

**STATEMENT OF
RICHARD A. STONE, M.D.
EXECUTIVE IN CHARGE
VETERANS HEALTH ADMINISTRATION (VHA)
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
HOUSE COMMITTEE ON OVERSIGHT AND REFORM
SUBCOMMITTEE ON NATIONAL SECURITY**

May 8, 2019

Good afternoon, Chairman Lynch, Ranking Member Hice, and Members of the Subcommittee. I appreciate the opportunity to discuss the critical work VA is undertaking to prevent suicide among our Nation's Veterans. I am accompanied today by Dr. Keita Franklin, Executive Director, Suicide Prevention Program.

Introduction

Suicide is a serious public health crisis that affects communities across the country, and recently, this terrible tragedy occurred on the grounds of our VA health care facilities when three Veterans ended their lives in a single week. VA health care facilities are designed to be safe havens for the women and men who defended our Nation, and a suicide among fellow Veterans and those who have given their lives to care for them is heartbreaking. We are deeply saddened by this loss.

Our promise to Veterans remains the same: to promote, preserve, and restore Veterans' health and well-being; to empower and equip them to achieve their life goals; and to provide state-of-the-art treatments. Veterans possess unique characteristics and experiences related to their military service that may increase their risk of suicide. They also tend to possess skills and protective factors, such as resilience or a strong sense of belonging to a group. Our Nation's Veterans are strong, capable, valuable members of society, and it is imperative that we connect with them early as they transition into civilian life, facilitate that transition, and support them over their lifetime.

The health and well-being of the Nation's men and women who have served in uniform is the highest priority for VA. VA is committed to providing timely access to high-quality, recovery-oriented, evidence-based health care that anticipates and responds to Veterans' needs and supports the reintegration of returning Servicemembers wherever they live, work, and thrive.

These efforts are guided by the National Strategy for Preventing Veteran Suicide. Published in June 2018, this 10-year strategy provides a framework for identifying priorities, organizing efforts, and focusing national attention and community resources to prevent suicide among Veterans through a broad public health approach with an emphasis on comprehensive, community-based engagement. This approach is grounded in four key focus areas as follows:

- Primary prevention that focuses on preventing suicidal behavior before it occurs;
- Whole Health that considers factors beyond mental health, such as physical health, social connectedness, and life events;

- Application of data and research that emphasizes evidence-based approaches that can be tailored to fit the needs of Veterans in local communities; and
- Collaboration that educates and empowers diverse communities to participate in suicide prevention efforts through coordination.

Mental Health and Suicide Prevention

We know that an average of approximately 20 Veterans die by suicide each day; this number has remained relatively stable over the last several years. Of those 20, only 6 have used VA health care in the 2 years prior to their deaths, while the majority — 14 — have not. In addition, we know from national data that more than half of Americans who died by suicide in 2016 had no mental health diagnosis at the time of their deaths.

Through the National Strategy, we are implementing broad, community-based prevention initiatives, driven by data, to connect Veterans outside our system with care and support on national and local facility levels targeted to the 14 Veterans outside VA care.

When we look at our data from the years 2015 to 2016, we see a small decrease in the number of suicides; there were 365 fewer deaths by suicide in 2016 compared to 2015. This means we are moving in the right direction, but if there is still one suicide, we know there is significantly more work to be done. We are also concerned about the fact that we are seeing a rise in the rates of Veteran suicides among those aged 18 – 34 in the past 2 years. Efforts are already underway to better understand this population and other groups that are at elevated risk, such as women Veterans, never Federally-activated Guardsmen and Reservists, recently separated Veterans, and former Servicemembers with Other Than Honorable (OTH) discharges.

We have seen a notable increase in women Veterans coming to us for care. Women are the fastest-growing Veteran group, comprising about 9 percent of the U.S. Veteran population, and that number is expected to rise to 15 percent by 2035.

Although women Veteran suicide counts and rates decreased from 2015 to 2016, women Veterans are still more likely to die by suicide than non-Veteran women. In 2016, the suicide rate of women Veterans, with 257 women Veterans dying by suicide, was nearly twice the suicide rate of non-Veteran women after accounting for age differences.

These data underscore the importance of our programs for this population. VA is working to tailor services to meet their unique needs and have put a national network of Women's Mental Health Champions in place to disseminate information, facilitate consultations, and develop local resources in support of gender-sensitive mental health care.

For all groups experiencing a higher risk of suicide, including women, VA also offers a variety of mental health programs such as outpatient services, residential treatment programs, inpatient mental health care, telemental health, and specialty mental health services that include evidence-based therapies for conditions such as posttraumatic stress disorder (PTSD), depression, and substance use disorders.

While there is still much to learn, there are some things that we know for sure. Suicide is preventable, treatment works, and there is hope.

Established in 2007, the Veterans Crisis Line provides confidential support to Veterans in crisis. Veterans, as well as their family and friends, can call, text, or chat online with a caring, qualified responder, regardless of eligibility or enrollment for VA. VA is dedicated to providing free and confidential crisis support to Veterans 24 hours a day, 7 days a week, 365 days a year. However, we must do more to support Veterans before they reach a crisis point, which is why we are working with internal partners like VA's Homeless Program Office and Office of Patient Centered Care and Cultural Transformation in their deployment of Whole Health and with multiple external partners and organizations. In an effort to increase resiliency, VA must empower and equip Veterans, through internal partners like these, to take charge of their health and well-being and to live their life to the fullest.

VA's premier and award-winning digital mental health literacy and anti-stigma resource, *Make the Connection* (at www.MakeTheConnection.net), highlights Veterans' true and inspiring stories of mental health recovery and connects Veterans and their family members with local VA and community mental health resources. Over 600 videos from Veterans of all eras, genders, and backgrounds are at the heart of the *Make the Connection* resource. The resource was founded to encourage Veterans and their families to seek mental health services (if necessary), educate Veterans and their families about the signs and symptoms of mental health issues, and promote help-seeking behavior in Veterans and the general public.

With more than 593,000 visits to more than 180,000 Veterans in Fiscal Year (FY) 2018, VA is a national leader in providing telemental health services —defined as the use of video conferencing or telecommunications technology to provide mental health services. This is a critical strategy to ensure all Veterans, especially rural Veterans, can access mental health care when and where they need it. VA offers evidence-based telemental health care to rural and underserved areas via 11 regional hubs, expert consultation for patients via the National Telemental Health Center, and telemental health services between any U.S. location — into clinics, homes, mobile devices, and non-VA sites via VA Video Connect, an application (app) that promotes 'Anywhere to Anywhere' care. VA also offers tablets for Veterans without the necessary technology to promote engagement in care. VA's goal is that all VA outpatient mental health providers will be capable of delivering telemental health care to Veterans in their homes or other preferred non-VA locations by the end of FY 2020.

VA has deployed a suite of 16 award-winning mobile apps supporting Veterans and their families by providing tools to help them manage emotional and behavioral concerns. These apps are divided into two primary categories — those for use by Veterans to support personal work on issues such as coping with PTSD symptoms or smoking cessation and those used with a mental health provider to support Veterans' use of skills learned in psychotherapy. Enabling Veterans to engage in on-demand, self help before their problems reach a level of needing professional assistance can be empowering to Veterans and their families. It also supports VA's commitment to be there whenever Veterans need us. In FY 2018, VA's apps were downloaded 700,000 times.

A Public Health Approach to Suicide Prevention

Maintaining the integrity of VA's mental health care system is vitally important, but it is not enough. VA alone cannot end Veteran suicide. We know that some Veterans may not receive any or all of their health care services from VA, for various reasons, and we want to be respectful and cognizant of those choices.

As VA expands its suicide prevention efforts into a public health approach while maintaining its crisis intervention services, it is important that VA revisit its own infrastructure and adapt to ensure it can lead and support this effort. VA has examined every aspect of the problem, looking at it through the lens of each subgroup, level, and model, and VA is putting changes into place that leverage thoughtful investments of new practices, approaches, and additional staffing models. It is only through this multi-pronged strategy that VA can lead the Nation in truly deploying a well-rounded, public health approach to preventing suicide among Veterans. Preventing suicide among all of the Nation's 20 million Veterans cannot be the sole responsibility of VA; it requires a nationwide effort. Just as there is no single cause of suicide, no single organization can tackle suicide prevention alone. VA developed the National Strategy with the intention of it becoming a document that could guide the entire Nation. It is a plan for how EVERYONE can work together to prevent Veteran suicide.

Suicide prevention requires a combination of programming that hits many levels, including universal, selective, and indicated strategies. This "All-Some-Few" strategic framework allows VA to design effective programs and interventions appropriate for each group's level of risk. Not all Veterans at risk for suicide will present with a mental health diagnosis, and the strategies below employ a variety of tactics to reach all Veterans.

- Universal strategies aim to reach all Veterans in the U.S. These include public awareness and education campaigns about the availability of mental health and suicide prevention resources for Veterans, promoting responsible coverage of suicide by the news media, and creating barriers or limiting access to hotspots for suicide, such as bridges and train tracks.
- Selective strategies are intended for some Veterans who fall into subgroups that may be at increased risk for suicidal behaviors. These include outreach targeted to women Veterans or Veterans with substance use challenges, gatekeeper training for intermediaries who may be able to identify Veterans at high-risk, and programs for Veterans who have recently transitioned from military service.
- Indicated strategies are designed for the relatively few individual Veterans identified as having a high risk for suicidal behaviors, including some who have made a suicide attempt.

Current VA efforts regarding lethal means safety highlight this model. From education on making the environment safer for all present, to training on how to increase effective messaging around firearms in rural communities, to creation of thoughtful interventions around lethal means safety by clinicians when someone is in crisis, the "All-Some-Few" framework permeates the work we do.

Guided by this framework and the National Strategy, VA is creating and executing a targeted communications strategy to reach a wide variety of internal and external audiences. Our goals include the following:

- Implementing research-informed communication efforts designed to prevent Veteran suicide by changing knowledge, attitudes, and behaviors;
- Increasing awareness about the suicide prevention resources available to Veterans facing mental health challenges, as well as their families, friends, community partners, and clinicians;
- Educating partners, the community, and other key stakeholders (e.g., media and entertainment industries, other Government organizations) about the issue of Veteran suicide and the simple acts we can all take to prevent it;
- Promoting responsible media reporting of Veteran suicide, accurate portrayals of Veteran suicide and mental illnesses in the entertainment industry, and the safety of online content related to Veteran suicide;
- Explaining VA's public health approach to suicide prevention and how to implement it at both the national and local level;
- Increasing the timeliness and usefulness of data relevant to preventing Veteran suicide and getting it into the hands of intermediaries who can save Veterans' lives.

Promoting VA Suicide Prevention, Whole Health, and Mental Health Services

Suicide prevention requires a holistic view – not just at the systems level but at the personal care level as well. VA is expanding our understanding of what defines health care, developing a Whole Health approach that engages, empowers, and equips Veterans for life-long health and well-being. VA is uniquely positioned to make this a reality for our Veterans and for our Nation. The Whole Health delivery system includes the following three components: empowering Veterans through a partnership with peers to explore their mission, aspiration, and purpose and begin their overarching personal health plan; equipping Veterans with proactive, complementary, and integrative health approaches (e.g., stress reduction, yoga, nutrition, acupuncture, and health coaching); and aligning the Veteran's clinical care with their mission and personal health plan.

By focusing on approaches that serve the Veteran as a whole person, Whole Health allows Veterans to connect to different types of care, new tools, and teams of professionals who can help Veterans better self-manage chronic issues such as PTSD, pain, and depression.

VA is dedicated to designing environments and resources that work for Veterans so that people find the right care at the right time before they reach a point of crisis. However, Veterans must also know how and where they can reach out and feel comfortable asking for help.

VA relies on proven tactics to achieve broad exposure and outreach while also connecting with hard-to-reach targeted populations. Our target audiences include, but are not limited to women Veterans; male Veterans age 18-34; former Servicemembers; men age 55 and older; Veterans' loved ones, friends, and family; organizations that regularly interact with Veterans where they live and thrive; and the media and entertainment industry, who have the ability to shape the public's understanding of suicide, promote help-seeking behaviors, and reduce the risk of copycat suicides among vulnerable individuals.

VA uses an integrated mix of outreach and communications strategies to reach audiences. We proactively engage partners to help share our messages and content, including Public Service Announcements (PSA) and educational videos and also use paid media and advertising to increase our reach.

Outreach efforts included the Mayor's Challenge program, care enhancements for at-risk Veterans, the #BeThere campaign, and development of the National Strategy for Preventing Veteran Suicide. This also included, in partnership with Johnson & Johnson, releasing a PSA titled "No Veteran Left Behind," featuring Tom Hanks via social media. VA continues to use the #BeThere Campaign to raise awareness about mental health and suicide prevention and educate Veterans, their families, and communities about the suicide prevention resources available to them. During Suicide Prevention Month (September), the suicide prevention program implemented a dedicated outreach effort for the #BeThere Campaign, including several Facebook Live events that reached more than 160,000 people, a satellite media tour promoting the campaign that reached more than 8.9 million on television and 33.9 million on radio, partner outreach, and more. Through this outreach, we generated more than 347,000 visits to the Veterans Crisis Line Web site during Suicide Prevention Month.

Data is also an integral piece of our outreach approach, driving how we define the problem, target our programs, and deliver and implement interventions. Each element of our strategy is designed to drive action; these elements are intended to be collectively and wherever possible, individually measurable so that VA can continually assess results and modify approaches for optimum effect.

All these efforts are with the intent to serve Veterans at risk of suicide whether or not they receive services at VA. We continue to work to better understand and target prevention efforts towards the 14 Veterans who die by suicide every day who were not recent users of VA health services. These groups comprise many of our target audiences. For example, in 18-34 year-olds, suicide rates among this age group are increasing, and we are focusing on channels and strategies to get in front of this audience.

We are leveraging new technologies and working with partners on live social media events and continuing our digital outreach through online advertising. However, VA also continues to rely on our traditional partners like Veterans Service Organizations (VSO), non-profits organizations, and private companies to help us with their person-to-person networks and to help spread the word.

VA is also working with Federal partners, as well as state and local governments, to implement the National Strategy. In March 2018, VA, in collaboration with the Department of Health and Human Services, introduced the Mayor's Challenge with a community-level focus, and just last month, debuted the Governor's Challenge to take those efforts to the state level. The Mayor's and Governor's Challenges allow VA to work with 7 governors (from Arizona, Colorado, Kansas, Montana, New Hampshire, Texas, and Virginia) and 24 local governments, chosen based on Veteran population data, suicide prevalence rates and capacity of the city or state, to develop plans to prevent Veteran suicide, again with a focus on all Veterans at risk of suicide, not just those who engage with VA.

Our partnership with the Department of Defense (DoD) and Department of Homeland Security (DHS) is exemplified by the successful implementation of Executive

Order (EO) 13822, *Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life*. EO 13822 was signed by President Trump on January 9, 2018. The EO focused on transitioning Servicemembers (TSM) and Veterans in the first 12 months after separation from service, a critical period marked by a high risk for suicide.

The EO mandated the creation of a Joint Action Plan by DoD, DHS, and VA for providing TSMs and Veterans with seamless access to mental health treatment and suicide prevention resources in the year following discharge, separation, or retirement. The Joint Action Plan was accepted by the White House and published in May 2018 and has been under implementation since that time. All 16 tasks outlined in the Joint Action Plan are on target for full implementation by their projected completion dates, and 7 out of the 16 items are completed and in data collection mode. Some of our early data collection efforts point towards an increase in TSM and Veteran awareness and knowledge about mental health resources, increased facilitated health care registration, and increased engagement with peers and community resources through the Transition Assistance Program (TAP) and Whole Health offerings.

TAP curriculum additions and facilitated registration have shown that in the first quarter of FY 2019, 81 percent of 7,562 TSM respondents on the TAP exit survey reported being informed about mental health services. In addition, data from the previous quarter demonstrated that 35.6 percent of the 36,801 TSMs listed in the TAP Data Retrieval Web Service registered/enrolled in VA health care before, during, or within 60 days of their VA TAP Course. Whole Health data is demonstrating that between March and December 2018, 96 percent of VA medical centers (VAMC) reported offering Introduction to Whole Health. Introduction to Whole Health is open to all Veterans and employees. Nationally, the total number of reported participants in Introduction to Whole Health is over 10,000 since March 2018. Of these, over 990 TSMs have attended Introduction to Whole Health. In the first quarter of FY 2019, over 425 TSMs attended Introduction to Whole Health in the first quarter of FY 2019, with 6 percent of these referred to mental health services.

Through the coordinated efforts of VA, DoD, and DHS, the following actions took place:

- Any newly-transitioned Veteran who is eligible can go to a VAMC, Vet Center, or community provider, and VA will connect them with mental health care if they need it.
- In December 2018, VA mailed approximately 400,000 outreach letters to former Servicemembers with OTH discharges to inform them that they may receive emergent mental health care from VA, and certain former Servicemembers with OTH discharges are eligible for mental health care for conditions incurred or aggravated during active duty service.
- Some DoD resources available to Servicemembers, such as Military OneSource, will now be available to Veterans for 1 year following separation.
- After the first year, eligible Veterans may still receive mental health care support through VA, Vet Centers, the Veterans Crisis Line, or from a referred community resource.
- Veterans will also be able to receive support through VA partners and community resources outside of VA, like VSOs.

EO 13822 was established to assist in preventing suicide in the first year post transition from service; however, the completed and ongoing work of the EO will likely impact suicide prevention efforts far beyond the first year through increasing coordinated outreach, improving monitoring, increasing access, and focusing beyond just the first year post transition and into the years following transition. VA is working diligently to promote wellness, increase protection, reduce mental health risks, and promote effective treatment and recovery as part of a holistic approach to suicide prevention.

On March 5, 2019, EO 13861, *National Roadmap to Empower Veterans and End Suicide*, was signed to improve the quality of life of our Nation's Veterans and develop a national public health roadmap to lower the Veteran suicide rate. EO 13861 mandated the establishment of the Veterans Wellness, Empowerment, and Suicide Prevention Task Force to develop the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) and the development of a legislative proposal to establish a program for making grants to local communities to enable them to increase their capacity to collaborate with each other to integrate service delivery to Veterans and to coordinate resources for Veterans. The focus of these efforts is to provide Veterans at risk of suicide support services, such as employment, health, housing, education, social connection, and to develop a national research strategy for the prevention of Veteran suicide.

This EO implementation will further VA's efforts to collaborate with partners and communities nationwide to use the best available information and practices to support all Veterans, whether or not they are engaging with VA. This EO, in addition to VA's National Strategy, further advances the public health approach to suicide prevention by leveraging synergies and clearly identifying best practices across the Federal Government that can be used to save Veterans' lives.

The National Strategy is a call to action to every community, organization, and system interested in preventing Veteran suicide to help do this work where we cannot. For this reason, VA is leveraging a network of more than 60 partners in the public, private, and non-profit sectors to help us reach Veterans where they live, work, and thrive, and our network is growing weekly. For example, VA and PsychArmor Institute have a non-monetary partnership focused on creating online educational content that advances health initiatives to better serve Veterans. Our partnership with PsychArmor Institute resulted in the development of the free, online S.A.V.E. (Signs, Ask, Validate, and Encourage and Expedite) training course that enables those who interact with Veterans to identify signs that might indicate a Veteran is in crisis and how to safely respond to and support a Veteran to facilitate care and intervention. Since its launch in May 2018, the S.A.V.E. training has been viewed more than 18,000 times through PsychArmor's internal and social media system and 385 times on PsychArmor's YouTube channel. S.A.V.E. training is also mandatory for VA clinical and non-clinical employees. Ninety-three percent of VA staff are compliant with their assigned S.A.V.E. or refresher S.A.V.E. trainings since December 2018. This training continues to be used by VA's Suicide Prevention Coordinators (SPC) at VA facilities nationwide, as well as by many of our VSOs.

Our partnership with Caring Bridge, a global, non-profit social media network that allows people with health issues to stay connected to their families and loved ones

during a health journey, has resulted in Caring Bridge's launch of a military-specific forum. The forum focuses directly on the needs of Servicemembers, Veterans, and their families. This interactive site is also helping us reach those Veterans who are not currently in VA's health care system.

Conclusion

VA's goal is to meet Veterans where they live, work, and thrive and walk with them to ensure they can achieve their goals, teaching them skills, connecting them to resources, and providing the care needed along the way. Through open access scheduling, community-based and mobile Vet Centers, app-based care, telemental health, more than 400 SPCs, and more, VA is providing care to Veterans when and how they need it. We want to empower and energize communities to do the same for Veterans who do not use VA services. We are committed to advancing our outreach, prevention, empowerment, and treatment efforts, to further restore the trust of our Veterans every day and continue to improve access to care. Our objective is to give our Nation's Veterans the top-quality experience and care they have earned and deserve. We appreciate this Committee's continued support and encouragement as we identify challenges and find new ways to care for Veterans.

This concludes my testimony. My colleague and I are prepared to respond to any questions you may have.