

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HM 63 Recognizing Veteran Suicide

SPONSOR(S): Willhite, Smith, D. and others

TIED BILLS: **IDEN./SIM. BILLS:** SM 302

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Local Administration & Veterans Affairs Subcommittee	16 Y, 0 N	Mwakyanjala	Miller
2) State Affairs Committee	22 Y, 0 N	Mwakyanjala	Williamson

SUMMARY ANALYSIS

Since 2008, the number of veteran suicides has exceeded 6,300 each year. Many risk factors may affect veteran suicide rates including economic disparities, homelessness, and health issues such as posttraumatic stress disorder and substance abuse disorder.

In 2007, the United States Department of Veterans Affairs (VA) developed a comprehensive program designed to reduce the incidence of suicide among veterans and launched the Veterans Crisis Line, a program that connects veterans and current servicemembers in crisis and their families and friends with information from qualified responders through a confidential toll-free hotline, online chat, and text messaging service.

The VA partners with hundreds of organizations to raise awareness of the VA's suicide prevention resources and to educate people about how they can support veterans and servicemembers in their communities. The VA also partners with community mental health providers to expand the network of local treatment resources available to veterans. Although the VA emphasizes mental health care for veterans, many veterans do not reach out to the VA for help. Most use local hospitals and health clinics. However, community health providers are not prepared to address the needs of veterans. Studies have found that most are unfamiliar with deployment-related stressors and unsure how to refer patients to the VA.

The memorial urges the United States Congress to recognize the current crisis of veteran suicide and to fully fund suicide prevention efforts undertaken by the VA.

Legislative memorials are not subject to the Governor's veto powers and are not presented to the Governor for review. Memorials have no force of law, as they are mechanisms for formally petitioning the federal government to act on a particular subject.

This memorial does not have a fiscal impact on the state or local governments.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Veterans and Mental Health and Substance Abuse

There are approximately 19,100,000 veterans in the United States,¹ with more than 1.5 million veterans in Florida.² Veterans face unique challenges and some struggle with mental health and substance abuse.

Posttraumatic stress disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event, including war or combat.³ The National Center for PTSD, within the United States Department of Veterans Affairs (VA), lists the percentage of veterans with PTSD by service era:

- Between 11 and 20 percent of veterans who served in Operations Enduring Freedom⁴ and Iraqi Freedom⁵ were diagnosed with PTSD in a given year.
- About 12 percent of veterans who served in the Persian Gulf War⁶ were diagnosed with PTSD in a given year.
- About 15 percent of veterans of the Vietnam War⁷ were diagnosed with PTSD at the time of the most recent study in the late 1980s. However, the National Center for PTSD estimates that about 30 percent of veterans of the Vietnam War have had PTSD in their lifetimes.⁸

A strong association exists between PTSD and substance abuse disorders (SUD) among veterans. Statistics show:⁹

- More than two in 10 veterans with PTSD also have SUD.
- Almost one in three veterans seeking treatment for SUD also has PTSD.
- About one in 10 veterans returning from the wars in Iraq and Afghanistan has a problem with alcohol or other drugs.

Veterans and Suicide

In 2016, the VA completed the largest analysis of veteran suicide to date and the work has continued every year since. The 2021 report examines mortality records for the period between 2001 and 2019 (the latest data available), and provides information regarding veteran suicide counts, averages per day, rates, and differences in rates of suicide.¹⁰

¹ United States Department of Veterans Affairs (VA), *National Center for Veterans Analysis and Statistics*, https://www.va.gov/vetdata/veteran_population.asp (last visited October 15, 2021).

² Florida Department of Veterans' Affairs, *Our Veterans, Fast Facts*, <https://floridavets.org/our-veterans/profilefast-facts/> (last visited October 15, 2021).

³ American Psychiatric Association, *What is Posttraumatic Stress Disorder?*, <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd> (last visited October 15, 2021).

⁴ October 7, 2001, ending on the date prescribed by presidential proclamation or by law. See s. 1.01(14)(h), F.S.

⁵ March 19, 2003, ending on the date prescribed by presidential proclamation or by law. See s. 1.01(14)(i), F.S.

⁶ August 2, 1990, to January 2, 1992. See s. 1.01(14)(g), F.S.

⁷ February 28, 1961, to May 7, 1975. See s. 1.01(14)(f), F.S.

⁸ National Center for PTSD, VA, *How Common is PTSD in Veterans?*, https://www.ptsd.va.gov/understand/common/common_veterans.asp (last visited October 15, 2021).

⁹ National Center for PTSD, VA, *PTSD and Substance Abuse in Veterans*, https://www.ptsd.va.gov/understand/related/substance_abuse_vet.asp (last visited October 15, 2021).

¹⁰ VA, Office of Mental Health and Suicide Prevention, 2021 National Veteran Suicide Prevention Annual Report, <https://www.mentalhealth.va.gov/docs/data-sheets/2021/2021-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-9-8-21.pdf> (last visited October 15, 2021).

In 2019, 6,261 veterans died by suicide, which represented 13.7 percent of suicides among U.S. adults.¹¹ The average number of veteran suicide deaths per day rose from 16.4 in 2001 to 17.2 in 2019.¹² In 2019, of the average 17.2 veteran suicides per day, an estimated 6.8 suicides per day were among those with Veterans Health Administration (VHA) ¹³ encounters in 2018 or 2019, compared with 10.4 suicides per day for those veterans with no VHA encounter.¹⁴

In 2019, Florida had 553 veteran suicide deaths.¹⁵

Many risk factors may affect veteran suicide rates including the following:¹⁶

- Economic disparities
 - Some veterans report difficulty transitioning to civilian positions and difficulty translating military-related skills to higher-paying civilian jobs.
 - Veterans enrolled in VHA care are less likely to be employed and more likely to have lower income levels than veterans not receiving VHA care.
 - Unemployment and poverty are correlated with homelessness among veterans.
- Race, ethnicity, and sexual orientation
 - Racial and ethnic groups differ in experiences of discrimination and historical trauma and in access to culturally appropriate mental health treatment.
 - Veterans with LGBT or related identities may be at an elevated risk for suicide.
- Homelessness
 - In 2019, about 37,000 veterans were homeless and about 14,000 were living on the street or unsheltered.
- Service connection
 - VHA patients with military service-connected disability status may have lower risk of suicide than other VHA patients.
- Social connection and isolation
 - Among VHA patients, suicide rates are highest among those who are divorced, widowed, or never married.
 - Suicide rates are elevated among individuals living in rural areas.
- Health and well-being
 - VHA patients who died by suicide are more likely to have sleep disorders, traumatic brain injury, or a pain diagnosis than other VHA patients.

VA Strategy for Suicide Prevention

In 2007, the Joshua Omvig Veterans Suicide Prevention Act (Act) was signed into law.¹⁷ The Act directed the Secretary of the VA to develop and carry out a comprehensive program designed to reduce the incidence of suicide among veterans. The Act requires the program to include the following:

- Mandatory training for appropriate staff and contractors of the VA who interact with veterans;
- Mental health assessments of veterans;
- Designation of a suicide prevention counselor at each VA medical facility;
- Research on best practices for suicide prevention;
- Mental health care for veterans who have experienced sexual trauma while in military service;
- Twenty-four hour veterans' mental health care availability;

¹¹ *Id.*

¹² *Id.* at 5.

¹³ The VHA is the largest integrated healthcare system and provides care at 1,255 healthcare facilities, including 170 medical centers and 1,074 outpatient clinics. See VA, *Veterans Health Administration*, <https://www.va.gov/health/> (last visited October 15, 2021).

¹⁴ *Id.*

¹⁵ VA, *Florida Veteran Suicide Data Sheet, 2019*, <https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019-State-Data-Sheet-Florida-508.pdf> (last visited October 15, 2021).

¹⁶ VA, Office of Mental Health and Suicide Prevention, 2020 National Veteran Suicide Prevention Annual Report, <https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf> (last visited October 15, 2021) at 9-11. The 2021 National Veteran Suicide Prevention Annual Report was shorter than previous reports due to the impact of COVID-19. The Office of Mental Health and Suicide Prevention in the VA is still going through data from the year 2020, therefore some information has been gathered from the 2020 Annual Report.

¹⁷ Joshua Omvig Veterans Suicide Prevention Act, Pub. L. No. 110-110, H.R. 327, 110th Cong. (Nov. 5, 2007).

- A toll-free hotline; and
- Outreach and education for veterans and their families.¹⁸

Since the passage of the Act, the VA has worked to expand suicide prevention initiatives, including:

- Bolstering mental health services for women veterans;
- Broadening telehealth services;
- Developing free mobile apps to help veterans and their families;
- Improving access to care by providing mental health screening and treatment services through Vet Centers and readjustment counselors; and
- Using telephone coaching to assist families of veterans.¹⁹

In 2007, the VA also launched the Veterans Crisis Line. The program connects veterans and current servicemembers in crisis and their families and friends with information from qualified responders through a confidential toll-free hotline, online chat, and text messaging service.²⁰ The program has answered more than 5 million calls and initiated the dispatch of emergency services to callers in crisis more than 167,000 times.

The VA partners with hundreds of organizations to raise awareness of the VA's suicide prevention resources and to educate people about how they can support veterans and servicemembers in their communities. The VA also partners with community mental health providers to expand the network of local treatment resources available to veterans, and with veterans service organizations because they help veterans find employment, manage claims and benefits, and stay socially connected.²¹

While the VHA is the largest health care system and has focused on mental health care for veterans, many veterans do not reach out to the VA for help. Most use local hospitals and health clinics. However, community health providers are not prepared to address the needs of veterans. Studies have found that most are unfamiliar with deployment-related stressors and unsure how to refer patients to the VA.²²

Suicide Prevention in Florida

Florida has taken numerous steps to combat veteran suicide including, but not limited to, the following:

- Joining the “Governor’s Challenge to Prevent Suicide Among Service Members, Veterans and their Families,” a national call to action asking state, military, and civil interagency teams to embark on a process of collaborating, planning, and implementing suicide prevention best practices and policies for servicemembers, veterans, and their families statewide;²³
- Launching the Florida Veterans Support Line, a peer-based service allowing veterans to speak to fellow veterans to receive assistance and support;²⁴
- Establishing the Florida Veterans Foundation, a statewide organization that provides direct services and partners with state and local governments, veteran service organizations, and education institutions to improve a veteran’s physical, mental, and emotional well-being;²⁵ and
- Establishing the Florida Veterans’ Care Coordination Program, providing behavioral care referral and coordination services for veterans and their families.²⁶

Effect of the Memorial

¹⁸ Congress.gov, *H.R. 327 Summary*, <https://www.congress.gov/bill/110th-congress/house-bill/327> (last visited October 15, 2021).

¹⁹ VA, *National Strategy for Preventing Veteran Suicide, 2018-2028*, p. 11, https://sprc.org/sites/default/files/resource-program/VA_National-Strategy-for-Preventing-Veterans-Suicide2018.pdf (last visited October 15, 2021).

²⁰ VA Veterans Crisis Line, *What to Expect*, <https://www.veteranscrisisline.net/about/what-to-expect> (last visited October 15, 2021).

²¹ *Supra* note 22.

²² RAND Review, *How Private Health Care Providers Could Better Service Veterans*, Nov. 7, 2018, <https://www.rand.org/blog/rand-review/2018/11/how-private-health-care-providers-could-better-serve-veterans.html> (last visited October 15, 2021).

²³ Florida Department of Veterans’ Affairs, *Governor Signs Florida Veteran Suicide Prevention Month Proclamation*, <https://www.floridavets.org/governor-signs-florida-veteran-suicide-prevention-month-proclamation/> (last visited October 15, 2021).

²⁴ Florida Veterans Support Line, *About*, <https://www.myflvet.com/about-1>, (last visited October 15, 2021).

²⁵ Florida Veterans Foundation, *About FVF*, <https://helpflvets.org/about/> (last visited October 15, 2021).

²⁶ Ch. 2021-198, Laws of Fla., creating s. 394.9087, F.S.

The memorial urges the United States Congress to recognize the current crisis of veteran suicide and to fully fund suicide prevention efforts undertaken by the VA.

Copies of the memorial will be sent to the President of the United States, the President of the United States Senate, the Speaker of the United States House of Representatives, and to each member of the Florida delegation to the United States Congress.

Legislative memorials are not subject to the Governor's veto power and are not presented to the Governor for review. Memorials have no force of law, as they are mechanisms for formally petitioning the federal government to act on a particular subject.

B. SECTION DIRECTORY:

Not applicable.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This memorial does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The memorial neither authorizes nor requires executive branch rulemaking.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

None.