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

Data from National Vital Statistics System
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

Data from National Vital Statistics System
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

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Connecticut

Age-Adjusted Suicide Rates by Race in Connecticut During COVID-19 Lockdown Period Compared with March 10\textsuperscript{th} to May 20\textsuperscript{th} 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

Significantly Higher Rates Among Veterans Across the US

Significantly Higher Rates Among Veterans Across in Texas

Rate of Suicide

Significantly Higher Rates Among Veterans Across in Texas

2019 US Veteran Suicide: Sex Differences

TX Veteran Suicide Rate: Age Differences

TX Veteran Suicides by Age: 2019

Proportion of Suicides by Firearm: 2019

Current Efforts
Suicide prevention programs generally fall under one of nine categories:

1. **Training on coping skills and self-referral**
2. **Screening programs**
3. **Gatekeeper training**
4. **Marketing campaigns**
5. **Crisis hotlines**
6. **Mental health interventions**
7. **Social/policy interventions**
8. **Provider training**
9. **Appropriate response**
Either alone or in combination these activities can prevent suicide, but evidence is mixed.

• 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

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 Partnership 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 events 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 CSM study with the year in little Rock.

Dear [First Name, 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.

Lt. Colonel [First Name, Last Name] and Your Emergency Department Team
555-5555

Lethal means counseling for providers

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

In Practice:

Barriers:
- Some departments worry about procedures after a positive screen, workload burden, etc.
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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 processionals 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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Libraries for Health

Adult with distress goes to library

Meets with a lay mental health worker who offers evidence-based support and suggests library programs

Overseen by a licensed mental health clinician

Serves as a referral source for more severe mental health issues

Library mental health approaches strengthened by learning cohort

Greater wellbeing in the library and community
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!
March 28 and 29 - Registration Now Open
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