VA’s Suicide Prevention Program: Partnering to Promote a Public Health Approach

VA Office of Mental Health and Suicide Prevention (OMHSP)

Gloria M. Workman, PhD, ABPP

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Disclosure

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The presenter has no relevant financial relationships to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Explain the most recent data surrounding suicide in the United States and suicide risk in the Veteran population.

2. Describe VA’s public health approach to suicide prevention and the important role communities play in preventing Veteran suicide.

3. Summarize the objectives, purpose, and recent updates regarding Executive Orders 13822 and 13861

4. Explain VA’s suicide prevention resources and how they can be used to support Veterans.
Agenda

• Suicide in the US
• VA Suicide Prevention Strategy & Public Health Approach
• Executive Order 13822
• Executive Order 13861: PREVENTS
• Resources
Issue Overview:

Suicide in the United States
Suicide in the U.S.

• National public health problem (as defined by CDC)
  • 10th-leading cause of death in the U.S.
  • Over 45,000 US adults died by suicide in 2017, including over 6,000 Veterans

• Veteran and service member issue
  • In 2017, the suicide rate for Veterans was 1.5 times the rate for non-Veteran adults

• Veteran subpopulations
  • Younger Veterans
  • Women Veterans
  • Veterans in a period of transition
  • Veterans with exposure to suicide
  • Veterans with access to lethal means
2019 National Veteran Suicide Prevention Annual Report

- **Annual Report**
  - Reports on trends in Veteran suicide deaths from 2005–2017
  - Focuses on suicide counts and rates among various Veteran subpopulations

- **State Data Sheets**
  - Examined state level Veteran suicide deaths and compared to national and regional trends
  - 53 data sheets available for all 50 states, D.C., Puerto Rico, and U.S. Territories

Access the reports online: [https://www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp](https://www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp)
## Key Data Points

### 2017 Key Data Points

<table>
<thead>
<tr>
<th>Female Veterans</th>
<th>Male Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rate of suicide was 2.2 times higher among female Veterans compared with non-Veteran adult women.*</td>
<td>The rate of suicide was 1.3 times higher among male Veterans compared with non-Veteran adult men.*</td>
</tr>
</tbody>
</table>

*after accounting for differences in age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Suicide Rates</th>
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<tbody>
<tr>
<td>Male Veterans ages 18–34</td>
<td>experienced the highest rates of suicide.</td>
</tr>
<tr>
<td>Male Veterans ages 55 and older</td>
<td>experienced the highest count of suicide.</td>
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</tbody>
</table>

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

• Ensuring mental and physical health
  • Access to care
  • Treatment seeking
  • Self-care, sleep
• Improving systems of care
  • Screening
  • High risk periods
    • Post inpatient mental health discharge
    • Post non-fatal suicide attempts
    • Transitions
• Enhancing
  • Social relationships and support
  • Emotional well-being
  • Mission, purpose, connectedness, spirituality
  • Problem-solving, coping
  • Employment
  • Lethal means safety

Goal: Minimize risk factors and boost protective factors
VA Suicide Prevention Strategy and Public Health Approach
National Strategy for Preventing Veteran Suicide

Goal: Provide a framework to identify priorities, organize efforts, and contribute to a national focus on Veteran suicide prevention over the next decade.

- Consists of 4 strategic directions, 14 goals, and 43 objectives.
- Leverages the public health approach to suicide prevention.
- Focuses on the importance of collaboration and urgency.

Download a copy at: Mentalhealth.va.gov/suicide_prevention
Strategic Directions

Healthy and Empowered Veterans, Families, and Communities
Work with community partners and policymakers to promote resources for Veterans and to promote mental health awareness and treatment.

Clinical and Community Preventive Services
Share resources, training opportunities, interventions, and lethal means safety resources with providers outside VA and with clergy, first responders, law enforcement officials, and community partners.

Treatment, Recovery, and Support Services
Work with local emergency departments and hospitals to promote Veteran suicide prevention resources and to ensure continuity of care for all Veterans admitted to an inpatient mental health unit.

Surveillance, Research, and Evaluation
Share the VA National Suicide Data Report and National Strategy for Preventing Veteran Suicide with community partners.
VIDEO: VA’S PUBLIC HEALTH APPROACH

Public health is about working within communities
VA’s Comprehensive Public Health Approach

• The majority of Veterans are not connected to VA services, so we must find innovative strategies to serve Veterans who do not – and may never – seek care, benefits or services from the VA system.

• This requires a community level effort that engages stakeholders to work together towards ending Veteran suicide, including:
  • Health care systems
  • Veterans and Military Service Organizations
  • Faith communities
  • Higher learning
  • Law enforcement and criminal justice
  • Employment

• Community service
• Nonprofits and nongovernmental organizations
• Media and entertainment
• Private sector industries
• Public-private partnerships
• Federal, state and local government
Suicide is a public health problem. It requires a public health approach.

**It Works**
- Multiple studies show that a phased public health approach is effective and that implementation of the approach can lead to reductions in suicidal behavior and violence.

**How It Works**
- Not all Veterans have the same risk for suicide, and prevention efforts are most effective when they are matched to a Veteran’s level of risk. VA’s comprehensive public health approach relies on a framework developed by the National Academy of Medicine (formerly the Institute of Medicine) that sorts efforts in three levels: Universal, Selective, and Indicated.

**Universal (All)**
- Universal prevention efforts are designed to reach the entire Veteran population.

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

**Indicated (Few)**
- Indicated prevention efforts are designed to reach individual Veterans identified as having a high risk for suicidal behaviors.

**Ways You Can Help**
- Everyone has a role to play in preventing Veteran suicide. By considering each Veteran’s level of risk, as well as the factors beyond mental health that contribute to suicide risk, we can deliver resources and support to Veterans earlier, before they reach a crisis point.

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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.
# Public Health Approach Crosswalk

<table>
<thead>
<tr>
<th>Public Health Approach Step</th>
<th>VA Implementation Model</th>
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<tbody>
<tr>
<td>1. Define and monitor the problem</td>
<td>• Data &amp; Surveillance</td>
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<tr>
<td>2. Identify risk and protective factors</td>
<td>• Research &amp; Program Evaluation</td>
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<tr>
<td>3. Develop and test prevention strategies</td>
<td>• Policy &amp; Education&lt;br&gt;• Partnerships&lt;br&gt;• Field Operations&lt;br&gt;• Innovations &amp; Program Development</td>
</tr>
<tr>
<td>4. Disseminate successful strategies widely</td>
<td>• Policy &amp; Education&lt;br&gt;• Partnerships&lt;br&gt;• Field Operations&lt;br&gt;• Research &amp; Program Evaluation</td>
</tr>
</tbody>
</table>
Step 1: Define and Monitor the Problem
Step 1: Define and Monitor the Problem

- This involves collecting data to determine the “who,” “what,” “where,” “when,” and “how” of suicide deaths
- Key findings identified in the peer-reviewed literature
  - Importance of leveraging all available data sources
  - Importance of engaging stakeholders to develop indicators and measures
  - Strength of surveillance systems using reliably available data sources
  - Five steps to maintain and advance public health surveillance (Mirza, 2013)
    - Recognize public health surveillance as a core public health function
    - Support the creation of integrated infrastructures rather than disease or program-specific activities
    - Oppose cuts to spending for surveillance activities
    - Invest in surveillance workforce development
    - Advance a rigorous surveillance research and evaluation agenda
VA Surveillance

• **Understanding Populations, Risk and Protective Factors, Contexts**
  • Veteran population and subgroups
    • Social, economic, experience, clinical, contextual factors
  • Community factors
  • Resources

• **Tracking Services and Resources Relevant for Suicide Prevention**
  • VHA activity (e.g., SPC staffing, activity; VCL call activity; evidence based care; outreach and follow-up; screening and follow-up after positive screens)
  • Non-VHA community care (e.g., coordination, evidence based practices, suicide surveillance)
  • Communities and other institutions

• **Adverse events, outcomes**
  • Suicide deaths, attempts, ideation, high risk list, REACH VET strata, undetermined cause of death and non-fatal self-harm, suicide-related health care utilization, method-specific suicide fatality rates

• **Analytics**
  • Design, conduct and reporting of surveillance analytics (e.g., assessment of association between risk factors and suicide risk; assessment of hot spots, trends, and high risk subgroups)
  • Review and enhancement of surveillance tools and development of new tools (e.g., predictive modeling)
Enhancing VA Surveillance

Efforts are evolving with an increased focus on additional relevant community factors such as financial stress, substance use, and more.
Step 2: Identify Risk & Protective Factors
Step 2: Identify Risk & Protective Factors

- Scientific research methods are used to explore the factors that increase risk for suicide, as well as the protective factors that serve as buffers against suicide risk.

- Key findings identified in the peer-reviewed literature
  - Role of public health agencies in determining risk and protective factors and health needs for communities
  - Encouraging community ownership by assisting communities in determining the priority of risk and protective factors for interventions
  - Warnings regarding the quality of evidence for risk factors

- VA’s SPP Research & Evaluation work lane relies heavily on the peer-reviewed literature to understand suicide risk and protective factors
  - Collaboration with Office of Research & Development (ORD), research centers across VA – assessing current state of knowledge and identifying gaps, setting SP research priorities.
    - From Science to Practice
    - Together We Can
Opioid Use and Suicide Risk

Key Findings

Studies have found that suicides involving opioids constituted 4.3% of all suicides in 2014 and were involved in more than 40% of suicides and overdose deaths in 2017. Even then, they are likely underreported. With the increased availability of both prescription and illicit opioids, suicides involving them have increased dramatically, especially among the general population. Researchers found both post-year and weakly or more frequent prescription opioid misuse to be associated with suicidal ideation, suicide planning, and suicide attempts. It also appears that one’s risk for suicide increases as the daily dosage of opioids increases.

Risk Factors

People with opioid use disorder (OUD) are 13 times more likely than those who do not have the disorder to die by suicide, and Veterans Health Administration (VHA) patients are seven times more likely than commercially insured patients to be diagnosed with OUD. Although the number of male Veterans with OUD who die by suicide is greater, the suicide rate among female Veterans with OUD is greater.

People on a prescription opioid regimen, as well as those with OUD, who have co-occurring psychiatric conditions are at increased risk for suicide. Researchers have found an association between suicide attempts and depression, anxiety disorders, and personality disorders among opioid-dependent individuals.

A VHA study showed Veterans were at increased risk of either unintentional overdose or suicide death within the first six months of either starting or stopping prescription opioid therapy. The risk was more pronounced in Veterans with a mental health or substance use diagnosis. The all-cause mortality risk is highest in the first four weeks after treatment begins and ends. Increased risk for suicidal ideation and behavior among Veterans continues in the 12 months after discontinuing long-term prescription opioid treatment.

Implications

People with chronic pain and those with OUD are overrepresented in the Veteran population, and they are at increased risk for suicide. It is important to distinguish between intentional and unintentional opioid overdoses, because they are distinct events with unique causes, consequences, outcomes, and prevention strategies.
Connection and Sense of Purpose

Feeling connected and having a sense of purpose helps protect Veterans against suicide.

A Connection to Others and a Sense of Purpose is Essential to Well-Being

Feeling connected to others and having a sense of purpose are fundamental to our emotional and mental well-being. We find joy and satisfaction in having a heart-to-heart talk with a loved one, going on a picnic with friends, participating in a community volunteer event, achieving a long-sought goal, and other activities that bring us closer to others.

When you don’t have — or believe you don’t have — these experiences, it’s natural to feel lonely, isolated, sad, angry, hurt, anxious, or depressed. You may also have trouble enjoying the things that once brought you pleasure and have feelings of hopelessness or emotional pain. If left unaddressed, these feelings may lead to suicidal thoughts.

It’s common to experience loneliness after leaving the military, losing a loved one or close friend, or moving to a new job or community. A feeling of being all alone is sometimes a consequence of conflict or tension in a family. Loneliness can also result from a broader sense of disconnection from society or a sense of purpose. Sometimes, loneliness is easier to recognize — you may notice that someone keeps to themselves or doesn’t seem to have many friends. It can be harder to recognize in ourselves and can be easily overlooked. It’s not necessary to be alone to feel lonely. People who are surrounded by others and who have support, such as from family and friends, can still feel lonely.

Strengthen Connections of Support to Combat Loneliness

Although at times it may seem unavoidable, loneliness can be overcome. With a variety of sources of loneliness there are a number of ways to combat it. These include:

- Deepening and strengthening the relationships you already have
- Seeking out new connections
- Developing new interests, such as taking on a volunteer position, exploring your spirituality, or finding meaning in other ways

If you’re concerned that someone you know may be feeling lonely, small gestures can start to make a difference. Examples include:

- Watching a movie together
- Inviting the person out to coffee
- Trying out a new activity together
- Sending an encouraging text message
- Telling the person how much they mean to you

Sometimes, it may be difficult to reach out to others, especially if the relationship has a lot of conflict and tension. Unfortunately, family conflict is also a risk factor for suicide, so working to improve relationships with one another can be one way to reduce suicide risk. VA offers family counseling options to help.

You are not alone.

Mental health professionals can offer support. For example, therapists help to explore your thoughts and feelings in a nonjudgmental way and work with you to alleviate the pain caused by unhelpful beliefs and negative thoughts. They can also help you identify ways to become more connected with others.
Step 3: Develop and Test Prevention Strategies
Step 3: Develop and Test Prevention Strategies

- Suicide prevention strategies are developed and tested to see if they succeed in preventing suicide and/or suicidal behaviors.
- Key findings identified in the peer-reviewed literature
  - New interventions
    - Theoretical framework to inform the design of the intervention protocol
    - Adapting existing interventions for new contexts
    - Implementing programs to help communities assess and implement interventions themselves
- VA has extensive infrastructure to evaluate the implementation of programs and activities
  - Process tracking for adjustments and support
  - Outcomes
Mayor’s Challenge

**Goal:** Eliminate suicide by using a comprehensive public health approach to suicide prevention.

- Partnership between VA and HHS Substance Abuse and Mental Health Services Administration (SAMHSA) since March 2018.
- The teams include collaborative groups of community, municipal, military and other stakeholders.
- VA provides technical assistance to support local efforts and to document outcomes and share strategies with other municipalities.

One year after the launch of the Mayor’s Challenge, the program expanded from eight to **24 sites nationwide.**
Governor’s Challenge

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

- Continues partnership between VA and 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:

- Montana
- Colorado
- Kansas
- Arizona
- Texas
- Virginia
- New Hampshire
Governor’s Challenge

- State leaders convened to create plans to implement the National Strategy for Preventing Veteran Suicide, which provides a framework for identifying priorities, organizing efforts and contributing to a national focus on Veteran suicide prevention.

- The teams worked to identify their top priorities, best strategies, lessons to take back home, outline technical assistance needed, and efforts they will use to evaluate their outcomes and performance.

- Governor’s Challenge work will be expanded in 2020 with several new cohorts of states. Mayor’s Challenge teams will continue to be engaged through the states that are involved with the Governor’s Challenge.
VISN 23 Pilot

VISN 23 Suicide Prevention Pilot Overview

16 Pilot Goals
- Postvention
- Org Policies
- Safe Reporting
- Lethal Means
- Military Culture
- Coalitions
- Patient-Centered
- Care Mgmt.
- Self-Mgmt.
- Lethal Means
- ED Screening
- Patient Partners
- Planned Care
- Care Mgmt.
- Care Coordination
- Train Providers

Outcomes:
- New & improved SP policies, programs, & practices
  - Reduction in self-reported suicide risk
  - Reduction in suicide rate
  - Reduction in suicide attempt rate
  - Community satisfied

Technical Assistance (TA):
- Facilitation Training
- Implementation planning
- Data analysis & reporting
- Performance feedback
Step 4: Disseminate Successful Strategies Widely
Step 4: Disseminate Successful Strategies Widely

• Strategies shown to be successful in Step 3 are broadly disseminated and implemented by a variety of stakeholders who play a role in preventing Veteran suicide

• Key findings identified in the peer-reviewed literature
  • Common facilitators of successful implementations
    • Clear lines of communication
    • Interested leadership
    • Adequate time and resources for training
  • Common barriers
    • Limited resources
    • Competing time demands
    • Resistance to change
    • Cross-service collaboration
Types of Partners

Sectors identified by the National Strategy for Preventing Veteran Suicide:

- Institutions of higher learning and other educational settings
- Veterans and Military Service Organizations
- Faith-based organizations
- Law enforcement and criminal justice agencies
- Legal support service providers
- Chambers of commerce
- Federal government agencies
- Health care organizations
- Community service providers
- Workplaces
- State and local government entities
- Technology companies
- Lethal means education and suicide prevention organizations
Executive Order: Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life
Executive Order and Joint Action Plan

• 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 newly separated Veterans receive one year of mental health care from VA after discharge.
  • The goal is to support new Veterans in making a successful transition to a fulfilling civilian life and to have access to any needed mental health care during the critical first year period following separation from active duty.

• Joint Action Plan Goals:
  • Ensure ALL transitioning Service members are aware of and have access to mental health services.
  • Ensure the needs of at-risk Veterans are identified and met.
  • Improve mental health and suicide prevention services for individuals that have been identified (indicated populations) in need of care.
Executive Order: The President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide
Executive Order 13861: PREVENTS

On March 5, 2019, President Trump signed Executive Order (EO) 13861, The President’s Roadmap to Empower Veterans to End a National Tragedy of Suicide (PREVENTS), directing the Secretary of the U.S. Department of Veterans Affairs (VA) and the director of the White House Domestic Policy Council to co-chair and stand up an interagency task force to develop a plan implementing a Roadmap for the prevention of Veteran suicide at the national and community level.

• **Purpose:** PREVENTS is aimed at improving Veterans’ quality of life and lowering the suicide rate by developing a national public health Roadmap that spurs public and private entities to prevent suicide across the nation
Lines of Effort

- Research Strategies
- State and Local Action
- Workforce and Professional Development
- Lethal Means
- Partnerships
- Communications
PREVENTS Roadmap

• The PREVENTS Roadmap is an all-hands-on-deck approach to integrate public and private entities across the nation to empower Veterans and prevent suicide

• The Roadmap will:
  • Utilize a public health approach, focusing on broadly changing the culture of mental health and shaping how suicide is addressed nationally
  • Focus on three key areas, consisting of community integration, research strategies, and implementation strategies
By adopting a public health approach, PREVENTS is acting on the knowledge that suicide prevention is everyone's business, and that together, we can prevent it.
SUICIDE PREVENTION RESOURCES

National Action Alliance for Suicide Prevention
  • https://theactionalliance.org/

VA Office of Mental Health and Suicide Prevention – Suicide Prevention
  • https://www.mentalhealth.va.gov/suicide_prevention/

National Strategy to Prevent Veteran Suicide:

National Strategy for Suicide Prevention:
CLINICAL RESOURCES

Mental Health Services

• Coaching Into Care (888-823-7458). National VA telephone service which aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran. More information is available at https://www.mirecc.va.gov/coaching/.

• Suicide Risk Management Consultation Program (https://www.mirecc.va.gov/visn19/consult/) provides free consultation, support, and resources that promote therapeutic best practices for providers working with Veterans at risk of suicide.
FREE, CONFIDENTIAL SUPPORT 24/7/365

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

Confidential chat at VeteransCrisisLine.net or text to 838255

Trained mental health professionals

24/7/365

Many are Veterans or family members of Veterans
Questions?
Thank you!
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