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STATEMENT

BY

WOUNDED WARRIOR PROJECT

BEFORE THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

ON

SUICIDE PREVENTION: MAXIMIZING EFFECTIVENESS AND INCREASING AWARENESS

SEPTEMBER 27, 2018

Chairman Roe, Ranking Member Walz, and distinguished Members of the Committee on Veterans' Affairs – thank you for the opportunity to testify about maximizing effectiveness and increasing awareness of our nation's efforts to prevent veteran suicide. Suicide prevention is the Department of Veterans Affairs highest clinical priority and among the greatest challenges Wounded Warrior Project is trying to address in the community we serve – and for these reasons, we appreciate the Committee's commitment to bringing veteran suicide into greater focus with this hearing.

Wounded Warrior Project is transforming the way America's injured veterans are empowered, employed, and engaged in our communities. Since our inception in 2003, Wounded Warrior Project has grown from a small group of friends and volunteers delivering backpacks filled with comfort items to the bedside of wounded warriors here in our nation's capital, to an organization of nearly 700 employees spread across the country and overseas delivering over a dozen direct-service programs to warriors and families in need. Through our direct-service programs, we connect these individuals to their communities and with one another through our peer-to-peer programming. We serve them by providing mental health support and clinical treatment, physical health and wellness programs, job placement services, and benefits claims help; and we empower them to succeed and live life on their own terms.

The guiding principle at Wounded Warrior Project is ensuring that today's generation of warriors and families successfully transition into civilian life and thrive in their communities. This end goal guides all that we do internally and what we fund externally. We are constantly striving to be as effective and efficient as possible and are in continual communication with the warriors and caregivers we serve to ensure we are constantly adapting our programs and approach to their unique challenges and needs.

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Understanding the Warriors We Serve and their Families

A recent RAND study found that since 9/11, 2.77 million service members have served on 5.4 million deployments[i]. Over half have had multiple deployments, extending their exposure to potentially traumatizing threats and events. But while combat exposure and cumulative deployment time are among the strongest predictors associated with having a mental health need[ii], there are many suicide risk factors common to veterans and nonveterans alike, including substance abuse, chronic pain, life transitions, and physical and mental illness.

Whether because mental ("invisible wounds") or physical trauma ("visible wounds") or a combination of both, every veteran that registers with Wounded Warrior Project (WWP) has a unique path of individual and collective recovery that they can pursue through our direct services and other support networks; however, understanding these warriors as a larger population provides us with necessary insight to help guide our path to aiding and meeting their collective and individual needs. Since 2010, WWP has performed a comprehensive annual survey of our warriors to help the organization identify trends and needs among its warriors, to compare their outcomes with those of other military and veteran populations, and to measure the impact of WWP continual programmatic engagement – all to determine how we can better serve veterans, service members, and their families.

Our 2017 Wounded Warrior Project Survey, which was published on August 25, 2017, is based on 34,822 completed surveys weighted to produce estimates representative of the WWP population, which stood at 120,021 as of September 18, 2018. While our 2018 survey is near completion, we can report several data points from the 2017 Wounded Warrior Project Survey that illustrate recent trends in the community and focal points for emerging veteran-focused public policy. It is important to note upfront – and explained in more detail below – that warriors registering with WWP must attest to being physically or psychologically wounded in service; therefore, results are not necessarily indicative of all OIF/OEF veterans, the majority of which make a healthy transition back to civilian life. Among the most salient data for the Committee to consider for today's hearing are the following points from WWP's survey of wounded, ill, or injured veterans and service members:

- ***Overall fair or poor health status***: 51.9 percent of warriors reported their health as fair or poor. Of those reporting fair or poor health, invisible wounds including PTSD (56.4 percent), depression (59.6 percent), anxiety (58.3 percent), military sexual trauma (60.4 percent), and "other severe mental injuries" (71.3 percent) were particularly prevalent[1].
- ***Negative effects on work and productivity***: When asked about the influence of emotional problems on work or other daily activities and on desired productivity over the previous four weeks, 78.3 percent indicated they did not work as carefully as usual, 83.9 percent indicated they were less productive than they would have liked – and of this group, 45.1 percent said that emotional problems reduced desired productivity all or most of the time.

[1] Note: These figures only correspond to warriors reporting "fair" or "poor" health status. Responses are not indicative of the prevalence of these mental health issues facing warriors who reported "good," "very good," or "excellent" health status.

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- ***Interference with social activities***: Nearly 90 percent of responding warriors (89.5 percent) indicated that their health or emotional problems interfere to some extent (all, most, or some of the time) with their social activities, and among this group, 47.2 percent indicate that their physical health or emotional problems interfere all or most of the time.
- ***Restricted self-care, work, school, volunteer, or recreation activities***: Usual activities of daily living were inhibited by mental health issues – 75.8 percent of warriors reported that a mental health issue restricted them from at least one of the activities above. Among those who missed at least one day of work due to mental health issues, the mean number of days missed was 13.6.
- ***Lingering effects of frightening, horrible, or upsetting military experience***: Between two-thirds and three-quarters of warriors have had a military experience that was so frightening, horrible, or upsetting that in the past month they had not been able to escape from memories or effects of it[2].

The questions exploring the lingering experiences metric were drawn from a scale designed to screen for PTSD: the Primary Care PTSD Screen (PC-PTSD). By using this scale, WWP was able to determine that 72.2 percent of warriors had a positive screen for PTSD. Although a positive screen does not necessarily indicate that a respondent has PTSD, positive screens do indicate that a person may have PTSD or trauma-related challenges and may warrant engagement by WWP team members or when further examination is needed from a mental health professional.

In a study of Post-Deployment Health Re-Assessment (PDHRA) data, Milliken, Auchterlonie, and Hoge reported that 40.8 percent of Army active duty soldiers and 52.2 percent in the Reserve Component screened positive for PTSD[iii]. Wounded Warrior Project estimates for PTSD, based on our 2017 survey data, are much higher than reported in other studies of service members and veterans who have served in Iraq and Afghanistan (the estimates often range from about 7 percent to 20 percent, but some are higher). Differences in estimates are attributed to
(1) differences in the study populations, (2) differences in the number and types of trauma-related events experienced during combat deployments, (3) the timing of screenings (symptoms can be delayed), (4) the method of conducting the screenings and diagnoses, and (5) concerns among active duty service members and veterans about adverse effects on their careers and the fear of being stigmatized if they report their symptoms[iv]. The presence of a severe injury or health problem sustained during active duty military service since September 11, 2001 – an eligibility requirement for WWP registration – is likely a population characteristic that contributes to the higher incidence of mental health conditions like PTSD, depression, and anxiety in the WWP survey population.

[2] Note: These responses were solicited from all warriors who are currently registered with Wounded Warrior Project. Combat experience or deployment is not a requirement to register with Wounded Warrior Project.

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Effects on Family Life

Increased deployments and invisible wounds also impact military family life. Family members are called upon to meet the unanticipated or unplanned needs of their veterans. If their veteran returns home with a visible or invisible wound, family members may be forced to invest additional energies and limited resources to care for their loved ones. The veteran's needs may be prioritized over the needs of other family members, creating additional psychological distress and fracturing the family as compassion fatigue and resentment grows among family members.

As service members separate from military service, these visible and invisible wounds – whether newly acquired or exacerbated by service – may create a set of new needs experienced by either the warrior or their family. This generates a critical need for the development and implementation of innovative ways to supplement traditional medical/clinical interventions and address the family as a collective, interdependent unit. This new approach is needed to provide a greater and more complex support system for military families, while facilitating their ability to cope despite current or future challenges (i.e., build resilience).

Designing WWP Programs to Meet the Needs of Warriors and their Families

Mental health treatment works, but every individual has unique needs, and there is no one-size-fits-all solution. When addressing the haunting trends in veteran suicide, WWP's approach is encompassed by our belief that suicide prevention must move beyond the healthcare/crisis management model towards an integrated and comprehensive public health approach focused on resilience and prevention. A multi-pronged approach to treatment – whether clinical, community-focused, or a combination – is required.

At Wounded Warrior Project, we take a comprehensive approach to mental health care that is focused on improving the levels of resilience and psychological well-being of warriors. Suicide prevention cannot just be about saving someone's life when they are in crisis; it must be about creating a life worth living. Our end goal is continual engagement until the warrior is far enough in their recovery to "live our logo" (i.e., help carry a fellow warrior) – the last step in what we refer to as our Mental Health Continuum of Support.

Our Mental Health Continuum of Support is comprised of a series of programs, both internal to WWP and in collaboration with external partners and resources, intended to assist warriors and their families along their journey to recovery. The Mental Health Continuum of Support provides diverse programming and services to better meet their needs. At WWP, we understand that warriors have individualized paths of recovery, so it may not be optimal to engage all warriors with the same program or even in a linear fashion. WWP's Mental Health Continuum of Support addresses and meets warriors where their needs are at their current stage of recovery. Warriors are engaged with the appropriate mental health program (i.e., the program that can best address current levels of psychological well-being and resiliency). This allows for warriors to be empowered by programs that can best address their needs and increase both psychological resilience and psychological well-being.

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Recovery is not accomplished in a vacuum – life may present challenges that may derail or hamper the recovery process. The continuum was designed to address such challenges and to allow for nonlinear progress through programs. Warriors may need to go backwards (for example, to learn and hone coping skills) before proceeding forward into the next program in the continuum. By focusing on such an approach, we can reach warriors with relevant programs at time sensitive/critical moments. By the third quarter of fiscal year 2018, programs that comprise the mental health continuum had over 67,000 engagements through Mental Health and Wellness programs. This includes Talk, Outreach and Referrals, Project Odyssey, and Warrior Care Network. Engagements are interactions of varying depth and scale that drive impact within each focus area.

Although the Mental Health Continuum of Support is comprised of several programs designed to meet warriors where they are in their recovery, two stand out as models for best practices and integration across multiple entities committed to improving outcomes for veterans with mental health needs. Both are also carefully tracked to measure their effectiveness and guide improvements where they are needed. Through the implementation of the Connor Davidson Resiliency and the VR12 Rand Quality of Life scales, WWP measures outcomes of services and provides the most effective programming based on the needs of warriors and their families. And while we highlight these two specific programs, it is the combination of programs across our continuum that provides our warriors and their families with a successful path to follow to increase resilience and improve their psychological well-being.

Warrior Care Network

Within the Continuum of Support, warriors needing intensive treatment for moderate to severe PTSD can take part in the Warrior Care Network. This innovative program is a partnership with WWP and four national academic medical centers (AMCs): Massachusetts General Hospital, Emory Healthcare, Rush University Medical Center, and UCLA Health. Warrior Care Network delivers specialized clinical services through innovative two- and three-week intensive outpatient programs that integrate evidence-based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness training, and family support with the goal of helping warriors thrive, not just survive.

Through these two- to three-week cohort-style programs, participating warriors receive more than 70 direct clinical treatment hours (e.g. cognitive processing therapy, cognitive behavioral therapy, and prolonged exposure therapy) as well as additional supportive intervention hours (e.g. yoga, equine therapy). Each academic medical center has specific programming for caregivers and family members at some point during the intensive outpatient program, including family weekend retreats, psychoeducation, or telehealth communications. For example, UCLA's Operation Mend PTSD track includes three weeks for both veteran and caregiver to go through treatment and psychoeducation sessions. This provides caregivers with clinical outlets, as well as in-depth knowledge of PTSD symptoms, effects, and recovery process. Family and caregiver support is extremely important to WWP and our Warrior Care Network includes support for these groups because if a treatment program does not offer a family or caregiver component, and warriors go through clinical processes then return home, it may leave the family or caregiver to feel left in the dark about what occurred.

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Providing warriors with best in class care that combines clinical and complementary treatment is still only part of the Warrior Care Network's holistic approach to care. While AMCs provide veteran-centric comprehensive care, aggregate data, share best practices, and coordinate care in an unprecedented manner, a Memorandum of Agreement (MOA) between WWP and VA has been structured to further expand the continuum of care for the veterans we treat. In February 2016, the VA signed this MOA with WWP and the Warrior Care Network to provide collaboration of care between the Warrior Care Network and VA hospitals nationwide. Four VA employees – a number we are working to increase as WWP's investment in the partnership has grown – act as liaisons between each site and the VA, spending 1.5 days per week at their respective sites to facilitate coordination of care and to meet with patients, families, and the care team. Each VA liaison facilitates national referrals throughout the VA system as indicated for mental health or other needs, but also provides group briefings about VA programs and services, and individual consultations to learn more about each patient's needs. This first-of-its-kind collaboration with the VA is critical for safe patient care and enables successful discharge planning. At WWP, we believe cooperation and coordination like can service as a great example of "responsible choice" in the VA health care system.

Measuring Results:

Warriors who complete the Warrior Care Network program are seeing results. Prior to treatment, over 83 percent of patients reported PTSD symptoms at the severe to moderate range based on the PCL-5 clinical assessment, with the aggregate average being 51.1 (severe PTSD). Following treatment in the intensive outpatient programs, PTSD symptoms decreased 19.4 points to 31.7 (minimal PTSD)[3]. A similar pattern was seen for symptoms of depression, with a mean score of 16.0 at intake and a decrease to 10.2 at follow-up on the PHQ-9 assessment. These changes translate into increased functioning and participation in life, based on the decrease of psychological distressed caused by severe to moderate levels of PTSD and depression.

It is also worth noting here that, although effective if completed, many who begin evidence-based mental health treatment (cognitive processing therapy and prolonged exposure) in non-intensive outpatient (IOP) formats – including highly controlled and selective clinical trials[v] – discontinue care before completion. While drop-out rates in those formats are between 30 and 40 percent[vi], the IOP model used by Warrior Care Network has a completion rate of 94 percent. When combined with clinically significant decreases in mental health symptoms, this figure is illustrative of the successful approach the Warrior Care Network has taken – and patients agree. Ninety-six percent (96.3 percent) of warriors reported satisfaction with clinical care received and another result that could indicate that mental health stigma is being minimized is that 94 percent of warriors said they would tell a fellow veteran about Warrior Care Network.

[3] Note: A change in score greater than 5 is indicative of clinically significant change rather than statistical change.

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Project Odyssey

Aside from clinical treatment, warriors may also need additional resources to improve resilience and cope with PTSD. WWP provides Project Odyssey, a 90-day program consisting of a multi-day adventure-based mental health workshop that helps warriors find resiliency in their transition from military to civilian life and continued follow-up over the weeks that follow to build upon the lessons learned at the workshop. This non-clinical intervention takes place in locations across the country. Each workshop includes psychoeducational activities or evidence-based exercises that provide information and support to those who live with mental health issues. Project Odyssey has both warrior specific (male and female exclusive cohorts) and warrior/partner programming (i.e., Couples Project Odyssey). Each warrior cohort learns how to accept and process emotions in a productive way to build resiliency instead of avoidance and control techniques. Couples Project Odyssey focuses on friendship as the core of any relationship, with trust and commitment as the main support. Being able to better the relationship as a couple allows for a built-in accountability partner to better the individual in terms of bouncing back from life's challenges.

Project Odyssey provides specific coping mechanisms that can be practiced in daily life as stressors return. Prior to the end of the workshop, each participant establishes SMART goals — an acronym for specific, measurable, attainable, relevant, and timebound — which are set with the intention of supporting the individual or couple while they implement the resiliency skills learned into their daily routines. WWP works directly with the participants through a 90-day follow-up program to help them achieve their goals, connecting them with additional resources as needed. A common resource WWP provides is a referral for outpatient therapy so that the warrior or family member can continue building their coping skills. WWP has external partners that provide individual, family, or couples therapy delivered by a culturally competent therapist in the closest possible geographic location.

<u>*Measuring Results*</u>:

One crucial goal of Project Odyssey is to increase resiliency. Increased levels of resiliency may help in warrior's psychological hardiness and in their ability to navigate future challenges that may cause psychological distress. When warriors successfully cope with stressors, it empowers them and may serve to lessen current and future distress. WWP uses the 10-item version of the Connor-Davidson Resilience Scale (CD-RISC) to assess resilience as one measure to determine the impact of programming. Over the course of the last several years we have had over 10,000 participants in our Project Odyssey program with almost 3,000 in this year alone. We conducted an internal review of over 2,000 participants and found that after attending Project Odyssey, both warriors ($t(2{,}293)=-9.62$, $p<.001$) and family members ($t(500)=-3.46$, $p<.001$) on average experienced statistically significant increased levels of resilience. Moreover, 92 percent of warriors and family members rated the resiliency skills learned as very useful and 83 percent said the skills were still useful 90 days after completing the Project Odyssey.

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In addition, preliminary analysis of PTSD symptoms (i.e., PCL-5) seem to indicate that Project Odyssey, a non-clinical intervention, is having clinical results in lowering severity of PTSD symptoms. Our goal is to further analyze this data to confirm these initial findings and statistically covary potential influential variables.

Expanding Impact Through Partnerships

Warrior Care Network and Project Odyssey are two examples of innovative engagement providing non-traditional support to military families across the country to improve resilience as warriors transition to civilian life. While WWP continues to track the impact of these programs and our other services to find innovative ways to serve veterans and their families, WWP also partners with other organizations to strengthen the support system for military families.

Although not all of WWP's partnerships are aimed at mental health, several foster the kinds of peer-to-peer engagements that our organization has found to be helpful in reducing isolation, generating community, and raising awareness of resources offered through WWP and other nonprofit organizations and government. At WWP, we have learned that meaningful relationships are vital to the success of warriors' transitions back into civilian life. Without them, these men and women may feel lost and detached from a world they once knew. WWP programs focus on connecting warriors with their peers, families, and communities. We also provide easy access to local and national resources through outreach efforts with the help of over 30 funded partner organizations. For example:

- ***The Mission Continues (TMC)***: WWP has provided funding for collaborative work to empower warriors through TMC fellowships and in communities through service projects.
- ***Travis Manion Foundation (TMF)***: WWP is funding TMF's Veteran Transition Workshops, which help veterans leverage their strengths, passions, and skills to thrive personally and professionally after service. WWP is also helping fund TMF's Character Does Matter program, which empowers veterans to develop character in future generations and connect with their communities.
- ***Team Red, White, and Blue (Team RWB)***: WWP helps fund Team RWB's Chapter and Community Program to deliver local opportunities for veterans and the community to connect through physical and social activities. WWP funding is also being used for the Eagle Leadership Development Program, a 36-month curriculum designed to educate, mentor, and elevate Eagle Leaders (volunteers who lead Team RWB chapters and communities around the country).
- ***Team Rubicon***: WWP is supporting Team Rubicon through their recruiting "grey shirt" volunteers for disaster relief and to build resilient cities across America.
- ***National Military Family Association (NMFA)***: WWP provides support for Operation Purple Camps for children of wounded veterans and Healing Adventure Retreats for wounded military families.

Collaboration with VA and Other Federal Agencies:

On May 31, 2018, the White House released the Joint Action Plan that follows the January 9 Executive Order addressing mental health and suicide prevention for separating and recently separated service members. The Joint Action Plan coordinates the work of VA, the Department of Defense, and the Department of Homeland Security to help provide seamless access to mental health care and suicide prevention resources for transitioning service members. WWP was pleased to be among the veteran service organizations engaged by VA as it developed its contributions to the plan during a series of roundtable meetings hosted agency leaders.

The Joint Action Plan is organized around three goals: (1) improving access to ensure all transitioning service members are aware of and have access to mental health services,
(2) improving actions to ensure the needs of at-risk veterans are identified and met, and
(3) improving mental health and suicide prevention services for individuals that have been identified as in need of care. WWP has been, and continues to be, committed to all of these pursuits.

Warriors register for WWP for a variety of reasons, and whether registering over the phone or online, warriors are asked to share the primary reason they have reached out to register for WWP's free programs and services. Veterans who present for help with mental health or benefits assistance are particularly well situated to be connected to mental health services inside the government and referred to external civilian resources as needed.

Warriors who cite mental health as their primary reason receive prioritized outreach. Within two to four days, these warriors receive calls from specially trained WWP Talk specialists who can inform and connect them to WWP's mental health programs. These interactions are designed to connect in-need warriors with the resources best suited to the challenges they face. For instance, the Warrior Care Network – designed for the warriors most in need – removes barriers to care (i.e. financial constraints and access to empirically supported treatments at nationally recognized academic medical centers) and gives warriors access to high quality care without the financial constraints that may have kept them from such treatment. In addition, WWP staff routinely ask warriors whether they have enrolled in the Veterans Health Administration (VHA) and sought access to their mental health services. If these veterans are not registered with VHA, they are encouraged to do so and are referred to our benefits counselors if they need to submit a claim for benefits.

Warriors who reach out to WWP for help filing or pursuing a VA disability claims are regularly encouraged to enroll in VHA to avail themselves of free health care – stemming from post-9/11 service, a requirement for WWP registration – and other services that will assist the development of their claims. Benefits assistance is the top program referral in the organization, comprising 46.1 percent of all internal program referrals, which includes initial registration with WWP. Frequent touch points like these provide evidence to support the fact that more than two-thirds of (69.0 percent) of warriors responding to the 2017 Wounded Warrior Project with VA health insurance use VA as their primary health care provider.

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Guiding warriors to VA for mental health care services is not without good reason. In the 2017 Wounded Warrior Project Survey, our alumni indicated that VA was the most frequently used resource (70.6%) to address mental health care needs, continuing its trend as the most commonly used resource (up from 66.1% in 2016). In addition to being the most frequently used resource, VA care was also cited as the most effective (20.3%). Talking to another OEF/OIF/OND veteran (14.9%) was second. Prescription medicine was third (10.8%), and service dogs/pets/other animals was fourth (9.0%).

WWP's interaction with VA on its Whole Health Initiative is also progressing following a series of roundtable discussions that occurred as part of the Joint Action Plan formation. Whole Health is VA's new initiative to shift from a system designed around points of medical care primarily focused on disease management, to one that is based in a partnership across time focused on whole health. The approach is consistent with WWP's belief that suicide prevention must move beyond the healthcare/crisis management model towards an integrated and comprehensive public health approach focused on resilience and prevention. Suicide prevention cannot just be about saving someone's life when they are in crisis – it must be about creating a life worth living.

In this context, WWP is currently working with VA to develop new avenues to integrate Whole Health components with WWP program offerings. For example, WWP offers physical health and well-being programming in recognition of the fact that inactivity, weight gain, sleep issues, and lack of exercise can seriously affect a warrior's quality of life. WWP provides resources and opportunities to help warriors make long-term changes and to become well-adjusted in body so that they can lead more active, healthy lives.

A new 90-day coaching program is already driving significant changes in veterans' lives, and beginning this fall, VA teams will be observing and participating in up to four "kick-off" expos where WWP warriors are given the initial tools to begin reshaping their physical health and wellness routines over the next 90 days and beyond. Additionally, WWP will pilot the use of the Whole Health assessment at these expos to assess value and raise awareness of VA programming that can be incorporated into their lives and routines. Collaboration with VA can build on success already being measured – among many data points, 55 percent of warriors have made improvements in psychological well-being (based on VR-12), 47 percent report improved sleep, and 55 percent have met the physical activity guidelines of over 150 minutes of physical activity per week[vii].

Stigma

Stigma is also a hurdle to overcome for warriors to seek mental health resources. WWP as an organization challenges these stigmas and tries to normalize the help seeking process as all programming engagements, particularly within our Continuum of Support, are ultimately focused on normalizing mental health. For instance, this September, WWP launched a social media campaign to bring awareness to veteran suicide. Although the launch coincides with Suicide Prevention Month, our goal is for this campaign to extend throughout the year into 2019. As our organization reaches thousands of individuals across several platforms including Facebook (3.2 million), Twitter (188,000), Instagram (68,600), and LinkedIn (79,000) – we are

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hopeful to raise meaningful awareness across the country. Recently and for the third year in a row, WWP facilitated a live Facebook discussion in conjunction with DoD, VA, and the Bush Institute Warrior Wellness Alliance to address veteran suicide, the challenges warriors face transitioning to civilian life, and the resources available to help. Metrics taken 36 hours after the stream reported 128,121 unique views, which is an encouraging sign that such initiatives are reaching individuals. Internally, WWP has organizational-wide Applied Suicide Intervention Skills Training (ASIST). This September alone, our organization trained 228 personnel in ASIST as part of our goal to have all program staff – as well as external partners and communities – trained so they have the appropriate skills and tools needed to enhance the effect of suicide awareness as well as interactions with suicidal warriors.

Calls to Action

Increase Studies of Vietnam Era Veterans

According to VA data from 2015, rates of suicide were highest among younger veterans (ages 18 to 34) and lowest among older veterans (ages 55 and older). However, 58.1 percent of all veteran suicides in 2015 were among older veterans. While Congress should strive to reduce suicide rates and volume among all veteran demographics, it should consider directing more research on Vietnam Era veterans to gain a clearer understanding of the underlying psycho-social and biological challenges that tend to be exacerbated with age. Scientific studies may provide valuable insight into issues that are plaguing older veterans. That insight may also provide greater awareness into an aging population of OEF and OIF veterans so that essential, time sensitive resources can be better focused as younger veterans – both current and future – begin to age.

Expand Non-clinical Focus at VA

Privately-funded research such as WWP's Wounded Warrior Annual Survey and publicly-funded research such as the National Academies of Sciences, Engineering, and Medicine's *Evaluation of the Department of Veterans Affairs Mental Health Services* demonstrate that veterans report positive aspects and experiences with VA mental health care services. While VA maintains a largely clinical focus, more can be done to drive veterans toward non-clinical support services. High touch programs at WWP – which generally begin with peer-to-peer program engagement – have been successful at linking veterans with resources focused on resilience, well-being, and community. Just as veteran service organizations are highly aware of VA clinical offerings and can push veterans towards those services, VA can afford to invest more in its own non-clinical engagements and raise its awareness of those being offered by private institutions, nonprofit organizations, and state and local governments in the communities where veterans live.

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Improved Transitions

Despite recent attention paid toward improving the Transition Assistance Program (TAP), the predominant focus on subjects like benefits and employment has placed mental health awareness in a lower tier. In fact, the true effects of transitional stress in this population has yet to be explored. This does not necessarily mean that no research exists for such a phenomenon. For instance, the field of multicultural psychology has spent extensive efforts and time researching the effects of acculturation stress on marginalized populations. Some of those findings could be conceptually transitioned to better understand the variables of consideration for such transitions. Additionally, the Veterans Metric Initiative (TVMI) study commissioned by the Henry Jackson Foundation – and funded, in part, by WWP – focuses on post-military well-being and provides valuable insights regarding vocation, finances, health, and social relationships that may provide compelling evidence to guide TAP reform.

A better understanding of this essential transitional period when military personnel transit from a collectivistic culture (i.e., military) to a more individualistic cultural world view (i.e., civilian life) may permit a more strategic placement of resources and information at crucial time points during that transition. A concerted effort between the Departments of Defense and Veterans Affairs to bring mental health awareness and programs into greater focus will serve to not only reduce barriers to care – chiefly the lack of awareness about how to connect to VA for mental health care[viii] – but also help lower stigma. In this context, we urge Congress to develop a single piece of legislation in conjunction with DoD, VA, community partners, and both sides of Congress to improve TAP for transitioning service members, with a particular emphasis on increasing awareness of mental health resources and demystifying the issue for those returning to civilian life[ix].

CONCLUSION

Wounded Warrior Project thanks the House Committee on Veterans' Affairs, its distinguished members, and all who have contributed to the policy discussions surrounding today's discussion about veteran suicide. We share a sacred obligation to serve our nation's veterans, and Wounded Warrior Project appreciates the committee's effort to identify and address the issues that challenge our ability to carry out that obligation as effectively as possible. We are thankful for the invitation to testify and stand ready to assist when needed on these issues and any others that may arise.

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[v] Imel, Z., Laska, K., Jakcupcak, M., Simpson, T. (2013). Meta-analysis of Dropout in Treatments for Post-traumatic Stress Disorder. *Journal of Consulting and Clinical Psychology*, 81(3), 394-404.
[vi] Kehle-Forbes, S., Meis, L., Spoont, M., Polusny, M. (2015). Treatment Initiation and Dropout From Prolonged Exposure and Cognitive Processing Therapy in a VA Outpatient Clinic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(1), 107–14.; Gutner, C., Gallagher, M., Baker, A., Sloan, D., Resick, P. (2015). Time Course of Treatment Dropout in Cognitive-Behavioral Therapies for Posttraumatic Stress Disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(1), 115–21.
[vii] Of 30 studies reviewed in meta-analysis; engaging in <150 minutes/week and >150 minutes/ week was associated with an 8%-63% and 19%-27% decreased risk of future depression, respectively. *See* Mammen, G., Faulker, G. (2013). Physical activity and the prevention of depression: a systematic review of prospective studies. *American Journal of Preventative Medicine*, 45(5):649-57.
[viii] National Academies of Sciences, Engineering, and Medicine. *Evaluation of the Department of Veterans Affairs Mental Health Services*. 322. February 2018.
[ix] For more information about our position on TAP legislation, please see Wounded Warrior Project's August 1, 2018 Statement for the Record of the Senate Committee on Veterans' Affairs hearing on pending legislation (available at https://www.veterans.senate.gov/hearings/pending-legislation-08012018).