



Statement of Stephanie Mullen
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of
Iraq and Afghanistan Veterans of America
before the
House Veterans' Affairs Committee

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Chairman Takano, Ranking Member Roe, and Members of the Committee, on behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members worldwide, thank you for the opportunity to share our views, data, and experiences on the matter of suicide prevention among veterans.

Suicide prevention is an incredibly important part of our work; it is why it is at the top of our Big Six Priorities for 2019 which are the Campaign to Combat Suicide, Defend Education Benefits, Support and Recognition of Women Veterans, Advocate for Government Reform, Support for Injuries from Burn Pits and Toxic Exposures, and Support for Veteran Cannabis Utilization.

Suicide rates over the past 10 years have been rising at a shocking rate; in 2016, the Center for Disease Control reports that 45,000 Americans died by suicide. And while suicide is an American epidemic and public health crisis, it is severely impacting the veteran population in particular. According to the most recent Department of Veterans Affairs data, 20 veterans and servicemembers die by suicide every day which is over 7,000 veteran and military lives lost to suicide every year. At risk populations include women veterans who are almost twice as likely to die by suicide than their civilian counterparts. And veterans aged 18 to 34, the post-9/11 generation, which has the highest rate of suicide among any generation of veteran.

We've been watching this trendline for years. In our latest member survey, 59 percent of IAVA members reported knowing a post-9/11 veteran who died by suicide; 65 percent know a Post-9/11 veteran who has attempted suicide. In 2014, these numbers were 40 percent and 47 percent respectively.

More alarmingly, our newest data shows that 43 percent of IAVA members report having suicidal ideation since leaving the military, a 12 percent increase since 2014; showing that more and more veterans and servicemembers in IAVA's community are experiencing suicidal ideation -- a risk factor for suicide. This information tracks with the final report under the *Clay Hunt SAV Act: The VA Mental Health Program and Suicide Prevention Services Independent Evaluation* from 2018. The report shows that veterans ages 18 to 45, the post-9/11 generation, had the greatest proportion of suicidal behaviors, including suicidal attempts and ideation, among any age and made up almost 40 percent of the overall suicidal behavior totals.

Our members intimately know the devastation of this loss and despite recent efforts around suicide prevention, an increasing number of our members have a personal connection to this



public health crisis. When IAVA planted 5,520 flags on the National Mall on October 3rd, 2018 to represent the 20 military and veteran souls lost to suicide that year to date, many silently wept remembering either those who were lost, or their own personal struggles.

Every day, entire communities are impacted by veteran suicide. Each life lost impacts an entire community: a family, friends, a military unit, and the lives of each and every person that veteran or servicemember touched. We often say one death by suicide is too many, and it is so true, because every life has value and every death has impact far beyond just one moment of crisis.

IAVA is on the front line of this fight. Our groundbreaking Rapid Response Referral Program (RRRP) staffed by masters-level case managers, known as Veteran Transition Managers (VTMs), continues to serve as a safety net for thousands. In 2018, we provided nearly 130 connections to mental health support for veterans and family members around the country, ensuring that those in need of help can easily access the quality support they need.

Importantly, we have a memorandum of understanding (MOU) with VA's Veterans Crisis Line (VCL) which allows us to provide a warm handoff with a trained responder at the VCL, where the at-risk veteran is never left alone or hung up on, literally preventing veteran suicide. In 2018, RRRP connected 39 veterans to the VCL, which means that about every week and a half, VTMs connected a veteran that was either currently suicidal or at-risk of suicide with lifesaving support. IAVA's RRRP and the VCL have been in partnership since RRRP launched in 2012, and has connected nearly 260 veterans to this lifesaving resource.

Unfortunately, RRRP has seen an alarming increase of more than 50% in referrals to the VCL from 2018 to 2019 to date. RRRP VTMs are highly trained professionals and are pushing hard to detect those at risk of suicide. This sensitive surveillance is one of the factors driving this uptick but these numbers also indicate the ongoing unmet need for mental health care and the urgency in which veteran suicide must be addressed.

While we recognize and appreciate the intent behind today's hearing, we believe that a focus should be on the larger veteran suicide crisis. When a veteran dies by suicide on VA property, it further erodes the foundation of trust between the public and VA; VA is supposed to be where veterans go to get healthy and seek treatment. When this moment of crisis happens at a VA facility, it is heartbreaking and feels preventable. But it is important that we recognize that every death by suicide is different. There are different risk factors, triggers, and moments of crisis in each case, and a death by suicide on VA property is just as tragic and just as great a loss as a death by suicide in a veterans' own home, car or workplace. Regardless, these tragic events should be a call to action; to ensure that all VA policies and procedures surrounding VA emergency mental health care, facility security, and personnel training are up to date, acceptable, and being implemented correctly. A failure in the system should and must be addressed. IAVA recommends that any proposed legislation focus on these procedures and policies at VA facilities that may be able to intervene in a moment of crisis rather than the individual factors surrounding the tragic event itself.



Suicide is a multidimensional problem that demands a range of solutions. In 2014, IAVA launched the Campaign to Combat Suicide. This was a result of our members continually identifying mental health and suicide as the number one issue facing post-9/11 veterans in our annual membership survey. This campaign centers around the principle that timely access to high-quality mental health care is critical in the fight to combat veteran suicides.

The *Clay Hunt SAV Act*, signed into law in 2015, was a critical piece of legislation to target mental health and suicide prevention, and to bring attention to the growing need for resources in this area. And while the aforementioned final report from the *Clay Hunt SAV Act* peer support program overall showed that the peer support pilot programs were effective, it highlighted the need for sustained funding and increased dedicated staffing to ensure programmatic success. Since then, we've seen a number of advancements and many pieces of legislation passed addressing the issue. The final third party evaluation of mental health services at VA under the *Clay Hunt SAV Act* showed that overall, VA's mental health services had a positive impact on the veterans that used them and decreased suicidal ideation and suicide attempts among those using certain services. This is a great indicator that mental health care at VA is effective for those veterans that are able to access it. Expansion of mental health and suicide prevention services have continued since 2015: the Veterans Crisis Line has expanded, community partnerships have expanded, VA has opened up emergency mental health care to those with Other Than Honorable discharges, and VA has started using predictive analytics to reach out to veterans who show risk factors for suicide.

However, we are far from a long term sustainable solution to address veteran suicide. It is critical that VA, Congress, and veterans organizations look to new and innovative solutions to reach every veteran and engage the American public in the veteran suicide crisis. Most veterans do not receive care at VA, and even more receive at least some care in the community. Among IAVA members, only 27 percent receive VA health care exclusively and 25 percent receive private health care exclusively. This means that to effectively address the issue of veteran suicide we must engage with private health care clinicians and insurance companies in the discussion. We must meet veterans where they are - and that is often not inside a VA facility.

We applaud VA for taking a public health approach to the veteran suicide crisis. It will take mobilizing every sector of society to effectively address this crisis. In IAVA's Policy Agenda for the 116th Congress, we lay out a series of recommendations on this issue in particular. To highlight just some of the recommendations, IAVA believes VA should apply existing data at their disposal to implement effective and evidence-based programs for suicide prevention, require all clinicians to have comprehensive mental health care and suicide prevention training including all Primary Care Providers both within VA and the community care program, expand and improve predictive analytics programs that aim to engage a veteran before a moment of crisis, invest in postvention programs targeting veterans impacted by suicide to prevent the risk of suicide contagion, and implement a public awareness campaign around firearms and suicide.

While these may seem like broad and sweeping recommendations, we believe the best next step in addressing this crisis is passage of the *Commander John Scott Hannon Veterans Mental*



Health Care Improvement Act (S.785) introduced by Sens. Jon Tester and Jerry Moran, which will bring even greater attention and resources to VA to combat the veteran suicide crisis. IAVA is very pleased with the provisions in the bill to provide grants to organizations that provide mental health care services for veterans not receiving VA care, as well to organizations that provide transition assistance to veterans and spouses. S. 785 also invests in a number of studies, including the link between elevation and suicide and an evaluation of Vet Centers' Readjustment Counselors efficacy; it also provides for an increased number of tracking metrics to ensure that VA is providing the best possible mental health care possible. IAVA looks forward to supporting a House companion bill as soon as it is introduced. Thank you for allowing IAVA to share our views.

Biography of Stephanie Mullen

Stephanie Mullen serves as the Research Director for IAVA, leading the annual member survey and additional research projects. As part of the Policy Department, Stephanie translates IAVA members' experiences and views based on surveys and polling to advise the Policy Department on legislative and policy positions and regularly represents IAVA in Administrative and congressional meetings. Before joining the IAVA team, Stephanie served as National Programs Manager for American Veterans, where she kept AMVETS' national programs running on time and on budget. Stephanie is a graduate of Duquesne University in Pittsburgh, PA with a BA in International Relations and a MA in Public Policy and a graduate of the 2018 Center for Strategic and International Studies Accelerator Series for rising leaders.