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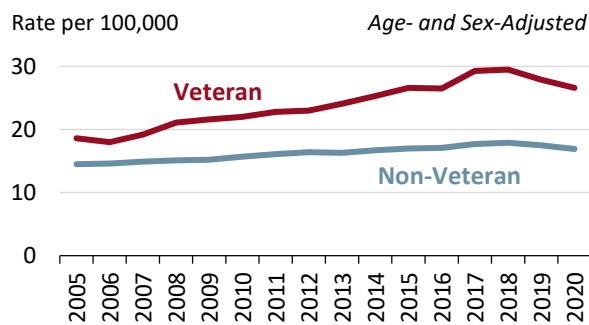
Veteran Suicide Prevention

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 2020, the suicide rate for veterans was 57.3% greater than for non-veteran U.S. adults, adjusting for age and sex (see **Figure 1**), and an average of 16.8 veterans died by suicide per day.

Figure 1. Veteran and Nonveteran Suicide Rate per 100,000 Population, 2005–2020

(Rates adjusted for age and sex)



Source: Prepared by CRS using VA 2005-2020 National Suicide Data Appendix accompanying the 2022 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. Mental health care and suicide prevention treatment and outreach are funded through medical services appropriations, 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. 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 FY2020 through FY2023.

Table 1. VA Mental Health Care and Suicide Prevention Obligations, FY2020-FY2023

(in millions of dollars)

	FY20	FY21	FY22 (est.)	FY23 (req.)
Mental Health Care	\$10,285.5	\$11,211.3	\$12,250.8	\$13,918.9
Suicide Prevention Treatment	\$1,418.3	\$1,932.6	\$2,162.6	\$2,385.8
Suicide Prevention Outreach	\$240.8	\$297.2	\$598.0	\$496.6
Veterans Crisis Line	\$111.8	\$119.3	\$256.0	\$256.0
National Suicide Prevention Strategy Implementation	\$35.8	\$48.5	\$42.1	\$45.6
Centers of Excellence	\$3.9	\$6.7	\$5.3	\$5.4
Demonstration Projects	\$6.1	\$4.4	\$4.7	\$4.8
Local Facility and Community Outreach Activities	\$0.7	\$0.6	\$0.8	\$0.8
Suicide Prevention 2.0 Initiative	\$4.2	\$13.7	\$66.6	\$63.6
PREVENTS	\$21.3	\$43.4	\$104.5	\$0
Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program	\$0	\$0	\$55.7	\$55.8

	FY20	FY21	FY22 (est.)	FY23 (req.)
Suicide Prevention Coordinators and Teams	\$57.0	\$60.4	\$62.3	\$64.7

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 FY20-FY21. Estimated obligations based on appropriated funding are provided for FY22 and obligations based on requested funding are provided for FY23. 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 programs (https://www.mentalhealth.va.gov/suicide_prevention/index.asp) are described in further detail below.

National Strategy for Preventing Veteran Suicide

The National Strategy is VA’s 10-year strategic plan (2018-2028) for reducing veteran suicide that guides VA’s suicide prevention efforts (see https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf). The plan identifies 14 goals within 4 strategic directions. To address these goals, the plan discusses, among other things, implementation of 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. The VCL can be accessed through the national *988 Suicide & Crisis Lifeline*, which transitioned to the 3-digit 9-8-8 number in July 2022. As of May 2022, the VCL responded to more than 6.2 million calls, 739,000 chats, 253,000 texts, and has referred more than 1.1 million veterans to suicide prevention coordinators.

Suicide Prevention Coordinators (SPCs)

SPCs are VHA employees who 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 June 2020, VA employed approximately 540 SPCs, at 135 medical facilities.

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

REACH VET was launched across VA Medical Centers (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-117th 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 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”).

Many 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)*).

Michele L. Malloy, Research Librarian

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