Reducing Veteran Suicide in North Carolina

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

Dr. Keita Franklin, Acting National Director, Suicide Prevention
April 26, 2018
Issue Overview

SUICIDE IN THE UNITED STATES
Suicide Prevention

• National Issue
  – 10th leading cause of death in the nation
  – 45,000 deaths per year nationally
  – Costs the nation $69 billion annually

• Veteran Issue
• Military Issue

• Populations at risk
  – Over age 50
  – Female Veterans
  – Periods of transition
  – Exposure to suicide
  – Access to lethal means
Suicide is preventable.
COMPLEX FACTORS
Important Figures

20 Veterans die by suicide each day.

123 Americans die by suicide each day.

14 Of these Veterans are not under VHA care.

6 Are in VHA care.

1-2 Active duty service members die by suicide each day.
Risk and Protective Factors

**Risk**
- Prior suicide attempt
- Mental health issues
- Substance abuse
- Access to lethal means
- Sense of burdensomeness
- Recent loss
- Legal or financial challenges
- Relationship issues

**Protective**
- Access to mental health care
- Connectedness
- Problem-solving skills
- Spirituality
- Mission or purpose
- Physical health
- Social/emotional IQ

**Goal:**
Minimize Risk Factors, Boost Protective Factors
Drilling Down:

SUICIDE RISK IN THE VETERAN POPULATION
Veteran Population

20.7 Million Veterans

18.9 Million Males

1.8 Million Females

Veterans by Race/Ethnicity

- White: 17,098,588
- Black: 2,484,861
- Hispanic or Latino: 1,469,868
- 2+ races: 406,674
- Asian: 324,304
- Other: 283,154
- American Indian and Alaska Native: 146,596
- Native Hawaiian and Pacific Islander: 39,379

Veterans by Service Era

- Vietnam Era (VNE): 7,013,186
- GW Era: 6,881,897
- Between VNE and GW Era: 3,018,085
- Korean Conflict (KC): 1,803,542
- Between KC and VNE: 1,675,790
- WW2: 939,332
- Between WW2 and KC: 91,973

U.S. Department of Veterans Affairs
Veteran Suicide Deaths: Count vs. Rate

Veteran Suicide Deaths in 2014

Older Veteran population accounts for the bulk of suicide deaths due to population size.

Younger Veteran population includes more recently transitioned Veterans and has a higher rate of suicide.
North Carolina Veteran Suicide Data

North Carolina Veteran Suicide Deaths, 2014

<table>
<thead>
<tr>
<th>Sex</th>
<th>Veteran Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>249</td>
</tr>
<tr>
<td>Male</td>
<td>235</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
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</tbody>
</table>

Southern Region

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

North Carolina, Southern Region*, and National Veteran Suicide Deaths**, by Age Group, 2014

<table>
<thead>
<tr>
<th>Age Group</th>
<th>North Carolina Veteran Suicides</th>
<th>Southern Region Veteran Suicides</th>
<th>National Veteran Suicides</th>
<th>North Carolina Veteran Suicide Rate</th>
<th>Southern Region Veteran Suicide Rate</th>
<th>National Veteran Suicide Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>249</td>
<td>3,019</td>
<td>7,388</td>
<td>37.0</td>
<td>37.9</td>
<td>38.4</td>
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<tr>
<td>18–34</td>
<td>49</td>
<td>533</td>
<td>1,171</td>
<td>75.9</td>
<td>71.3</td>
<td>70.4</td>
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<tr>
<td>35–54</td>
<td>78</td>
<td>866</td>
<td>2,193</td>
<td>44.5</td>
<td>41.5</td>
<td>47.7</td>
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<tr>
<td>55–74</td>
<td>87</td>
<td>1,065</td>
<td>2,594</td>
<td>28.6</td>
<td>30.6</td>
<td>30.4</td>
</tr>
<tr>
<td>75+</td>
<td>35</td>
<td>555</td>
<td>1,430</td>
<td>27.0</td>
<td>33.7</td>
<td>32.0</td>
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After accounting for differences in age, the Veteran suicide rate in North Carolina was not significantly different from the national Veteran suicide rate.
After accounting for differences in age, the Veteran suicide rate in North Carolina was significantly higher than the overall national suicide rate.
VA’s Suicide Prevention Strategy

THE PUBLIC HEALTH APPROACH
Public Health Approach to Suicide Prevention

The public health approach seeks to answer the foundational questions:

- Where does the problem begin?
- How could we prevent it from occurring in the first place?

To answer these questions, public health uses a systematic, scientific method for understanding and preventing violence.

Adapted from CDC Suicide Prevention at [https://www.cdc.gov/violenceprevention/suicide/index.html](https://www.cdc.gov/violenceprevention/suicide/index.html)
Suicide Prevention is Everyone’s Business

- Continue to increase impact of Office for Suicide Prevention
- Reach Veterans and their families
- Develop innovative prevention strategies
- Change the conversation around suicide
- Build community engagement
### A Comprehensive Program

**Health, Psychology, Sociology, Criminal Justice, Spirituality, and Business**

<table>
<thead>
<tr>
<th>Call Center Efforts</th>
<th>Testing Interventions (E.g. REACHVET)</th>
<th>Evidence Based Practices – Medical Community</th>
<th>Data and Surveillance</th>
</tr>
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<tbody>
<tr>
<td>Crisis, Peer Support Resource, Referral</td>
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<tr>
<th>Media Outreach and Engagement</th>
<th>Research &amp; Dissemination Program Evaluation Efforts</th>
<th>Lethal Means – In and Out of Medical Settings</th>
<th>Peer Support Standards Protocols</th>
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<th>Screening Protocols for all environments</th>
<th>Public, Private, Non-Profit Partnerships</th>
<th>Developing Communities of Practice for sharing best practices</th>
<th>Policies &amp; Oversight</th>
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<th>Gate Keeper Training &amp; Engagement</th>
<th>Coalition Development Technical Assistance on Local Work Plans</th>
<th>PostVention Programming</th>
<th>Implementing Broad Interventions Across Multiple Sectors</th>
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**Key Areas**

- **Areas where VA excels**
- **Areas to grow**
- **Areas where improvement and partner support are needed**
**National Academy of Medicine (NAM) Classification**

**Universal (all)**
Universal prevention strategies are designed to reach the entire Veteran population.

**Selective (some)**
Selective prevention strategies are designed to reach subgroups of the Veteran population that may be at increased risk.

**Indicated (few)**
Indicated prevention strategies are designed to reach individual Veterans identified as having a high risk for suicidal behaviors.
50% of Veterans Do Not Use VA Benefits or Healthcare

Veterans who **do not use** VA benefits or healthcare

- **10.2 million**

Veterans who **use at least one** VA benefit or healthcare service.

- **9.7 million**

  Of this group, **about 6 million Veterans** use VA health care (**about 30 percent of all Veterans**).
That’s where you come in.
National Strategy for Suicide Prevention

• Focus on preventing suicide among entire U.S. population
• Includes 13 goals and 60 objectives
• Designed to work in synergistic way

There Have Been Successes in Some States

• No state has yet implemented a suicide prevention strategy that follows the National Strategy for Suicide Prevention completely.

• However, many states have implemented programs to address specific goals.
  – These states are identified in SAMHSA’s National Strategy for Suicide Prevention Implementation Assessment
    https://store.samhsa.gov/shin/content//SMA17-5051/SMA17-5051.pdf
There Have Been Successes in Some States

• California invested in a mass media campaign and the establishment of hotlines that demonstrated success

• New York has implemented the Zero Suicide model for State prevention efforts in all health care facilities in the State
  – https://www.sprc.org/states/new-york

• Tennessee invested significant resources to build suicide prevention infrastructure, and rates have decreased
  – http://tspn.org/sost
EXECUTIVE ORDER: SUPPORTING OUR VETERANS DURING THEIR TRANSITION FROM UNIFORMED SERVICE TO CIVILIAN LIFE
Executive Order 13822: Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life

• Instructs VA, DoD, and DHS to work together to ensure that mental health care is available to all newly separated Veterans.

• About 32,000 additional transitioning Service members may seek services within the first year.

• The Joint Action Plan describes how VA, DoD, and DHS will integrate and focus resources to better serve transitioning Service members.
Key Goals of the Joint Action Plan

- **Goal 1:** Improve actions to ensure ALL transitioning Service members are aware of and have access to mental health services.
- **Goal 2:** Improve actions to ensure the needs of at-risk Veterans are identified and met.
- **Goal 3:** Improve mental health and suicide prevention services for individuals that have been identified (indicated populations) in need of care.
Goal 1: Awareness and Access (Universal)

Actions:

• Conduct outbound calls for early and consistent contact
• Offer VA health care registration *pre*-transition
• Modify Transition Assistance Program (TAP) curriculum
• Execute a communications campaign
• Increase engagement with VSOs *pre*-transition
Goal 2: Meet the Needs of Those at Risk (Selective)

Actions:

• Conduct mental health screening and identification
• Modify Readiness Standards
• Provide access to Whole Health connection groups
• Conduct peer support outreach
  – Be There Peer Support Call Center
• Identify and improve predictive analytics models
  – REACH VET
Goal 3: Improve Services for those that Need Care (Indicated)

Actions:

• Design an ‘Easy Button’:

  ![Diagram showing the process of veteran seeking help and VA responding]

• Increase monitoring
• Expand Military OneSource
• Build and expand partnership models
What Does This Mean for Veterans?

- Service members will learn about VA benefits and start enrollment before becoming Veterans.
- Any newly transitioned Veteran can receive same-day mental health services from a VA medical center (VAMC) or Vet Center.
- Former Service members with other than honorable (OTH) discharges who come to VA seeking mental health care may be eligible for services.
- Transitioning Service members and Veterans will be able to go online to quickly and easily learn about eligibility for and access to VA care.
What Does This Mean for Veterans?

• Some resources available to Service members, such as Military OneSource and the BeThere peer support line, will still be available for a year following separation.

• Veterans have a regular access to Whole Health orientation groups, giving them the opportunity to connect with VA and to be referred into VA mental health care if needed.

• To enroll in VA health care, Veterans can contact their local VAMC or Vet Center to enroll in VA mental health care and learn about services available to them.
What Does This Mean for Veterans?

• After the first year, eligible Veterans may still receive support through VA, Vet Centers, the Veterans Crisis Line, or from a referred community resource.

• Veterans will also be able to receive support through VA’s partners, including community mental health providers, VSOs, and chaplains.
How can I help?

IDENTIFYING AND SUPPORTING THOSE AT RISK
Those in Crisis Often Display Warning Signs

• Learn to recognize these warning signs:
  – Hopelessness, feeling like there’s no way out
  – Anxiety, agitation, sleeplessness, or mood swings
  – Feeling like there is no reason to live
  – Rage or anger
  – Engaging in risky activities without thinking
  – Increasing alcohol or drug abuse
  – Withdrawing from family and friends

• The presence of the following signs requires immediate attention:
  – Thinking about hurting or killing yourself
  – Looking for ways to kill yourself
  – Talking about death, dying, or suicide
  – Self-destructive behavior such as drug abuse, weapons, etc.
S.A.V.E.: Teaching Communities How to Help Veterans at Risk for Suicide

S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is in suicidal crisis.

- **S**igns of suicidal thinking should be recognized
- **A**sk the most important question of all
- **V**alidate the Veteran’s experience
- **E**ncourage treatment and Expedite getting help
Getting to Results

VA AND OTHER SUICIDE PREVENTION RESOURCES
Resources

• The Suicide Prevention Resource Center
  – SAMHSA supported, evidence based approaches on a comprehensive continuum
  – https://www.sprc.org/

• RAND—Getting to Outcomes
  – Framework and workbook for translating plans into results, and evaluating whether programs are working

• PsychArmor Institute
  – Courses on Veteran/military issues
  – https://psycharmor.org/
#BeThere Prevention Initiative

https://www.youtube.com/watch?time_continue=60&v=MCSZ7FjTq5I
Make the Connection

Online resource featuring hundreds of Veterans telling their stories about overcoming mental health challenges

https://maketheconnection.net/conditions/suicide
Free, Confidential Support 24/7/365

Veterans Crisis Line | Military Crisis Line

1-800-273-8255 PRESS 1

Confidential chat at VeteransCrisisLine.net or text to 838255

- Veterans
- Service members
- Family members
- Friends
Veterans and Military Crisis Line

- **National Veterans Suicide Prevention Hotline**: 2007
- **Online chat**: 2009
- **Veterans Crisis Line**: 1-800-273-8255
  - **Text to 838255**: 2010
- **Increased number of responders**: 2011
- **Mobile site**: 2012
- **Opened second call center; Increased staff**: 2013
- **2016**

- More than **3 million** calls
- Nearly **363,000** chats
- More than **81,000** texts
- More than **478,000** referrals to VA Suicide Prevention Coordinators
- **Nearly 78,000** dispatches of emergency services

*as of September 2017*
Trained Responders Are Standing By

Trained mental health professionals 24/7/365 Many are Veterans or family members of Veterans

Veterans Crisis Line 1-800-273-8255 PRESS 1

Confidential chat at VeteransCrisisLine.net or text to 838255
Coaching into Care

Program for families and loved ones of Veterans, helping them encourage the Veteran in their lives to seek support.
Vet Centers

• VA Suicide Prevention works closely with Vet Centers nationwide to provide:
  – Care coordination for at risk Veterans receiving care at both a Vet Center and VAMC
  – Identification of Veterans at elevated risk for suicide
  – Expert consultation and training
Find a Local VA SPC at VeteransCrisisLine.net/ResourceLocator

More than 400 SPCs nationwide.
VeteransCrisisLine.net/ResourceLocator

1. Select a Resource
   - Suicide Prevention Coordinators
   - Crisis Centers
   - VA Medical Centers
   - Outpatient Clinics
   - Vet Centers
   - Veterans Benefits Administration Offices

2. Choose Location
   - Search by Zip Code
   - Search by state
   - Search by state

- Monsebroten, Tammy
  Fargo, ND 58102
  P: 701-239-3700 x93358
  F: 701-237-2642
  tammy.monsebroten@va.gov
  ranse.bickett@va.gov

- FirstLink Hotline
  Fargo, ND 58103
  P: 701-299-8462
  F: 701-235-2476
  visit website

- Fargo VA Health Care System
  2101 E 10th Street
  Fargo, ND 58102
  P: 701-232-3241 or 701-232-3241
  visit website
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
Community Provider Toolkit

• Free online training on Veteran issues, including military culture, for health care providers
• Can count for continuing education credits (CEUs)

https://www.mentalhealth.va.gov/communityproviders/index.asp
Firearm Safety Outreach

Gun Safety Outreach Videos:
https://www.veteranscrisisline.net/Resources/Videos.aspx?v=-fGHTvTsApg
https://youtu.be/aU6HTz6ri0E
We All Have a Role to Play

#BeThere for Veterans PSA:
www.veteranscrisisline.net/BeThere.aspx/?utm_source=bethereforveterans.com
Questions?
Thank you.
Stay Connected

Follow us on social media!

U.S. Department of Veterans Affairs
@DeptVetAffairs
Veterans Health Administration
@VeteransHealth
Make the Connection

#BeThere