DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Tragic Trends: Suicide Prevention Among Veterans

Testimony before the

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Chairman Takano, Ranking Member Roe, Members of the Committee – thank you for inviting the Substance Abuse and Mental Health Services Administration (SAMHSA) to participate in this extremely important hearing on suicide prevention for America's veterans. I am Richard McKeon, Chief of the Suicide Prevention Branch in the Center for Mental Health Services, SAMHSA.

An American dies by suicide every 11.1 minutes, and as the recent Centers for Disease Control and Prevention (CDC) Vital Signs analysis shows, this tragic toll has been increasing all across the country. Suicide is the 10th leading cause of death in the United States, the second leading cause of death between ages 10 and 34. We lost over 47,000 Americans to suicide in 2017, almost the same number we lost to opioid overdoses. For each of these tragic deaths, there are grief stricken families and friends, impacted workplaces and schools, and a diminishment of our communities. When one of these deaths involves an American who has served his country in the military, as happens on average 20 times each day, we as a nation suffer additionally. SAMHSA's National Survey on Drug Use and Health has also shown that approximately 1.4 million American adults report attempting suicide each year, and over 10 million adults report seriously considering suicide. This leads to huge direct medical costs, and more importantly, tremendous human misery.

As painful as these numbers are, our concern is intensified by the CDC's report that suicide has been increasing in 49 of the 50 states, with 25 of the states experiencing increases of more than 30 percent. These increases have been taking place among both men and women, and across the lifespan. While Federal efforts to prevent suicide have been steadily increasing over time, thus far, they have been insufficient to halt this tragic rise. We can only halt this rise nationally if we are also reducing suicide among the estimated 20 veterans a day who die by suicide including those not in the care of the U.S. Department of Veterans Affairs (VA). All of us must be engaged in this effort, and for this reason SAMHSA includes language in all our suicide prevention funding opportunities prioritizing veterans and has worked actively with VA on suicide prevention since 2007. While we have not as of yet been able to halt this tragic rise, we have seen that concerted, sustained, and coordinated efforts can save lives.

One area where we have made a concerted national effort, namely youth suicide prevention, has produced evidence that lives have been saved. Cross-site evaluation of our Garrett Lee Smith State/tribal youth suicide prevention grants has shown that counties that were implementing grant-supported suicide prevention activities had fewer youth suicides and suicide attempts than matched counties that were not. However, this life-saving impact fades two years after the activities have ended when there is no longer a difference in suicide rates between counties who implemented youth suicide activities and counties that did not.. withThe greatest

impact was seen in counties that have had the longest period of sustained funding for their efforts. This underscores the need to embed suicide prevention in the infrastructure of states, local, and tribal and communities. While all 50 states have received a Garrett Lee Smith (GLS) state grant, sometimes the suicide prevention activities end when the grant ends. An example of the successful implementation of a GLS grant is the White Mountain Apache tribe in Arizona, which received three consecutive GLS grants and has shown a reduction of almost 40 percent in youth suicides. In that community, a suicidal youth, wherever they may be on the reservation, will be seen by a trained Apache community worker rapidly after their suicide risk has been identified and the individual will be linked to needed treatment and supports. This example demonstrates the value of the GLS grants at the county level and also the value of timely access to effective suicide prevention and intervention services. In addition to decreasing suicide rates, an economic evaluation of the GLS program estimated $4.50 in cost savings per dollar invested in the GLS program[1].

In Fiscal Years (FY) 2017 and 2018, Congress provided SAMHSA, for the first time, $11 million dollars to focus on adult suicide prevention, with $9 million appropriated to the Zero Suicide initiative. Zero Suicide is an effort to promote a systematic evidence-based approach to suicide prevention in healthcare systems using the most recent findings from controlled scientific studies as part of a package of interventions that moves suicide prevention from being a highly variable and inconsistently implemented individual clinical activity to a systematized and prioritized effort. The Zero Suicide initiative uses the most recent science on screening, risk assessment, collaborative safety planning, care protocols, evidence-based treatments and care transitions (providing rapid follow up after discharge from inpatients units and Emergency rooms), as well as ongoing continuous quality improvement. The Zero Suicide initiative was inspired by the success of the Henry Ford Healthcare system in reducing suicide by more than 60 percent among those receiving care, and other early adopters such as Centerstone in Tennessee, one of the Nation's largest community mental health systems, have shown similar results. More recently the state of Missouri has shown that it is possible to reduce suicide among those receiving care in the state's community mental health system. As an example of this approach, Centerstone's protocol for treating those identified at high risk requires that an outreach phone call be made promptly if the person at risk misses a scheduled appointment. In one instance, a person on the Centerstone high risk protocol missed his appointment and when the follow up phone call was made the person was on a bridge about to jump. Instead, he came to Centerstone and agreed to be hospitalized. SAMHSA has funded 19 states, tribes and health care systems to incorporate Zero Suicide and technical assistance in implementing this approach, and this has been provided to many more through the Suicide Prevention Resource Center. SAMHSA has also been working through all of its suicide prevention grant programs to improve post discharge follow up since multiple studies have shown that rapid contact after discharge and prompt link to

[1] Garraza et al An Economic Evaluation of the Garrett Lee Smith Memorial Suicide Prevention Program" Suicide and Life Threatening Behavior , December 2016

outpatient services can prevent suicide attempts. SAMSHA's efforts can and do make a difference in communities.

The SAMHSA suicide prevention program that touches the greatest number of suicidal people is the National Suicide Prevention Lifeline (the Lifeline). The Lifeline is a network of 165 crisis centers across the country that answer calls to the toll-free number 800-273-TALK (8255). The National Suicide Prevention Lifeline includes a special link to the Veterans Crisis Line, which is accessed by pressing "one". The Lifeline is available 24 hours a day, 7 days a week, and in many communities in America it is the only feasible option for a suicidal person to reach out for help. The Lifeline is available late at night or on a Sunday afternoon and for some can be more helpful than a costly visit to an Emergency Department. Last year, more than 2.2 million calls were answered through the Lifeline, and that number has continued to grow at a rate of about 15 percent per year. About 25 percent of Lifeline callers are actively suicidal at the time of the call and some of them need emergency rescue services. The Lifeline also provides a chat service through the website, and the percentage of those using the crisis chat service who are actively suicidal is even higher. We believe this is reflective of the rising rates of suicide in youth, who may be more likely to use a chat service. Evaluation studies have shown that callers to the Lifeline experience decreased suicidal thoughts and hopelessness by the end of the call. Follow-up calls from Lifeline centers are frequently experienced as lifesaving. However, the increasing call volume is also straining the Lifeline system of community crisis centers which are responsible for responding to calls and chats. These crisis centers are not directly operated or funded by SAMHSA. The Veterans Crisis Line and their three centers are directly operated by VA, and other Lifeline community crisis centers depend on local or state funding. When local crisis centers are unable to answer Lifeline calls, the calls must be answered by designated regional back up centers. When calls go to regional back up centers, the amount of time it may take to answer the call can increase. SAMHSA has summarized these issues in its report to the Federal Communications Commission (FCC) as required under the National Suicide Hotline Improvement Act. SAMHSA's report calls attention to the fact that if the FCC and Congress were to designate a 3 digit N11 number for suicide prevention this would likely lead to a substantial increase in Lifeline calls. While such an increase in Lifeline calls and in seeking help is vitally important, it depends on the availability of centers to promptly answer the calls to be lifesaving.

SAMHSA and the VA have been working together to prevent suicide since 2007, when the Veterans Crisis Line was first established and the "press one option" was introduced into the National Suicide Prevention lifeline message. More recently, SAMHSA and VA have worked together to fund a series of Mayor's Challenges and Governor's Challenges to prevent suicide among all veterans, service members, and their families, regardless of whether they are receiving care though VA. Supported through an Interagency Agreement with VA, SAMHSA's Service Members, Veterans and their Families Technical Assistance Center, has convened cities and states in what are called policy academies and implementation academies to promote

comprehensive suicide prevention for veterans. Multiple public and private partners are engaged in this coordinated effort for which onsite technical assistance is also provided. As an example, in the Richmond Mayor's Challenge, the McGuire VA Medical Center and the public mental health center, Richmond Behavioral Health Authority, have developed a coordination and referral process to assure that veterans at risk don't fall through the cracks between VHA and community systems. A caring contact letter from the McGuire VA Medical Center is to be included in the discharge packet for veterans leaving community hospitals. The work in Richmond is now being implemented elsewhere in Virginia as part of the Governor's Challenge. We believe that this type of strong, continuing, interdepartmental effort that incorporates states and communities as partners is necessary to reduce veteran suicide. SAMHSA and VA also work together through the Federal Working Group on Suicide Prevention, which includes VA, Department of Defense, Department of Justice, Department of Homeland Security, CDC, National Institute of Mental Health, Indian Health Service, Administration for Community Living, and the Health Resources and Services Administration. SAMHSA and VA also work with other public and private organizations through the Nation Action Alliance for Suicide Prevention, which was stood up with SAMHSA funding in 2010 and has engaged over 250 organizations since its inception. The Action Alliance worked with the Office of the Surgeon General, SAMHSA, and others to revise the National Strategy for Suicide Prevention and continues to engage partners from multiple sectors to promote comprehensive suicide prevention efforts.

SAMHSA also worked with the National Academy of Sciences on a workshop on suicide and serious mental illness and serious emotional disturbance to improve prevention and intervention strategies. This workshop included a focus on veterans. SAMHSA is also developing a toolkit to assist families when a loved one is suicidal.

In summary, SAMHSA is engaged in an unprecedented amount of suicide prevention activities, but we know we need to do more to play our role in halting the tragic rise in loss of life we are experiencing across the country. In particular, we know we need to be engaged in a strong continuing, collaborative effort with VA to reduce suicide among veterans. We know we must constantly be looking to improve our efforts and to learn from both our successes and our failures. We owe it to those who have served this Nation and to all those we have lost, as well as to those that loved them, to continually strive to improve until suicide among veterans, and among all Americans is dramatically reduced.