Jerry Reed, Executive Director of Suicide Prevention Action Network USA (SPAN USA)

STATEMENT

of

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Suicide Prevention Action Network USA (SPAN USA)
before the

Committee on Veterans' Affairs

U.S. Senate

on

Pending Health Care Legislation

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Chairman Akaka, Ranking Member Craig and members of the Committee:

Thank you for inviting me to speak regarding the Joshua Omvig Veterans Suicide Prevention Act (S. 479). My name is Jerry Reed and I serve as the Executive Director of the Suicide Prevention Action Network USA. SPAN USA is the nation's only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors (those who have lost a loved one to suicide) and others to advance public policies that help prevent suicide. We strive to turn grief to action by engaging those touched by suicide to help us open minds, change policy and ultimately to save lives.

Before I begin I would like to thank Randy and Ellen Omvig for their courage in speaking out on this important public health issue. Like other survivors, their courage will make a difference.

The Veterans Health Administration (VHA) estimates that of the approximately 31,000 suicides in the U.S. each year, 1,000 of these suicides occur among veterans receiving care within the VHA and as many as 5,000 suicides per year among all living veterans. These figures suggest that at least 16% of suicides in a given year are veterans. Other studies suggest a slightly higher rate.
What the statistics show is that suicide is not just a mental health problem experienced by one; it is a public health problem experienced by many. As the recent VA OIG report states "[s]uicide is not a single illness with one true cause, it is a final outcome with multiple potential antecedents, percipients, and underlying causes."

While the text of S.479 does not address the issue of substance abuse specifically, it is estimated that 25 percent of those who die by suicide are intoxicated at the time of death and studies suggest that between 34 and 56 percent of individuals who die by suicide met the criteria for

alcohol abuse or dependence. Accordingly, I wish to state my agreement with the VA OIG report recommendation that the VA ensure that sustained sobriety should not be a barrier to treatment in specialized mental health programs for returning combat veterans. This recommendation may be a provision to consider for inclusion.

A majority of veterans who complete suicide are not currently receiving medical care through the VHA. Therefore, family members and friends of veterans need to recognize the warning signs for suicide and learn about services for their loved ones before it is too late. The VA's awareness and outreach program must be focused not just on veterans who seek care at the VA, but also on veterans who have returned to their home communities, family members of veterans, and veteran service organizations (VSO).

Beyond outreach and education, I support the provisions in S. 479 that encourage peer support programs. While there is no substitute for licensed mental health professionals with respect to diagnosis and treatment of PTSD, depression, and anxiety, it is often fellow veterans who provide the support needed to convince a veteran to visit a licensed professional.

With respect to the provision that each VA facility designate a suicide prevention counselor, my understanding is that the VA is in the process of filling these positions. I'd recommend that any report on VA suicide prevention programs and activities, as outlined in Section 4 of the bill, include information on: the total number of suicide prevention counselors to date; where they are located; what their job description entails; and how they are reaching out to veterans who do not receive care through the VHA. In short, what are these counselors expected to accomplish and how do we measure if they are successful. Having outcomes is key.

Regarding best practices, agencies and departments of the federal government should work together and not act in a vacuum with respect to information sharing. These entities should also work with the Suicide Prevention Resource Center (SPRC). The SPRC is federally funded and already established to provide prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies. The capacity of SPRC to conduct these activities with respect to veterans should be increased.

With respect to the telephone hotline provision, an additional "800 number" has been recommended by some. I do not believe adding an additional hotline is the correct approach.

For most individuals in a suicidal crisis, what is most important when utilizing a hotline is simply knowing that someone is listening and that they are not alone. A caller needs a competent counselor at the other end of the line who can conduct a lethality assessment and provide direction on next steps.

Already in existence, the federally funded National Suicide Prevention Lifeline (NSPL) is a 24-hour, toll-free suicide prevention service available to all those in suicidal crisis who are seeking help. Individuals seeking help can dial 1-800-273-TALK (8255). They will be seamlessly routed to the certified provider of mental health and suicide prevention services nearest to where they are calling from. The network is comprised of over 120 individual crisis centers across the country.

I think we should build upon what Congress has already funded and let 1-800-273-TALK be the door all callers in crisis, including veterans, enter. Once a caller dials the number, an option can be provided to be transferred to a VA call center if the individual wants the services and support of the VHA. For the non-VA crisis centers, the VA should be providing up-to-date information on all VA suicide prevention counselors, hospitals, medical centers, outpatient clinics, and peer support groups and, where appropriate, this national network of crisis centers should reliably transfer cases to the VHA call center.

I want to close by restating my strong support for the Joshua Omvig Veterans Suicide Prevention Act and look forward to its inclusion in a larger veterans' health care bill. We can all work together to open minds, change policy, and save lives. Enactment of the provisions in S. 479 will hopefully bring us one step further in this journey with respect to veterans' suicide prevention.

Thank you for the opportunity to speak with you today.