

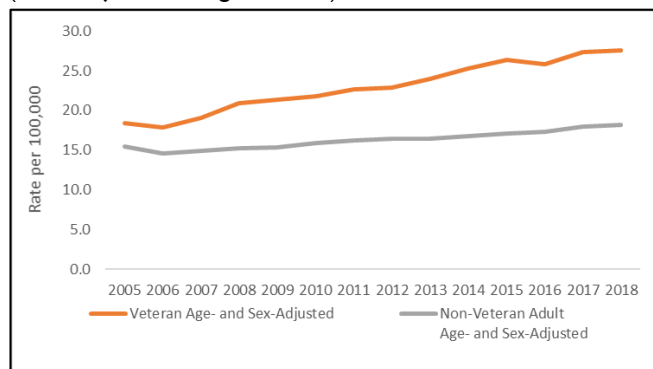
Veteran Suicide Prevention

Background

Suicide is the 10th leading cause of death in the United States. Although suicide rates have increased among the U.S. general population over the past two decades, veterans are disproportionately affected by suicide. According to the U.S. Department of Veterans Affairs (VA), in the period of 2005-2018, suicide rates increased more quickly among veterans compared to nonveteran adults, adjusting for age and sex. In 2018—the most recent year in which national data are available—the suicide rate for veterans was 1.5 times greater than among nonveteran adults (see **Figure 1**), and an average of 17.6 veterans died by suicide per day.

Figure 1. Veteran and Nonveteran Suicide Rate per 100,000 Population, 2005–2018

(Rates adjusted for age and sex)



Source: Prepared by CRS using VA 2005-2018 National Suicide Data Appendix accompanying the 2020 National Veteran Suicide Prevention Annual Report.

VA data suggest that use of Veterans Health Administration (VHA) services by specific veteran populations can reduce suicide. VA has named suicide as its top clinical priority for FY2018 to FY2024. As a result, the department has funded and implemented numerous suicide prevention programs largely administered through VHA. Congress has also expressed interest in reducing veteran suicide through appropriations and authorizing legislation.

VA Suicide Prevention Appropriations and Obligations

Generally, VA is funded through annual Military Construction, Veterans Affairs, and Related Agencies (MILCON-VA) appropriations acts. The VA budget is comprised of mandatory and discretionary funding. The medical services account, which includes suicide prevention, is funded solely with discretionary funds. Within the medical services account, mental health care and suicide prevention treatment and outreach are funded through medical services appropriations. Such medical services appropriations are specified in MILCON-VA appropriations acts, but a more specific allocation of funds

for those services is not typically provided in the statutory text of these acts. Rather, report language accompanying the MILCON-VA appropriations act generally provides specified amounts for mental health care and suicide prevention. For example, in FY2021, Congress provided \$10.3 billion for mental health care. Of that amount, \$1.9 billion was for suicide prevention treatment and \$312.6 million was for suicide prevention outreach (H.Rept. 116-445, p. 46). Report language accompanying appropriations measures is not considered binding in the same manner as language in statute, but rather explains provisions of a measure and/or communicates legislative intent.

In congressional budget submissions, VA provides more granular information about mental health care obligations. Suicide prevention treatment and outreach, respectively, are a subset of mental health care obligations. Table 1 provides obligations—the total sum of funding available—for such activities for FY2019 through FY2022.

Table 1. VA Mental Health Care and Suicide Prevention Obligations, FY2019-FY2022

(In millions of dollars)

	FY19	FY20	FY21 (est.)	FY22 (req.)
Mental Health Care	\$8,949.0	\$10,285.5	\$11,998.9	\$13,541.4
Suicide Prevention Treatment	\$1,422.2	\$1,418.3	\$1,553.0	\$1,741.3
Suicide Prevention Outreach	\$206.5	\$240.8	\$311.4	\$598.0
Veterans Crisis Line	\$107.3	\$111.8	\$113.9	\$256.0
National Suicide Prevention Strategy Implementation	\$35.2	\$35.8	\$41.3	\$42.1
Centers of Excellence	\$5.5	\$3.9	\$5.6	\$5.3
Demonstration Projects	\$5.2	\$6.1	\$5.8	\$4.7
Local Facility and Community Outreach Activities	\$1.6	\$0.7	\$0.8	\$0.8
Suicide Prevention Coordinators and Teams	\$51.7	\$57.0	\$59.3	\$62.3

	FY19	FY20	FY21 (est.)	FY22 (req.)
Suicide Prevention 2.0 Initiative PREVENTS	\$0	\$4.2	\$31.4	\$66.6
Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program	\$0	\$21.3	\$53.4	\$104.5
	\$0	\$0	\$1.6	\$55.7

Source: Prepared by CRS based on FY21-FY22 VA Congressional Budget Submissions, Volume II.

Notes: PREVENTS = The President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide. Actual obligations are provided for FY19-FY20. Estimated obligations based on appropriated funding are provided for FY21 and obligations based on requested funding are provided for FY22. Suicide prevention treatment and outreach are not intended to add to the mental health care total, as mental health care encompasses other activities not listed in the table. Suicide prevention outreach activities may not add to the suicide prevention outreach total due to rounding.

Selected VA Suicide Prevention Outreach Programs

Suicide prevention outreach focuses on all at-risk veterans, including those who are not eligible, enrolled, or currently receiving VHA services. Selected VA suicide prevention outreach programs are described in further detail below.

National Strategy for Preventing Veteran Suicide (National Strategy)

The National Strategy is VA’s 10-year strategic plan (2018-2028) for reducing veteran suicide and guides VA’s suicide prevention efforts. The plan identifies 14 goals within 4 strategic directions. To address these goals, the plan discusses, among other things, implementation of different interventions to reach all veterans.

Veterans Crisis Line (VCL)

The VCL is a confidential toll-free hotline, online chat, and text messaging service that provides 24/7 crisis intervention services. Launched in 2007, it is free and available to all veterans, including those not enrolled in VHA services. As of April 2021, the VCL responded to more than 5.4 million calls, 630,000 chats, 204,000 texts, and has referred more than 975,000 veterans to suicide prevention coordinators.

Suicide Prevention Coordinators (SPCs)

SPCs are VHA employees that coordinate care for veterans at high risk for suicide who are receiving care within VHA. SPCs can be assigned referrals from the VCL to ensure care continuity with a veteran’s local VHA provider. As of April 2019, VA has employed approximately 444 SPCs, with at least one SPC at each VA Medical Center (VAMC) and very large Community-Based Outpatient Clinic (CBOC).

Recovery Engagement and Coordination for Health—Veterans Enhanced Treatment (REACH VET)

REACH VET was launched across VAMCs in April 2017 and is used within VHA to predict which veterans may be

at highest risk for suicide or other related adverse outcomes. Using a statistical algorithm, REACH VET analyzes existing data (e.g., use of VHA services) to identify veterans at the highest suicide risk in the next month.

Congressional Activity and Legislation

Previous Congresses have passed several bills to address veteran suicide. Significant pieces of legislation enacted into law during the 110th-116th Congresses are highlighted below, focusing on key provisions of those acts. In general, these laws have increased VHA’s offering of suicide prevention services, as well as oversight of such services.

Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act of 2020 (P.L. 116-214)

– A significant provision in this bill is the authorization of VA to provide emergent suicide care to eligible veterans without requiring payment. This new requirement expands upon existing VHA policy that allowed for emergent mental health care; such care was limited to certain individuals and may have required payment under some circumstances.

Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Hannon Act; P.L. 116-171)

– A significant provision in this bill is the authorization of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program that requires VA to award grants to certain community-based organizations to provide veteran suicide prevention services.

Clay Hunt Suicide Prevention for American Veterans (SAV) Act (P.L. 114-2)

– Among other things, this bill required VA to arrange for independent, annual evaluations of VHA mental health care and suicide prevention programs and to undertake a pilot program to repay the education loans of eligible psychiatrists (or certain psychiatric residents) in exchange for additional obligated service.

Joshua Omvig Veterans Suicide Prevention Act (P.L. 110-110)

– This bill amended Title 38 of the U.S. code by adding a new Section 1720F, a comprehensive program for suicide prevention among veterans. Among other things, the program must include an SPC at each VAMC and a toll-free hotline (“Veterans Crisis Line”).

Despite these efforts, Congress, VA, and stakeholders continue to express concern over seemingly limited progress made to date to reduce veteran suicide. During the 117th Congress, implementation and congressional oversight of the Veterans COMPACT Act and the Hannon Act may inform future legislative efforts (for more information, see CRS Report R46848, *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (P.L. 116-171) and Veterans COMPACT Act of 2020 (P.L. 116-214)*).

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