STATEMENT for the RECORD

of

NAMI, the National Alliance on Mental Illness

U.S. House Committee on Veterans' Affairs

334 Cannon House Office Building

Hearing: "Veteran Suicide Prevention: Maximizing Effectiveness and Increasing Awareness"

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Chairman Roe, Ranking Member Walz, and members of the Committee, thank you for affording NAMI, the National Alliance on Mental Illness, the opportunity to submit a statement for the record (SFR) on this important hearing examining the most recent Veterans Affairs (VA) data reports on Veteran suicides. This statement also seeks to cover NAMI's view of the ongoing efforts to address the crisis of suicide among Veterans at VA—including the predictive analytics modeling tool REACH-VET and readjustment counseling—as well as highlighting areas in which there could be improvement.

NAMI is the nation's largest grassroots mental health organization, dedicated to building better lives for the millions of Americans affected by mental illness. Our organization advocates for the promotion of innovation and research, improving care, and supportive recovery services for all Americans living with mental health conditions. NAMI envisions a world where all affected by mental illness experience resiliency, recovery, and wellness.

NAMI Supports Congressional Efforts to Bolster VA Mental Health Initiatives

NAMI appreciates that VA continues to designate suicide prevention as the Department's top clinical priority, the efforts made to implement suicide prevention programs and the larger focus on providing increased access to high-quality mental health care. Accordingly, NAMI applauds Congress for your continuous work on this important issue.

This Congress has made important contributions to this endeavor, including the substantial investments made in mental health research, expanding mental health care access at the Veterans Health Administration (VHA), the passage of the VA MISSION Act, and assuring Veterans with other-than-honorable (OTH) discharges can access mental health care at VA—as included in the FY 2018 omnibus. NAMI believes that all these efforts working together will aid in moving the needle towards the reduction of Veteran suicides in America—though we all know more work must be done to realize the goal of an America that no longer loses its Veterans to suicide.

Fully Funding the VA MISSION Act

NAMI was pleased to see an additional $1.25 billion included in the FY 2019 Military Construction and Veterans Affairs division of the Minibus I appropriations package that was recently passed by Congress and signed by the President.[1] While it does fall short of the $1.6 billion necessary to fully fund and implement the new Veterans Choice Fund as passed in the VA MISSION Act for FY 2019, it represents an initial good-faith investment by Congress to support the new and improved Veterans health care program.

While we understand and appreciate that Congress must be good stewards of U.S. taxpayer dollars, NAMI remains deeply concerned about the willingness of Congressional Appropriators to fully fund the remaining $18.2 billion—over FY 2020 and FY 2021—to cover the costs associated with the program. Since the current domestic discretionary budget cap for FY 2019, and the anticipated caps for FY 2020 and FY 2021, did not consider the increased costs associated with the VA MISSION Act, NAMI strongly encourages Congress to appropriate this additional discretionary funding to meet the new requirements, without triggering sequestration.

VA National Suicide Data Report, 2005-2015

[1] Energy and Water, Legislative Branch, and Military Construction and Veterans Affairs Appropriations Act, 2019, H.R.5895, 115th Cong. (2018).

When VA released the National Suicide Data Report for 2005-2015 at the end of June 2018, NAMI remained deeply disappointed and concerned that among "general trends in Veteran suicide, previously reported through 2014, remained consistent through 2015."[2] While we understand substantial efforts are being made to target this serious issue within VA, through identifying Veterans at risk earlier, readjustment counseling services offered at Vet Centers, and providing increased access to care—it's clear that much more must be done since the numbers remain the same. It is also understood that full-scale implementation across an organization as large and diverse as VA takes substantial time, and sometimes years to determine if efforts yield to positive outcomes.

NAMI appreciates the further stratification of the data in the 2015 report to include the specific numbers of suicides among Active-Duty Service Members, National Guardsmen or Reservists, and Veterans each day. This small distinction in how the data is presented can aid in informing how we better identify and provide outreach to individuals who may be currently experiencing suicidal ideation.

However, as an organization uniquely aware of the toll one single suicide takes on a family and oftentimes an entire community, we encourage this Committee, Congress and VA to consider the following actions in order to reach our shared goal of the reduction—and eventual goal of zero—suicides among American Veterans.

REACH-VET & Predictive Modeling Analytics

While the Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH-VET) predictive model has shown early promise for identifying Veterans who could be at-risk for suicide at a much earlier stage, more must be done in the interim to identify and engage Veterans at more immediate risk for suicide. Data analytics and predictive models to determine suicidality can be very effective when utilized properly.

NAMI continues to be interested in the diagnosis piece of the predictive model and concerned that certain mental health diagnoses including post-traumatic stress disorder (PTSD), anxiety, bipolar disorder II, and incidences of traumatic brain injury (TBI) are not included. NAMI recommends that this Committee work closely with VA to determine why these mental health diagnoses were excluded from the REACH-VET suicide prevention predictive model. Additionally, NAMI recommends this Committee ask VA for written reports or briefings when components of the model is adjusted. Using data analytics and mining data from VA health records of Veterans who died by suicide to determine certain trends for risk is a powerful tool that when implemented correctly and precisely, can have very positive outcomes. As such, we also encourage the Committee to ensure VA is utilizing the best possible data analytics for REACH-VET.

Furthermore, recognizing the correlation between Veterans prescribed opioids and the high rate of suicides among Veterans, NAMI would encourage consideration of more collaboration between REACH-VET and the Stratification Tool for Opioid Risk Mitigation (STORM), a web-based dashboard that

[2] (2018, June). VA National Suicide Data Report, 2005-2015. *Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs.* Retrieved August 2018, from https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2015_06-14-18_508-compliant.pdf

prioritizes review of Veterans receiving opioids based on their risk, who are receiving care through the Veterans Health Administration (VHA).[3]

Vet Centers

NAMI is increasingly pleased with the services provided by Vet Centers, and we refer eligible Veterans to seek care at Vet Centers on a regular basis because of the continuous positive experience Veterans report receiving. A trend that NAMI and our state organizations often see worth reporting is that many Veterans and family members are unfortunately unaware of the existence of Vet Centers and the incredible services they provide. Therefore, NAMI recommends that the Committee work more with VA, Vet Centers and stakeholder organizations to more widely-disseminate information about Vet Centers.

Rural Veterans

When reviewing the State data breakdown of the 2015 National Suicide Data Report, NAMI remains deeply concerned about the mental health of rural Veterans, and their access to high-quality care. Observing the top 10 rural states by population in the U.S., the suicide rate among Veterans ranges between 40.3% (40 per 100,000) to 52.3% (52 per 100,000).[4] In many rural areas and states, there are very few mental health professionals for hundreds of miles. As such, NAMI applauds the Committee's work and the passage of the VA MISSION Act which will, once implemented, greatly improve the care rural Veterans are able to obtain.

Accordingly, NAMI believes that the provisions specifically removing barriers for VA healthcare professionals to practice telemedicine and treat Veterans across state lines, strengthening peer supportive networks for Veterans living in rural areas, and the authorization of access to walk-in community clinics for enrolled Veterans—will all be positive steps in the right direction for adequately addressing both the urgent and long-term mental health care needs of rural Veterans.

Improving Diagnostics through research on Psychiatric Biomarkers

As an organization that promotes innovation to accelerate research and advance treatment for mental health conditions, NAMI remains very supportive of the research and development of psychiatric biomarkers for brain health conditions, and we encourage this Committee and Congress to make the necessary investments in research to begin to accomplish this goal.

Currently, the only tools available to diagnose a mental health condition are survey-based. This results in a large amount of misdiagnosis of conditions, and therefore lack of timely and appropriate treatment. NAMI continues to advocate for VA to work in coordination with the Department of Defense (DoD) to develop and carry out a longitudinal research study which will identify biomarkers or non-survey diagnostic tools, which will enable clinicians to make a more precise diagnosis. This will result in earlier identification of conditions, which will lead to better treatment outcomes for Veterans and service members living with mental health and brain health conditions—to include TBI. Earlier identification and treatment for these conditions is essential, and we believe a necessary component to reducing suicides among Veterans.

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[3] Minegishi, T., Garrido, M. M., Pizer, S. D., & Frakt, A. B. (2018). Effectiveness of policy and risk targeting for opioid-related risk mitigation: a randomised programme evaluation with stepped-wedge design. *BMJ Open*, *8*(6), e020097. http://doi.org/10.1136/bmjopen-2017-020097

[4] (2018, June). VA National Suicide Data Report, 2015 State Data Sheets. *Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs.* Retrieved August 2018, from https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2015_06-14-18_508-compliant.pdf

Utilizing Evidence-based Treatments

As an organization, NAMI is proud that our advocacy North Star is always based upon the latest scientific research, and that we continue to be proponents of utilizing evidence-based treatments and interventions for individuals with mental health conditions. Therefore, NAMI strongly encourages the Committee to work with VA to ensure mental health professionals within the walls of VA and community providers enrolled in the Choice Program, delivering care to Veterans are trained in and administering the latest evidence-based treatments for those at-risk of suicide or experiencing suicidal ideation.

Two evidence-based treatments specifically designed to address to unique needs of an individual who is struggling with suicidal ideation or has a prior suicide attempt is Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) and Dialectical Behavior Therapy (DBT). CBT-SP is based upon the principles of cognitive behavioral therapy (CBT) and can be used with adults and adolescents. This treatment includes cognitive restructuring strategies, such as identifying and evaluating automatic thoughts from cognitive therapy; emotion regulation strategies, such as action urges and choices, mindfulness, and distress tolerance skills; as well as other CBT strategies, such as behavioral activation and problem-solving strategies.[5]

Dialectical Behavior Therapy (DBT) has four components, and numerous research studies including multiple randomized control trials, have shown DBT to be effective in reducing suicidal behavior and other mental health conditions.[6]

Conclusion

NAMI is grateful to Secretary Wilkie, Congress and this Committee for the continued focus on ending Veteran suicide and improving the lives and care of America's Veterans. We wish to express our gratitude to the Committee for the invitation to submit a statement for the record on this important topic.

It is a devastating tragedy that our nation continues to lose an average of 20 Veterans each day to suicide. This is an issue of personal importance to myself, the organization I represent and all NAMI members across the country. We continue to commit our organization to working shoulder-to-shoulder with Congress, VA, the Department of Defense, and our advocacy partners to achieve our shared goal of the reduction, and eventual elimination, of suicide among Veterans in America.

[5] Zero Suicide Model Toolkit: Treat Suicidal Thoughts and Behaviors Directly: Evidence-Based Interventions for Suicide Risk. Retrieved September 2018, from https://zerosuicide.sprc.org/toolkit/treat/interventions-suicide-risk
[6] Ibid.