INTERVIEW

When the VA Shrinks, the Field of Psychology Feels It

An Interview by CP Editor Maryke Van Zyl, PhD with Russell Lemle, PhD

*As a California psychologist who's worked in private practice and the VA, I have noticed a divide between the two worlds. I hope to spotlight more VA voices to bridge this gap. One such influential voice is that of **Dr. Russell Lemle**, a California-licensed psychologist who spent 38 years at the San Francisco VA, 27 of them as Chief of Psychology, before retiring in 2019. Dr. Lemle is co-founder and senior policy analyst of the Veterans Healthcare Policy Institute, a nonprofit think tank dedicated to improving healthcare, disability compensation, and benefits for U.S. veterans.*

MVZ: Since the VA is the largest single employer of psychologists in the country and has trained a large percentage of the field's practitioners, can you speak to how the VA's scale and training role influence psychology as a whole?

RL: The VA's influence on the field has been profound. Before 1945, psychology practitioners were primarily engaged in assessment rather than psychotherapy. Everything changed with World War II, which created an unprecedented demand for mental health services to treat returning soldiers struggling with psychological injuries. The Department of Veterans Affairs (known as the Veterans Administration until 1989) needed thousands of psychologists to meet this need. This shortage catalyzed the creation of the first formal training programs and established professional credentialing in clinical and counseling psychology. Through this process, the VA laid the groundwork for establishing psychologists as independent psychotherapy providers, fundamentally transforming the field as we know it.

Fast forward 80 years, and the VA remains the largest employer of psychologists in the country, with approximately 7,300 psychologists currently working within its system. Given its massive scale and cohesive structure, the VA continues to drive innovation across multiple domains, including, for example, trauma treatment, the integration of mental health services into primary care, moral injury intervention, and telemental health, to name a few.

The VA's proficiency requirements for clinicians also have a ripple effect throughout the broader psychology workforce. Every VA facility must employ providers trained in evidence-based assessment and treatment for the most prevalent psychological conditions. Since there is no comparable system in the country that maintains this standard, VA trainees and psychologists gain exposure to extensive practice protocols that shape their approach to the broader field, carrying this expertise with them as they transition to other settings.

So, VA has this rich history of training and hiring psychologists to meet complex needs. How do policy changes within the VA affect what happens outside the VA?

To understand the current situation, we need to look back to 2014 and the Phoenix VA scandal. When VA staff were discovered keeping off-record waitlists while veterans waited for care, the stoked outrage led immediately to the Choice Program, which allowed more veterans to seek care outside the VA. Subsequent analyses found no evidence directly linking any of the veterans' deaths to the conditions for which they were waiting to be treated. But by then, the policy train had forever left the station. In 2018, the VA MISSION Act took this transformation even further, fundamentally broadening criteria for how veterans access community care.

Since MISSION, utilization of community care programs has increased 15 to 20 percent yearly. When a local VA healthcare system refers services to the private sector, it must pay those bills from its own funding. At first, Congress backfilled the money fronted by local VA systems. They have since left local VAs to pick up the expense. Increasing funds for community care means less for VA internal care.

Given these significant changes, what practical impacts do shifting community care policies have on the VA's ability to function, and by extension, on the field of psychology?

Psychology faces a workforce crisis within the VA system. Government watchdogs have identified psychology as the sin-

gle most critically understaffed occupation in the organization. In 2025, the number of psychologists has declined month after month. Compounding this problem, many positions remain vacant or have been eliminated entirely from organizational charts, locking in permanent VA understaffing even as demand for mental health services is projected to continue growing through 2030. This represents a dangerous convergence of trends that threatens the VA's ability to fulfill its mental health care mission or train as many future psychologists.

The VA has long served as the bedrock of our nation's commitment to "taking care of our own." That bedrock principle is now at risk of degrading into a callous promise of "you're on your own." This prospect profoundly troubles me.

These are very concerning predictions. How, then, does the move toward more community-based care tangibly affect veterans' experiences?

The ever-expanding funneling of resources to the community has placed the entire VA healthcare system in an existential threat. If this trajectory continues, we will witness the gradual dismantling of medical centers, leaving outpatient clinics as their core foundation. Veterans have historically had the security that the VA will always be there because it always has been. They are in the dark about how incredibly close they are to losing irreplaceable parts of the system.

As the VA shrinks, the distance to, and wait times for private sector care will increase for veterans and non-veterans alike. This will lead to more strain on an already overburdened system. It's important to recognize that mental health care in America is scarce. One hundred sixty million Americans live in areas with mental health professional shortages; 61 percent of counties lack a single psychologist. Mental health care wait times for veterans are already longer in the private sector than within the VA.

A veteran who seeks a VA-paid community provider has no guarantee that the clinician has any relevant background. That's because community providers are given a free pass and are not expected to meet any expectations beyond basic licensure. The community care program lacks standards for training, proficiency, process/outcome measurement, assessment, military cultural competence, care coordination, or record keeping. In sharp contrast, these rigorous standards are embedded in and enforced throughout the government system.

Consider this stark example: The VA mandates annual training in counseling for access to lethal means as a suicide prevention intervention. Seventy-four percent of veteran suicide deaths involve firearms (and 55 percent among all Americans). If we are ever going to mitigate veteran suicide, we must know how to address firearm access specifically. While every VA psychologist is required to complete this essential training annually, less than two percent of community providers have done so even once.

The intention behind the veterans' community care program is to provide supplementary private sector care when it's both needed and authorized by the VA. If a veteran is referred outside the VA, I believe there must be assurance that the provider has the equivalent competence and quality standards that match the VAs. Resources should be allocated to require training of those providers and to monitor adherence to requirements.

Keep in mind that when surveyed, over 90% of veterans prefer the VA to remain intact as the foundation of veterans' healthcare rather than transforming it primarily into a payer for outside services. The incremental privatization of VA flies in the face of these strong preferences.

These concerns raise another important question: Why aren't more VA psychologists voicing these issues?

First, most VA employees believe they are legally prohibited from speaking publicly. That's not true. Nothing in federal law prevents psychologists from discussing information that is already publicly available or from speaking as private citizens. You'd have to do it on your own time, on your own equipment, off federal premises.

Beyond this misconception, there exists a pervasive culture of silence within the VA. Providers are afraid of retribution. That reduces transparency and leaves the public with an incomplete picture of what policy changes mean for veterans or the profession.

I think many of us in the VA have felt this pressure to remain silent. If VA clinicians are hesitant to speak freely, what can psychologists in the community do to support the VA?

Non-VA psychologists play an indispensable role. When VA psychologists feel constrained from speaking openly, it becomes critical for psychologists working in community settings and within professional organizations to fill that void. They need to articulate, especially to members of Congress, what is currently happening in veteran care and what is fundamentally at stake. These voices should advocate for a future VA system that is fully staffed and funded to meet veterans' care demands. This represents an urgent call for professional responsibility. Time is of the essence.

What do you hope that psychologists take away from this conversation?

The field needs to understand that as the VA continues to shrink, so too will training opportunities, innovative interventions, breakthrough research, and backup for national emergencies (like it did during Covid-19). We need to pay extra close attention to current developments, because once these losses occur, they will be impossible to revive. Psychologists can support a robust VA system by educating policymakers, advocating within their professional associations, and supporting transparency. ■

If you'd like to stay up to date with the work that Dr. Lemle and his colleagues are doing to protect VA, please visit https://www.veteranspolicy.org/.