

6th Annual Veterans' Summit

Lean Forward: Answering the Call of Veterans in Crisis

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VA Northeast Ohio Healthcare System
Case Western Reserve University
November 19, 2020 (Virtual) Ohio

Objectives

- Briefly Review Relevant Veteran Stats
- National/Local VA Suicide Prevention
- VA & Ohio Suicide Prevention Plan
- Veteran Resources



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VA Public Health Approach to Suicide Prevention

Suicide Prevention is Everyone's Business



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Veteran Stats

- 42,773 suicides in 2014 in the United States, or 117 suicides each day.
- About 18 percent of those who die by suicide are Veterans. This is a decrease from 22 percent in 2010.
- Veterans risk for suicide was 22 percent higher when compared to U.S. non-Veteran adults
- Since 2001, the **rate of suicide** among U.S. Veterans who use VA services increased by 8.8 percent, while the rate of suicide among Veterans **who do NOT use VA services increased by 38.6 percent.**

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Averages - Veteran Suicides

	2010	2014	*2017	2018
# of suicide deaths per day	22 <small>(17.7)</small>	20 <small>(18.0)</small>	17.5	17.6
% of all U.S. Suicides	22%	18%	14.1%	13.8%
% of U.S. Population	9.7%	8.5%	8.1%	8.0%

2020 National Veteran Suicide Prevention Annual Report (November 2020)

Office of Mental Health and Suicide Prevention

* Previously term "veterans" included veterans, current military members, former Army Reserves and National Guard. Veteran is defined as someone who had been activated for federal military service and was not currently serving at the time of death.


Table 3. Veterans and Veteran Suicide Decedents by Race, 2005 and 2018⁵⁷


Race	2005 Veteran Population	2005 Percentage of Veteran Population	2005 Veteran Suicide Decedents	2005 Percentage of Veteran Suicide Decedents
White	20,820,000	84.8%	5,246	86.6%
Black/African American	2,512,000	10.2%	282	4.7%
Multiple Race	295,000	1.2%	16	0.3%
Asian/Native Hawaiian/ Pacific Islander	342,000	1.4%	45	0.7%
American Indian/ Alaskan Native	178,000	0.7%	38	0.6%

Race	2018 Veteran Population	2018 Percentage of Veteran Population	2018 Veteran Suicide Decedents	2018 Percentage of Veteran Suicide Decedents
White	16,384,000	81.2%	5,618	87.3%
Black/African American	2,479,000	12.3%	323	5.0%
Multiple Race	452,000	2.2%	178	2.8%
Asian/Native Hawaiian/ Pacific Islander	398,000	2.0%	83	1.3%
American Indian/ Alaskan Native	165,000	0.8%	52	0.8%


2017 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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Averages - Suicides



Veterans 2018	Civilians 2018
Since 2005 – rate increased 6.3%	Since 2005 – rate increased 47.1%
Veteran pop. 24.5mil to 20.1mil	Adult pop.: 215million to 253million
Suicide Rates 27.5 per 100,000	Suicide Rates <u>Adults</u> 18.2 per 100,000



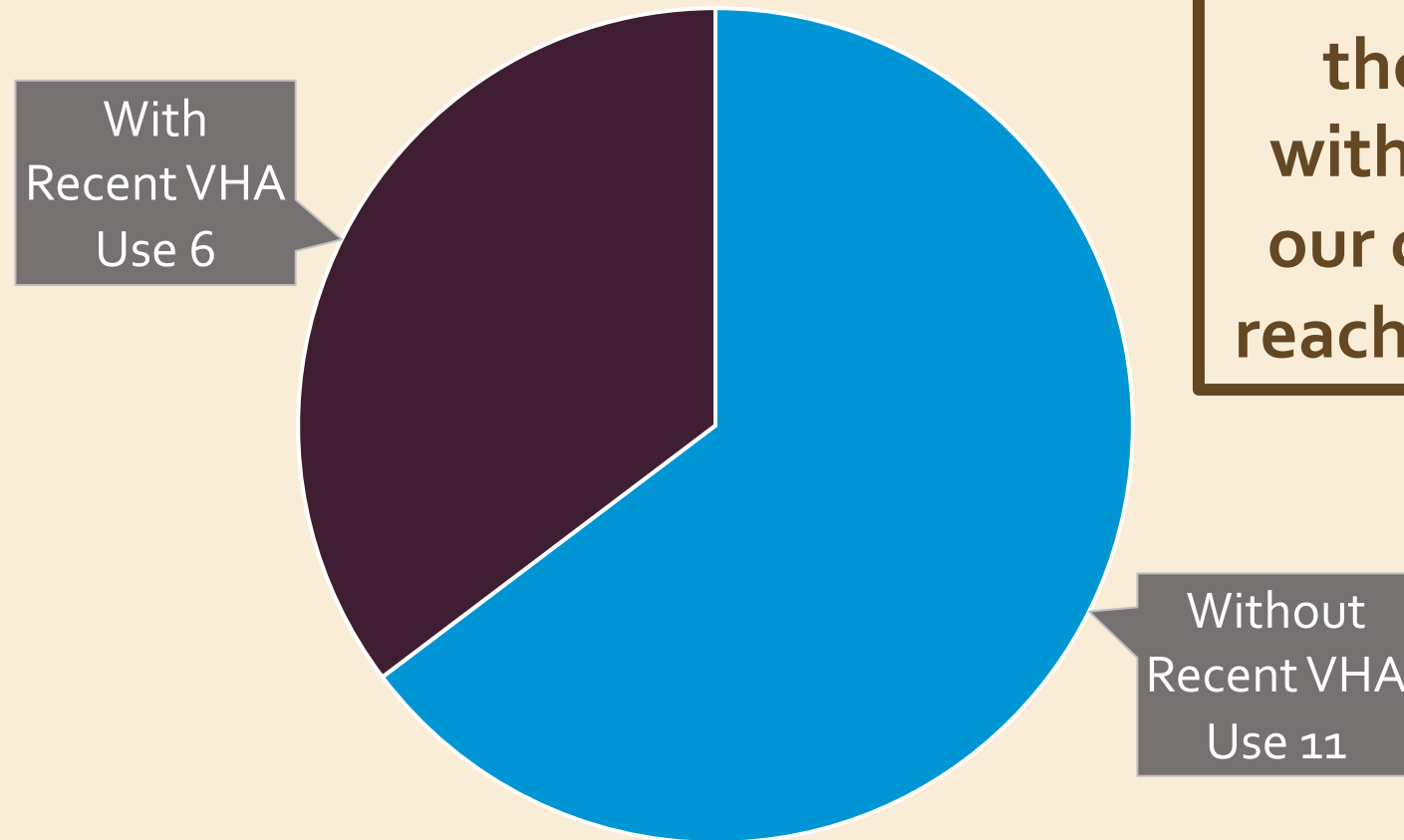
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Comparison of Suicide Rates VHA vs Non VHA 2005 -2018

Vets who <u>Use</u> VA Services	Vets who <u>DON'T</u> Use VA Services
Rates of suicide increased 25.6%	Rates of suicide increased 57.0%
Male Vets increased 11%	Male Vets increased 35%
Female Vets rate increase (2005) 13.8 to (2018) 14.0	Female Vets rate increase (2005) 9.4 to (2018) 17.0
Rates between 2017 to 2018	
Rates of suicide decreased 2.4% 	Rates of suicide increased 2.5% 

Veteran Suicide Deaths Per Day (2017)



We can't just reach those currently within VHA walls – our call to action is reaching all Veterans

In 2017, an average of approximately 17 Veterans died by suicide each day. Among these Veterans, about 6 had a recent VHA encounter, while 11 had not.

Veteran Suicide Statistics

- An average of **20** Veterans/day die by suicide :
 - **3** Veterans/day were receiving VA Mental Health care
 - **3** Veterans/day were receiving VA Primary Care only
 - **14** Veterans/day were not receiving VA care
- One study shows that Veterans with anything besides an Honorable discharge have 21% higher suicide rates than those with Honorable discharges **

**Reger, M. A., Smolenski, D. J., Skopp, N. A., Metzger-Abamukang, M. J., Kang, H. K., Bullman, T. A., . . . Gahm, G. A. (2015). Risk of Suicide Among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment Separation From the US Military. *JAMA Psychiatry*, 72(6), 561. doi:10.1001/jamapsychiatry.2014.3195

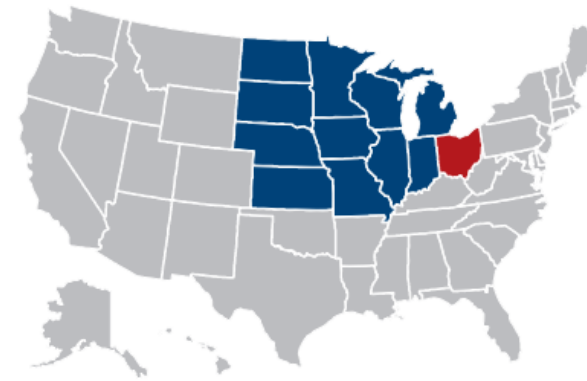


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Veteran Suicide Data Sheet, 2018



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 2018 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.^a This data sheet includes information about Ohio Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

Midwestern Region

- Illinois
- Indiana
- Iowa
- Kansas
- Michigan
- Minnesota
- Missouri
- Nebraska
- North Dakota
- Ohio
- South Dakota
- Wisconsin

After accounting for age differences,^b the Veteran suicide rate in Ohio:

- **Was not significantly different** from the national Veteran suicide rate
- **Was significantly higher** than the national general population suicide rate

Ohio Veteran Suicide Deaths, 2018

Sex	Veteran Suicides
Total	211
Male	200–210
Female	<10

To protect confidentiality, suicide death counts are presented in ranges when the number of deaths in any one category was lower than 10.



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Ohio, Midwestern Region, and National Veteran Suicide Deaths by Age Group, 2018^c

Age Group	Ohio Veteran Suicides	Midwestern Region Veteran Suicides	National Veteran Suicides	Ohio Veteran Suicide Rate	Midwestern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	211	1,322	6,435	27.3	31.2	32.0
18–34	29	200	874	44.6	54.1	45.9
35–54	53	376	1,730	27.3	36.3	33.4
55–74	85	520	2,587	25.0	28.1	30.4
75+	44	225	1,237	25.1	22.8	27.4

Ohio Veteran and Total Ohio, Midwestern Region, and National Suicide Deaths by Age Group, 2018^c

Age Group	Ohio Veteran Suicides	Ohio Total Suicides	Midwestern Region Total Suicides	National Total Suicides	Ohio Veteran Suicide Rate	Ohio Suicide Rate	Midwestern Region Suicide Rate	National Suicide Rate
Total	211	1,754	9,950	46,510	27.3	19.3	18.8	18.4
18–34	29	482	2,970	13,002	44.6	18.5	19.2	17.3
35–54	53	597	3,425	15,866	27.3	20.7	20.3	19.1
55–74	85	516	2,786	13,514	25.0	18.7	17.7	18.6
75+	44	159	769	4,128	25.1	18.8	16.2	18.9

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Veteran Suicide Statistics

Data Should Drive Efforts to Prevent Suicide



58.1%

of Veteran suicides were among
Veterans age 55 and older

69.4%

of Veteran suicides resulted
from a firearm injury

Veteran Suicide Methods

- In 2018, 68.2% of Veteran suicide deaths were due to a self-inflicted firearm injury, while 48.2% of non-Veteran adult suicides resulted from a firearm injury.
- In 2018, 69.4% of male Veteran suicide deaths and 41.9% of female Veteran suicide deaths resulted from a firearm injury.

Table 4. Method of Suicide Among Veteran and Non-Veteran Adults Who Died from Suicide, 2018

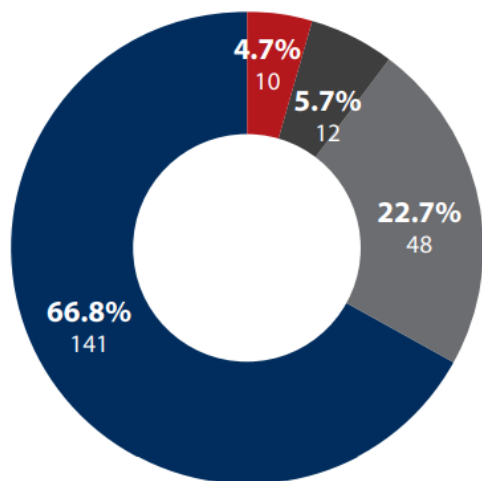
Method	Percentage of Non-Veteran Adult Suicide Deaths	Percentage of Veteran Suicide Deaths	Percentage of Male Non-Veteran Adult Suicide Deaths	Percentage of Male Veteran Suicide Deaths	Percentage of Female Non-Veteran Adult Suicide Deaths	Percentage of Female Veteran Suicide Deaths
Firearm	48.2%	68.2%	53.5%	69.4%	31.7%	41.9%
Poisoning	13.8%	9.5%	8.5%	8.5%	30.3%	31.6%
Suffocation	29.5%	17.1%	29.8%	16.9%	28.4%	20.3%
Other	8.5%	5.2%	8.2%	5.2%	9.6%	6.2%



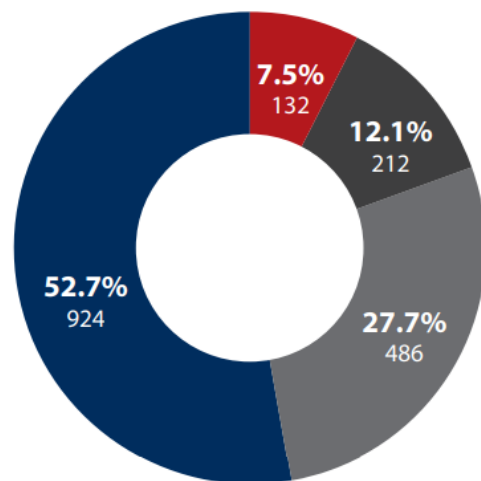
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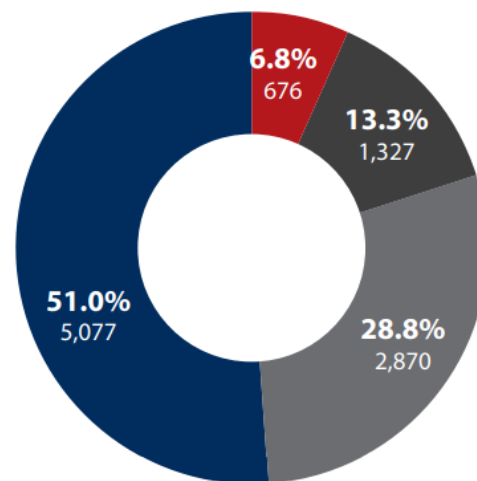
Ohio Veteran and Total Ohio, Midwestern Region, and National Suicide Deaths by Method,^d 2018



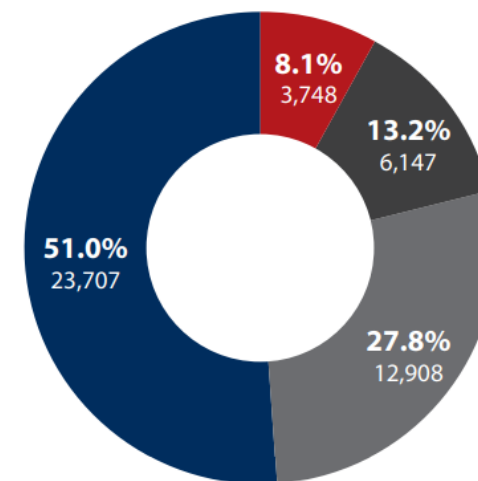
Ohio Veteran Suicides



Ohio Total Suicides



Midwestern Region Suicides



National Suicides

- Firearms
- Suffocation
- Poisoning
- Other Suicide
- Other and Low-Count Methods^e

Anchors of Hope

Anchor 1: From 2017 to 2018, adjusted suicide rates fell among Veterans with recent VHA care, while rising among other Veterans.

- Between 2017 and 2018, the age- and sex-adjusted suicide rate among Veterans with recent VHA use decreased by

2.4%, while among Veterans who did not use VHA care the rate increased by 2.5%.¹³

- As compared with 2005, age- and sex-adjusted rates among Veterans with recent VHA use in 2018 increased by

25.6%, or 5.8 deaths per 100,000, and among Veterans who did not use VHA care the rate increased by 57.0%, or 9.9

deaths per 100,000.



Anchors of Hope


Anchor 2: Among Veterans in VHA care, rates fell from 2005 to 2018 in those with depression, anxiety, and substance use disorders.

- For VHA patients diagnosed with depression, the suicide rate decreased from 2005 to 2018, from 72.9 per 100,000 to 66.4 per 100,000. The 2018 suicide rate was an increase from 2017's rate, 65.1 per 100,000.
- For VHA patients diagnosed with anxiety, the suicide rate decreased from 2005 to 2018, from 83.1 per 100,000 to 67.0 per 100,000. The 2018 suicide rate was an increase from 2017's rate, 65.6 per 100,000.
- In 2018, VHA patients with any mental health or substance use disorder diagnosis had a suicide rate of 57.2 per 100,000, compared with 58.6 per 100,000 in 2005 and 57.9 per 100,000 in 2017.

Anchors of Hope

- **Anchor 3: In 2018, suicide rates decreased for specific Veteran populations engaged in VHA care.**
- VHA is working to understand and address health care disparities for Veterans, including in VHA mental health care.
- Findings document a recent decrease in suicide risk among male Hispanic Veterans engaged in VHA care.
- The ratio of suicide rates among VHA-engaged Hispanic¹⁴ male Veterans to rates among Hispanic male U.S. adults was lower in 2018 than in 2017.
- Further, overall suicide rates and trends of increase were lower among Black Veterans than among White Veterans.
- Among women Veterans with recent VHA care, suicide counts and rates decreased from 2017 to 2018.¹⁵ Among other women Veterans, the number of suicide deaths was unchanged from 2017 to 2018.
- Ongoing work is needed to understand factors associated with Veteran suicide, including differences by race and ethnicity, as well as study of treatment intervention outcomes across all populations.

Anchors of Hope


- **Anchor 4: The Veteran suicide rate did not increase significantly between 2017 and 2018.**
 - The age- and sex-adjusted rate among Veterans was not significantly different in 2018 (27.5 per 100,000) than in 2017 (27.3 per 100,000). However, the 2018 rate was significantly higher than the rate in 2005 (18.5 per 100,000).
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Anchors of Hope


Anchor 5: There is a groundswell of support for coordinated efforts at the local, regional, and national levels to implement a public health approach to end suicide.

- VA's 2018 *National Strategy for Preventing Veteran Suicide*: broad vision for implementation of a public health approach to end suicide. In 2020, VA translated the vision offered by the 10-year National Strategy and its four major domains into operational plans of actions through the Suicide Prevention 2.0 initiative (SP 2.0) and the Suicide Prevention Now initiative (Now).
- In 2020, 20 additional states have been incorporated into the VA/Substance Abuse and Mental Health Services Administration Governor's Challenge, for a total of 27 states currently involved. The program continues to advance toward its goal of expanding to all 50 states and U.S. territories over the next two years.
- In 2020, VA launched the expansion of evidence-based psychotherapies for suicide prevention, as outlined in the ***VA/Department of Defense Clinical Practice Guideline on the Assessment and Management of Patients at Risk for Suicide***, to reach Veterans across all 140 of its health care systems and through all 18 of its telehealth hubs.
- The President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) was signed on June 17, 2020, and launched a nationwide charter to raise awareness about mental health, connect Veterans and others at risk of suicide to federal and local resources, and facilitate focused and coordinated research into suicide.

Operational Plans of Action

- SP 2.0 focuses on nationally implementing and operationalizing across a 6-year period new and bundled community-based and clinically based services and programs reflective of the National Strategy.
 - The Now initiative focuses on enhancing, expanding, and reinforcing existent suicide prevention clinical and outreach services, including predictive analytics, safety planning in the emergency department, caring contacts, lethal means safety training and resources, and universal suicide screening.
- 

SP 2.0 Community Engagement & Partnerships Coordinators (CPEC)

- SP 2.0 will not replace current efforts and instead serves to enhance and expand current VA suicide prevention efforts
 - Provide resources through a comprehensive strategy to hire and train qualified Community Engagement and Partnerships Coordinators (CEPC).
 - CEPCs will serve as members of their local prevention teams to engage community coalitions at the community, regional, and state levels, to implement community-based prevention.
- 

The Now Plan: Five Planks, Nineteen Strategies

Plank 1: Lethal Means Safety

- Disseminate lethal means safe storage information to Primary Care (PC) and Mental Health (MH) clinics
- Implementation of mandatory lethal means safety training to all Mental Health (MH) team members
- Implementation of a one-time mandatory lethal means safety training for Pain, Emergency Department (ED), Primary Care (PC), and Veterans Crisis Line (VCL)
- Create shorter annual lethal means training for MH, PC, Pain, ED and VCL Teams
- Train Mission Act Providers in Lethal Means Safety
- Integrate National Shooting Sports Foundation (NSFF) Toolkit for Community Based Coalition Work

Plank 2: Suicide Prevention in Medical Populations

- Deploy Suicide Risk Screening and Assessment process in Medical Oncology, Radiation Oncology and Pain settings
- Incorporate Suicide Prevention as part of Medical “Bad News” Delivery Training

Plank 3: Outreach to and Understanding of the Prior VHA User

- Reaching Prior VHA Users NOW

Plank 4: Suicide Prevention Program Enhancement

- Improve Implementation of High Risk Flag through Improved Utilization of De-activation Criteria and Standardization of Local Processes
- Create High Risk Flag Histories in CPRS
- Develop a High Risk Flag Consultation Service for SPCs to Assist in Decision Making and Implementation
- Improve Suicide Prevention Safety Planning Implementation
- Enhance REACH VET implementation
- Enhance SPED Implementation
- Improve VCL Consult Hand-Off
- Improve Same Day 5 Point Screening for New Patients
- Enhance Implementation of Structured Care Management

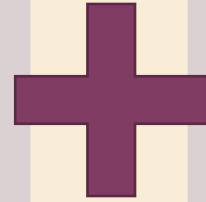
Plank 5: Media

- **Implement Media Targeted Plan**

2.0 Vision for the Distance: Combining Community & Clinical Interventions

Community-Based* Prevention Examples


- VISN-wide Community Prevention Pilots (Comm Coalitions/ Partnership)
- Together with Veterans (Veteran-to-Veteran Building)
- Governor's Challenge – State Suicide Prevention Plan



Clinically-Based Intervention Examples

- Evidence-Based Psychotherapies Implemented Across the Nation
- Cognitive Behavior Therapy for Suicide Prevention (CB-SP)
 - Dialectical Behavior Therapy (DBT)
 - Problem- Solving Therapy

Ohio Suicide Prevention Plan

- The teams include collaborative groups of community, municipal, military and other stakeholders.
 - VA provides technical assistance to support state efforts and to document outcomes and share strategies with other participants.
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- The bottom of the slide features several thin, wavy, horizontal lines in shades of light beige and cream, creating a decorative border.

Community-Based Intervention for Suicide Prevention (CBI-SP)



CBI-SP is a unified model from national to community levels, for all community-based efforts to end Veteran suicide.

The Governor's Challenge (VA/SAMHSA): partnering state policy makers and local leaders to implement comprehensive suicide prevention plan.

Together with Veterans: Veteran-to-Veteran coalition building and Veteran leadership development for suicide prevention.

Community Engagement and Partnership for Suicide Prevention (CEP-SP): community coalition-building and enhanced capacity for outreach and education (from the VISN-23 pilot).

Outreach and Education (SPCs): Includes trainings such as SAVE, outreach, events, etc. through local Suicide Prevention Coordinators (SPCs) and does not change their critical role.

VA Suicide Prevention Coordinators

SPCs are a major part of VA's commitment to suicide PREVENTION

- Manage placement and monitoring of Category I – HR for Suicide flags for enhanced care
- Collaborate with teams and fill gaps to provide direct care for flagged Vets w/o VA MH providers
- Respond to referrals from the national Veterans Crisis Line within 24hrs
- Provide consultation and trainings as the facility SP subject matter experts
- Report suicidal behaviors to VACO to support ongoing research
- Complete Behavioral Health Autopsies, Family Interviews, Issue Briefs, and postvention support upon suicide deaths
- Provide community outreach and training
- Send HR Veterans monthly Caring Contacts (mailing program)



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High Risk for Suicide Patient Record Flags

- HR Patient Record Flags serve as a communication tool to providers
- Assigned when a Veteran is deemed to be high risk for suicide
 - Vet has either engaged in a suicidal behavior in the past 90 days or acute risk has clinically been assessed and agreed upon as high.
- Assignment lasts 90 days and then is reviewed by treatment team for determination of ending or continuation of flag
- To continue a flag, there needs to be evidence that Veteran remains at acute high risk and not just elevated chronic risk



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Appointments for HR Vets

- 4 appointments required in 30 days post activation of high risk flag (or d/c from inpatient, whichever is later)
- Appointments can be done by any provider with a Mental Health stop code to include Nursing, Psychiatrist, Groups
- Appointments must document that suicidality was addressed



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Sample Caring Communication

More Templates & Resource Card
Order Form:

<http://vaww.mirecc.va.gov/reachvet/tools.asp>

<<VA Facility>>



Dear «FirstName»,

I wanted to write to say that I hope you are doing well. I included a few resources on a separate sheet that I hope you might find helpful.

I hope you are having a good day. If you would like to contact me, I would be happy to hear from you at «PhoneNumber».



«Provider»

REACH VET

- REACH VET is a program that uses predicative modeling to identify those Veteran's at high risk for an adverse outcome within the next 30days.
- Predictive modeling analyzes medical data from the Veteran's chart to identify those who may be at higher risk for suicide and suicide attempts, but also **for all-cause mortality** including accidents, injuries, overdoses, violence, etc.
- Identifies those Veterans at statistical risk vs. acute clinical risk.
- By engaging Veterans early, and allowing them to provide input into their care, we hope to decrease the incidence of more serious conditions developing and thus decrease bad outcomes.
- REACH VET model = ALERT to providers of those Veterans that may need further assessment and support than currently receiving.

National VA Suicide Prevention Resources

- In 2007, VA established a toll-free, confidential Veterans Crisis Line at 1-800-273-8255 Press 1 - staffed by mental health professionals 24 hours a day, seven days a week.
- VA also offers a texting service at #838255
- Veterans and their families can also chat online with trained counselors at www.VeteransCrisisLine.net.
- Registration with VA or enrollment in VA health care is not necessary
- VA is also part of the [Military Suicide Research Consortium](#), a partnership with DoD that manages studies to increase knowledge on topics such as risk assessment, treatment, and prevention as they pertain to suicidal behavior in the military and among Veterans.



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National VA Suicide Prevention Resources

- VA's [Center of Excellence for Suicide Prevention](#), located at the Canandaigua, New York, VA Medical Center
- VA's [Rocky Mountain Mental Illness Research, Education, and Clinical Center](#) (MIRECC)
- MIRECC's website offers a **suicide attempt survivor family resource guide**, and **guides to talking to children about suicide** attempts in their family. Both products are available in English and Spanish.
- MIRECC has developed an [ACE \(Ask, Care, Escort\) card](#) to help Veterans, their family members, and friends learn the steps they can take to get help in order to prevent a suicide.
- **2016** - Launched the REACH VET program, which analyzes existing data to identify Veterans at a statistically elevated risk for suicide and allows VA to provide them with pre-emptive care and support



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What's New

Tweets by @RMIRECC



RockyMountain MIRECC Retweeted



NCHV

@NCHVorg

The @RMIRECC Suicide Risk Management Consultation Program (SRM) provides free consultation, support, and resources for providers working with Veterans at risk of suicide. Learn more:

mirecc.va.gov/visn19/consult #PreventVetSuicide
#NeverWorryAlone

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SUICIDE RISK MANAGEMENT Consultation Program

FOR PROVIDERS WHO SERVE VETERANS

Why worry alone?

The Suicide Risk Management Consultation Program provides free consultation for any provider, community or VA, who serves Veterans at risk for suicide.

Common consultation topics include:

- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

#NeverWorryAlone



To initiate a consult, please email:

SRMconsult@va.gov

For more information about the program & related resources, visit:

www.mirecc.va.gov/visn19/consult

Resources for Vets, Families & Communities



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VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics.

www.mentalhealth.va.gov



Crisis support for Veterans, their friends & families.

Phone: **1-800-273-8255, Press 1**

Text: **838255**

Live Chat: www.veteranscrisisline.net



VA community based centers that provide a range of counseling, outreach and referral services.

Phone: **1-877-WAR-VETS (927-8387)**

www.vetcenter.va.gov



A free, confidential “coaching” service provided by VA that helps Veterans’ family and friends to recognize when their Veteran needs support and connect them with local resources.

Phone: **1-888-823-7458**

<https://www.mirecc.va.gov/coaching/>

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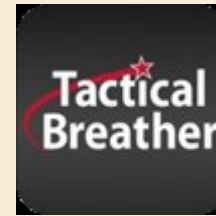
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Coping and Symptom Management Apps

<https://mobile.va.gov/appstore>
www.t2health.dcoe.mil/products/mobile-apps



Problem solving
skills for stress



Manage physical &
emotional stress



Safety plan &
support during crisis



Monitor & manage
PTSD symptoms



Tools for coping,
relaxation, distraction
& positive thinking



Enhance sleep
quality & duration

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Additional Resources



National
Center for
PTSD
Posttraumatic
Stress Disorder

VA's center of excellence for research and education on the prevention, understanding and treatment of PTSD.

Phone: **1-802-296-6300**

www.ptsd.va.gov



Community
Provider Toolkit

Information on VA services and resources, understanding military culture and experience, and tools for working with a variety of mental health conditions.

www.mentalhealth.va.gov/communityproviders/



One-on-one consultation at no charge for VA Providers with general or specific questions about Suicide Risk Management.

Phone: **1-866- 948-7880**

<https://www.mirecc.va.gov/visn19/consult/index.asp>

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