STATEMENT OF
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BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
STOPPING SUICIDES: MENTAL HEALTH CHALLENGES WITHIN THE DEPARTMENT OF VETERANS AFFAIRS

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Mr. Chairman and Members of the Subcommittee:

Thank you for this opportunity to present The American Legion's views on Stopping Suicides: Mental Health Challenges within the Department of Veterans Affairs (VA). The VA has the nation's largest mental health program, which is continually implementing various programs to accommodate the growing demand for mental health services to all veterans.

Unfortunately, during a time which greatly warrants the development of such programs, the increased scrutiny of VA's mental health services and budget exist due to the increased demand for mental health services from veterans returning from combat in Iraq and Afghanistan, as well as veterans from previous eras.

Mental Health Strategic Plan, Initiatives, and other Recommendations

Upon the completion of its Comprehensive Mental Health Strategic Plan (MHSP), the VA began implementation of mental health initiatives in 2005. The Mental Health Initiative (MHI) was instituted to provide funding to support the implementation of the MHSP outside of the Veterans Equitable Resource Allocation (VERA) model.

To effectively plan the funding for the MHI, the MHSP was divided into four main areas to include: enhancing capacity and access for mental health services; integrating mental health and primary care; transforming mental health specialty care to emphasize recovery and rehabilitation; and implementation of evidence-based care. Under these key categories are multiple funded programs, which are also currently attempting to accommodate increasing issues, to include suicide, amongst our nation's veterans.

One of many indicators of increase in suicides is evident in recommendations made to VA by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), an organization formed in 1951 with a mission to maintain and elevate the standards of health care delivery through evaluation and accreditation of health care organizations, and its National Patient Safety Goal (NPSG). Implemented on January 1, 2007, JCAHO advised that all VA facilities take the following steps to comply with the NPSG:

- Develop and implement strategies to properly assess, treat, and manage patients identified at risk for suicide.
- Document the relevant risk factors for suicide in each patient's medical record.
- Document treatment and the treatment setting in a manner that addresses the presence of (or absence of) relevant risk factors that increase risk for suicide and features that may decrease risk for suicide.
- Provide the appropriate telephone number(s) for telephone calls during working hours and other times, in writing, to at-risk patients and/or significant others.
- Instruct patients and their significant others to call the facility's Emergency Department or Urgent Care Center if they have a crisis situation.
- Ensure that the local or regional mental health hotline knows about VA as a resource in case a veteran should contact them.
- Ensure that the safety concerns in the design of the inpatient mental health unit (and its furnishings) are addressed.
- Establish and implement a policy stating who is responsible for identifying and working with local agencies so that VA patients receive emergency support and referral to the VA as soon as possible.

The American Legion supports directives established by the Mental Health Strategic Plan and JCAHO, and their intentions to prevent tragedies such as suicide. However, there are concerns of adequacy of funding for these programs, as well as accommodation, across the board, for veterans of previous eras and the ever-increasing number of veterans who are returning from Iraq and Afghanistan. The American Legion continues to urge the Congress to annually appropriate the necessary funds for the Department of Veterans Affairs to ensure comprehensive mental health services are available to veterans.

Suicide

The VA estimates that more than 5,000 veterans take their lives each year. Suicide rates are 35 percent higher for Iraq veterans than for the general population. Thirty-six percent of the 250,000 Iraq and Afghanistan veterans who have sought care in the VA system were treated for mental health problems.

According to research, 283 Afghanistan veterans between 2001 and 2005 have taken their own lives. It was also reported that awareness was intensified nationwide when the United States Army reported the increase of its 2006 suicide rate, which rose to 17.3 per 100,000 troops. Within the past year the Army reported 23 soldiers, then currently in Iraq and Afghanistan committed suicide with at least seven Iraq and Afghanistan veterans committing suicide since returning home.

In July 2007, VA opened a 24-hour National Suicide Prevention hotline for veterans. Recently, the VA submitted an informative letter to veterans disclosing the National Suicide Prevention toll-free hotline number included with definitive/probable suicide warning signs. The passing of HR 327, also titled the *Joshua Omvig Veterans Suicide Prevention Act*, which requires VA to develop and implement more programs, such as outreach and education, more than suggests an impending crisis amongst the nation's veterans. During the development and implementation of mental health programs, there also arises the question of effectiveness.

Signs of increase is also evident at VA's National Suicide hot line center based in Canandaigua, N.Y., in which counselors have taken more than 9,000 calls since its inception this year. In addition, the VA recently announced plans to provide suicide prevention coordinators at each of its 153 medical centers.

In 2004, VA completed a five-year action plan that included implementation of goals from the Surgeon General's 2001 National Strategy for Suicide Prevention and recommendations from the Institute of Medicine's (IOM) 2002 report "Reducing Suicide – A National Imperative". Afterwards, the aforementioned were incorporated into the VA Mental Health Strategic Plan (MHSP).

In addition, individual MHSP initiatives for suicide prevention were categorized and consolidated, to include:

- Crisis availability and outreach; screening and referral
- Tracking and assessment of veterans at risk
- Emerging best practice interventions and research
- Development of an electronic suicide prevention database
- Education.

The warranted emergence of such programs to prevent this dreadful tragedy is indicative of a more imminent crisis becoming worse, absent effective means of curtailment. The American Legion agrees these initiatives are steps in the right direction and continues to remain incessant on monitoring the efficiency and effectiveness of programs implemented in the MHSP. We also implore the Congress to mirror our sentiment as well.

Conclusion

In response to a call for help from this nation's veterans, programs related to crises such as suicide are continuously being implemented. However, in accordance with a 2006 Government Accountability Office (GAO) report, there are issues of adequacy and accountability in the areas of funding and assessment, which in turn leave gaps in this system, therefore allowing veterans in need to fall through the cracks.

It is the insistence of The American Legion that a proactive effort be implemented with continuous oversight to ensure complete access is available to avert suicides amongst our nation's veterans. The American Legion also urges the Congress to provide annual oversight of VA's mental health services to augment deterrence of such tragedies as the abovementioned.

Mr. Chairman and members of the Committee, The American Legion sincerely appreciates the opportunity to submit testimony and looks forward to working with you and your colleagues to resolve this critical issue. Thank you for your continued leadership on behalf of America's veterans.