are at the highest level in nearly three decades. Each day in the United States, about 20 veterans commit suicide. Veterans account for 18 percent of all suicides in the United States, though they make up less than 9 percent of the population (Shane & Kime, 2016).

The problem is not just among veterans. Suicide among active-duty soldiers has been steadily increasing for a number of years. In 2001, there were 141 suicides in all branches of the military. That number rose to 265 in 2015 (Zoroya, 2016). The stress of long and repeated deployments to war zones, the dangerous and confusing nature of both wars, wavering public support for the wars, and reduced troop morale have all contributed to the escalating mental health issues.

Though it is clear that soldiers and veterans are at increased risk of mental illness, they have had difficulty receiving adequate mental health care for many years. Research estimates that between 56 and 87 percent of veterans experiencing challenges do not receive mental health services (American Public Health Association, 2014). There are a number of reasons for the low treatment rates. One problem is that veterans must have an honorable or general discharge and must have served at least 24 continuous months to receive Department of Veterans Affairs (VA) benefits. This can be problematic because some mental health issues can result in behavior that leads to other than honorable (OTH) discharges, which means some veterans do not qualify for services. There are delays in processing disability claims, long waitlists for care because of a shortage of providers, and problematic scheduling systems at many VA locations. There are also a variety of cultural barriers for seeking treatment. Military culture stresses self-sufficiency and the inner strength to keep going through challenge and pain. This results in stigma when asking for help. One study found that one-quarter of veterans who have a mental illness report not seeking care because commanders discouraged their use of mental health services (Williamson & Mulhall, 2009).

Military and civilian social workers in the veterans' health care system are providing services for our soldiers at home. But there are also soldiers on the front lines. For example, social workers work out of the NATO hospital in Afghanistan and make visits to provide counseling services at forward operating bases (Ward, 2009). Social workers are subject to the same debilitating stress and anxiety the troops face, in part because they listen to so many devastating stories. And it takes a toll on their mental health. We discuss more about services to veterans' and social workers' compassion fatigue and burnout in Chapter 14.

## Values and Ethics

EP 1a

A number of ethical concerns in the Values and Ethics section after the first sentence, raise questions and pose value dilemmas for social workers in mental health care (See Box 10.8). **Confidentiality** is a strongly held social work value. It requires all information to remain with the therapist and to be released only with the consent of the client. Clients can generally expect their personal information to stay private unless danger to themselves or others is involved. In some cases, social workers' strict adherence to confidentiality has



meant not providing information to family members. If a family member is hospitalized because of a car accident, medical personnel keep the family informed and ask their permission to provide treatment. If a family member is hospitalized because of mental illness, no information can be provided to the family unless the consumer has given express permission. Sometimes the consumer may be too impaired to provide consent.

The managed care system has raised many ethical dilemmas for social workers, especially those working with people diagnosed with serious mental illnesses. In the managed care system, companies are paid a specified amount to provide mental health care to all people within a geographic area who need it. The company needs to stay within budget or make a profit. Money is saved when some people who need treatment do not seek it and when people are denied treatment because they are evaluated as not meeting strict eligibility criteria. Social workers' treatment recommendations may be overturned by administrators who are untrained in clinical practice. Who is responsible? The legislators who failed to allocate sufficient funds? The companies whose profit margins are paramount? The social workers who did not raise these ethical issues?

The social work value of supporting self-determination has been challenged by an emerging mental health issue. Some people with serious mental illnesses do not seek or accept treatment that could help them control symptoms. A few untreated individuals experience symptoms that provoke them to commit violent acts. In response to this problem, some states have passed assisted treatment laws, also called community treatment orders and outpatient commitment. One of the first, called Kendra's Law (New York Mental Hygiene Law §9.60), allows courts to order certain individuals with mental illnesses to accept treatment while living in the community. The law was named in honor of Kendra Webdale, who died after being pushed into the path of a subway train by a man with severe mental illness who had a history of noncompliance with treatment.

These problems are complex. Is it better to allow individuals to choose whether to seek treatment even if they experience such severe symptoms that they are incapable of making rational decisions? Should they be allowed to remain symptomatic even if their symptoms impinge on the rights of others and their behavior brings them to the attention of the criminal justice system? Should treatment be enforced, even against a person's will, when experts deem that the person needs it? Social workers in the mental health field must deal with these questions.

### Box 10.8 Ethical Practice...Cost or Care?

Your neighbor, Sophie, has been diagnosed with schizophrenia. Your state has a program that provides free care to people with an SMI who have limited financial resources. Sophie has slightly too high of an income to access the free services, yet she does not have enough resources to pay for the care she needs. If she does not get help, her quality of life will clearly be diminished, and she may potentially be a risk to herself. She knows that you are a social worker; that you understand how important receiving treatment is for her; and that you know the mental health system. She asks you to help her find a way to hide some of her income so she can receive the mental health services she needs. What should you do?