to develop and deploy actions that available data on suicide prevention suggest have the potential to be effectively implemented in a short amount of time. Such interventions are focused on five key areas: (1) lethal means safety—including the safe storage of firearms, medications, and other potentially deadly items; (2) suicide prevention in at-risk medical populations; (3) outreach to re-engage prior users of VA health care; (4) suicide prevention program enhancements; and (5) media campaigns.

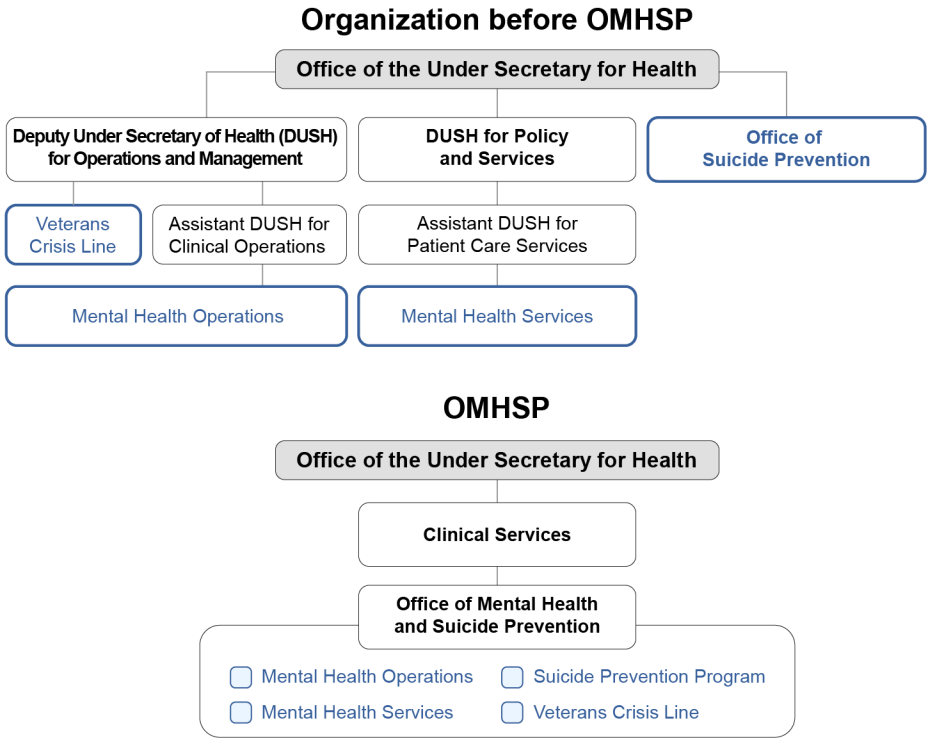
VA's regional networks—known as Veterans Integrated Service Networks—and VA medical facilities play an important role in implementing the department's suicide prevention programs. For example, each regional network is responsible for coordinating and overseeing all administrative and clinical activities of its medical facilities within its geographic region, including activities related to suicide prevention. The medical facilities within each region, such as medical centers and outpatient clinics, provide health care services to veterans. VHA has used suicide prevention coordinators at its medical facilities to support implementation of its suicide prevention programs. VA reported in September 2023 that there were over 850 suicide prevention coordinators and team members at medical facilities across the country.

Why did VHA establish OMHSP, and what does it include?

In a 2017 memo establishing the office, VHA stated that it created OMHSP to ensure oversight and management of evidence-based strategies within VHA and the community related to identifying veterans with mental health care needs, identifying veterans in crisis, and decreasing the rate of veteran suicide. The memo also stated that this organization would facilitate executive leadership engagement in the implementation of, and ensure measurable progress for, all of OMHSP's critical programs.

VHA established OMHSP by combining suicide prevention and mental health programs within a single office. Specifically, it consolidated what was then the Office for Mental Health Operations, the Office for Mental Health Services, the Office of Suicide Prevention, and the Veterans Crisis Line. See figure 2.

Figure 2: Veterans Health Administration's Reorganization to Create the Office of Mental Health and Suicide Prevention (OMHSP) in 2017



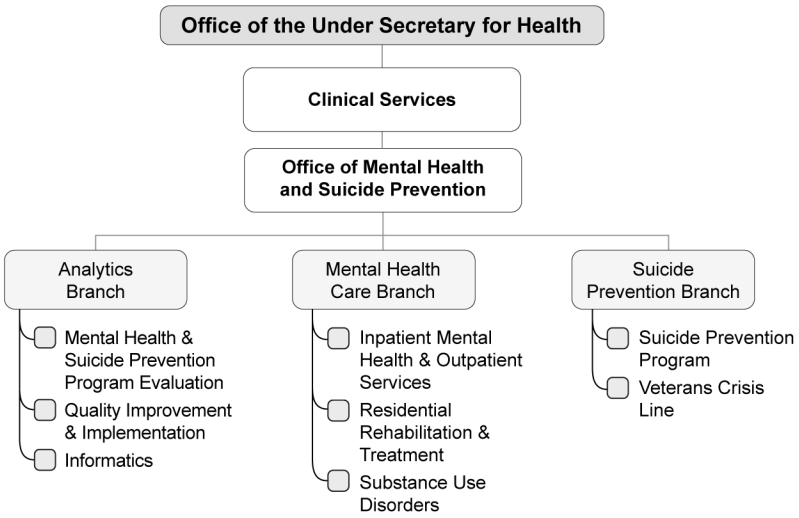
Source: GAO analysis of Veterans Affairs (VA) organizational charts. | GAO-24-106023

Note: The Veterans Health Administration established OMHSP in 2017 by placing its suicide prevention and mental health programs under one office. Specifically, it consolidated what was then the Office for Mental Health Operations, the Office for Mental Health Services, the Office of Suicide Prevention, and the Veterans Crisis Line. These figures provide an overview of the organizational structure of suicide prevention and mental health prior to and at the time of establishing the Office of Mental Health and Suicide Prevention. It does not encompass all components of or positions within the offices.

How is OMHSP organized and staffed?

As of October 2023, OMHSP was generally organized into three branches related to its mental health and suicide prevention responsibilities. See figure 3.

Figure 3: General Organization of the Veterans Health Administration's Office of Mental Health and Suicide Prevention, as of September 2023



Source: GAO analysis of Veterans Affairs (VA) organizational charts. | GAO-24-106023

Note: This figure provides an overview of the organizational structure of the Office of Mental Health and Suicide Prevention and does not encompass all components of or positions within the office, such as legislative implementation and business operations.

OMHSP's three main branches have distinct responsibilities and dedicated staff, as described below.

- **Suicide Prevention** is the largest of the three branches and through its Suicide Prevention Program and Crisis Hotline, it has the primary responsibility for carrying out VA's suicide prevention programs. This branch is led by the Suicide Prevention Director. It was allocated over 2,600 full time equivalent staff as of September 2023. Most of these positions—2,568—were allocated to the Crisis Hotline, which increased its staffing in response to its inclusion in the national 988 suicide hotline, established in 2020.
- **Mental Health Care** is responsible for overseeing VHA's clinical mental health care efforts, including those related to inpatient and outpatient mental health care, residential care, substance use disorders, and women and family services, among others. The branch is led by the Continuum of Care & General Mental Health Director. It was allocated 31.5 full time equivalent employees as of September 2023.
- **Analytics** is responsible for carrying out VHA's mental health care program evaluation efforts. This includes managing three program evaluation centers that oversee analytics and dashboards used by the regional offices and VA medical facilities, according to the branch's director. Led by the Director of Analytics, Innovations, and Collaborations, the branch is also responsible for ensuring VA regional offices and medical facilities collaborate to implement OMHSP's mental health and suicide prevention policies. The branch was allocated 118.5 full time equivalent employees as of September 2023.

Directors of each branch report to the Executive Director of OMHSP, who is responsible for developing national policy and procedures for suicide prevention, among other things. The directors of each branch also belong to OMHSP's Executive Leadership Team, which is responsible for overseeing the office's programs, setting strategic direction, and deciding on resource allocations. The team is chaired by OMHSP's Executive Director and is comprised of the Deputy Executive Director, each of the branch directors, and several other OMHSP employees. While the Executive Leadership Team discusses whether to take a particular action, such as elevating specific safety concerns related to the new electronic health record system, final decisions are made by the Executive Director and Deputy Executive Director.

What are reported benefits and challenges of including suicide prevention programs within OMHSP?

OMHSP leadership officials we interviewed identified various benefits and challenges related to having suicide prevention programs within the office.

Benefits. OMHSP's Executive Director cited improvements in coordination with the regional and local levels as well as within OMHSP. In particular, having this organization at the central office level facilitated general coordination with mental health and suicide prevention staff at the regional level in VHA's network offices. It similarly facilitated coordination at the local level in VHA's medical facilities, where mental health and suicide prevention staff typically work in collaboration with one another. For example, OMHSP leadership officials told us that, prior to the establishment of OMHSP, VHA's regional offices and local facilities received multiple, uncoordinated communications from central office regarding mental health and suicide prevention. However, since the establishment of OMHSP, regional offices and local facilities receive unified communications about these issues.

OMHSP leadership officials also noted that their organization enhanced efficiency for internal coordination that is needed for policy development and to

implement requirements in new legislation related to mental health and suicide prevention. For example, the STRONG Veterans Act of 2022 includes requirements for OMHSP to develop and disseminate mental health and suicide prevention outreach plans for all tribes and urban Indian health organizations to the director of the medical center, as well as establish pilot programs related to the Crisis Hotline.[5] Each of these efforts will require action and coordination across OMHSP's branches, according to OMHSP officials, which will be facilitated by them being in the same office.

Challenges. Suicide Prevention Branch officials reported challenges related to the office's public health suicide prevention efforts. Officials explained that having suicide prevention within OMHSP—a more clinically-focused office—could foster an erroneous perception that suicide prevention is solely a mental health issue that is to be addressed through clinical efforts.

For example, OMHSP officials said that the Suicide Prevention Branch requested its own website within VA.gov to provide key information on VA's suicide prevention efforts, including information on their clinical and community-based strategic initiatives. These OMHSP officials told us that they met with officials from the Suicide Prevention Branch, mental health communications, and executive leadership to discuss the benefits and risks of creating a standalone website for suicide prevention efforts. According to the OMHSP officials, their leadership engaged subject matter experts, including communication specialists, to ensure the benefits of a standalone website outweighed any risks and that any unintended consequences were discussed and mitigated.

OMHSP officials explained that they were concerned that creating a separate website for suicide prevention could convey the idea that veterans would need to enroll in a separate suicide prevention program to receive clinical services through the VA, rather than receive them at local VA medical facilities. Conversely, Suicide Prevention Branch leadership said that having suicide prevention embedded in a mental health-focused website could mistakenly convey that suicide prevention is solely a mental health issue even though the department's public health approach goes beyond a clinical, mental health focus. OMHSP officials said they had reached an agreement regarding a scaled-down version of the proposed website that would be integrated into the broader mental health-focused website.

Suicide Prevention Branch officials stated that their placement within OMHSP has also given them less autonomy with decision-making, which requires multiple levels of approval. Officials explained that this can also result in inefficiencies when coordinating with other program offices. These officials noted that being a standalone office like VHA's Homeless Program Office could facilitate more efficient internal coordination needed for developing and implementing prevention efforts because they would not need OMHSP leadership's approval. Officials from the Homeless Program Office agreed that their organizational structure has been key in providing them autonomy and independence in fulfilling their mission. In particular, being a standalone office within VHA allows them to easily coordinate with other program offices, including OMHSP, when appropriate as well as make decisions without having to go through multiple layers of approval.

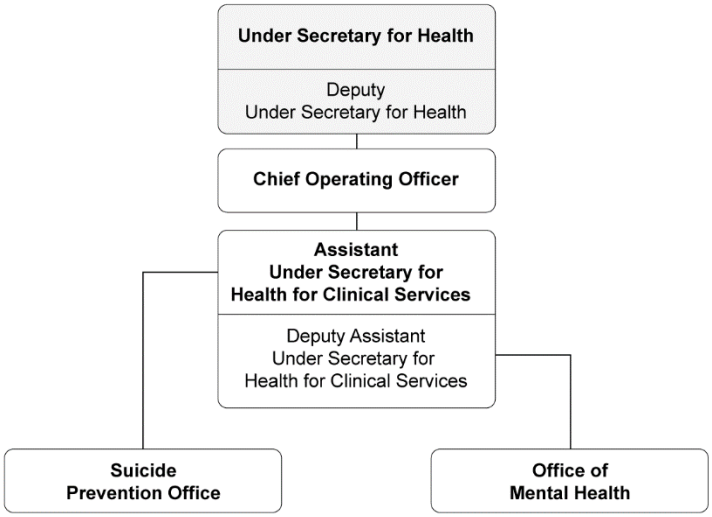
What is VHA's optimization effort, and how does it affect suicide prevention programs?

VHA's optimization effort is an organizational realignment of various components comprising its central office. The effort is intended to address duplication and fragmentation of efforts that may contribute to inefficiencies so that VHA can achieve the best outcomes for veterans, according to VHA documents. In July 2023, VHA approved a number of changes to its organizational structure that

were identified in the optimization effort, which include moving its suicide prevention programs.

Specifically, under VHA's organizational realignment, the Suicide Prevention Program and Crisis Hotline will become a single program office reporting directly to VHA's Office for Clinical Services through the Assistant Under Secretary for Health for Clinical Services. VHA's optimization will also create a single program office for the mental health programs that are part of OMHSP. This program office will report directly to VHA's Office for Clinical Services through the Deputy Assistant Under Secretary for Health for Clinical Services. See figure 4. According to VHA planning documents, these changes will be implemented in 2024.

Figure 4: Overview of the Future Placement of Veterans Health Administration's Suicide Prevention and Mental Health Programs, To Be Implemented in 2024



Source: GAO analysis of Veterans Affairs (VA) documentation. | GAO-24-106023

VHA based its decision on a functional assessment it conducted in 2023 to determine the most appropriate organizational placement for suicide prevention. VHA officials told us they conducted this assessment as part of VHA's ongoing evaluation of its programs and in response to feedback from congressional and other external stakeholders, including draft legislation that would require VA to conduct such an assessment, if enacted.[6] According to VHA documents, the assessment considered placing suicide prevention programs within various levels of the organization, including keeping it within VHA's Office for Clinical Services, moving it to the Office of the Under Secretary for Health, or moving it into the Office of the Secretary for VA.

What are potential benefits and challenges of changing the organizational placement of suicide prevention programs?

VHA identified several benefits and challenges of moving its suicide prevention programs to become a separate program office within VHA's Office for Clinical Services.

Benefits. VHA's assessment noted several benefits related to having its suicide prevention programs reporting to the Assistant Under Secretary for Health for Clinical Services. These include maintaining integration between suicide prevention and other clinical services, providing a direct line with local health care delivery, and maintaining responsibilities associated with inquiries from the media, Congress, and the White House. VHA officials elaborated that 50 percent of veterans lost to suicide accessed mental health care and 40 percent had seen their primary care provider in the past year. As such, maintaining integration

between suicide prevention and other key clinical services is important, as it allows for easier integration of administrative functions at the central office level and of patient care and treatment plans at the local level.

VHA and Suicide Prevention Branch officials noted additional, anticipated benefits for this organizational change. For instance, officials cited the importance of having suicide prevention leadership reporting directly to the Assistant Under Secretary for Health for Clinical Services, given the priority of suicide prevention within the department. The officials said that elevating suicide prevention to a single program office conveys that suicide prevention is a cross-cutting issue affecting clinical services and community-based efforts beyond mental health. Further, officials told us that they hope this move will facilitate greater coordination with other program offices doing related clinical and community-based work, such as the Primary Care and Homeless Program Offices, as well as provide greater autonomy when making decisions.

Challenges. VHA's assessment stated that placing the newly created Office of Suicide Prevention within VHA's Office for Clinical Services could promote the misconception that suicide prevention is only a clinical issue, which does not reflect VA's National Strategy that is based on both clinical and community-based aspects of prevention. The assessment also noted that this change would be inconsistent with how other federal agencies organize their suicide prevention efforts. For example, the Department of Defense organizes its clinical and non-clinical suicide prevention efforts separately in different offices with distinct chains of command within the department's headquarters. However, VHA's Suicide Program Director explained that their clinical and community-based suicide prevention efforts are often integrated and did not believe they should be split between separate offices. VHA officials also noted that the reorganization could pose logistical and administrative challenges due to the size of the change, which will affect about 2,000 Suicide Program Branch employees.

What are potential considerations for VHA as it makes organizational changes?

In our prior work, we have developed five key criteria for evaluating organizational placement that VHA could consider as it proceeds with its organizational realignment.[7] See table 1. While VHA assessed anticipated benefits and challenges related to its realignment, it will also be important for VHA to determine whether this structure achieves the benefits it has anticipated and addresses anticipated, as well as any unanticipated, challenges or risks.[8] Using criteria such as these to assess the organizational placement of the newly created Suicide Prevention Office could help VHA to ensure that the office's placement best facilitates its ability to execute its responsibilities and work effectively to help prevent veteran suicides.

Table 1. Key GAO Criteria to Evaluate Organizational Placement

Key Criteria	Definition
Mission, goals, and objectives	A program's ability to function well is dependent upon having a clear mission, goals, and objectives. Agency strategic plans, such as VA's National Strategy for Suicide Prevention, usually describe the mission, goals, and objectives covering the major functions and operations of a program.
Responsibilities	A program needs to have clear responsibilities and the capacity to execute them. Responsibilities generally stem from the objectives outlined in strategic plans and can take various forms, such as agency directives.

Organizational culture	Organizational culture includes the underlying beliefs, values, attitudes, and expectations that influence behaviors of agency employees. Having a cohesive culture is critical to organizational success.
Information sharing and coordination	A program's ability to share information with other agencies or programs to meet established mission, goals, and objectives is critical to its successful operation.
Mission support	A program will need effective mission support, which includes training, financial management, human capital, and information technology to support the program in fulfilling its mission.

Source: GAO-19-122. | GAO-24-106023

Agency Comments

We provided a draft of this report to VA for review and comment. VA provided technical comments, which we incorporated as appropriate.

How GAO Did This Study

To examine OMHSP's organizational structure, we reviewed documentation that describes how the office was established and organized as well as its roles and responsibilities within VHA. Specifically, we reviewed VHA's 2017 memo that established the office, organizational charts for the office from 2017 through 2022, and VA's Functional Organizational Manual for 2021 that outlines the organizational structure, missions, functions and tasks of the office. We also reviewed documentation that identified the placement of suicide prevention programs between 2007 and 2016, including organizational charts. We also interviewed OMHSP leadership officials about the organizational structure; efforts to integrate suicide prevention and mental health efforts; and how OMHSP has evolved since it was established. These officials included the office's Executive Director, Deputy Director, and directors of its branches, including suicide prevention, mental health, and analytics.

To examine the placement of the Suicide Prevention Program and Crisis Hotline within OMHSP, we reviewed documents that describe responsibilities and key aspects of the programs, including VA's National Strategy for Preventing Veteran's Suicide and relevant VHA policy and guidance. We also interviewed VHA and OMHSP officials—including executive and branch leadership—about any benefits or challenges of including the Suicide Prevention Program and Crisis Hotline within OMHSP as well as any efforts to assess their organizational placement.

We also interviewed officials from another program office within VHA's Office for Clinical Services, the Homeless Program Office, to get their perspectives on how organizational placement affects their ability to carry out their responsibilities. In addition, we reviewed documentation related to VHA's efforts to make a number of organizational changes through its optimization effort—including a change to the organizational placement of the Suicide Prevention Program and Crisis Hotline. Specifically, we reviewed a July 2023 memo approving these organizational changes, a functional assessment conducted by VHA when determining what changes should be made, and an implementation plan. Lastly, we spoke with and received written responses from VHA officials about these organizational changes and the effect on suicide prevention.

We identified federal standards for internal control that were relevant for this review.[9] Specifically, within the control environment component, we identified related principles that (1) management should establish an organizational

structure to achieve the agency's objectives and (2) an effective management practice for attaining an organizational structure to achieve the agency's objectives includes periodically evaluating the organizational structure to ensure that it meets its objectives and have adapted to changes. We also identified key criteria developed in prior work that could be followed when considering organizational placement options.[10]

We conducted this performance audit from April 2022 to February 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our objectives.

List of Addressees

The Honorable Jon Tester
Chairman
The Honorable Jerry Moran
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The Honorable Mike Bost
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Endnotes

[1]The rate for veterans was about 71.8 percent higher than for the general adult population after accounting for differences in the demographic characteristics of veterans and non-veterans. See

U.S. Department of Veterans Affairs, *2023 National Veterans Suicide Prevention Annual Report* (Washington, D.C.: November 2023).

[2]VHA's Crisis Hotline is a national toll-free number that supports veterans in emotional crisis. Veterans, as well as their family and friends, can access the Crisis Hotline by calling the National Suicide Prevention number (988) and pressing "1" to be connected with a responder. The Crisis Hotline is also accessible through online chat or text message.

[3]Pub. L. No. 116-171, § 403, 134 Stat. 778, 810 (2020).

[4]VA's National Strategy document provides a framework for identifying priorities, organizing efforts, and contributing to a national focus on veteran suicide prevention. See Department of Veterans Affairs, *National Strategy for Preventing Veteran Suicide 2018-2028* (Washington, D.C.: June 29, 2018).

[5]Pub. L. No. 117-328, div. V, §§ 101, 221, 136 Stat. 4459, 5498, 5503 (2022).

[6]See Not Just a Number Act, H.R. 4157, 118th Cong. § 5 (2023) and Not Just a Number Act, S. 928, 118th Cong. § 5 (2023).

[7]GAO, *Federal Protective Service: DHS Should Take Additional Steps to Evaluate Organizational Placement,* GAO-19-122 (Washington, D.C.: Jan. 8, 2019).

[8]This would be consistent with federal standards for internal control, which state that management should establish an organizational structure to achieve the agency's objectives and periodically evaluate the organizational structure to ensure that it meets its objectives and has adapted to changes. See GAO, *Standards for Internal Control in the Federal Government,* GAO-14-704G (Washington, D.C.: Sept. 10, 2014). Internal control is a process effected by an entity's management, oversight body, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

[9]GAO-14-704G.

[10]GAO-19-122.