National Service & Legislative Headquarters
807 Maine Avenue, S.W.
Washington, D.C. 20024-2410
Phone (202) 554-3501
Fax (202) 554-3581
www.dav.org

STATEMENT OF
JOY J. ILEM
NATIONAL LEGISLATIVE DIRECTOR
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
APRIL 29, 2019

Mr. Chairman and Members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to submit testimony for this important hearing regarding our views on the Department of Veterans Affairs (VA) suicide prevention efforts and use of a public health model for reducing suicide in the veteran population. We have also been asked to identify any steps DAV is taking as an organization to counter trends in veterans' suicide. Finally, we offer our views on the effectiveness of VA's current mental health programs and suicide prevention efforts and recommendations on what more can be done to ensure veterans have access to critical mental health services when they need them.

As you know, DAV is a non-profit veterans service organization comprised of more than 1 million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. Many DAV members use VA's specialized mental health services and approved DAV Resolution No. 293 at our last National Convention, which supports mental health program improvements, including: data collection and reporting on suicide rates among service members and veterans; improved outreach through general media for stigma reduction and suicide prevention; sufficient staffing to meet demand for mental health services and enhanced resources for VA mental health programs, including Vet Centers, to achieve readjustment of new war veterans and continued effective mental health care for all enrolled veterans needing such services.

DAV Efforts to Counter Suicide in the Veteran Population

As an organization, we subscribe to VA's perspective—suicide is preventable and that suicide prevention is everyone's business. We believe that membership and participation in a veterans service organization such as DAV, can be a protective factor for vulnerable veterans who may be struggling with serious physical injuries, post-deployment mental health issues, homelessness, or substance use. DAV provides opportunities for comradery, volunteering, serving others, engagement in meaningful activities to include adaptive sports and recreational events, and connecting with other veterans who may be confronting similar challenges.

As an organization, DAV is committed to doing our part in helping to reduce suicide among those who have served. Recently, our entire national service and legislative Washington headquarters staff participated in S.A.V.E training (Signs. Ask. Validate. Encourage/Expedite.) conducted by the local VA Suicide Prevention Coordinator using the same curricula used for non-clinical VHA staff. Our national headquarters office in Cold Spring, Kentucky, also received this training.

DAV has approximately 261 national service officers (NSOs) in 100 offices across the United States and in Puerto Rico and 32 transition service officers that assist service members in filing claims for service-connected disabilities. These are frontline staff that interact with many veterans seeking assistance each day. Within the next couple of weeks, our NSOs will have access to a specific module in DAVs training system—iTRAK on suicide prevention and creating warm handoffs for those in crisis. This will be required training for all NSOs and support staff in each of our field offices.

DAV's communications team works closely with the VA's public affairs office to support the Department's suicide awareness and prevention campaign, #BeThere, on a number of social media sites such as Facebook, Twitter, Instagram and LinkedIn. We promote the Veterans Crisis Line phone number at every opportunity, including it in *DAV Magazine* articles, web posts, awareness campaigns and collaborative events. We have worked alongside other organizations aimed to prevent veteran suicide such as Vets4Warriors and the Gallant Few. DAV also runs our own suicide prevention and awareness social media campaigns during Suicide Prevention Awareness Month every September. In addition, we recently revised our PTSD booklet, *Living With Traumatic Stress*, which includes information on VA mental health resources and suicide prevention.

Use of Public Health Model for Suicide Prevention

Suicide is a national tragedy and a complex issue that requires a public-private approach to improve evidence-based prevention and intervention efforts. In its 2018-2022 strategic plan, VA stated that suicide prevention is its highest strategic clinical priority. In fact, VA has worked diligently with other government partners to gain a greater understanding of the epidemiology of veteran suicide and for the first time can more reliably track suicide among veterans and civilians. This required an interagency collaborative effort with the Department of Defense (DoD) and the Centers for Disease Control and Prevention, as well as state governments, to ensure that veteran status was accurately and consistently captured in national statistics.

VA's National Strategy for Preventing Veterans Suicide defines the "public health model" it will use to reduce the rates of suicide for veterans. The four strategic directions identified include:

1. Healthy and Empowered Veterans, Families and Communities;
2. Clinical and Community Preventive Services;
3. Treatment and Support Services; and
4. Surveillance, Research and Evaluation.

Over the past several years, despite intensive efforts to reduce suicide among veterans, rates have not significantly declined even after the Department identified this issue as the top clinical priority of the Administration. VA identified that 14 of the 20 veterans who committed suicide each day were not using VA health care services presenting a number of challenges for understanding and addressing the needs of all potential at risk veterans[1]. Surveillance has been hampered by differing definitions of "veteran" and "death by suicide" (which may or may not include suspicious accidental or violent deaths). In addition, some states' reporting data on suicides, did not require veteran status be reported. We believe future studies should work to standardize definitions and methodologies to help VA understand whether its interventions are having an effect at the population level.

DAV believes the public health approach adopted by VA can be particularly effective in addressing the needs of veterans who do not use VA health care (approximately two thirds of all veterans and 70 percent of those who commit suicide).[2] It can also be used to increase awareness about suicide prevention among members of the public, to include veterans' family members, friends and co-workers—as well as community health care providers with a goal of educating them to recognize the potential risk factors and signs among veterans and accept personal responsibility for getting them help when needed. Effective communication strategies can help to change stereotypes associated with veterans and identify and promote protective factors that may help prevent suicidal ideation such as giving veterans a sense of purpose and connectedness with family and community.

As VHA allows more community care options for veterans under the new MISSION Act, Network community care partners should also receive training and be provided with information about warning signs for suicide, effective screening, and early interventions for veterans. Likewise, as part of its public health model VA must also offer training to its community partners who are more likely to treat the veteran population not using VA health care services. RAND found that community providers are less likely to ask about military service, to screen for conditions such as suicidal ideation common

[1] Department of Veterans Affairs. Office of Mental Health and Suicide Prevention. VA National Suicide Data Report 2005-2016. September 2018. P. 7

[2] U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention (OMHSP) Facts About Veteran Suicide: June 2018

among veterans, and to understand how to manage the care of veterans with these conditions effectively.[3]

VA has developed training tools and modules for both non-clinical and clinical staff and this training is mandatory for all VHA employees. The goal of the training is to assist employees in identifying veterans at risk of suicide and help them intervene when a veteran is in crisis.

We have also urged VA to ensure community network providers are properly trained in effective evidence-based mental health treatments and supportive services that are typically not available in the private sector so appropriate referrals can be made back to VA for these services. VA could, in developing training modules for community partners improve and build awareness within the broader health care industry. Unfortunately, the Government Accountability Office (GAO) recently found that VA's awareness efforts—promotion of campaigns such as #BeThere and contact information for veterans and those who care about them—dropped off in 2017 and 2018 and that it had not identified appropriate ways of measuring the success of these efforts.[4]

To deploy an effective public health model, Congress and VA must resource it appropriately with additional funding not those originally programmed for delivery of current mental health services. Likewise, goals for campaigns and strategies must be clearly identified and measured before, during and after the intervention. This continuous measurement and improvement cycle is the key to creating effective public health initiatives and better health outcomes for veterans.

Effectiveness of VA's Mental Health Programs and Suicide Prevention Efforts

We applaud VHA's ongoing implementation of universal screening for suicidality. Recognizing the problem is the first step of successful intervention. As we understand it, almost 2 million veterans have already been screened.[5]

VA also deserves recognition for expanding its Veterans Crisis Line, implementing a predictive analytics model to create a clinical "flag" for those veterans at greatest risk of suicide (REACH-VET), and requiring mandatory training on suicide for both non-clinical and clinical staff in the veterans health care system. The Department has also allowed veterans with other than honorable discharges to seek emergency mental health care and recently announced that all transitioning service members could

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[3] Tanielian, Terri, Carrie M. Farmer, Rachel M. Burns, Erin L. Duffy, and Claude Messan Setodji, Ready or Not? Assessing the Capacity of New York State Health Care Providers to Meet the Needs of Veterans. Santa Monica, CA: RAND Corporation, 2018. https://www.rand.org/pubs/research_reports/RR2298.html. Also available in print form.
[4] VA HEALTH CARE: Improvements Needed in Suicide Prevention Media Outreach Campaign Oversight and Evaluation GAO-19-66: Published: Nov 15, 2018. Publicly Released: Dec 17, 2018.
[5] Department of Veterans Affairs. VA Suicide Risk Identification Strategy: Overview. June 2018/

seek VA health care within the first year of separation from military service—a time frame at which many veterans have been found to be vulnerable to suicide or suicidal ideation.[6] As evidenced by the persistently higher suicide rate among veterans (as compared to civilians) and the recent suicides taking place on VA grounds, however, it is clear much more work must be done.

We are pleased to see that VHA has also deployed an evidence-based practice of early and structured intervention for veterans who have attempted suicide, which promotes safe storage of lethal means strategies to address firearm safety. This includes counseling on safe storage and reducing access to lethal means that could be used as methods of suicide, in addition to employing other coping strategies. When followed by phone calls to assess risk, review safety plans, and encourage treatment engagement, this safety planning intervention almost halved follow-up suicidal behaviors within the first six months after intervention.[7]

We understand this is a very sensitive and controversial topic—but one that cannot be ignored, given that almost 70 percent of veterans' suicides are completed using firearms.[8] As a leading mental health advocate in VA stated, "limiting immediate access to firearms for veterans in crisis can save lives. Safe gun storage is one of the most important ways to prevent suicide."[9] Despite the challenges in addressing this topic, it is clear VA is striving to be a national leader in suicide prevention and pressing forward, creating important community partnerships in an attempt to find new and effective ways to talk about this issue with their veteran patients to ensure they stay safe.

The Rocky Mountain Mental Illness Research Education and Clinical Center is working to identify the effect of provider counseling on safe storage on suicidal behaviors in veterans and VA has forged a historic partnership with the National Sports Shooting Foundation and the American Foundation for Suicide Prevention. The collaboration is aimed at developing a program that empowers communities to engage in safe firearm storage practices with an emphasis on reaching service members, veterans and their families. Additionally, VA has a planning tool kit that will be accessible to all veterans—including a workbook, "Your Personal Safety Plan" which provides examples and asks veterans to identify stressors and triggers and warning signs of serious emotional turmoil, in addition to suggesting coping strategies and ideas for staying safe in times of emotional crisis. Veterans are urged to establish a plan that

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[6] Department of Veterans Affairs. Office of Mental Health and Suicide Prevention. VA National Suicide Data Report 2005-2016. September 2018. P. 7

[7] Stanley, Barbara, et al. "Association of Safety Planning Intervention with Subsequent Suicidal Behavior Among ER-Treated Suicidal Patients." JAMA Psychiatry: Original Investigation, Vol. 75, Number 9. September 2018. P. 895.

[8] VA National Suicide Data Report: 2005-2016. Department of Veterans Affairs. Office of Mental Health and Suicide Prevention. September 2018, p. 6.

[9] Russell Lemle, PhD, Chief Psychologist at San Francisco VA Health Care System as cited in Women Veterans: The Journey Ahead. P. 30.

includes a list of safe people and safe places, crisis support and resource contact numbers, who they can talk to if in crisis, and how to ensure a safe environment during a stressful period.

As women veterans' rates of self-directed violence by firearm increase,[10] we want to ensure VA providers are also asking women veterans the same questions about gun storage safety—particularly those who have been identified for being at-higher risk for suicide. What previously might have been an "attempt" using poisoning or asphyxiation can result in an accomplished suicide due to women veterans' increased familiarity with more lethal means. Experts note that civilian women are less likely to use firearms and thus their attempts are often less lethal.[11,12]

Web-based health initiatives have also been proven valuable to younger tech-savvy veterans. Apps and website modules are available to all veterans and service members, as well as family members and friends, managing complex mental health conditions such as PTSD, traumatic brain injury (TBI), MST, or dealing with anger issues and executive function challenges. Veterans report that these web-based initiatives are valuable and help them navigate the challenges of readjustment after military deployment and provide guidance in reconnecting as a friend, parent or spouse.

General Recommendations for VA's Suicide Prevention Efforts

While VA has policy guidance (VHA Directive 1071) creating mandatory suicide risk and intervention training for all VHA employees, there may not be adequate staff or coverage for mental health services at VA facilities to ensure veterans are able to access services when they are most needed—when a veteran is in crisis. According to VA, since 2007, VA's crisis line has handled 3.5 million calls, and responded to almost a million more texts and chat messages. It has dispatched emergency services 93,000 times and referred veterans to suicide prevention coordinators more than 582,000 times.[13] This is strong evidence of veterans' need for immediate crisis intervention.

In addition, many VA primary care clinics have integrated mental health services (PC-MHI) to ensure that veterans identified through primary care screening can receive a warm handoff to a mental health professional and receive immediate attention for any emergent mental health problems. VA indicated that in 2018, about half of veterans using this service had their initial encounter with a mental health professional the same

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[10] VA National Suicide Data Report: 2005-2016. Department of Veterans Affairs. Office of Mental Health and Suicide Prevention. September 2018, p. 6.
[11] VA National Suicide Data Report: 2005-2016. Department of Veterans Affairs. Office of Mental Health and Suicide Prevention. September 2018, p. 6.
[12] National Strategy for Preventing Veteran Suicide: 2018-2028. Department of Veterans Affairs. Office of Mental Health and Suicide Prevention. p. 22.
[13] Department of Veterans Affairs. Press Release: VA's Veterans Crisis Line Improves Service with Third Call Center Opening in Topeka, Kansas tps://www.va.gov/opa/pressrel/pressrelease.cfm?id=4070, accessed 4/25/19.

day as their primary care visit.[14] Given the recent tragedies on its own grounds, VA recently sent a reminder to veterans that they can obtain same-day emergency mental health treatment. However, to ensure the timeliness of care and services, VA facilities must have appropriate staffing levels and patient aligned care teams in place to meet demand. For these reasons we recommend that all VA Mental Health Services meet suggested minimum staffing guidelines of 7.72 FTEE per 1000 veteran patients.

One way to increase support for mental health providers is to utilize and train more peer support specialists to work in mental health programs. Properly trained peers embedded with clinical patient aligned care teams can help veterans better understand and manage their mental health and post-deployment health challenges such as substance use, which may put them at higher risk for self-directed suicide. They can also help veteran peers focus on goals for recovery and become more engaged in treatment.

Vet Center facilities offering specialized individual and group counseling for post-traumatic stress disorder (PTSD) and the after effects of military sexual trauma (MST), have also proven to be helpful to many at risk veterans. Ensuring that these veterans are connected and engaged in treatment and developing new strategies for coping and reducing exposures to substance use or other behaviors may help to reduce vulnerability to self-directed harm. Nature retreats are another therapeutic option that that allow groups of similar veterans (such as women or veterans returning from recent deployments) to engage with and learn from each other in creating new coping strategies and life goals.

Further reductions in the number of veterans' suicides may also require VA to identify, develop and assess tailored interventions for certain at-risk populations such as veterans recently discharged from military service, LGBTQ veterans and women veterans. Understanding unique differences in their risk factors, protective factors and the effectiveness of different treatments for them could help reduce suicides among these subpopulations of veterans using VHA. Again, data collection, research and analysis must continue to assure that VA is on the right track.

In addition, VA must have the space and facility design to ensure veterans who are in immediate crisis receive treatment in safe environments. Policy guidance (VHA Directive 1167) is available in making mental health environments safe for veterans with suicidal ideation, but we note that GAO has found that environment of care surveys are often incomplete and inaccurate when facilities submit them and recommended VA take concrete steps toward improving its environment of care program.[15] The Committee

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[14] Department of Veterans Affairs. News Release: VA Ensures Veterans Have Same-Day Access to Mental Health. April 16, 2019

[15] VA Should Establish Goals and Measures to Enable Improved Oversight of Facilities' Conditions
GAO-19-21: Published: Nov 13, 2018. Publicly Released: Nov 13, 2018.

may want to ask VA to discuss how it intends to make such improvements and how to determine whether the mental health environment of care checklist is being implemented at all of VA's health care facilities with fidelity.

Finally, we understand that VA and DoD are in the final stages of updating their 2013 joint clinical practice guideline on suicide prevention and look forward to reviewing this important document. We are pleased that VA is also building bridges to other federal agencies and working on building coalitions that are better able to connect with veterans who use non-VHA providers for health care.

Overall, VA has done notable work in trying to reduce suicide in the veteran population, but they cannot do it alone, especially when they lack contact with and information about the majority of veterans who do not use VHA services. It will require a large scale strategic plan along with sufficient resources (dedicated funding and staff) to carry out a successful public health/suicide prevention initiative.

In closing, DAV believes effective use of the public health model and implementation of initiatives within its strategy will allow VA to reach beyond its patient population and effect changes in behavior within the greater veteran population and other stakeholder groups. However, we do have concerns about resources and appropriate staffing levels that are necessary to carry out such an expansive effort. Without appropriate resources, skilled professionals to monitor progress through defined and measureable goals and ongoing data collection and analysis, public health initiatives will not be effective. We also note that loss of resources siphoned from VA's existing mental health program could threaten the integrity of the effective programs, services and supportive tools VA has already implemented for suicide prevention and mental health treatment of veterans using VHA.

Mr. Chairman, I appreciate the opportunity to provide DAV's views to the Committee on this important topic, and recommendations for what more can be done to prevent suicide in the veteran population.