



# LEGISLATIVE POINT PAPER

## MENTAL HEALTH & SUICIDE PREVENTION

### BACKGROUND

Throughout their service, veterans defended our country in high-risk, high-conflict, high-stress jobs. As a result of this service, many return home with untreated trauma which manifests into mental health issues. Unfortunately, after departing service and transitioning into civilian life, veterans are also isolated from their military support system. This inadequate transition assistance, the stigma associated with seeking treatment, and inaccessible healthcare resources have consistently led to high rates of veteran suicide.

Compared to civilians, veterans are twice as likely to commit suicide, with approximately 6,000 veterans dying by suicide annually. This has been a concerning issue over the past few years as veterans struggle to deal with the ramifications caused by global conflicts and nationwide crises. As a result, veterans feel progressively hopeless, tired, isolated, and not understood, as indicated by reports of increased substance use and diagnoses of depression and anxiety further aggravating pre-existing health concerns. The American Legion takes this issue very seriously, as evidenced by its new Be the One initiative to reduce the rate of veteran suicide. Along those lines, it is imperative we destigmatize asking for mental health assistance, improve transition assistance and increase access to a variety of traditional mainstream services.

However, many veterans are not willing to subject themselves to the strain of psychotherapies. Complementary and alternative medicine (CAM) therapies are an alternative treatment that may be more comfortable for at-risk individuals. Providing diverse treatment options is critical to ensure veterans have control in recovery. Another factor to consider when addressing mental health issues and suicide prevention is Vet Centers. Vet Centers are critical resources for veterans and their families when in need of counseling and readjustment assistance.

Servicemembers in rural areas face challenges accessing Department of Veterans Affairs (VA) medical centers (VAMC's). Vet Centers, offering mobile units, make it possible for veterans to receive services near home. Other vehicles for suicide prevention include the Suicide Prevention Hotline, known as the Veterans Crisis Line (VCL), VA's mental health mobile applications, lethal means safety training for VA staff and community providers, and increased access to Suicide Prevention Coordinators at VAMC's.

While VA has made efforts in this space, there are limitations in its reach, with less than half of all veterans enrolled in VA. Most alarming, 45 percent of the general population who commit suicide had contact with a primary care provider in the month leading up to death. This suggests current clinical approaches reach a minor portion of at-risk individuals. More must be done to address this issue.

## **KEY POINTS**

- Because of military service, many veterans struggle with mental health challenges which can lead to anxiety, depression, substance use, and suicidal ideation.
- Providing veterans access to alternative therapies like hyper-baric oxygen therapy, stellate ganglion block, and acupuncture allows for a comprehensive approach to mental health and pain management treatment.
- Currently, VA and community care providers provide a plethora of traditional healthcare resources for veterans such as Vet Centers, the Suicide Prevention Hotline, and Suicide Prevention Coordinators at VAMC's.
- Less than half of all veterans are enrolled in VA and 45 percent of the general population who committed suicide had contact with a primary care provider in the month before the death, indicating current approaches reach a small population.

## **WHAT CONGRESS CAN DO**

- Provide oversight on the implementation of *the Solid Start Act, the Strong Veterans Act, and the Consolidated Appropriations Act of 2023*.
- Expand VA's peer support programs in rural areas and to historically underserved and minority veterans while ensuring services are culturally competent.
- Expand veteran mental health and suicide prevention services through the Veteran Crisis Line, Vet Centers, CAM therapy, and whole health programs.
- Increase VCL resources, mitigate deficiencies in VCL personnel response to veteran callers at-risk of suicide, and ensure staff are held accountable when errors occur.
- Require VA to include cases of self-injury deaths (i.e., overdose, asphyxiation, accidental gunshot, drowning, etc.) in addition to the suicide data report to ensure a veterans cause of death is properly recorded for tracking.

## **RELEVANT RESOLUTIONS**

- Resolution No. 11 (2021): Lethal Means and Suicide Prevention.<sup>1</sup>
- Resolution No. 17 (2022): Continuum of Care and Mental Health Supports.<sup>2</sup>
- Resolution No. 18 (2022): Mental Health Programs for Justice-Involved Veterans.<sup>3</sup>

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<sup>1</sup> The American Legion Resolution No. 11 (2021): [Lethal Means and Suicide Prevention](#)

<sup>2</sup> The American Legion Resolution No. 17 (2022): [Continuum of Care and Mental Health Supports](#)

<sup>3</sup> The American Legion Resolution No. 18 (2022): [Mental Health Programs for Justice-Involved Veterans](#)