

Opening Statement of the Honorable Tim Murphy
Subcommittee on Oversight and Investigations
Hearing on “Suicide Prevention and Treatment: Helping Loved Ones in Mental Health
Crisis”
September 18, 2014

(As Prepared for Delivery)

In recent weeks we have read the thoughtless, uninformed, and at-times callous commentary on the tragic death of Robin Williams. Words describing his death as “selfish,” “heathen,” and “coward.”

The Academy of Motion Picture Arts & Sciences tweeted out a picture from the movie Aladdin with the caption, “Genie, you’re free.”

Denigrating the man who died or glorifying suicide as an escape sends the entirely wrong message and trivializes the loss and pain felt by both the deceased and his or her family.

Today, take the conversation about suicide out of the dark shadow of stigma and into the bright light of truth and hope.

Suicide is the deadly outcome of mental illness. Suicide is when depression kills. Suicide is an epidemic and its impact is staggering.

Infectious diseases like the Ebola virus is gaining attention and concern, as it should. Some have asked for a hearing on the Ebola virus, but to date, not one American has died from Ebola.

By comparison, in 2013, 9.3 million Americans had serious thoughts of suicide; 2.7 million made suicide plans; 1.3 million attempted suicide and nearly 40,000 died by suicide.

Suicide is an American public health crisis, that results in more lost lives than motor vehicle crashes, homicide, or drug use. As we will hear today, it is the third leading cause of death for young people ages 15-24, and the second leading cause of death for adults ages 25 to 34. Each day, we lose 22 veterans to suicide.

In 90 percent of suicide, an underlying diagnosis of mental illness was a contributing factor. Suicide is the very definition of a “mental health crisis.”

The problem is clear and the need for action is urgent. But, our national response to this crisis has been tepid and ineffectual at best. The age-adjusted death rates for heart disease, cancer, stroke, and diabetes are all trending downward as the result of a public and political will to address them.

Yet, in that same time period, the suicide rate has climbed a stunning 16 percent, despite substantial federal spending over the past 60 years and the development of federal programs and strategies meant to reduce suicide.

We have randomized clinical data supporting the effectiveness of certain treatments to prevent suicide. However, it is unclear what we are doing to ensure that evidence-based treatments are reaching our loved ones in need.

Suicides, and suicidal behavior, remain underreported, undertreated, and cloaked in a stigma that infect our discussion of all aspects of serious mental illness. The existing data collection instruments we use are weak, our research is lagging and evidence-based treatments often fail to reach those who can help.

Following the December 14, 2012 elementary school shootings in Newtown, Connecticut, this Subcommittee has been reviewing mental health programs and resources across the federal government,

with the aim of ensuring that tax dollars reach those individuals with serious mental illness and help them obtain the most effective care.

Helping families in mental health crisis remains my highest legislative priority. And, if I have the courage to confront mental illness head on I am certain we can save precious lives.

Some in the country still grossly misunderstand mental illness. They don't argue for the right to be well – but gleefully declare that it's not illegal to be crazy. Some even say they have the right to be seriously mentally ill even though we know it is a genetic and neurological brain disease.

To those people I say this: mental illness is not a state of mind or an attitude. Such a belief is unscientific. It is uninformed. It is immoral. It is unethical, and it is wrong.

This Subcommittee is dedicated to fighting for the right to get treatment and the right to be well.

To provide some perspective on serious mental illness and suicidal behavior, and to begin to dispel the most persistent and pervasive myths and as well as effective strategies for suicide prevention, we will hear from the following:

The Honorable Lincoln Diaz-Balart, our colleague who formerly represented Florida's 21st District in Congress;

- Rear Admiral Boris Lushniak, the Acting Surgeon General;
- Dr. David Brent, Endowed Chair in Suicide Studies at the University of Pittsburgh, and Director of the STAR-Center, a suicide prevention program for teens and young children;
- Dr. Christine Moutier, Chief Medical Officer of the American Foundation for Suicide Prevention;
- and
- Joel Dvoskin of the University of Arizona

I thank them all for joining us this morning, but I especially appreciate the courage shown by our former colleague, Lincoln Diaz-Balart.

Lincoln – by being here today and sharing your story, I know you are helping to save lives and give hope to those at risk. On behalf of all who have lost a friend or family member to suicide, thank you.

###