STATEMENT OF
MATTHEW MILLER, PHD, MPH
ACTING DIRECTOR, SUICIDE PREVENTION PROGRAM
AND NATIONAL DIRECTOR OF VETERANS CRISIS LINE
VETERANS HEALTH ADMINISTRATION (VHA)
DEPARTMENT OF VETERANS AFFAIRS (VA)
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Good afternoon, Chairman Tillis, Ranking Member Gillibrand, and Members of the Subcommittee. I appreciate the opportunity to discuss the critical work VA is undertaking to prevent suicide among our nation's Veterans. I am pleased to be in attendance with Dr. Karin Orvis and CAPT Michael Colston of the U.S. Department of Defense (DoD), Dr. Ronald C. Kessler, a McNeil Family Professor of Health Care Policy of Harvard Medical School, and Dr. Richard McKeon, the Director Mental Health Services of Substance Abuse Mental Health Services Administration.

Introduction

Suicide is a complex issue with no single cause. It is a national public health issue that affects people from all walks of life, not just Veterans. Suicide is often the result of a multifaceted interaction of risk and protective factors at the individual, community, and societal levels. Thus, VA has made suicide prevention our top clinical priority and is implementing a comprehensive public health approach to reach all Veterans — including those who do not receive VA benefits or health services.

Our promise to Veterans remains the same: to promote, preserve, and restore Veterans' health and well-being; to empower and equip them to achieve their life goals; and to provide state-of-the-art treatments. Veterans possess unique characteristics and experiences related to their military service that may increase their risk of suicide. They also tend to possess skills and protective factors, such as resilience or a strong sense of belonging to a group. Our nation's Veterans are strong, capable, valuable members of society, and it is imperative that we connect with them early as they transition into civilian life, facilitate that transition, and support them over their lifetime.

The health and well-being of the Nation's men and women who have served in uniform is the highest priority for VA. VA is committed to providing timely access to high-quality, recovery-oriented, evidence-based health care that anticipates and responds to Veterans' needs and supports the reintegration of returning Servicemembers wherever they live, work, and thrive.

These efforts are guided by the National Strategy for Preventing Veteran Suicide. Published in June 2018, this 10-year strategy provides a framework for identifying priorities, organizing efforts, and focusing national attention and community resources to prevent suicide among Veterans through a broad public health approach with an emphasis on comprehensive, community-based engagement. This approach is grounded in four key focus areas as follows:

- Primary prevention that focuses on preventing suicidal behavior before it occurs;
- Whole Health offerings that consider factors beyond mental health, such as physical health, social connectedness, and life events;
- Application of data and research that emphasizes evidence-based approaches that can be tailored to fit the needs of Veterans in local communities; and
- Collaboration that educates and empowers diverse communities to participate in suicide prevention efforts through coordination.

Through the National Strategy we are implementing broad, community-based prevention initiatives, driven by data, to connect Veterans in and outside our system with care and support at both the national and local facility levels.

VA and DoD Veteran Suicide Data Tracking and Reporting

The Veteran and non-Veteran U.S. population is changing. The overall population is increasing while the Veteran population is decreasing over time. Still, suicide is one of the leading causes of death in the U.S. In 2017, 45,390 American adults died from suicide, including 6,139 U.S. Veterans.

Each year, VA and DoD produce separate annual reports on Veteran and current Servicemember suicide mortality, respectively. VA and DoD partner in preventing suicide for all current and former Servicemembers, but do not use the same data sources for suicide surveillance reporting, with VA reporting on Veterans and former Servicemembers, and DoD reporting on current Servicemembers. This allows VA's report to focus on former Servicemembers who most closely meet the official definition of Veteran status that is used by VA and other Federal agencies. For this report, a Veteran is defined as someone who had been activated for Federal military service and was not currently serving. In addition, the report includes information in a separate section on suicide among former National Guard or Reserve members who were never Federally activated.

For VA suicide surveillance reporting, VA and DoD partner to submit a search list of all identified current and former Servicemembers to the Centers for Disease Control and Prevention's (CDC) National Death Index (NDI) each fall. After processing, which can take several months, NDI returns all potentially matching mortality information. Additionally, internal processing and coordination occurs between VA and DoD to

identify Veteran and Servicemember deaths, finalize mortality information, conduct statistical analyses, and interpret results.

Due to the different data sources, DoD data on mortality among current Servicemembers is available in a more timely fashion. DoD uses the Armed Forces Medical Examiner System (AFMES) as its data source for current active duty Service member suicide mortality information. A data source similar to AFMES is not available to VA, so VA relies on national reporting to identify dates and causes of death per State death certificates, through NDI, which are reported up through local medical examiners and coroners to respective states and territories.

VA 2019 National Veteran Suicide Prevention Annual Report

The 2019 National Veteran Suicide Prevention Annual Report is VA's most recent analysis of Veteran suicide data from 2005 to 2017. It reflects the most current national data available through CDC's 2017 NDI.

One of the key ways in which this year's report is different is that it sets Veteran suicide in the broader context of suicide deaths in America and the complex cultural context of suicide. From the report, we know the average number of suicides per day among U.S. adults rose from 86.6 in 2005 to 124.4 in 2017. These numbers included 15.9 Veteran suicides per day in 2005 and 16.8 in 2017. The report highlights suicide as a national problem affecting Veterans and non-Veterans, and VA calls upon all Americans to come together to take actions to prevent suicide.

The data presented in the report is an integral part of VA's comprehensive public health strategy and enables VA to use tailored suicide prevention initiatives to reach various Veteran populations. The report includes a section on key initiatives that have been developed since 2017 to reach all Veterans. The report is designed for action based upon a stratification with the public health classification of universal (all), selective (some), and indicated (few) population framework as noted in National Strategy.

When we look at our data, there are indicators that trends among Veterans in VA care offer anchors of hope that we can continue to build upon. For example, suicide rates among Veterans in recent VHA care, (Veterans who had a VHA health encounter in the calendar year of interest or in the prior calendar year), with a diagnosis of depression have decreased from 70.2 per 100,000 in 2005 to 63.4 per 100,000 in 2017. After adjusting for age and sex, between 2016 and 2017, the suicide rate among Veterans in recent VHA care increased by 1.3 percent while increasing by 11.8 percent among Veterans who did not use VHA care. We have seen a notable increase in women Veterans coming to us for care. Women are the fastest-growing Veteran group, comprising about 9 percent of the U.S. Veteran population, and that number is expected to rise to 15 percent by 2035. Although women Veteran suicide counts and rates decreased from 2015 to 2016 and did not increase for women Veterans in VHA care

between 2016 and 2017, women Veterans are still more likely to die by suicide than non-Veteran women.

This data underscores the importance of our programs for this population. VA is working to tailor services to meet their unique needs and has put a national network of Women's Mental Health Champions in place to disseminate information, facilitate consultations, and develop local resources in support of gender-sensitive mental health care.

Efforts are already underway to better understand this population and other groups that are at elevated risk, such as never Federally-activated Guard and Reserve members, recently separated Veterans, and former Servicemembers with Other Than Honorable (OTH) discharges.

We need to consider the social determinants of health defined broadly as well-being and look at how things like economic disparities, homelessness, and social isolation may create a context that markedly increases someone's risk. Veterans who are employed, have a stable place to live, and are affiliated with a community of Veterans and others for support are more likely than others to be optimistic about their future.

For all groups experiencing a higher risk of suicide, including women, VA also offers a variety of mental health programs such as outpatient services, residential treatment programs, inpatient mental health care, telemental health, and specialty mental health services that include evidence-based therapies for conditions such as posttraumatic stress disorder (PTSD), depression, and substance use disorders. While there is still much to learn, there are some things that we know for sure: suicide is preventable, treatment works, and there is hope.

Evidence-Based Suicide Prevention Strategies

VA-DoD Collaboration for Suicide Prevention Among Servicemembers in Transition

VA collaborates closely with DoD to provide a single system experience of lifetime services for the men and women who volunteer to serve in our Military Services. Our partnership with DoD and the Department of Homeland Security (DHS) is exemplified by the successful implementation of Executive Order (EO) 13822, *Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life*. EO 13822 was signed by President Trump on January 9, 2018. The EO focused on transitioning Servicemembers (TSM) and Veterans in the first 12 months after separation from service, a critical period marked by a high risk for suicide.

The EO mandated the creation of a Joint Action Plan by DoD, DHS, and VA for providing TSMs and Veterans with seamless access to mental health treatment and suicide prevention resources in the year following discharge, separation, or retirement. VA provides several outreach programs and services that facilitate enrollment of

Veterans who may be at risk for mental health needs, to include VA Liaisons stationed at 21 military medical treatment facilities (MTF) as well as multiple outreach programs to support enrollment in mental health services at VA or in the community. The Joint Action Plan was accepted by the White House and published in May 2018, and has been under implementation since that time. All 16 tasks outlined in the Joint Action Plan are on target for full implementation and 10 out of the 16 items are completed and in data collection mode. Some of our early data collection efforts point towards an increase in TSM and Veteran awareness and knowledge about mental health resources, increased facilitated health care registration, and increased engagement with peers and community resources through the Transition Assistance Program (TAP) and Whole Health offerings. TAP curriculum additions and facilitated registration have shown that in the third quarter of Fiscal Year (FY) 2019, 86 percent of 11,226 TSM respondents on the TAP exit survey reported being informed about mental health services.

VA and DoD are united by a shared goal: to deliver compassionate support and care, whenever and wherever a Servicemember or Veteran needs it. This includes collaborating to implement programs that facilitate enrollment and transition to VA health care; increasing availability and access to mental health resources; and decreasing negative perceptions of mental health problems and treatment for Servicemembers, Veterans, and providers. Through the coordinated efforts of VA, DoD, and DHS, the following actions took place:

- Any newly-transitioned Veteran who is eligible can go to a VA medical center (VAMC), Vet Center, or community provider, and VA will connect them with mental health care if they need it;
- In December 2018, VA mailed approximately 400,000 outreach letters to former Servicemembers with OTH discharges to inform them that they may receive emergent mental health care from VA, and certain former Servicemembers with OTH discharges are eligible for mental health care for conditions incurred or aggravated during active duty service;
- Some DoD resources available to Servicemembers, such as Military OneSource, is now available to Veterans for 1 year following separation; and
- Veterans will also be able to receive support through VA partners and community resources outside of VA, like Veteran Service Organizations (VSO).

EO 13822 was established to assist in preventing suicide in the first year post transition from service; however, the completed and ongoing work of the EO impacts suicide prevention efforts far beyond its first year through increasing coordinated outreach, improving monitoring, increasing access, and focusing beyond just the first year post transition and into the years following transition. VA is working diligently to promote wellness, increase protection, reduce mental health risks, and promote effective treatment and recovery as part of a holistic approach to suicide prevention.

Public Health Approach to Suicide Prevention

Maintaining the integrity of VA's mental health care system is vitally important, but it is not enough. We know that some Veterans may not receive any or all of their health care services from VA, for various reasons, and we want to be respectful and cognizant of those choices. This highlights that VA alone cannot end Veteran suicide.

As VA expands its suicide prevention efforts into a public health approach while maintaining its crisis intervention services, it is important that VA revisit its own infrastructure and adapt to ensure it can lead and support this effort. VA has examined every aspect of the problem, looking at it through the lens of each subgroup, level, and model, and VA is putting changes into place that leverage thoughtful investments of new practices, approaches, and additional staffing models. It is only through this multi-pronged strategy that VA can lead the Nation in truly deploying a well-rounded, public health approach to preventing suicide among Veterans.

Preventing suicide among all of the Nation's 20 million Veterans cannot be the sole responsibility of VA; it requires a Nation-wide effort. Just as there is no single cause of suicide, no single organization can tackle suicide prevention alone. VA developed the National Strategy with the intention of it becoming a document that could guide the entire nation. It is a plan for how everyone can work together to prevent Veteran suicide.

Suicide prevention requires a combination of programming and the implementation of strategies and initiatives at the universal, selective, and indicated levels. This "All-Some-Few" strategic framework allows VA to design effective programs and interventions appropriate for each group's level of risk. Not all Veterans at risk for suicide will present with a mental health diagnosis, and the strategies below employ a variety of tactics to reach all Veterans:

- Universal strategies aim to reach all Veterans in the U.S. These include public awareness and education campaigns about the availability of mental health and suicide prevention resources for Veterans, promoting responsible coverage of suicide by the news media, and creating barriers or limiting access to hotspots for suicide, such as bridges and train tracks;
- Selective strategies are intended for some Veterans who fall into subgroups that may be at increased risk for suicidal behaviors. These include outreach targeted to women Veterans or Veterans with substance use disorders, gatekeeper training for intermediaries who may be able to identify Veterans at high-risk, and programs for Veterans who have recently transitioned from military service; and
- Indicated strategies are designed for the relatively few individual Veterans identified as having a high risk for suicidal behaviors, including some who have made a suicide attempt.

Current VA efforts regarding lethal means safety highlight this model. From education on making the environment safer for all, to training on how to increase

effective messaging around firearms in rural communities, to the creation of thoughtful interventions around lethal means safety by clinicians when someone is in crisis, the "All-Some-Few" framework permeates the work that we do.

Guided by this framework and the National Strategy, VA is creating and executing a targeted communications strategy to reach a wide variety audiences. Our goals include the following:

- Implementing research-informed communication efforts designed to prevent Veteran suicide by changing knowledge, attitudes, and behaviors;
- Increasing awareness about the suicide prevention resources available to Veterans facing mental health challenges, as well as their families, friends, community partners, and clinicians;
- Educating partners, the community, and other key stakeholders (e.g., media and entertainment industries, other government organizations) about the issue of Veteran suicide and the simple acts we can all take to prevent it;
- Promoting responsible media reporting of Veteran suicide, accurate portrayals of Veteran suicide and mental illnesses in the entertainment industry, and the safety of online content related to Veteran suicide;
- Explaining VA's public health approach to suicide prevention and how to implement it at both the national and local level; and
- Increasing the timeliness and usefulness of data relevant to preventing Veteran suicide and getting it into the hands of intermediaries who can save Veterans' lives.

Promoting VA Suicide Prevention and Mental Health Services

VA is dedicated to designing environments and resources that work for Veterans so that people find the right care at the right time before they reach a point of crisis. Established in 2007, the Veterans Crisis Line provides confidential support to Veterans in crisis. Veterans, as well as their family and friends, can call, text, or chat online with a caring, qualified responder, regardless of eligibility or enrollment for VA. VA is dedicated to providing free and confidential crisis support to Veterans 24 hours a day, 7 days a week, 365 days a year. However, we must do more to support Veterans before they reach a crisis point, which is why we are working with internal partners like VA's Homeless Program Office and Office of Patient Centered Care and Cultural Transformation in their deployment of Whole Health initiatives, as well as with multiple external partners and organizations. In an effort to increase resiliency, VA must empower and equip Veterans, through internal and external partners like these to take charge of their health and well-being and to live their life to the fullest.

VA acknowledges and appreciates Congress as an important ally in reaching vulnerable Veterans. *The Improve Well-Being for Veterans Act, (S. 1906, and its* companion bill, H.R. 3495), would require VA to provide financial assistance to eligible entities approved under this section through the award of grants to provide and coordinate the provision of services to Veterans and Veteran families to reduce the risk

of suicide. This grant model is premised on VA's Supportive Services for Veteran Families (SSVF) program. The proposed legislation modifies elements of the SSVF program to address the suicide epidemic among Veterans. In addition, the legislation would require VA to consult with VSOs and various national, state, and local organizations on the selection criteria, metrics, and plan for the design and implementation of this new grant program.

There is no single medical or clinical diagnosis that is all-encompassing to identify persons at risk from suicide. The Department and its stakeholders, including Congress, seek to position this type of "closest to the Veteran" community level engagement between grantees and Veterans. VA recognizes that suicidal propensities are not simply associated with a mental health disorder but can be brought on by other factors such as the following: financial instability, loss of a loved one, loss of freedom, divorce or separation, homelessness, addiction, or other factors not medical in nature. Community partners and services may be in a better position to identify and help Veterans with these risk factors or concerns. This grant program aims to use partners within a Veteran's community to help prevent suicides and focus on the root causes, rather than when a Veteran is in crisis.

Veterans must also know how and where they can reach out and feel comfortable asking for help. VA relies on proven tactics to achieve broad exposure and outreach while also connecting with hard-to-reach targeted populations. Our target audiences include, but are not limited to, women Veterans; male Veterans age 18-34; former Servicemembers; men age 55 and older; Veterans' loved ones, friends, and family; organizations that regularly interact with Veterans where they live and thrive; and the media and entertainment industry, who have the ability to shape the public's understanding of suicide, promote help-seeking behaviors, and reduce suicide contagion among vulnerable individuals.

VA uses an integrated mix of outreach and communications strategies to reach audiences. We proactively engage partners to help share our messages and content, including Public Service Announcements (PSA) and educational videos, and we also use paid media and advertising to increase our reach.

Through the Clay Hunt SAV Act (Public Law 114-2), VA instituted the pilot peer support community outreach program to engage Veterans in care. The program commenced in January 2016. As of September 31, 2018, ten Veterans Integrated Service Networks (VISN) (6, 7, 9, 15, 16, 17, 19, 20, 22, and 23) had pilot programs and community partnerships in place. A final report on the pilot programs was sent to Congress on January 3, 2019.

Outreach efforts include care enhancements for at-risk Veterans, the #BeThere campaign, and in partnership with Johnson & Johnson, releasing a PSA titled "No Veteran Left Behind," featuring Tom Hanks through social media. VA continues to use the #BeThere Campaign to raise awareness about mental health and suicide prevention

and educate Veterans, their families, and communities about the suicide prevention resources available to them.

During Suicide Prevention Month 2019, VA's #BeThere campaign reminded audiences that everyone has a role to play in preventing Veteran suicide. It also emphasized that even small actions of support can make a big difference for someone going through a challenging time and can ultimately help save a life. Through shareable content and graphics, VA reached over 200 partners and potential partners through a news bulletin and quarterly newsletter emails. In partnership with Twitter, a custom icon — an orange awareness ribbon — was linked to the #BeThere hashtag in tweets. This positioned Veterans as part of the global Twitter conversation about Suicide Prevention Month. Veteran-specific posts that used the #BeThere hashtag had almost 84 million potential impressions. Government agencies, VSOs, and VA partners were among the many organizations that used #BeThere during September. Examples of accounts with a significant number of followers that used #BeThere included the following:

- U.S. Department of Defense (@DeptofDefense) – 5.9 million followers;
- U.S. Army (@USArmy) – 1.4 million followers;
- U.S. Department of Health and Human Services (@HHSGov) – 781,000 followers; and
- Senator Tammy Duckworth (@SenDuckworth) – 555,000 followers.

As noted earlier, data is integral to our strategy and interventions, including our outreach approach. Each element of our strategy is designed to drive action; these elements are intended to be collectively, and wherever possible, individually measurable so that VA can continually assess results and modify approaches for optimum effect.

We are leveraging new technologies and working with partners on social media events while continuing our digital outreach through online advertising. However, VA also continues to rely on our traditional partners like VSOs, non-profit organizations, and private companies to help us spread the word through their person-to-person and online networks.

VA's premier and award-winning digital mental health literacy and anti-stigma resource, Make the Connection (www.MakeTheConnection.net), highlights Veterans' true and inspiring stories of mental health recovery and connects Veterans and their family members with local VA and community mental health resources. Over 600 videos from Veterans of all eras, genders, and backgrounds are at the heart of the Make the Connection campaign. The resource was founded to encourage Veterans and their families to seek mental health services (if necessary), educate Veterans and their families about the signs and symptoms of mental health issues, and promote help-seeking behavior in Veterans and the general public.

With more than 593,000 visits to more than 180,000 Veterans in FY 2018, VA is a national leader in providing telemental health services —defined as the use of video

teleconferencing or telecommunications technology to provide mental health services. This is a critical strategy to ensure all Veterans, especially rural Veterans, can access mental health care when and where they need it. VA offers evidence-based telemental health care to rural and underserved areas through 11 regional hubs, expert consultation for patients through the National Telemental Health Center, and telemental health services between any U.S. location — into clinics, homes, mobile devices, and non-VA sites through VA Video Connect, an application (app) that promotes 'Anywhere to Anywhere' care.

VA also offers tablets for Veterans without the necessary technology to promote engagement in care. VA's goal is that all VA outpatient mental health providers will be capable of delivering telemental health care to Veterans in their homes or other preferred non-VA locations by the end of FY 2020.

VA has deployed a suite of 16 award-winning mobile apps supporting Veterans and their families by providing tools to help them manage emotional and behavioral concerns. These apps are divided into two primary categories — those for use by Veterans to support personal work on issues (such as coping with PTSD symptoms or smoking cessation) and those used with a mental health provider to support Veterans' use of skills learned in psychotherapy. Enabling Veterans to engage in on-demand, self-help before their problems reach a level of needing professional assistance can be empowering to Veterans and their families. It also supports VA's commitment to be there whenever Veterans need us. In FY 2018, VA's apps were downloaded 700,000 times.

VA is also working with Federal partners, as well as state and local governments, to implement the National Strategy. In March 2018, VA, in collaboration with the Department of Health and Human Services, introduced the Mayor's Challenge with a community-level focus, and earlier this year, debuted the Governor's Challenge to take those efforts to the state level. The Mayor's and Governor's Challenges allow VA to work with 7 governors (from Arizona, Colorado, Kansas, Montana, New Hampshire, Texas, and Virginia) and 24 local governments, chosen based on Veteran population data, suicide prevalence rates, and capacity of the city or state to develop plans to prevent Veteran suicide, again with a focus on all Veterans at risk of suicide, not just those who engage with VA.

On March 5, 2019, EO 13861, *National Roadmap to Empower Veterans and End Suicide*, was signed to improve the quality of life of our nation's Veterans and develop a national public health roadmap to lower the Veteran suicide rate. EO 13861 mandated the establishment of the Veterans Wellness, Empowerment, and Suicide Prevention Task Force to develop the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) and the development of a legislative proposal to establish a program for making grants to local communities to enable them to increase their capacity to collaborate with each other to integrate service delivery to Veterans and to coordinate resources for Veterans. The focus of these efforts is to provide Veterans at risk of suicide support services, such as employment, health,

housing, education, social connection, and to develop a national research strategy for the prevention of Veteran suicide.

This EO implementation will further VA's efforts to collaborate with partners and communities Nation-wide to use the best available information and practices to support all Veterans, whether or not they are engaging with VA. This EO, in addition to VA's National Strategy, further advances the public health approach to suicide prevention by leveraging synergies and clearly identifying best practices across the Federal Government that can be used to save Veterans' lives.

The National Strategy is a call to action to every community, organization, and system interested in preventing Veteran suicide to help do this work where we cannot. For this reason, VA is leveraging a network of more than 60 partners in the public, private, and non-profit sectors to help us reach Veterans where they live, work, and thrive, and our network is growing weekly. For example, VA and PsychArmor Institute have a non-monetary partnership focused on creating online educational content that advances health initiatives to better serve Veterans. Our partnership with PsychArmor Institute resulted in the development of the free, online S.A.V.E. (Signs, Ask, Validate, and Encourage and Expedite) training course that enables those who interact with Veterans to identify signs that might indicate a Veteran is in crisis and how to safely respond to and support a Veteran to facilitate care and intervention. Since its launch in May 2018, the S.A.V.E. training has been viewed more than 18,000 times through PsychArmor's internal and social media system and 385 times on PsychArmor's YouTube channel. S.A.V.E. training is also mandatory for VA clinical and non-clinical employees. Ninety-three (93) percent of VA staff are compliant with their assigned S.A.V.E. or refresher S.A.V.E. trainings since December 2018. This training continues to be used by VA's Suicide Prevention Coordinators at VA facilities Nation-wide, as well as by many of our VSOs.

Conclusion

VA's goal is to meet Veterans where they live, work, and thrive and walk with them to ensure they can achieve their goals, teaching them skills, connecting them to resources, and providing the care needed along the way. Through open access scheduling, community-based and mobile Vet Centers, app-based care, telemental health, more than 400 Suicide Prevention Coordinators Nation-wide, and more, VA is providing care to Veterans when and how they need it. We want to empower and energize communities to do the same for Veterans who do not use VA services. We are committed to advancing our outreach, prevention, empowerment, and treatment efforts, to further restore the trust of our Veterans every day and continue to improve access to care. Our objective is to give our Nation's Veterans the top-quality experience and care they have earned and deserve. We appreciate this Committee's continued support and encouragement as we identify challenges and find new ways to care for Veterans.

This concludes my testimony. I am prepared to answer any questions you may have.