

**VA**



U.S. Department  
of Veterans Affairs

# VA's Suicide Prevention Strategy

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*VA Office of Mental Health and Suicide Prevention  
(OMHSP)*

*Suicide Prevention Program*

*May 23, 2019*

# Important Figures



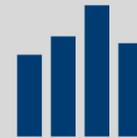
The rate of suicide was  
**1.8** *times higher among female Veterans*  
compared with non-Veteran adult women.  
\* after accounting for differences in age



The rate of suicide was  
**1.4** *times higher among male Veterans*  
compared with non-Veteran adult men.  
\* after accounting for differences in age



Male Veterans ages  
**18–34**  
*experienced the highest rates of suicide.*



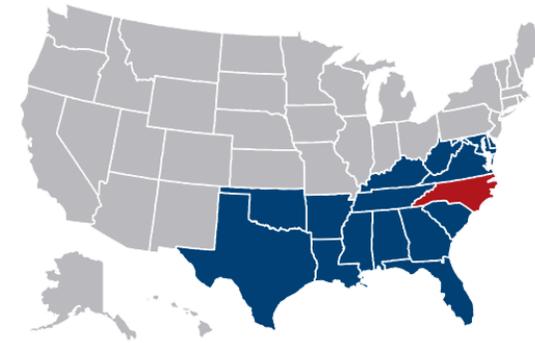
Male Veterans ages  
**55 and older**  
*had the highest count of suicide.*

**69%** *of all Veteran suicide deaths resulted from a firearm injury.*

# North Carolina Suicide Data

## North Carolina

### Veteran Suicide Data Sheet, 2016



The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2016 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.<sup>a</sup> This data sheet includes information about North Carolina Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

#### Southern Region

- Alabama
- Arkansas
- Delaware
- District of Columbia
- Florida
- Georgia
- Kentucky
- Louisiana
- Maryland
- Mississippi
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia
- West Virginia

After accounting for age differences,<sup>b</sup> the Veteran suicide rate in North Carolina:

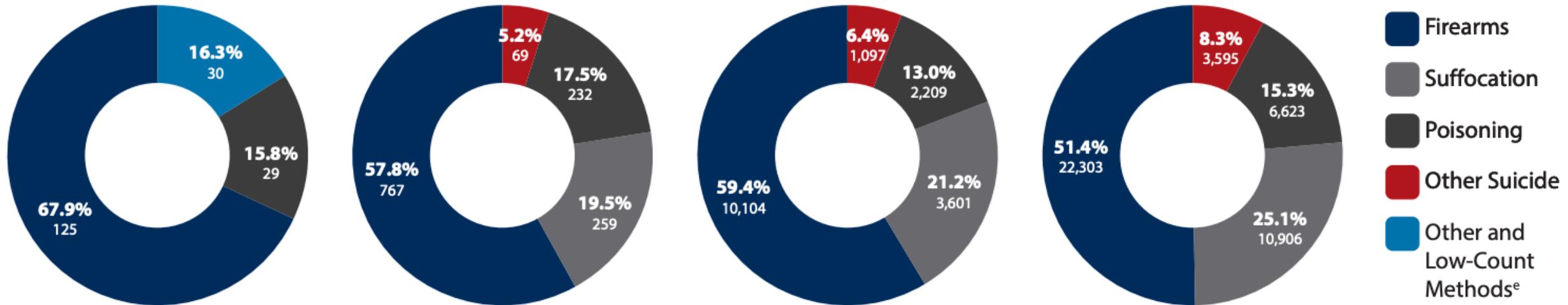
- Was significantly lower than the national Veteran suicide rate
- Was significantly higher than the national suicide rate

#### North Carolina Veteran Suicide Deaths, 2016

Sex	Veteran Suicides
Total	184
Male	171
Female	13

# North Carolina Suicide Data

North Carolina Veteran and Total North Carolina, Southern Region, and National Suicide Deaths by Method,<sup>d</sup> 2016



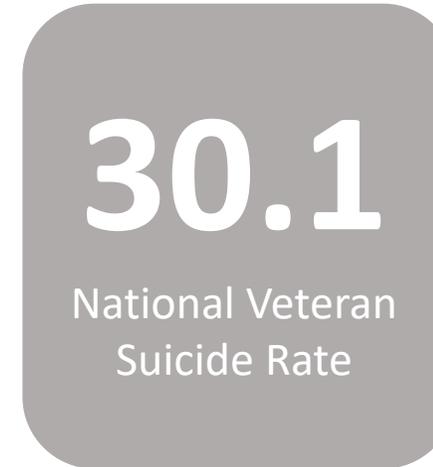
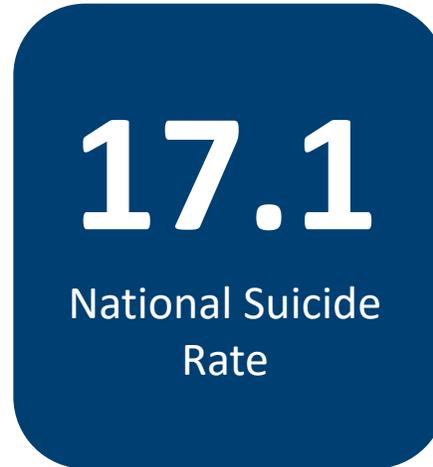
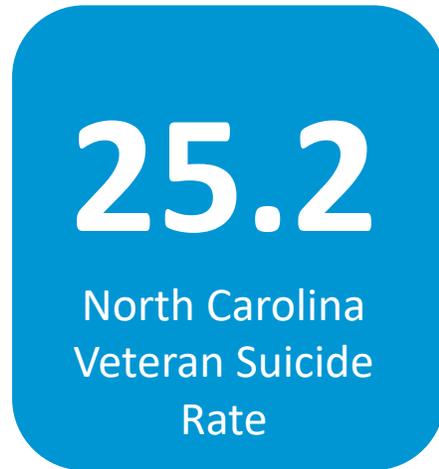
North Carolina Veteran Suicides

North Carolina Total Suicides

Southern Region Suicides

National Suicides

## Suicide Rate in North Carolina (2016)



After accounting for age differences, the Veteran suicide rate in North Carolina:

- Was significantly lower than the national Veteran suicide rate
- Was significantly higher than the national suicide rate

# Veterans Living in Rural Communities

4.7

million Veterans are rural

52%

of enrolled rural Veterans earn less than \$35,000 a year

56%

of enrolled rural Veterans are ages 65 and older

15%

of enrolled rural Veterans self-identify as a racial or ethnic minority

## Potential Benefits:

- Closer proximity to family, friends, and community
- Open space for recreation
- More privacy
- Lower cost of living

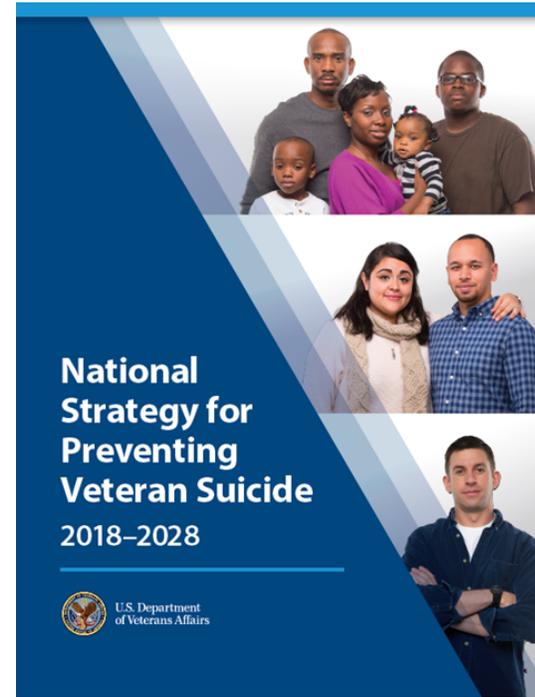
## Potential Challenges:

- Fewer health care facilities
- Provider and specialist shortages
- Limited internet access
- Limited transportation options

# National Strategy for Preventing Veteran Suicide

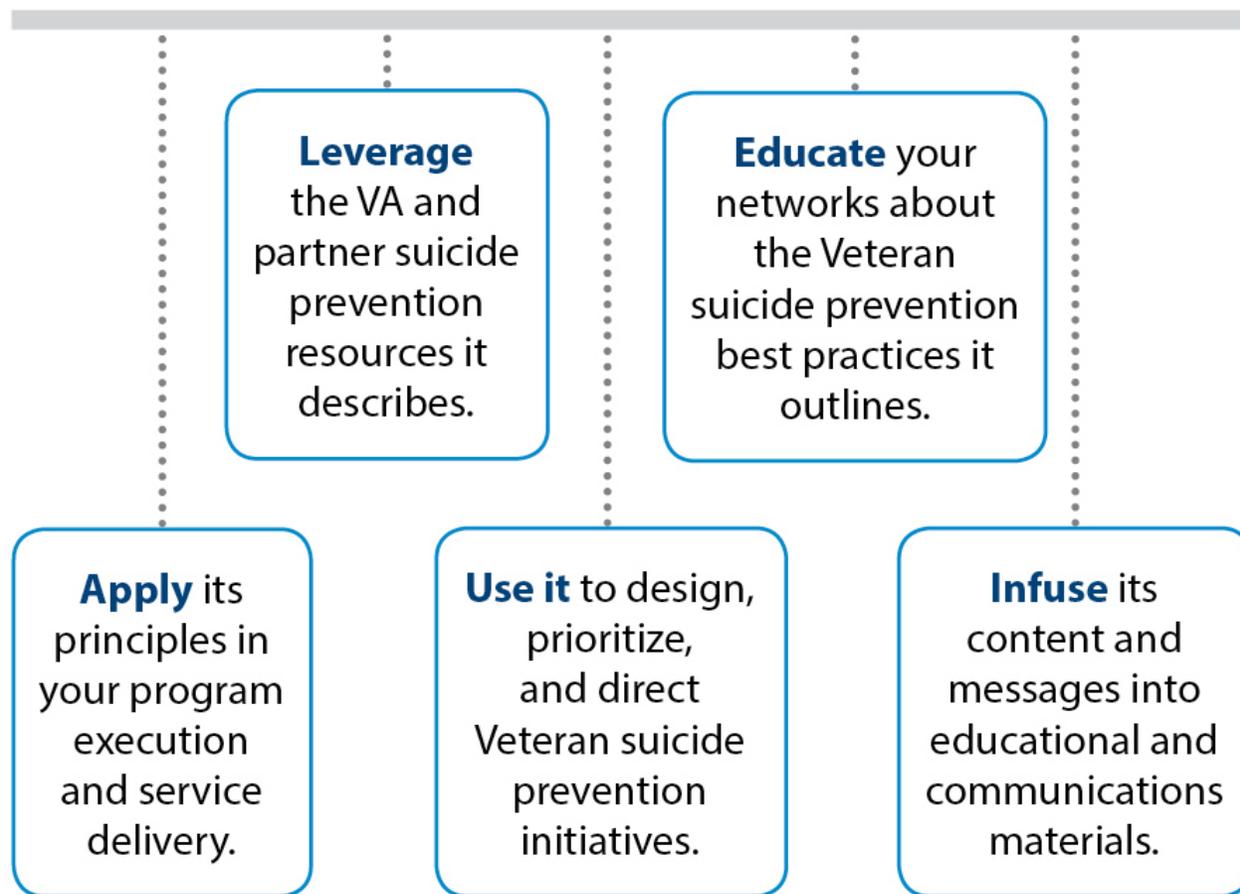
Clinical and community-based programs and providers have a critical role to play by:

- Screening Veteran patients for mental illnesses and alcohol misuse
- Routinely assessing Veteran patients' access to lethal means
- Getting educated on military culture and Veteran-specific issues and risks
- Linking Veterans in crisis with appropriate services and support
- Communicating and collaborating across multiple levels of care



Download at  
[www.mentalhealth.va.gov/  
suicide\\_prevention](http://www.mentalhealth.va.gov/suicide_prevention)

# A Call to Action: How Can You Apply the National Strategy?



# Executive Orders Updates

# EO 13822 Joint Action Plan Updates (January 2019)

- All 16 tasks outlined in the Joint Action Plan are on target for full implementation by projected completion dates.
- **Seven out of the 16 items** are completed and in data collection mode.
- Some of our early data collection efforts point towards:
  - Increased Veteran and transitioning service members (TSM) awareness and knowledge about mental health resources,
  - Increased facilitated health care registration, and
  - Increased engagement with peers and community resources through the Transition Assistance Program and Whole Health offerings.

**The 16 tasks are:** Early and Consistent Contact (1.1), Messaging Campaign (1.4), Warm Hand-offs for Peer Support (2.1), Peer Support Outreach (2.5), Peer Specialist Community Outreach Pilot (Clay Hunt; 2.6), Expand Military OneSource (3.3), Pre-transition VA Health Care Registration (1.2), Modification of Transition Assistance Program (TAP; 1.3), Increased VSO Engagement Pre-Transition (1.5), Readiness Standards (2.3), Screening and Identification (2.2), Predictive Analytics (2.7), Improved Monitoring (3.2), Whole Health Peer Groups (2.4), Easy Button (3.1), Build and Expand Partnership Models (3.4).

# EO 13822 Transition Assistance Program (TAP) Outcomes

- Through the Executive Order, transitioning service members (TSMs) are now provided the opportunity to **pre-register for VA health care pre-transition** during TAP, a new option.
  - By getting transitioning service members into the VA health care system earlier, VA can get them the care they need much quicker.
- Preliminary data shows that in July 2018, **34.69%** of 7,985 TSMs that attended the TAP VA modules in person pre-registered for VA health care before, during, or after their class attendance date.
- In addition, the TAP curriculum was modified to ensure TSMs are aware of **mental health resources available** during the first-year post-separation.
- Fiscal year 2018 4th Quarter data showed that **81%** of TSM respondents reporting being informed about accessing mental health services.

# EO 13822 Whole Health Outcomes

- Whole Health offerings, including Introduction to Whole Health offered by peer facilitators, are advertised directly to TSMs and their families through TAP and post-separation phone calls to offer an opportunity to connect with VA and to be referred into VA mental health care if needed or interested.
- For the period of March-September 2018, **96%** of VA Medical Centers report offering Introduction to Whole Health.
  - Introduction to Whole Health is open to all Veterans and employees.
- Nationally, the total number of reported participants in Introduction to Whole Health is over **7,200** and over **680** TSMs attended Introduction to Whole Health.
  - Approximately **6%** were referred to local Mental Health services post Introduction to Whole Health.
- Since February 2018, over **1,200** peer facilitators have been trained.

# Never Federally Activated Former National Guard or Reserve Members

- In 2016, former Guard and Reserve members who were never federally activated constituted about **10 percent** of the total number of suicides among current and former service members.
- VA recently developed and published an **online toolkit** for former Guard and Reserve members who were never federally activated, their families, and their providers.
  - The toolkit highlights a variety of mental health and suicide prevention resources available through VA and in the community.
  - The toolkit can be found at: [www.mentalhealth.va.gov/suicide\\_prevention/resources.asp](http://www.mentalhealth.va.gov/suicide_prevention/resources.asp).
- The **Vet Centers' Readjustment Counseling Services** provide a full spectrum of counseling services to Guard and Reserve members through 300 Vet Centers, 80 Mobile Vet Centers, and the Vet Center Call Center (**877-WAR-VETS**, or 877-927-8387).

# Other Than Honorable (OTH) Service Members

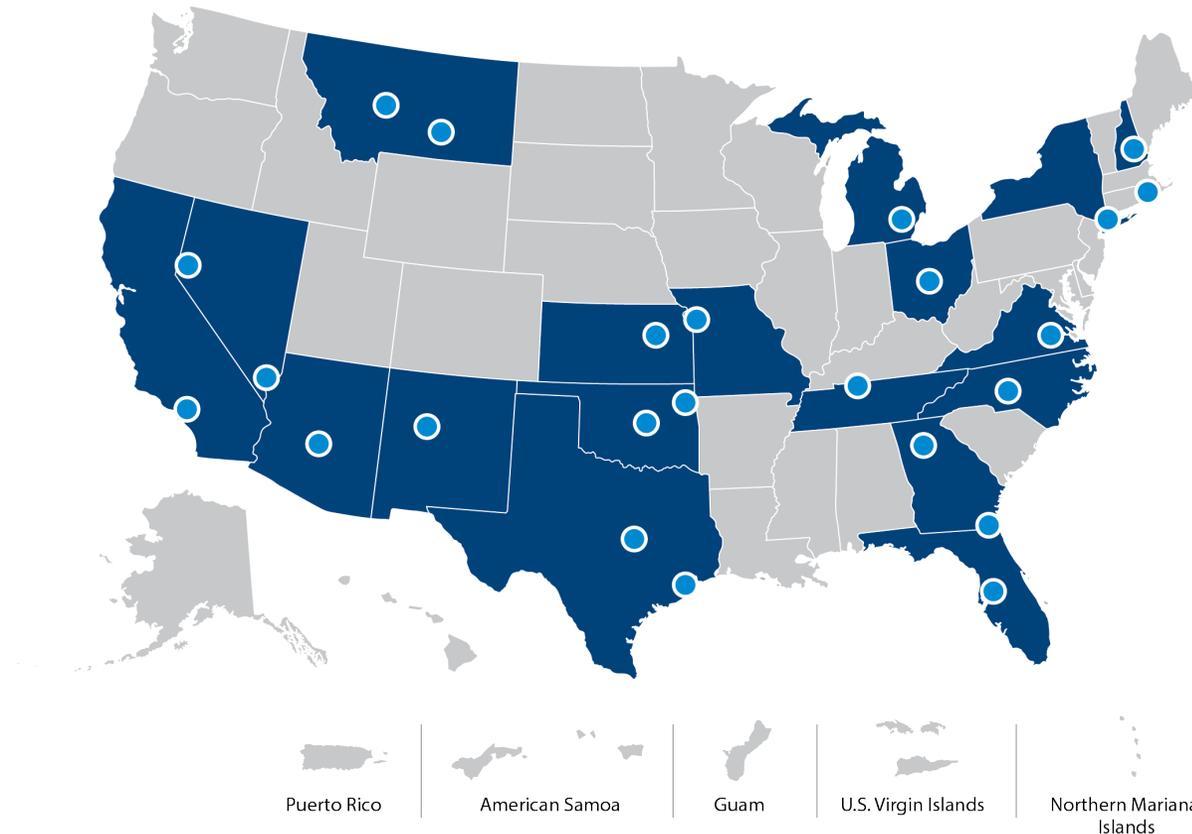
- Former service members with other than honorable discharges can receive mental health care from VA medical centers (VAMCs) in the **first 12 months** after separation.
- All VAMCs offer **emergency stabilization care** for former service members who present at the facility with an emergent mental health need.
- VA also has the authority to provide **mental health care** for as long as needed to certain former service members with OTH discharges, including those who were on active duty for more than 100 days and served in a combat role and those who experienced sexual harassment or assault.
- In December 2018, VA sent outreach letters to the latest addresses of over **440,000** former service members with OTH discharges about their potential for eligibility for mental health care.

# The President's Roadmap to Empower Veterans and End a National Tragedy of Suicide – The PREVENTS Initiative

- “Executive Order on a National Roadmap to Empower Veterans and End Suicide”, EO 13861, was signed on March 5, 2019 by President Trump.
- The Executive Order focuses on **improving the quality of life** of our nation's Veterans and developing a national public health roadmap to lower the Veteran suicide rate.
- Task Force Tasks:
  - Develop a comprehensive **national public health roadmap** to lower Veteran suicide rate – focused on community engagement
  - Design/propose to Congress a program for **grant-making to local communities** to increase collaboration and outreach to Veterans
  - Develop a **national research strategy** to improve coordination, monitoring, benchmarking and execution of Veteran suicide research.

# VA FY18-FY19 Updates

# 24 Mayor's Challenge Sites



- Albuquerque, NM\*
- Atlanta, GA
- Austin, TX
- Billings, MT\*
- Charlotte, NC
- Clarksville, TN
- Columbus, OH
- Detroit, MI
- Helena, MT\*
- Hillsborough County, FL
- Houston, TX\*
- Jacksonville, FL
- Kansas City, MO
- Las Vegas, NV\*
- Los Angeles, CA
- Manchester, NH
- Oklahoma City, OK
- Phoenix, AZ\*
- Reno, NV
- Richmond, VA\*
- Suffolk County, NY
- Topeka, KS
- Tulsa, OK
- Warwick, RI

*\*Denotes one of first 7 MC cities*

- Preliminary progress we have received from NC is that Charlotte is now training all North Carolina Serves members with the [S.A.V.E. video](#) and are providing opportunities for in-person training.

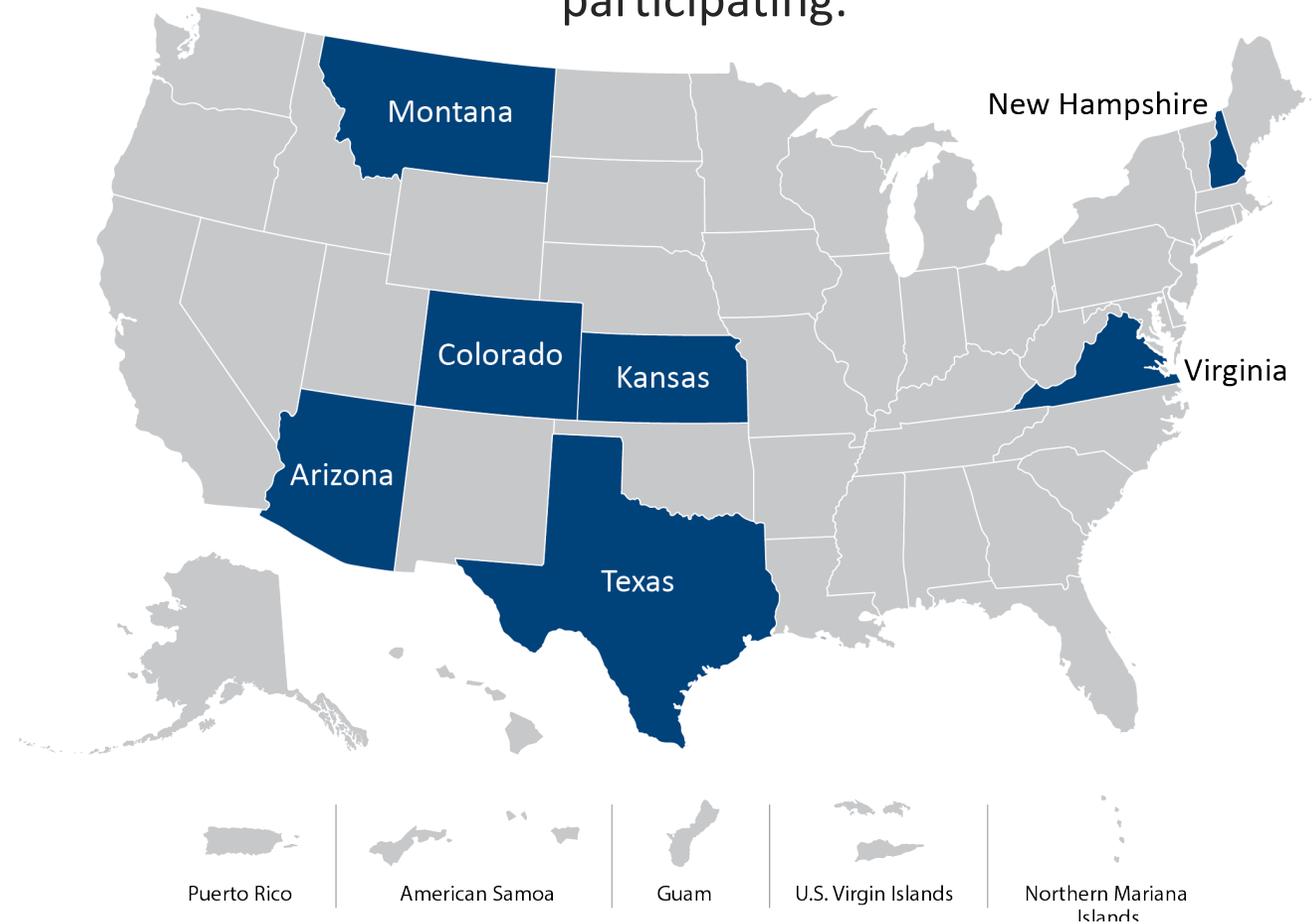
# Governor's Challenge



**Goal:** Develop state-wide plans based on the public health approach to prevent suicide.

- New partnership launched in February 2019 between VA and HHS Substance Abuse and Mental Health Services Administration (SAMHSA)
- Takes the Mayor's Challenge to the state level, incorporating existing community strategic plans within their respective states
- State leaders are meeting to develop a plan to implement the National Strategy for Preventing Veteran Suicide

Seven states are currently participating:



# Rural Community Approaches to Suicide Prevention Conference

- VA and SAMHSA recently collaborated to host a conference for rural communities in April 2019 in Washington, DC.
- Teams participating in the Mayor's Challenge and Governor's Challenge were invited to attend the conference, which featured plenary sessions and customized workshops with subject matter experts.
  - Teams discussed topics such as opportunities and challenges for telehealth, transportation, caregivers, primary care, care coordination, economic support, and partnering with caregivers and families for rural Veterans.
- VA and SAMHSA know rural Veterans have an increased risk for suicide, so it is important to work with communities at the local level to ensure Veterans living in rural areas nationwide have access to lifesaving resources and support.

# Together With Veterans

## A Suicide Prevention Program for Rural Veterans

- The program follows a public health model to reduce suicide rates among rural Veterans.
- Through community partnerships with Veterans, the program implements best practices for suicide prevention while enhancing local capacity and the program's effectiveness and sustainability.
- **Four pilot sites, one of which is Carteret County, North Carolina.**



# Innovative Practices in Suicide Prevention: From the Field (SP Teams)

- **Firearm Safety Initiatives**
  - Several facilities, including Palo Alto and Indianapolis, are building community partnerships with local gun shops to generate awareness of ways to prevent suicide.
- **Tele-Mental Health**
  - VISN 10's Verizon Tablet Pilot Project provides iPads for delivering Video On Demand telehealth services to Veterans flagged as being at high risk for suicide.
- **CAMS**
  - VISN 9 is using CAMS-G (Group) in all of its facilities.
- **CBT-SP**
  - VISNs 10 and 19 are working on developing a CBT-SP clinical demonstration project using a telehealth format.

# Operationalizing VA's Public Health Approach

- **Problem Statement:** VA's previous model for preventing Veteran suicide was largely centered around a hospital-based approach focused on crisis interventions. This model does not satisfactorily reach Veterans who do not come to VA for medical care or who do not have a mental health diagnosis.
- **Current:** To effectively reduce suicide, VA must push prevention efforts outside of its facilities and into local communities. A broad public health strategy nested within the National Strategy for Preventing Veteran Suicide is required to empower national, regional, and local actors to reach Veterans where they live, work, and thrive.

# Suicide Prevention 2.0 (SP 2.0): The Way Forward

- **What it is:** A broad public health model for suicide prevention at the national, regional, and local levels.
- **How it works:** Employing bundled strategies that build upon OMHSP's previous successes and reach Veterans through multiple touchpoints.
- **What it does:**
  - Allocates personnel to engage states and communities
  - Enhances community capabilities for suicide prevention
  - Translates and disseminates research for practical use
  - Fosters learning and resource sharing among community partners
  - Strengthens VA's focus on high-risk individuals in health care settings, while targeting Veterans who use non-VA crisis and health care services
  - Promotes cross-agency collaboration and community partnerships that provide support to Veterans where they are
  - Deploys tailored interventions designed for specific populations within communities

# VA Suicide Prevention Resources

# Free, Confidential Support 24/7/365



1-800-273-8255 **PRESS 1**

• • • Confidential chat at [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net) or text to **838255** • • •

- Veterans
- Family members
- Service members
- Friends

# S.A.V.E. Training

- Suicide prevention training video that's available to everyone, 24/7
- Less than 25 minutes long
- Offered in collaboration with the PsychArmor Institute



Available online for free: [psycharmor.org/courses/s-a-v-e/](https://psycharmor.org/courses/s-a-v-e/)

# Community Outreach Toolkit

Includes facts and myths about suicide, as well as information on:

- Establishing a suicide prevention council
- Talking to Veterans about their military service
- Assessing suicide risk
- Developing a suicide prevention safety plan
- Helping Veterans feel more connected to others
- Joining public-private partnerships



Access the toolkit online:

[go.usa.gov/xnwbz](https://go.usa.gov/xnwbz)



### Introduction

Scrolling through your Facebook feed, you come across a post from an old high school friend indicating that he's struggling with his recent job loss and separation from his wife, and that he's having trouble paying the bills. He says he feels like it's all just too much to bear and he doesn't see a way out. The content of his post concerns you — but you're unsure of how to help or what you should do.

This toolkit is designed to help navigate scenarios like the above.

# Social Media Safety Toolkit

- As discussed in the [National Strategy for Preventing Veteran Suicide](#), social media is an important intervention channel and a key piece of VA's comprehensive, community-based suicide prevention strategy.
- The Social Media Safety Toolkit for Veterans, Their Families, and Friends equips everyone with the knowledge needed to respond to social media posts that indicate a Veteran may be having thoughts of suicide.
- The toolkit includes best practices, resources, and sample responses.

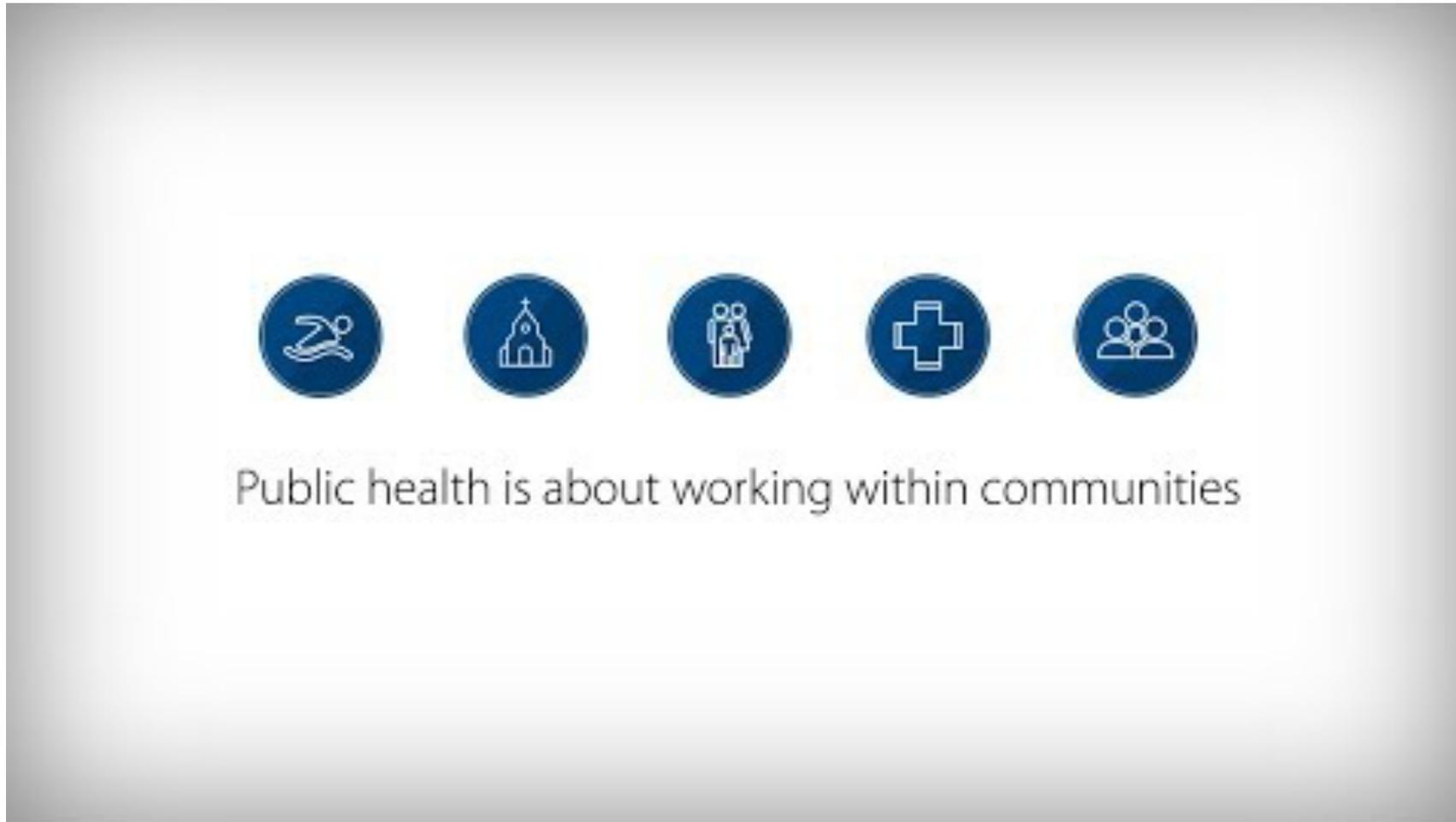


#BeThere



Download at [https://www.mentalhealth.va.gov/suicide\\_prevention/docs/OMH-074-Suicide-Prevention-Social-Media-Toolkit-1-8\\_508.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-074-Suicide-Prevention-Social-Media-Toolkit-1-8_508.pdf)

# Public Health Video



# Questions?

# Thank you.

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# #BeThere

# Back-Up Slides

# Resources and Programs for Rural Veterans

- **Telemental Health Hubs** connect mental health specialists with Veterans at rural sites who require same-day or urgent access to mental health services. [www.telehealth.va.gov](http://www.telehealth.va.gov)
- **Vets Prevail** is a personalized and confidential behavior change platform where Veterans help each other overcome challenges. [www.vetsprevail.org](http://www.vetsprevail.org)
- The **Enhanced RANGE Program** provides intensive case management with an emphasis on recovery for rural Veterans with serious mental illness who are experiencing homelessness or who are at risk of experiencing homelessness. [www.lexington.va.gov/services/Enhanced\\_RANGE\\_Program.asp](http://www.lexington.va.gov/services/Enhanced_RANGE_Program.asp)

For questions on ORH programs, please email [rural.health.inquiry@va.gov](mailto:rural.health.inquiry@va.gov).