



U.S. Department  
of Veterans Affairs

# VA Suicide Prevention: Serving Veterans in their Community

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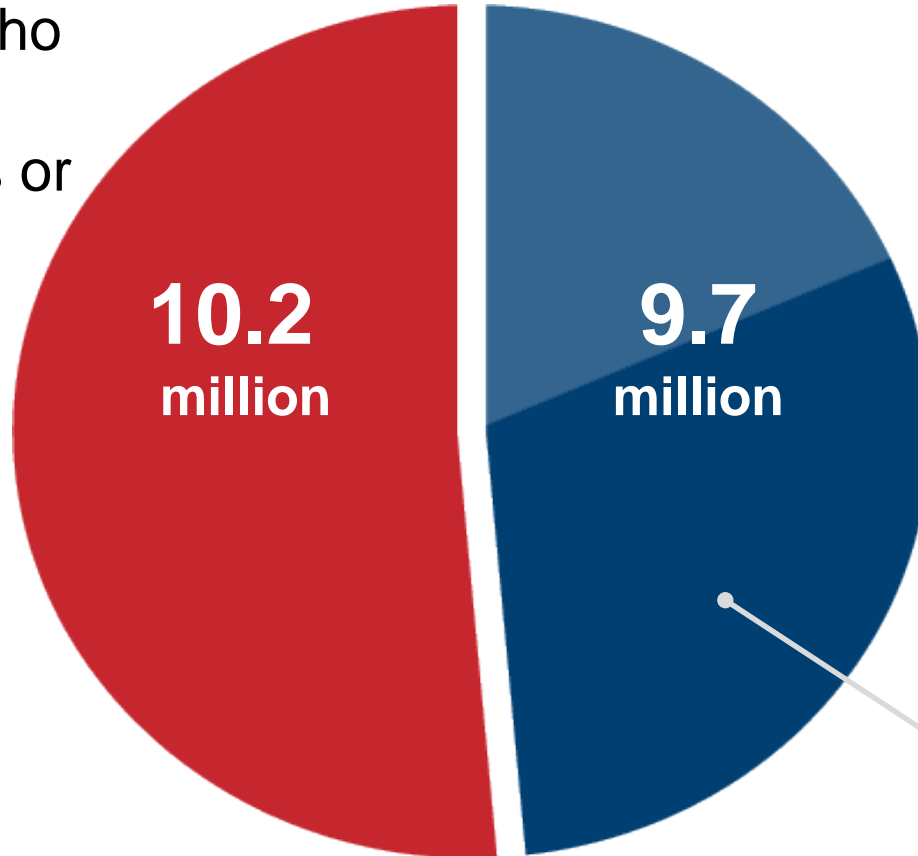
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# 50% of Veterans do not use VA benefits or healthcare

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



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

Of this group, about **6 million Veterans** use VA health care (about **30 percent of all Veterans**).



# Increases in Veteran Suicide Rates, 2001-14

 **U.S. VETERANS**  **31.1%**

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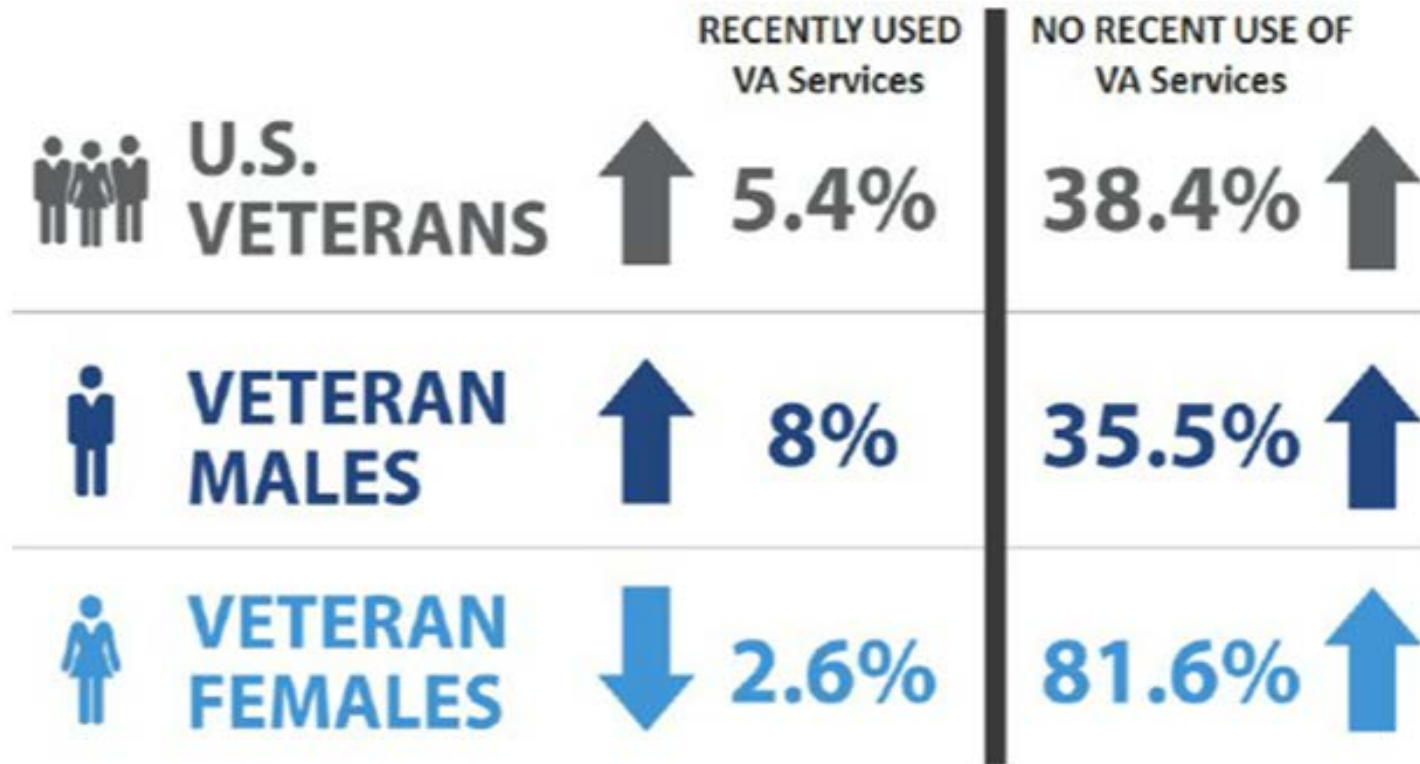
 **VETERAN MALES**  **29.7%**

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 **VETERAN FEMALES**  **62.4%**

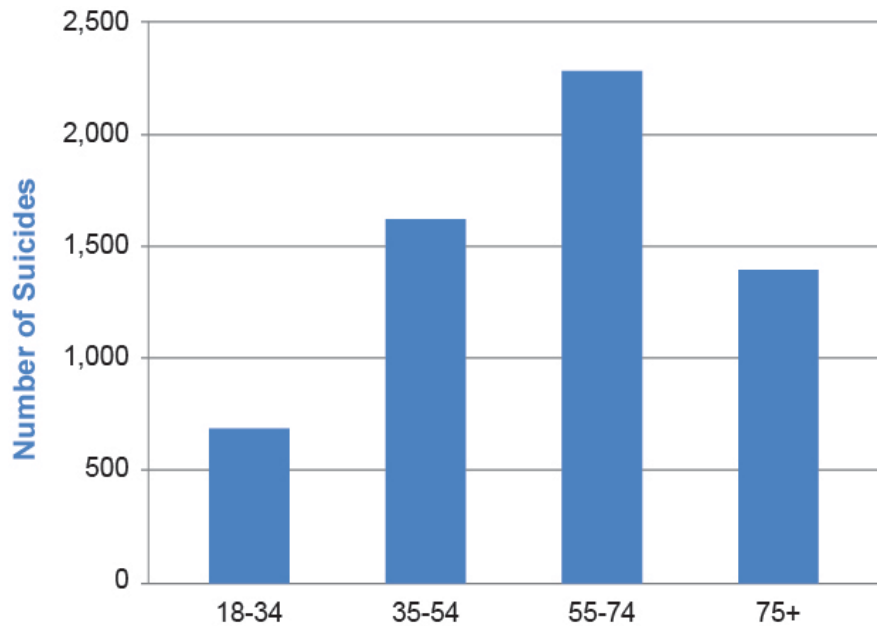


# Rates of Suicide among VHA users and non-VHA using Veterans, 2001-14

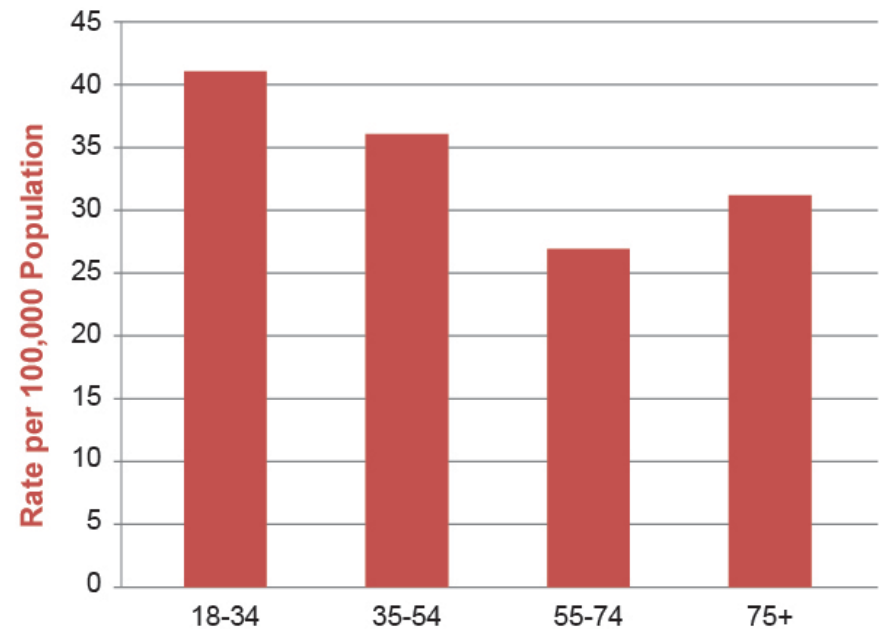


# Veteran Suicide Deaths: Count vs. Rate

## Veteran Male 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.



# VA's Comprehensive Approach to Suicide Prevention

- VA Suicide Prevention Goal: Implement a comprehensive, public health program to prevent suicide among all U.S. Veterans.
- This approach requires
  - action beyond the health care setting
  - a national network of community-based partnerships



**All**

**Some**

**Few**





# Prevention Levels and Key Efforts

## Public Health Approach to Suicide Prevention

### Universal

- Partnerships
- NSSF, AFSP
- Open innovation safe gun storage challenge

### Selective

- Mental Health hiring initiative
- Lethal means safety training
- Mental health care for Other Than Honorable discharged Veterans
- Executive Order to expand Veteran eligibility for mental health care
- DoD/VA Transition MOA
- SAMSHA Mayor's Challenge
- Tele-mental health
- Treatment engagement
- #BeThere campaign

### Indicated

- REACH VET
- Discharge planning & follow up
- VCL Expansion
- SAVE Training
- VCL info printed on VA canteen receipts
- J&J PSA
- VCL services
- Postvention

**Current facility SPC efforts begin here**



# Key VA Suicide Prevention Goals

- **Mobilize action** nationwide: Suicide prevention is everyone's business! [www.BeThereForVeterans.com](http://www.BeThereForVeterans.com)
- **Expand universal prevention initiatives** for Veterans and their loved ones, within VHA and in communities
- **Develop joint capacity with DoD** for routinized, timely data reporting
- **Foster innovative programming** in targeted domains (e.g., applying social media to predictive analytics)
- **Identify comprehensive public health research strategy** to inform best practices
- **Educate Veteran communities** about lethal means safety
- With DoD and community partners, **ensure access to seamless, proactive mental health support and treatment** to Veterans transitioning from service.



# VA Suicide Prevention: Five Initiatives for Veterans in the Community

- Executive Order
- VITAL program
- AFSP Partnership
- Vet Centers
- Mayor's Challenge



# Executive Order: 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 Service members/ Veterans.
- Implementation plan due to White House on March 9 (60 days from date of EO signing).
- About 32,000 additional transitioning Service members may seek services within the first year.
- Goal is to provide barrier-free immediate access to any needed mental health services



# Executive Order Joint Action Plan Draft

Goal 1: Seamless access to mental health treatment for transitioning Service members

- Communications and Outreach
- Whole Health
- Call Center Efforts
- Eligibility Barriers

Goal 2: Access to suicide prevention resources for transitioning Service members and Veterans through collaborative communication efforts

- Communications and Outreach
- VSO Engagement
- Additional Stakeholder Engagement

Goal 3: Leverage interagency partnerships to educate those who have recently transitioned about eligibility for VA mental health care

- VSO Engagement
- Additional Stakeholder Engagement



# Executive Order: Key Actions

1. Concierge for Care
2. Military One Source
3. #BeThere Peer Support Call Center
4. Whole health groups at all VAMCs
5. SPC community outreach & partnership building
6. Mayor's Challenge
7. Transition Assistance Program
8. Predictive risk models for separation



# Veterans Integration to Academic Leadership (VITAL)

- Provides mental health services to student Veterans on college campuses
  - Individual, group, couples and family therapy
  - Medication management, psychological testing and peer support services
  - Care Coordination including linkage to VA, campus, and community resources to help with presenting needs (i.e. housing, employment, medical care, etc.), and assistance navigating VA benefits
- Education and training to the campus community to promote a welcoming and supportive environment for Veterans
- Outreach to student Veterans on campus and facilitation of VHA enrollment
- VITAL programs served 124 college and university campuses in 2017 and assisted 2,012 new student Veterans on those campuses



# Partnership with American Foundation for Suicide Prevention (AFSP)

- AFSP has active chapters in every state--volunteers who are engaged in support and education in their communities
- Reaches Service members and Veterans not receiving care from VA
- Emphasis on gatekeeper training, gun safety, and postvention

**RESOURCES**

Non-Crisis

Crisis

If you or someone you know is experiencing a crisis, please contact these resources.

**Be There**  
Peer Support Call and text  
www.BeThere.org  
844-347-PEER  
or text 480

**MILITARY ONE SOURCE**  
Call, Click, Connect

**Military Crisis**  
1-800-273-8255

**NATIONAL SUICIDE PREVENTION LIFELINE**  
1-800-273-TALK  
www.nationalpreventionlifeline.org

**American Foundation for Suicide Prevention**  
www.AFSP.org

**HOW TO HELP SOMEONE IN SUICIDAL CRISIS**

- Show genuine care and concern.
- Be direct. Ask if they are thinking about suicide.
- Listen without judgment. Allow expression of feelings.
- Avoid debating the value of life.
- Use a collaborative and problem-solving approach to offer hope and support.
- Work to keep them safely away from lethal means like firearms and drugs.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention.

**#BeThere**  
★ YOUR ACTION COULD SAVE A LIFE ★





# Readjustment Counseling Centers (Vet Centers)

- National System of Vet Centers:
  - Provides readjustment, family, bereavement, and trauma counseling, as well, ass employment and benefits assistance to Veterans, Service members, and their families
    - Vet Centers do not share medical records with VA, and are open during non-traditional hours
  - Offers eligibility *regardless of discharge status* for Veterans, including National Guard and Reserve components, who
    - served in combat or an area of hostility
    - experienced MST
    - provided direct medical care to casualties
    - Have family who experienced an active duty death



# 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)
- Policy academy to develop targeted strategy to reach all Veterans in the community (March 14–16, 2018)

## **Seven sites established:**

Los Angeles

Phoenix

Albuquerque

Las Vegas

Richmond, Virginia

Billings/Helena, Montana

Houston

**With more to come!**



# We All Have a Role to Play



**#BeThere for Veterans PSA:**

[www.veteranscrisisline.net/BeThere.aspx/?utm\\_source=bethereforveterans.com](http://www.veteranscrisisline.net/BeThere.aspx/?utm_source=bethereforveterans.com)



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Questions?

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# Back Up Slides



# **National Academies of Science, Engineering, & Medicine (NASEM) Evaluation of VA Mental Health Services**



# VA Healthcare: Superior Care

- ***VA provides mental health care of comparable or superior quality to that in private and non-VA public sectors.***
  - A majority of OEF/OIF/OND Veterans who use VA report positive aspects of and experiences with VA mental health care.
  - Many OEF/OIF/OND Veterans receive high-quality mental health care from VA.
  - VA has a history of implementing innovative practices in the areas of patient care, health information technology, and quality monitoring.



# VA Healthcare: Areas for Improvement

- There may be substantial unmet needs for mental health services in the OEF/OIF/OND population (based upon screening data only).
- VA health system factors and personal Veterans factors can both facilitate entry into care and serve as barriers to care.
- Consistency of high-quality mental health care to all Veterans across facilities and subpopulations is an ongoing challenge.
- VA needs to ensure care coordination and quality monitoring for any services offered through contracts and partnerships.





# VA Healthcare: NASEM Recommendations

1. Develop a comprehensive system-wide strategic plan for providing readily accessible, high-quality, integrated mental health care services within 3-5 years.
  - Specific focus on service delivery, workforce issues, and resource allocation
2. Eliminate barriers to accessing mental health care experienced by OEF/OIF/OND veterans.
3. Examine how its facilities interface with community resources and identify best practices.



## VA Healthcare: NASEM Recommendations

4. Evaluate whether all mental health workers could be brought under Title 38 U.S.C. to alleviate workforce shortages.
5. Substantially expand the scale and quality of its tele-mental health and technology-supported mental health services.
6. Take a lead role nationally in advancing quality management in mental health care.
7. Accelerate the development and use of standardized performance measures to assess and improve care for mental health conditions in Veterans.



## OTH--Expanding Access to Care

- VA will be expanding mental health care access for former Service members with administrative discharges under Other Than Honorable (OTH) conditions.
  - Total estimated population of 505,000 with OTH discharges may be eligible
  - Individuals may self-identify distress and request mental health care via the Veterans Crisis Line, or VA Emergency Department, Urgent Care Center, or Vet Center
  - Includes 90 days of outpatient follow-up

