Statement for the Record of

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"Veteran Suicide Prevention: Capitalizing on What Works and Increasing Innovative Approaches"

Before the House Committee on Veterans' Affairs

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We are pleased to submit this statement on behalf of the Maternal Mental Health Leadership Alliance and the Military Birth and Postpartum Network. Maternal Mental Health Organization (MMHLA) is nonpartisan nonprofit organization dedicated to promoting the mental health of mothers and childbearing people in the United States with a focus on national policy and health equity. MMHLA founding Executive Director Adrienne Griffen is a graduate of the United States Naval Academy and served on active duty at the National Security Council in the Bush and Clinton administrations. The Military Birth Resource Network and Postpartum Coalition (MBRNPC), formerly Military Birth Resource Network, is a nonprofit organization dedicated to changing the landscape of birth and feeding for active duty servicemembers and their families through policy that prioritizes equity in access to birth options, lactation education and support, mental health, and culturally competent care throughout the prenatal, birth, and postpartum periods. The Executive Director is Gabriela Cavins, a graduate of the United States Naval Academy and McGrath Fellow at the University of San Francisco.

Our organizations believe that the mental health crisis in America is both a wake-up call and an opportunity for our nation to invest more resources into both prevention and treatment of mental health disorders. Over the past 15 years, the suicide rate among members of the U.S. armed forces has doubled, with more than 36.18 deaths per 100,000 soldiers in 2021.[i] This rate is 65% higher than the rate of suicide among civilians aged 25 to 34 years (18.35 per 100,000).[ii] Military suicide rates are four times higher than deaths that occurred during military operations.[iii] Furthermore, a recent RAND study found that there is a higher rate of suicide attempts among Black and Hispanic troops when compared to their white counterparts.[iv]

While these statistics highlight the problem of suicide within active duty, they also shed light on unaddressed mental health issues and a lack of mental health resources and support among the military community. Access to care varies by location: major installations may have more mental health professionals, but there is also a greater demand due to the larger military population. Meanwhile, smaller installations have fewer providers. In both situations, service members and families are waiting weeks for appointments or unable to get consistent care, which leads to inadequate treatments, raising the risk of suicide.

While the Department of Defense (DoD) and the Department of Veterans Affairs (VA) are making strides in promoting mental health resources, help seekers still face tremendous stigma within the military community. Additionally, the Department of Defense and the Department of Veterans Affairs must work collaboratively to address mental health issues as these issues do not appear overnight when a service member becomes a veteran.

This Committee has an opportunity to increase mental health screening for active-duty military members and veterans. Additionally, the committee should work to reduce the stigma of seeking help for mental health disorders for service members, and address drivers of trauma and chronic stress. We applaud the Committee for holding this hearing and for exploring how to prevent veteran suicide within a public health model.

Recommendations

Congress should work with all necessary agencies to implement the following recommendations.

1. **Establish a coordinated strategy to screen members that are returning from operational deployments**. The current Post-Deployment Health Assessments and Post-Deployment Health Reassessments are conducted inadequately. While some service members are afforded the opportunity to take these screenings, such as service members that are completing an individual augmentee assignment or a Reserve Component Member of the Army, post-deployment screening is not consistent across the Force. Conducting a screening with a credentialed provider that not only focuses on physical health concerns but prioritizes mental health is necessary to address the stressors of deployment and the hardships of reintegration.

2. **Establish a yearly stand down to screen members at regular intervals.** According to a 2014 study, nearly one in four active-duty service members showed signs of a mental health condition.[v] To increase diagnosis and care for mental health issues, the DoD should have a yearly stand-down dedicated to mental health education and screening. For members that are flagged for follow up care, the DoD should have a clear policy regarding referrals and continuing care. Furthermore, during these stand-downs it should be made clear that any identified mental health conditions will not affect the member's rank or standing.

3. **Integrate mandatory behavioral health appointments into the transition process.** According to the VA, about 250,000 service members transition to civilian life each year.[vi] All military personnel that are transitioning to civilian life are required to complete the Transition Assistance Program (TAP) to help prepare them for their next step. Currently, TAP includes information related to job skills, benefits, entitlements, and resources.[vii] There is an opportunity to integrate a mandatory behavioral health appointment into the transition process. During this appointment, service members can be screened for mental health and substance use issues. If any issues are identified, service members can then be connected directly to behavioral health service providers in their area or to support groups.

4. **Institute wellness programs at all VA clinics.** The Directive to provide complementary and integrative health in the VA was approved by the Acting Under Secretary for Health on May 19, 2017. The Directive establishes national VHA policy regarding the provision of CIH approaches. However, not every facility has these services available, and each facility has latitude on service provision. These services should be considered an integral part of a servicemember's transition from the DoD to VA care and be easily accessible for veterans living in both urban and rural areas.[viii]

5. **Expand VA maternity care services to include doula coverage.** Women are the fastest growing group of veterans, and about half the country's two million female veterans are of childbearing age.[ix] As of November 2021, there were a total of 1,341,609 active-duty personnel across all services within the Department of Defense (not including the U.S. Coast Guard), 17.48% of whom were female.[x] Currently, the VA does not cover services provided by doulas.[xi] Birth doula support is associated with reduced rates of postpartum depression and anxiety as well as increased positive feelings about the birth experience and ability to influence one's own pregnancy outcomes.[xii] Research also backs doula support as a cost-saving measure in maternity care.[xiii] Additionally, postpartum doulas are trained to identify and support new parents who may be struggling with mental health issues. This postpartum support is critical as suicide and overdose is the leading cause of death for new mothers, according to a recent CDC report.[xiv]

6. **Hold military leaders accountable for establishing a safe command climate.** The VA estimates that one in three women and one in 50 men have experienced sexual assault or sexual harassment during military service (referred to as military sexual trauma or MST).[xv] Despite the high prevalence of MST, around 70% of cases remain unreported.[xvi] According to research, when commanders do not take reports of sexual assault seriously or fail to express zero tolerance for sexual harassment, the odds are five times higher that someone at that command will be assaulted.[xvii] More cases are likely to be reported, and prevented, if members know they can trust their military unit commander to respond to incidences of sexual harassment and assault.

7. **Ensure insurance coverage provides adequate and full reimbursement for mental health care.** According to a 2021 Defense Health Agency report, access to mental health care for TRICARE patients has declined consistently between the two most recent TSS survey cycles.[xviii] Providers have named both low reimbursement and lack of coverage as common reasons for not accepting new TRICARE patients.[xix] Ensuring mental health providers are reimbursed at appropriate rates will incentive more mental health providers to enroll in insurance plans, increasing access to care for military members and their family members who may be struggling with mental health issues.

Closing

The United States military is the key to maintaining national security and protecting democracy across the globe. Service members are continuously told "mission first," and it is past time for the military to acknowledge that taking care of military members if part of the mission too. It is imperative that Congress dedicate resources to reducing suicide rates among active-duty military members and veterans.

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