



## **Policy Proposal: Veterans' Mental Health**

*Published: May 9, 2026*

***The mental and physical toll of military service does not end upon discharge. Many veterans suffer from PTSD, TBIs, and other acute mental/brain health conditions; all too often they suffer without adequate treatment. Our former servicemembers were willing to give their all to protect America – it's time America gives them the care they deserve.***

***Suicide is – tragically – the most extreme expression of untreated/insufficiently treated mental health conditions. Do veterans exhibit unique suicidal tendencies?***

Unambiguously so. An estimated 17.5-44 veterans die of suicide *each day* – making them twice as likely to die by suicide as their civilian peers. Suicide is the second leading cause of death among veterans under the age of 45.

Far from getting better, suicide rates among veterans aged 18-34 have more than doubled since 2001. In all that means 155,000 veterans have died by suicide this century. That's significantly higher than the total number of American service members killed in World War I.

***How do we care for veterans with mental health treatment needs today?***

Almost 2.5 million veterans use VA mental health services.

About 70% of veterans receiving VA treatment are prescribed psychiatric medications. Almost 50% of veterans suffering from PTSD are prescribed multiple psychiatric medications at once (aka "combat cocktails"). Those rates are substantially higher than prescription rates in the general population.

Psychiatric medications undoubtedly can have positive life-changing effects, but they also come with dangerous potential side-effects – including suicidal ideation – so they must be prescribed judiciously and patients must be carefully monitored.



The same is true for other medications. Pain medication, for example, serves a legitimate purpose but can also lead to opioid addictions; opioid-dependent veterans are 90% more likely to commit suicide.

***How can we improve care, both today and looking ahead?***

First, we need to ensure mental health treatments are as broadly available as possible – they reduce suicide rates in veterans by 40%. In 2022, 54% of veteran suicide victims had no contact with the Veterans Health Administration in the five years preceding their death.

The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program is an excellent example of what expansion can look like, providing support for programs doing proactive outreach to at-risk veterans, conducting education programs on suicide risk/prevention, and offering nontraditional/innovative care; this grant program should be permanently authorized by Congress.

We also need to make sure specialized care is available for those who require it – for example, veterans who have experienced sexual trauma have a 75% higher rate of suicide (1 in 3 women veterans report experiencing military sexual harassment or military sexual trauma). The rate of suicide for members of the LGBTQ+ community is up to 7x higher than for non-LGBTQ+ veterans. Up to 31% of veterans in specific branches develop PTSD upon return from combat.

We should do a better job informing veterans of the benefits and risks of medications before prescribing them so they can make informed decisions on whether to begin usage.

Long-term, we need to fund a whole lot more research.

That includes researching alternative therapies – studies to-date, for example, have shown a 67% success rate in reducing PTSD symptoms using MDMA alongside talk therapy.

We know that Chronic Brain Encephalopathy (CBE) – made infamous by athletes who have died by suicide – leads to higher suicide rates among vulnerable veterans (e.g., artillery crew). Right now though we can only diagnose CBE post-mortem.



There's also much we still don't understand about the interplay of conditions like PTSD and traumatic brain injury (TBI), in part because getting comprehensive, coordinated care for veterans suffering multiple brain/mental health conditions can be difficult, leading to critical lapses in care and information gathering.

Last, we need to continue to invest in helping veterans get and stay on their feet when they return home. Almost half of veterans with combat experience say their transition home was significantly more difficult than expected. More than half of civilian employers have no veteran-specific onboarding and more than 80% have no veteran dedicated recruiting efforts. About one-third of veterans report difficulty paying bills in the period right after their service. All of these factors invariably contribute to the mental health and suicide crises impacting our veteran community.

### ***How can Congress help?***

There are several bills pending in the House of Representatives that should be passed immediately.

The Innovative Therapies Centers of Excellence Act of 2025 would allow the VA to create Centers of Excellence designed to research new treatments for PTSD and related conditions, which would then be used to inform future care.

The Blast Overpressure Research and Mitigation Task Force Act would improve VA/DoD coordination for veterans experiencing PTSD/TBI/related conditions as a result of blast exposure.

The Written Informed Consent Act would expand consent requirements for veterans being prescribed long-term psychiatric medications.

The Veteran Suicide Prevention Act would include a review of veteran suicides and the role prescriptions/medication management may have played.

Additional bills in the Senate – e.g., the Precision Brain Health Research Act (researching how military brain injuries affect suicide) and the Freedom to Heal Act (improving access to alternative therapies) – are equally desirable.



***Losing servicemembers is tragic. Losing veterans is tragically avoidable. In Congress, I would proudly cosponsor pending and new legislation targeting the veteran suicide and mental health crises. As a nation there's no end to the lengths we'll go to put the newest innovations in weaponry in the hands of our military members. We need to exert the same effort toward innovating mental and brain health for veterans once they've put down their weapons.***



Sources include:

- <https://www.legion.org/advocacy/legislative/legislative-priorities>
- <https://vfw-org-hqagarhxahbybyd9.z01.azurefd.net/-/media/VFWSite/Files/Advocacy/2026NLSTalkingPoints-Brain-Health.pdf?la=en&v=1&d=20260218T213131Z>
- <https://vfw-org-hqagarhxahbybyd9.z01.azurefd.net/-/media/VFWSite/Files/Advocacy/2026NLSTalkingPoints-Informed-Consent.pdf?la=en&v=1&d=20260218T213131Z>
- <https://www.mentalhealth.va.gov/ssgfox-grants/>
- <https://stopsoldiersuicide.org/vet-stats>
- <https://www.rand.org/pubs/perspectives/PEA1363-1-v2.html>