



VA HEALTH CARE

Opportunities Exist to Further Meet Student Veterans' Mental Health Needs

Accessible Version

Report to Congressional Committees

February 2024

GAO-24-106620

United States Government Accountability Office

GAO Highlights

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Highlights of [GAO-24-106620](#), a report to congressional committees

February 2024

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Opportunities Exist to Further Meet Student Veterans' Mental Health Needs

Why GAO Did This Study

Mental health conditions have been a persistent and growing issue for the nation's veterans. Research suggests that student veterans—those pursuing a course of education using VA's educational assistance benefits—are more likely to experience anxiety, stress, depression, and suicidal ideation than their nonveteran peers.

The Support the Resiliency of Our Nation's Great Veterans Act of 2022 includes a provision for GAO to study the mental health needs of student veterans. Among other objectives, this report (1) describes what available VA data show on the use of mental health care by student veterans and (2) examines VA efforts to address the mental health needs of student veterans through its Veterans Integration to Academic Leadership program.

GAO reviewed VA documentation and data for fiscal years 2017-2022 (the most recent available) on mental health care use and diagnoses and conducted a literature search. GAO also interviewed officials from VA and a non-generalizable selection of three veterans service organizations, as well as 12 student veterans identified by one of the veterans service organizations.

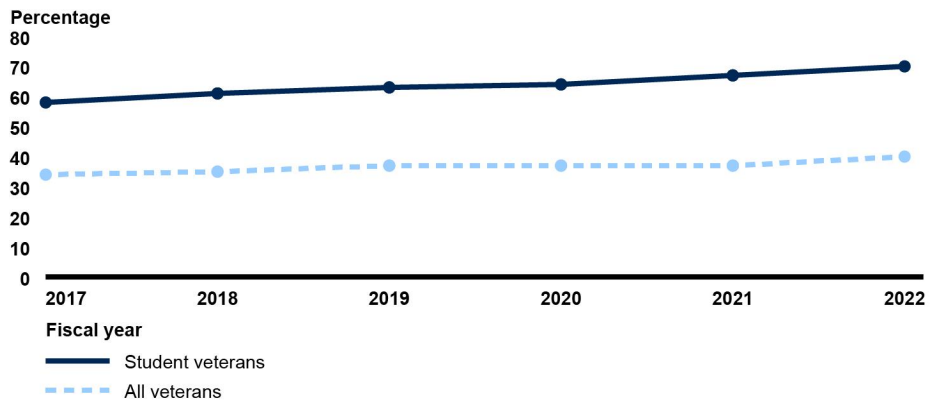
What GAO Recommends

GAO is making one recommendation to VA to communicate comprehensive information on when and how to implement a Veterans Integration to Academic Leadership program across its health care systems on a regular basis, such as by distributing guidance. VA concurred with GAO's recommendation.

What GAO Found

The Department of Veterans Affairs (VA) provides health care to veterans for mental health conditions, such as depression and substance use disorders. VA data showed that the percentage of student veterans who received mental health care at VA facilities increased from fiscal years 2017 through 2022, and at a higher rate than that of the total veteran population. (See figure.) VA data show student veterans were primarily treated for depression-related disorders, post-traumatic stress disorder, and anxiety-related disorders. VA officials said younger veterans typically seek mental health care more than older veterans, and most student veterans are younger than age 34. Further, the COVID-19 pandemic exacerbated mental health conditions for the general population, including for veterans.

Comparison of Student Veterans and All Veterans Receiving Mental Health Care at VA Facilities, Fiscal Years 2017 through 2022



Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

Accessible data table for Comparison of Student Veterans and All Veterans Receiving Mental Health Care at VA Facilities, Fiscal Years 2017 through 2022

Year	Student Veterans	All Veterans
2017	58	34
2018	61	35
2019	63	37
2020	64	37
2021	67	37
2022	70	40

Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

Note: The percentages reflect student veterans and all veterans receiving mental health care (i.e., at least one visit for any mental health diagnosis), among student veterans and all veterans who received any health care at VA facilities, respectively. In fiscal year 2022, 261,000 student veterans and 5,966,000 veterans in total received health care at VA facilities.

VA administers the Veterans Integration to Academic Leadership program to support the mental health needs of student veterans. Under this voluntary program, VA health care systems—including medical centers and other facilities—can partner with local colleges and universities to provide campus-based mental health support to student veterans. As of October 2023, 32 of 139 health care systems have such programs. However, GAO found VA does not communicate comprehensive information to its health care systems to help them consider when and how to implement programs, such as the types of staffing needed. Instead, VA communicates information about the program upon request. By more regularly communicating comprehensive information across its health care systems, such as through guidance, VA could help ensure its systems all have the information they need to consider participating in the program. This, in turn, would help ensure VA's ability to support the mental health needs of its student veteran population.

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Abbreviations

VA	Department of Veterans Affairs
VHA	Veterans Health Administration

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February 15, 2024

The Honorable Jon Tester
Chairman
The Honorable Jerry Moran
Ranking Member
Committee on Veterans' Affairs
United States Senate

The Honorable Mike Bost
Chairman
The Honorable Mark Takano
Ranking Member
Committee on Veterans' Affairs
House of Representatives

Mental health conditions have been a persistent and growing issue for our nation's veterans.¹ From 2006 through 2023, the number of veterans who received mental health care from the Veterans Health Administration (VHA) more than doubled, according to VHA officials. In 2021, the prevalence of mental illness was highest among veterans aged 18 to 49, with a rate of about 33 percent, compared to 11 percent for veterans aged 50 and older. Further, according to the Department of Veterans Affairs (VA), veterans under the age of 34 and those transitioning from active-duty military to civilian life, are at an elevated risk of suicide.

Student veterans—those pursuing a course of education using VA's educational assistance benefits—often attend institutions of higher learning soon after transitioning from active-duty military to civilian life. According to VA data, there were just over 577,000 student veterans in fiscal year 2022. About 63 percent of these veterans were under the age of 34, corresponding to those with higher rates of mental health conditions and an increased risk of suicide. Research suggests that student veterans face unique challenges in pursuing an education after serving in the military and experience lower grade point averages and

¹For the purposes of our report, mental health conditions include various conditions such as anxiety-related disorders, depression-related disorders, and post-traumatic stress disorder, as well as substance use disorders such as alcohol use disorder.

less social support than their nonveteran peers. They are also more likely to suffer from anxiety, stress, depression, and suicidal ideation.²

Recognizing the mental health needs of veterans, VA's Fiscal Years 2022-28 Strategic Plan includes a goal to ensure improved outcomes, including mental health and suicide prevention, for service members that are transitioning out of service to civilian life.³ According to VHA officials, VHA supports the mental health needs of veterans through VHA's mental health continuum of care encompassing inpatient, outpatient, and residential care at VA medical centers and community-based outpatient clinics. In addition, to specifically support the mental health needs of student veterans, VHA established its Veterans Integration to Academic Leadership program—referred to as VHA's academic integration program. This program focuses on connecting veterans to appropriate services on campus and within VA, such as outpatient mental health care, and provides some mental health services to veterans on campus, among other things.

The Support the Resiliency of Our Nation's Great Veterans Act of 2022 (STRONG Act), included a provision for us to study the mental health needs of veterans pursuing a course of education using certain covered educational assistance benefits and VHA efforts to address these needs.⁴ In this report we

1. describe what available VA data show on the use of mental health care by student veterans,

²For example, see N. Niv, and L. Bennett, "Veterans' Mental Health in Higher Education Settings: Services and Clinician Education Needs," *Psychiatric Services*, vol. 68, no. 6 (2017), 636-639; M. Valenstein, et al., "A Nationally Representative Sample of Veteran and Matched Non-Veteran College Students: Mental Health Symptom, Suicidal Ideation, and Mental Health Treatment," *Journal of American College Health*, vol. 70, no. 2 (2022), 436-445.

³Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan*. (Apr. 18, 2022).

⁴Pub. L. No. 117-328, Div. V, tit. IV, § 402(b), 136 Stat. 4459, 5511 (2022). For the purposes of this report, we use the term student veteran to refer to veterans receiving educational assistance benefits to attend institutions of higher learning. These programs included the 1) Post 9/11 GI Bill; 2) Montgomery GI Bill-Active Duty; 3) Veteran Readiness and Employment Program; 4) Montgomery GI Bill-Selected Reserve; 5) Veteran Employment Through Technology Education Course; 6) Post-Vietnam Era Veterans Educational Assistance Program; 7) Reserve Educational Assistance Program; and the 8) Veteran Rapid Retraining Assistance Program.

2. describe challenges student veterans can face that may affect their mental health, and
3. examine VHA efforts to address the mental health needs of student veterans through its academic integration program.

To describe what available VA data show on the use of mental health care by student veterans, we obtained data on veterans' use of mental health care provided through VA and its community care program, and at Vet Centers, and data on veterans' diagnoses, when applicable, for fiscal years 2017 through 2022 (the most recent data available at the time of our review).⁵ We disaggregated and analyzed these data by student veteran status to examine any differences for student veterans compared to the total veteran population. See appendix I for additional details on the methodology we employed in analyzing these data.

To describe challenges student veterans can face that may affect their mental health, we conducted a literature search on the mental health needs of student veterans. Our search included various terms such as "student veterans" and "mental health" and covered sources published from 2013 through 2023—the most recent ten years at the time of our review. Sources we identified included scholarly and peer reviewed articles, conference papers, and book chapters, among others. We identified and reviewed a total of 52 sources that were relevant and applicable to our report. See appendix I for additional details on our literature search and review.

To examine VHA efforts to address the mental health needs of student veterans through its academic integration program, we reviewed VHA documentation including memorandums and other policy documents for the program.⁶ We obtained and analyzed data from VA's GI Bill Comparison Tool and data VHA collects on the number and location of

⁵To meet the needs of the veterans it serves, VA is authorized to pay for care in the community for eligible veterans. As required by the VA MISSION Act of 2018, VA implemented the Veterans Community Care Program in June 2019, consolidating many of VA's existing community care programs into a permanent program. See Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395 (2018) (codified, as amended, at 38 U.S.C. § 1703). Our analysis includes only those student veterans using mental health care through VA and the community care program, and at Vet Centers. Additionally, our analysis of student veterans using mental health care through VA and the community care program does not capture any student veterans who are not enrolled in VA health care or who may be receiving mental health care from other sources, such as private insurance.

⁶For example, see Department of Veterans Affairs, *Memorandum: Veterans Integration to Academic Leadership* (Washington, D.C.: Nov. 16, 2022).

programs that serve student veterans.⁷ In addition, we assessed VHA's communication of information about its academic integration program against VA's strategic goal to deliver information and communicate with employees and other stakeholders to ensure the information they need is readily available, accessible to all, and easy to understand.⁸ We also assessed VHA's communication against federal internal controls that state that management should communicate the necessary quality information across the entity using the appropriate method to achieve the entity's objectives.⁹

To assess the reliability of VA data we obtained for our first and third objectives, we interviewed relevant agency officials, reviewed related documentation, and performed electronic and manual testing to identify any missing data and obvious errors. We determined that the data were sufficiently reliable for the purposes of our audit objectives.

Additionally, for all three objectives, we interviewed officials from VHA's Office of Mental Health and Suicide Prevention who are responsible for managing data on veterans' use of mental health care from VA facilities and for overseeing VHA's academic integration program. We interviewed officials from VHA's Office of Integrated Veteran Care who are responsible for managing data on veterans' use of mental health care through community care. We also interviewed officials at six selected VHA health care systems for information on the mental health needs of student veterans and programs their health care systems have that support these needs. We selected health care systems for variation by geography, rurality, number of student veterans at nearby academic institutions, and efforts to support student veterans.¹⁰ In addition, we interviewed representatives from three veterans service organizations (the American Legion, Disabled American Veterans, and Student Veterans of America) and 12 student veterans (identified by the Student

⁷The GI Bill Comparison Tool is an interactive webpage that shows schools that accept VA benefits, along with information about how much veterans would receive for tuition, housing, and books under certain benefit programs.

⁸Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan*.

⁹GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: September 2014).

¹⁰We interviewed officials from the VA Atlanta Health Care System (Atlanta, Georgia), the VA Bedford Health Care System (Bedford, Massachusetts), the Fargo VA Health Care System (Fargo, North Dakota), the San Francisco VA Health Care System (San Francisco, California), the South Texas Health Care System (San Antonio, Texas), and the VA Syracuse Health Care System (Syracuse, New York).

Veterans of America) to obtain veterans' perspectives related to our audit objectives. Information we obtained from these interviews is not generalizable across health care systems or student veterans.

We conducted this performance audit from February 2023 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 audit objectives.

Background

Military service may qualify veterans for education benefits—which can include payment for tuition and fees—for a range of learning opportunities including undergraduate and graduate degrees, non-college degree programs, apprenticeships, and on-the-job training.¹¹ In fiscal year 2022, just over 577,000 veterans received education benefits through eight educational assistance programs administered by the Veterans Benefits Administration.¹² The Post-9/11 GI Bill—which is for veterans who served on active duty after September 10, 2001—is the largest of these educational benefit programs.

There are several federal programs that can support student veterans' participation in institutions of higher learning. These include, for example:

- VA's Post-9/11 Military 2VA program—which assists Post-9/11 veterans in reintegrating into civilian life by, for example, helping them access health care and navigate other VA benefits;

¹¹The Veterans Benefit Administration offers education benefits to veterans who meet certain criteria including, for example, being honorably discharged and entering active duty after a certain date. Some of the programs allow veterans to transfer the education benefits to dependents, including their spouse or children.

¹²The eight educational assistance programs include the 1) Post-9/11 GI Bill; 2) Montgomery GI Bill-Active Duty; 3) Veteran Readiness and Employment Program; 4) Montgomery GI Bill-Selected Reserve; 5) Veteran Employment Through Technology Education Course; 6) Post-Vietnam Era Veterans Educational Assistance Program; 7) Reserve Educational Assistance Program; and the 8) Veteran Rapid Retraining Assistance Program

- VA's VetSuccess on Campus—which aims to help veterans on campus through a coordinated delivery of on-campus benefits assistance and educational and career counseling; and
- The Department of Education's grant program to create Centers of Excellence for Veteran Student Success—which provide supportive instructional services such as personal, academic, and career counseling, assistance obtaining student financial aid, and support for veteran student organizations and veteran student support groups on campus, among other things.

VHA has various programs to help meet the mental health care needs of veterans. These include outpatient, residential, and inpatient programs that serve all veterans enrolled in VHA. VHA's 139 health care systems located throughout the country deliver care for mental health conditions such as post-traumatic stress disorder, depression, and substance use disorders such as alcohol use disorder.¹³ Most veterans receive mental health care services at VA facilities. Eligible veterans can also receive care from community providers when they face certain challenges accessing care at VA medical facilities. In fiscal year 2022, VA data show that over 2 million veterans received mental health care from a VA facility. In that same year, almost 176,000 received mental health care through the community care program.

VHA also provides readjustment counseling services through its Vet Centers. Vet Centers are community-based counseling centers that provide a wide range of social and psychological services, including professional counseling, to eligible veterans, active-duty servicemembers, and their families.¹⁴ Vet Center counselors offer individual, group, and marriage and family counseling to help eligible individuals make a successful transition from military to civilian life or after a traumatic event experienced in the military.

¹³A VHA health care system is an integrated health care delivery system under the direction of one administrative parent facility—such as a VHA medical center—and comprised of multiple health care facilities, such as community-based outpatient clinics, offering an array of health care services to veterans in a defined geographic area.

¹⁴Veterans or current service members are eligible for services at a Vet Center if they served on active military duty in any combat theater or area of hostility, experienced a military sexual trauma, provided mortuary services or direct emergent medical care to treat the casualties of war while serving on active military duty, among others. Services are also available to family members when their participation would support the growth and goals of the veteran or service member. Bereavement services are also available to family members.

Additionally, Vet Center staff can refer or connect veterans and other eligible individuals to other VA or community benefits and services. Unlike mental health care services provided through VHA health care systems, eligible individuals do not receive clinical diagnoses at Vet Centers. In fiscal year 2022, VA data show that over 88,000 veterans used readjustment counseling services related to mental health through Vet Centers. The STRONG Act expanded Vet Center eligibility so that any veteran or service member pursuing a course of education using covered educational assistance benefits would be eligible for Vet Center services.¹⁵

Key VHA offices involved in setting policy and conducting oversight of these programs include the following:

- **Office of Mental Health and Suicide Prevention.** This office is responsible for monitoring and supporting the implementation of mental health policies and the performance of mental health programs in VA health care facilities. As part of this role, the Office of Mental Health and Suicide Prevention is responsible for analyzing program data, setting policies for, and overseeing mental health care programs and VHA's suicide prevention program.¹⁶
- **Office of Integrated Veteran Care.** This office is responsible for receiving and maintaining information on services provided by community providers, including mental health care. Most of the care from non-VHA providers is administered through VHA's Veterans Community Care Program, which uses regional contracts with two third-party administrators.

¹⁵Pub. L. No. 117-328, Div. V, tit. IV, § 402(a), 136 Stat. 4459, 5511 (2022).

¹⁶In July 2023, VHA approved a number of changes to its organizational structure, which included moving its suicide prevention programs out of the Office of Mental Health and Suicide Prevention. According to VHA planning documents, these changes will be implemented in 2024.

Student Veterans Received Mental Health Care at a Higher Rate than Veterans Overall

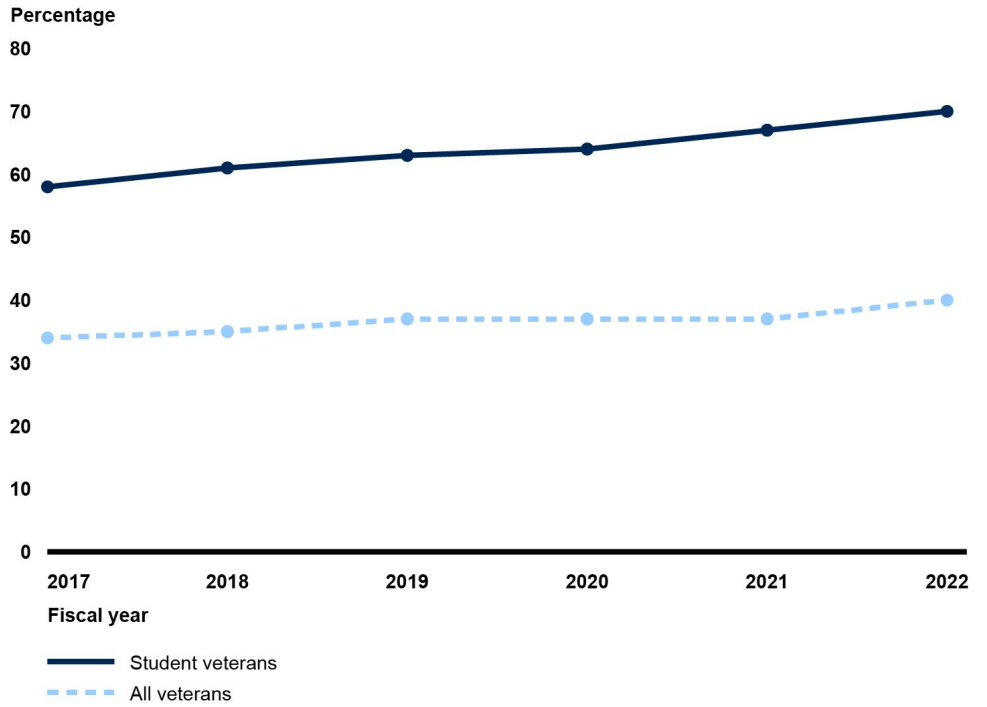
Most Student Veterans Who Received Care at VA Medical Facilities Received Mental Health Care, and at a Higher Rate than Veterans Overall

Our review of VA data for fiscal years 2017 through 2022 show that most student veterans receiving health care at VA medical facilities received care related to a mental health condition.¹⁷ VA data also showed the rate for students was higher than for veterans overall across the 6-year period. For example, about 261,000 student veterans received health care at a VA facility in fiscal year 2022, and 70 percent—almost 184,000—of them received care related to a mental health condition. In contrast, about 5,967,000 veterans received health care at a VA facility, and 40 percent of them received care related to a mental health condition.

Additionally, the percentage of student veterans who received health care for a mental health diagnosis at VA facilities increased over time from fiscal year 2017 through 2022 and at a higher rate than that of the total veteran population (see fig. 1). According to VHA officials, younger veterans typically seek mental health care more than older veterans, and most student veterans are younger than age 34. Further, the COVID-19 pandemic exacerbated mental health conditions for the general population, including for veterans.

¹⁷A veteran was counted as having a mental health condition if, at any point in the fiscal year, the veteran's medical record indicated at least one outpatient or inpatient encounter for any mental health diagnosis. Veterans received mental health care in VA specialty mental health care clinics and other settings, such as primary care clinics and emergency rooms.

Figure 1: Comparison of Student Veterans and All Veterans Receiving Mental Health Care at Department of Veterans Affairs (VA) Facilities, Fiscal Years 2017 through 2022



Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

Accessible data table for Figure 1: Comparison of Student Veterans and All Veterans Receiving Mental Health Care at Department of Veterans Affairs (VA) Facilities, Fiscal Years 2017 through 2022

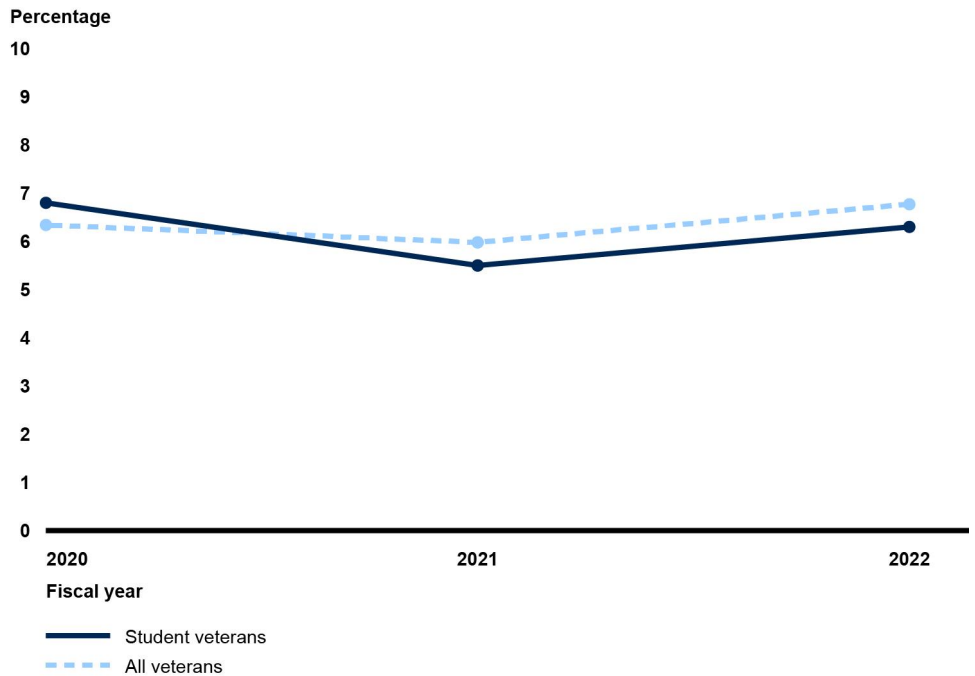
Year	Student Veterans	All Veterans
2017	58	34
2018	61	35
2019	63	37
2020	64	37
2021	67	37
2022	70	40

Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

Notes: The percentages reflect student veterans and all veterans receiving mental health care, among student veterans and all veterans who received any health care at VA facilities. For example, in fiscal year 2022, about 261,000 student veterans received health care at a VA facility, and about 184,000 of those received care specific to mental health. During that same year, across all veterans, 5,967,000 received health care at VA facilities; of those, 2,364,000 received care for a mental health condition.

Regarding health care received through community care, VA data show that in fiscal year 2022 just over 323,000 student veterans received some form of health care through VA’s community care program. Of those, over 6 percent—about 20,000 student veterans—received care related to a mental health condition. Veterans received mental health care through community care in specialty mental health care clinics and other settings, such as primary care clinics and emergency rooms. Student veterans received mental health care through community care at a slightly lower rate than the total population of veterans who received mental health care through community care in fiscal year 2022 (see fig. 2).

Figure 2: Comparison of Student Veterans and All Veterans Receiving Mental Health Care at Community Care Facilities, Fiscal Years 2020 through 2022



Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

Accessible data table Figure 2: Comparison of Student Veterans and All Veterans Receiving Mental Health Care at Community Care Facilities, Fiscal Years 2020 through 2022

Year	Student veterans	All veterans
2020	6.8	6.34
2021	5.5	5.98
2022	6.3	6.77

Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

Notes: The percentages reflect student veterans and all veterans receiving mental health care, among those who received any health care through community care. For example, in fiscal year 2022, about 323,000 student veterans received health care through community care, and about 20,000 of those received care specific to mental health. During that same year, across all veterans, about 2,595,000 received health care through community care; of those, about 176,000 received care for a mental health condition. We do not include data from fiscal years 2017 through 2019 because we found these data to be incomplete.

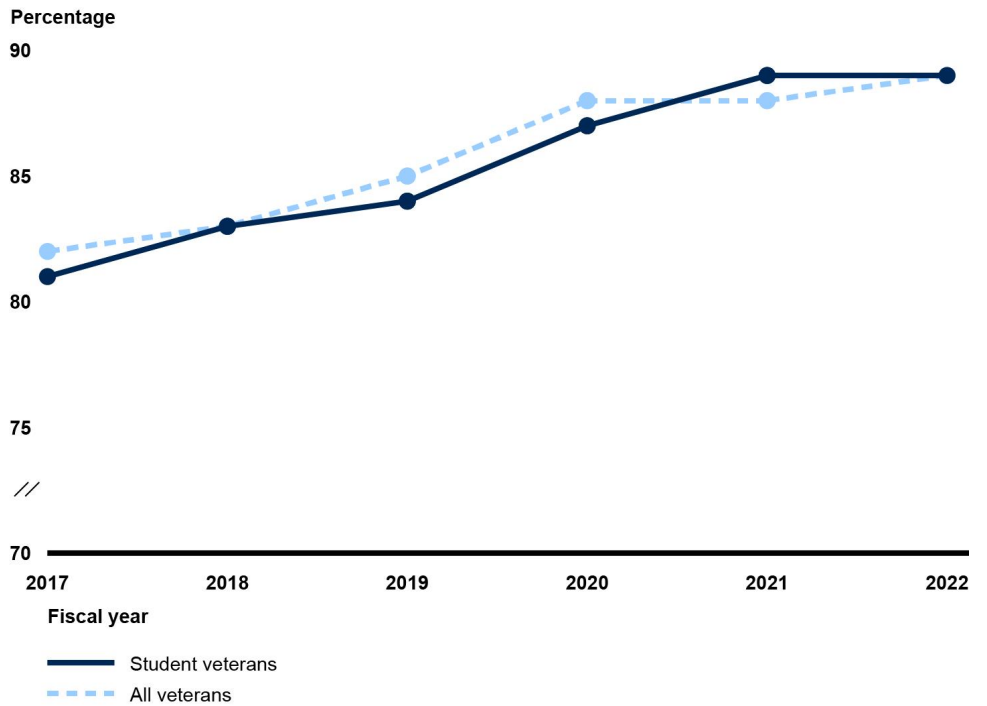
At Vet Centers, student veterans can receive counseling services related to mental health issues.¹⁸ According to VA data, 9,042 student veterans received mental health-related counseling in fiscal year 2022, which represented over 9 percent of all veterans who received such counseling at Vet Centers.¹⁹ Additionally, in the same year, 89 percent of student veterans receiving counseling at Vet Centers received mental health-related counseling, which is the same percentage as the total population that received mental health-related counseling. The percentage of student veterans who received mental health-related counseling increased over time (see fig. 3). Prior to fiscal year 2023, some student veterans may not have been eligible to receive counseling at Vet Centers, as the criteria for eligibility increased to include student veterans in 2023.²⁰

¹⁸Veterans who use the counseling services related to mental health issues at Vet Centers do not receive mental health diagnoses from Vet Center staff.

¹⁹For the purposes of this report, we use the phrase “mental health-related counseling” to refer to counseling related to a mental health focus area. These include post-traumatic stress disorder, military sexual trauma, and drug and alcohol use, among other areas.

²⁰The Consolidated Appropriations Act, 2023 expanded Vet Center eligibility so that any veteran or service member pursuing a course of education using covered educational assistance benefits would be eligible for Vet Center services. Pub. L. No. 117-328, Div. V, tit. IV, § 402(b), 136 Stat. 4459, 5511 (2022).

Figure 3: Comparison of Student Veterans and All Veterans Receiving Mental Health-Related Counseling at Vet Centers, Fiscal Years 2017 through 2022



Source: GAO analysis of Veterans Health Administration (VHA) and Veterans Benefits Administration data. | GAO-24-106620

Accessible data table for Figure 3: Comparison of Student Veterans and All Veterans Receiving Mental Health-Related Counseling at Vet Centers, Fiscal Years 2017 through 2022

Year	Student veterans	All veterans
"2017	81	82
"2018	83	83
"2019	84	85
"2020	87	88
"2021	89	88
"2022	89	89

Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

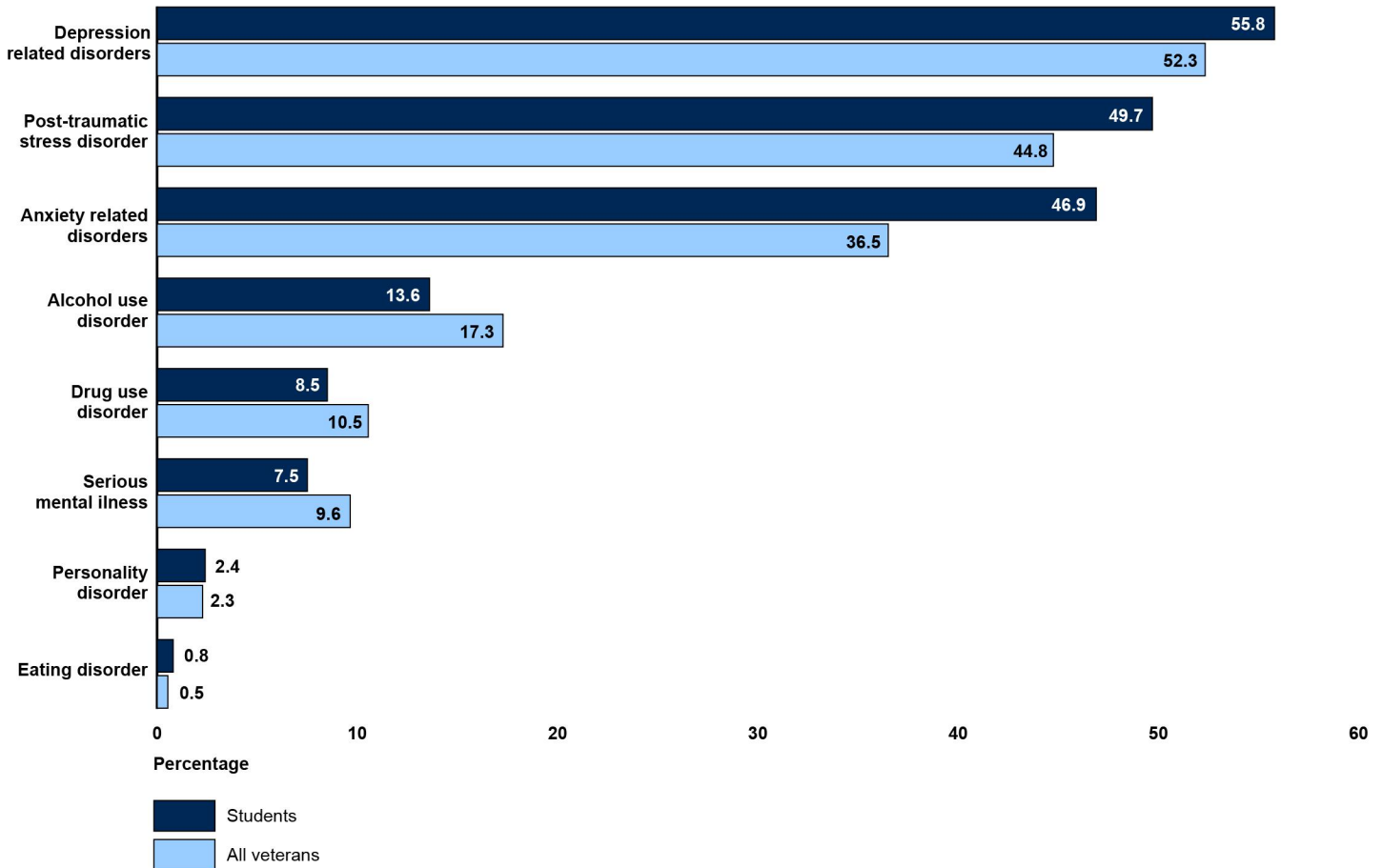
Notes: Unlike mental health care services provided through VHA health care systems or community care, veterans do not receive clinical diagnoses at Vet Centers. We use the phrase “mental health-related counseling” to refer to counseling related to a mental health focus area. These include post-traumatic stress disorder, military sexual trauma, and drug and alcohol use, among other areas. The percentages reflect student veterans and all veterans receiving mental health-related counseling, among those who received any type of counseling at a Vet Center. For example, in fiscal year 2022, about 9,000 student veterans received readjustment counseling at a Vet Center, and about 8,000 of those received counseling specific to mental health. During that same year, across all veterans, about

98,000 received readjustment counseling; of those, almost 88,000 received counseling specific to mental health.

Student Veterans Who Received Mental Health Care at VA Facilities Were Primarily Treated for Depression, Post-Traumatic Stress Disorder, and Anxiety

Based on our review of VA data, in fiscal year 2022, student veterans who received mental health care at VA facilities or through the community care program were primarily treated for depression-related disorders, post-traumatic stress disorder, and anxiety-related disorders. They also had higher rates of anxiety-related disorders, depression-related disorders, and post-traumatic stress disorder than the overall veteran population, but lower rates of substance use disorders (see figs. 4 and 5).

Figure 4: Comparison of Student Veterans and All Veterans' Mental Health Diagnoses at VA Facilities, Fiscal Year 2022



Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

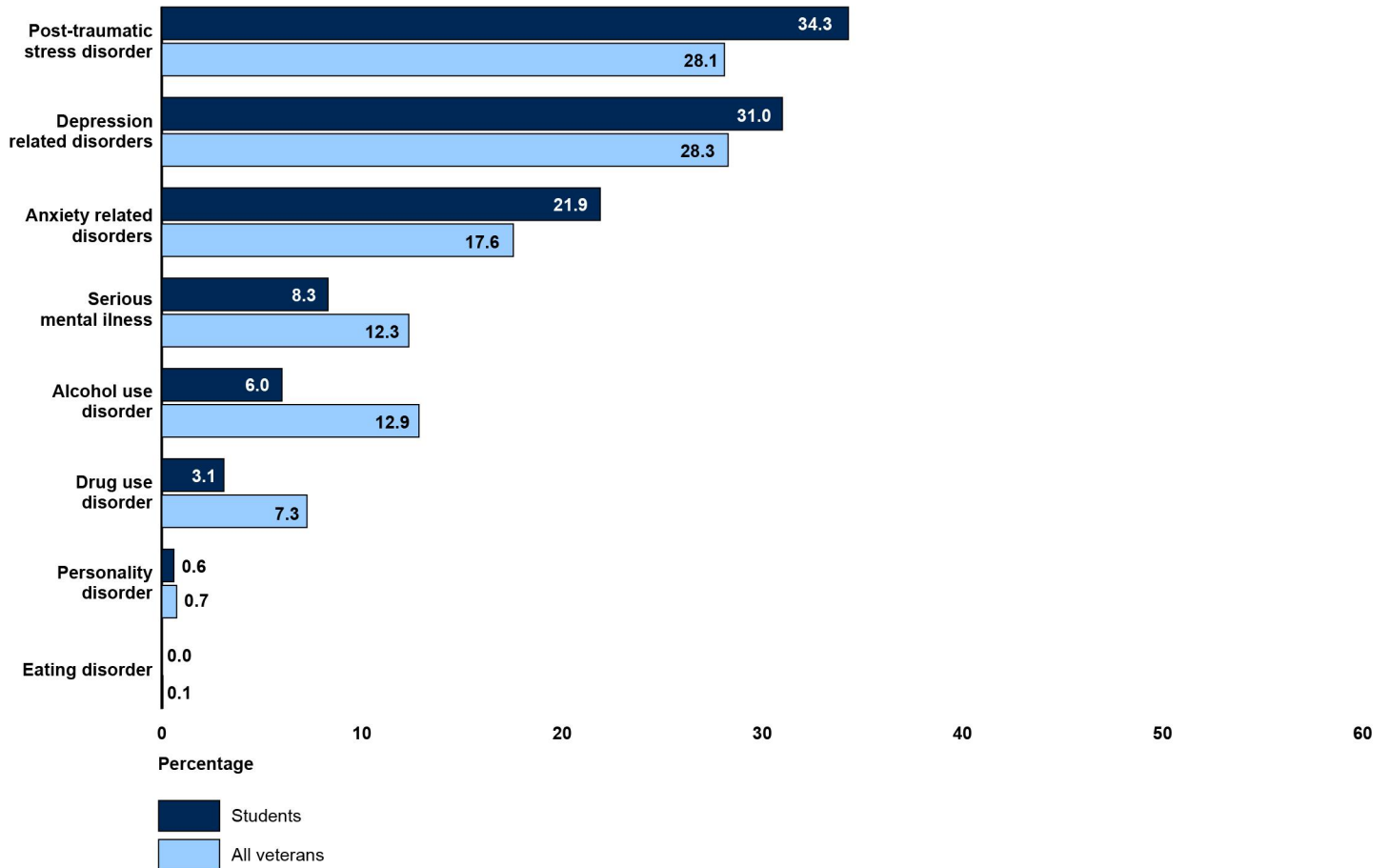
Accessible data table for Figure 4: Comparison of Student Veterans and All Veterans' Mental Health Diagnoses at VA Facilities, Fiscal Year 2022

Diagnoses	Students	Veterans
Depression related disorders	55.8	52.3333
Post-traumatic stress disorder	49.7	44.7601
Anxiety related disorders	46.9	36.511
Alcohol use disorder	13.6	17.2706
Drug use disorder	8.5	10.5427
Serious mental illness	7.5	9.64175
Personality disorder	2.4	2.2733
Eating disorder	0.8	0.531585

Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

Notes: The percentages of student veterans diagnosed with the mental health conditions do not sum to 100 because veterans can be diagnosed with more than one mental health condition. For the purposes of our analysis, we combined various diagnosis codes into groups based on the Department of Veterans Affairs' (VA) general methodology for mental health analyses. For example, anxiety related disorders include anxiety generalized and other related disorders, and drug use disorder includes amphetamine use disorder, cocaine use disorder, opioid use disorder, among others.

Figure 5: Comparison of Student Veterans and All Veterans' Mental Health Diagnoses through the Community Care Program, Fiscal Year 2022



Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

Accessible data table for Figure 5: Comparison of Student Veterans and All Veterans' Mental Health Diagnoses through the Community Care Program, Fiscal Year 2022

Diagnosis	Students	Veterans
Post-traumatic stress disorder	34.3	28.1133
Depression related disorders	31	28.2897
Anxiety related disorders	21.9	17.5599
Serious mental illness	8.3	12.3404
Alcohol use disorder	6	12.8504
Drug use disorder	3.1	7.25071
Personality disorder	0.6	0.73873
Eating disorder	0	0.0557747

Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

Notes: The percentages of student veterans diagnosed with the mental health conditions do not sum to 100 because veterans can be diagnosed with more than one mental health condition. For the purposes of our analysis, we combined various diagnosis codes into groups based on the Department of Veterans Affairs' (VA) general methodology for mental health analyses. For example, anxiety related disorders include anxiety generalized and other related disorders, and drug use disorder includes amphetamine use disorder, cocaine use disorder, opioid use disorder, among others.

Data on Student Veteran Suicidality

Student veterans can receive care for suicidality in Department of Veterans Affairs (VA) facilities and through VA's community care program. At VA facilities, according to our analysis of VA data, in fiscal year 2022, almost 3.0 percent and 0.5 percent of student veterans received care for intentional self-harm ideation and intentional self-harm attempt, respectively. These rates were slightly higher than for the overall veteran population, which were 1.2 percent and 0.2 percent.

Additionally, regarding community care, VA data show that in fiscal year 2022, 0.2 percent and 0.1 percent of student veterans receiving mental health care received care for intentional self-harm ideation and intentional self-harm attempt, respectively. These rates were similar to rates for the overall veteran population, which were 0.4 percent and 0.1 percent.

Source: GAO analysis of Veterans Health Administration and Veterans Benefits Administration data. | GAO-24-106620

Officials we spoke with from the six selected VHA health care systems and three veteran service organizations also identified anxiety, post-traumatic stress disorder, and depression as some of the most common





mental health conditions for student veterans. Further, compared to civilian students, research suggests that student veterans reported higher levels of mental health symptoms related to depression, anxiety, and post-traumatic stress disorder and higher levels of alcohol use.²¹ See appendix II for additional information on student veterans who received mental health care, including relevant demographic information.

Student Veterans Can Face Several Challenges That May Affect Mental Health, Including Difficulties Connecting with Peers

According to officials we spoke with from six selected VHA health care systems and three veteran service organizations, and the student veterans we interviewed, various challenges related to student life may affect student veterans' mental health. Examples of these challenges are described in figure 6.

²¹Valenstein, et al., "A Nationally Representative Sample of Veteran and Matched Non-Veteran College Students, 436-445. S.T. Dutra, A.M. Eakman, and C.L. Schelly, "Psychosocial Characteristics of Student Veterans with Service-Related Disabilities: Implications for Further Research and Occupational Therapy Involvement," *Occupational Therapy in Mental Health*, vol. 32, no. 2 (2016), 146-166.

Figure 6: Examples of Reported Challenges That May Affect Student Veterans' Mental Health

Challenge	Example of Challenge
<p>Adjusting to the lack of structure</p> 	<p>Student veterans may have a hard time adjusting to the lack of structure in academic and civilian life when compared to military life, according to officials from four VHA health care systems. Veterans may have a hard time taking unstructured time and making it structured, as is often required in academic settings, according to officials from one health care system. Officials noted that veterans are used to being told what to do every step of the way while they are in the military.</p> <p>Five of the 12 student veterans we spoke with said adjusting to the lack of structure in a school setting was difficult. For example, one student veteran said the military world is more direct and organized than the academic world, and the lack of structure is a huge part of student veterans' difficulty adjusting to school. This veteran said they are used to being told where to be, when to be, what to be, and what to wear, from their experience in the military, and the lack of structure at school is something they have not experienced before.</p>
<p>Making connections with peers</p> 	<p>Student life and difficulty making connections with peers due to differences in life experiences and age can exacerbate mental health symptoms, according to officials from six health care systems and two veterans service organizations. According to officials from one veterans service organization, it can be difficult to relate to 18- or 19-year-olds on campus who have never experienced challenges seen in military service. This difficulty of relating to other students due to their military experience may be isolating for student veterans, according to officials from two health care systems.</p> <p>Six of the 12 student veterans we spoke with said they had a hard time connecting to peers and that affected their mental health. One veteran said they found it hard to relate to peers, and they made only two friends that are not affiliated with the military.</p>
<p>Balancing multiple responsibilities</p> 	<p>Student veterans may have multiple responsibilities including spouses, children, and a career that they must balance on top of going to school, according to officials from four health care systems and two veterans service organizations. This may increase stress and make it more difficult to integrate with veteran communities and other activities on campus, according to officials.</p> <p>Seven of the 12 student veterans we spoke with expressed difficulty balancing multiple responsibilities while attending school. One veteran who is a parent and has a full time job said having these responsibilities is more taxing and they worry about family and their job while also worrying about school.</p>
<p>Experiencing insomnia and other sleep issues</p> 	<p>Student veterans may experience insomnia and other sleep disturbances, according to three health care systems and one veterans service organization. These issues could interfere with coursework by making it difficult to concentrate, according to officials from one health care system.</p> <p>One student veteran we spoke with said they have had sleep issues for many years and have tried a lot of different methods to help. They said there are plenty of times they have come to campus and have not been able to function well because of sleep disturbances.</p>

Source: GAO analysis of information from student veterans, selected VHA health care systems, and veterans service organizations (information); sabelskaya/adobe.stock.com (illustrations). | GAO-24-106620

Accessible data table for Figure 6: Examples of Reported Challenges That May Affect Student Veterans' Mental Health

Challenge	Example of Challenge
Adjusting to the lack of structure	<p>Student veterans may have a hard time adjusting to the lack of structure in academic and civilian life when compared to military life, according to officials from four VHA health care systems. Veterans may have a hard time taking unstructured time and making it structured, as is often required in academic settings, according to officials from one health care system. Officials noted that veterans are used to being told what to do every step of the way while they are in the military.</p> <p>Five of the 12 student veterans we spoke with said adjusting to the lack of structure in a school setting was difficult. For example, one student veteran said the military world is more direct and organized than the academic world, and the lack of structure is a huge part of student veterans' difficulty adjusting to school. This veteran said they are used to being told where to be, when to be, what to be, and what to wear, from their experience in the military, and the lack of structure at school is something they have not experienced before.</p>
Making connections with peers	<p>Student life and difficulty making connections with peers due to differences in life experiences and age can exacerbate mental health symptoms, according to officials from six health care systems and two veterans service organizations. According to officials from one veterans service organization, it can be difficult to relate to 18- or 19-year-olds on campus who have never experienced challenges seen in military service. This difficulty of relating to other students due to their military experience may be isolating for student veterans, according to officials from two health care systems.</p> <p>Six of the 12 student veterans we spoke with said they had a hard time connecting to peers and that affected their mental health. One veteran said they found it hard to relate to peers, and they made only two friends that are not affiliated with the military.</p>
Balancing multiple responsibilities	<p>Student veterans may have multiple responsibilities including spouses, children, and a career that they must balance on top of going to school, according to officials from four health care systems and two veterans service organizations. This may increase stress and make it more difficult to integrate with veteran communities and other activities on campus, according to officials.</p> <p>Seven of the 12 student veterans we spoke with expressed difficulty balancing multiple responsibilities while attending school. One veteran who is a parent and has a full time job said having these responsibilities is more taxing and they worry about family and their job while also worrying about school.</p>
Experiencing insomnia and other sleep issues	<p>Student veterans may experience insomnia and other sleep disturbances, according to three health care systems and one veterans service organization. These issues could interfere with coursework by making it difficult to concentrate, according to officials from one health care system.</p> <p>One student veteran we spoke with said they have had sleep issues for many years and have tried a lot of different methods to help. They said there are plenty of times they have come to campus and have not been able to function well because of sleep disturbances.</p>

Source: GAO analysis of information from student veterans, selected VHA health care systems, and veterans service organizations (information). |v

Note: Officials we spoke with from six selected VHA health care systems and three veteran service organizations, and the 12 student veterans we interviewed identified the challenges that may affect student veterans' mental health.

Research we reviewed also identified social support as an important factor that contributes to student veterans' mental health.²² Specifically, two studies found that student veterans with social support had fewer post-traumatic stress disorder symptoms than student veterans who lacked social support.²³ Similarly, two studies found that student veterans with social support had fewer depressive symptoms than student veterans without such support.²⁴

Academic Integration Program Partners with Academic Institutions to Support Student Veterans, but VHA Does Not Communicate Key Information on Implementation

VHA's Academic Integration Program Partners Health Care Systems with Academic Institutions to Provide On-Campus Mental Health and Other Supports to Student Veterans

Under VHA's academic integration program, health care systems partner with local colleges and universities for VHA staff to provide campus-based mental health and other support to student veterans. According to VHA officials, establishing such a program is optional and individual health care systems are responsible for making decisions about whether to establish a program.

Our analysis of VA data found that the number of health care systems that offer an academic integration program has increased since VHA established the program in 2011. As of October 2023, 32 of 139 VHA

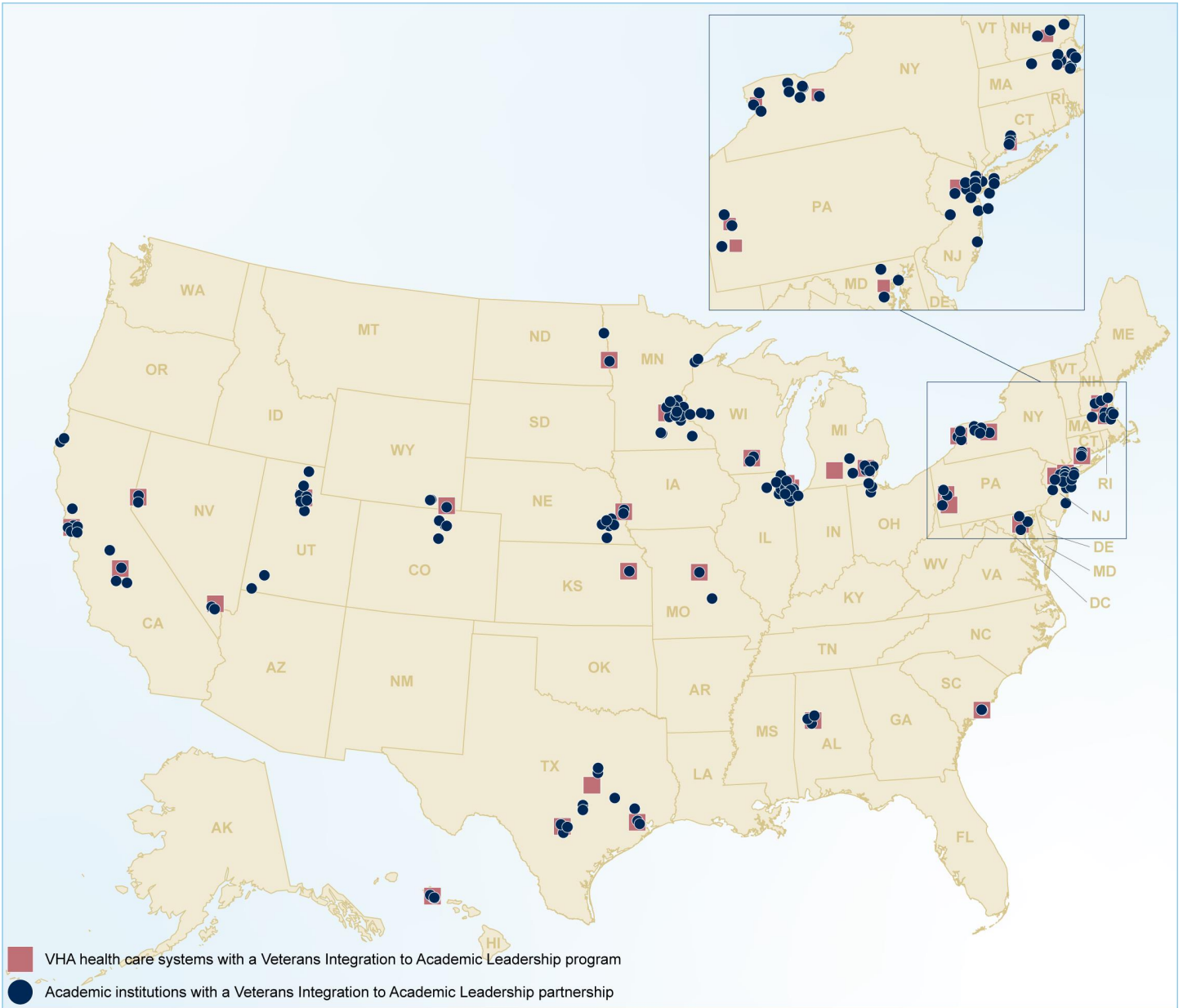
²²Research we reviewed identified social support as a variety of types of support, such as support from family and friends.

²³S.J. Fredman, A.D. Marshall, Y. Le, K.R. Aronson, D.F. Perkins, and J.A. Hayes, "Interpersonal Relationship Quality Mediates the Association Between Military-Related Post-traumatic Stress and Academic Dysfunction among Student Veterans," *Psychological Trauma: Theory, Research, Practice, and Policy*, vol. 11, no. 4 (2019), 415–423. M. Elliott, "Predicting Problems on Campus: An Analysis of College Student Veterans," *Analysis of Social Issues and Public Policy*, vol. 15, no. 1 (2015), 105-126.

²⁴M. Elliott, "Predicting Problems on Campus, 105-126. D.H. Romero, S.A. Riggs, and C. Ruggiero. Coping, Family Social Support, and Psychological Symptoms among Student Veterans," *Journal of Counseling Psychology*, vol. 62, no. 2 (2015), 242-252.

health care systems (23 percent) offered such a program, an increase from the 25 that did so in 2011. VA data show that the 32 academic integration programs partnered with 167 academic institutions across 23 states (see fig. 7).

Figure 7: Geographic Distribution of Veterans Health Administration's (VHA) Veterans Integration to Academic Leadership Programs and Partnerships with Academic Institutions



Source: GAO analysis of VHA and Veterans Benefits Administration data (data); GAO (map). | GAO-24-106620

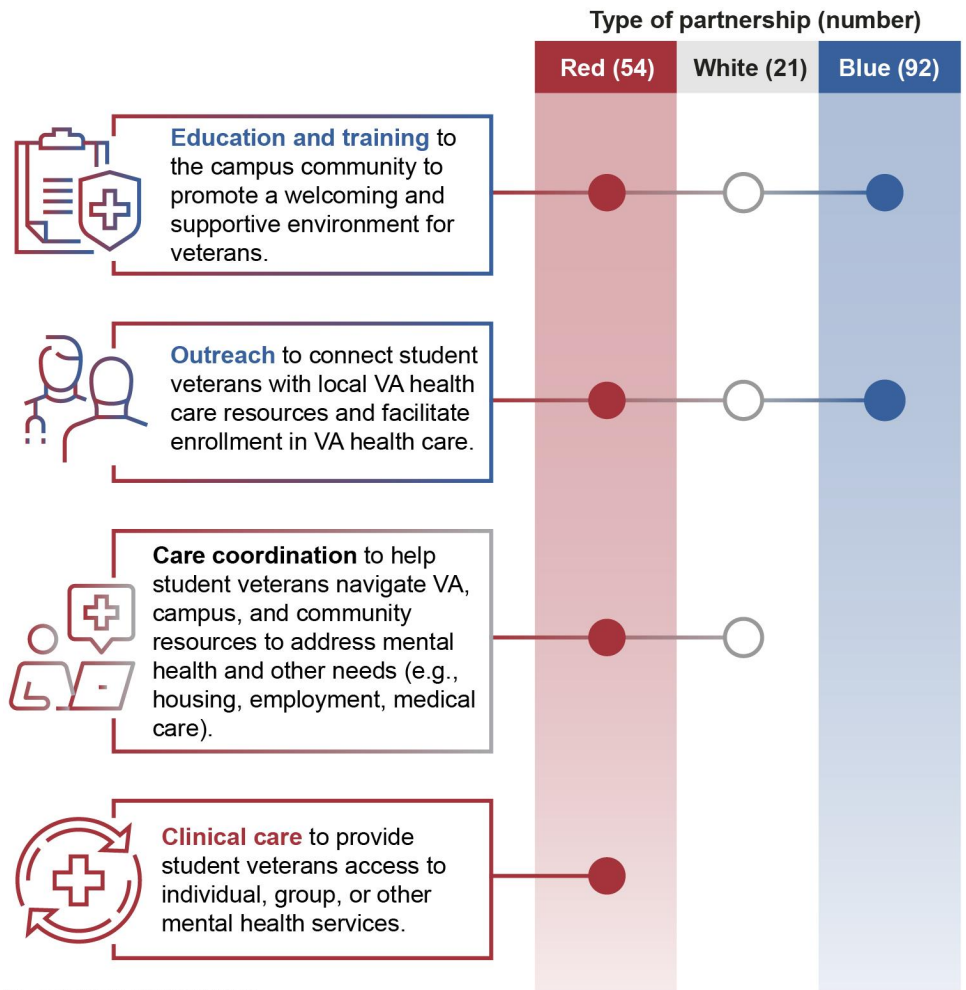
Note: Thirty-two VHA health care systems have a Veteran Integration to Academic Leadership Program. These programs partner with a total of 167 academic institutions, as of October 2023.

Our analysis of VA data found several states with a sizeable student veteran population that did not have an academic integration program. For example, in analyzing data on student veterans' use of education benefits, we found 31 states where at least 5,000 veterans using education benefits lived in fiscal year 2022.²⁵ As of October 2023, the VHA health care systems in 14 of those 31 states did not have an academic integration program. Nine of the 14 states had over 10,000 veterans using VA's education benefits. For example, almost 45,000 student veterans using education benefits lived in Florida, but none of the six VA health care systems in the state administer an academic integration program.

VHA's academic integration program provides health care systems with a framework for partnering with academic institutions to support student veterans, including addressing their mental health needs. Under this framework, partnerships between health care systems and academic institutions can be one of three types—referred to as red, white, and blue. As shown in figure 8, each type of partnership includes a different combination of support services that health care system staff provide on campus. For example, red is the most comprehensive partnership where licensed practitioners offer clinical mental health care to student veterans in addition to three other types of support services. Of the 167 academic institutions with a partnership, 54 were red, 21 were white, and 92 were blue, as of October 2023.

²⁵These 31 states reflect the state of residence for veterans using educational benefits.

Figure 8: Partnerships in the Veterans Integration to Academic Leadership Program, as of October 2023



VA = Department of Veterans Affairs

Source: GAO analysis of information from Veterans Health Administration documentation (information); kuroksta/adobe.stock.com (icons). | GAO-24-106620

Data table for Figure 8: Partnerships in the Veterans Integration to Academic Leadership Program, as of October 2023

	Type of partnership (number)		
	Red (54)	White (21)	Blue (92)
Education and training to the campus community to promote a welcoming and supportive environment for veterans.	•	•	•

	Type of partnership (number)		
	Red (54)	White (21)	Blue (92)
Outreach to connect student veterans with local VA health care resources and facilitate enrollment in VA health care.	•	•	•
Care coordination to help student veterans navigate VA, campus, and community resources to address mental health and other needs (e.g., housing, employment, medical care).	•	•	
Clinical care to provide student veterans access to individual, group, or other mental health services.	•		

Source: GAO analysis of information from Veterans Health Administration documentation (information); kuroksta/adobe.stock.com (icons). | GAO-24-106620

Notes: Under the Veterans Health Administration’s academic integration program, health care systems offer education and training and outreach across all types of partnerships (red, white, and blue) with academic institutions. Blue partnerships may include some care coordination in addition to these services. White partnerships include care coordination in addition to education and training and outreach. Red partnerships include clinical care in addition to the other three services. Numbers for each type of partnership refer to the number of VA health care systems that partner with academic institutions, as of October 2023.

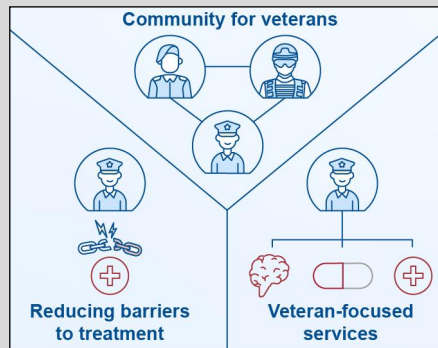
A national program coordinator from VHA’s Office of Mental Health and Suicide Prevention is responsible for providing some oversight and administrative support to VHA health care systems implementing individual programs. According to VHA officials, the part-time coordinator is responsible for collecting, maintaining, and monitoring information on individual programs including their partnerships with academic institutions and performance metrics. The national program coordinator is also available as a resource to those health care systems looking to start a new academic integration program and provide support to existing programs—such as helping programs develop an action plan when performance metrics are not met.

Student Veteran Interview Themes

We interviewed 12 student veterans. Some of the student veterans we interviewed described how they encountered an unfriendly campus community, including both faculty and peers. As a result, a sense of community may be important for many student veterans to succeed academically.

Some student veterans also voiced skepticism as to whether campus-provided mental health care services could provide the support they needed. At the same time, many student veterans were complimentary of those campus services specifically focused veterans' needs, including campuses that provided physical space for veterans to meet.

Most student veterans described challenges, such as long wait times, in accessing VA mental health providers with some having to turn to other resources outside of VA and their campus to find the support they needed.



Source: GAO interviews with student veterans (information); GAO (icons); bsd studio/adobe.stock.com (icons). | GAO-24-106620

Individual programs are staffed by the health care systems. According to staff from several VHA health care system, staffing varies across academic integration programs and includes social workers and licensed mental health practitioners, among other positions.

Officials from veterans service organizations and staff from VHA health care systems we talked with noted several benefits of academic integration programs available for student veterans. For example, some officials and staff said that under the framework, health care systems are given the flexibility to tailor partnerships and the services they make available on campus to meet the needs of the local student veteran population. These officials and staff also emphasized how an academic integration program helps ensure direct interaction between local VHA

staff and student veterans.²⁶ According to officials from veterans service organizations and staff from VHA health care systems, this interaction can contribute to the following:

- **Developing a sense of community for veterans on campus.** Connecting with other student veterans or individuals who understand veterans can help build a support system, which can be an important component of student veterans' resiliency.
- **Increasing access to VA health care, Vet Centers, or other veteran-focused resources.** Services designed to address the specific mental health and other needs of student veterans can help ensure veterans get the help they need, contributing to their success on and off campus.
- **Reducing some barriers to treatment.** Offering services on campus meets veterans where they are, which can help ensure veterans are able to make time out of their schedules to get support.

VHA Does Not Communicate Comprehensive Information on a Regular Basis to Help VA Health Care Systems Consider When and How to Implement an Academic Integration Program

Based on our review of agency documentation, we found VHA does not communicate comprehensive information on a regular basis to help its health care systems determine when and how to implement an academic integration program. VHA most recently issued a memorandum to health care systems in November 2022 that included a general description of the program framework and various reporting requirements for existing programs.²⁷ Specifically, this memorandum requires existing programs to review local partnerships and report the services being provided on campus, along with specifying the type of partnership as red, white, or blue in a central database. The memorandum also requires existing programs to establish performance metrics for any red and white partnerships and self-report those metrics in the same central database. According to VHA officials, these requirements help the agency maintain an online tool for veterans and other stakeholders to identify academic

²⁶According to VHA officials, the framework is based in part on the U.S. Army's practice of embedding mental health professionals in the field.

²⁷Department of Veterans Affairs, *Memorandum: Veteran Integration to Academic Leadership*.

institutions with existing partnerships and monitor the performance of the existing programs.²⁸

However, we found the 2022 memorandum does not otherwise provide information for health care systems to help them determine when and how to implement an academic integration program. For example, the memorandum does not identify a recommended threshold or number of student veterans attending nearby academic institutions that would justify a program, or the types of staff needed to implement it.

Instead, we found VHA communicates information about the program on an ad hoc and informal basis. For example, we found VHA developed some information describing circumstances when local health care systems should consider implementing a program (e.g., having a large number of student veterans at nearby academic institutions). This information is in a PowerPoint slideshow that is available by request from the national program coordinator. The program coordinator also maintains a document with more specific information for health care systems to consider when implementing a program, such as an annual goal of enrolling about 5 percent of the student veterans attending each academic institution in VA health care. However, this document is also available only on request.

Communication, provided to all health care systems on a regular basis, of comprehensive information on when and how to implement an academic integration program, such as through distributing a memorandum or guidance on an annual basis, would align with VA's Strategic Plan and federal internal control standards. According to VA's Fiscal Years 2022-2028 Strategic Plan, one objective is to deliver information and communicate with employees and other stakeholders to ensure the information they need is readily available, accessible to all, and easy to understand.²⁹ Federal internal control standards also state that management should systematically communicate the necessary quality information across the entity using the appropriate method to achieve the entity's objectives.³⁰

²⁸See <https://www.mentalhealth.va.gov/student-veteran/vital-program-sites.asp>.

²⁹Department of Veteran Affairs, *Fiscal Years 2022-2028 Strategic Plan*.

³⁰[GAO-14-704G](#).

VHA officials described the academic integration program as VHA's effort solely focused on helping support the mental health needs of student veterans, but also noted that the program is optional for health care systems. These officials told us that the November 2022 memorandum was neither intended to be outreach suggesting, nor guidance recommending, that health care systems implement a program. Rather, VHA intends each individual academic integration program to be a grass-roots effort that health care systems locally implement. According to VHA officials, once there is interest at the local level—typically through word-of-mouth from successful, nearby programs or outreach from academic institutions expressing interest in partnering with VHA—staff from local health care systems can seek additional support in the form of consultations with the national program coordinator or through the ad hoc guidance VHA developed.

However, VHA staff we spoke with at selected health care systems indicated a lack of awareness of any of the documents maintained by the national program coordinator with information on when and how to implement academic integration programs. Specifically, mental health staff from 3 of the 6 selected health care systems in our review noted an overall lack of existing guidance from VHA, which they said limited their understanding about implementing a program. Staff from one health care system described how the process for implementing a program included receiving approval from leadership for the health care system. However, these staff said they had to coordinate with existing programs at other health care systems to piece together staffing and other information needed for this approval. Officials from another health care system were unsure whether the activities they implemented met program requirements to help student veterans and whether their program should be considered an academic integration program. Officials from all three of these health care systems said additional guidance on staffing, partnering with academic institutions, and administering the program would be beneficial.

Without distributing comprehensive information on a regular basis to health care systems on when and how to implement an academic integration program, health care systems may not be aware of the program. Our analysis of VA data found several states with a sizeable student veteran population that did not have an academic integration program. Without communication of comprehensive information, such as through distributing a memorandum or guidance on an annual basis, health care systems may miss opportunities to participate in the program and effectively meet the mental health needs of student veterans. By

providing comprehensive information to all its health care systems on a regular basis, VHA may be able to enhance program participation and bring academic integration programs to additional areas where there is a strong presence of student veterans, helping to ensure they have critical access to mental health care.

Conclusions

Mental health conditions are a persistent and growing issue for veterans. Student veterans can face unique challenges, including adjusting to the lack of structure in school and balancing multiple responsibilities, that may negatively affect their mental health. VHA's academic integration program is one key way in which VHA health systems can help support the mental health needs of student veterans attending nearby academic institutions. Importantly, VHA has defined a framework for this program to provide a variety of services and partnerships.

However, the agency does not regularly communicate comprehensive information across its 139 health care systems to help them determine when and how to implement a program. Given less than a quarter of health care systems have an academic integration program, it is important for VHA to communicate such information to all of its health care systems on a routine basis. By broadly communicating comprehensive information, such as through a memorandum or guidance distributed annually, VHA could help ensure health care systems have the information they need to consider whether such a program may help address the mental health needs of their student veteran population.

Recommendation for Executive Action

The Department of Veterans Affairs Under Secretary for Health should communicate comprehensive information across VHA's health care systems on a regular basis about when and how to implement a Veterans Integration to Academic Leadership program. Such communication could include distributing a memorandum or guidance to health care systems. (Recommendation 1)

Agency Comments

We provided a draft of this report to VA for review and comment. In its written comments, reproduced in appendix III, VA concurred with our recommendation and identified steps it plans to take to implement it. In particular, VA stated that to enhance communication about the Veterans Integration to Academic Leadership program, VHA's Office of Mental Health and Suicide Prevention will provide an annual briefing to the Veterans Integrated Service Network Chief Mental Health Officers regarding the program. VA also provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Veterans Affairs, and other interested parties. In addition, the report is available at no charge on the GAO website at <https://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or HundrupA@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs can be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.



Alyssa M. Hundrup
Director, Health Care

Appendix I: Supplemental Information on Methodology

This appendix provides information regarding our analyses of (1) Veterans Health Administration (VHA) data on student veterans' mental health care utilization and diagnoses, (2) VHA data on the locations of Veterans Integration to Academic Leadership programs, and (3) our literature search and review on the mental health needs of student veterans.

Analyses of Utilization and Diagnoses Data for Student Veterans

To describe what available data show on the use of mental health care by student veterans, we obtained data from the Department of Veterans Affairs (VA) on veterans' utilization of mental health care provided through VA and community care, and at Vet Centers, and data on veterans' diagnoses, when applicable, for fiscal years 2017 through 2022 (the most recent available data at the time of our review).¹ VA extracted these data from VHA electronic health records and health claims systems.² We also obtained data from VA on veterans' utilization of educational assistance programs administered by the Veterans Benefits Administration for fiscal years 2017 through 2022 to determine which veterans were students during these fiscal years.³ VA extracted these data from enrollment

¹To meet the needs of the veterans it serves, VA is authorized to pay for care in the community for eligible veterans. As required by the VA MISSION Act of 2018, VA implemented the Veterans Community Care Program in June 2019, consolidating many of VA's existing community care programs into a permanent program. See Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395 (2018) (codified, as amended, at 38 U.S.C. § 1703).

²The VA data systems include the Veterans Health Information Systems and Technology Architecture and Cerner *Health Data Repositories*, Fee Basis Claims System, Electronic Claims Adjudication Management System, Community Care Reimbursement System, and the Readjustment Counseling Services database.

³For the purposes of this report, we use the term student veteran to refer to veterans receiving educational assistance benefits to attend institutions of higher learning. These programs include the 1) Post 9/11 GI Bill; 2) Montgomery GI Bill-Active Duty; 3) Veteran Readiness and Employment Program; 4) Montgomery GI Bill-Selected Reserve; 5) Veteran Employment Through Technology Education Course; 6) Post-Vietnam Era Veterans Educational Assistance Program; 7) Reserve Educational Assistance Program; and the 8) Veteran Rapid Retraining Assistance Program.

databases that included information about student veterans' academic enrollment.⁴ Additionally, veterans' student data included demographic information such as veteran gender, race, ethnicity, and era of service.

After receiving the data from VA, we merged the veteran educational assistance enrollment data with the VHA mental health utilization data to identify student veterans who received VHA mental health care. We analyzed these data and data on the mental health utilization and diagnoses for all veterans using mental health care at VA and community care facilities, and Vet Centers, as these represent the different ways veterans receive mental health care through VA. Based on the availability of data and how the data were defined by VA, we used the following methods.

VA and community care utilization. We defined mental health care received at VA and through the community care program as any care provided to veterans related to mental health conditions. A veteran was counted as having received mental health care if, at any point in the fiscal year, his or her medical record indicated at least one outpatient or inpatient encounter with any mental health diagnosis. Veterans received mental health care in specialty mental health care clinics and other settings, such as primary care clinics and emergency rooms.

We disaggregated veterans' mental health conditions by type based on VA's categorization of mental health diagnoses. VHA maintains a list of all mental health International Classification of Diseases Tenth Edition diagnosis codes and organizes these codes into broad diagnoses categories. For example, if a veteran had a medical encounter either at a VA facility or a community care facility and received one or more of the following diagnoses: schizophrenia, manic episode, bipolar disorder, or puerperal psychosis that veteran would be categorized as having a serious mental illness diagnosis. Likewise, if a veteran had a medical encounter either at a VA facility or a community care facility and received one or more of the following diagnoses: agoraphobia, social phobias, panic disorder, obsessive-compulsive disorder, and anxiety disorder, unspecified, among others, that veteran would be categorized as having an anxiety-related disorder.

⁴Enrollment databases included VA's Benefits Delivery Network and the Web Enabled Approval Management System.

Vet Center utilization. We defined mental health care at Vet Centers as non-clinical counseling services focused on mental health related issues. We counted a veteran as having received mental health counseling if at any point in the fiscal year, his or her Readjustment Counseling Services record indicated at least one appointment tagged by the provider with a mental health focus area. These focus areas include post-traumatic stress disorder, sub-post-traumatic stress disorder, drug or alcohol, psych other, and military sexual trauma.

Analyses of Veterans Integration to Academic Leadership Program Locations

We analyzed data VHA collected on the health care systems that operate a Veterans Integration to Academic Leadership program and their partnerships with academic institutions, as of October 2023. We analyzed these data in conjunction with data from the Veterans Health Administration Site Tracking system and data from the Veterans Benefit Administration's GI Bill Comparison Tool identifying the location of health care systems with a program and their partner academic institutions.

To assess the reliability of all sources of data we analyzed, we interviewed relevant agency officials, reviewed related documentation, and performed electronic and manual testing to identify any missing data and obvious errors. We determined that the data, including Veterans Benefits Administration educational assistance enrollment data, VHA mental health utilization and diagnosis data, and VHA's academic integration program data, were sufficiently reliable for the purposes of our audit objectives.

Literature Search and Review on the Mental Health Needs of Student Veterans

To identify the mental health needs of student veterans, we conducted a literature search and review. Specifically, we conducted a structured search of multiple databases, including ProQuest, ProQuest Dialog,

Scopus, WorldCat, and Harvard Think Tank, Scopus, and WorldCat.⁵ Our searches included various terms related to our objectives, including “student veterans” and “mental health.” Our search results were limited to English language materials, focused on veterans in the United States, and were published from 2013 through 2023—the most recent 10 years at the time of our review.

We identified a total of 142 sources that included scholarly/peer reviewed articles and books, among others. Among these sources, we identified 78 that were potentially relevant to our audit objectives based on the abstracts. We then examined the full text of the 78 sources to select those most relevant to include in our review. We identified and reviewed a total of 52 sources that discussed the mental health conditions of student veterans (e.g., anxiety, depression, and post-traumatic stress disorder) or factors that could affect the mental health of student veterans.

⁵Searches were conducted in the ProQuest databases Coronavirus Research Database, Criminology Collection, Education Database, ERIC, Global Newsstream, Health & Medical Collection, Policy File Index, ProQuest Dissertations & Theses Global, PTSDpubs, Publicly Available Content Database, Research Library, SciTech Premium Collection, and Sociology Collection. Searches were conducted in the ProQuest Dialog databases APA PSYCInfo®, BIOSIS Previews®, Embase®, EMCare®, MEDLINE®, PAIS International, SciSearch®: A Cited Reference Science Database, and Social SciSearch®.

Appendix II: Supplemental Information on Student Veterans' Mental Health

This appendix presents supplemental information on demographic characteristics of student veterans and information on the types of institutions student veterans attended. Data presented is representative of the 277,094 student veterans who used mental health care through the Veterans Health Administration (VHA), compared to the total number of student veterans (577,039) in fiscal year 2022 (see tables 1 through 6).¹

Table 1: Comparison of Student Veterans Who Used Veterans Health Administration (VHA) Mental Health Care and All Student Veterans, by Gender, Fiscal Year 2022

	Percent of student veterans who used mental health care	Percent of all student veterans
Male	75.3	77.1
Female	24.7	22.9

Source: GAO analysis of VHA and Veterans Benefits Administration data. | GAO-24-106620

Note: VHA mental health care includes mental health care provided through the Department of Veterans Affairs, the community care program, and at Vet Centers. In fiscal year 2022, there were 577,039 student veterans. Of those, 277,094 student veterans used mental health care through VHA in the same year.

Table 2: Comparison of Student Veterans Who Used Veterans Health Administration (VHA) Mental Health Care and All Student Veterans, by Race, Fiscal Year 2022

	Percent of student veterans who used mental health care	Percent of all student veterans
American Indian/Alaskan Native	1.4	1.4
Asian	6.0	5.6
Black/African American	26.4	21.3
Native Hawaiian/Pacific Island	0.4	0.3

¹VHA mental health care includes mental health care provided through the Department of Veterans Affairs, the community care program, and at Vet Centers.

Appendix II: Supplemental Information on Student Veterans' Mental Health

	Percent of student veterans who used mental health care	Percent of all student veterans
White	60.2	65.9
Unknown	5.6	5.4

Source: GAO analysis of VHA and Veterans Benefits Administration data. | GAO-24-106620

Note: VHA mental health care includes mental health care provided through the Department of Veterans Affairs, the community care program, and at Vet Centers. In fiscal year 2022, there were 577,039 student veterans. Of those, 277,094 student veterans used mental health care through VHA in the same year.

Table 3: Comparison of Student Veterans Who Used Veterans Health Administration (VHA) Mental Health Care and All Student Veterans, by Ethnicity, Fiscal Year 2022

	Percent of student veterans who used mental health care	Percent of all student veterans
Hispanic	15.4	15.0
Non-Hispanic	84.6	85.0

Source: GAO analysis of VHA and Veterans Benefits Administration data. | GAO-24-106620

Note: VHA mental health care includes mental health care provided through the Department of Veterans Affairs, the community care program, and at Vet Centers. In fiscal year 2022, there were 577,039 student veterans. Of those, 277,094 student veterans used mental health care through VHA in the same year.

Table 4: Comparison of Student Veterans Who Used Veterans Health Administration (VHA) Mental Health Care and All Student Veterans, by Age, Fiscal Year 2022

	Percent of student veterans who used mental health care	Percent of all student veterans
17-34	52.7	62.6
35-49	37.0	30.5
50-64	9.6	6.5
65 and above	0.7	0.4
Unknown	0.0	0.0

Source: GAO analysis of VHA and Veterans Benefits Administration data. | GAO-24-106620

Note: VHA mental health care includes mental health care provided through the Department of Veterans Affairs, the community care program, and at Vet Centers. In fiscal year 2022, there were 577,039 student veterans. Of those, 277,094 student veterans used mental health care through VHA in the same year. Percentages do not add to 100 due to rounding.

Appendix II: Supplemental Information on Student Veterans' Mental Health

Table 5: Comparison of Student Veterans Who Used Veterans Health Administration (VHA) Mental Health Care and All Student Veterans, by Era of Service, Fiscal Year 2022

	Percent of student veterans who used mental health care	Percent of all student veterans
Global War on Terror	96.2	97.9
Gulf War	2.7	1.5
Vietnam War	0.1	0.1
Peacetime	0.9	0.5

Source: GAO analysis of VHA and Veterans Benefits Administration data. | GAO-24-106620

Note: VHA mental health care includes mental health care provided through the Department of Veterans Affairs, the community care program, and at Vet Centers. In fiscal year 2022, there were 577,039 student veterans. Of those, 277,094 student veterans used mental health care through VHA in the same year.

Table 6: Comparison of Student Veterans Who Used Veterans Health Administration (VHA) Mental Health Care and All Student Veterans, by Institution of Higher Learning Facility Type, Fiscal Year 2022

	Percent of student veterans who used mental health care	Percent of all student veterans
College, 2 year	26.0	23.4
University or college, 4 year	65.1	66.3
Other	14.4	14.8

Source: GAO analysis of VHA and Veterans Benefits Administration data. | GAO-24-106620

Note: VHA mental health care includes mental health care provided through the Department of Veterans Affairs, the community care program, and at Vet Centers. In fiscal year 2022, there were 577,039 student veterans. Of those, 277,094 student veterans used mental health care through VHA in the same year. The percentages do not add to 100 because veterans can attend multiple schools in a single year.

Table 7: Comparison of Student Veterans Who Used Veterans Health Administration (VHA) Mental Health Care and All Student Veterans, by Institute of Higher Learning Profit Status, Fiscal Year 2022

	Percent of student veterans who used mental health care	Percent of all student veterans
Private, non-profit	24.6	24.3
Private, profit	28.9	26.7
Public	51.1	52.8

Source: GAO analysis of VHA and Veterans Benefits Administration data. | GAO-24-106620

Note: VHA mental health care includes mental health care provided through the Department of Veterans Affairs, the community care program, and at Vet Centers. In fiscal year 2022, there were 577,039 student veterans. Of those, 277,094 student veterans used mental health care through VHA in the same year. The percentages do not add to 100 because veterans can attend multiple schools in a single year.

Appendix III: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

January 30, 2024

Ms. Alyssa M. Hundrup
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Hundrup:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***VA HEALTH CARE: Opportunities Exist to Further Meet Student Veteran Mental Health Needs*** (GAO-24-106620).

The enclosure contains technical comments and the action plan to address the draft report recommendation. VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kimberly Jackson".

Kimberly Jackson
Chief of Staff

Enclosure

**Appendix III: Comments from the Department
of Veterans Affairs**

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***VA Health Care: Opportunities Exist to Further Meet
Student Veteran Mental Health Needs***
(GAO-24-106620)

Recommendation 1: The Department of Veterans Affairs Under Secretary for Health should communicate comprehensive information across VHA's health care systems on a regular basis about when and how to implement a Veterans Integration to Academic Leadership program. Such communication could include distributing a memorandum or guidance to health care systems.

VA Response: Concur. The Veterans Integration to Academic Leadership (VITAL) programs are developed and operated at the local facility level to provide mental health and supportive services to student Veterans while engaged in educational endeavors. The decision on whether and when to establish a local VITAL program depends on the needs and interests of institutions of higher learning and the resource availability of individual VA medical centers. To enhance communication about VITAL, the Office of Mental Health and Suicide Prevention (OMHSP) will provide an annual briefing to the Veterans Integrated Service Network Chief Mental Health Officers regarding the program. Guidance on establishing a VITAL program will be available on the OMHSP SharePoint site to provide enhanced access to those materials.

Target Completion Date: March 2024

Accessible text for Appendix III: Comments from the Department of Veterans Affairs

Ms. Alyssa M. Hundrup Director

Health Care

U.S. Government Accountability Office 441 G Street, NW

Washington, DC 20548 Dear Ms. Hundrup:

The Department of Veterans Affairs (VA) has reviewed the Government

Accountability Office (GAO) draft report: VA HEALTH CARE: Opportunities Exist to
Further Meet Student Veteran Mental Health Needs (GAO-24-106620).

The enclosure contains technical comments and the action plan to address the draft
report recommendation. VA appreciates the opportunity to comment on your draft
report.

Sincerely,

Kimberly Jackson Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Comments to Government
Accountability Office (GAO) Draft Report VA Health Care:
Opportunities Exist to Further Meet Student Veteran Mental Health
Needs (GAO-24-106620)

Recommendation 1: The Department of Veterans Affairs Under Secretary for
Health should communicate comprehensive information across VHA's health
care systems on a regular basis about when and how to implement a

Veterans Integration to Academic Leadership program. Such communication could include distributing a memorandum or guidance to health care systems.

VA Response: Concur. The Veterans Integration to Academic Leadership (VITAL) programs are developed and operated at the local facility level to provide mental health and supportive services to student Veterans while engaged in educational endeavors. The decision on whether and when to establish a local VITAL program depends on the needs and interests of institutions of higher learning and the resource availability of individual VA medical centers. To enhance communication about VITAL, the Office of Mental Health and Suicide Prevention (OMHSP) will provide an annual briefing to the Veterans Integrated Service Network Chief Mental Health Officers regarding the program. Guidance on establishing a VITAL program will be available on the OMHSP SharePoint site to provide enhanced access to those materials.

Target Completion Date: March 2024

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact:

Alyssa M. Hundrup, (202) 512-7114 or hundrupa@gao.gov.

Staff Acknowledgments:

In addition to the contact named above, Rebecca Rust Williamson (Assistant Director), Kaitlin Dunn and Aaron Holling (Analysts-In-Charge), Tyler Dennis, Cynthia Khan, and Jeffrey Tamburello made key contributions to this report. Also contributing were Leia Dickerson, Jacquelyn Hamilton, Ying Hu, Foster Ritchie, Roxanna Sun, and Cathleen Hamann Whitmore.

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