

Congress of the United States

Washington, DC 20515

July 28, 2026

The Honorable Doug Collins
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

Dear Secretary Collins:

We write with concern regarding recent reports about reductions in the Veterans Health Administration's (VHA) behavioral and mental health workforce and the potential impact on Veterans' access to care.

Caring for our nation's Veterans is a fundamental responsibility, and that includes ensuring access to high-quality mental health care. The Department of Veterans Affairs (VA) serves nearly 9 million Veterans nationwide and is charged with providing timely, high-quality care to support their health, well-being, and successful transition to civilian life.¹ VHA clinicians help Veterans manage serious conditions such as post-traumatic stress disorder (PTSD), anxiety, depression, panic disorders, and substance abuse disorder. These needs are both significant and widespread: 31% of veterans enrolled in VHA have a confirmed mental health diagnosis², compared to 23.1%³ of U.S. adults. The stakes are also life-threatening—6,398 Veterans died by suicide in 2023 alone.⁴ Additionally, a substantial share of Veterans who have died by suicide had no prior mental health diagnosis.⁵ It is important that the VA invest in short term interventions and long term strategies to improve mental health outcomes and reduce suicide risk.

VHA mental health professionals are uniquely trained to address the complex needs of Veterans, with expertise in military culture, lethal means safety, combat-related trauma, and the impact of physical conditions such as traumatic brain injuries or amputations on an individual's mental health. While community providers play an important role in the continuum of care, many do not

¹ U.S. Department of Veterans Affairs. *Veteran Population by State (Pocket Card)*. Washington, DC: VA Office of Enterprise Integration. <https://www.va.gov/VETDATA/docs/pocketcards/pocketcard.pdf>. Accessed June 15, 2026.

² Greenberg, G., Chiu, S., & Hoff, R. (2024). *FY2023 Mental Health Data Sheet: National, VISN, and Healthcare System Tables – All Eligible Veterans*. West Haven, CT: Northeast Program Evaluation Center.

³ National Institute of Mental Health. *Mental Illness Statistics*. Bethesda, MD: NIMH. <https://www.nimh.nih.gov/health/statistics/mental-illness>. Accessed June 15, 2026.

⁴ U.S. Department of Veterans Affairs. *2025 Annual Report, Part 1 (508 Compliant)*. Washington, DC: Veterans Health Administration. https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025_Annual_Report_Part_1_508.pdf. Accessed June 15, 2026.

⁵ Simonetti, J. A., Piegari, R., Maynard, C., Brenner, L. A., Mori, A., Post, E. P., Nelson, K., & Trivedi, R. (2020). "Characteristics and Injury Mechanisms of Veteran Primary Care Suicide Decedents with and without Diagnosed Mental Illness." *Journal of General Internal Medicine*. <https://doi.org/10.1007/s11606-020-05787-1>

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possess the same level of Veteran-specific training and experience. In fact, the Government Accountability Office found that only 2 percent of community behavioral health providers receiving VA referrals had completed any of the VA's core training courses in areas such as suicide prevention, opioid safety, and other Veteran-centric topics.⁶

Recent reporting and publicly available workforce data raise questions about the stability of VA's mental health workforce and the Department's ability to meet growing demand for behavioral health services.⁷ According to VA data⁸, since the beginning of the Trump Administration, the Department has lost over 300 psychologists and 700 social workers, some of whom also provide mental health counseling, even as mental health needs among veterans remain substantial.⁹ In fact, the Department reportedly lost about 200 psychiatrists in 2025 alone.¹⁰ In that same year, 57% percent of facilities reported severe psychology staffing shortages, making it the most frequently understaffed clinical occupation.¹¹

The consequences for Veterans are evident. Staffing shortages have caused longer wait times, cancelled appointments, interrupted treatment, and the loss of trusted clinicians. Some Veterans report waiting multiple months for an available appointment and constantly having to rebuild their relationships with therapists from scratch as they are forced to switch between multiple therapists in succession. Therapists and Veterans also report being forced to replace one-on-one sessions with large group sessions, even when not clinically appropriate.¹² This cycle of disruption has led some Veterans to give up treatment all together. One Veteran warned that losing access to their trusted therapist was a matter of “life or death.”¹³

These reported workforce shortages raise serious questions about the impact of recent staffing and workforce management decisions on Veterans' access to mental health care. Mental health clinicians have reported unmanageable caseloads, growing uncertainty about the future of their

⁶ U.S. Government Accountability Office. *Veterans' Community Care: VA Needs Improved Oversight of Behavioral Health Medical Records and Provider Training* (GAO-25-106910). Washington, DC: GAO, May 5, 2025. <https://www.gao.gov/products/gao-25-106910>. Accessed June 15, 2026.

⁷ Coleman, Vernal, Topher Sanders, Joel Jacobs, and Eric Umansky. *How Trump Is Failing Veterans Who Need Mental Health Care*. ProPublica, March 12, 2026. <https://www.propublica.org/article/veterans-affairs-mental-health-therapists-quit-trump>. Accessed June 15, 2026.

⁸ U.S. Department of Veterans Affairs. *VA Workforce Dashboard, Issue 21* (Washington, DC: VA, January 31, 2025). <https://department.va.gov/employees/wp-content/uploads/sites/63/2025/07/VA-Workforce-Dashboard-Issue-21.pdf>. Accessed June 15, 2026.

⁹ U.S. Department of Veterans Affairs. *VA Workforce Dashboard, Issue 37* (Washington, DC: VA, May 29, 2026). <https://department.va.gov/employees/wp-content/uploads/sites/63/2026/05/VA-Workforce-Dashboard-Issue-37.pdf>. Accessed June 15, 2026.

¹⁰ Phillips, Kristina, and Patricia Cohen. *Veterans Affairs Has Cut Nurses and Doctors as Mental Health Demand Rises*. *The New York Times*, March 3, 2026. https://www.nytimes.com/2026/03/03/us/politics/veterans-affairs-nurses-doctors-cut.html?unlocked_article_code=I.QVA.CX_u.YQOi8V3z_qzj&smid=url-share.

¹¹ U.S. Department of Veterans Affairs, Office of Inspector General. *OIG Determination of Veterans Health Administration's Severe Occupational Staffing Shortages, Fiscal Year 2025* (Report No. 25-01135-196). Washington, DC: VA OIG, August 12, 2025. <https://www.vaog.gov/sites/default/files/reports/2025-08/vaog-25-01135-196-final.pdf>. Accessed June 15, 2026.

¹² Coleman, Vernal, Topher Sanders, Joel Jacobs, and Eric Umansky. *How Trump Is Failing Veterans Who Need Mental Health Care*. ProPublica, March 12, 2026. <https://www.propublica.org/article/veterans-affairs-mental-health-therapists-quit-trump>. Accessed June 15, 2026.

¹³ Coleman, Vernal, Topher Sanders, Joel Jacobs, and Eric Umansky. *How Trump Is Failing Veterans Who Need Mental Health Care*. ProPublica, March 12, 2026. <https://www.propublica.org/article/veterans-affairs-mental-health-therapists-quit-trump>. Accessed June 15, 2026.

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positions, and concerns that political directives around diversity, equity, and inclusion have made it more difficult to provide the highest quality care for their patients. This loss of hundreds of experienced clinicians—and the therapeutic relationships they built with veterans over years of care—cannot be quickly or easily replaced, even as the need for Veterans’ mental health services continues to grow.

Given these concerns regarding the adequacy and stability of VHA's mental health workforce, we request responses to the following questions by August 14, 2026:

1. Please provide, as of the date of this letter, the number of authorized positions, onboarded employees, vacancies, and vacancy rates nationwide for psychiatrists, psychologists, licensed clinical social workers, licensed professional mental health counselors, psychiatric mental health nurse practitioners, peer support specialists, and other direct-care behavioral health personnel.
 - Please provide equivalent data as of January 1st, 2025.
2. Please provide the information requested in Question 1 by Veterans Integrated Services Network (VISN) and facility. For each occupation, please also identify the number of positions that have been added, eliminated, or remained vacant during the past 24 months.
3. In total, how many mental health providers have separated from VA employment since January 20, 2025, including through resignation, retirement, deferred resignation, termination, or other separation? Please provide this information separated by occupation.
4. For 2026, what is the average time it takes to fill and onboard vacant mental health positions, by occupation?
5. Please provide the average and median wait times, by VISN and facility, for:
 - Initial mental health evaluations;
 - Initial individual appointments; and
 - Follow-up mental health appointments.Please also include the type of provider, providing such care.
6. How many Veterans are currently awaiting outpatient mental health services, including individual psychotherapy, and what is the average length of time they have been waiting? What percentage of Veterans seeking mental health care are seen within VA’s established access standards?

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7. Please provide the number and percentage of Veterans who waited more than 20, 30, 60, and 90 days for an initial individual mental health appointment during FY2025 and FY2026 to date.

8. Please provide the average and median wait times for Veterans referred to Community Care for outpatient mental health services during FY2026 and FY2025 to date for:

- Initial community care mental health evaluations;
- Initial individual appointments; and
- Follow-up mental health appointments.

Please also include the type of provider, providing such care.

9. Among Veterans receiving ongoing outpatient mental health treatment, what percentage of Veterans changed mental health providers during the past 12 months? How many Veterans experienced interruption or termination of mental health treatment due to provider departure or vacancy?

10. How does the Department monitor continuity of care for veterans receiving ongoing mental health treatment? What policies or procedures are in place to ensure continuity of care for Veterans when providers leave the Department or positions remain unfilled?

11. What action is the Department taking to recruit and retain mental health providers in facilities experiencing persistent staffing shortages? Please describe any financial or non-financial incentives currently being used to improve recruitment and retention. What steps is the Department taking to address clinician workload, caseload size, burnout, and other workforce factors that may contribute to provider attrition?

12. What metrics does the Department use to assess whether workforce shortages are affecting veterans' access to care, continuity of care, clinical outcomes, suicide prevention efforts, and successful long-term clinical outcomes?

13. Has the Department conducted any recent internal evaluations, analyses, or assessments regarding the impact of mental health workforce shortages on veterans' access to care or mental health service delivery? If so, please provide copies of any reports, analyses, recommendations, or other relevant documents.

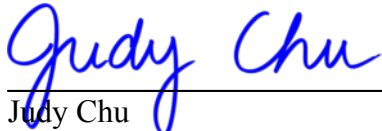
Given the persistent shortages of mental health professionals across the Department, it is critical that Congress understands the scope of these workforce challenges and the Department's efforts to address them.

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Thank you for your cooperation with this request. We look forward to reviewing the information provided.

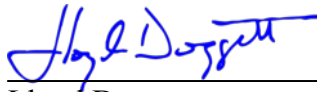
Sincerely,



Judy Chu
Member of Congress



Eleanor Holmes Norton
Member of Congress



Lloyd Doggett
Member of Congress



Zoe Lofgren
Member of Congress



Seth Moulton
Member of Congress



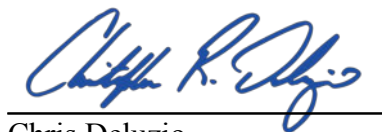
Danny K. Davis
Member of Congress



J. Luis Correa
Member of Congress



John Garamendi
Member of Congress



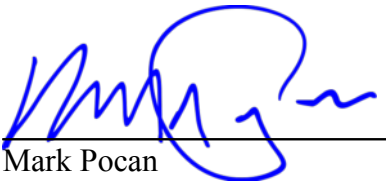
Chris Deluzio
Member of Congress



Andrea Salinas
Member of Congress

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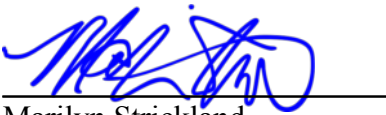
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Mark Pocan
Member of Congress



Ed Case
Member of Congress



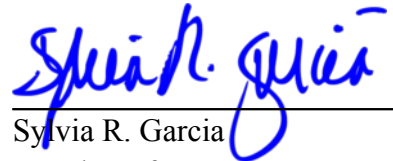
Marilyn Strickland
Member of Congress



Sharice L. Davids
Member of Congress
Kansas Third District



LaMonica McIver
Member of Congress



Sylvia R. Garcia
Member of Congress



Maxine Dexter, M.D.
Member of Congress



Mike Thompson
Member of Congress



Bonnie Watson Coleman
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Diana DeGette
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Dina Titus
Member of Congress



Eugene Simon Vindman
Member of Congress



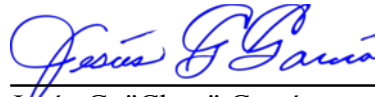
Lateefah Simon
Member of Congress



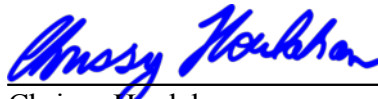
Yassamin Ansari
Member of Congress



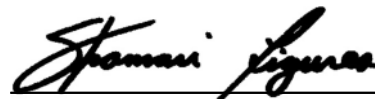
Debbie Dingell
Member of Congress



Jesús G. "Chuy" García
Member of Congress



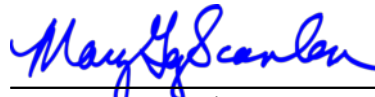
Chrissy Houlahan
Member of Congress



Shomari Figures
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André Carson
Member of Congress



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Haley M. Stevens
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Teresa Leger Fernández
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Rashida Tlaib
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Jim Tokuda
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Maggie Goodlander
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Shri Thanedar
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Thomas R. Suozzi
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Veronica Escobar
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Madeleine Dean
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Jim Costa
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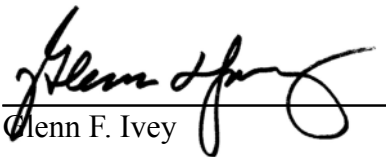
Sean Casten
Member of Congress



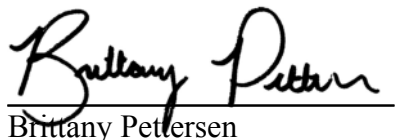
Mark DeSaulnier
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Member of Congress



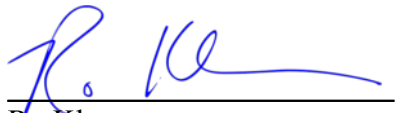
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Brittany Petersen
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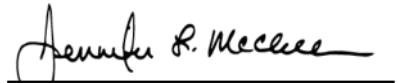
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Ro Khanna
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Nancy Pelosi
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Jennifer L. McClellan
Member of Congress



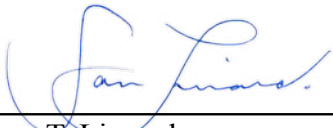
Marc A. Veasey
Member of Congress



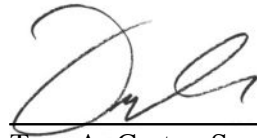
Bill Foster
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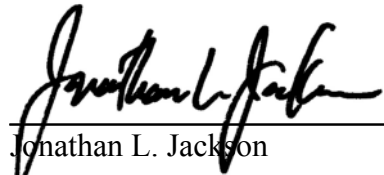
Sam T. Liccardo
Member of Congress



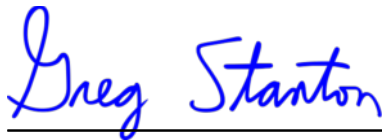
Troy A. Carter, Sr.
Member of Congress



Derek T. Tran
Member of Congress



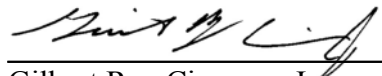
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Greg Stanton
Member of Congress



Jared Moskowitz
Member of Congress



Gilbert Ray Cisneros, Jr.
Member of Congress