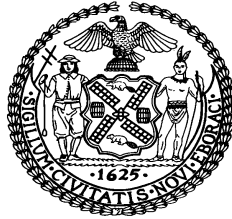


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THE COUNCIL OF THE CITY OF NEW YORK

BRIEFING PAPER OF THE HUMAN SERVICES DIVISION

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OVERSIGHT: VETERAN SUICIDE AND MENTAL HEALTH

I. INTRODUCTION

On February 27, 2019, the Committee on Veterans, chaired by Council Member Chaim Deutsch, and the Committee on Mental Health, Disabilities, and Addiction, chaired by Council Member Diana Ayala (“the Committees”), will hold a joint oversight hearing to evaluate the issue of veteran suicide within the context of the mental health services that are available to veterans throughout the five boroughs. The Committees previously held a joint hearing on the topic of Mental Healthcare for New York City Veterans in November 2017. Those invited to testify include representatives of the Department of Veterans Services (DVS), the Department of Mental Health and Hygiene (DOHMH), as well as a range of veterans’ and mental health advocates.

II. BACKGROUND

Suicide and Veterans

In the United States, mental health challenges and suicide among veterans is a national crisis.¹ While suicide is the 10th leading cause of death in the United States generally,² suicide among veterans is nearly twice that of the general population, with an average of 20 veterans taking their lives every day.³ The United States Department of Veterans Affairs (VA) has studied this issue and has periodically released data reports with the goal of creating a data-driven approach to suicide prevention.⁴ A recent report revealed the following significant findings:

¹ See, e.g., “Veteran Suicide Remains a Crisis in NY and the US,” NYC Veterans Alliance, available at https://www.nycveteransalliance.org/veteran_suicide_crisis.

² “VA National Suicide Data Report, 2005–2016,” U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention, Sept. 2018, available at https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf.

³ See, e.g., “Suicide Among Veterans Is Rising. But Millions for Outreach Went Unspent by V.A.,” N.Y. Times, Dec. 18, 2018, available at <https://www.nytimes.com/2018/12/18/us/veterans-suicide-prevention.html>.

⁴ “VA Releases National Suicide Data Report for 2005-2016,” U.S. Department of Veterans Affairs Office of Public and Intergovernmental Affairs, Sept. 26, 2018, available at <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5114>.

- From 2015 to 2016, the overall current and former service member suicide count decreased from 7,663 to 7,298 deaths (decrease of 365, or 4.7 percent), the veteran-specific suicide count decreased from 6,281 to 6,079 deaths (decrease of 202, or 3.2 percent), and the veteran unadjusted suicide rate decreased from 30.5/100,000 to 30.1/100,000;
- Overall, about 20 current or former service members die each day, six have been in VA health care and 14 were not;
- Rates of suicide were highest among younger veterans (ages 18-34) and lowest among older veterans (ages 55 and older). However, because the older veteran population is the largest, this group accounted for 58.1 percent of veteran suicide deaths in 2016;
- The rate of suicide among 18-34-year-old veterans continues to increase;
- The use of firearms as a method of suicide remains high. The percentage of suicide deaths that involved firearms was 67.0 percent in 2015 and 69.4 percent in 2016;
- Of the 20 daily suicides, 16.8 were specifically veterans and 3.8 were active-duty servicemembers, guardsmen, and reservists (this amounts to 6,132 veterans and 1,387 servicemembers dying by suicide in one year).⁵

While veteran suicide is recognized as a national crisis, there is no clear data on what the exact underlying causes of this crisis are. Some well-documented contributing factors include: problems accessing adequate, comprehensive healthcare (including mental healthcare); homelessness and related financial stressors; chronic pain and substance use disorder; and denial of military sexual trauma (MST) claims and correlating mental health conditions.⁶ Additionally,

⁵ “VA Reveals its Veteran Suicide Statistic Included Active-Duty Troops,” Stars and Stripes, June 20, 2018, available at <https://www.stripes.com/news/us/va-reveals-its-veteran-suicide-statistic-included-active-duty-troops-1.533992>.

⁶ See, e.g., “Veteran Suicide Remains a Crisis in NY and the US,” NYC Veterans Alliance, available at https://www.nycveteransalliance.org/veteran_suicide_crisis.

some advocates have argued that the VA has not devoted enough resources to this issue, and that much more can and should be done to address veteran suicide nationally.⁷

Posttraumatic Stress Disorder (PTSD)

While there are many underlying mental health conditions that can lead to suicide, one of the primary reasons that veterans are particularly vulnerable to this outcome is posttraumatic stress disorder (PTSD), a mental health condition that can exacerbate other mental health conditions. According to the American Psychiatric Association (APA), PTSD is a “psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault.”⁸ Historically, PTSD has been referenced by many names in relation to military personnel and veterans, including “shell shock” during the years of World War I and “combat fatigue” after World War II.⁹ Notably, PTSD is not exclusive to military personnel and may occur in all people regardless of ethnicity, nationality, culture, experience, or age.

In general, PTSD affects approximately 3.5 percent of the United States adult population; the APA estimates that 1 in 11 people will be diagnosed with PTSD during their lifetime.¹⁰ According to studies, women are twice as likely as men to have PTSD.¹¹

While it is natural for an individual to feel afraid during and immediately following a serious crisis, most people begin to feel better within a few weeks or months after a traumatic event. Some individuals, however, may experience long-lasting symptoms from such an event, which interfere with their ability to maintain healthy relationships or manage day-to-day

⁷ See, e.g., “Suicide Among Veterans Is Rising. But Millions for Outreach Went Unspent by V.A.,” N.Y. Times, Dec. 18, 2018, available at <https://www.nytimes.com/2018/12/18/us/veterans-suicide-prevention.html>.

⁸ “What is Posttraumatic Stress Disorder?,” American Psychiatric Association, available at <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>.

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

responsibilities such as employment.¹² Individuals with PTSD have intense and disturbing thoughts and feelings related to their experience long after the traumatic event has ended; these feelings may manifest themselves in flashbacks, bad dreams, and frightening thoughts.¹³ Symptoms of short-term (acute) or ongoing (chronic) PTSD may include some or all of the following:¹⁴

- Avoidance symptoms, such as staying away from people, places, or objects that are reminders of the traumatic experience;
- Arousal and reactivity symptoms that manifest as the individual appearing easily startled, feeling tense, having difficulty sleeping or experiencing angry outbursts;
- Cognition and mood symptoms including difficulty recalling key features of the traumatic event, negative thoughts about self or the world, distorted feelings of guilt or blame and a loss of interest in what were previously enjoyable activities.

It should be noted that not everyone who experiences a dangerous or traumatic event will develop PTSD, but risk factors such as injury, seeing another person hurt or killed, childhood trauma, feeling horror, helplessness, or extreme fear, and the absence of social supports following a traumatic event are key contributing factors.¹⁵

Conversely, resiliency factors to mitigate PTSD symptomology include the ability to seek support from others, such as family or friends, learning to feel good about one's own actions in the face of danger, and the opportunity to develop positive coping strategies by examining feelings and learning to identify, act, and respond effectively to negative feelings despite feelings of fear.¹⁶

¹² "Post-Traumatic Stress Disorder," National Institute of Mental Health, *available at* <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>.

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

Treatment for PTSD most often utilizes pharmacological interventions in conjunction with psychotherapies. *Exposure therapy*, which gradually exposes the individual to the trauma they experienced in a safe way, or *cognitive restructuring therapy*, which can help the individual to identify and process feelings of guilt and shame by reframing what happened in a more realistic manner, are often used in tandem with medication protocols.¹⁷

Notably, prevalence among veterans with PTSD varies by service era:¹⁸

- **Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF):** About 11 to 20 out of every 100 Veterans (or between 11 to 20 percent) who served in OIF or OEF have PTSD in a given year;
- **Gulf War (Desert Storm):** About 12 out of every 100 Gulf War Veterans (or 12 percent) have PTSD in a given year;
- **Vietnam War:** About 15 out of every 100 Vietnam Veterans (or 15 percent) were currently diagnosed with PTSD at the time of the most recent study in the late 1980's, according to the National Vietnam Veterans Readjustment Study (NVVRS). It is estimated that about 30 out of every 100 (or 30 percent) of Vietnam Veterans have had PTSD in their lifetime.

PTSD and Comorbidities: Veteran-Specific Mental Health Issues

According to the VA, “trauma has an impact on individuals and on society that goes beyond PTSD.”¹⁹ Veterans and military personnel may also experience other mental health challenges that are related, but not necessarily overlapping, to PTSD. These related issues may include the following:

¹⁷ *Id.*

¹⁸ “How Common is PTSD in Veterans?,” U.S. Department of Veterans Affairs, *available at* https://www.ptsd.va.gov/understand/common/common_veterans.asp.

¹⁹ “More Related Problems,” U.S. Department of Veterans Affairs, *available at* https://www.ptsd.va.gov/understand/related/more_problems.asp.

- **Anger:** According to the VA, anger is a common and appropriate response to trauma rooted within the natural survival instinct.²⁰ When faced with an extreme threat, anger may help a person survive trauma within the moment. However, people with PTSD may become “stuck” in survival mode and begin reacting to any stress with what the VA refers to as “full activation” – this may include inappropriate outbursts of rage or extreme emotion.²¹
- **Depression:** Depression is common in PTSD survivors and may range from loss of interest in doing things that were once meaningful and pleasurable, to loss of appetite, difficulty sleeping, an increased tendency to isolate, and feelings of hopelessness and despair.
- **Traumatic Brain Injury (TBI):** TBI occurs from a sudden blow to the head and brain injury is often diagnosed in the aftermath of an accident, blast, or fall.²² Like a concussion, TBI can be mild, moderate, or severe, with severity being measured by the length of time of unconsciousness. Common symptoms of TBI can range from headaches and vision problems, to cognitive impairments, depression, and personality changes.²³ According to the VA, “conflicts OEF/OIF have resulted in increased numbers of Veterans who have TBI. The main causes of TBI in OEF/OIF Veterans are blasts, motor vehicle accidents, and gunshot wounds. The Department of Defense and the Defense and Veteran's Brain Injury Center estimate that 22 percent of all OEF/OIF combat wounds are brain injuries. This is compared to TBI in 12 percent of combat wounds that occurred in Vietnam.”²⁴

²⁰ “Anger and Trauma,” U.S. Department of Veterans Affairs, *available at* <https://www.ptsd.va.gov/understand/related/anger.asp>.

²¹ *Id.*

²² “Traumatic Brain Injury (TBI),” U.S. Department of Veterans Affairs, *available at* https://www.ptsd.va.gov/understand/related/tbi_ptsd.asp.

²³ *Id.*

²⁴ *Id.*

- **Chronic Pain:** The VA reports approximately one in three Americans suffer from some sort of chronic pain in their lifetimes, with the most common physical pain problems occurring in the neck or lower back.²⁵ Individuals who experience chronic pain are often among those diagnosed with depression and, because pain and disability are often linked, some individuals may feel a significant loss of control over their ability to live a happy and productive life.²⁶ Research has also shown that survivors of physical, psychological, or sexual abuse tend to be more at risk for developing chronic pain later in life.²⁷ And because chronic pain can stem from trauma, approximately 15 to 35 percent of patients with chronic pain also have PTSD, which tends to make the PTSD symptoms worse, especially in survivors of physical, psychological, or sexual abuse.²⁸
- **Sleep Problems:** Individuals with PTSD are more likely to have difficulty sleeping due to a heightened sense of vigilance or feeling that they must be “on alert” to protect themselves from danger. Negative or intrusive thoughts and other medical problems including chronic pain can also make it difficult to sleep. For individuals with PTSD, a staggering 71 to 96 percent may experience nightmares several times week.²⁹ Additionally, there is a higher prevalence of panic disorders among individuals with PTSD.³⁰
- **Substance Misuse:** While individuals with PTSD are more likely than others to experience substance use problems, people with substance use problems are also more likely to suffer

²⁵ “Chronic Pain and PTSD: A Guide for Patients,” U.S. Department of Veterans Affairs, *available at* https://www.ptsd.va.gov/understand/related/chronic_pain.asp.

²⁶ *Id.*

²⁷ *Id.*

²⁸ *Id.*

²⁹ “Sleep and PTSD,” U.S. Department of Veterans Affairs, *available at* https://www.ptsd.va.gov/understand/related/sleep_ptsd.asp.

³⁰ *Id.*

from PTSD.³¹ In fact, having a PTSD diagnosis increases the risk that an individual may develop a drinking or substance use problem. It is not uncommon for people to self-medicate in an effort to cope with behavioral health issues, and VA studies show a high correlation between PTSD and substance use disorders (SUDs) within military groups.³²

- **Suicide:** Individuals with chronic and painful physical and/or psychological health may become overwhelmed and experience feelings of hopelessness, depression, and in some cases, even thoughts of suicide.³³ According to the VA, men are more likely to die by suicide than women. Similar to national statistics, the VA reported suicide rates among U.S. males to be 19.4 out of every 100,000 compared to 4.9 out of every 100,000 females.³⁴
- **Other Related Problems:** Beyond PTSD, other reactions to trauma may include acute stress disorder, self-harm, difficulty maintaining employment, and for some, resulting involvement with the criminal justice system.³⁵

III. VETERAN SUICIDE IN NEW YORK

Between 2005 and 2016, the VA compiled and analyzed data pertaining to veteran suicide across all 50 states. Its statistics indicate that the number of veteran suicides in New York decreased between 2014 and 2016, the three most recent years for which data is available. Between 2014 and 2016, veteran suicides in New York fell from 190 to 152 in 2016, which represents a decline of 19.47 percent.³⁶ VA data also indicates that, in recent years, New York has had a lower

³¹ “Substance Misuse,” U.S. Department of Veterans Affairs, *available at* https://www.ptsd.va.gov/understand/related/substance_misuse.asp.

³² *Id.*

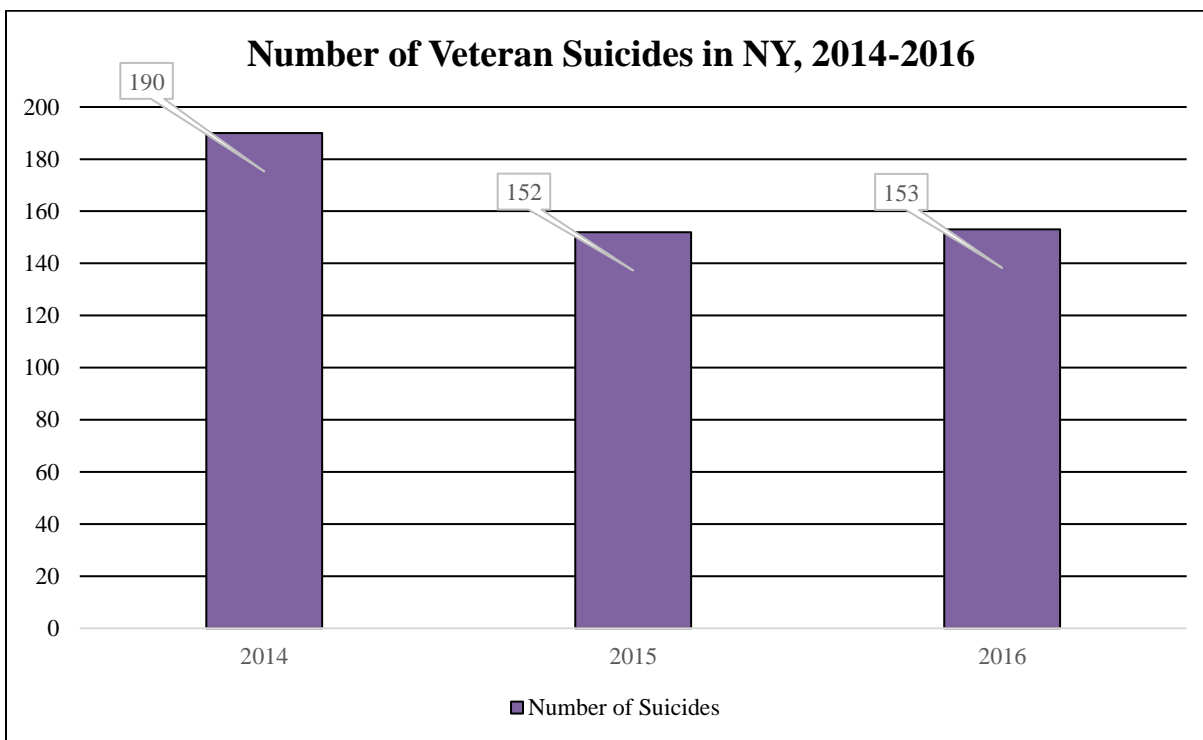
³³ “Suicide and PTSD,” U.S. Department of Veterans Affairs, *available at* https://www.ptsd.va.gov/understand/related/suicide_ptsd.asp.

³⁴ *Id.*

³⁵ U.S. Department of Veterans Affairs, 2018. PTSD: More Related Problems, *available at* https://www.ptsd.va.gov/understand/related/more_problems.asp.

³⁶ “New York Veteran Suicide Data Sheet, 2016,” *available at* https://www.mentalhealth.va.gov/docs/data-sheets/2016/New-York_2016.pdf.

rate of veteran suicide per 100,000 individuals relative to both the Northeastern Region, which also includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, Pennsylvania, Rhode Island, and Vermont, and the nation as a whole.³⁷ In 2014, New York had a veteran suicide rate of 22.0 per 100,000 individuals, relative to the Northeastern region’s rate of 24.6 and the national rate of 30.1.³⁸ In 2015, New York had a suicide rate of 18.1 veterans per 100,000 people, as opposed to 22.2 for the Northeastern region, and 29.7 for the nation.³⁹ And in 2016, New York had a suicide rate of 19.0 veterans per 100,000 people, which is was less than both the rate of 23.9 for the Northeastern region and 30.1 for the entire country.⁴⁰

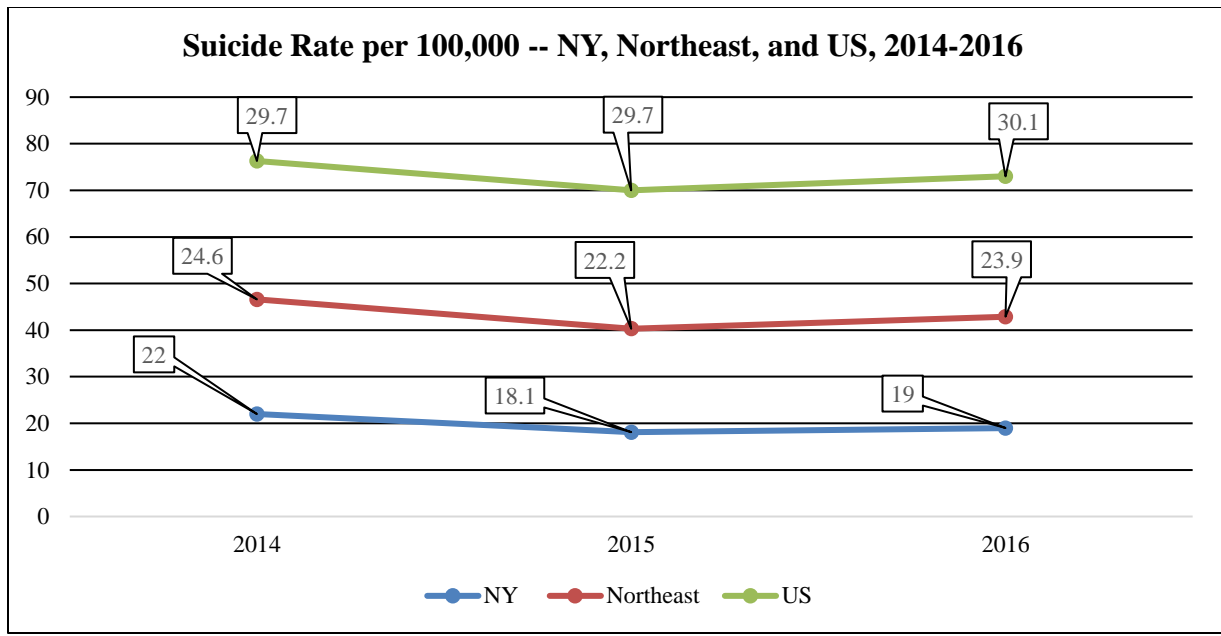


³⁷ *Id.*

³⁸ “New York Veteran Suicide Data Sheet, 2014,” available at https://www.mentalhealth.va.gov/docs/data-sheets/2014/New-York_2014.pdf.

³⁹ “New York Veteran Suicide Data Sheet, 2015,” available at https://www.mentalhealth.va.gov/docs/data-sheets/2015/New-York_2015.pdf.

⁴⁰ “New York Veteran Suicide Data Sheet, 2016,” available at https://www.mentalhealth.va.gov/docs/data-sheets/2016/New-York_2016.pdf.



IV. MENTAL HEALTH RESOURCES FOR VETERANS IN NEW YORK CITY

NYC Department of Veterans' Services

The New York City Department of Veterans' Services (DVS), established in 2016 pursuant to Local Law x of 20xx, has made mental health and wellness one of its main priorities by implementing VetsThrive NYC, a veteran-specific component of the City's ThriveNYC initiative. VetsThriveNYC is a consortium of NYC-based experts in the fields of mental and physical health.⁴¹ The purpose of the consortium is to "generate ideas, support, and ultimately develop community-based programs of care for veterans and their families."⁴² DVS also refers veterans to NYserves, a citywide network of public, nonprofit and private service providers who specialize in working with veterans and military families. Some of its member organizations include Hope for

⁴¹ "How New York City Invests in Veterans," available at <https://americaserves.org/new-york-city-invests-veterans/>.

⁴² "NYC Veterans: Our Health Partners," available at <https://www1.nyc.gov/site/veterans/health/our-health-partners.page>.

the Warriors, Weil Cornell Medical College: Program for Anxiety & Traumatic Stress, and the Wounded Warrior Project.⁴³

Nonprofit Providers

The Steven A. Cohen Military Family Clinic at the New York University School of Medicine offers free and confidential services for veterans and their families, a telemental health program, psychiatric medication management, addiction counseling, and ADHD assessments.⁴⁴ Another prominent provider in the City is the Veterans Mental Health Coalition (VMHC), a joint initiative between the Mental Health Association of New York City (MHA-NYC) and the National Alliance for Mental Illness (NAMI-NYC Metro). The VMHC consists of over 950 members and it represents a cross-section of service providers, advocates, government officials, and academics. The VMHC promotes a wide array of services, including the Serving our Veterans Behavioral Health Certificate, a training program based on Department of Defense and VA guidelines, by which civilian behavioral health and primary care providers can learn about military orientation and specific issues that affect veterans and their families in order to provide culturally competent clinical care.

V. CONCLUSION

At today's hearing, the Committees will explore the mental health challenges veterans in New York City experience, including what services and resources are available to veterans experiencing such challenges and how effective and accessible these services and resources are. The Committees hope to determine what role the City can play to continue to support the mental

⁴³ "NYServes: Veteran Services," available at <http://newyorkcity.americaserves.org/veteran-services/>.

⁴⁴ "Military Family Clinic Programs & Services," available at <http://nyulangone.org/locations/steven-a-cohen-military-family-clinic/military-family-clinic-programs-services>.

health of its veteran residents and what it can and should be doing to help address this growing national crisis.