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BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. SENATE**

**"INVISIBLE WOUNDS OF WAR: IMPROVING MENTAL HEALTH AND SUICIDE
PREVENTION MEASURES FOR OUR NATION'S VETERANS"**

SEPTEMBER 20, 2023

Good morning, Chairman Tester, Ranking Member Moran and distinguished Members of the Committee. Thank you for the opportunity today to discuss the Department's efforts to implement recently enacted laws related to Veterans' mental health care and suicide prevention, including P. L. 116-171, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Hannon Act) and Division V of P.L. 117-328, the STRONG Veterans Act of 2022 (the STRONG Act) included in the Consolidated Appropriations Act, 2023. Accompanying me today is Dr. Susan Black, Suicide Prevention Officer, with the Outreach, Transition and Economic Development Service in the Veterans Benefits Administration.

In 2020, 44,298 adult Americans died by suicide. Of those, 6,146 were Veterans. These numbers are more than statistics—they reflect individual lives prematurely ended and they continue to be grieved by family members, loved ones and the Nation as a whole. More work remains to amplify Veteran suicide prevention efforts alongside each of you at the national, state and local levels.

Suicide is a complex problem with a multifaceted interweaving of potential contributing factors. In addition to mental health risk factors for suicide, we must look at a broader array of other contributing factors such as sociocultural risk factors and health related social needs that are also associated with suicide ideation and attempts. Unemployment, chronic pain, insomnia, relationship strain and the death of a loved one are examples of individual factors outside the specific frame of mental health which may play a role in suicide. International, national, community and relational factors also impact suicide risk (e.g., inadequate access to care, global health concerns, war, economic crises or homelessness).¹ With no single cause, there is no single solution, and we must be comprehensive in our approach to prevent Veteran suicide.²

¹ Turecki, G., & Brent, D. A. (2016) Suicide and suicidal behavior. *Lancet*, 387, 12271,227–39.

² Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., Sarchiapone, M., Carli, V.,

Every death by suicide is a tragedy and we will not relent in our efforts to end Veteran suicide. We know that suicide is preventable. It is a national public health issue that affects people from all walks of life, not just Veterans. Eliminating Veteran suicide is a top VA priority, and we continue to work diligently across the Department and with Federal, tribal, state and local governments to advance a public health approach to suicide prevention. The VA suicide prevention strategy is guided by the National Strategy for Preventing Veteran Suicide 2018-2028 and is in full alignment with the President's 2021 National Strategy for Reducing Military and Veteran Suicide.³ More specifically, the VA suicide prevention strategy advances a comprehensive, cross-sector, evidence-informed public health approach with focal areas in lethal means safety (LMS); crisis care and care transition enhancements; increased access to effective care; addressing upstream risk and protective factors; enhanced research coordination; data sharing; and program evaluation efforts.

VA's public health approach requires a focus on evidence informed clinical and community initiatives. This means maximizing prevention efforts that cut across all sectors in which Veterans may interact and collaborating with Veterans Service Organizations, state and local leaders, medical professionals, criminal justice officials, private employers and many other stakeholders. VA's public health strategy combines collaborations with communities to implement tailored, local prevention plans while also focusing on evidence-based clinical strategies for intervention. We focus on both what we can do now, in the short term and over the long term, to implement VA's National Strategy for Preventing Veteran Suicide, through the following:

- Suicide Prevention (SP-2.0) Community-Based Intervention for Suicide Prevention (CBI-SP) model; and
- SP 2.0 Clinical Telehealth model which is a clinical approach focusing on broad dissemination of evidence-based psychotherapies.

The Suicide Prevention Now Plan (NOW) aims to develop and deploy interventions that are deemed to reach Veterans at high risk for suicide within 1 year. Led by staff in VA's Suicide Prevention Program and key VA partners, the plan includes targeted mental health and suicide prevention strategies to support Veterans, Veterans Health Administration (VHA) providers and the community. The five priority areas of the Now plan are as follows: (1) LMS, which promotes secure storage of firearms so that someone at elevated risk for suicide is less likely to use the firearm to attempt suicide; (2) suicide prevention in at-risk medical populations; (3) outreach to and understanding of prior VHA users; (4) suicide prevention program enhancements; and (5) educational media campaigns.

Höschl, C., Barzilay, R., Balazs, J., Purebl, G., Kahn, J. P., Sáiz, P. A., Lipsicas, C. B., Bobes, J., Cozman, D., Hegerl, U., & Zohar, J. (2016). Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry*, 3(7), 646–659.

³ Department of Veterans Affairs (2018). National Strategy for Preventing Veteran Suicide. https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf

Through CBI-SP, 50 States and 5 territories are participating in the VA Substance Abuse and Mental Health Services Administration Governor's Challenge and more than 1,500 community coalitions have been formed across the country, working together towards ending Veteran suicide. The goal is to equip communities to help Veterans get the right care delivered whenever, wherever and however they need it.

The SP 2.0 Clinic Telehealth Program was implemented through a partnership between VA's Suicide Prevention and the VHA National Clinical Resource Hub leadership team to stand up national telehealth capability to provide the following evidence-based practice treatments (EBP):

- Cognitive Behavioral Therapy for Suicide Prevention;
- Problem-Solving Therapy for Suicide Prevention; and
- Dialectical Behavior Therapy, as well as the Safety Planning Intervention.

Currently, there are over 100 clinical staff serving through SP 2.0 Clinical Telehealth. These providers are trained to offer EBPs for suicide prevention to Veterans with a recent history of suicidal self-directed violence. This service is available through all 18 Veteran Integrated Service Networks. As of September 18, 2023, since the program launched in April 2021, SP 2.0 Clinic Telehealth Program has completed over 7,000 mental health intake sessions.

According to the 2022 National Veteran Suicide Prevention Annual Report, when it comes to comparing Veterans and U.S. adults who died from suicide in 2020, guns were more commonly involved among Veterans (71.0%) than non-Veterans (50.3%). The NOW Plan facilitated the Keep It Secure LMS media campaign, which launched in September 2021 and ended in June 2023 and garnered over 2.8 billion impressions, over 1.7 billion video completions and over 26 million website visits. This campaign targeted and reached a diverse audience of Veterans and their concerned others. By increasing time and space between lethal means and individuals at risk for suicide, suicide is reduced.

VA continues to innovate in this area and in February of 2023 VA announced the 10 winners of Mission Daybreak, a \$20 million grant challenge aimed at developing innovations to reduce Veteran suicide. During this challenge, VA received more than 1,300 innovation submissions from Veterans, Veteran Service Organizations, community-based organizations, health technology companies, startups and universities – with solutions ranging from lethal means safety concepts and targeted virtual care programs to other promising suicide prevention solutions that offer healing and recovery to Veterans. Mission Daybreak is the largest cash Federal incentive prize since the establishment of the Prize Authority.⁴

⁴ Department of Veterans Affairs (2023). Winners Revealed in VA's \$20M Mission Daybreak Grand Challenge to Reduce Veteran Suicides. <https://news.va.gov/press-room/winners-revealed-in-vas-20m-mission-daybreak-grand-challenge-to-reduce-veteran-suicides/>

Hannon Act

The Hannon Act was built upon this comprehensive approach, and we are pleased to report on VA's progress in implementing the Hannon Act since our last hearing on this topic in 2020. Broadly, the Hannon Act prioritized staffing expansion, targeted suicide prevention efforts, and research, establishing best practice models for mental health care delivery and providing critical oversight and accountability for mental health programs. We look forward to discussing VA progress in these areas.

Suicide Prevention

Regarding suicide prevention efforts, the Hannon Act has expanded access to critical mental health care resources. Section 201 of the Hannon Act established the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP), allowing VA to provide grants to eligible entities to expand suicide prevention services to eligible individuals and their families to reduce the risk of suicide. In September 2022, VA awarded \$52.5 million to 80 community-based organizations in 43 States, the District of Columbia and American Samoa. These organizations provide or coordinate the provision of suicide prevention services, thereby significantly expanding services provided to Veterans in the community. In March 2023, VA prepared for the second round of grant awards by publishing a Notice of Funding Opportunity for renewal grants and new organizations to apply for grants worth up to \$750,000. The application period opened March 2, 2023, and closed May 19, 2023. The review and award process are underway. Awards will be announced by September 30, 2023, for services in fiscal year 2024. In July 2023, VA held its third in-person technical assistance event for the SSG Fox SPGP grantees. This two-day event included: LMS training; program guidance and implementation strategies; and the opportunity to share grantee success stories and examples of innovative suicide prevention services from among the cohort.

The Hannon Act provided VA the opportunity to review established suicide prevention processes to identify opportunities to enhance implementation. Several clinical initiatives identified in the Hannon Act have also been implemented across VHA as part of the SP Now plan. A few examples of these initiatives include increased hiring of mental health staff in Specialty Care clinics with Veterans at high risk for suicide, the Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment (REACH-VET) Program and Safety Planning in the Emergency Department (SPED).

These initiatives are having a significant impact on patient safety. As of August 8, 2023, more than 54,500 VHA prescribers, representing all VHA facilities, have prescribed naloxone to over 477,500 Veterans with over 4,210 reported opioid overdose reversals. VA also implemented REACH-VET, which uses predictive modeling to identify Veterans at highest risk for suicide and then works to outreach and engage Veterans in care. REACH-VET has been associated with increased attendance at outpatient appointments, a greater proportion of individuals with new safety plans and

reductions in mental health admissions and emergency department visits and reduction in suicide attempts. VA is exceeding benchmarks for all five REACH-VET metrics.

SPED is an evidence-based practice shown to reduce suicidal behaviors by 45%.⁵ SPED promotes safety planning with Veterans who present to the emergency department with suicidal ideation, providing follow-up contact until treatment engagement occurs. Through technical assistance and individualized consultation, VA is exceeding SPED performance expectations, and the new White House strategy focused on reducing military and Veteran suicide is now looking to implement the practice in non-VA community hospitals.

Mental Health Services

VA provides mental health care services through a stepped-care model to promote mental health treatment at the least intensive level of care appropriate. Services include a full range of inpatient, residential and outpatient specialty and general mental health services available in VA and through community partners. Veterans may receive mental health care through primary care, self-directed options such as mobile apps and online programming, or through tele-mental health services.

The demand for mental health care continues to grow. The number of Veterans seen by mental health providers has doubled since 2006. VA employs 17,000 licensed mental health providers to address ongoing demand and expanding health care eligibilities; ensuring appropriate staffing levels are maintained is essential. VA is committed to not only hiring critical mental health staff, but also enhancing opportunities to train and develop mental health care professionals to address the national shortage. VA is committed to the mental health staffing model outlined in Section 501 of the Hannon Act. The VA has experienced tremendous mental health staff growth over the last 2 years. The Secretary and Undersecretary for Health are committed to hiring efforts targeting mental health staff and leveraging the staffing model developed in response to the Hannon Act. While at the early stages of the initiative, VA recognizes staffing efforts must continue to enhance access to care for underserved and rural areas of the Nation. To enhance hiring opportunities, VA continues to build on the occupational series for Licensed Professional Mental Health Counselors and Marriage (LPMHC) and Marriage Family Therapists (MFT). Since 2019, the number of LPMHCs and MFTs working in VA has more than doubled, and we are excited to continue to expand staffing across the enterprise.

Finally, recognizing the availability of mental health staff across the Nation is limited, the Hannon Act created opportunities to “grow our own” through educational

⁵ Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., Chaudhury, S. R., Bush, A. L., & Green, K. L. (2018). Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA Psychiatry*, 75(9), 894–900.

scholarships. Hannon Act Section 502 authorizes Readjustment Counseling Services (RCS) to provide scholarships to individuals seeking mental health related advanced degrees in psychology, professional counseling (LPMHC), marriage and family therapy (MFT) and social work (MSW). The individual recipients will be required to work at a Vet Center for 6 years after graduation. RCS has completed the required regulatory process and partnered with the associated VA scholarship program offices have awarded the initial 29 scholarships for the fall semester 2023. These scholarships include tuition, book vouchers and monthly stipends and priority was given to Veteran applicants (17 awards). RCS is moving to a rolling application period with ongoing review and award for future semesters. RCS is continuing targeted outreach to universities in hard to recruit areas including rural and tribal communities. In addition, RCS is also engaging with professional organizations such as the American Psychological Association. These actions are designed to increase application submission from all professions.

Mental Health and Suicide Prevention Research

Opportunities to expand research to increase our understanding of suicide risk factors is a critical component of the Hannon Act. For example, VA is funding a study of the relationship between altitude and suicide among Veterans. This work is being led by a team of investigators from the Durham VA Medical Center in North Carolina working in collaboratively with investigators from the Department of Energy and using the supercomputer resources of the Department of Energy. The study began June 1, 2021, and is on track for completion within the Congressional timeline.

To expand our understanding of medical risk factors associated with suicide risk and increased mortality, VA initiated a contract with the National Academies of Sciences Engineering and Medicine (NASEM) in September 2022 that will continue through September 2024. The purpose of the contract is for NASEM to “to evaluate the effects of opioids and benzodiazepine on all-cause mortality of Veterans, including suicide.” In the coming months, we anticipate the investigators will be presenting their independent analyses to the NASEM Committee, and the Committee will continue to meet in 2024, review the data analyses and prepare their final report.

The Hannon Act addressed opportunities to enhance health care practices through new and updated systematic practice reviews and in establishing tool kits for VA and community health care providers. Recognizing the critical importance of Clinical Practice Guidelines (CPG) for the treatment of serious mental illness, VA established two distinct workgroups of national experts to review best practices in the management of bipolar disorder and in psychosis. In 2023, VA and the Department of Defense (DoD) published new CPGs for bipolar disorder and for first-episode psychosis and schizophrenia. Additionally, the workgroup updating the VA/DoD CPG for Assessment

and Management of Patients at Risk for Suicide (2019)⁶ is actively engaged and on track for publishing the updated CPG in 2024. The Hannon Act also directed VA to assemble a provider toolkit and training materials for treating mental health comorbidities in collaboration with DoD. This toolkit is an assembly of publicly accessible resources for managing a wide array of mental health conditions, including violence and anger, cognitive disorders, moral injury, obsessive compulsive disorder and mood disorders, among others.

STRONG Act

The STRONG Act contains more than two dozen sections that bolster VA's efforts to support Veterans' mental health and supports Veterans' equitable access to VA's life-saving resources by expanding mental health outreach to traditionally underserved Veterans, developing and delivering the most effective treatments, better equipping VA's workforce to provide care and further strengthening VA's Veterans Crisis Line (VCL). The STRONG Act requires VA to update training for the VA workforce and VCL staff, implement pilot programs, expand access to mental health care, conduct analysis and research and provide outreach to Veterans regarding mental health resources.

The STRONG Act aligns with VA's top clinical priority of preventing Veteran suicide and connecting Veterans with the best care through the expansion of culturally competent mental health and suicide prevention services to traditionally underserved Veterans and increased staffing and staffing across mental health disciplines.

VA has already successfully met the requirements of 3 of the 27 substantive sections contained in the law. Two of the completed sections are in title II of the Act, which focuses on VCL quality improvement action. The VCL is a national call center with trained responders available to any Veteran, Service member, or their loved ones 24/7/365. Launched in 2007, the VCL started with 14 trained responders working out of a call center in Canandaigua, N.Y. To date the VCL has responded to over 6 million calls, chats and texts and issued over 1 million referrals to local Suicide Prevention Coordinators. Beyond the call, VCL initiates the follow-up with caring letters, an evidence-based intervention found to reduce the rate of suicide death, attempts and ideation (Reger, et al. 2019). VCL services are enhanced by the Peer Support Outreach Call Center, providing outreach by certified peer specialists to support hope and recovery-oriented services after the initial call to VCL.

Through Congressional legislation and a Federal Communications Commission directive, VCL partnered with the Substance Abuse and Mental Health Services

⁶ Use Department of Veterans Affairs (2019). VA/DoD Clinical Practice Guidelines for Assessment and Management of Patients at Risk for Suicide, <https://www.healthquality.va.gov/guidelines/mh/srb/>

Administration and the 988 Suicide and Crisis Lifeline to establish 988. After the 988 roll out July 2022 through September 7, 2023, VCL demand has increased by the following amounts across phone, text, and chat services:

- Phone-based demand increased by 12.77% compared to the same time from the previous year.
- Text-based demand increased by 43.34% compared to the same time from the previous year.
- Chat-based demand increased by 10.78% compared to the same time from the previous year.

VCL is actively expanding operations to maintain the quality crisis intervention and mental health support services it provides. Since February 2021, VCL has grown from 877 full time employees (FTEE) to 1,812 FTEEs. In addition, VCL currently has 1,082 FTEE crisis responders, compared to 541 FTEEs in February 2021 . The implementation of title II and all the remaining sections is ongoing through collaboration with internal and external stakeholders.

Economic Factors Related to Veteran Suicide

Some Veterans report difficulty in transitioning to civilian positions and difficulty translating military-related skills to higher-paying civilian jobs. Unemployment and poverty are correlated with homelessness among Veterans. Financial hardship and economic stressors are major predictors of Veteran suicide. The Veterans Benefits Administration (VBA) provides a variety of benefits and services upstream which can help reduce or eliminate risk factors associated with suicide and promote protective factors for some Veterans. Programs such as Solid Start, Disability Compensation, Pension, Veteran Readiness and Employment and Education/GI Bill assist Veterans with transitioning to civilian life, connecting with benefits, establishing and achieving educational, vocational and career goals and supporting financial well-being.

VA Solid Start (VASS)

The first year after separation from military service poses challenges for recently separated Veterans that can make it difficult to adjust to civilian life and, for some, increase their risk of suicide. To provide added support during this critical period and to support VA's efforts to address Executive Order 13822, Supporting our Veterans During Their Transition from Uniformed Service to Civilian Life, VBA launched VASS in December 2019. VASS provides early and consistent caring contact to newly separated Veterans at least three times during their critical first year of transition from the military (0-90 days, 91-180 days and 181-365 days post-discharge from active duty). Specially trained VA representatives address issues or challenges identified by Veterans during these calls and assist them with accessing benefits, services, health care (including mental health care), education and employment opportunities. After each successful connection, the Veteran receives a comprehensive follow-up email from the VASS representative that provides information on all issues discussed and lists connections

for additional support and assistance. This email specifically provides contact information for service organizations and connections to state Veteran resources, based on information provided by the Veteran as to where they currently or intend to reside. For fiscal year 2023 (through August) VASS has connected with 186,301 (71.3%) eligible Veterans. VASS also provides priority contact to individuals who had a mental health care appointment during the last year of active duty, supporting a successful transition to VA mental health care treatment.

Outreach, Transition and Economic Development (OTED) Service

In addition to VASS, OTED provides the Transition Assistance, Military to Civilian (M2C) Ready Framework, Financial Literacy, Economic Development Initiatives, Outreach and Personalized Career Planning Guidance. The M2C Ready Framework is a joint VA and DoD codified transition period beginning 365 days prior to separation and extending 365 days post-separation. It ensures successful and holistic interagency support for Service members and Veterans as they transition from military to civilian life. These programs also provide understanding of and easy access to VA benefits and resources to ensure Service members have a smooth and successful transition to civilian life. In addition, transitioning Service members, Veterans and their families are educated about employment opportunities, special hiring authorities and career support resources. Financial empowerment information and tools through partnership with the Department of Labor, DOD and Prudential is also offered. Additionally, outreach events focused on raising awareness of suicide prevention and available resources such as information on VCL and the new Dial 988 then Press 1 for the VCL is shared.

Providing support to Service members during their transition, both prior to and following their separation, is critical to preventing suicide in Veterans and transitioning Service members. Collaboratively, VHA and VBA utilize several programs to provide benefits and services aimed at helping reduce or eliminate risk factors associated with suicide while increasing protective factors for Veterans.

Conclusion

We appreciate the Committee's continued support and collaboration in this shared mission. Mr. Chairman, this concludes my statement. My colleague and I are ready to answer any questions you and the committee may have.