

An Update on Suicide and Suicide Prevention in the United States and Texas: Focus on US Veterans

Rajeev Ramchand, PhD

Disclosures

No conflicts to report.

Our Mission

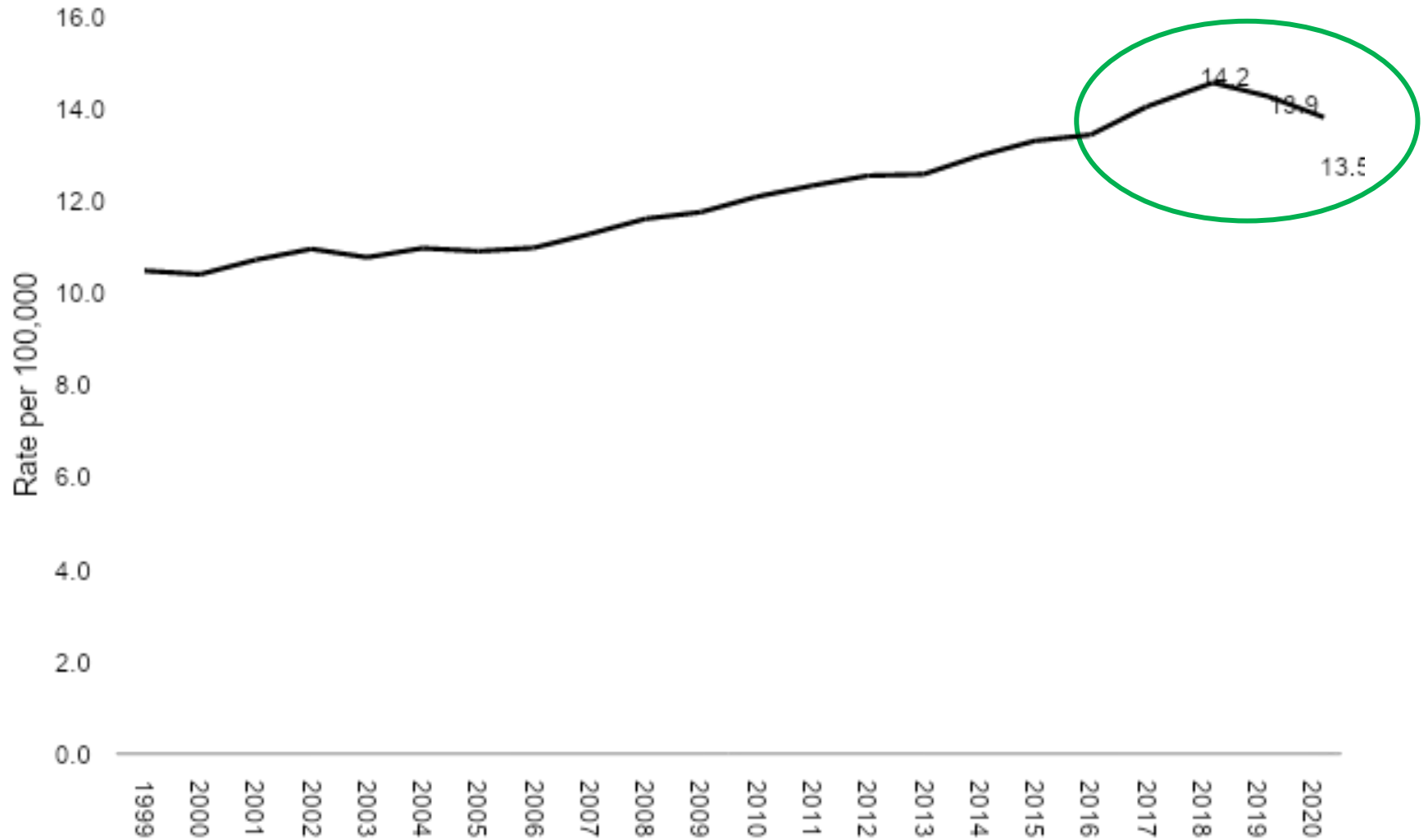
The RAND Epstein Family Veterans Policy Research Institute, housed at the RAND Corporation, is dedicated to conducting innovative, interdisciplinary, **evidence-based research to improve the lives of those who have served in the U.S. military.**

Through a range of partnerships, the institute prioritizes creative, equitable, and inclusive analysis and evaluation to meet the needs of **diverse veteran populations** while engaging and empowering those who support them.

Outline for Today

- Recent data on suicide in the United States & Texas
 - Evidence on COVID-related events
- Suicide among veterans
- Suicide among servicemembers
- Novel ideas
 - Screening in emergency departments
 - Mental health task sharing

Age-Adjusted US Suicide Rates 1999-2020



Data from National Vital Statistics System

Racial Patterns in US Suicide Rates 1999-2020

Research Letter | Public Health

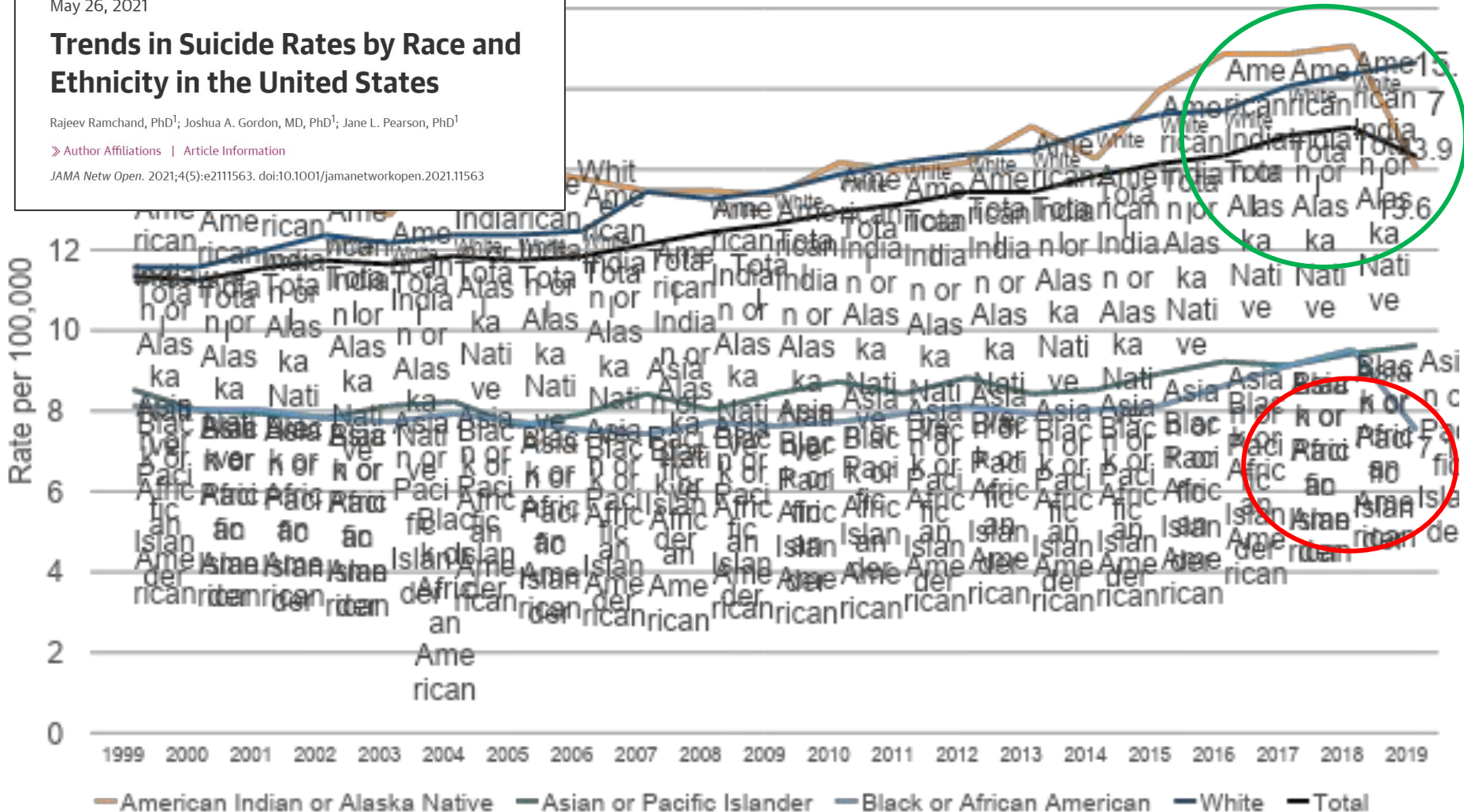
May 26, 2021

Trends in Suicide Rates by Race and Ethnicity in the United States

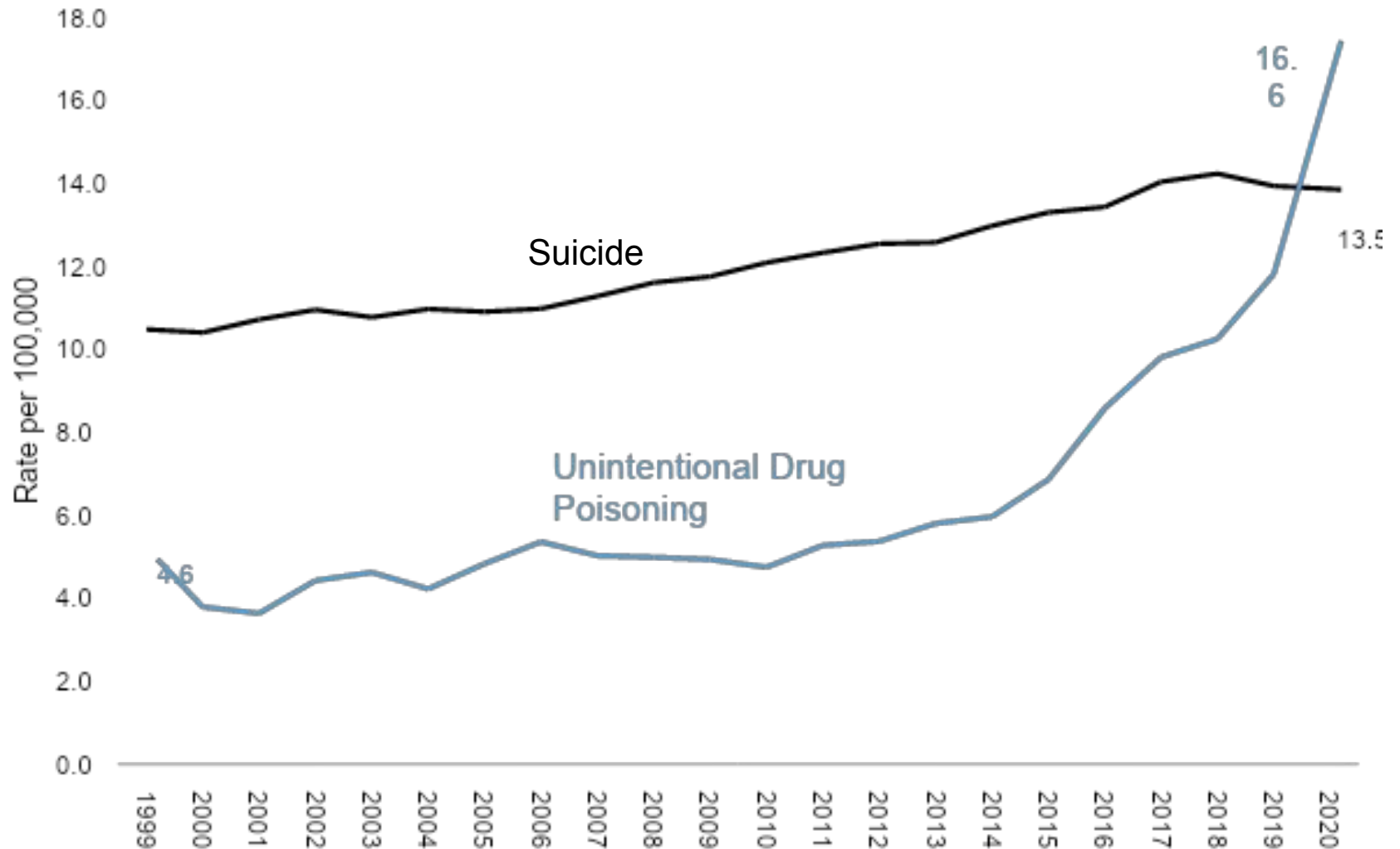
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» Author Affiliations | Article Information

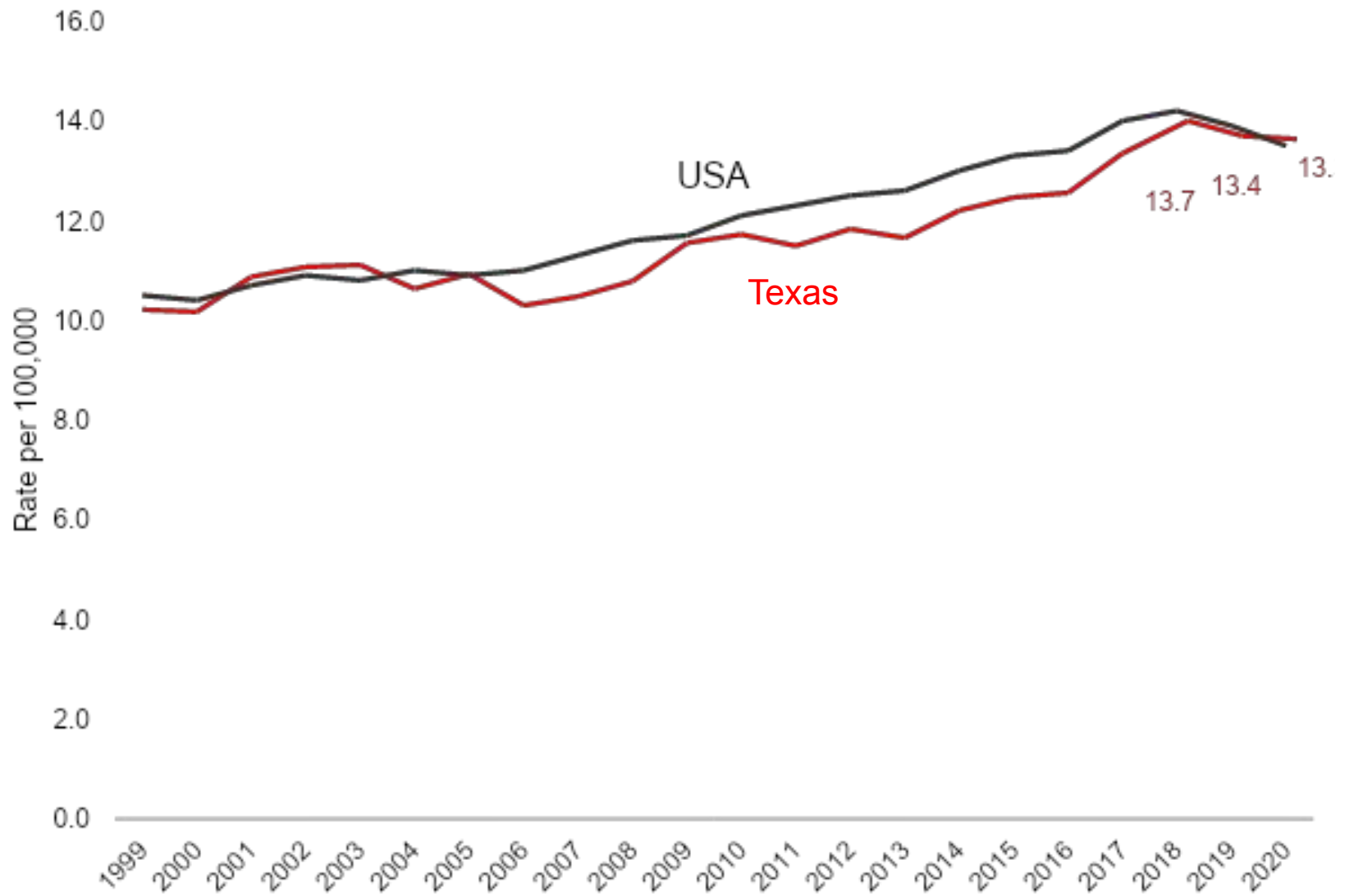
JAMA Netw Open. 2021;4(5):e2111563. doi:10.1001/jamanetworkopen.2021.11563



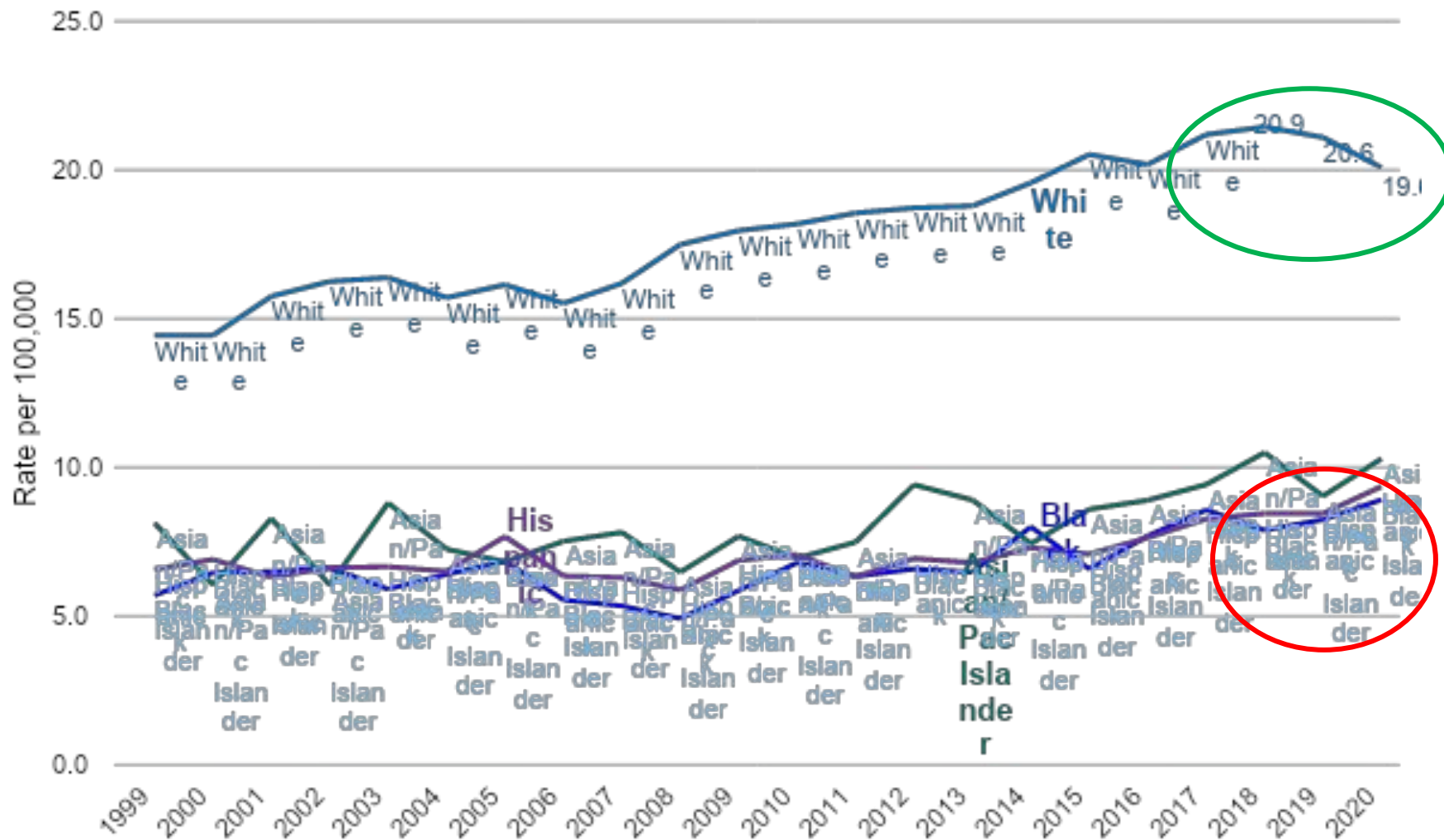
Age-Adjusted US Unintentional Drug Poisoning Rates: 1999-2020



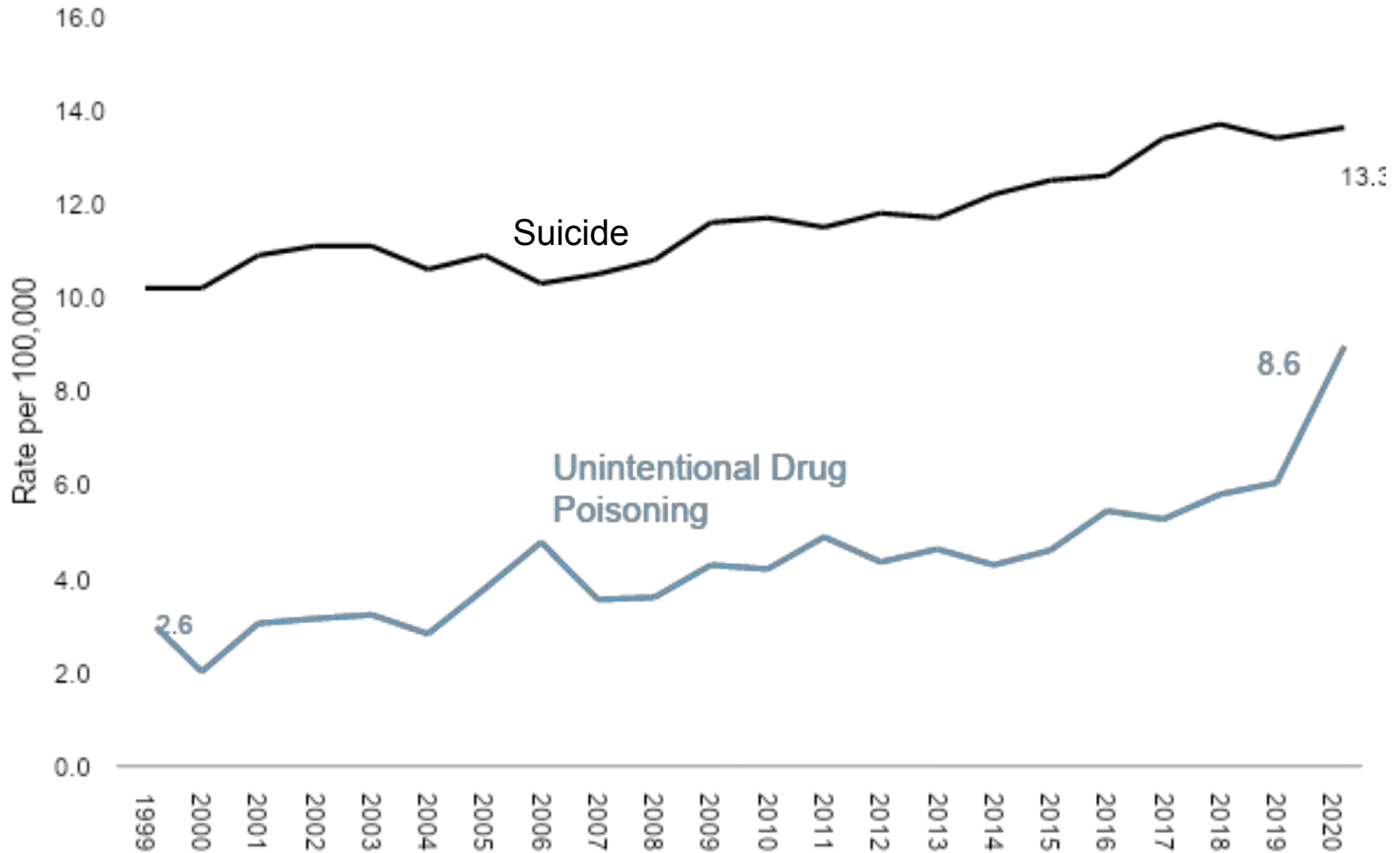
Age-Adjusted TX Suicide Rates: 1999-2020



Age-Adjusted TX Suicide Rates by Race and Ethnicity, 1999-2020



Age-Adjusted TX Unintentional Drug Poisoning Rates: 1999-2020



Outline for Today

- Recent data on suicide in the United States & Texas
 - **Evidence on COVID-related events**
- Suicide among veterans
 - Focus on women veterans
- Suicide among servicemembers
 - Strategies for prevention
- Novel ideas
 - Algorithms in health care settings
 - Screening in emergency departments

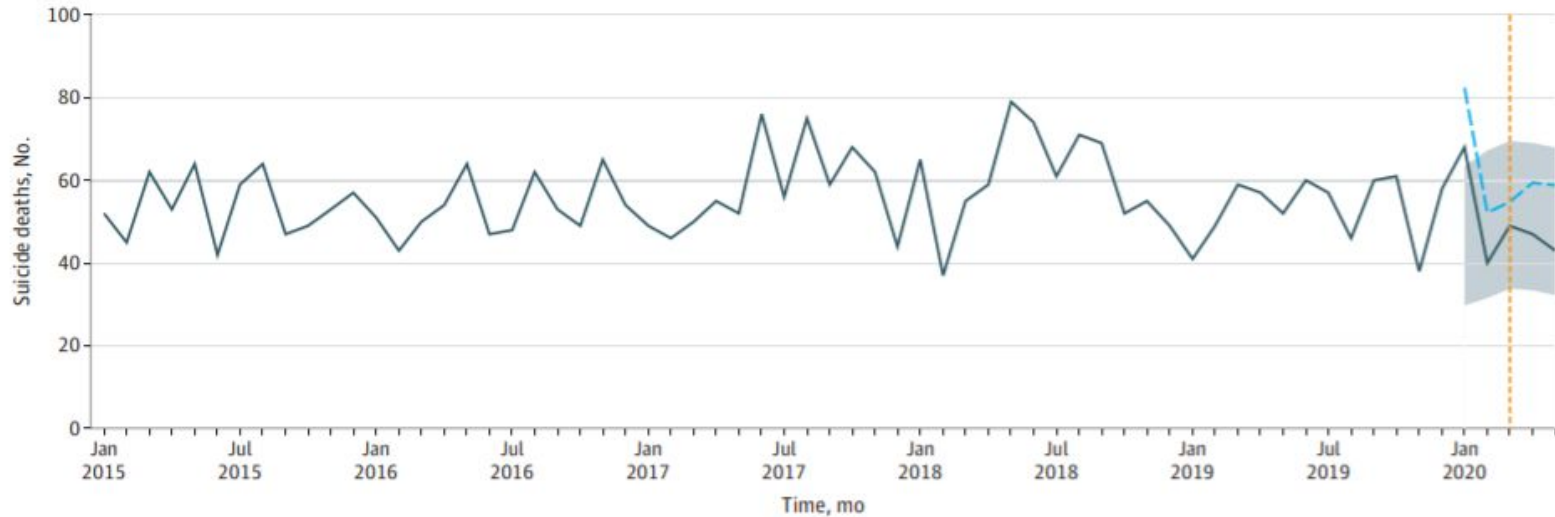
Maryland

	2017	2018	2019	2020	% change	p
Jan 1 – Mar 4 (Beginning of year to emergency declaration)						
Total	95	92	84	95	5.2	0.98
Black	16	20	18	14	-22.2	0.70
White	75	65	61	70	6.6	0.78
Mar 5 – May 7 (Emergency declaration to opening of public spaces)						
Total	100	94	92	71	-25.5	.04
Black	8	14	12	22	94.1	.01
White	89	74	72	43	-45.1	<0.001
May 8 – Jul 7 (Opening of public spaces to study end)						
Total	94	119	73	70	-26.6	.04
Black	18	18	17	14	-20.8	.69
White	72	88	46	48	-30.1	.03

Bray MJC, Daneshvari NO, Radhakirshnan I, Cabbage J, Eagle M, Southall P, Nestadt PS. 2020. Racial Differences in Statewide Suicide Mortality Trends in Maryland During the Coronavirus Disease 2019 (COVID-19) Pandemic. JAMA Psychiatry. Published online Dec 16, 2020.

Massachusetts

Figure. Suicide Deaths in Massachusetts From January 2015 Through May 2020

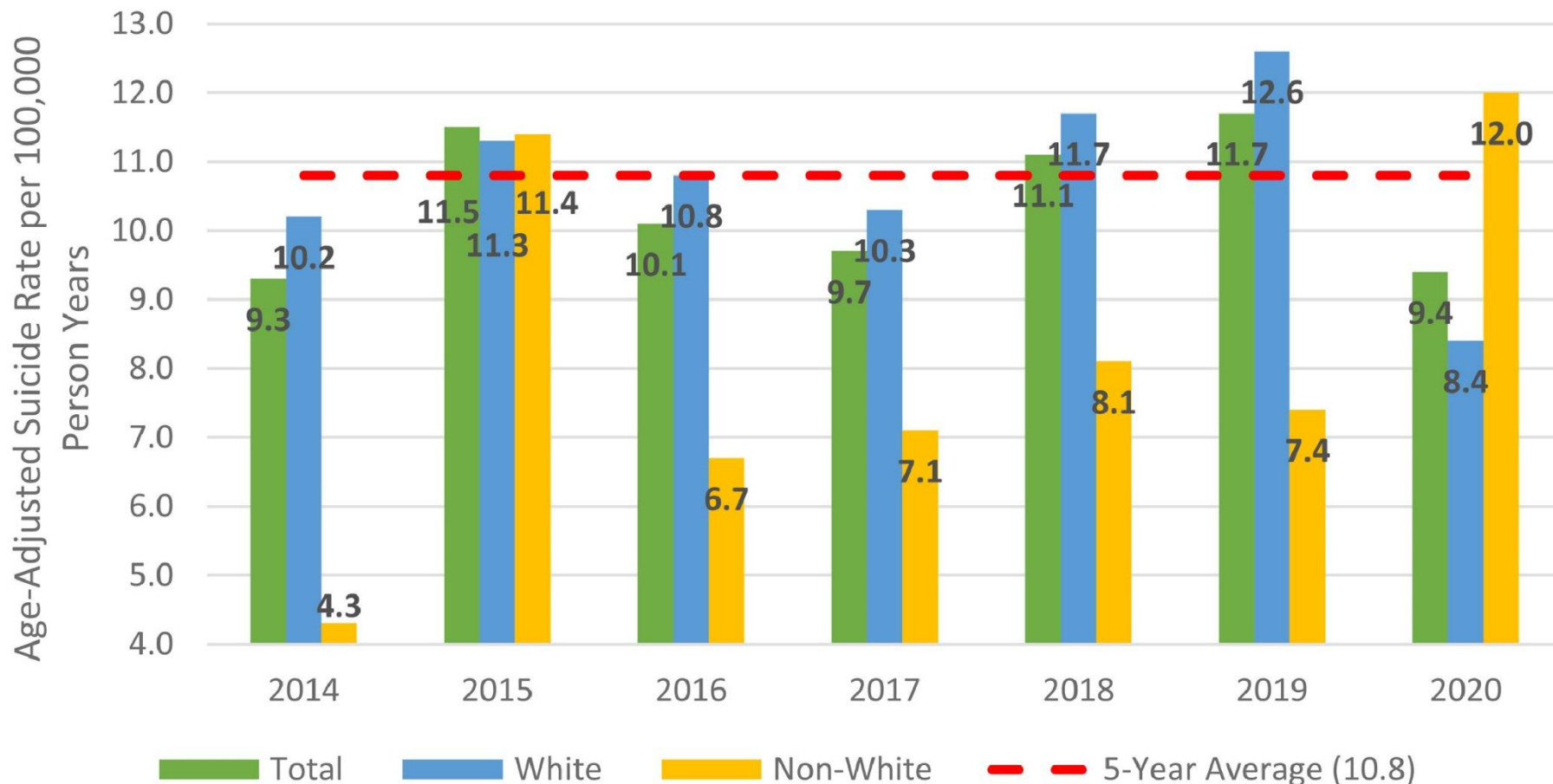


The solid line indicates raw suicide death counts; the dashed blue line, raw suicide deaths plus deaths pending investigation by the state medical examiner that are in excess of monthly averages of active pending investigations during the corresponding months

from 2015 to 2019; gray shaded area, projected range of suicide deaths expected to occur during 2020 using the seasonal adjusted model; vertical orange line, the start of the stay-at-home period.

Connecticut

Age-Adjusted Suicide Rates by Race in Connecticut During COVID-19 Lockdown Period Compared with March 10th to May 20th in Previous 6 Years



Outline for Today

- Recent data on suicide in the United States
 - Evidence on COVID-related events
- Suicide among veterans
- Suicide among veterans

Counting Veteran Suicides



Patients in Veterans Health Administration

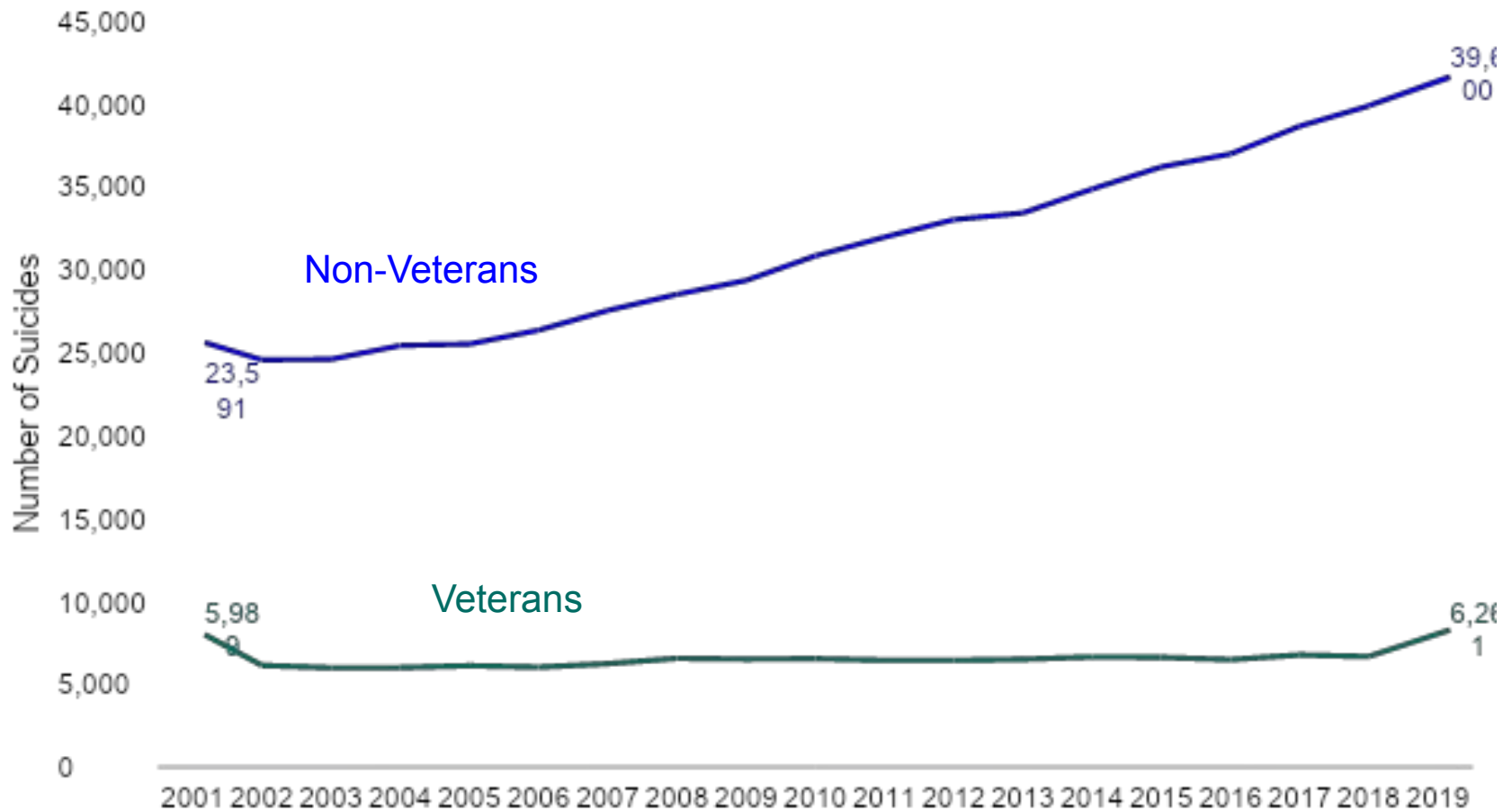


Veteran status on death certificates



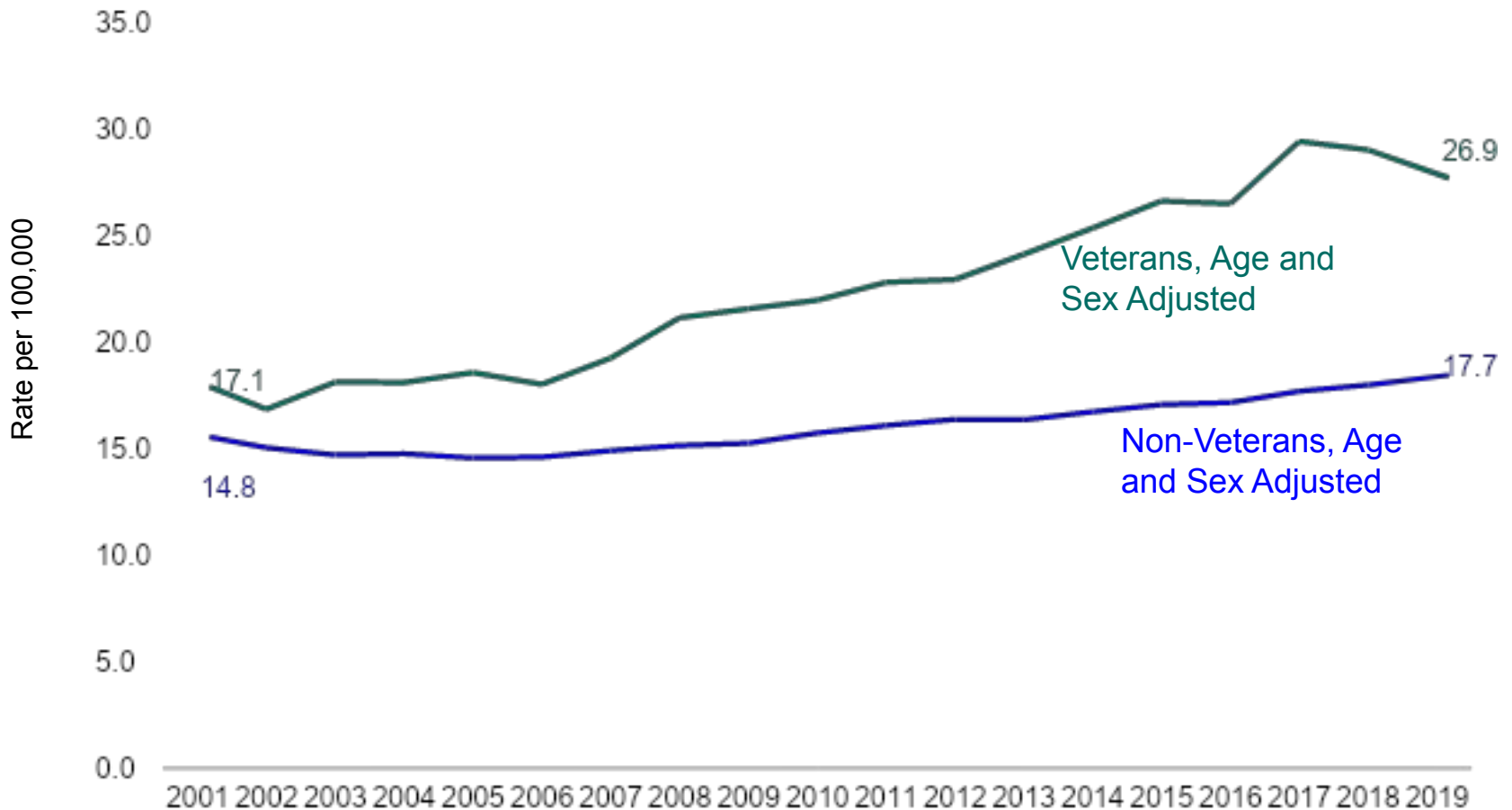
Mortality data repository

Significantly Higher Numbers Among Non-Veterans



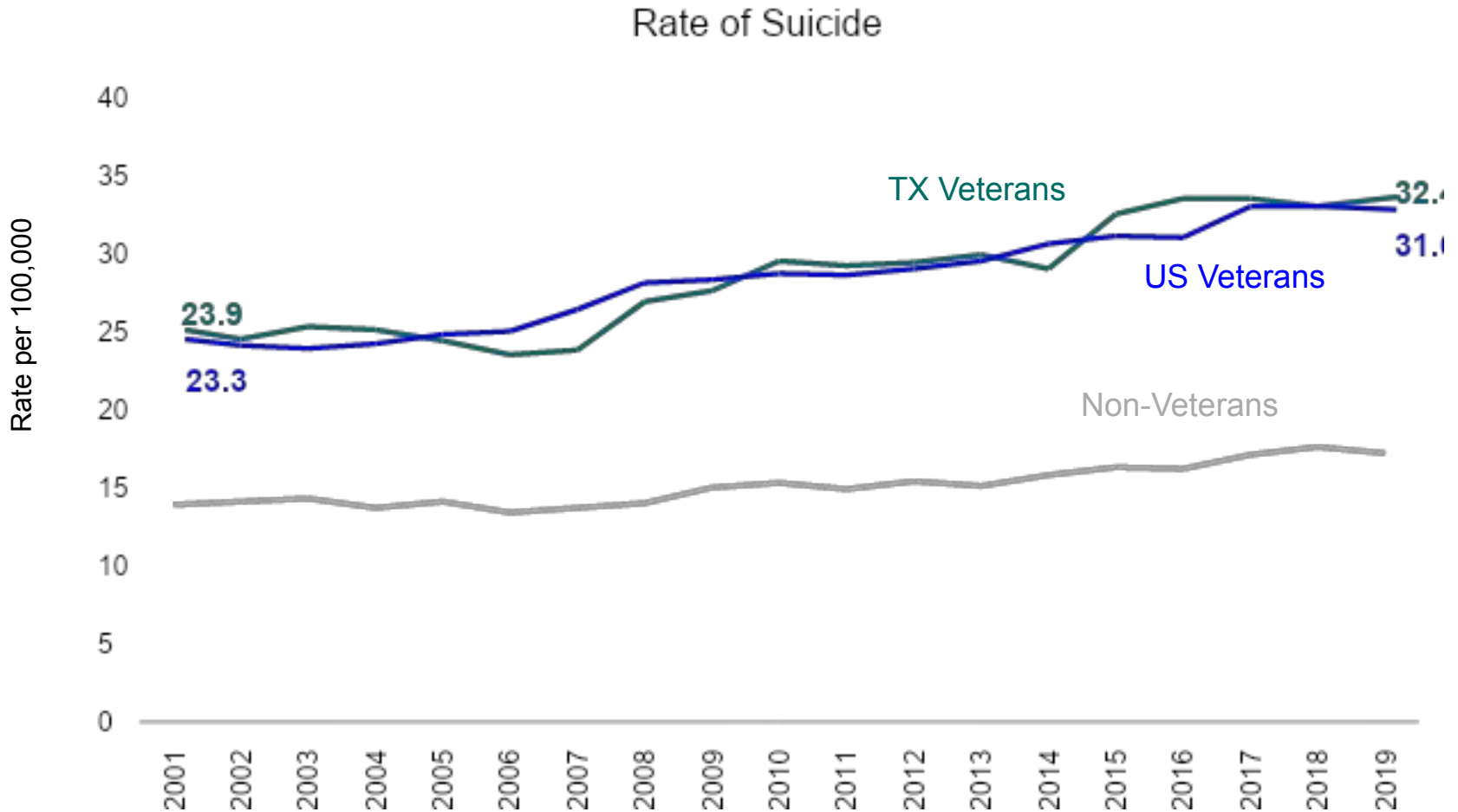
From: Office of Mental Health and Suicide Prevention. 2020 National Veteran Suicide Prevention Annual Report. US Department of Veterans Affairs.

Significantly Higher Rates Among Veterans Across the US



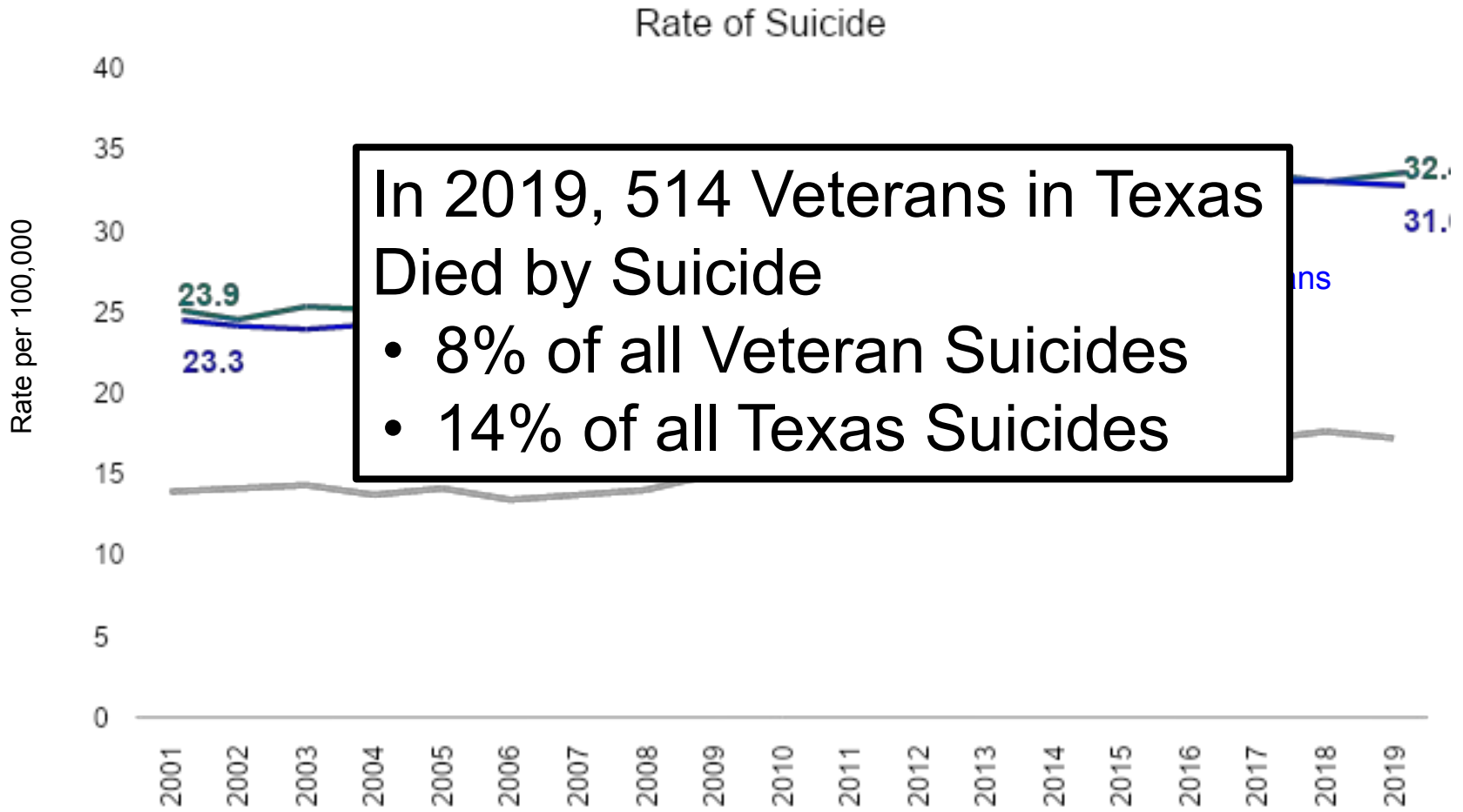
From: Office of Mental Health and Suicide Prevention. 2020 National Veteran Suicide Prevention Annual Report. US Department of Veterans Affairs.

Significantly Higher Rates Among Veterans Across in Texas



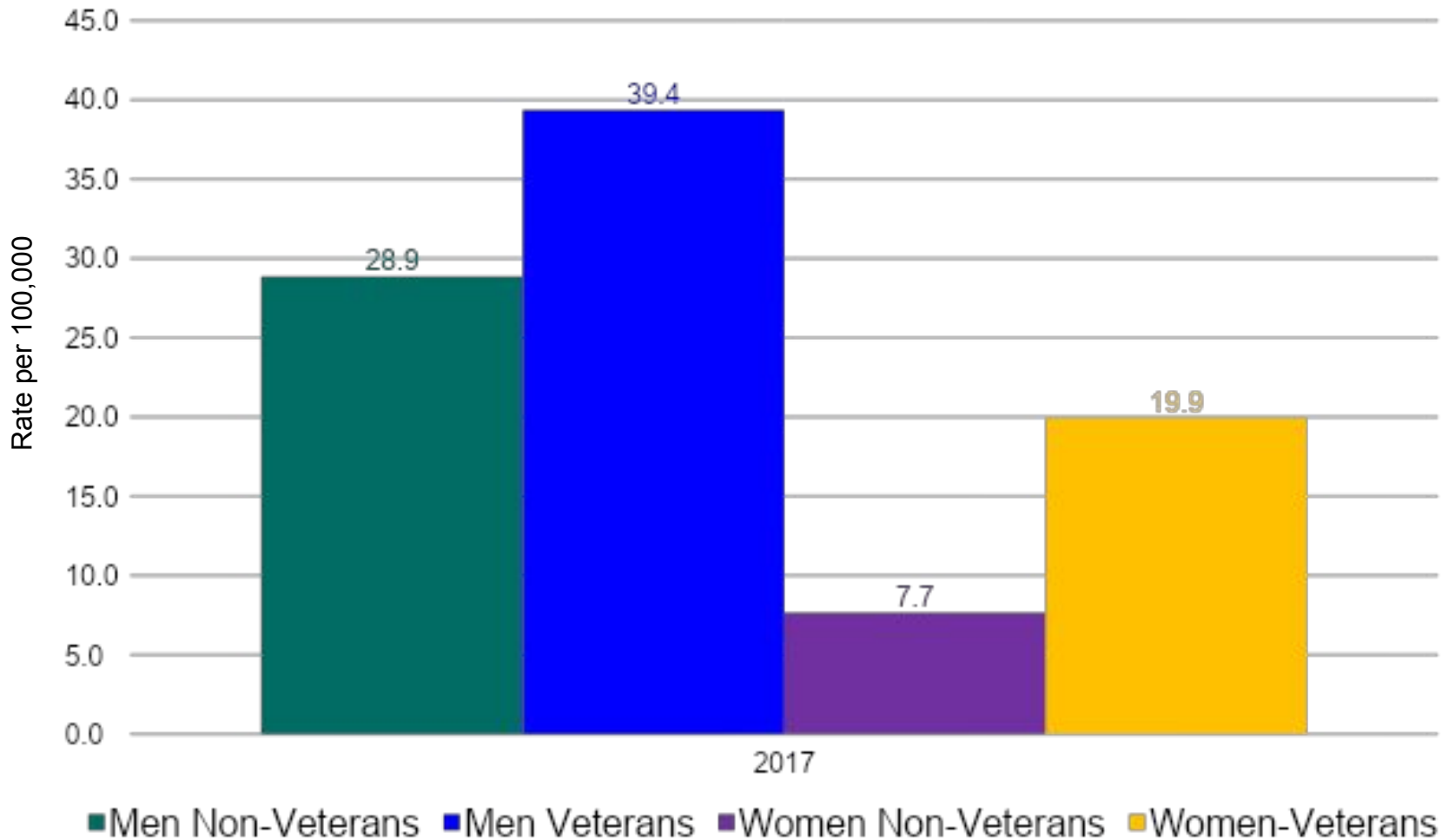
From: Office of Mental Health and Suicide Prevention. [State-Level Veteran Suicide Data: 2019 Update](#)
. US Department of Veterans Affairs.

Significantly Higher Rates Among Veterans Across in Texas



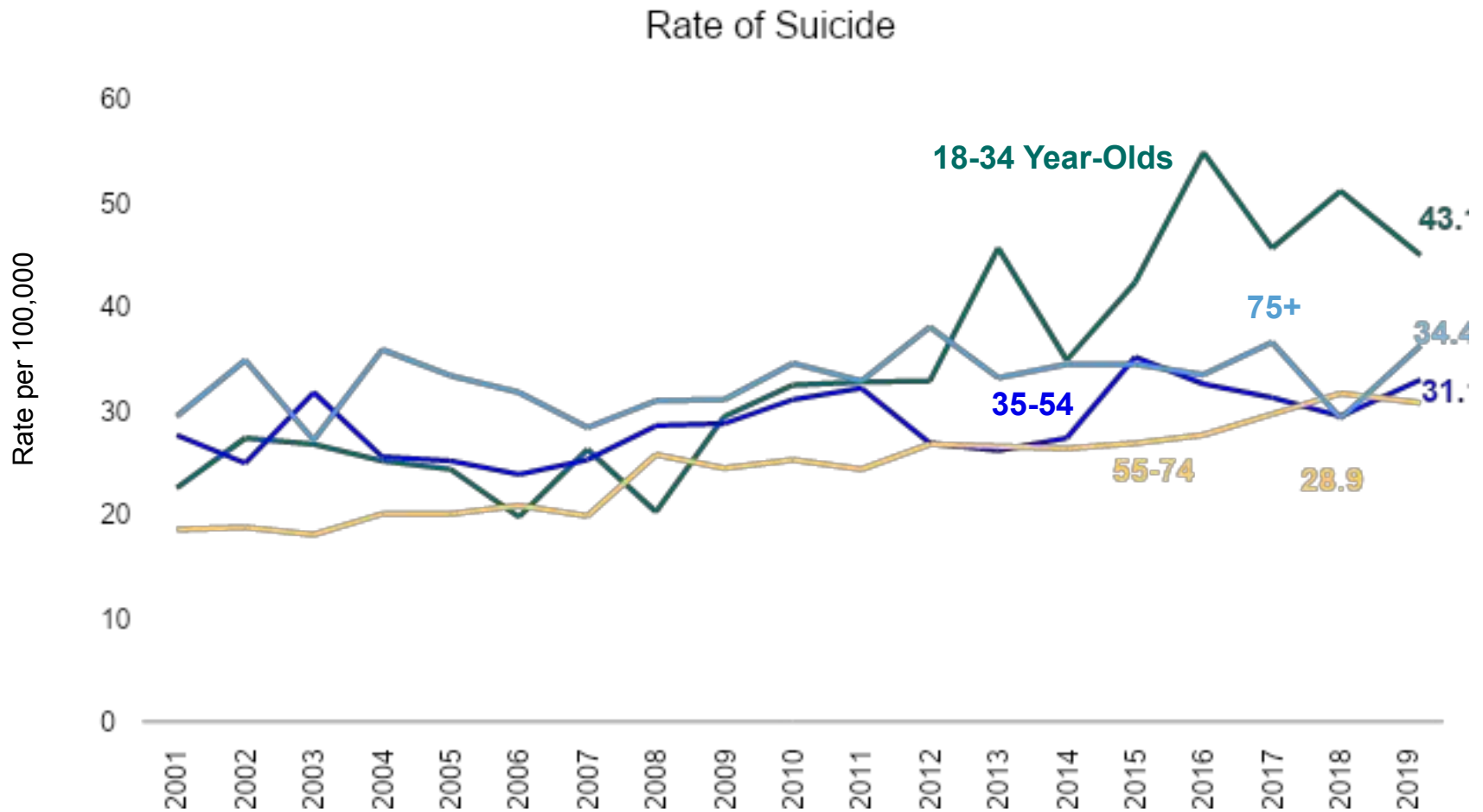
From: Office of Mental Health and Suicide Prevention. [State-Level Veteran Suicide Data: 2019 Update](#). US Department of Veterans Affairs.

2019 US Veteran Suicide: Sex Differences



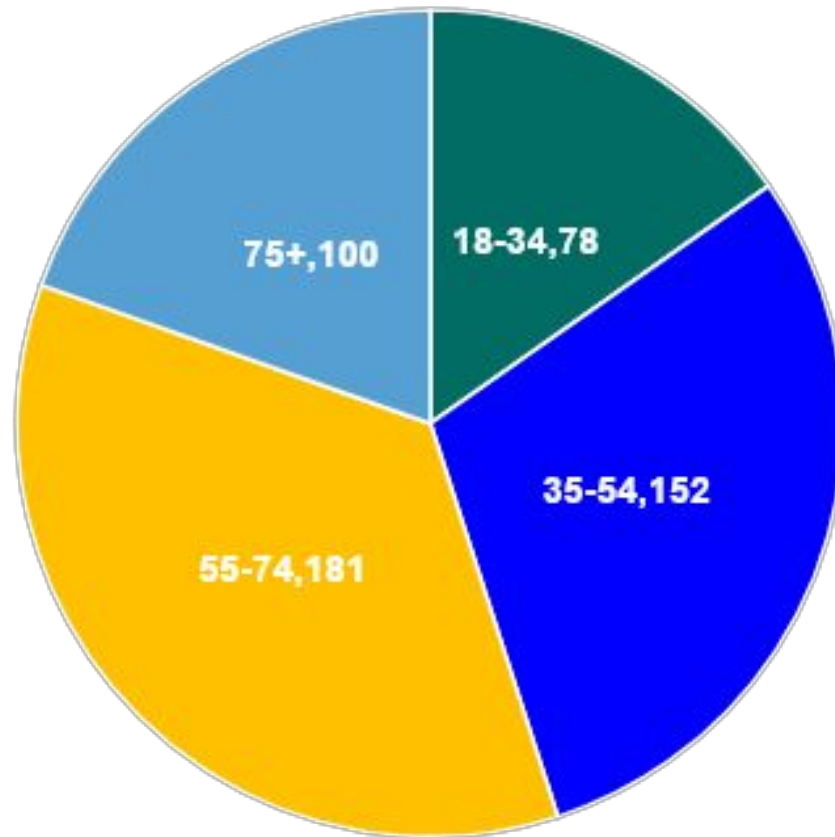
From: Office of Mental Health and Suicide Prevention. 2019 National Veteran Suicide Prevention Annual Report. US Department of Veterans Affairs.

TX Veteran Suicide Rate: Age Differences



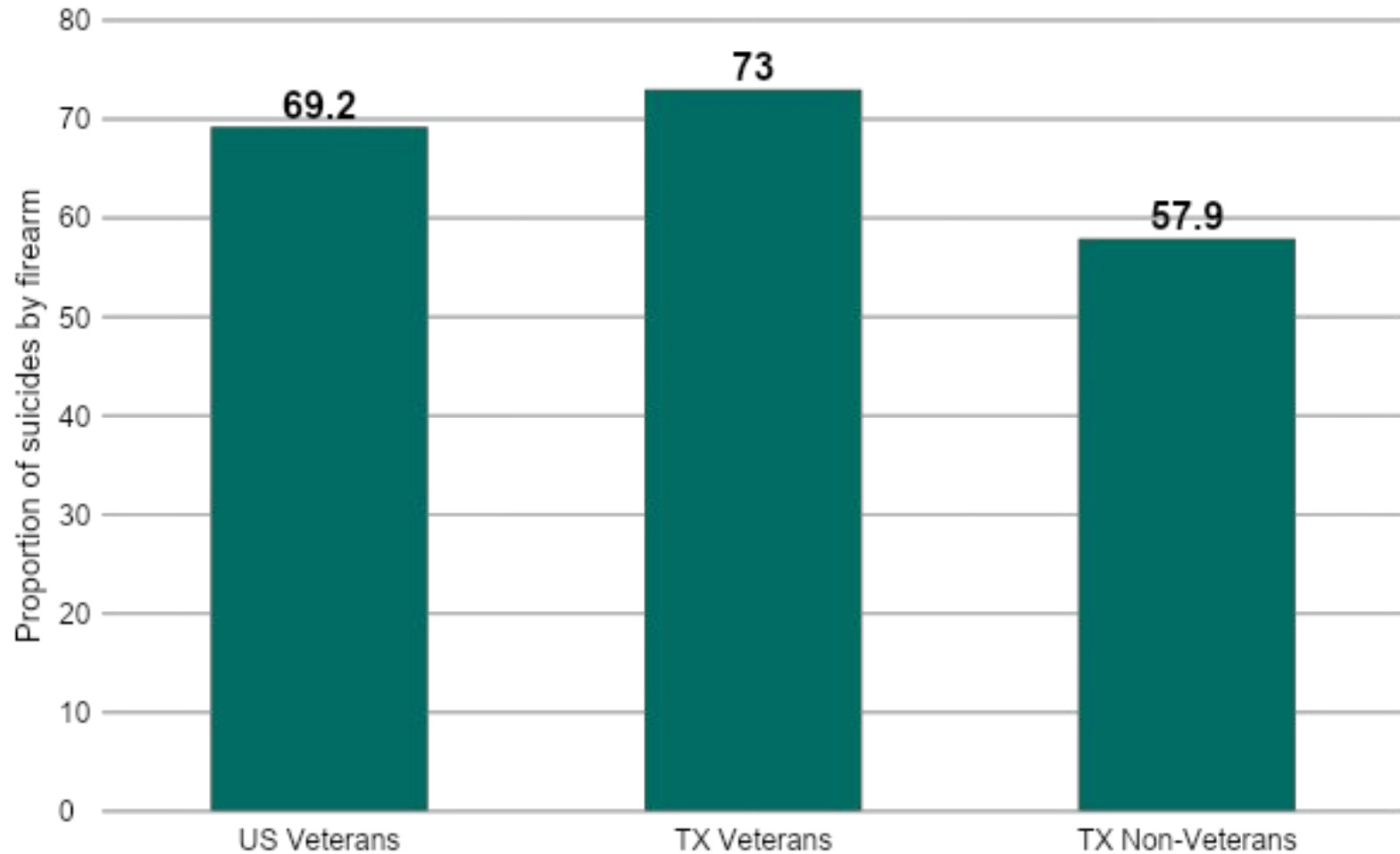
From: Office of Mental Health and Suicide Prevention. 2019 National Veteran Suicide Prevention Annual Report. US Department of Veterans Affairs.

TX Veteran Suicides by Age: 2019



From: Office of Mental Health and Suicide Prevention. 2019 National Veteran Suicide Prevention Annual Report. US Department of Veterans Affairs.

Proportion of Suicides by Firearm: 2019



From: Office of Mental Health and Suicide Prevention. 2019 National Veteran Suicide Prevention Annual Report. US Department of Veterans Affairs.



Current Efforts

Suicide prevention programs generally fall under one of nine categories



Training on coping skills and self-referral



Screening programs



Mental health interventions



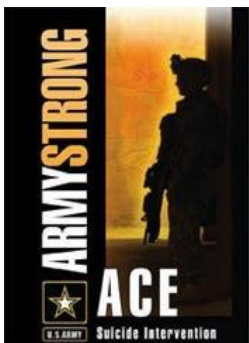
Marketing campaigns



Crisis hotlines



Social/policy interventions



Gatekeeper training

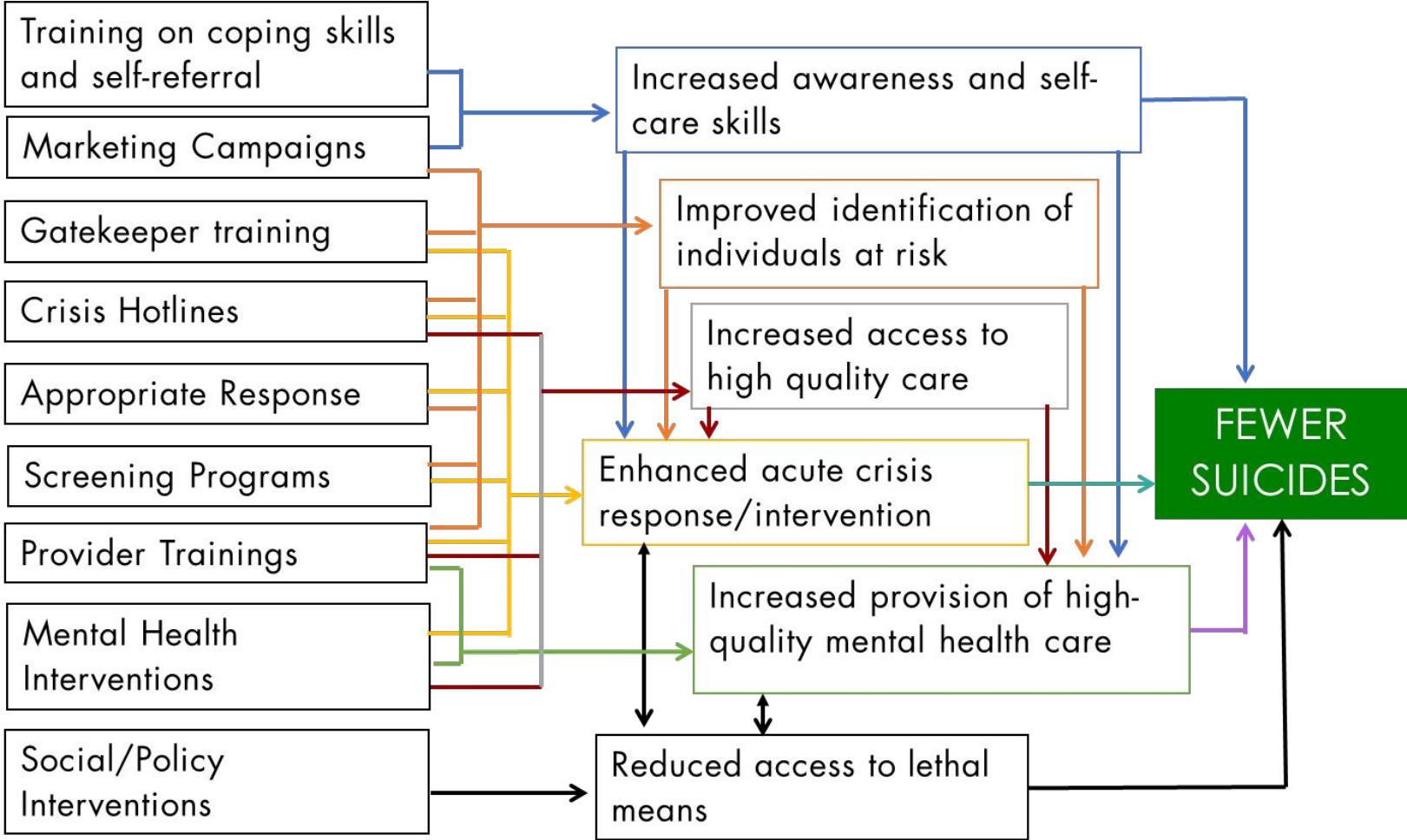


Provider training

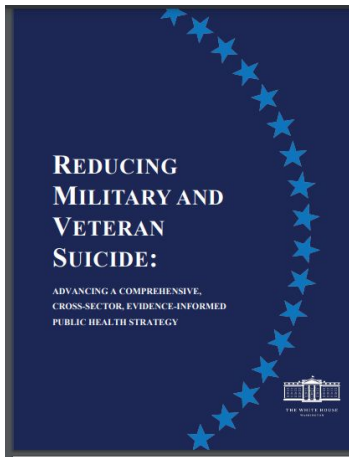


Appropriate response

Either alone or in combination these activities can prevent suicide, but evidence is mixed



From: Acosta J, Ramchand R, Jaycox L, Becker A, Eberhart N. 2012. *Interventions to Prevent Suicide: A Literature Review to Guide Evaluation of California's Mental Health Prevention and Early Intervention Initiative* (TR-1317). Santa Monica, CA: RAND.



- Created in November 2021
- 5 Priority goals:
 1. Improve Lethal Means Safety
 2. Enhance Crisis Care and Facilitate Care Transitions
 3. Increase Access to and Delivery of Effective Care
 4. Address Upstream Risk and Protective Factors
 5. Increase Research Coordination, Data Sharing, and Evaluation Efforts
- Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families (SAMHSA/VA)
- Challenge: convene a state or city/community interagency military and civilian team of leaders to develop an implementation plan to prevent suicide among SMVF
- 27 states/22 sites have accepted the challenge
- Convening of 250 partners from the public and private sectors to advance the *National Strategy for Suicide Prevention*
- Current focus on: transforming health systems, transforming communities, and changing the conversation
- National Response to COVID-19 Initiative to be announced in October 2020

Ongoing and notable VA Suicide Prevention Efforts

Lethal Means Counseling: Recommendations for Providers

What is lethal means counseling?
Lethal means counseling is a vital part of safety planning. It is a process to first assess whether patients are at risk for suicide, and then to work with them to restrict access to lethal means. Lethal means may include firearms, prescription medications, and lethal objects that could be used for suicidal self-directed violence.

When should I use lethal means counseling?

- When patients currently have suicidal thoughts.
- When patients in distress have attempted suicide in the past.
- When patients are struggling with mental health or substance use issues and use enabling risk factors, such as hopelessness, withdrawal or lacking reasons for living.
- When patients are struggling with stressful life events that may serve as triggers for suicidal behavior, such as financial, occupational or relationship problems.

A collaborative approach for addressing lethal means:

Take the lead:

- Assess how lethal means, such as firearms and medications are currently stored at home.

Develop a plan and recommend safe storage practices:

- Engage the support of family members when possible.
- Safely store firearms with the patient receiver.
- Reduce availability of medications.
- Reduce access to any other method about which a patient has expressed obsession.

Document and follow up:

- Be specific about roles and timelines.
- Document the plan for safety and next steps.
- Confirm that the plan for safety was implemented.

U.S. Department of Veterans Affairs and Department of Defense programs who use this information are responsible for conducting all applicable regulations and policies throughout the course of care, patient education, and all other related activities. Created June 2019 by the Psychological Health Center of Excellence.

Lethal means counseling for providers

Implementing Caring Contacts for Suicide Prevention in Non-Mental Health Settings



Addressing Veteran suicide risk in emergency departments & urgent care

Caring Contacts is an evidence-based suicide prevention intervention that involves sending patients at risk for suicide brief, non-demanding expressions of care over a year. The goal of this Partnered Implementation Initiative is to implement and evaluate Caring Contacts in emergency department and urgent care settings to reach Veterans who may not engage with mental health services. This project focuses on VA's top clinical priority: suicide.

Caring Contacts

- Suicide rates for Veterans are higher than the general population and suicide prevention is a high priority for the VA.
- Most suicide deaths occur within 30 days after discharge from the hospital or emergency department, making this an important time period and setting to target.
- Caring Contacts is an evidence based suicide prevention intervention that consists of sending brief, non-demanding expressions of care and concern.
- Caring Contacts was adapted for Veterans and the VA emergency department setting in a VISN 16 QUERI PII pilot in Little Rock.

Dear [Mr./Ms. Last Name],
It was an honor to serve you in the emergency department. We are here for you. Should you need anything, please contact us.
Lori Davis, RN and Your Emergency Department Team
555-555-5555

"I appreciate them sending the cards out though to check on me because, you know, I have several suicide attempts. That made me feel good, that hey, I'm being thought about."



Center Address: Veterans HealthCare System | 4000 W. 13th St., 11618 CC, Little Rock, AR 72206

RiskID

Caring Contacts

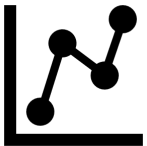
Universal Screening

Using Data Algorithms to Predict Persons at Risk of Suicide



The Rationale:

- Patients who are feeling suicidal or at risk for suicide may not admit it when asked directly



The Evidence:

- In the VA, suicide rates were 50% higher in the 0.01% stratum (McCarthy et al., 2015)



In Practice:

- The VA has adopted predictive risk screening in its REACH-VET programs, with formal evaluations underway



Barriers:

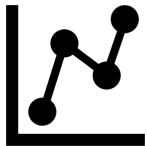
- Algorithms require continuous “retuning” and are specific to a system’s patient population

Identifying patients at risk of suicide in Emergency Departments



The Rationale:

- 13% of those who died by suicide in one health system had an ED encounter 4 weeks prior to their death (Ahmedani et al., 2014)
- ED patients in CA with deliberate self-harm or ideation have increased risk of dying by suicide (Goldman-Melor et al., 2019)



The Evidence:

- One study found screening with all ED patients and intervening was associated with reduced suicide attempts post-discharge (Miller et al., 2017)



In Practice:

- When universal screening was implemented in one safety-net hospital, 6.3% of patients screened positive (Roaten et al., 2018)



Barriers:

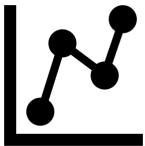
- Some departments worry about procedures after a positive screen, workload burden, etc.

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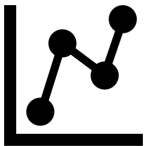
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Expanding the Traditional Mental Health Workforce



The Rationale:

- Known shortage of mental health care providers (Thomas et al., 2009)
- Non-mental health professionals can help manage low-severity mental health symptoms, identify need for treatment, and provide a “warm hand-off” to MHPs when needed



The Evidence:

- An evaluation of NYC’s Connections-to-Care showed expanded mental health care access and some mental health care benefits (Ayer and Schultz, 2020)



In Practice:

- Meadows Policy Institute’s Lone Star Depression Challenge
- RAND/St. David’s Foundation Libraries for Health



Barriers:

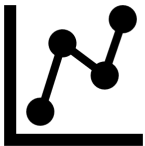
- Emerging evidence in the US, need to document what works and what needs improvement

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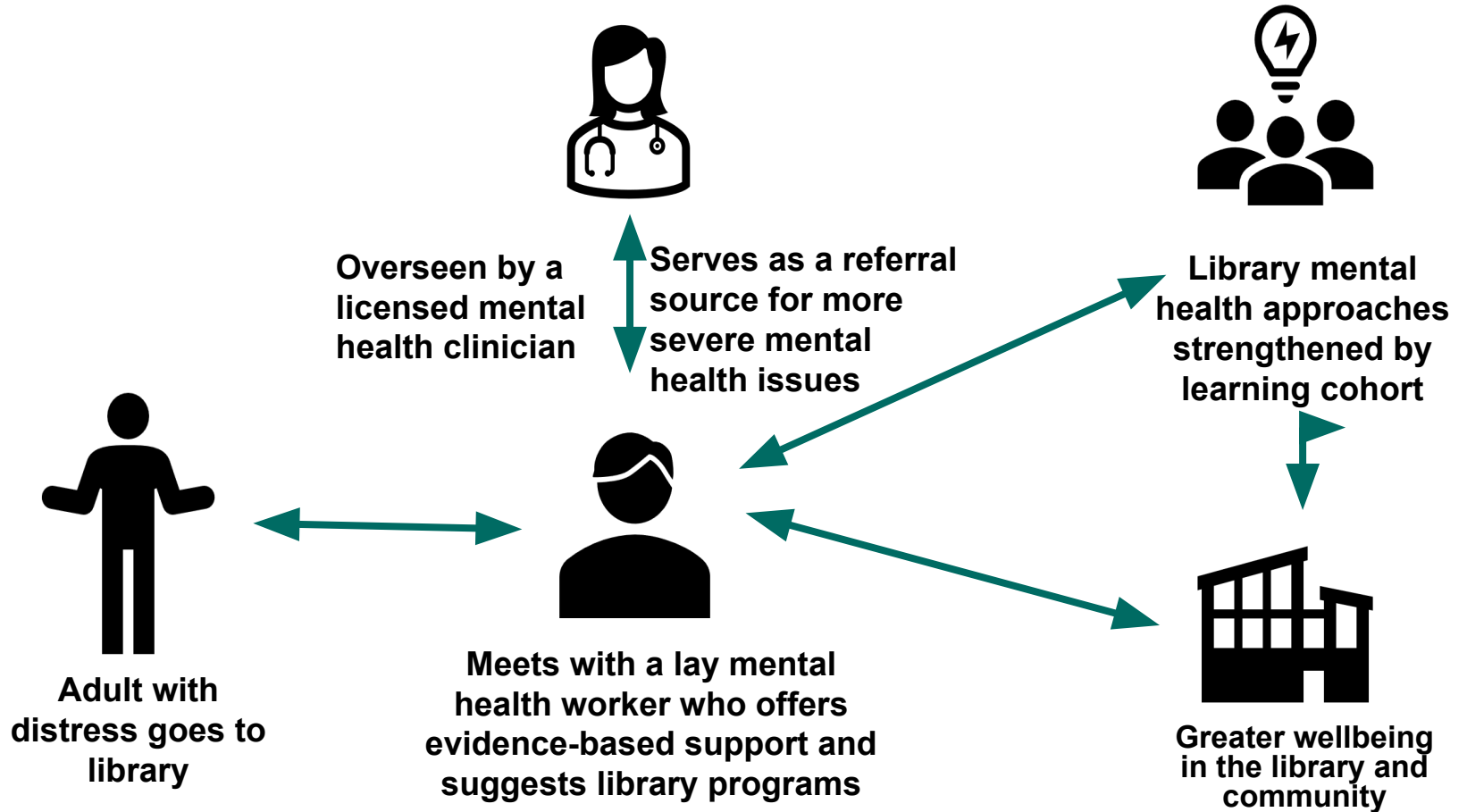
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Libraries for Health



Bills, Bills Bills!



Commander John Scott Hannon
Veterans Mental Health Care
Improvement Act

Veterans Comprehensive
Prevention, Access to Care and
Treatment (COMPACT)

FIGHT Veteran Suicides Act

Suicide Prevention Act

And many, many others!



Workshop - Community Interventions to Prevent Veteran Suicide

by Board on Behavioral, Cognitive, and Sensory Sciences

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Free

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A two day workshop on Community Interventions to Prevent Veteran Suicide: The Role of Social Determinants

Location

Online event

March 28 and 29 - Registration Now Open

<https://www.eventbrite.com/e/workshop-community-interventions-to-prevent-veteran-suicide-tickets-250662848>

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