

# Preventing Veteran Suicide

## The Critical Role of Community-Based Prevention

Rajeev Ramchand

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*Preventing Veteran Suicide: The Critical Role of Community-Based Prevention*

Testimony of Rajeev Ramchand<sup>1</sup>  
The RAND Corporation<sup>2</sup>

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

April 27, 2017

**T**hank you, Chairman Moran, Ranking Member Schatz, and members of the subcommittee, for inviting me to testify today. My name is Rajeev Ramchand, and I am a senior behavioral scientist at RAND. For nearly ten years, I have studied suicide and the best ways to prevent people from taking their own lives. I have interviewed hundreds of people preventing suicide at crisis lines and prevention programs. I also have spoken with the spouses, parents, siblings, children, and battle buddies affected by the death of a loved one. Today, I will summarize areas where our research shows efforts to prevent veteran suicide are working, as well as areas where more effort is needed.

The Department of Veterans Affairs (VA) is the largest integrated health care system in the United States, and it provides the care, offers the programs, and conducts the research that make it a national leader in suicide prevention. The VA sees over six million patients each year, most of whom are middle-aged white men.<sup>3</sup> This is the group at highest risk of suicide nationally. Many VA patients have also been exposed to atrocities in war zones from Vietnam to Afghanistan. As a result, a sizeable number have both visible and invisible wounds.<sup>4</sup> RAND research shows that the VA is serving these veterans with the high-quality care that they deserve. Our analyses reveal that the mental health care delivered at the VA generally exceeds the care

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<sup>1</sup> The opinions and conclusions expressed in this testimony are the author's alone and should not be interpreted as representing those of the RAND Corporation or any of the sponsors of its research.

<sup>2</sup> The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest.

<sup>3</sup> RAND Health, *Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs*, Santa Monica, Calif.: RAND Corporation, RR-1165/1-VA, 2015.

<sup>4</sup> Rajeev Ramchand, Terry L. Schell, Benjamin R. Karney, Karen Chan Osilla, Rachel M. Burns, and Leah Barnes Calderone, "Disparate Prevalence Estimates of PTSD Among Service Members Who Served in Iraq and Afghanistan: Possible Explanations," *Journal of Traumatic Stress*, Vol. 23, No. 1, 2010, pp. 59–68.

offered in other health systems,<sup>5</sup> and that the services provided by the Veterans Crisis Line surpass most crisis lines operating in the United States today.<sup>6</sup> As a member of a panel that reviews and scores VA research proposals, I can attest firsthand to the high-quality research proposed and funded by the VA that will continue to promote it as a national leader in suicide prevention.

This is why the biggest challenge the VA currently faces is preventing suicide among those not enrolled in VA care. In 2015, we learned that veterans with other-than-honorable discharges had double the risk of suicide relative to those who separated honorably. Last month, Secretary Shulkin announced plans to extend services to these veterans who were traditionally ineligible for VA care.<sup>7</sup> We also need to focus on women veterans: The rate of suicide among the youngest cohort of women veterans was 35 per 100,000, a rate seven times that of their civilian counterparts.<sup>8</sup> In collaboration with the VA, RAND interviewed responders working at the Veterans Crisis Line to investigate why women callers might be unreceptive to VA care. The women these responders talk to on the phones refer to a “male-oriented” culture at the VA that begins as early as check in, when receptionists presume a woman is supporting her husband and is not a veteran herself. Women most satisfied with their care tend to have received services specifically for female veterans or have developed strong therapeutic relationships with their health care providers.<sup>9</sup> Women and those with other-than-honorable discharges are only two groups at risk: We must continue to figure out what other groups of veterans are at high risk of suicide, understand why they are not accessing care, and address those barriers as well.

But not all veterans will ultimately access VA care, which is why community-based suicide prevention is a necessary part of preventing veteran suicide. This requires support and leadership outside the VA. Gun sellers, shooting ranges, and advocacy groups are playing a role, with new

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<sup>5</sup> Rajeev Ramchan, *Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans*, Santa Monica, Calif: RAND Corporation, RR-1165/2-VA, 2015; Katherine E. Watkins, Harold Alan Pincus, Brad Smith, Susan M. Paddock, Thomas E. Mannie, Jr., Abigail Woodroffe, Jake Solomon, Melony E. Sorbero, Carrie M. Farmer, Kimberly A. Hepner, David M. Adamson, Lanna Forrest, and Catherine Call, *Veterans Health Administration Mental Health Program Evaluation: Capstone Report*, Santa Monica, Calif.: RAND Corporation, TR-956-VA, 2011.

<sup>6</sup> Rajeev Ramchand, “Is America’s Crisis ‘System’ in Crisis?” *US News and World Report*, July 17, 2016.

<sup>7</sup> Mark A. Reger, Derek J. Smolenski, and Nancy A. Skopp, “Risk of Suicide Among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation From the US Military,” *JAMA Psychiatry*, Vol. 72, No. 6, pp. 561–569, 2015; Office of Public and Intergovernmental Affairs, Department of Veterans Affairs, “VA Secretary Announces Intention to Expand Mental Health Care to Former Service Members with Other-Than-Honorable Discharges and in Crisis,” press release, March 8, 2017.

<sup>8</sup> Office of Suicide Prevention, Department of Veterans Affairs, *Suicide Among Veterans and Other Americans: 2002–2014*, Washington, D.C., 2016.

<sup>9</sup> R. Ramchand, L. Ayer, V. Kotzias, C. Engel, Z. Predmore, P. Ebner, J. E. Kemp, E. Karnas, and G. Haas, “Suicide Risk Among Female Veterans in Distress: Perspectives of Responders on the Veterans Crisis Line,” *Women’s Health Issues*, Vol. 26, No. 6, 2016, pp. 667–673; Charles Engel, Virginia Kotzias, Rajeev Ramchand, Lynsay Ayer, Zachary Predmore, Patricia Ebner, Elizabeth Karras, Janet E. Kemp, and Gretchen Haas, “Mental Health Service Preferences and Utilization Among Women Veterans in Crisis: Perspectives of Veterans Crisis Line Responders,” presented at the American Association of Suicidology 50th Annual Conference, April 27, 2016.

campaigns that raise awareness and promote safe firearm storage.<sup>10</sup> Veterans involved with the justice system likely represent another group at high risk. They can be enrolled in veterans' treatment, mental health, or drug courts, in which the goal is to rehabilitate, not to punish. But only some veterans can access these programs, and such programs need to be evaluated so that we can determine whether there is a social business case to justify their continued expansion.

Suicide is not just a veterans' issue. It is a national public health threat. Suicide is increasing nationwide, among young and old, men and women, white, black, and Hispanic.<sup>11</sup> Strengthening community-based programs would not only help prevent veteran suicide, but could help turn back the rising tide of suicides nationally. The VA could play a role in stemming this tide as well: Evidence-based suicide prevention strategies within the VA should be promoted and adopted by communities, many of which are facing acute suicide threats and are in dire need of support. It's only when we come together in a spirit of *support and collaboration* that we will begin to make a real dent in the public health threat that suicide poses to America today.

Thank you again for inviting me to testify. I will be happy to answer your questions.

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<sup>10</sup> M. Vriniotis, C. Barber, E. Frank, R. Demicco, and the New Hampshire Firearm Safety Coalition, "A Suicide Prevention Campaign for Firearm Dealers in New Hampshire," *Suicide and Life Threatening Behavior*, Vol. 45, No. 2, 2015, pp. 157–163.

<sup>11</sup> Sally C. Curtin, Margaret Warner, and Holly Hedegaard, *Increase in Suicide in the United States, 1999-2014*, data brief No. 241, Hyattsville, Md.: National Center for Health Statistics, 2016.