



# The Florida Senate

Interim Report 2010-126

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Committee on Military Affairs and Domestic Security

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## MENTAL HEALTH SERVICES AND SUICIDE PREVENTION PROGRAMS FOR VETERANS IN FLORIDA

### Issue Description

Suicide and suicide prevention are areas of great concern to Floridians. Florida's military veterans make up a significant portion of the suicide at-risk population. Recent data indicates that suicide rates among active duty military members are at historical highs. Suicide rates among veterans currently range between one-and-one-half and two-times those of the general population.

In order to further improve suicide prevention efforts for military personnel, the Florida Department of Veterans Affairs and the Statewide Office of Suicide Prevention within the Florida Office of Drug Control recently issued a "Green Paper"<sup>1</sup> that outlines an action plan for returning veterans with substance abuse and mental health needs.

This Interim Report examines the risk of suicide among the state's veteran population, available mental health services and suicide prevention programs for Florida's veterans, the strategies laid out in the Green Paper, and possible courses of action.

### Background

Florida has long recognized the problem of suicide among its residents and has sought means to prevent it. Recent efforts to address suicide and suicide prevention have led to the formation of a Governor's Suicide Prevention Task Force in 2000<sup>2</sup>, and ultimately to the establishment of both the Statewide Office of Suicide Prevention, and the Suicide Prevention Coordinating Council in 2007.<sup>3</sup>

According to a recent study by the Rand Center for Military Health Policy Research, for military veterans, "There is consistent evidence that depression, PTSD (Post Traumatic Stress Disorder), and TBI (Traumatic Brain Injury) all increase the risk for suicide."<sup>4</sup> Additional studies indicate that the development of PTSD is higher among servicemembers who have served multiple combat tours which is a hallmark of both Operation Iraqi Freedom (OIF) and Afghanistan's Operation Enduring Freedom (OEF).<sup>5</sup> Servicemembers are also surviving brain injuries, including both physical trauma and concussion related injuries, at much higher rates than in previous conflicts. The possibility exists that TBI may be contributing to mental health disorders among an increasing population of combat injury survivors.<sup>6</sup>

The Rand report defines PTSD, Major Depressive Disorder (MDD), and TBI as:

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<sup>1</sup> In the Commonwealth of Nations i.e., the United Kingdom, Canada, etc., a "Green Paper" is issued by the government and lays out policy, or proposed action, on a topic of current concern.

<sup>2</sup> Statewide Office of Suicide Prevention website at <http://www.helppromotehope.com/about/history.php>, last viewed on 09/29/2009.

<sup>3</sup> Chapter 2007-46 L.O.F.

<sup>4</sup> Rand Center for Military Health Policy Research, Benjamin R. Karney, Rajeev Ramchand, Karen Chan Osilla, Leah B. Caldarone, and Rachel M. Burns, *Invisible Wounds, Predicting the Immediate and Long-Term Consequences of Mental Health Problems in Veterans of Operation Enduring Freedom and Operation Iraqi Freedom*, April 2008, page xxi.

<sup>5</sup> *Ibid*, Rand, page 1.

<sup>6</sup> See Senate Project Report 2008-145, *Florida Veterans' Healthcare Facilities and Outreach Services*, October 2007 at [http://www.flsenate.gov/data/Publications/2008/Senate/reports/interim\\_reports/pdf/2008-145ms.pdf](http://www.flsenate.gov/data/Publications/2008/Senate/reports/interim_reports/pdf/2008-145ms.pdf), last viewed on 09/29/2009.

- PTSD is an anxiety disorder that occurs after a traumatic event in which there was a threat of serious injury or death, and the individual's response involved intense fear, helplessness, or horror. Among civilians, approximately 8 percent of the population meets criteria for PTSD during their lifetime.
- MDD is a type of mood disorder that consists of several pervasive depressive symptoms that interfere with everyday life functioning. In the United States, about 16 percent of the adult population meets criteria for major depressive disorder.
- TBI is generally described as a trauma to the head that either temporarily or permanently disrupts the brain's function. There are three types of injuries to the brain that can be caused by a blast: primary blast injuries caused by wave-induced changes in atmospheric pressure; secondary blast injuries when objects put in motion by the blast hit people; and tertiary blast injuries when individuals themselves are put in motion by the blast and then hit some object. The majority of TBI seen in the civilian population is Mild TBI which is defined as an injury resulting in the loss of consciousness for up to 30 minutes; loss of memory of the events immediately before and after the accident for as much as 24 hours; becoming dazed, disoriented, or confused as a result of the accident; or any focal neurological deficits that may or may not be transient.<sup>7</sup>

From 5 to 15 percent of OIF and OEF service members are returning with PTSD, 2 to 10 percent with depression, and an unknown number may be suffering from TBI<sup>8</sup> according to the Rand report.<sup>9</sup> Rand further states that, "[t]he presence of any one of these disorders predicts a greater likelihood that an individual will experience other psychiatric diagnoses as well. All three disorders increase an individual's risk for attempting suicide."<sup>10</sup> An estimated 29,000 returning veterans residing in Florida may suffer from PTSD or some form of major depression.<sup>11</sup> Recognition and early diagnosis of PTSD, MDD, and TBI is a major component in developing an effective suicide prevention program.

### Suicide Rates among Active-Duty Servicemembers are at Historically High Levels

The following table illustrates total OIF and OEF self-inflicted wound data resulting in non-hostile deaths as of September 5, 2009.<sup>12</sup>

**Self-Inflicted Non-Hostile Deaths**

Operation:	Total:
Iraqi Freedom	195
Enduring Freedom	34

Source: U. S. Department of Defense

Active duty Army suicides reached a reported historical high in 2008 at 20.2 per 100,000 soldiers.<sup>13</sup> By contrast, the latest available data from 2006 indicates a national suicide rate of 11.1 per 100,000 and a rate of 13.5 per 100,000 for Florida.<sup>14</sup> The following table illustrates this data for ease of visualization.

<sup>7</sup> Ibid, Rand, pages 5-7.

<sup>8</sup> The Congressional Research Service (CRS) cites a Department of Defense figure of 43,799 OIF and OEF patients who have been diagnosed with a TBI injury in calendar years 2003 through 2007 in CRS' *United States Military Casualty Statistics: Operation Iraqi Freedom and Operation Enduring Freedom*, March 25, 2009. The Rand report finds fault with the quality of TBI prevalence data implying that TBI prevalence is significantly under reported.

<sup>9</sup> Ibid, Rand, page 127.

<sup>10</sup> Id.

<sup>11</sup> Florida Department of Veterans' Affairs and Florida Office of Drug Control, Green Paper, *Returning Veterans and Their Families with Substance Abuse and Mental Health Needs: Florida's Action Plan*, January 2009, page 5.

<sup>12</sup> U. S. Department of Defense website for OIF at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oif-total.pdf> and OEF at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/wotsum.pdf>, last viewed on 09/29/2009.

<sup>13</sup> Ibid, CRS, page 3.

<sup>14</sup> McIntosh, J. L. (for the American Association of Suicidology) (2009) *U.S.A. suicide 2006: Official final data*. Washington, DC: American Association of Suicidology, dated April 19, 2009, downloaded from <http://www.suicidology.org>, last viewed on 09/29/2009.

### Comparative Suicide Rates per 100,000

Suicide Category	Rate Per 100,000
U. S. Army (2008)	20.2
U. S. National Population (2006-latest available)	11.1
Florida Population (2006-latest available)	13.5

Source: Congressional Research Service and the American Association of Suicidology

### Completely Accurate Florida Veterans' Suicide Statistics Are Difficult to Determine

Approximately 1.7 million veterans reside in Florida.<sup>15</sup> Fairly accurate information is known about the approximately one-third of Florida's veterans population that is enrolled in the U. S. Department of Veterans Affairs (USDVA) health care system. Suicide rates among the remaining two-thirds of the population are difficult to determine because there is no nationwide system for tracking suicide among all veterans. Lack of a nationwide system creates a barrier for the USDVA to otherwise learn of a veteran's suicide.<sup>16</sup>

Population-based studies have indicated that male veterans face roughly twice the risk of dying from suicide compared to their civilian counterparts.<sup>17</sup> The national rate of suicide among veterans is estimated to be somewhere in a range of between 17.5 and 22 per 100,000.<sup>18</sup>

### Treatment and Suicide Prevention Resources Available to Florida's Veterans

Senate Interim Report 2008-145 identified gaps in mental health services for Florida's veterans.<sup>19</sup> Such services are provided through the USDVA health care system. Senator Daniel K. Akaka, Chairman, U. S. Senate Committee on Veterans' Affairs, stated, "[T]he Department of Veterans' Affairs faces a dangerous shortage of health care professionals. Around the country, services for veterans at too many facilities are limited due to staffing shortages, from nurses to senior executives to psychologists. VA competes with other health care systems for employees, and too often comes up short."<sup>20</sup>

There has been improvement since Senate Interim Report 2008-145. Since 2005, USDVA has hired nearly 3,800 mental health care workers nationwide – including physicians, nurses, pharmacists, social workers, and clinical psychologists. The department intends to add an additional 500 workers to complete a funded plan for a total of 4,300 new workers.<sup>21</sup> The improvement in USDVA's staffing has come at the expense of local community mental health providers who have lost staff to the better paying federal veterans' health care system.<sup>22</sup>

Those veterans outside the USDVA health care system who seek mental health services must rely on private sector and local level public community-based mental health care providers. Florida currently employs almost 86,000 social workers and community and social services specialists. These employees provide a full range of services over 14 occupational categories from educational, vocational, and school counseling to mental health and substance abuse counseling. A substantial portion of these workers can contribute to suicide prevention through education and outreach within their subspecialties. The need for these specialists is expected to grow to more than 102,000 by 2016.<sup>23</sup>

<sup>15</sup> Florida Department of Veterans' Affairs, *Annual Report July 1, 2007-June 30, 2008*, dated December 31, 2008.

<sup>16</sup> Congressional Research Service, *Suicide Prevention Among Veterans*, May 5, 2008, page CRS 2.

<sup>17</sup> *Ibid*, Rand, page 66.

<sup>18</sup> *Ibid*, FDVA and FODC Green Paper, page 5

<sup>19</sup> *Ibid*, Senate Interim Report 2008-145, page 6.

<sup>20</sup> Chairman Daniel K. Akaka statement before the U. S. Senate Committee on Veterans' Affairs, Oversight Hearing: Making VA the Workplace of Choice for Health Care Professionals, April 9, 2008.

<sup>21</sup> Zigmond, Jessica, "Brain Drain," *Modern Health, Special Report*, February 18, 2008, page 1.

<sup>22</sup> *Id.*

<sup>23</sup> Florida Agency for Workforce Innovation, *Florida Jobs by Occupation*, at <http://www.labormarketinfo.com/ep/index.htm>, last viewed on 09/29/2009.

Community-based crisis counseling is available for all persons throughout Florida, either on site or through crisis hotlines.<sup>24</sup> In addition, the USDVA has developed a suicide prevention strategy for veterans within the department's health care system. This strategy includes the following key components:

- Comprehensive surveillance, research, and program evaluation activities aimed at USDVA program quality improvement;
- Education, training, and clinical quality improvement for department staff;
- Suicide Prevention Coordinators established at all department medical facilities;
- Multi-level suicide prevention through universal, selective, and indicated interventions;
- A subdivision of the National Suicide Prevention Hotline oriented specifically to military personnel and veterans and staffed by specially trained USDVA crisis counselors; and
- Use of new evidence-based clinical treatment modalities.<sup>25</sup>

In addition, the Department of Defense (DOD) and USDVA have undertaken initiatives as prescribed in the National Defense Appropriation Act of 2008 to improve medical and support services provided to the National Guard and Reserves. The main focus has been to improve the flow of patient information between the departments in order to better meet patient needs.<sup>26</sup> These efforts were reviewed by the Blue Ribbon Work Group on Suicide Prevention which made the recommendation that the issue of confidentiality of health records of OIF/OEF servicemembers who receive care through the Veterans Health Administration (VHA) should be clarified.<sup>27</sup>

Patient information confidentiality is of particular importance to National Guard and Reserve members who are generally entitled to VHA care when not on active duty. Senate Interim Report 2008-145 discussed the reluctance of some servicemembers to seek appropriate mental health treatment which may be perceived as detrimental to ones service career.<sup>28</sup> Anecdotal interviews by Senate committee professional staff indicated that this reluctance still exists among some servicemembers.

The DOD has established a continuum of health needs assessments for servicemembers including National Guard, Reserve, and active duty personnel. One health assessment is administered before deployment, another at about the time of return from deployment, and a third 90 to 180 days after the deployment.<sup>29</sup> This third assessment which is known as the Post-Deployment Health Reassessment (PDHRA) is important because the prevalence of PTSD and depression increases as the time since deployment increases.<sup>30</sup>

The Florida National Guard (FLNG) has a number of programs designed to promote mental health and suicide prevention, including:

- The National Guard Psychological Health Program which provides free mental health psychosocial assessments for Guard members and their families who may have behavioral health issues. The program educates Guard members and their families on how to access quality behavioral health services. The goal is to improve access to care through coordination with state agencies and community-based behavioral health services;
- Behavioral Health Services are provided by the FLNG's Medical Detachment 4 which is currently staffed with four behavioral health specialists including a psychologist, a social worker, and a psychiatric nurse. These health professionals provide health services during drill periods consistent with their Military

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<sup>24</sup> Florida Suicide Prevention Resource Directory at [http://www.helppromotehope.com/resources/resource\\_map.php](http://www.helppromotehope.com/resources/resource_map.php).

<sup>25</sup> Report of the Blue Ribbon Work Group on Suicide Prevention in the Veterans Population, June 30, 2008, pages 6-8 at [http://www.mentalhealth.va.gov/suicide\\_prevention/Blue\\_Ribbon\\_Report-FINAL\\_June-30-08.pdf](http://www.mentalhealth.va.gov/suicide_prevention/Blue_Ribbon_Report-FINAL_June-30-08.pdf), last viewed on 09/29/2009.

<sup>26</sup> Government Accountability Office, *Recovering Servicemembers: DOD and VA Have Jointly Developed the Majority of Required Policies but Challenges Remain*, GAO-09-728, July 2009, pages 19-20.

<sup>27</sup> *Ibid*, Blue Ribbon Work Group, page ii.

<sup>28</sup> *Ibid*, Senate Interim Report 2008-145, page 6.

<sup>29</sup> Government Accountability Office, *VA and DOD Health Care: Administration of DOD's Post-Deployment Health Reassessment to National Guard and Reserve Servicemembers and VA's Interaction with DOD*, GAO-08-181R DOD's Post Deployment Health Reassessment, January 25, 2008, page 1.

<sup>30</sup> *Ibid*, Rand, page 22.

Occupational Specialties and licensures. The Detachment psychologist serves as the FLNG Suicide Prevention Officer;

- Post-Deployment Health Reassessments;
- Periodic Health Assessments which replace the periodic military medical examination and consists of two phases: A self-assessment phase completed by the Guard member, and a subsequent face-to-face assessment conducted by a health care professional. Like the PDHRA, referrals are made for follow-up care, treatment, or evaluation; and
- A Suicide Prevention Program which provides training to unit-assigned Suicide Intervention Officers, NCO's, chaplains, behavioral health specialists, and leaders on suicide prevention techniques and other behavioral health topics.<sup>31</sup>

### Florida Develops a Veterans' Suicide Prevention Action Plan

A joint effort between the FDVA and the Florida Office of Drug Control (FODC) has developed a suicide prevention action plan to address the needs of veterans. The goals of the plan include methods to:

- Identify and enroll all of Florida's eligible veterans into VA medical care;
- Address delays affecting care delivery to veterans new to VA medical care;
- Better coordinate mental health care delivery so as not to aggravate a patient's condition by long wait times for appointments;
- Ensure that veterans complete their full regimen of mental health care;
- Prevent suicides among returning veterans with substance abuse and/or mental health needs;
- Assist Florida's rural veterans who may have difficulty traveling to VA facilities;
- Improve the state's outreach efforts to all returning veterans and their families to increase their awareness of the benefits and services to which they are entitled;
- Continue and improve efforts to reduce the stigma some veterans feel in seeking mental health care;
- Craft state laws that provide for coordination and communication among the various state agencies and the VA when providing mental health, substance abuse, and suicide prevention services to returning veterans; and
- Assist the families of Florida's veterans.<sup>32</sup>

The action plan estimates that as many as 29,000 returning veterans residing in Florida may suffer from PTSD or some form of major depression. To meet the needs of returning veterans, the plan provides four basic strategies.<sup>33</sup>

- Strategy 1: Outreach – Explore new ways to make individual contacts with OIF/OEF returning veterans and their families to help them access services and benefits and prevent suicides. The state will work to improve shared data capacity to identify all OIF/OEF returning veterans and assist them in enrolling for benefits and substance abuse and/or mental health services;
- Strategy 2: Continuum of Care – Identify gaps in the Veteran and Community-Based Mental Health/Substance Abuse Service System from the perspectives of VA hospitals and Veteran's Centers, community-based substance abuse and mental health providers, and family members of returning OIF/OEF veterans. The action plan calls for the development and dissemination of a reports/tool kit to provide for the education and training of health care providers;
- Strategy 3: Financing – Recommend a comprehensive funding system to meet plan goals including the possible development of a Medicaid waiver, managed care arrangement, or a state plan amendment; improve federal grant writing capabilities; and identification of action plan funding priorities; and
- Strategy 4: Public and Political Will – Request Governor and Cabinet level support for the action plan; identify regional/community champions to coordinate existing resources; engage state leaders that have the appropriate resources such as legislative leaders, Council of 100, and other leading business groups

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<sup>31</sup> Florida National Guard Information Paper, *Florida National Guard Mental Health/Suicide Prevention Programs*, September 14, 2009, pages 1-2.

<sup>32</sup> Ibid, FDVA and FODC Green Paper, page 6.

<sup>33</sup> These strategies will also benefit the existing population of veterans from other conflicts including WW II, Korea, Vietnam, and the First Gulf War.

and non-profits; gain veterans' approval and support; and involve the public through the publishing of a Green Paper.<sup>34</sup>

### What is Florida's Role in Preventing Veterans' Suicide?

FDVA's mission is one of veterans' advocacy. To meet this mission, the department has established overarching strategic goals including:

- Provide information, advocacy, and quality long-term health care services to Florida veterans; and
- Improve the economic status of Florida veterans, their families, and survivors.<sup>35</sup>

The department provides veterans with assistance in pursuing their benefit claims, conducts training and outreach, and operates a system of domiciliary and long term nursing home facilities. Providing health care, mental health and substance abuse counseling, and other veterans counseling services, is the traditional role of USDVA for which it is funded by Congress.

The Statewide Office of Suicide Prevention's mission is to develop and implement, in collaboration with the Suicide Prevention Coordinating Council, the statewide Florida Suicide Prevention Strategy, and to assist communities in carrying out suicide prevention efforts locally. The office, within the limits of available resources:

- Develops a network of community-based programs to improve suicide prevention initiatives. The network shall identify and work to eliminate barriers to providing suicide prevention services to individuals who are at risk of suicide. The network shall consist of stakeholders advocating suicide prevention, including, but not limited to, not-for-profit suicide prevention organizations, faith-based suicide prevention organizations, law enforcement agencies, first responders to emergency calls, suicide prevention community coalitions, schools and universities, mental health agencies, substance abuse treatment agencies, health care providers, and school personnel;
- Increases public awareness concerning topics relating to suicide prevention; and
- Coordinates education and training curricula in suicide prevention efforts for law enforcement personnel, first responders to emergency calls, health care providers, school employees, and other persons who may have contact with persons at risk of suicide.<sup>36</sup>

The Suicide Prevention Coordinating Council assists the Statewide Office of Suicide Prevention by providing advice on the development of the statewide suicide prevention plan. The council is chaired by the director of the Office of Drug Control with 28 appointed members representing the community of stakeholders who have expertise in suicide programs and prevention. The council is tasked with making findings and recommendations regarding suicide prevention programs and activities.<sup>37</sup>

## Findings and/or Conclusions

Senate professional staff makes the following findings and conclusions:

1. Florida's suicide rate in general, 13.5 per 100,000, exceeds the national suicide rate, 11.1 per 100,000. Both are significantly exceeded by the best available national estimate for suicides among veterans which is within a range of from 17.5 to 22 per 100,000.
2. Post Traumatic Stress Disorder, Major Depressive Disorder, and Traumatic Brain Injury diagnoses among active duty military personnel and recently returned veterans are on the rise and are considered causal factors in increased rates of suicide among veterans.

<sup>34</sup> Ibid, FDVA and FODC Green Paper, pages 9-12.

<sup>35</sup> Ibid, FDVA Annual Report, pages 5-8.

<sup>36</sup> Statewide Office of Suicide Prevention website at <http://www.helppromotehope.com/about/mission.php>, last viewed on 09/29/2009.

<sup>37</sup> Section 14.20195, F.S.

3. The U. S. Department of Defense, the U. S. Department of Veterans' Affairs, and the Florida National Guard have instituted programs to address the problem of high levels of suicide among servicemembers. USDVA has taken steps to significantly increase its mental health professional staff but this increase has likely come at the expense of community-based programs
4. The U. S. Department of Veterans' Affairs is assigned the role of providing health care, including mental health and substance abuse treatment, for veterans. Concomitant with that role is a responsibility to conduct education and outreach to veterans, and provide for suicide prevention programs for veterans. USDVA is funded for this purpose by Congress.
5. The Florida Department of Veterans' Affairs provides veterans with assistance in pursuing their benefit claims, conducts training and outreach, and operates a system of domiciliary and long term nursing home facilities. Suicide prevention falls within the scope of the department's advocacy and outreach roles.
6. The Statewide Office of Suicide Prevention develops and implements, in collaboration with the Suicide Prevention Coordinating Council, the statewide Florida Suicide Prevention Strategy, and assists communities in carrying out suicide prevention efforts locally.
7. Florida has an organizational structure in place that can provide leadership and assistance in developing suicide prevention programs; however, these state agencies lack the funding to implement additional efforts beyond current levels. While Florida may be able to implement improvements at the margins, the state relies on federal initiatives and funding to improve suicide prevention programs for veterans. In the near term, the state will face increasing demand for suicide prevention services as OIF/OEF veterans enter the civilian world.

## Options and/or Recommendations

Given the current economic climate, initiating new programs presents an almost insurmountable challenge. The Legislature can make an impact on suicide prevention through increased focus on the issue. It is recommended that the Legislature increase its oversight of both military and civilian state suicide prevention efforts, and engage in further leadership opportunities to assist the state's suicide prevention activities through promotion of public information campaigns, education programs for service providers, and support of the suicide prevention action plan developed by the Florida Department of Veterans Affairs, and the Florida Office of Drug Control.