Preventing Veteran Suicide

Apr 27, 2017

Statement of

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For the Record

United States Senate
Committee on Appropriations
Subcommittee on Military Construction,
Veterans Affairs, and Related Agencies

With Respect To

Preventing Veteran Suicide

WASHINGTON, DC

Chairman Moran, Ranking Member Schatz and members of the Subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to share our views on how to prevent veteran suicides.

Destigmatizing

The VFW has worked tirelessly alongside Congress and the Department of Veterans Affairs (VA) to address suicide prevention. This topic, a long-standing priority for the VFW, has been in dire need of addressing from many angles. First, the VFW values the importance of getting the conversation started about mental health in daily life in efforts to destigmatize mental illness. As the stigma decreases, our nation's veterans will have the opportunity to become better educated about mental well-being and how to address suicide prevention.

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This is why the VFW launched our Mental Wellness Campaign in fall 2016. We partnered with organizations such as The Elizabeth Dole Foundation, Give an Hour, PatientsLikeMe, Walgreens and VA to make certain the veterans community engages in conversations about mental health. This allows veterans to feel empowered about not only their own mental health status, but to also feel empowered to care for their fellow brothers and sisters who may be struggling as well. In October 2016, the VFW launched a worldwide campaign to change direction and the narrative on how veterans and the general public discuss mental wellness. Throughout the world, over 200 VFW posts partook in various events based around education and discussion, with 17,000 service members, veterans, their families and communities joined together to discuss resources available to veterans and family members suffering from mental health conditions. This campaign is continuous, as we partner with Student Veterans of America to continue outreach and host more events to change direction. Now, the 17,000 who have already partaken know to look for the five signs of mental distress: personality change, agitation, withdrawn behavior, poor self-care and feelings of hopelessness.

Thanks to new research conducted by VA and other government agencies, we now have a more accurate average of 20 veterans who die by suicide every day. Yet, only six out of these 20 use VA health care.

This is why the VFW urges Congress and VA to expand mental health outreach efforts. VA must strive to remove the stigmas associated with mental health conditions. VA must also do more outreach to ensure veterans know of the mental health treatments and resources available to them not just in VA, but in local communities as well. If we fail to improve and expand outreach efforts, the unacceptable number of veterans who die by suicide may not decrease.

Access

In order to eliminate veteran suicides, VA must also increase access to competent mental health care that is individualized to the patient. While VA data shows their mental health care is making a positive impact on those who use it, there is still room for improvement. More studies must be conducted to find more innovative, empirically proven ways to treat mental health conditions. VA has conducted research pertaining to areas such as service animals and emerging technologies, but other therapeutic alternatives need to be studied.

When veterans do turn to VA in moments of mental health crisis, VA must be able to address these veterans' specific needs. Unfortunately, we have all heard stories of veterans who turned to VA in times of crisis and were denied the inpatient mental health care they urgently needed. Congress must fully fund VA inpatient mental health clinics so lack of beds is never a reason a veteran takes his or her life. Additionally, Congress and VA must expand peer-to-peer support programs, which have been successful in helping veterans cope with mental health conditions by partnering them with fellow veterans who have overcome similar challenges and received specialized training to help others do the same. In instances where VA is not able to provide immediate assistance, or a veteran requesting assistance does not meet the criteria for receiving inpatient care, VA must ensure veterans in need are given the opportunity to talk to and receive assistance from a peer support specialist. It is common practice in the private sector for hospitals and medical facilities to have professionals on call to assist patients who check into the emergency room, such as in cases of sexual trauma. If VA trains more peer-to-peer support specialists, VA medical centers would be able to have scheduled, on-call veterans to assist others in mental health crises.

In the past three years, the VFW has conducted more than six surveys and compiled five reports on the VA health care system, which can be found at www.vfw.org/vawatch. A consistent concern we have heard from veterans is that VA needs to hire more mental health care providers. This shortage of providers has been continually highlighted by GAO and VAOIG reports in past years. Specifically, the VAOIG's yearly determination of occupational staffing shortages across the VA health care system has placed psychologists among the top five VA health care professions' staffing shortages. While this shortage of psychologists is not a problem specific to VA, but rather to the nation, Congress needs to ensure VA has the appropriations and authorization to properly hire and retain staffing necessities for providers.

Veteran Crisis Line

For veterans who are not physically at a VA facility, but struggle with a mental health crisis, the Veteran Crisis Line (VCL) is of dire importance. The VCL was established to provide 24/7 suicide prevention and crisis intervention to veterans, service members, and their families. This was necessary as a means of constant availability to individuals in need of crisis intervention. The VCL provides crisis intervention services to veterans in urgent need, and helps them begin their path toward improving their mental wellness. Each individual employee at the VCL is answering an average of nine calls per day, and those calls are being answered quicker than 911 and the National Emergency Number Association standards. This means that every VCL employee is assisting an average of nine veterans in need of immediate assistance on a daily basis. When necessary, employees at VCL also dispatch

emergency assistance for callers in immediate risk of harming themselves or others.

The VCL plays a vital role in VA's initiative of suicide prevention, and ongoing efforts to decrease veteran suicide. Yet adjustments are necessary for VCL to meet its full potential. The VFW believes expanding VA's Office of Patient Advocacy would greatly benefit the VCL. By improving and expanding the patient advocacy offices throughout VA, employees of these offices would have better visibility and means to assist non-crisis patients. If veterans become more aware of the patient advocate mission and capabilities, non-crisis callers to the VCL would decrease. The VFW has been working to expand and improve patient advocacy within VA and we will continue to monitor progress. The VFW urges this subcommittee to conduct extensive oversight of the VA Patient Advocate Program to ensure veterans are able to have their non-emergent concerns addressed without having to call the VCL.

Employees at VCL undergo extensive training before being allowed to answer calls, and it takes at least six months before they may begin training to also answer chat and text conversations with veterans in crisis. Yet, it was not until late December 2016 that the VCL had the capability to record and monitor their calls. Without this crucial technological capability, there was no way for calls to be truly monitored for quality control. Now that this capability is available, the technology must be properly utilized. Staff at the Veterans Health Administration (VHA) and the VCL monitor some ongoing calls for quality assurance, but a better, constant process must be implemented to ensure these recordings are being used to improve the training and capabilities of VCL responders. This would not only improve crisis intervention, but would assist with ending allegations of responders not understanding or following protocol, instructions, and resources.

There is no doubt that clinical oversight at the VCL is a necessity. Clinical decision making must be made by clinicians and not by operations and administrative staff. Leadership running the VCL must also have clinical background. This would ensure veterans in crisis who call the VCL receive the best clinical judgement and assistance possible. Clear guidelines must be established for the VCL so non-clinicians are not forcing a clinically based crisis line to operate as a business. This has a clear link to quality control as well. The VFW believes that while the number of calls going to backup centers decreasing at such a rapid rate is a positive, it is not a sign of the quality of work being provided. Veterans, service members and their families deserve the best clinical care available, and VA is known for outperforming the private sector in many areas of health care. In fact, of the estimated 20 veterans who commit suicide every day, only six of them are enrolled in VHA. This shows that clinicians within VA know what they are doing, and they do it well.

The VFW believes VHA must establish both clinical and operational policies specific to the VCL. This would allow for easier protocol standards to be understood and met on a regular basis, while establishing guidance and regulations to continue being followed by employees without clinicians stepping on the toes of operations, or operations stepping on the toes of clinicians.

In March 2016, the VCL established a Clinical Advisory Board at the request of VHA Member Services. This board was intended to assist and work with VHA Member Services, to assure no clinical necessities were being dismissed after VCL operations were moved to the non-clinical office within VHA. This group was intended to assist VHA Member Services in collective expertise of clinicians to improve the veteran experience, efficiencies of employees and increased access to the VCL. The charter for the advisory board was later changed by different leadership within VHA Member Services. The board now has one meeting per month where they call in for one hour. Call data is presented to the board members, but a monthly hour-long meeting does not provide them with the means to effectively obtain clinical input for policy decisions to improve the VCL.

The VFW firmly believes the VCL has improved and will continue to improve. Though that improvement will continue to be slow, frustrating and life-endangering if the VCL does not begin collaborating with others. Aside from working with patient advocacy offices to cut down on non-crisis calls and VHA Member Services to readjust the advisory board and increase clinicians, the VCL must also work more closely with the Office of Suicide Prevention (OSP).

Member Services has undoubtedly assisted the VCL in quantity control, but OSP can also assist the VCL in quality control. If the goal of the VCL is to intervene for veterans in need of immediate assistance while they are in the middle of a mental health crisis, the VCL should be working with the subject matter experts and leaders in suicide prevention and outreach for VA. If all three offices could collaborate together, with better guidelines, Member Services must be able to continue improving the VCL call center expertise and business, while OSP can make sure the VCL is up-to-date with the most current clinical expertise on suicide prevention and outreach.