



Statement for the Record

Matt Kuntz, J.D., Executive Director, NAMI Montana
On behalf of NAMI (National Alliance on Mental Illness)
before the
U.S. Senate Committee on Veterans' Affairs
on

"S.785 - Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019"

September 9, 2020

Chairman Moran, Ranking Member Tester and distinguished members of the Committee, on behalf of NAMI, the National Alliance on Mental Illness, I would like to extend our gratitude for the opportunity to share with you our views and recommendations regarding "S.785 – The Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019." NAMI applauds the Committee's dedication in addressing the critical issues around veterans' suicide. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to treatment, support and research, and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

As NAMI Montana's Executive Director, I serve as a member of the Coalition to Heal Invisible Wounds (Coalition). I also serve on the Secretary of Veterans Affairs National Research Advisory Council (NRAC) and served as a member of the Creating Options for Veterans Expedited Recovery Commission (COVER Commission). I am not speaking on behalf of the Coalition, NRAC, or the COVER Commission, but am speaking on behalf of NAMI.

Commander John Scott Hannon

I met Commander John Scott Hannon in the fall of 2013 when he retired from his service with the Navy SEALs to live on his family's homestead in Colorado Gulch outside of Helena, Montana. Commander Hannon's family and friends called him by the name "Scott." I will use that name throughout this testimony.

Scott and I met for coffee in the fall of 2013 because his mother, Gretchen, thought we might strike up a friendship. Neither Scott or I were especially social, and we struggled to find something to talk about. Thankfully, we realized that we both loved designing custom outdoor adventure gear. That mutual obsession formed the basis of what would become a strong friendship in the following years.

Scott served in the SEALs from 1991-2012. He accrued major awards during this service and more than his fair share of hidden wounds that followed him back to his family's idyllic mountain hideaway. His journey towards recovery was courageous. It was amazing, even for someone like me who works every day in this field.

Scott was able to turn the tide against his post-traumatic stress injuries and alcohol addiction. He had amazing therapists and a broad traditional treatment team both in and outside of the VA that provided for his care. Scott really benefited from his experience helping heal injured raptors at the Montana Wild rehabilitation center. He teamed up with the Montana VA to incorporate this type of experience into the traditional dual diagnosis treatment program and worked to help document the outcomes of this important effort. I can imagine Scott's broad smile while looking at Section 203 of this legislation which provides a pathway for research-proven complimentary treatments.

Scott was adamant that the system for caring for veterans' brain health issues needed to improve. Scott volunteered with NAMI Montana in our efforts to support, educate and advocate for Montanans who live with mental illness and their families. Scott also talked about how NAMI's Family-to-Family program helped his family better understand his condition and support his journey towards recovery.

Through all the work to regain his health, Scott was able to hit the point of his recovery where he was able to rebuild the bond with his daughter Keira Vida Hannon White. I can still remember the twinkle in his eyes when he described how amazing it was to spend weeks of the summer of 2017 with her. Those wonderful weeks with Vida were the best weeks of his life.

Part of Scott's successful recovery after years of struggling in care was that his clinicians were finally able to diagnose and treat the bipolar disorder that was hiding behind the post-traumatic stress and alcohol addiction. Unfortunately, Scott's symptoms of bipolar disorder reemerged hard in the fall of 2017. Scott, his family, and his support system worked to help him overcome the mania that began the episode and the deep depression that followed, but we lost him in February of 2018.

Scott's family and I have cried and laughed together in remembering him. One of those conversations remains with me and is essential to understanding the Precision Medicine Initiative in Section 305 of this bill. Scott's sister Kimberly Hannon Parrott said, "I just wish that we had known about the bipolar disorder earlier. Scott overcame everything else. He just needed more time to work on that one." I couldn't agree with her more. Scott had spent over half a decade in intensive mental health and substance abuse treatment both in the VA and the Department of Defense. How much different would his trajectory have been if Scott, his loved ones, and his care team knew exactly which mental health conditions he had at the beginning of his treatment and

what types of care they would respond to. Instead, the care and his recovery flailed for years with treatments that were not targeted towards one of his key conditions.

I believe that Section 305 of this legislation will help more veterans receive the right care at the right time, helping to ensure that the hidden wounds of war will not take them away from their life and the people who love them. It will be a powerful and appropriate legacy to a dear friend who served this country honorably.

The Promise of S. 785

NAMI's forty years of work across the United States has focused on improving community-based mental health support and infusing care with the lessons of scientific research. We are pleased that this legislation addresses multiple issues that affect mental health care for veterans. NAMI applauds all of the important components in the bill, but will focus particularly on two: Section 305, the "Precision Medicine for Veterans Initiative" and Section 507, "Safety Planning in Emergency Departments."

The Precision Medicine for Veterans Initiative

According to the authors of "Suicide Among Soldiers: A Review of Psychosocial Risk and Protective Factors," "The fact that the vast majority of suicides occur among people with a current mental disorder makes this risk factor a prime target for screening and prevention efforts."ⁱ However, as Scott's experience shows, it can be difficult for clinicians to diagnose appropriately, particularly for veterans with co-occurring mental health and substance use disorders and PTSD.

The legislation's "Precision Medicine for Veterans Initiative" (the "Initiative") was crafted to better identify—and more effectively treat—our veterans with hidden wounds. The Initiative will "identify and validate brain and mental health biomarkers (measurable indicators of a state or condition) among veterans, with specific consideration for depression, anxiety, post-traumatic stress disorder, bipolar disorder, traumatic brain injury, and such other mental health conditions as the Secretary considers appropriate."ⁱ

The Initiative will ensure that the VA is conducting biomarker research, specifically "brain structure and function measurements, such as functional magnetic resonance imaging and electroencephalogram[.]"ⁱⁱ The Initiative "shall [also] coordinate with additional biological methods of analysis utilized in the Million Veterans Program of the Department of Veterans Affairs."ⁱⁱⁱ

The Initiative will ensure that data is stored and shared in a manner that protects each veteran's privacy while still allowing for dynamic collaboration between a broad conglomeration of

researchers capable of advancing the science of veterans' brain health. The Initiative's policies and procedures for "large-scale collection of standardized data and open data sharing" will "be modeled on the All of Us Precision Medicine Initiative administered by the National Institutes of Health."^{iv} In summary, the Initiative will use the power of anonymous data-driven research to enable clinician's to determine more precisely what condition(s) a veteran has and what treatments they will respond to.

Implementing Safety Planning in Emergency Departments

Emergency departments (EDs) often function as the "primary or sole point of contact with the health care system" for people struggling with suicidality.^v The Veterans Healthcare Administration (VHA) has implemented a Safety Planning in the Emergency Department (SPED) program for "veterans presenting to the emergency department who are assessed to be at risk for suicide and are safe to be discharged home."^{vi} This program "includes issuance and update of a safety plan and post-discharge follow-up outreach for veterans to facilitate engagement in outpatient mental health care."^{vii}

The VHA had identified expanding the implementation of the SPED program as one of its top to clinical goals for suicide prevention.^{viii} Specifically, "By September 30, 2021, VA will increase implementation of Safety Planning in the Emergency Department (SPED), to ensure completion of safety planning for eligible Veterans in the ED/Urgent Care Center (UCC) from a baseline of 34% to 90%."^{ix}

The SPED effort included the clinical demonstration project "Suicide Assessment and Follow-up Engagement: Veteran Emergency Treatment (SAFE VET)."^x This program was specifically designed to address the issue of the "dearth of empirically supported brief intervention strategies to address this problem in health care settings generally and particularly in emergency departments (EDs), where many suicidal patients present for care."^{xi}

In September of 2018, [JAMA Psychiatry](#) published the results of a large-scale cohort comparison study to determine whether the SAFE VET intervention was associated with reduced suicidal behavior and improved outpatient treatment engagement in the 6 months following discharge, an established high-risk period.^{xii} The study found that SAFE VET was associated with 45% fewer suicidal behaviors, approximately halving the odds of suicidal behavior over 6 months (odds ratio, 0.56; 95% CI, 0.33-0.95, P = .03). Additionally, veterans that received the SAFE VET intervention had more than double the odds of attending at least 1 outpatient mental health visit (odds ratio, 2.06; 95% CI, 1.57-2.71; P < .001).

Section 507 of this legislation requires the Secretary of the Department of Veterans Administration to present an in-depth report on the VHA's efforts "to implement a suicide prevention program for veterans presenting to an emergency department or urgent care center of the Veterans Health

Administration who are assessed to be at risk for suicide and are safe to be discharged home, including a safety plan and post-discharge outreach for veterans to facilitate engagement in outpatient mental health care.”^{xiii} This report requires analysis of the SPED’s program distribution throughout the VA system and fidelity to the research-based model.

NAMI applauds the inclusion of this report language in the legislation. Effective emergency room interventions are essential to reducing suicide. This report will complement the VA’s multi-year initiative to translate this critical suicide prevention research into practice and ensure that the VHA has the requisite support for the rollout of effective suicide prevention interventions in VHA Emergency Departments across the country.

Thank you again for the opportunity to testify in front of this honorable Committee. Your attention to this issue means a lot to me, the Hannon family, and the NAMI organization. We look forward to working with you to save the lives of America’s injured heroes.

Sincerely,



Matt Kuntz, J.D., Executive Director
NAMI Montana

ⁱ “S.785 - Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019” as accessed at <https://www.congress.gov/bill/116th-congress/senate-bill/785/text?q=%7B%22search%22%3A%22S.785%22%7D&r=4&s=1#toc-ide08038501f8349a9a9ae4d0c4d19d5cb> on August 31, 2020.

ⁱⁱ *Ibid* at Section 305(c).

ⁱⁱⁱ *Ibid*.

^{iv} *Ibid* at Section 305(b)

^v Knox, K., L., Stanley, B., Currier, G., Brenner, L., Holloway, M., & Brown, G.K. (2012). An emergency department based brief intervention for Veterans at risk for suicide (SAFE VET). *American Journal of Public Health*. 102 suppl(1): S33-7, 2012.

^{vi} “S.785 - Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019” at Section 507.

^{vii} *Ibid*.

^{viii} “Suicide Prevention: FY2020: Q1-Q2 Update,” July 2020.

https://www.performance.gov/veterans_affairs/FY2020_july_Suicide_Prevention.pdf. Accessed on August 31, 2020.

^{ix} *Ibid* at page 2.

^x *Ibid*.

^{xi} Stanley, Barbara, et al. "Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department." *JAMA psychiatry* 75.9 (2018): 894-900.

^{xii} *Ibid*.

^{xiii} Sec. 507(b)