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4 SUICIDE PREVENTION AND TREATMENT: HELPING LOVED ONES IN

5 MENTAL HEALTH CRISIS

6 THURSDAY, SEPTEMBER 18, 2014

7 House of Representatives,

8 Subcommittee on Oversight and Investigations

9 Committee on Energy and Commerce

10 Washington, D.C.

11 The Subcommittee met, pursuant to call, at 11:33 a.m.,

12 in Room 2123 of the Rayburn House Office Building, Hon. Tim

13 Murphy [Chairman of the Subcommittee] presiding.

14 Present: Representatives Murphy, Burgess, Blackburn,

15 Gingrey, Griffith, Johnson, Long, Ellmers, Upton (ex

16 officio), DeGette, Braley, Schakowsky, Castor, Tonko,

17 Yarmuth, and Green.

18 Staff present: Gary Andres, Staff Director; Leighton

19 Brown, Press Assistant; Karen Christian, Chief Counsel,
20 Oversight; Noelle Clemente, Press Secretary; Brad Grantz,
21 Policy Coordinator, Oversight and Investigations; Brittany
22 Havens, Legislative Clerk; Sean Hayes, Deputy Chief Counsel,
23 Oversight and Investigations; Robert Horne, Professional
24 Staff Member, Health; Emily Newman, Counsel, Oversight and
25 Investigations; Mark Ratner, Policy Advisor to the Chairman;
26 Macey Sevcik, Press Assistant; Alan Slobodin, Deputy Chief
27 Counsel, Oversight; Sam Spector, Counsel, Oversight; Jean
28 Woodrow, Director, Information Technology; Peter Bodner,
29 Democratic Counsel; Brian Cohen, Democratic Staff Director,
30 Oversight and Investigations, and Senior Policy Advisor; Lisa
31 Goldman, Democratic Counsel; Hannah Green, Democratic Policy
32 Analyst; Elizabeth Letter, Democratic Professional Staff
33 Member; and Nick Richter, Democratic Staff Assistant.

|

34 Mr. {Murphy.} Good morning. I now convene today's
35 hearing: ``Suicide Prevention and Treatment: Helping Loved
36 Ones in Mental Health Crisis,'' a fitting topic during this
37 National Suicide Prevention Month.
38 In recent weeks we have read what I think were
39 thoughtless, uninformed, and at times callous commentary on
40 the tragic death of Robin Williams. Words describing his
41 death as ``selfish,'' ``heathen'' and ``coward.'' The
42 Academy of Motion Picture Arts & Sciences tweeted out a
43 picture from the movie Aladdin with the caption, ``Genie, you
44 are free.''
45 Now, denigrating the man who died or glorifying suicide
46 as an escape sends the entirely wrong message and trivializes
47 the loss and the pain felt by both the deceased and his or
48 her family.
49 Today, we take the conversation of suicide out of the
50 dark shadow of stigma and into the bright light of truth and
51 hope.
52 Suicide is the deadly outcome of mental illness.
53 Suicide is what happens when depression kills. Suicide is an
54 epidemic and its impact is staggering.
55 Now, I know some have come to me and asked if we could
56 have a hearing on Ebola, and some day we will. It is a

57 deadly infectious disease. But to date, no American has died
58 from Ebola virus.
59 But in 2013, 9.3 million Americans had serious thoughts
60 of suicide; 2.7 million Americans made plans of suicide; 1.3
61 million Americans attempted suicide; and nearly 40,000 died
62 by suicide.
63 Suicide is an American public health crisis. It is a
64 world health crisis, and that results in more lost lives than
65 motor vehicle crashes, homicide, or drug use. As we will
66 hear today, it is the third leading cause of death for young
67 people between ages 15 to 24, and the second leading cause of
68 death for adults ages 25 to 34, and each day, we lose 22
69 veterans to suicide.
70 In 90 percent of suicide, an underlying diagnosis of
71 mental illness was a contributing factor. Suicide is the
72 very definition of a ``mental health crisis.'' The problem
73 is clear and the need for action is urgent. But our national
74 response to this crisis has been tepid and ineffectual at
75 best. The age-adjusted death rates for heart disease,
76 cancer, stroke, and diabetes are all trending downward as the
77 result of a focused public and political will to address
78 them. Yet in that same period, the suicide rate has climbed
79 a stunning 16 percent, despite substantial federal spending
80 over the past 60 years and the development of federal

81 programs and strategies meant to reduce suicide.
82 We have randomized clinical data supporting the
83 effectiveness of certain treatments to prevent suicide.
84 However, it is unclear what we are doing to ensure that
85 evidence-based treatments are reaching out to our loved ones
86 in need.
87 Suicides, and suicidal behavior, remain underreported,
88 undertreated, and cloaked in a stigma that infects our
89 discussion of all aspects of serious mental illness. The
90 existing data collection instruments we use are weak, our
91 research is lagging, and evidence-based treatments often fail
92 to reach those who can be helped. People do not report
93 suicides because of stigma, worry about insurance claims
94 issues or misattribution of causes.
95 Following the December 14, 2012, elementary school
96 shootings in Newtown, Connecticut, this subcommittee has been
97 reviewing mental health programs and resources across the
98 Federal Government with the aim of ensuring that tax dollars
99 reach those individuals with serious mental illness and help
100 them obtain the most effective care. I thank all members of
101 this committee for their dedication to this difficult but
102 important subject.
103 Helping families in mental health crisis remains my
104 highest legislative priority, and if have the courage to

105 confront mental illness head-on I am certain we can save
106 precious lives.
107 Now, as I have been traveling the country meeting with
108 people to talk about mental illness, I have found that some
109 still grossly misunderstand mental illness. They don't argue
110 for the right to be well but I hear judges say that it is not
111 illegal to be crazy. I hear public officials say that they
112 have the right to be mentally ill even when we know that
113 there are genetics and neurological components that cause
114 this illness. It is a brain disease. It is not an
115 uncomfortable way of life. It is not a non-contentious
116 reality. Mental illness is not a state of mind. And people
117 who believe those concepts, that we can just will it away
118 with awareness, I say that such thoughts are unscientific,
119 that it is uninformed, it is immoral, it is unethical, and it
120 is wrong.
121 This subcommittee is dedicated to fight for the right of
122 people to get treatment and the fight for them to be well,
123 and I think all members on both sides of the aisle have been
124 so dedicated in this cause.
125 So today, to provide some perspective on serious mental
126 illness and suicidal behavior, and to begin to dispel the
127 most persistent and pervasive myths and as well as effective
128 strategies for suicide prevention, we will hear from a number

129 of witnesses. First will be the Hon. Lincoln Diaz-Balart,
130 our colleague and our friend who formerly represented
131 Florida's 21st District in Congress; Rear Admiral Boris
132 Lushniak, the Acting Surgeon General; Dr. David Brent, the
133 Endowed Chair in Suicide Studies at the University of
134 Pittsburgh, and Director of the STAR Center, a suicide
135 prevention program for teens and young children; Dr.
136 Christine Moutier, Chief Medical Officer of the American
137 Foundation for Suicide Prevention; and Joel Dvoskin of the
138 University of Arizona. I thank them all for joining us this
139 morning, but I especially appreciate the courage shown by our
140 former colleague, Lincoln Diaz-Balart.

141 Lincoln, by being here today and sharing your story, I
142 know you are helping to save lives. We talk about statistics
143 and numbers. For you it is from the heart, and you give help
144 and hope to those families at risk. So on behalf of all
145 those, quite frankly, of us who have lost a friend or family
146 member to suicide, we thank you for being the voice of all of
147 us.

148 [The prepared statement of Mr. Murphy follows:]

149 *************** COMMITTEE INSERT ***************

|

150 Mr. {Murphy.} And now I would like to give Ranking
151 Member Diana DeGette an opportunity to deliver remarks of her
152 own.
153 Ms. {DeGette.} Thank you very much, Mr. Chairman. Your
154 dedication to this issue shows, and I want to commend you for
155 trying to work in a bipartisan way to actually do something
156 about it.
157 Suicide takes the lives of about 40,000 Americans every
158 year, and of course, that leaves behind millions of
159 devastated parents, children, spouses, and friends. So if
160 there is anything that we can do in this committee to help
161 suicide prevention efforts, we should do so, and I want to
162 thank all the witnesses for coming over today and talking to
163 us.
164 I particularly want to thank our former colleague,
165 Lincoln Diaz-Balart, who is going to talk today about his
166 son, Lincoln Gabriel Diaz-Balart, who suffered from mental
167 illness and committed suicide last year. I can't imagine as
168 the parent of two young women how you could come do this, and
169 I want to thank you for coming, and I want to let you know
170 that our hearts and sympathy go to you and your family.
171 We also have Dr. Boris Lushniak, the Acting Surgeon
172 General; Dr. Christine Moutier, who is the Chief Medical

173 Officer from the American Foundation of Suicide Prevention;
174 David Brent, a Professor in Psychiatry from the University of
175 Pittsburgh; and Dr. Joel Dvoskin, a Clinical and Forensic
176 Psychologist, and member of the University of Arizona faculty
177 who is here today. All of you should give us a really
178 diverse view on what we can do to begin to deal with this.
179 We have talked a lot of time in this subcommittee this
180 past year about mental health issues. We have learned a lot
181 of important things. We have learned about the need to
182 appropriately target mental health funding and the need to
183 adequately fund mental health research. We have learned
184 about the importance of health insurance that provides
185 coverage for people with mental illnesses and why the mental
186 health parity of the Affordable Care Act has made such a big
187 difference for those patients and their families. I think
188 that the testimony that we will take today will only help us
189 expand our understanding.
190 Some of these issues I know are politically sensitive,
191 and Mr. Chairman, I know how badly you want to pass
192 comprehensive mental health legislation. I support that
193 goal. We have been working assiduously to try to come up
194 with a bipartisan bill that can be accepted by the leadership
195 on both sides of the aisle, and we have Democrats who stand
196 willing and able, as you know, Mr. Chairman, who have sat

197 down with you, who have sat down with other members on both
198 sides of the aisle to put this bill together, and so I really
199 think it is precisely because we have spent so much time on
200 the issues that if we didn't put the lessons that we had
201 learned in these oversight hearings to practice in
202 legislation, then it may all be for naught.

203 This subcommittee has limited time and resources, and
204 frankly, these mental health issues are one of the very
205 important issues that we have tackled in this Congress, but
206 we have also done a lot of other productive work this
207 Congress on drug compounding that led to bipartisan
208 legislation. We have had some high-profile hearings on the
209 GM debacle. I am hoping that that will result in legislation
210 to improve motor vehicle safety.

211 And I am also disappointed because I do think there are
212 a couple of other issues that we could look at even before
213 the election but certainly before the end of this Congress.
214 The first one I have requested a hearing on is the Ebola
215 outbreak, and I am sure, Mr. Chairman, you did not mean to
216 imply that simply because no American lives have been lost
217 that we shouldn't look at this because there have been
218 hundreds of lives lost in Africa and with the potential of a
219 pandemic if we don't address this issue. And so I think it
220 would be very useful to have a hearing before the end of the

221 year on Ebola in this subcommittee, and I think we could
222 really help see what our public health system is doing to
223 help address these issues.
224 The second letter that you have, Mr. Chairman, and I
225 have talked to Chairman Upton about this, is a letter asking
226 this subcommittee to look at the way that the NFL and the
227 other sports leagues are addressing domestic violence. This
228 committee has oversight over major league sports, and
229 frankly, the way that domestic violence has been minimized in
230 the NFL and other sports leagues deserves investigation by
231 this committee. There is still time to do this, and I would
232 hope that we could work in a bipartisan way to make this
233 happen.
234 I also hope that we can make progress on the goals of
235 today's hearing, which is reducing suicides and improving
236 suicide prevention efforts.
237 So Mr. Chairman, thank you for calling this hearing. I
238 look forward to working with you on this issue and all of the
239 many issues that we face, and most importantly, retaining our
240 committee's jurisdiction over all of these issues. I am
241 trying to channel Mr. Dingell today. Thank you very much.
242 [The prepared statement of Ms. DeGette follows:]

243 *************** COMMITTEE INSERT ***************

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244 Mr. {Murphy.} Thank you. I appreciate it. The
245 gentlelady yields back. I now recognize the chairman of the
246 full committee, Mr. Upton, for 5 minutes.
247 The {Chairman.} Well, thank you, Mr. Chairman, and I
248 appreciate your statement at the beginning and Ms. DeGette's
249 as well.
250 So today we are here to examine the domestic, and indeed
251 global, public health crisis that is suicide. It has been
252 noted that 40,000 Americans every year commit suicide. This
253 hearing is a natural outgrowth of this subcommittee's
254 groundbreaking investigation of federal programs addressing
255 serious mental illness following the December 2012 tragedy in
256 Newtown, Connecticut, and I know for a fact that probably
257 every member here on this committee but our colleagues and
258 our friends and neighbors at home in fact have been impacted
259 with someone who has committed suicide.
260 No discussion of the full burden on our society of
261 serious mental illness is complete without a discussion of
262 suicide. For over 90 percent of them, the victim had been
263 diagnosed with, yes, a mental illness. And tragically, our
264 Nation's vets are one of the populations hardest hit by the
265 crisis. While one in ten Americans has served our country,
266 sadly over the last couple of years, one in every five

267 suicides has involved a vet.

268 Like other areas covered by our committee's work on 21st
269 Century Cures, success will depend on our ability to close
270 the gaps between advances in scientific knowledge about
271 treating serious mental illnesses, which have been extensive,
272 and how the Federal Government prioritizes and delivers these
273 treatments to the most vulnerable populations. Our delivery
274 of mental health services must keep up with the impressive
275 pace of research and innovation in the field.

276 There is significant public misunderstanding and
277 misperceptions for sure regarding suicide. We hope that our
278 ongoing work will educate the public about the many
279 treatments available to address serious mental illnesses and
280 help correct misconceptions that stand in the way of access
281 to life-saving mental health care for many of the most
282 vulnerable of our friends, family, and neighbors. The
283 Federal Government has spent billions of dollars on the
284 worthy effort of minimizing the impacts of mental illness
285 over the last couple of years; we need to ensure that these
286 investments can make a difference.

287 I appreciate the witnesses that are here, particularly
288 our good friend, Mr. Lincoln Diaz-Balart.

289 [The prepared statement of Mr. Upton follows:]

290 *************** COMMITTEE INSERT ***************

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291 The {Chairman.} I yield to Dr. Burgess, who will yield
292 to Ms. Blackburn.
293 Dr. {Burgess.} Thank you, Mr. Chairman, and thank you
294 for bringing us here during Suicide Prevention Month. My
295 thanks to the witnesses for presenting today. Thank you, Mr.
296 Chairman, for correctly outlining that suicide amongst
297 veterans that have recently attracted national headlines, and
298 appropriately so. Perhaps this morning we will learn
299 something about what has been learned and what is being done.
300 I also want to highlight a particular population that is
301 often overlooked when we discuss suicide and suicide
302 prevention, and that is the Nation's physicians. America's
303 doctors, the people on the front lines of suicide prevention,
304 are some of the most at risk of suicide and having suicidal
305 thoughts. This is troubling, and I hope we can hear how it
306 is being addressed. Physicians and dentists are the most
307 likely occupations to take their own lives. Physicians are
308 more than twice as likely, and as it turns out, female
309 physicians are more than three times likely to commit
310 suicide, and it also affects a disproportionate share of
311 young doctors. Dr. Brent's testimony states that insomnia is
312 the single most significant predictive symptom for suicide,
313 and what I would be interested in hearing, is that because a

314 symptom of worsening depression or is in fact a causative
315 factor that exacerbates some of the things that lead one to
316 contemplate taking their own life. The medical profession
317 deals with many challenges. Perhaps the most prominent
318 challenge is that not every patient can be fixed. Watching
319 patients suffers can be very isolating and it can take a
320 toll.

321 We are here today to begin a discussion about why this
322 is the case and how Congress can help, and I look forward to
323 hearing our witnesses, and yield to the gentlelady from
324 Tennessee, the vice chair of the full committee.

325 [The prepared statement of Dr. Burgess follows:]

326 *************** COMMITTEE INSERT ***************

|

327 Mrs. {Blackburn.} I thank you, Dr. Burgess, and I do
328 welcome our witnesses.
329 I want us to think about this: 105. That is the number
330 of individuals that will take their life today: 105. Many
331 more will attempt it, and as we have prepared for the
332 hearing, one of the things that I have found interesting and
333 of note is that through the decades with all the research,
334 with millions of taxpayers' spent, what we have not seen is a
335 reduction in the suicide rates, the number of suicides that
336 are attempted and committed, and I know we are all seeking to
337 find answers to this. We each have been touched by those
338 that have attempted or have committed suicide, and it is a
339 very tender issue.
340 I have the Centerstone Research Institute in Nashville
341 that has done tremendous work on the issue of youth suicide
342 and is working with the juvenile justice system, and Mr.
343 Chairman, I would like to submit a letter for the record from
344 Centerstone.
345 Mr. {Murphy.} Without objection, yes.
346 [The information follows:]

347 *************** COMMITTEE INSERT ***************

|

348 Mrs. {Blackburn.} And with that, I thank the witnesses

349 and yield back.

350 [The prepared statement of Mrs. Blackburn follows:]

351 *************** COMMITTEE INSERT ***************

|

352 Mr. {Murphy.} Thank you. I now recognize Ms.
353 Schakowsky for 5 minutes.
354 Ms. {Schakowsky.} Thank you, Mr. Chairman. I want to
355 thank you for holding this hearing. Suicide affects many,
356 many people. It has been close to me as well, and it is
357 entirely appropriate that we address this topic.
358 I want to tell you, our dear former colleague, Lincoln
359 Diaz-Balart, how much I appreciate, I think we all
360 appreciate, your coming here today. It takes a special kind
361 of guts to come here and talk about your son Lincoln, who
362 suffered from mental illness, committed suicide last year,
363 and I can only imagine the pain of losing a child to suicide.
364 My heart goes out to you.
365 Mr. Chairman, I applaud your legislative and oversight
366 efforts this Congress on mental health issues, and I know
367 that you are really trying to make a difference, but I am
368 disturbed by what appears to be a growing disconnect between
369 the facts we hear at oversight hearings and our failure to
370 heed those facts when it comes to writing legislation. We
371 have heard a few ongoing themes at this Congress's mental
372 health hearings and forums. We have heard about the
373 importance of high-quality health insurance coverage for
374 those with serious mental illness. Individuals suffering

375 from mental illness need broad coverage. They need
376 continuity of care. They need to be able to afford their
377 treatments. Witness after witness has told us the same
378 thing, and we will hear the same thing today. Earlier this
379 year, the president of the American Psychological Association
380 said that the availability of this coverage under the
381 Affordable Care Act represented ``a watershed moment in the
382 effort to prevent suicide.''
383 But Mr. Chairman, some of the Republican legislative
384 approaches have ignored this evidence. Your colleagues have
385 voted over 50 times to dismantle Obamacare and take health
386 insurance away from millions of Americans. And Mr. Chairman,
387 we have also heard about the importance of adequately funding
388 mental health research. We hear the same about funding for
389 suicide prevention efforts today. But Mr. Chairman, the
390 Republican legislative approach has ignored this evidence.
391 Again and again, your colleagues have voted on funding on an
392 appropriations bill including sequestration and the Ryan
393 budget that have resulted in stagnant budgets for mental
394 health research. And today, Mr. Chairman, we will hear about
395 the availability of guns as a risk factor for suicide. Dr.
396 Brent's testimony says that among healthy youths, and I
397 quote, ``The only factor that differentiated suicides and
398 controls was the presence of a loaded gun in the house.''

399 But Mr. Chairman, when we talk about legislation to improve
400 mental health outcomes, prevent mass violence, prevent
401 suicide, your Republican colleagues refuse to even consider
402 guns as part of the problem.
403 The purpose of our oversight hearings ought to be to
404 inform the legislative process, but in this committee, that
405 is not happening. Over and over again, our witnesses tell us
406 one thing but the Republican majority does something else.
407 That is a shame, Mr. Chairman. I hope we can listen
408 carefully to our witnesses today and finally act on what they
409 tell us.
410 And I would like to yield the remainder of my time to
411 Congresswoman Castor.
412 [The prepared statement of Ms. Schakowsky follows:]

413 *************** COMMITTEE INSERT ***************

|

414 Ms. {Castor.} I thank my friend, Congresswoman
415 Schakowsky, for yielding the time, and I want to thank you,
416 Mr. Chairman and Congresswoman DeGette, for continuing to
417 focus on the challenges families have all across this country
418 with mental health issues, and I would like to welcome our
419 former colleague, Lincoln Diaz-Balart from Florida. Lincoln,
420 you are representing families all across this country in
421 speaking out on their behalf, and I want to thank you for
422 your courage in talking about your son and his depression and
423 suicide last year, and thank you for encouraging improvements
424 in public policy when it comes to suicide prevention, and
425 here is why this is so important. In America, the rates of
426 suicide are going up, particularly among young people and
427 veterans. There is some distressing news that yes, as
428 Congresswoman Schakowsky summarized, there have been budget
429 cuts to the National Institutes of Health, the Centers for
430 Disease Control, substance abuse and mental health treatment,
431 and it is going to be much more difficult to tackle these
432 problems if we remain in this atmosphere of devolution.
433 But the good news is that the Affordable Care Act is now
434 providing courage to millions of previously uninsured
435 Americans requires that all new individual and small group
436 insurance plans cover mental health and substance abuse

437 disorder services as one of the ten essential health
438 benefits. Plans are required to coverage these services at
439 parity with medical and surgical benefits, significantly
440 expanding lifesaving services. A February 2014 report by the
441 American Mental Health Counselors Association found 6.6
442 million uninsured adults with serious mental health and
443 substance use conditions will be eligible now for health
444 insurance coverage including coverage for mental health and
445 substance abuse through the new Affordable Care Act
446 marketplaces and exchanges.
447 The president of the Psychological Association of
448 American said that notwithstanding the politics of the
449 Affordable Care Act, the prospect that millions of Americans
450 will have health insurance covering mental health benefits at
451 a level comparable with their physical health care is a
452 watershed moment that could truly destigmatize mental health
453 care and suicide prevention services.
454 Thank you. I yield back.
455 [The prepared statement of Ms. Castor follows:]

456 *************** COMMITTEE INSERT ***************

|

457 Mr. {Murphy.} Thank you.

458 I would now like to introduce our first witness. He is
459 the Hon. Lincoln Diaz-Balart, an attorney and consultant
460 based in Miami, Florida. He is a former Member of Congress,
461 where he served with great distinction between 1993 and 2011.
462 He is here today to share for the first time a moving and
463 personal story about Lincoln Gabriel. I greatly appreciate
464 you being here, Lincoln. Normally at this time we would
465 swear in a witness, but after consulting with the chairman
466 and the ranking member, we all agree that an oath to be sworn
467 is not necessary today because you speak from the heart, and
468 the heart binds a voice to the truth far greater than a mere
469 oath would.

470 So with that, I will now give you time for your opening
471 statement.

|

472 ^TESTIMONY OF HON. LINCOLN DIAZ-BALART, FORMER MEMBER OF
473 CONGRESS

474 } Mr. {Diaz-Balart.} Mr. Chairman and Ranking Member
475 DeGette and members of the committee, when you called, Mr.
476 Chairman, last week and graciously asked if I would consider
477 speaking here today, I consulted with my son Daniel. He and
478 his older brother, our dearly beloved Lincoln Gabriel--LG--
479 were very close, and I have ultimate trust in Daniel's
480 judgment. I explained to Daniel what you had told me, Mr.
481 Chairman, with the subcommittee, the experts, the Surgeon
482 General, who will testify here, will consider helping loved
483 ones in mental health crisis. Daniel's words were, ``Of
484 course LG would want you to be there. If one person who
485 might not otherwise get help is able to get treatment because
486 of that hearing and its aftermath, LG would be happy.''
487 My son Lincoln Gabriel was a blessing to all who got to
488 know him. He was all love. His was not a theoretical love.
489 It was a constant, practical love demonstrated by his daily
490 actions, and above all by his deep respect for all human
491 beings. LG was ultimately generous. He was intelligent,
492 courageous and of profound religious faith. He never allowed
493 his illness, his deep depression, for which he took

494 medication, to stop him from demonstrating his respect and
495 his love for all human beings he came across.
496 Christina, Daniel and I miss him dearly, and we will
497 continue to miss him for the rest of our days in the hope of
498 our ultimate reunion with him.
499 Congress honored Ukraine today by receiving its
500 president in a joint meeting. After their Orange Revolution,
501 I went to Ukraine in December 2005, and the First Lady at the
502 time, Mrs. Yushchenko, asked if my community would be able to
503 help some of Ukraine's most severely handicapped, physically
504 handicapped, children. I said yes, so in October 2007, 10
505 children arrived in south Florida from Ukraine needing
506 prosthetics for arms or legs, or both. Our community and
507 some south Florida firms responded admirably. Nine of the
508 ten children were fitted with prosthetics. But I remember my
509 then-chief of staff, Anna Carbanel, calling me from the
510 airport when the children arrived explaining we have so much
511 work to do with one particular young woman, 18-year-old
512 Natalia. Natalia, a beautiful young woman, was born with
513 extremely small arms and legs, and her back structure did not
514 allow her to sit up. Hers was not a case for prosthetics.
515 It was much more serious. She lived each day on a small
516 wooden platform with wheels face down. The First Lady of
517 Ukraine had been very impressed by the fact that despite her

518 physical disability, Natalia is an artist. She paints with a
519 brush she holds with her teeth.

520 But Natalia's dream was to be able to sit in a
521 wheelchair and face life sitting up. She had had multiple
522 surgeries in Ukraine but they had failed. A south Florida
523 surgeon, Dr. Hadi Barvataneni, volunteered to operate. The
524 community donated the funds to pay for her hospital stay.
525 Natalia's surgery was successful. After her surgery and
526 rehabilitation, she was able to sit upright and live
527 independently in her new wheelchair.

528 She stayed in south Florida for months for her
529 rehabilitation. Anna Carbanel and her husband, Gus Munghill,
530 opened their home to her. During those months, LG became
531 Natalia's friend. He was so proud of what our community had
532 done for those children. LG's first and his last Instagram
533 posts were photographs of Natalia's paintings. I carry his
534 last Instagram post with me. Some friends of LG's wrote
535 ``This is pretty cool. Who painted it?'' ``A family friend
536 from Ukraine named Natalia,'' LG answered.

537 I have never met anyone more respectful of all human
538 beings than my son Lincoln Gabriel. As I said, he was all
539 love. I must admit I believed that all you need is love. I
540 never thought our tragedy of May 19, 2013, was possible, but
541 it was possible. Sometimes love is not enough.

542 Assertive proactive intervention is sometimes required
543 to get needed treatment to those in mental health crisis, and
544 thorough discussion of their illness with those who are sick.
545 I have come before you today to thank you for focusing
546 on this painful issue and to thank the mental health experts,
547 the physicians, those in the NGOs, in the Executive Branch,
548 the Surgeon General, all those working to prevent tragedies
549 such as the one my family experienced. Please, find common
550 ground. Overcome differences in order to make progress.
551 As my son Daniel said, if one person who might not
552 otherwise get help is able to get treatment because of this
553 hearing and its aftermath, LG would be happy.
554 Thank you.
555 [The prepared statement of Mr. Diaz-Balart follows:]

556 *************** INSERT A ***************

|

557 Mr. {Murphy.} We thank our friend and our colleague for
558 his words of motivation and challenge, and we will heed that
559 challenge.
560 Now, as our next sit of witnesses is coming to the
561 table, I will read your introductions. Please have a seat as
562 your nameplate is put down.
563 We are going to be joined today by Rear Admiral Boris
564 Lushniak, who is the Acting United States Surgeon General.
565 He oversees the operation of the U.S. Public Health Service
566 Commissioned Corps comprised of approximately 6,800 uniformed
567 health officers. Also, Dr. David Brent is the Endowed Chair
568 in Suicide Studies and Professor of Psychiatry, Pediatrics,
569 Epidemiology and Clinical and Translational Science at the
570 University of Pittsburgh. Dr. Christine Moutier is the Chief
571 Medical Officer of the American foundation of Suicide
572 Prevention, and Dr. Joel Dvoskin is an Assistant Professor of
573 Psychiatry at the University of Arizona and is here today on
574 behalf of the American Psychological Association.
575 I will now swear in the witnesses. You are aware that
576 the committee is holding an investigative hearing, and when
577 so doing has the practice of taking testimony under oath. Do
578 any of you have an objection to taking testimony under oath?
579 Seeing none, the chair then advises you that under the rules

580 of the House and the rules of the committee, you are entitled
581 to be advised by counsel. Do any of you desire to be advised
582 by counsel during your testimony today? You all say no. In
583 that case, if you would please rise and raise your right
584 hand, I will swear you in.

585 [Witnesses sworn.]

586 Mr. {Murphy.} And all have answered affirmatively, so
587 you are now under oath and subject to the penalties set forth
588 in Title XVIII, Section 1001 of the United States Code. I am
589 going to ask you each to give a 5-minute opening statement.
590 We will begin with Dr. Lushniak.

|

591 ^TESTIMONY OF REAR ADMIRAL BORIS LUSHNIAK, M.D., U.S. ACTING
592 SURGEON GENERAL; DAVID BRENT, M.D., ENDOWED CHAIR IN SUICIDE
593 STUDIES, AND PROFESSOR OF PSYCHIATRY, PEDIATRICS,
594 EPIDEMIOLOGY, AND CLINICAL AND TRANSLATIONAL SCIENCE,
595 UNIVERSITY OF PITTSBURGH; CHRISTINE MOUTIER, M.D., CHIEF
596 MEDICAL OFFICER, AMERICAN FOUNDATION FOR SUICIDE PREVENTION;
597 AND JOEL A. DVOSKIN, ASSISTANT PROFESSOR OF PSYCHIATRY,
598 UNIVERSITY OF ARIZONA

|

599 ^TESTIMONY OF BORIS LUSHNIAK

600 } Admiral {Lushniak.} Thank you so much, Chairman Murphy,
601 Ranking Member DeGette and members of the subcommittee.
602 What a way to start in terms of hearing the words of the
603 Hon. Lincoln Diaz-Balart. Oftentimes in public health we get
604 caught up, certainly in subcommittees we get caught up. We
605 get caught up in numbers, we get caught up in programs, we
606 get caught up in initiatives and successes and failures. I
607 submit to you, sir, starting off with a personal and poignant
608 such as presented to us really sets the tone for what all
609 this about, that this ends up being that one life at a time,
610 and yet we know that although he came here very heroically to
611 discuss the story of his son and their family's tragedy, the

612 repercussions of that spread out, and each and every year, as
613 we already heard, almost 40,000 people have stories like
614 that. Let us remember those 40,000. Let us focus on the
615 public health impact of this terrible scourge in our land.
616 I want to share with you the opening dedication of this,
617 the 2012 National Strategy for Suicide Prevention, and it
618 goes like this. To those who have lost their lives by
619 suicide to those who struggle with thoughts of suicide, to
620 those who have made an attempt on their lives, to those
621 caring for someone who struggles, to those left behind after
622 a death by suicide, to those in recovery and to all those who
623 worked tirelessly to prevent suicide and suicide attempts in
624 our Nation.
625 This is one of those quintessential components of any
626 program, of any initiative, certainly initiatives out of the
627 Office of the Surgeon General that it is not one person, it
628 is not one group. It is incredible clinicians as I have to
629 the left of me. It is incredible political structures and
630 leaders that I see in front of me. It takes that proverbial
631 village to have success in public health.
632 For over a decade, the Office of the Surgeon General has
633 led in this topic matter. This has been a priority. Surgeon
634 General David Satcher back in 1999 put out the first call to
635 action, and in 2001, the National Strategy for Suicide

636 Prevention. Most recently, my predecessor, the former
637 Surgeon General Regina Benjamin, in partnership with the
638 National Action Alliance for Suicide Prevention updated this
639 U.S. National Strategy for Suicide Prevention.
640 I am here as an Acting Surgeon General. I am a career
641 officer in the U.S. Public Health Service, but here committed
642 to demonstrate the commitment of the Office of the Surgeon
643 General to continue to be visible and a long-term supporter
644 of our Nation's work in suicide prevention. I don't come to
645 you as a psychologist, psychiatrist, behavioral science
646 expert. These are people to the left of me here. We have
647 that expertise behind me. My chief of staff, Captain Robert
648 DeMartino, also a member of the U.S. Public Health Service,
649 is a psychiatrist by training. He is there embedded within
650 the immediate Office of the Surgeon General. I come to you
651 as a person trained in family medicine, preventive medicine
652 and dermatology. I bring my commitment to a public health
653 approach and public health expertise to these issues.
654 Let me define this public health approach. What is the
655 problem? We define the problem through surveillance and
656 data. Why did it happen? We identify the causes and
657 understand the risks and protective factors. What works? We
658 develop and evaluate innovations, programs and policies. How
659 do you do it and accomplish the goal? We implement and

660 ultimately disseminate interventions that work, evidence-
661 based interventions.
662 While the Office of the Surgeon General doesn't direct
663 or have oversight over specific programs or agencies within
664 the Department of Health and Human Services, the ability of
665 that title of Acting Surgeon General or the Surgeon to bring
666 the Nation's attention and focus onto important public health
667 issues remains an important and necessary part of our efforts
668 to prevent suicide in our Nation. We play a leadership role
669 to bring together federal and non-federal partners, inspire
670 them to identify the solutions, take collection action to
671 address these key issues. That collaborative leadership was
672 fundamental to creation of this, the national strategy.
673 Incidence of suicide, as we have heard, in spite of an
674 encouraging trend between 1995 and 2005, has sadly remained
675 largely undisturbed. Many people will ask why. The
676 unsatisfying answer is, suicide is a complex problem that
677 defies a simple solution. Still, there are many clues out
678 there in the international realm. The United Kingdom's
679 steady, significant reductions in suicide rates included
680 access to 24-hour crisis care, assertive outreach for people
681 with severe mental illness. In Taiwan, follow-up aftercare
682 after suicide attempts led to a 63 percent reduction. Means
683 reduction has been successful in international settings.

684 Regardless of the means, those who die by suicide are far
685 from being the only ones affected by that tragedy.
686 We have this as a catalyst, the National Strategy for
687 Suicide Prevention, work together by HHS agencies and outside
688 partnerships, 13 goals, 60 objectives, reducing suicides over
689 the next 10 years. We work together with the National Action
690 Alliance for Suicide Prevention, a public-private endeavor.
691 We have many examples of successes, and yes, sir, many
692 examples of failures in this.
693 With the emphasis on effective treatment to prevent
694 suicide and reattempts, one of our goals, we have various
695 therapies that are out there that are available and need to
696 be utilized in this evidence-based world. We are engaged in
697 a long-term effort to change how our society thinks about
698 serious mental illness and suicides. We have to work on
699 those change.
700 Mr. {Murphy.} If you could wrap up?
701 Admiral {Lushniak.} While much has been done, we know
702 more needs to be done. I applaud you for bringing attention
703 to this issue. I urge your continued support for suicide
704 prevention.
705 Thank you, Mr. Chairman, Ranking Member DeGette and
706 members of the subcommittee, and I look forward to further
707 discussion.

708 [The prepared statement of Admiral Lushniak follows:]

709 *************** INSERT B ***************

|

710 Mr. {Murphy.} Thank you, Doctor.

711 Dr. Brent, you are recognized for 5 minutes.

|

712 ^TESTIMONY OF DAVID BRENT

713 } Dr. {Brent.} First, I would like to thank you and your
714 staff for inviting me. It is an honor to be here.
715 I would like to make a few points about what I think are
716 things that we can do now that can decrease the suicide rate,
717 and it starts with the premise that the single most important
718 risk factor for suicide remains mental disorder, and there is
719 evidence that if you improve the quality of treatment of
720 mental disorder that you can decrease the suicide rate. This
721 has been demonstrated regionally in studies based in primary
722 care. There are pharmacoepidemiologic data that show that
723 there is an inverse relationship between prescriptions for
724 antidepressants and the suicide rate, and one of the ways
725 that we think about how mental illness contributes to the
726 risk for suicide is that it affects a balance between
727 distress and restraint and that when you have low restraint
728 against suicide and high levels of distress, that is when
729 suicide ensues, and this is why insomnia, I think, is one of
730 the most important risk factors for suicide. It is
731 underrecognized. Many people are not well trained in its
732 treatment. The way that it contributes is that it tends to
733 increase disinhibition and dysphoria, which is a really bad

734 combination and something that can either precipitate or
735 exacerbate suicidal thoughts.
736 There also are efficacious treatments for suicidal
737 behavioral, and the issue is really one of dissemination at
738 this point, and I will just mention one of them, dialectic
739 behavior therapy, but there are several others, and what they
740 have in common is that they have a clear model for suicidal
741 behavior. They collaborate with the patient, and they have a
742 safety plan that the patient can implement when they have
743 suicidal urges.
744 Another barrier to prevention of suicide, I believe, has
745 to do with the inadvertent effects of the black-box warning
746 of the FDA, which warns against suicidal events that may
747 occur with antidepressant treatment, and what we have seen as
748 an untoward consequence of that is a decline in the rate of
749 diagnosis of depression and even a decline in referrals for
750 psychological treatments for depression in adolescence, and
751 although it is controversial, there are some studies showing
752 that that is correlated with an uptick in suicide.
753 Another thing that I think should be in our portfolio
754 has to do with evidence-based prevention. The Washington
755 State Institute for Public Policy has done cost-benefit
756 analyses on different prevention programs and showed that
757 there are certain ones that are evidence-based and yield a

758 very high return for investment, and I think that some of
759 these could decrease risk factors that we know are related to
760 suicide such as aggression and substance abuse.
761 The issue of lethal agents in suicide--guns in the
762 United States--having a gun in the house greatly increases
763 the risk of suicide, and it is not only in people who have
764 mental illness, although that is the most concerning issue,
765 but in our studies, we found that individuals where there
766 wasn't a clear mental disorder, the only factor that
767 differentiated between suicide victims and people in the
768 community was having a loaded gun in the home, and so we know
769 that there are interventions that can be done in primary care
770 that can at least encourage people to store guns in a secure
771 manner so that a disinhibited or impulsive act won't lead to
772 a fatality, and we would urge that this be considered as an
773 important public health measure.
774 There are service system changes that can lead to
775 improvement in the suicide rate, and Dr. Lushniak alluded to
776 this, but in England, they showed that implementation of care
777 coordination, 24-hour beds, crisis beds, assertive outreach
778 if people don't show up for their appointments, and dual
779 diagnosis treatment, that is, substance abuse and mental
780 disorder combined. When they implemented these
781 recommendations, it was associated with a decline in the

782 suicide rate.

783 And so to conclude, I just wanted to share what I think
784 are some recommendations that may help us to reduce the
785 suicide rate, which has to do with improved recognition and
786 treatment, and I think the most promising area, and this is
787 in collaborative care where mental health treatment is
788 collocated in primary care, dissemination of evidence-based
789 treatments that have been shown to reduce suicide,
790 coordination of care and the mental health service systems,
791 innovations that have been shown in England to reduce
792 suicide, and I think that there are some research areas that
793 could have relatively high payoff quickly. One is whether
794 better recognition and treatment of insomnia could have an
795 effect on the suicide rate, safety counseling in primary
796 care, whether restriction of availability of lethal means
797 could reduce the suicide rate, and I think research on trying
798 to find agents that have a more rapid onset of antidepressant
799 effect than the ones that we are currently using, and I think
800 that--and finally, evidence-based prevention judiciously
801 used, and I think these recommendations, many of them are
802 partly in place now, I think could make a favorable impact on
803 the suicide rate.

804 Thank you.

805 [The prepared statement of Dr. Brent follows:]

806 *************** INSERT C ***************

|

807 Mr. {Murphy.} Thank you, Doctor.

808 Now, Dr. Moutier, if you would pull the mic close to you

809 and turn it on. We appreciate your testimony.

|

810 ^TESTIMONY OF CHRISTINE MOUTIER

811 } Dr. {Moutier.} Mr. Chairman and members of the
812 committee, thank you for inviting the American Foundation for
813 Suicide Prevention, AFSP, to testify today. I am Christine
814 Moutier, and I am AFSP's Chief Medical Officer. I would like
815 to submit my full written statement for the record, and Mr.
816 Chairman, thank you for your longstanding leadership in
817 mental health and suicide prevention.
818 The magnitude of suicide's toll on our society is
819 immense, but my message today is hopeful and actionable.
820 While suicide's roots are complex with biological,
821 psychological and social determinants at play, clearly
822 oftentimes suicide is the result of an unrecognized or
823 untreated mental illness, and when one in four Americans have
824 a diagnosable mental health condition but only one in five of
825 those are seeking professional help, we have a lot of work to
826 do. We must elevate the layperson's understanding of how
827 mental health problems are experienced or what they look like
828 in loved ones, and we must highlight help-seeking as the
829 smart, responsible thing to do when you sense a change in
830 mental health just like you would be proactive with any other
831 aspect of your health.

832 Suicide risk tends to be the highest when multiple
833 factors come together or precipitating life events in a
834 person with a mental illness. We can start by better
835 recognizing and effectively treating those health problems.
836 On a population level, we can implement more upstream
837 approaches such as shoring up community and peer support,
838 teaching students social and emotional skills, making mental
839 health care accessible and available to all, and addressing
840 the health care system's failures, training frontline
841 citizens like teachers, first responders and clinicians, and
842 limiting access to lethal means.
843 The good news is that suicide is preventable, and thanks
844 to a grassroots movement catalyzed by both suicide loss
845 survivors and the emerging voice of those with their own
846 history of suicide attempts, the fight against suicide is
847 reaching a tipping point. I believe we need to focus on
848 three key policy areas to bend the curve of our Nation's
849 suicide rate, and these areas include suicide prevention
850 research, suicide prevention programs, and support programs
851 for those who are touched by suicide.
852 Research is vitally important to understanding what
853 actually works to prevent suicide. Suicide research must
854 focus on the gaps in the science, which, if understood, would
855 have the greatest potential impact on reducing suicide

856 burden.

857 AFSP uses a strategic approach to fund the best science
858 with an eye toward impact. One AFSP-funded study, for
859 example, trained primary care physicians in a region of
860 Hungary that happened to have one of the world's highest
861 suicide rates and found that their training led to a
862 reduction in suicide rates in that region at least until the
863 effect of the training had passed a couple years later.
864 Studies of bridge barriers dispel the myth that people bent
865 on suicide will find a way since suicide rates for the whole
866 region diminished following their construction, and, as you
867 have heard, clinical intervention studies have found
868 promising results for those at highest risk for suicide such
869 as people who have had a suicide attempt.

870 AFSP believes that the Federal Government must
871 substantially increase funding of suicide research in the
872 hopes of obtaining similar reductions in mortality that have
873 come from strategic investments in other major public health
874 problems like heart disease, HIV/AIDS, and cancer. Federal
875 funding of research is far from commensurate with suicide's
876 morbidity and mortality toll.

877 Suicide prevention needs to encompass a broad range of
878 the issues that put people at risk for suicide and
879 conversely, prevention needs to emphasize the conditions that

880 provide a protective effect against suicide. The best
881 strategies are multidimensional and sustained. They use
882 education, media campaigns, targeted screening, resilience
883 building, system changes that treat mental health problems as
884 health issues and not disciplinary ones, and they address
885 access to lethal means.
886 Prevailing cultural perceptions about suicide and mental
887 health keep 80 percent of people with a mental health
888 problems from getting help. To address this appalling level
889 of mental health illiteracy, we must provide education
890 universally to eradicate stigma and shatter the real and
891 perceived barriers that keep people suffering in silence.
892 Suicide touches many, many lives, but only recently as more
893 and more people are speaking out about their experiences has
894 the need for action become so apparent. Ten years ago, our
895 organization had only a handful of people banding together.
896 Today we have over 100,000 people walking and raising
897 awareness for suicide prevention every year. It is time to
898 wage war on suicide and put a stop to this tragic loss of
899 life. I believe we can accomplish a goal of reducing the
900 suicide rate in our country 20 percent by 2025. This is our
901 organization's goal. Science can provide a clear roadmap,
902 and I believe the American people are ready for a greater
903 understanding of the issue. If we push hard with an

904 effective strategy, we can save lives.

905 Thank you.

906 [The prepared statement of Dr. Moutier follows:]

907 *************** INSERT D ***************

|

908 Mr. {Murphy.} Thank you, Doctor.

909 Now Dr. Dvoskin, you are recognized for 5 minutes. Make
910 sure the microphone is on and pull it close to you.

|

911 ^TESTIMONY OF JOEL A. DVOSKIN

912 } Mr. {Dvoskin.} Chairman Murphy, Ranking Member DeGette
913 and members of the committee, my name is Dr. Joel Dvoskin. I
914 am a clinical and forensic psychologist. I am a faculty
915 member at the University of Arizona College of Medicine. I
916 also serve as Chairman of the Governor's Advisory Council on
917 Behavioral Health for the State of Nevada. I thank you for
918 holding this hearing, and I am appearing today on behalf of
919 the American Psychological Association, which is the largest
920 scientific and professional organization representing
921 psychology in the United States. APA supports the
922 committee's focus on ensuring that our Nation does all it can
923 to prevent suicide.
924 As you have heard, suicide is a complex and multifaceted
925 problem. It is also a form of violence, but with access to
926 appropriate treatment, it can be prevented, and that is
927 probably one of the more important things I want to say to
928 you today, and you have heard from other people is that we
929 know how to prevent suicide; we just don't do it.
930 Any act of interpersonal violence including mass
931 homicides, which have gotten a lot of attention, are suicidal
932 acts. The majority of people who commit mass homicide die.

933 They either kill themselves, they are shot by police, or
934 their life as they know it is over because they go to prison
935 or hospital for the rest of their life. So if we prevent
936 suicide, we will prevent mass homicide; we will just never
937 know it because you never know which person would have
938 decided to end their life at the expense of many others.
939 APA views suicide prevention as an essential part of
940 violence prevention. As you have heard from Dr. Brent,
941 suicide is an impulsive act, especially angry impulsivity,
942 where an individual is desperate to relieve their suffering
943 and can't figure out another way to do so.
944 Suicide risk can be reduced through identifying and
945 providing support to address the factors that drive a person
946 to consider suicide as well as the factors that disinhibit
947 people and allow them act on those drives.
948 Much of my current work is--I am a board member of the
949 National Association to Protect Children, and one of the
950 important points I want to make is that child abuse and
951 trauma is an important risk factor for suicide among a whole
952 bunch of other bad life outcomes. Programs such as the
953 National Child Traumatic Stress Network are essential to our
954 efforts to prevent suicide.
955 Much of my own work is focused on jails and prisons. I
956 was glad to hear you mention DBT. Just yesterday, I spent

957 all day in the women's prison in Huron Valley in Michigan,
958 where they have done, to my knowledge, the first DBT program
959 in a prison in America as a large part of their effort to
960 prevent suicidal acts among their inmate population.
961 By using a public health and prevention approach,
962 experience shows that we have reduced jail suicides by about
963 two-thirds in every jail that had implemented a public health
964 approach to suicide prevention. It is very simple. You ask
965 people at the front door if they are thinking of killing
966 themselves, and if they say yes, which they often do, you
967 keep them alive until the crisis passes.
968 You have heard about interagency collaboration and
969 programs. One example is the crisis intervention teams,
970 which I know that Chairman Murphy has been supportive of, a
971 program that has been developed with law enforcement, but CIT
972 is worthless if the police don't have anybody to refer the
973 person to. So in the absence of good mental health care,
974 CIT, which is a tremendously valuable program, loses a lot of
975 its effectiveness.
976 One of the most important things I want to share with
977 you today is the fact that we have completely neglected to
978 use the most important behavioral change agent in America to
979 fight suicide, and that is television advertising.
980 Television got everybody in America to put deodorant on every

981 morning, but we have never tried to use it to change behavior
982 on a much more important thing, and I think the committee
983 could use its power to get some cooperation from television
984 advertisers to fight stigma and to get people to tell us when
985 somebody they care about, their life is in danger suicide to
986 suicide. We know what works but not all Americans have
987 access to the effective treatment and crisis intervention is
988 necessary.

989 We need to have more trained professionals including
990 people who have been through problems with mental illness and
991 are very effective peer service providers. I very much agree
992 with the chairman's push to at least revisit the Medicaid IMD
993 expansion, which will hopefully make more acute crisis beds
994 available for people who are now choking emergency rooms
995 where people can't get lifesaving treatment, and it is bad
996 treatment for a serious mental illness or a psychiatric
997 crisis as well.

998 My time is almost done. I just want to add a couple of
999 other things. One of them is that the National Violent Crime
1000 Reporting System currently only exists in 16 States, and I
1001 urge you to consider expanding that nationwide so that we can
1002 do some of the research that you have heard about before.

1003 I want to express my deep appreciation of the
1004 committee's work and its ongoing attention to the prevention

1005 of suicide and the treatment of serious mental illness in
1006 America. Over my many years in this field, I have seen
1007 tremendous progress in figuring out how to fight suicide. We
1008 just don't implement these tools broadly enough. Suicide,
1009 like so many tragedies, is the direct result of despair, and
1010 there is only one cure for despair, and that is hope. It is
1011 my hope that our political parties can join together in a
1012 bipartisan effort to give people in the most acute despair
1013 some measure of hope for a better life by improving the
1014 services that are provided to people experiencing emotional
1015 crisis and psychological pain. This can happen to any of us,
1016 and we must ensure that help is there in time of crisis.
1017 Can we afford to do this? I would propose to you that
1018 given the costs of each suicide, we can't afford not to.
1019 Thank you very much.
1020 [The prepared statement of Mr. Dvoskin follows:]

1021 *************** INSERT E ***************

|

1022 Mr. {Murphy.} Thank you. I thank all the panelists for
1023 your important testimony. Let me open up questions here for
1024 5 minutes, and we will alternate with other questions.
1025 Surgeon General, in 2010, a progress view on the
1026 National Strategy on Suicide Prevention prepared by the
1027 Suicide Prevention Resource Center identified the ultimate
1028 policy goal behind the national strategy as reducing the
1029 morbidity and mortality of suicide behaviors. Is that the
1030 aim of the national strategy as you understand it as well?
1031 Admiral {Lushniak.} It is to a large extent, and
1032 morbidity, I have to clarify here. Morbidity is the world of
1033 attempts, right?
1034 Mr. {Murphy.} We all know that within the realm of
1035 suicide, there is a whole spectrum and it starts with the
1036 concept of, you know, suicide ideation, suicide planning
1037 attempts, and then suicide, and so ultimately within the
1038 national strategy is really a concerted effort across
1039 multiple government agencies and with the private sector
1040 components to be able to say, as already stated here, to
1041 reduce that incredible burden on our society, the number of
1042 ultimate suicides that do occur.
1043 Mr. {Murphy.} Thank you. Also, in September of this
1044 year, in a blog post, NIMH Director Tom Insel noted that

1045 despite increased availability of mental health care and
1046 medications for depression, the U.S. suicide rate has
1047 remained largely unchanged and of, course, we also know in
1048 some areas, it has gone up. Would you agree that this data
1049 suggests that our national strategy dating back to 2001 has
1050 not been effective in reducing the number of deaths by
1051 suicide and we need to make some changes?

1052 Admiral {Lushniak.} Well, I think the changes are in
1053 progress of being made. I think going back to 2001, we
1054 realized in 2001 was the first strategy. This most recent
1055 strategy came out under Surgeon General Benjamin back in
1056 2012. So actually this is second anniversary of the release
1057 of this strategy. So it is too early, in my view, to say
1058 that things are not successful, yet I realize we are all
1059 frustrated with the fact that success, if it is going to be
1060 there, is coming rather slowly, and so there is frustration.

1061 Now, built into this are multiple other changes that are
1062 going on including the idea of, you know, one of the
1063 objectives of this, objective 5.4, which focuses on efforts
1064 to increase access to and delivery of effective behavioral
1065 health services. Now, that certainly has changed with the
1066 Affordable Care Act. The Mental Health Parity and Addiction
1067 Equity Act will give 60 million people extended access to
1068 mental health and substance use disorder services, and

1069 depression screening, alcohol misuse screening and counseling
1070 are now covered as pre-preventive services under ACA. So my
1071 sense is that to be able to go back to 2001 saying things
1072 aren't working, my sense is, I am going back to 2012 and re-
1073 analyzing it.

1074 Mr. {Murphy.} It is clear we have to do something, and
1075 as I have talked with former Congressman Lincoln Diaz-Balart,
1076 he told me that access was not a problem, and I am sure we
1077 would agree that for Robin Williams, insurance and money was
1078 not a problem.

1079 But Dr. Brent, you have seen considerable success in
1080 some of your research, in particular, the STAR Center. How
1081 has the STAR Center performed? And I think it is the only
1082 one of its kind in Pennsylvania, and is it serving as a model
1083 for other States in terms of ability to have positive
1084 results?

1085 Dr. {Brent.} Well, I don't know how unique it is, but
1086 our program is funded by the Commonwealth of Pennsylvania and
1087 it allows us to do things that often clinicians don't do
1088 because it is not billable, but I would say that the things
1089 that we do that I think lead to our effectiveness, we spend a
1090 lot of time on supervision and training using evidence-based
1091 treatment. We work as a team, and so decision-making is
1092 shared and you are less likely to make a mistake than if you

1093 have multiple opinions. We spend time coordinating with
1094 other institutions so our clinicians will go to schools,
1095 inpatient units and so on. This is not reimbursed currently
1096 but we feel that it is important. And I would say that we
1097 have a sense of mission and discovery, and I think we are
1098 critical about our own work, and we are always looking to
1099 improve.

1100 Mr. {Murphy.} And we hope you will continue to share
1101 much of that research with this committee because it is an
1102 exemplary program.

1103 Dr. Moutier, the Washington Post ran an article in its
1104 August 12, 2014, issue quoting you extensively in the media
1105 treatment of Robin Williams' suicide. In particular, you
1106 took issue with a tweet by the Academy of Motion Pictures
1107 Arts and Sciences which you argued ran contrary to a healthy
1108 dialog. I don't know if we have that tweet available. Right
1109 there. And it says, ``Genie, you are free.'' How can the
1110 American Foundation of Suicide Prevention and similar groups
1111 bring the myths and facts about suicide and suicide
1112 prevention to the attention of organizations and commentators
1113 acting on social media? Could you please comment on how we
1114 need to change that?

1115 Dr. {Moutier.} Yes. I think that speaks exactly to the
1116 disconnect and the level of ignorance that is out there.

1117 Obviously they meant well with that statement, and little did
1118 they realize that to a vulnerable individual, especially a
1119 young, vulnerable person, that really presents an idea that
1120 suicide is being idealized and it is a solution and makes it
1121 more acceptable, and I am sure they did not mean to do that
1122 but that kind of messaging is being done still to this day
1123 quite frequently.

1124 My organization partners with other organizations. We
1125 have already produced media guidelines for safe messaging,
1126 and actually maybe even effective prevention messaging about
1127 suicide after an event has occurred that has the public's
1128 attention. We are doing things like working with the media.
1129 We just attended a conference this week to try to raise this
1130 level of education. We have friends in the Associated Press
1131 who are working to, for example, get the term, the phrase
1132 ``committed suicide'' banned from the AP Style Guide, which
1133 would be a measure of progress as well so that it is not
1134 associated with a criminal act.

1135 Mr. {Murphy.} Thank you very much. I now recognize Ms.
1136 DeGette for 5 minutes.

1137 Ms. {DeGette.} Thank you very much.

1138 Dr. Lushniak, access to treatment is going to be a key
1139 part of any efforts we make in suicide prevention and
1140 reduction. Is that correct?

1141 Admiral {Lushniak.} Yes. I think it is a key feature.
1142 Ms. {DeGette.} Thank you.
1143 Admiral {Lushniak.} Let me back up just--
1144 Ms. {DeGette.} Okay. I need to keep moving.
1145 And Dr. Brent, in your testimony, your written
1146 testimony, you say, ``Access to good quality mental health
1147 treatment can reduce risk.'' Is that correct?
1148 Dr. {Brent.} Yes.
1149 Ms. {DeGette.} And I would assume, Dr. Moutier, you
1150 agree with that as well, that people have to have access to
1151 quality treatment, right?
1152 Dr. {Moutier.} Yes.
1153 Ms. {DeGette.} And Dr. Dvoskin?
1154 Mr. {Dvoskin.} Yes.
1155 Ms. {DeGette.} Okay. So going back to you, Dr.
1156 Lushniak, what were you going to clarify?
1157 Admiral {Lushniak.} Well, it is interesting because I
1158 think access to be able to diagnose appropriately severe
1159 mental illness--
1160 Ms. {DeGette.} Right.
1161 Admiral {Lushniak.} --and being able to treat it
1162 appropriately is the key feature.
1163 Ms. {DeGette.} Yes.
1164 Admiral {Lushniak.} One of the disturbing factors that

1165 we have seen in terms of the data that come in is that the
1166 majority of suicides that do occur have had access to medical
1167 care.
1168 Ms. {DeGette.} Right.
1169 Admiral {Lushniak.} They--
1170 Ms. {DeGette.} But they don't necessarily have access
1171 to psychological care.
1172 Admiral {Lushniak.} But also the issue here is--
1173 Ms. {DeGette.} Is that right?
1174 Admiral {Lushniak.} --whether that issue--whether as
1175 you are having your blood pressure taken, whether--
1176 Ms. {DeGette.} Whether they are asking about that?
1177 Admiral {Lushniak.} Exactly.
1178 Ms. {DeGette.} That is correct. And Dr. Dvoskin, part
1179 of the thing is that we haven't had high-quality
1180 psychological care, particularly for adolescents. Isn't that
1181 correct? I mean, what we have heard in all these things this
1182 year that we have been having is that we don't have nearly
1183 enough trained mental health professionals for adolescents,
1184 and that pediatricians and others who are treating these
1185 young people don't have the psychological training. Would
1186 you agree with that?
1187 Mr. {Dvoskin.} Some do and many don't.
1188 Ms. {DeGette.} Okay. And Dr. Brent, in your written

1189 testimony, one of--and actually, Dr. Dvoskin, you talked
1190 about this too in your testimony. You were talking about
1191 DBT, which is dialectic behavior therapy. Is that right?
1192 Dr. {Brent.} Yes.
1193 Ms. {DeGette.} And dialectic behavior therapy is a very
1194 intensive and expensive therapy. Is that correct?
1195 Dr. {Brent.} Yes.
1196 Ms. {DeGette.} But it seems to have shown through the
1197 studies that it works. Is that right?
1198 Dr. {Brent.} Yes. Can I--
1199 Ms. {DeGette.} Yes. Turn the mic on, please.
1200 Dr. {Brent.} There are briefer versions and there are
1201 other treatments like cognitive behavior therapy.
1202 Ms. {DeGette.} Right.
1203 Dr. {Brent.} There is one study--
1204 Ms. {DeGette.} Right.
1205 Dr. {Brent.} --in nine sessions, they were able to cut
1206 the suicide rate in half.
1207 Ms. {DeGette.} Right, but still, the cognitive behavior
1208 study, that costs money too and it needs trained
1209 professionals to administer. Is that right?
1210 Dr. {Brent.} Yes.
1211 Ms. {DeGette.} Yes? Okay. Thanks. So the reason I am
1212 asking these questions is because, of course, one thing we

1213 tried to do when we passed the Affordable Care Act is, we
1214 tried to give people mental health coverage as a result, and
1215 in fact, there was a report earlier this year by the American
1216 Mental Health Counselors Association that nearly 7 million
1217 uninsured adults with serious mental health and substance
1218 abuse conditions are now eligible for health insurance
1219 coverages under the ACA marketplaces and for 27 States
1220 through Medicaid, and so Dr. Dvoskin, I wanted to ask you, do
1221 you think that it is important that we expand mental health
1222 coverage to people as we are expanding our health care in
1223 general?

1224 Mr. {Dvoskin.} Mental health coverage crisis response
1225 is terribly important, so even if someone is in treatment, if
1226 there is--many suicidal crises occur late at night when
1227 crisis response teams, fire and rescue, police agencies are
1228 the responders, and a competent crisis response has suffered
1229 very badly from the decreases in mental health funding in the
1230 public mental health system over the last 15 years.

1231 Ms. {DeGette.} Right. So even though we are giving
1232 people more access to mental health in the ACA, we still need
1233 to fund that crisis treatment, and we have heard that loud
1234 and clear.

1235 Mr. {Dvoskin.} Yes, ma'am.

1236 Ms. {DeGette.} Dr. Lushniak, I want to ask you if you

1237 can talk about what has happened that you have seen since the
1238 Affordable Care Act has given increased coverage of mental
1239 health services and what that will mean in your efforts for
1240 suicide prevention.

1241 Admiral {Lushniak.} Well, certainly, I think it is too
1242 early to see whether we have a success or a failure here.
1243 The success is, we do have coverage. As I mentioned already,
1244 both the Affordable Care Act as well as the Mental Health
1245 Parity and Addiction Equity Act will give 60 million, 6-0
1246 million people expanded access to mental health and substance
1247 use disorder services. So the idea here is that access, will
1248 access bring us success? Certainly, I think access is going
1249 to be a positive influence.

1250 Ms. {DeGette.} But it is not the only thing.

1251 Admiral {Lushniak.} But right now it is not the only
1252 thing. It is helpful. It is heading in the right direction
1253 but it really dovetails into what I think all of our messages
1254 was. We are dealing with a very complex public health issue
1255 here, a very complex mental health issue here, and it is
1256 multifactorial with multifactorial resolutions. There is not
1257 going to be one simple answer saying access will solve the
1258 whole problem.

1259 Ms. {DeGette.} Thank you. Thank you very much, Mr.
1260 Chairman.

1261 Mr. {Murphy.} Thank you. I now recognize Mr. Griffith
1262 of Virginia for 5 minutes.
1263 Mr. {Griffith.} Thank you very much. I appreciate
1264 that.
1265 I will let any of you jump in on this. One of the
1266 things that we haven't discussed in detail but is a part of
1267 that multi--and I am not going to pronounce the word right,
1268 but multi reasons why someone might commit suicide. I
1269 noticed an article that I read indicated that there are
1270 families who suffer from depression who have multiple members
1271 who have committed suicide and other families who suffer with
1272 a history of depression who do not have suicide, not a single
1273 one, and I am wondering what the thoughts are. Do you all
1274 believe--and everybody can answer this. Do you believe that
1275 there is a gene that we might be able to identify that would
1276 say these folks with depression are more likely to commit
1277 suicide than other folks, and do we target or do we put
1278 special attention on those who have a family history both of
1279 the mental illness of depression and a resulting suicidal act
1280 in the family?
1281 Admiral {Lushniak.} And I will start, and then we can
1282 open it up to the panel. Certainly, there are genetic
1283 influences on a variety of conditions--substance use, abuse
1284 of substances. Alcoholism obviously has a genetic

1285 predisposition. There are also mental health disorders,
1286 severe mental health disorders that do have a genetic
1287 connection there as well. We know a definite risk factor is
1288 having a family member who has committed suicide. We know
1289 that is a risk factor, and the whole idea of genetics and its
1290 tie-in with suicide I think is still to be determined in our
1291 research world, and I will pass the microphone on to the
1292 clinicians here to further give their opinion on this.

1293 Dr. {Brent.} Well, there is definitely a genetic
1294 influence to suicide, and the families that you were
1295 describing, the two types of families, is strong evidence for
1296 that, but that doesn't mean that it is caused by a single
1297 gene, and I think that when we deal with families where there
1298 has been a completed suicide, we have to tell people actually
1299 that you are at increased genetic risk but genetics isn't
1300 destiny. If you have a risk that is 40 per 100,000 instead
1301 of 10 per 100,000, the odds are still with you, and so I
1302 think it is important not to oversell that. At the same
1303 time, we are chasing what might be some genetic factors that
1304 could be contributing to suicide risk but it is not going to
1305 be one gene.

1306 Mr. {Dvoskin.} I would just add that looking at this
1307 through a public health lens, it is very easy to identify the
1308 people who are deserving of extra attention, who is at higher

1309 risk, people who have tried before, people who have close
1310 families who have killed themselves. So we don't lack for an
1311 ability to identify the at-risk population.
1312 Mr. {Griffith.} Did you want to add anything?
1313 Dr. {Moutier.} Well, I think I will just say, as you
1314 heard, we have things that we can implement now. Research is
1315 fine and good, but if it doesn't translate into something
1316 that is actionable to actually help people, I think in many
1317 cases what you are hearing is that we have evidence-based
1318 strategies and now we have growing access to care. Now we
1319 have to link the two. So I think there are things that we
1320 need to do now, and continuing to more robustly fund research
1321 is very important. We are probably some years away from that
1322 genetic answer for predicting suicide risk but it could be
1323 there, absolutely.
1324 Mr. {Griffith.} Well, I appreciate that and hope that
1325 while I know that is just one piece of the puzzle, I would
1326 hope that the researchers and both private and governmental
1327 areas would continue to look into that.
1328 Switching gears, I would ask the Surgeon General if he
1329 could comment on the possibility of using the U.S. Air
1330 Force's suicide prevention program as a possible model for
1331 the other branches because obviously we are all concerned
1332 with the high increase and the large numbers of our armed

1333 forces who returned from combat.

1334 Admiral {Lushniak.} Certainly. I think it is a
1335 discussion that I can certainly have and will have with the
1336 other Surgeons General of the Army and Navy as well as the
1337 Air Force, my fellow surgeons, if you will. That being said,
1338 I think the Air Force is a great model. The Air Force has
1339 two components to their program. One component is the
1340 wingmen component, which is servicemen watching out for other
1341 servicemen. The other component is actually built into a
1342 youth prevention program.

1343 I think the bottom line to all of this, and it really
1344 goes back to this public health model that I described
1345 earlier, ultimately, we are looking for what works. Part of
1346 what works is to be able to look at innovations, look at
1347 changes and properly evaluate them because ultimately as we
1348 go further to implement this, whether it is across the armed
1349 services or whether it is across the Nation, I have to have
1350 proven systems that work before nationwide implementation
1351 goes. But I think we are on that pathway to find out what is
1352 working and to see how it is implementable, even in terms of
1353 further pilot studies.

1354 Mr. {Griffith.} And Mr. Chairman, if you all will
1355 indulge me, I am going to go back to the first question
1356 because something came to my mind.

1357 One of the factors is also substance abuse, and I am
1358 wondering if there are any programs out there--we talked
1359 earlier about educating people on what you might do and why
1360 television--we have learned, you know, everybody should use
1361 deodorant but we haven't how to deal with suicide. For those
1362 families that have a history of both substance abuse and
1363 suicide, I wonder how much work is being done on encouraging
1364 those families to be abstinent when it comes to both alcohol
1365 and other substances.

1366 Admiral {Lushniak.} I think certainly we look at all
1367 the risk factors, and I think we sort of described it
1368 earlier. We know a lot of the risk factors that exist out
1369 there. Now, how all these are bundled together, which is the
1370 family history component in addition to the substance use or
1371 abuse component, we certainly look and try to strengthen our
1372 specific prevention activities within those populations, but
1373 in essence, we sometimes break them apart. In other words,
1374 the substance use is treated differently than the family
1375 history one. But again, I will turn to the clinicians here
1376 who do this on a daily basis.

1377 Dr. {Brent.} So substance abuse prevention is an
1378 interesting issue because it is so prevalent, especially in
1379 adolescents and young adults, that there is argument that a
1380 universal prevention actually makes more sense than targeting

1381 people that are at high risk, and in that policy institute I
1382 mentioned, the Washington State Policy Institute, they have
1383 identified several intervention programs that are low-cost
1384 that are, you know, relatively brief that have shown to
1385 reduce substance abuse by about a third in communities where
1386 it had been implemented.

1387 Mr. {Murphy.} The gentleman's time is expired but if
1388 you could get us copies of--any time any of you reference any
1389 study, I hope you will get us copies. That is valuable.

1390 Mr. {Griffith.} Thank you, Mr. Chairman. I appreciate
1391 the committee's indulgence.

1392 Mr. {Murphy.} Thank you. Now Ms. Castor is recognized
1393 for 5 minutes.

1394 Ms. {Castor.} Thank you, Mr. Chairman, and thank you to
1395 the panel.

1396 I don't think it is an understatement to say that there
1397 is a suicide crisis among America's veterans. The Department
1398 of Veterans Affairs estimates that 22 veterans commit suicide
1399 every day. I am not going to use that, I have learned. What
1400 is the proper way to say it then?

1401 Dr. {Moutier.} Died by suicide.

1402 Ms. {Castor.} Twenty-two veterans die by suicide every
1403 day, about 7,000 per year. Veterans are three times as
1404 likely to die by suicide as non-veterans. The number of

1405 suicides among veterans is outpacing the number of combat
1406 deaths. So this is a real national tragedy.
1407 Dr. Lushniak, why are we seeing these trends. I think
1408 people kind of understand the stresses, but what can you tell
1409 us?
1410 Admiral {Lushniak.} Well, again, you know, the big
1411 question is why, why we see such trends. I mean, we
1412 certainly know one of the risk factors is serving in
1413 military. Certainly in military during wartimes, the
1414 stressors increase. The issues as, you know, Chairman Murphy
1415 well knows by going on--he was sharing with me his
1416 experiences going to Walter Reed twice a month to be able to
1417 treat and to diagnose and to assist in individuals who are
1418 coming back with traumatic brain injuries, who come back with
1419 PTSD. We are in a time where there are more such service
1420 members who are coming back. That is part of the issue. The
1421 other issue also is the issue of serving in any of our
1422 uniformed forces brings with it its stress, its separation
1423 from family, its separation from one's normal environs. So
1424 there are multiple reasons for that.
1425 Let me tell you to some extent sort of the cooperation
1426 that is going on right now, to a great extent the cooperation
1427 that is going on right now, and this specifically goes back
1428 to a question we had earlier in terms of the surveillance.

1429 Part of the way we get risk factors is being able to monitor
1430 what is going on out there, and we heard a little bit about
1431 the National Violent Death Reporting System, that it is only
1432 in 18 States right now. I can tell you today that the CDC
1433 has awarded new grants to expand this from 18 to 32 States.
1434 But on top of that, there also now is an expansion to
1435 actually both CDC and NIH working with the Department of
1436 Defense and working with the Veterans Administration system
1437 to link their data sets or the data across their data sets.
1438 Now, why is this important? Ultimately, I am still looking,
1439 you know, for further information about risk factors, and if
1440 I can get more precise information from VA databases, if I
1441 can get more information from the Department of Defense
1442 databases, for those individuals who have died from suicide,
1443 this is very helpful for us to plan the next series of
1444 strategies.

1445 Ms. {Castor.} I represent the Tampa Bay area, and in
1446 Tampa we have the Haley VA Hospital. It is known as the
1447 busiest VA in the country and it is home to one of the five
1448 polytrauma centers, so we see the most severe cases of TBI
1449 and spinal cord injury, but I was there a couple of weeks ago
1450 talking to a veteran that had been deployed about three to
1451 four times and was from Fort Bragg and was a tough guy and
1452 was known as a leader, and he said to me, let me tell you my

1453 story, you know, I am a tough guy and I came back and I had
1454 my wonderful family and they are supportive and things were
1455 going all right, and then a couple of months later something
1456 just snapped, and he said I recommend that the VA system and
1457 all of you do a better job up front when folks come home,
1458 even if we say, oh, we are fine and we are okay, and they are
1459 physically healthy, to not just accept it, and I think the
1460 Congress has put a lot of resources into this but Dr.
1461 Lushniak, what can you tell us now about what the Federal
1462 Government is doing? We have heard a good summary, but how
1463 it is really working? Oh, I am sorry. I mean Dr. Dvoskin.
1464 Mr. {Dvoskin.} I think that the--I agree that the
1465 Federal Government could profit from better coordination of
1466 its efforts, and I also think the efforts needed to be
1467 targeted along the lines that you have heard today from my
1468 colleagues, but just to give you one example, access to care
1469 doesn't mean very much if you can't get to a psychiatrist or
1470 a psychologist, and there aren't nearly enough mental health
1471 professionals in the United States, not nearly enough. There
1472 are wonderful clinicians in the VA but there aren't enough of
1473 them. It takes 5 years to expand a residency program in
1474 psychiatry, and medical schools are loathe to go into the
1475 process, so we are automatically something we have done to
1476 ourselves 5 years behind the curve to increase the number of

1477 psychiatrists that are being trained at some of these
1478 wonderful medical schools, and you can't bill for a resident.
1479 You can't bill Medicaid for the services provided by a
1480 resident. Well, this is something we are doing to ourselves.
1481 There is no reason in the world for that rule, but it is
1482 something that we do.

1483 So there is a lot of ways that the Federal Government
1484 could streamline existing programs, coordinate existing
1485 programs and add the kind of evidence-based practices that my
1486 colleagues have talked about today.

1487 Mr. {Murphy.} Thank you. The gentlelady's time is
1488 expired. And now Dr. Gingrey is recognized for 5 minutes.

1489 Dr. {Gingrey.} I thank Chairman Murphy, Dr. Murphy, for
1490 the hearing. This legislative hearing of course is extremely
1491 important and I commend him for his bill, H.R. 3717. I gave
1492 him the thumbs-up just a second ago that I absolutely want to
1493 be signed on as cosponsor of this legislation. It is a
1494 hugely important issue, and I thank him for that.

1495 Let me, Dr. Moutier? Is that--

1496 Dr. {Moutier.} Moutier.

1497 Dr. {Gingrey.} Moutier. Yes. Let me ask you a few
1498 questions and then maybe the time remaining, the other
1499 panelists, the Surgeon General.

1500 Dr. Moutier, in addition to the factor of age, ethnicity

1501 also plays a role in the incidence of suicides, why has there
1502 been a consistently high suicide rate for elderly white men
1503 relative to all other groups? Any information on that?
1504 Dr. {Moutier.} Sure. I can speak to that while we also
1505 speak to the largest rise that we have seen in suicide rates
1506 perhaps ever, which is in middle-aged men actually, 35 to 64
1507 years old. Over the last decade, their rates of suicide rose
1508 almost 50 percent. I would speak to a number of things
1509 including all the basic things that you have already heard
1510 about the prevalence rates of mental health problems and
1511 distress and what happens when we don't take proactive care
1512 of ourselves. I would cite the role of culture that we have
1513 had in particular segments of society and we think about
1514 military veteran, physician and first responder populations,
1515 what they all have in common is higher rates of suicide than
1516 the general population and a very tough macho sort of can't
1517 acknowledge being a human being type of culture.
1518 Dr. {Gingrey.} Well, let me just interrupt you. Thank
1519 you for that, and I just intuitively think, you know, the
1520 pressures of life as you get a little older and the financial
1521 pressures are greater and maybe the children and the
1522 grandchildren didn't turn out quite the way you wanted them
1523 to and you get a little depressed, and so that leads--well,
1524 not a little depressed. That leads to my next question, and

1525 if you would comment on the statistic that 90 percent of the
1526 people who commit suicide were previously diagnosed with
1527 mental illness. Is it known what percentage of these
1528 diagnoses are comprised of--well, would quality as a serious
1529 mental illness?
1530 Dr. {Moutier.} That is a really good question, and it
1531 is actually that in greater than 90 percent of the cases of
1532 suicide that have been studied through this method of
1533 psychological autopsy had a diagnosable mental health
1534 condition. In most cases, they actually had not necessarily
1535 been diagnosed or treated. So that method is a little bit
1536 tricky.
1537 Among those who had a diagnosable mental health
1538 condition, the majority of them it was substance abuse
1539 combined with a mood disorder. So depression is actually the
1540 most common mental illness represented in those studies but
1541 next comes substance abuse, substance abuse combining with
1542 depression and bipolar disorder and then other conditions
1543 like personality disorders and psychotic disorders. All to
1544 those are represented by the vast majority of that 90 percent
1545 is depression, substance abuse and other mood disorders.
1546 Dr. {Gingrey.} Well, your response is why really I am
1547 so excited about Dr. Murphy's bill because it addresses a lot
1548 of those issues and gets right to the core of the problem.

1549 Dr. Lushniak.

1550 Admiral {Lushniak.} Lushniak, yeah.

1551 Dr. {Gingrey.} Oh, what the heck. Dr. L, our Surgeon
1552 General, let me ask you this. Suicide among those who serve
1553 in our armed forces and among our veterans is a matter
1554 certainly of national concern. The 2012 National Strategy
1555 for Suicide Prevention identified the United States Air Force
1556 suicide program as a possible model for use in other settings
1557 including civilian. Are there particular evidence-based
1558 programs in use at either the Department of Veterans Affairs
1559 or the Department of Defense like the Air Force that you
1560 would recommend expanding to our civilian health care system
1561 as well?

1562 Admiral {Lushniak.} Well, certainly there are multiple
1563 programs within the VA system, within the DOD, within Health
1564 and Human Services. I will provide one example. Although,
1565 you know, evaluation is always the difficult thing with any
1566 programs, but I will describe the Lifeline, the crisis call-
1567 in line that exists out there. I mean, here is an example
1568 where last year in one year alone, a million calls come in to
1569 a Lifeline system. This is a call-in system that already--
1570 and there is evidence saying that once people have called in,
1571 there are positive repercussions from that call-in.

1572 So the reality is, we have systems built in all through,

1573 and the real question that ends up--and I will sort of go
1574 back to the Robin Williams tragedy recently, is the fact that
1575 there was another peak right after that tragedy of call-ins
1576 to that Lifeline, and it really does dovetail into, there are
1577 so many aspects to this, so many programs that exist right
1578 now, and I think right now, 2 years after the release of this
1579 strategy, we still are in the evaluation stage, along with
1580 the experts that are here at the table to come up with that
1581 final, you know, final set of recommendations, if you will,
1582 which is, what are we going to go with nationwide, what are
1583 we really going to push, because right now we have multiple
1584 pilots going on, and I think that we will be soon ripe for a
1585 time period where we can evaluate those programs and decide
1586 what really works, and it is going to be multiple answers.
1587 It is not going to be one--

1588 Dr. {Gingrey.} General, or I should say Admiral, thank
1589 you so much. I realize my time--and thank you for your
1590 patience, Mr. Chairman, and I yield back.

1591 Mr. {Murphy.} Thank you. I now recognize Mr. Tonko for
1592 5 minutes.

1593 Mr. {Tonko.} Thank you, Mr. Chair, and thank you to our
1594 witnesses. Many of you mentioned the impact that suicide has
1595 not only on the victim but the toll it takes on surrounding
1596 family, friends and community. I would venture to say that

1597 everyone in this room today has been personally affected by
1598 suicide at some point in his or her life. The numbers
1599 surrounding this epidemic are astounding. While we are in
1600 this hearing today, it is estimated that nine people across
1601 this country will complete suicide.
1602 Dr. Moutier, just to ensure that everyone in this room
1603 and watching this hearing has access to accurate information,
1604 what actions should one take if they or someone they know is
1605 expressing risk signs for suicide?
1606 Dr. {Moutier.} Sure. I think the first thing to say,
1607 which sounds very basic, but if it is somebody that you know
1608 and not yourself is to don't write it off, don't write off
1609 that thing that you just observed to the stress of the day
1610 because we do a lot of that in our society. So I think just
1611 approaching the person in a caring, concerned way and
1612 engaging in a caring conversation just like you would
1613 normally. Mental health, we need to get all the, you know,
1614 mysterious sort of stigma out of it and just start having
1615 normal conversations that express caring, that say if you are
1616 in that kind of distress, I want to help you get the help
1617 that is going to get you back to your normal baseline way of
1618 being, that this is something that can happen to anyone of
1619 us. It is part of the human condition, so normalizing that.
1620 If it is a matter of safety, then of course you have to

1621 act a little more urgently, and in that case, certainly local
1622 emergency departments are available. Also, the National
1623 Suicide Prevention Lifeline, 1-800-273-TALK is a number to
1624 call 24/7 for yourself or for somebody you are concerned
1625 about.

1626 Mr. {Tonko.} Thank you. And Dr. Moutier, the
1627 Affordable Care Act in conjunction with the Mental Health
1628 Parity and Addiction Equity Act, all of those have
1629 strengthened insurance coverage for mental health benefits
1630 for an estimated 60 million people, yet according to a recent
1631 New York Times story detailing experiences in Kentucky, many
1632 people are still having trouble accessing coverage due to an
1633 overwhelmed delivery system. Failure to access services in a
1634 timely fashion could be devastating for those contemplating
1635 suicide as you just indicated. What more do we need to do to
1636 ensure that there will be an adequate supply of providers to
1637 handle the mental health needs of our community?

1638 Dr. {Moutier.} I think it starts with both improved
1639 training of the existing health care workforce as well as
1640 down the pipeline, the medical students and other disciplines
1641 who are coming up. People may be shocked to know that in
1642 only two States in our country is suicide education a small
1643 module on suicide even mandated for mental health clinicians
1644 who are in training. So we have so much work to do, and in

1645 some ways I would say that should give us hope because we can
1646 do that kind of thing. You have already heard that to expand
1647 the workforce of mental health clinicians is right now we
1648 sort of just tied our own hands behind our back. We are not
1649 able to do that when we can't even expand our residency
1650 training programs and other disciplines as well. So I think
1651 there are a number of things that can be done from a policy
1652 standpoint that we should really take a hard look at that are
1653 creating the obstruction.

1654 Mr. {Tonko.} Thank you very much.

1655 Admiral Lushniak, in your testimony you refer to the
1656 recent World Health report on suicide. Does this report tell
1657 us where the United States stands in comparison to other
1658 nations in preventing suicides, and if so, are there lessons
1659 to be learned from other countries, other cultures that are
1660 doing a better job of preventing suicide?

1661 Admiral {Lushniak.} Well, in terms of the lessons,
1662 where we stand, I will have to get back with you on that data
1663 set in terms of how we stand relative to other nations, but
1664 certainly when we look at what is going on in the world,
1665 right, we know that national-based programs tend to work, and
1666 it really goes back to what I have said earlier. We start
1667 off small but things that do work ultimately can be put at
1668 the national level. We mentioned examples of the United

1669 Kingdom, right, where there are access, for example, a 24-
1670 hour crisis line, assertive outreach for people with severe
1671 mental illness, written policies on follow-up for those
1672 patients. Taiwan, I talked about a 63 percent reduction. We
1673 also have evidence that means reduction, right, the means of
1674 that suicide being reduced, and I will describe something
1675 that sounds very strange but in Australia, as a result of
1676 motor vehicle exhaust suicides, there was a link to changes
1677 in their carbon monoxide emission standards. So an
1678 engineering improvement, an air pollution improvement in fact
1679 led to a change, to a decrease in carbon monoxide poisonings.
1680 I think we have to look at the world and learn from those
1681 aspects, that in fact we haven't talked much about the means
1682 of suicide and we talked a little bit about safety, we talked
1683 about the idea, but across the board, if we are able to have
1684 some control of the means of that death by suicide, we can
1685 actually have impacts, and we see that from the international
1686 realm.

1687 Mr. {Tonko.} Thank you. Some very interesting
1688 concepts, and with that, Mr. Chair, I yield back.

1689 Mr. {Murphy.} The gentleman yields back. I now
1690 recognize Ms. Schakowsky for 5 minutes.

1691 Ms. {Schakowsky.} You know, Dr. Moutier, I was
1692 concerned after Robin Williams' suicide that some people were

1693 saying in their tributes to him, he is now finally at peace,
1694 that he is in a better place. I am glad to hear that there
1695 were more calls to suicide hotlines but were there more
1696 suicides?

1697 Dr. {Moutier.} That won't be known for some time
1698 because of this problem with surveillance that you have been
1699 hearing about, so even when we ask the question, is the
1700 program working for preventing suicide, we are operating on
1701 the most recent data from the CDC, which is 2011. We are 3
1702 years--

1703 Ms. {Schakowsky.} I just think that--and you were
1704 talking about language before. I think when someone does
1705 take his or her own life that people should be encouraged to
1706 say if you are feeling suicidal, get help, you know, rather
1707 than oh, finally, you know, like sometimes we will say
1708 someone who has been suffering with cancer where they are
1709 finally out of their misery and in a better place. That is
1710 not applicable, I don't think, here.

1711 The other thing, Dr. Brent, I know you focus on, or you
1712 have dealt with adolescents and young adults. I hope all of
1713 you actually will check out--I have a bill called the Mental
1714 Health on Campus Improvement Act. A friend of mine, her son
1715 at Harvard committed suicide, just horribly tragic, and it
1716 has a public health component, a campus health component but

1717 also authorizes a grant program to give campuses more
1718 resources to address mental health, and I know the
1719 Association for University and College Counseling Centers
1720 directors have been very supportive of this legislation.
1721 So Brent, are we doing enough in our educational
1722 institutions and on campuses?
1723 Dr. {Brent.} Well, obviously I don't think we can ever
1724 we are doing enough, but I think that the Jed Foundation,
1725 which is a foundation focused on college suicide that is
1726 based in New York, has done a tremendous job with setting
1727 certain standards for what campuses ought to have in terms of
1728 availability of mental health and actually certifying
1729 campuses as having exemplary programs, and I believe there
1730 have even been some evaluations of these interventions that
1731 are--that have shown some beneficial effects.
1732 Ms. {Schakowsky.} The Jet Foundation?
1733 Dr. {Brent.} Jed, J-e-d. It is named for--Phil and
1734 Donna Satow, it is named for their son, who committed suicide
1735 when he was at Arizona State University.
1736 Ms. {Schakowsky.} Dr. Lushniak or Dr. Dvoskin, I
1737 wondered if you want to just comment on that.
1738 Admiral {Lushniak.} Let me go back to sort of the first
1739 part of your question and the issue--and it is a
1740 flabbergasting issue and the issue of sort of how the media

1741 can portray can really affect the public perception of this,
1742 and we saw this come on as Robin Williams' suicide. We have
1743 goals within our national strategy, and two of them are very
1744 particular to this. Goal number two is implement research
1745 and foreign communication efforts, and goal number four is
1746 promote responsible media reporting, and this framework for
1747 successful messaging, it is an initiative designed to advance
1748 this national strategy of changing the public conversation
1749 about suicide and suicide prevention. The Alliance that I
1750 had mentioned, this National Action Alliance for Suicide
1751 Prevention, the private-public partnership, in fact has an
1752 institute that is now set up to provide journalists with
1753 crucial training to effectively communicate to the public
1754 about suicide and mental health.

1755 I think there are two aspects to this from a public
1756 health perspective, public health communication perspective,
1757 one of which is, we can't stigmatize the concepts of severe
1758 mental illness, mental health issues nor stigmatize a
1759 conversation about suicide. Long gone are the days that
1760 these are whispered in hallways--oh, did you hear what
1761 happened, this is terrible. We need to bring it front and
1762 center as a public health issue with scientific evidence that
1763 can solve that public health issue.

1764 At the same time, we have to be able to work with the

1765 media, we have to work with public communications aspects of
1766 our society that don't portray suicide as an answer to a
1767 problem.

1768 Ms. {Schakowsky.} Right.

1769 Admiral {Lushniak.} That somehow it is successful, that
1770 somehow it is glorified. We really have to be able to still
1771 have that public perception that this is something that has
1772 innate and multiple factors associated with it, but it is
1773 preventable.

1774 Ms. {Schakowsky.} Thank you.

1775 Admiral {Lushniak.} I will follow up with one last
1776 imagery, and that is my daughter last night at dinner, and
1777 she asked me Dad, what are you doing tomorrow. I said I was
1778 honored to be brought in front of this subcommittee. What
1779 are you talking about, Dad--a 17-year-old senior in high
1780 school--and I said I am talking about suicide prevention.
1781 Her answer was, it is not preventable, it just happens, and
1782 we have to change that. That is the daughter of the Acting
1783 Surgeon General. We had a long conversation afterwards.

1784 Ms. {Schakowsky.} Doctor, I know Dr. Dvoskin wants to
1785 say something.

1786 Mr. {Dvoskin.} I just wanted to add, in Vienna,
1787 Austria, they had a spate of suicides by people jumping in
1788 front of subway trains, and they were all on the front page

1789 above the fold of the two newspapers in Vienna. They were
1790 owned by families, and the two publishers got together and
1791 had a meeting that was occasioned by a social science
1792 researcher who said to them, you are making this worse
1793 because every time you publicize these suicides in this
1794 manner, the rate goes way up. They made a gentlepersons'
1795 agreement to stop doing it. They stopped putting the suicide
1796 reports on the front page, and the phenomenon stopped
1797 immediately. There is a study that is published--I will get
1798 it to the chairman--

1799 Ms. {Schakowsky.} I would be interested, because in
1800 Chicago area, we have had that problem with people jumping in
1801 front of trains. It has been in the--

1802 Mr. {Dvoskin.} We had the same thing with mass
1803 homicide. They put the picture of the perpetrator three
1804 times the size of the anchor and it makes the perpetrators of
1805 mass homicide the most interesting, fascinating people in
1806 America, which is exactly what they wanted, and it makes it
1807 seem like a way to be cool and to matter and to no longer be,
1808 you know, depressed and sad and disconnected and feeling
1809 insignificant. All you got to do is kill a bunch of people,
1810 and the electronic media is making it worse.

1811 Ms. {Schakowsky.} Get us the Hamburg study. I would
1812 like to see it. Thank you.

1813 Mr. {Murphy.} I thank the members. I thank the
1814 panelists.
1815 Just clarifying questions, Dr. Moutier and Dr. Brent.
1816 You said substance abuse, that increases risk. Any
1817 particular substances?
1818 Dr. {Moutier.} It is across the board but certainly
1819 alcohol would be the most common, and just to clarify, there
1820 are people with addictions who are at risk for suicide, and
1821 then there is the use of substances in the act of dying by
1822 suicide, and they are overlapping but sort of separate
1823 subsets, and in about half the cases of suicide, a substance
1824 was at play.
1825 Mr. {Murphy.} Thank you. I just want to clarify too,
1826 in the study referred to as the Good Behavior Game that was
1827 referenced, my understanding is that the authors of that
1828 study said it did reduce suicide ideation but had no impact
1829 on suicide acts, but the idea that you are all bringing up is
1830 evidence-based is important.
1831 Now, I want to end this with an important note and ask
1832 you each a simple question. Can we prevent suicide with
1833 proper intervention? Dr. Lushniak?
1834 Admiral {Lushniak.} Without a doubt, sir.
1835 Mr. {Murphy.} Dr. Brent?
1836 Dr. {Brent.} Yes.

1837 Mr. {Murphy.} Dr. Moutier?

1838 Dr. {Moutier.} Absolutely, yes.

1839 Mr. {Murphy.} Dr. Dvoskin?

1840 Mr. {Dvoskin.} Yes.

1841 Mr. {Murphy.} Does treatment work for people with

1842 mental illness? Dr. Lushniak?

1843 Admiral {Lushniak.} Yes.

1844 Mr. {Murphy.} Dr. Brent?

1845 Dr. {Brent.} Some of the time, but it is better than no

1846 treatment.

1847 Mr. {Murphy.} Dr. Moutier?

1848 Dr. {Moutier.} Yes, and it needs to be the right

1849 treatment.

1850 Mr. {Murphy.} Thank you. And Dr. Dvoskin?

1851 Mr. {Dvoskin.} Yes.

1852 Mr. {Murphy.} And that is important what you said. The

1853 proper treatment will work, and that is why we have to get

1854 people to access with the right trained professionals.

1855 Now, one more time, Dr. Moutier, what is that phone

1856 number people can call?

1857 Dr. {Brent.} 1-800-273-TALK, and that is the National

1858 Suicide Prevention Lifeline.

1859 Mr. {Murphy.} And there are lifelines in people's

1860 communities as well they can look up.

1861 I want to thank this committee. I know that we will be
1862 breaking here for the next weeks and Congress will not be
1863 here. This committee is exemplary. I continue to get
1864 comments around the Nation as I visit communities to talk
1865 about mental health. This is an issue that Congress has not
1866 been willing to take up at all, let alone in the depth, so
1867 this is exemplary, and my colleagues on both sides of the
1868 aisle share the passion for helping people in mental health
1869 crisis. I want to thank you all.
1870 I also want to ask unanimous consent. Dr. Burgess asked
1871 if we can include articles, one from Health and Science, When
1872 Doctors Commit Suicide, It Is Often Hushed Up, and an article
1873 from the New York Times, why do doctors commit suicide. I
1874 would also like to submit for the record an article from the
1875 American Journal of Psychiatry, Modifying Resilience
1876 Mechanisms in High-Risk Individuals, a controlled study of
1877 mindfulness training in Marines preparing for deployment by
1878 Dr. Johnson, Potterat and others. Without objection, I will
1879 include those in the record.
1880 [The information follows:]

1881 *************** COMMITTEE INSERT ***************

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1882 Mr. {Murphy.} Let me also say, I unanimous consent that
1883 the members' opening statements be introduced in the record.
1884 Without objection, those will be there.
1885 [The information follows:]

1886 *************** COMMITTEE INSERT ***************

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1887 Mr. {Murphy.} I would like to thank all the witnesses
1888 and members that participated in today's hearing. I remind
1889 members they have 10 business days to submit questions to the
1890 record, and I ask that all the witnesses agree to respond
1891 promptly to the questions.
1892 Thank you so much for your dedication and passion, and
1893 with that, I adjourn this hearing.
1894 [Whereupon, at 1:16 p.m., the Subcommittee was
1895 adjourned.]