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

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

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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



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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



Key Data Points

2017 Key Data Points



The rate of suicide was

2.2 *times higher among female Veterans*

compared with non-Veteran adult women.

** after accounting for differences in age*



The rate of suicide was

1.3 *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

*experienced the **highest count** of suicide.*

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



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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



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VA Suicide Prevention Strategy and Public Health Approach

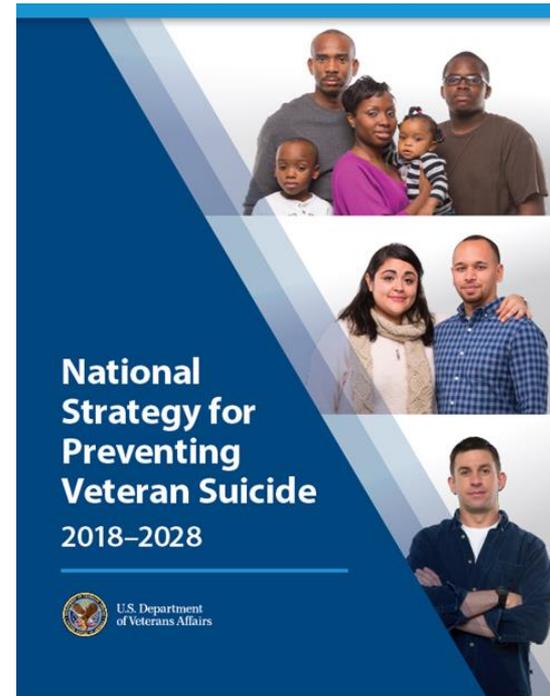


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National Strategy for Preventing Veteran Suicide

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

- Aligns with the 2012 National Strategy for Suicide Prevention.
- 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](https://www.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



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.



The relative risk for suicide among members of the U.S. Air Force declined 33% following widespread implementation of a public health approach to suicide prevention.*

An initial step in the public health approach is to identify relevant risk and protective factors. An understanding of gender and age differences can improve targeted suicide prevention interventions in a high risk American Indian community.†



The number of people shot or killed in four Chicago neighborhoods declined 16–34% following implementation of a public health approach to gun violence.‡



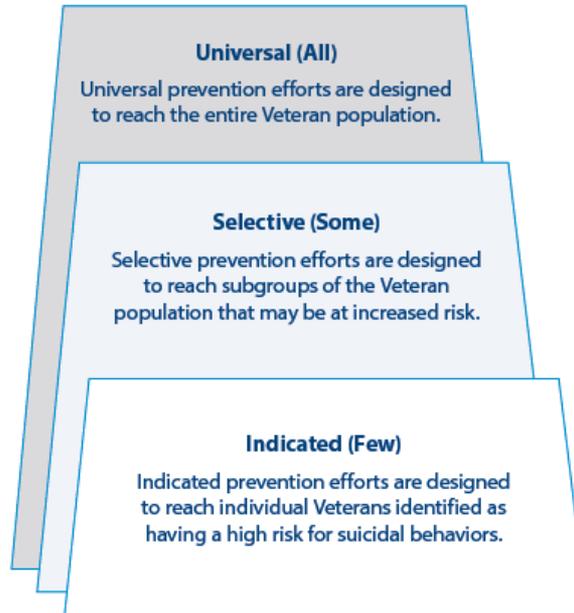
* Knox, K. L., Litta, D. A., Talcott, G. W., Feig, J. C., & Cairns, E. D. (2003). Risk of suicide and related adverse outcomes after exposure to suicide prevention programs in the US Air Force cohort study. *Brj*, 327(7428), 1376.

† Kelley, A., Resard, D., & Kitzberg, J. (2018). A public health approach: Documenting the risk and protective factors of suicide ideation in one American Indian community. *Psychological services*, 17(2), 225.

‡ Skogan, W. G., Hartnett, S. M., Bump, N., & Dubois, J. (2009). Evaluation of *CommFree*-Chicago. Washington, DC: U.S. Department of Justice.

How It Works

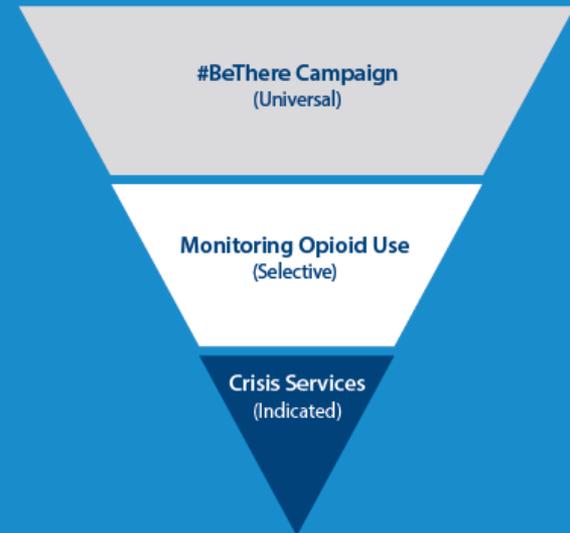
Not all Veterans have the same risk for suicide, and prevention efforts are most effective when they are matched to a Veteran's level of risk. VA's comprehensive public health approach relies on a framework developed by the National Academy of Medicine (formerly the Institute of Medicine) that sorts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



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.

PREVENTION STRATEGIES



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

Public Health Approach Step	VA Implementation Model
1. Define and monitor the problem	<ul style="list-style-type: none">• Data & Surveillance
2. Identify risk and protective factors	<ul style="list-style-type: none">• Research & Program Evaluation
3. Develop and test prevention strategies	<ul style="list-style-type: none">• Policy & Education• Partnerships• Field Operations• Innovations & Program Development
4. Disseminate successful strategies widely	<ul style="list-style-type: none">• Policy & Education• Partnerships• Field Operations• Research & Program Evaluation





Step 1: Define and Monitor the Problem



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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



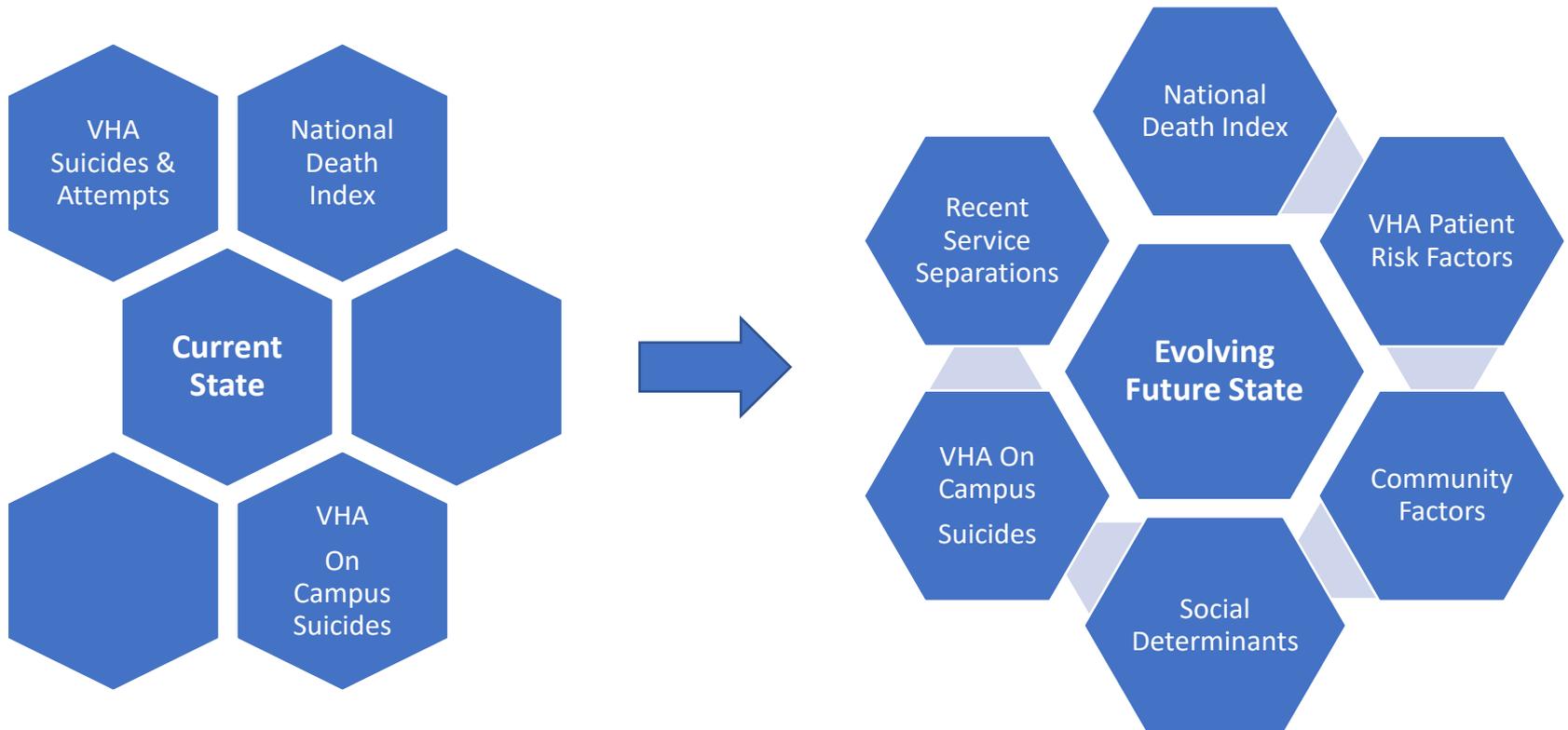
VA Surveillance

- **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



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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



Connection and Sense of Purpose

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

Together We Can. 
Suicide Prevention Information for Veterans,
Their Families, and Caregivers

Know the Signs

Ask the Question

Get Immediate Help

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 in others is easy 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.



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Step 3: Develop and Test Prevention Strategies



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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



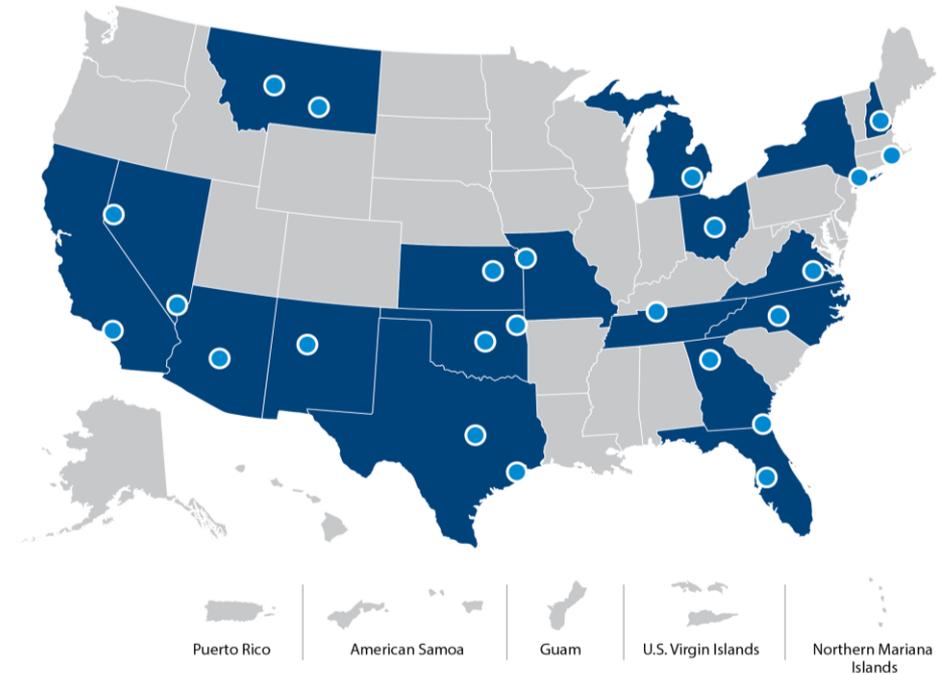
Mayor's Challenge

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



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.



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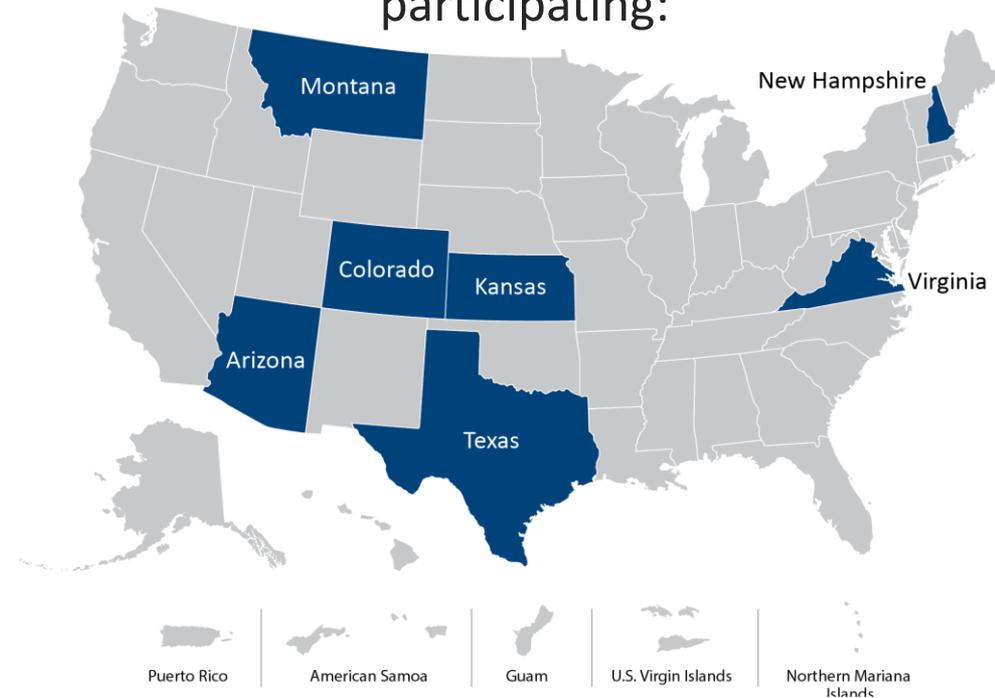
Governor's Challenge

Seven states are currently participating:



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.



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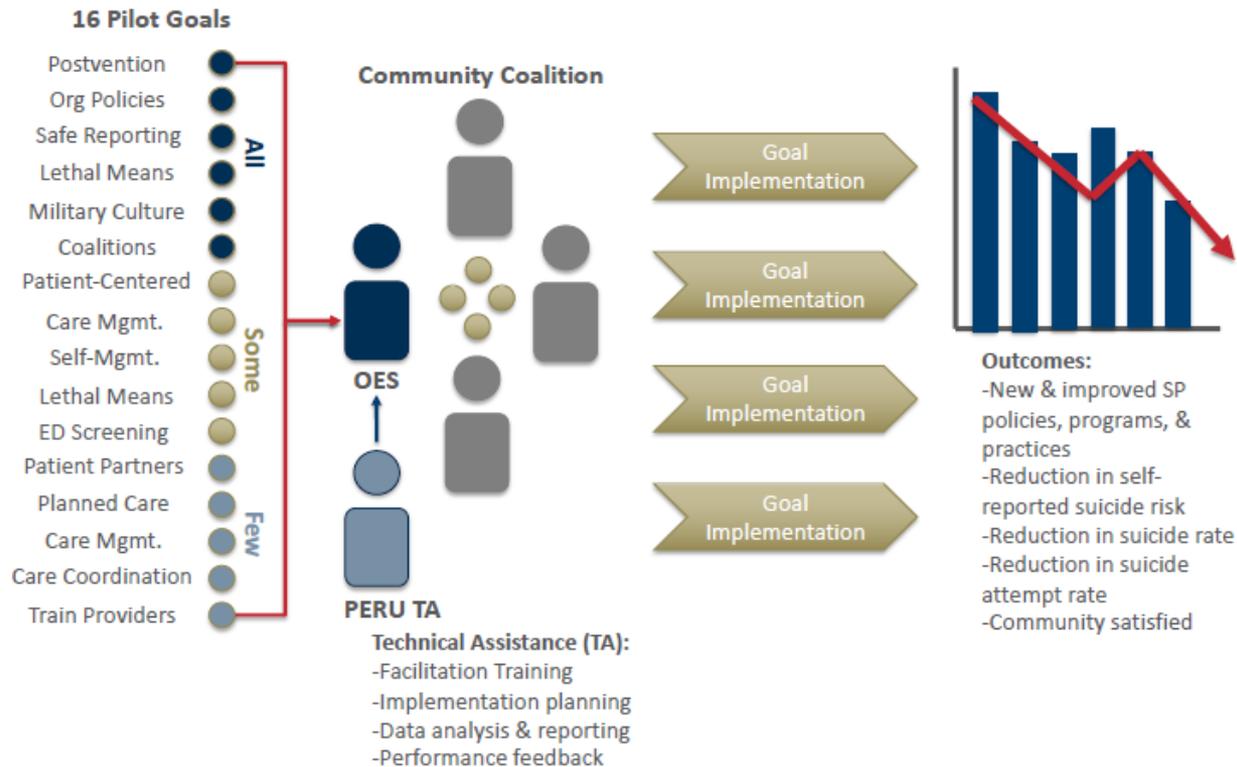
Governor's Challenge

- 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





Step 4: Disseminate Successful Strategies Widely



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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



Communications and media organizations



Law enforcement and criminal justice agencies



Chambers of commerce



Federal government agencies



Faith-based organizations

Legal support service providers



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



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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



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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



Utilizing the Public Health Approach



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.



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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:

- https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf

National Strategy for Suicide Prevention:

- <https://www.hhs.gov/surgeongeneral/reports-and-publications/suicide-prevention/index.html>



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



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



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Questions?



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