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**STATEMENT OF  
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FOR THE RECORD OF THE  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES  
SEPTEMBER 29, 2022**

Chairman Takano, Ranking Member Bost and members of the Committee:

DAV (Disabled American Veterans) appreciates the opportunity to provide testimony on veteran suicide prevention efforts of the Department of Veterans Affairs (VA). On behalf of DAV's more than one million wartime service-disabled veterans and auxiliary members, we want to recognize and commend the significant effort both Congress and the VA have made in addressing the epidemic of suicide among our nation's veterans and service members. While progress has been made, there is still much to be done, and we are hopeful that the collective efforts in this community are finally moving the needle to address this preventable loss of life among our veterans. We also remain mindful that it will take our collected efforts to end this epidemic.

In the midst of the COVID-19 pandemic, with so many Americans struggling not only from illness, the tragic loss of family and friends, and economic stress, but also from social isolation, anxiety and loneliness, many of us feared the worst for veterans vulnerable to suicide. To learn that suicides among veterans actually decreased between 2019 and 2020, therefore, is welcome news. It continues the downward trend we first witnessed between 2018 and 2019 and gives us optimism and hope that these trends will continue as we all move forward from this difficult time.

According to VA, veterans experienced 343 fewer suicide deaths in 2020 than 2019. While age- and sex-adjusted rates for other Americans are also lower, VA experienced more significant decreases in these rates from 2018 to 2020 (-9.7% among veterans v. -5.5% from other American adults).<sup>1</sup>

That said, rates for veterans are still much higher (+57.3%) than for the general adult population. While age- and sex-adjusted risk rates have been higher for veterans than other American adults since 2001, they looked almost similar in 2002 (around 15/100,000) and diverged most significantly in 2017 when veterans were 66.2% more

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<sup>1</sup> U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2022 National Veteran Suicide Prevention Annual Report. 2022. Retrieved Sept. 20, 2022 from [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp).

likely to die by suicide than other adults.<sup>2</sup> We must continue to identify factors unique to veterans and service members and the military experience that make our veterans so much more vulnerable to suicide.

DAV is deeply concerned about the higher rates of suicide among recent VHA users than other veterans. VA has identified some factors that might be responsible for these differences such as marital status, lower income, minority status, self-reported health and disability status, and exposure to trauma.<sup>3</sup> We believe that VA should look at clinical records of matched pairs of veterans who use VA and those who do not and determine if there are real differences between the intensity and complexity of needs for veterans who rely upon VA for health care. If such differences exist, it might provide additional rationale for these veterans' increased rates of suicide and indicate that VA must continue to develop programs to more effectively identify these veterans, address their unique needs and overcome their barriers to care.

In addition, the report indicates that while the risk of suicide decreased for many veterans reporting mental health or substance use disorders including those with depression, PTSD, anxiety and alcohol use, for others—mostly those with substance use disorders including opioid, cocaine, cannabis, and stimulant use and those with schizophrenia—suicides are still increasing.<sup>4</sup> Many of the suicides occurring among VA users are those who have no substance use or mental health disorders identified.<sup>5</sup> This leads DAV to question the effectiveness of screening protocols for suicidality. VA and the Department of Defense (DOD) recommended additional research into appropriate screening and whether it should be applied more selectively to certain at-risk subpopulations and also to ascertain whether suicidal thoughts are chronic or acute in nature.<sup>6</sup> It may also indicate that the availability of mental health and substance use programming for veterans is problematic.

According to VA, rural veterans and veterans from recent deployments also remain at higher risk for suicide than other veterans. We hope implementation of three new Rural Access Network for Growth Enhancement (RANGE) Centers required under the Sgt. Ketchum Rural Mental Health Act will serve as a model for addressing the needs of rural and remote veteran populations. We would also like to understand how VA is promoting the availability of mental health treatment to all veterans who have

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<sup>2</sup> U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2022 National Veteran Suicide Prevention Annual Report. 2022. Retrieved Sep. 20, 2022 from [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp). P. 10.

<sup>3</sup> U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2022 National Veteran Suicide Prevention Annual Report. 2022. Retrieved Sep. 20, 2022 from [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp). P. 22.

<sup>4</sup> U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2022 National Veteran Suicide Prevention Annual Report. 2022. Retrieved Sep. 20, 2022 from [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp). P. 27.

<sup>5</sup> U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2022 National Veteran Suicide Prevention Annual Report. 2022. Retrieved Sep. 20, 2022 from [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp). P. 10.

<sup>6</sup> [VA/DOD Clinical Practice Guideline for The Assessment and Management of Patients at Risk for Suicide](#) p. 29.

separated from military service within the past year. As we understand it, service members' access to and use of the Transition Assistance Program (TAP) can vary. Sometimes veterans report training as very beneficial, but in some cases veterans struggle to absorb all the information provided and their options during an already turbulent time of readjustment. VA was required to ease transition for this vulnerable population and touts such specialized programs as Women's Health Transition Training; VA Concierges for Care; Transition Assistance Programs; and Separation History, and Mental and Physical Exams. Clearly there is more to be done in this area, which may include improved transition care coordination efforts such as warm hand-offs between VA and DOD providers and more effectively sharing program information about VA with service members and new veterans when they are ready to receive it.

## **Major VHA Initiatives**

*The Veterans Crisis Line and Implementation of 988:* The National Suicide Hotline Designation Act of 2020 (Public Law 116-172) established a national 3-digit emergency number to simplify access to crisis services—988 (press 1 to reach the Veterans Crisis Line (VCL)). Full implementation of 988 by all telephone carriers was required by July 16, 2022, and provided a way to increase access to crisis services with an easy number to remember, similar to 911. Between April 2021 and June 2022, VA increased its VCL responder staff by 56% to prepare for 988 implementation and hiring remains underway.

Additionally, the VCL expanded beyond call support over the past two years, including implementation of the Caring Letters initiative and establishment of a new Peer Support Outreach Center (PSOC), providing extended reach of VCL interventions. Through Caring Letters, veterans receive nine letters over the course of a year after their call to the VCL. Since its launch in June 2020, the VCL has mailed over 900,000 Caring Letters to over 140,000 veterans.

The VCL also launched its PSOC in May 2021, with the mission to provide support, hope and recovery-oriented services to veterans who are identified at increased risk for suicide. PSOC provides compassionate outreach via phone services with several calls to identified veterans over several months after their call to the VCL. PSOC is staffed by VHA peer specialists who are veterans in recovery from a substance use or mental health disorder and who provide support, hope and recovery-oriented support to veteran populations.

DAV recommends Congress remain vigilant in monitoring the 988 implementation to ensure it improves the availability of crisis intervention for vulnerable veterans.

*REACH VET:* The Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment—or REACH VET initiative analyzes existing data from veterans' health records to identify those at a statistically elevated risk for suicide, hospitalization, illness or other adverse outcomes. This allows VA to provide preemptive

contact, care and support for veterans, in some cases before a veteran even has suicidal thoughts.

Once a veteran is identified, his or her VA mental health or primary care provider reaches out to check on the veteran's well-being, review their condition(s) and treatment plans to determine if enhanced care is needed. The program began as a pilot in October and is now fully implemented across VA.

According to the newly released 2022 National Veteran Suicide Prevention Annual Report, VA is exceeding benchmarks for all five performance metrics and continues to further strengthen the algorithm and expand the reach of impact. However, some veterans without mental health or substance use diagnoses seem to be slipping through the cracks. VA must find additional ways of identifying these veterans before it is too late.

DAV supports delivery of effective care by focusing on reducing barriers to high quality mental health care and encouraging help-seeking among service members, veterans, and their families.

*Lethal Means Safety:* According to VA's 2022 annual report on veterans' suicide, firearms were the method of self-harm selected most frequently by veterans who died by suicide in 2020. Veterans used firearms in 71% of completed suicides, compared to 50.3% of deaths by suicide in the non-veteran adult population. The rate of suicide by firearm among male veterans was 72.1% compared to male non-veterans at 55.3%, and 48.2% for female veterans compared to female non-veterans at 33.3%. Given these findings, counseling veterans in the safe storage of firearms is a critical component of suicide prevention and has been an important part of VA's comprehensive public mental health strategy.

We believe VA has done a good job addressing lethal means safety and has many efforts underway to address this issue including information for caregivers and family members and safe storage toolkits for veterans and their families. VA has also developed messaging for clinical staff who may be less comfortable with raising concerns to vulnerable veterans. None of these efforts involve taking firearms away from veterans, but rather ensuring that they and their families make firearms less accessible to veterans and ensure safe storage practices when they are experiencing mental health crises. Veterans can take simple steps such as installing a safety lock (which VA will provide) on firearms to better ensure their well-being. Because of their familiarity and access to firearms, veterans are about 41% more likely to die by suicide using them than non-veterans.<sup>7</sup> This is important because suicidal attempts using firearms are more lethal leaving no second chance to intervene. DAV supports improving lethal means safety efforts to increase the safe storage of firearms and medications, and the use of safety planning interventions by providers.

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<sup>7</sup> U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2022 National Veteran Suicide Prevention Annual Report. 2022. Retrieved Sep. 20, 2022 from [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp). P. 18.

## **Evidence-Based Practices for Addressing Suicidality**

VA outlines its evidence based treatments for suicide prevention as Cognitive Behavioral Therapy; Safety Planning Intervention; Problem solving Therapy; and Dialectical Behavioral Therapy.<sup>8</sup> These interventions are recommended in VA and DOD's clinical practice guidelines for assessing and managing suicide.<sup>9</sup>

VA has invested significant resources in training its providers in evidence-based practices for certain mental health conditions—most notably in evidence-based practices for treatment of post-traumatic stress disorder, depression, substance use disorders and suicidality. As of March, it had trained about 17,570 providers in one or more of 16 of these practices.<sup>10</sup> While VA continues to develop this internal expertise, ensuring that the adequacy of mental health staffing is an ongoing challenge—particularly as larger portions of health care are addressed by community partners. To ensure equity, it is also critical for community providers to engage in training to address conditions that are prevalent in the veterans' population. VA has the training modules and resources available, but community providers are not required to complete such training. In accordance with DAV Resolution No. 434, we support passage of H.R. 4627, the Veterans Culturally Competent Care Act, which we believe would address this concern.

## **Significant Legislative Initiatives**

Congress has recently enacted several important comprehensive laws to address suicide prevention in the veterans' population.

The Veterans Comprehensive Prevention, Access to Care and Treatment (COMPACT) Act (Public Law 116- 214), authorized VA to furnish, or pay for emergency suicide care provided to veterans in acute mental health crisis. The law also authorized VA to pay for associated transportation costs for such care and up to 30 days of inpatient or up to 90 days of outpatient treatment to stabilize the condition. According to VA, this authority made 9 million additional veterans eligible for this benefit, roughly doubling the number of veterans eligible previously. VSOs were recently briefed on the plans to implement this significant new benefit for veterans.

We are hopeful some of the problems VA has had in verifying eligibility and administering claims for emergency and urgent care benefits do not plague this program. Too many veterans have had claims for reimbursement erroneously denied or have been negatively impacted because VA is not timely in paying bills for their care. Because, for the first time, the program creates a benefit for a whole new group of veterans—those who do not use VA—we fear timely, error-free administration and

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<sup>8</sup> [Suicide Prevention - Mental Health \(va.gov\)](#) accessed Sept. 20, 2022.

<sup>9</sup> [VA/DOD Clinical Practice Guideline for The Assessment and Management of Patients at Risk for Suicide](#) accessed Sept. 20, 2022.

<sup>10</sup> Department of Veterans Affairs. 2023 Budget Submission. Vol. 2. P. VHA-113.

payment may be a tall order. We must also be watchful of the significant funding that may be required for this new benefit. If new resources are required to ensure VA does not have to divert funds from critically necessary internal programming, we hope this Committee will be ready to help us advocate for them. VA expects to begin administering this benefit in the first quarter of fiscal year 2023, which begins October 1, 2022.

The Commander John Scott Hannon Veterans Mental Health Care Improvement Act—Hannon Act (Public Law 116-171), established the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, which allows VA to provide grants for the provision of suicide prevention services for veterans and their families. VA has just announced its grant awardees and is authorized to spend \$174 million on programs that will provide different types of support to at-risk veterans, including those not using VA, and their families over the next three years. It also required VA and DOD to update clinical practice guidelines and create new tools to improve mental health care treatment. DAV recommends, to the extent possible, VA oversee implementation of these programs to identify emerging best practices and improved outcomes of veterans using these services.

According to VA's Office of Rural Health, 2.8 million VA-enrolled veterans live in rural areas. Suicide rates were elevated for these veterans, as compared to veterans who live in urban areas. For example, for individuals in rural or highly rural areas, the rate was 44.9 per 100,000 compared to 38.8 per 100,000 for those in urban areas.<sup>11</sup> The Sgt. Ketchum Rural Veterans Mental Health Act of 2021 (Public Law 117-21), combats this problem by establishing three new RANGE programs. The RANGE program provides an intensive level of services with an emphasis on recovery for rural veterans with serious mental illness who are experiencing homelessness or who are at risk of becoming homeless. The bill also directs the Government Accounting Office (GAO) to conduct a study to determine whether VA has enough resources to meet the needs of rural veterans who require mental health care.

DAV believes the RANGE program, which is based on the evidence-based Mental Health Intensive Case Management program, has the potential to help veterans in remote areas and we understand that there is significant interest in developing these programs beyond the initial three sites selected. We hope Congress will look at the progress of the first three sites and expedite requests for additional resources to expand the program if warranted as outcomes become available.

Along with these legislative actions, VA and the White House have made productive efforts in recent years to prevent veteran suicide. In 2019, the White House announced its National Strategy for Preventing Veteran Suicide (Executive Order 13861). This directive laid out the Presidential Roadmap to Empower Veterans and End

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<sup>11</sup> U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2022 National Veteran Suicide Prevention Annual Report. 2022. Retrieved Sep. 20, 2022 from [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp). P. 28.

a National Tragedy of Suicide (PREVENTS), which sought to change the culture surrounding mental health and suicide prevention through enhanced community integration, prioritized research activities, and implementation strategies that emphasize improved overall health and well-being. Suicide Prevention 2.0 (SP 2.0) combines community-based prevention with clinically-based interventions to create a long-term vision. Suicide Prevention Now (SP Now) presents prevention strategies to implement in the short term, such as lethal means safety, increased suicide screening for veterans in specific medical populations and increased awareness and access to veteran-centric services and resources. PREVENTS, combined with SP 2.0 and SP Now are currently part of the operationalized plans organized by the VA Office of Mental Health and Suicide Prevention.

Additionally, VA launched Mission Daybreak, which provides an opportunity to support outside entities, such as academia, industry experts, nonprofits, health innovators, technologists and community partners, to develop innovative solutions for veteran suicide prevention. Through this \$20 million prize competition, innovators were encouraged to develop solutions that utilize digital life data and early warning systems for suicide, create improved access to and efficiency of Veteran Crisis Line services through technological innovations, and prevent firearm suicide and enhancing lethal means safety for suicide prevention. On September 19, 2022, VA announced the 30 finalists and 10 Promise Award recipients. In November 2022, these finalists will present their solutions to key stakeholders, investors, and partners for a chance to win \$3 million, \$1 million or \$500,000 in grant funds.

DAV also supports private sector innovators who are fighting to end veteran suicide. Save A Warrior is a “warrior-led” non-profit organization committed to ending suicide among veterans, active-duty military and first responders. The organization uses an Integrated Intensive Intervention to deliver a novel and disruptive service to veterans for issues including mental health and wellness, suicide prevention and complex post-traumatic stress. Save A Warrior’s caring and experienced staff combines trauma-informed, evidence-based, best practices informing a multi-disciplinary approach to generate a transformative experience of the first order. Save A Warrior has served nearly 2,000 individuals at no cost to participants and reports efficacy is at 99.7% overall since the program’s inception and 99.9% for veterans participating in the program (nearly 1,500).

In 2020, DAV Charitable Service Trust announced a \$1 million grant to fund the National Center of Excellence for Complex Post Traumatic Stress at Save A Warrior’s new facility in Hillsboro, Ohio. The DAV Charitable Service Trust also granted \$200,000 in 2021 for programming, and the intent, based upon funding availability, is to continue supporting this life-changing and life-saving organization into the future. The cost of *not* supporting Save A Warrior is too high.

DAV’s staff has also engaged in VA SAVE training to help identify and assist veterans with suicidal ideation. We embrace VA’s principle that suicide is preventable and we are doing our best to be part of the solution—as we all must be.

## **Social Determinants of Health and Suicide**

While VA has invested significant resources in understanding and addressing suicidal behavior in veterans, there are still questions about the extent to which social determinants affect suicidal behavior. Such conditions as homelessness, unemployment, lack of social connectedness or belonging, family dissolution, a history of trauma during military services or at some other time, and substance use disorders may have significant effects on veterans' suicidality. We are pleased that some innovative programs under the Mission Daybreak and Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Programs will focus on some of these issues to determine if they are effective in addressing suicidal behavior and ideology. We also recommend VA invest more resources in research to investigate definitive associations between these conditions and suicidality.

## **Women Veterans and Suicide**

Women veterans are the fastest growing population within the VA system.<sup>12</sup> As a group, they are younger, more racially and ethnically diverse, are more likely to have diagnosed mental health conditions and use more mental health services. While the risk of suicide for women veterans is much lower than for male veterans and rates are decreasing at a greater rate, their age adjusted rates are still 2.5 times as high (13.8/100000)<sup>13</sup> for women veterans than for those of other women (5.5/100000)<sup>14</sup>.

In developing appropriate programming, in addition to the biological differences, women veterans bring social and cultural gender differences that must be addressed, including those associated with reproductive health. These differences continue to challenge a health care system that, until about two decades ago, was focused almost exclusively on men. Understanding and honoring women veterans' preferences for gender-specific and gender-sensitive care can aid in their engagement in services, and ultimately in their efforts to recover.

For mental health services, gender-specific and gender-knowledgeable care is just as critical as for other health care services. For example, women veterans have increased risk for such issues as military sexual trauma and eating disorders that make them more inclined toward suicidal behavior. Addressing these issues is likely to reduce their risk of suicide.

DAV has contracted SIGMA Health Consulting to develop a brief on suicide risk factors, protective factors and gaps in VA's suicide programming and research for

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<sup>12</sup> <https://www.womenshealth.va.gov/WOMENSHEALTH/materials-and-resources/facts-and-statistics.asp>

<sup>13</sup> U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2022 National Veteran Suicide Prevention Annual Report. 2022. Retrieved Sep. 20, 2022 from [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp). P. 10.

<sup>14</sup> [Suicide Data and Statistics | Suicide | CDC](#) accessed 9/26/2022.

women veterans. We look forward to sharing this publication with our stakeholders in the veterans' community, including Congress, in the future.

In the meantime, despite all the differences between women and men veterans, women are not specifically addressed in VA's strategic plans including its mental health plan or 10-year public health strategy for suicide prevention. Again, this is critical as the VA plans programs to meet the unique programming and recovery needs of women veterans, which may be quite different than men veterans. Women veterans also often express interest in having women health care providers and participating in gender-exclusive programs.<sup>15</sup>

VA has developed a reproductive mental health consultation team and women veterans' mental health champions at its medical centers in an attempt to close the knowledge gap for VA providers. Peer support specialists are also helpful in personalizing veterans' care experience and making health care journeys more culturally and gender sensitive for women and other minority groups. DAV notes that such resources are critical in addressing suicide in women veterans. For example, a recent study showed women are more likely to self-identify as a suicide risk in a reproductive health care setting. This makes it all-the-more important that VA has gender-specific care for women who are still in their reproductive years. Inability to procreate is a concern for returning veterans and at least one study has found, there is a link between the inability to procreate and suicide.<sup>16</sup>

In addition, VA must ensure attempts to identify and address suicide extends to service lines outside of mental health. For example, VA's Office of Mental Health and Suicide Prevention published Suicide Prevention brochures, but it is unclear if these are being distributed to Women Veterans Health Clinics and Women's Health Care Coordinators. Integrating mental health in primary care has been an effective way to address mental health care needs and ensure that veterans who may not seek mental health treatment have timely and stigma-free hand-offs to care. Reaching out to the actual touchpoints of women veterans where they are seeking health care will improve awareness and utilization of resources that can help.

Importantly, DAV notes that none of this work in VHA can be done without appropriately trained dedicated clinical staff. VA providers, like so many others in the health care industry, have been overwhelmed with the pandemic and the subsequent rise in mental health conditions such as anxiety and depression. Burnout is occurring with many of our dedicated providers. VA must continually press its recruitment and retention efforts including having resources for self-care for its providers to ensure they are able to continue to provide mission-critical care to veterans.

Mr. Chairman, in closing, I want to reiterate DAV's thanks for the investment the Committee has made in addressing the epidemic of veterans' suicide. Suicides are preventable tragedies that the whole community must continue to work collectively to

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<sup>15</sup> (Strauss, 2022)

<sup>16</sup> (Claire A. Hoffmire, et al., 2022)

address. While it is encouraging that we may be beginning to move the needle, we cannot rest.

Thank you for this invitation to share DAV's views and recommendations on this important topic.