

Community Based Interventions for Suicide Prevention: Community Engagement and Partnerships Program

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

Cleared for External updated September 2021

Overview

- Suicide Prevention: A Public Health Issue
- Suicide Prevention: Key Data
- Suicide Prevention 2.0 Public Health Strategy
- Suicide Prevention 2.0 Community Based-Interventions for Suicide Prevention (CBI-SP)
- Community Engagement and Partnerships Program
- VHA Suicide Prevention Resources



Suicide Prevention: A Public Health Issue



Suicide as a National Problem

- Suicide is a national issue, affecting both the Veteran and general population.
- Societal factors, such as economic disparities, race/ethnicity/LGBT disparities, homelessness, social connection and isolation, and health and well-being, play additional roles in suicide.
- Coronavirus Disease 2019 (COVID-19) pandemic has also placed additional strain on our Nation and on individuals and communities.
- One suicide is heartbreaking, notably affecting an estimated 135 surviving individuals for each death by suicide.
- Our nation grieves with each suicide, necessarily prompting the collective tireless pursuit of evidence-based clinical interventions and community prevention strategies, critical to the implementation of VA's National Strategy for Preventing Veteran Suicide.



Suicide Prevention: Key Data



2021 National Veteran Suicide Prevention Annual Report

Annual Report

- Reports on trends in Veteran suicide deaths from 2001-2019
- Focuses on suicide counts and rates among various Veteran subpopulations

State Data Sheets

- Examines state-level Veteran suicide deaths and compares 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:

www.mentalhealth.va.gov/mentalhealth/suicide prevention/data.asp



Veteran Suicide Deaths, 2001-2019

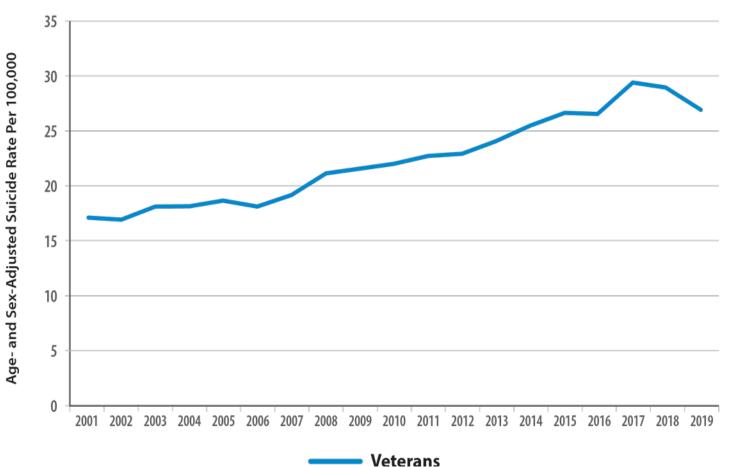
7,000



Veteran-Specific Age- and Sex-Adjusted Suicide Rates, 2001-2019

- The Age and Sex-Adjusted Suicide Rate decreased 7.2% percent in 2019 compared to 2018
- This is a decrease from 29.0
 Veteran suicides per 100,000 in
 2018 to 26.9 Veteran suicides
 per 100,000 in 2019.

Age- and Sex-Adjusted Suicide Rates, Veterans, 2001–2019





Suicide Deaths, Methods Involved, 2019 and Change from 2001

	Non-Veteran				Non-Veteran		Veteran		Non-Veteran		Veteran	
	U.S. Adults		Veterans		Women		Women		Men		Men	
	2019	Change*	2019	Change*	2019	Change*	2019	Change*	2019	Change*	2019	Change*
Firearms	47.9%	(-4.8%)	69.2%	(+2.7%)	31.3%	(-4.2%)	49.8%	(+12.8%)	53.0%	(-5.0%)	70.2%	(+2.9%)
Poisoning	13.9%	(-4.5%)	8.4%	(-4.8%)	31.0%	(-7.1%)	26.3%	(-16.6%)	8.5%	(-3.8%)	7.5%	(-4.9%)
Suffocation	29.6%	(+8.8%)	16.9%	(+2.9%)	27.7%	(+12.0%)	20.5%	(+10.1%)	30.2%	(+7.9%)	16.8%	(+2.7%)
Other	8.7%	(+0.6%)	5.4%	(-0.9%)	10.0%	(-0.7%)	3.4%	(-6.3%)	8.3%	(+1.0%)	5.5%	(-0.8%)

^{*} Change Versus Among Suicide Decedents in 2001



Anchors of Hope



Anchor 1: 399 fewer Veterans died from suicide in 2019 than in 2018.

Anchor 2: From 2005 to 2018, identified Veteran suicides increased on average by 48 deaths per year. A reversal totaling 399 lives within one year is unprecedented, dating back to 2001.

Anchor 3: Decrease in the adjusted suicide rate for Veterans from 2018 to 2019 (7%) was larger than any observed for Veterans 2001 through 2018. Veteran rate of decrease (7.2%) exceeded by four times the non-Veteran population decrease (1.8%)

Anchor 4: There was a nearly 13% one-year (unadjusted) rate decrease for female Veterans, which represents the largest rate decrease for Women Veterans in 17 years.

Anchor 5: COVID-19-related data continues to emerge and clarify, but data thus far does not indicate an increase in Veteran suicide-related behaviors.



Suicide Prevention 2.0 Public Health Strategy



Public Health Strategy



VA's public health strategy combines partnerships with communities to implement tailored, local prevention plans while also focusing on evidence based clinical strategies for intervention. Our approach focuses on both what we can do now, in the short term, and over the long term, to implement VA's National Strategy for Preventing Veteran Suicide.



Suicide Prevention 2.0 Vision for the Distance: Combining Community & Clinical Interventions

Community-Based Prevention Strategies

Community
Engagement
and Partnership
Coordinators
(CEPCs)

- Veterans Integrated Service Networks (VISN)-Wide Community Prevention Pilots (community coalition building)
- Together With Veterans (Veteran-to-Veteran building)
- Governor's/Mayor's Challenge (state-driven suicide prevention planning)



Clinically-Based Interventions

 Evidence-based psychotherapies implemented across the nation (including cognitive behavior therapy for suicide prevention, dialectical behavior therapy, and problem-solving therapy)

Foundation of Adequate Mental Health Staffing

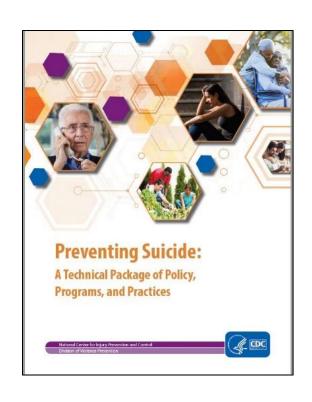
(7.72 outpatient mental health full-time equivalent employees/1,000 Veterans in outpatient mental health)



Suicide Prevention 2.0 Community-Based Interventions for Suicide Prevention (CBI-SP)



CDC's Preventing Suicide Technical Package



- Strengthen Economic Supports
- Strengthen Access and Delivery of Suicide Care
- Create Protective Environments
- Promote Connectedness
- Teach Coping and Problem-Solving Skills
- Identify and Support People at Risk
- Lessen Harms and Prevent Future Risk



Focused Priority Areas Across CBI-SP Unifying Model



Identify Service Members, Veterans, and their Families and Screen for Suicide Risk



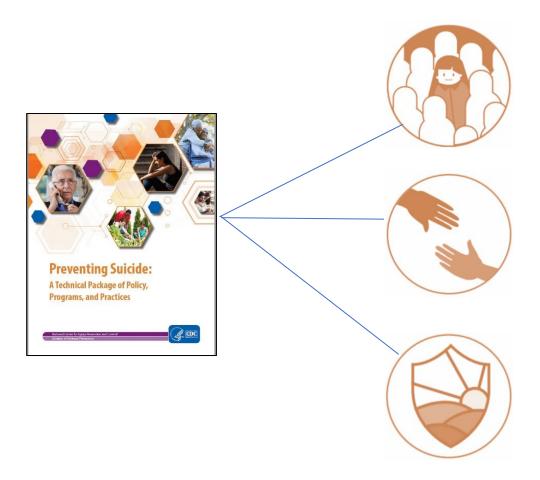
Promote Connectedness and Improve Care Transitions



Increase Lethal Means Safety and Safety Planning



Priority Areas & CDC Strategies are Complementary



Identify Service Members, Veterans, and their Families and Screen for Suicide Risk

- Strengthen Access and Delivery of Suicide Care
- Identify and Support People at Risk

Promote Connectedness and Improve Care Transitions

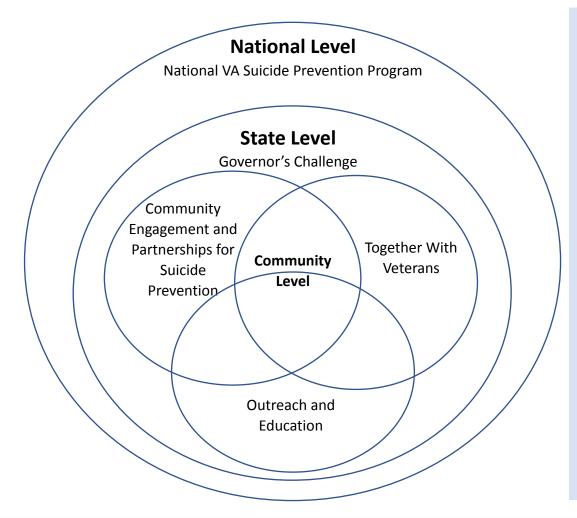
- Strengthen Access and Delivery of Suicide Care
- Promote Connectedness
- Teach Coping and Problem-Solving Skills
- Lessen Harms and Prevent Future Risk

Increase Lethal Means Safety and Safety Planning

- Strengthen Access and Delivery of Suicide Care
- Create Protective Environments



Community-Based Interventions



Community-Based Interventions for Suicide Prevention (CBI-SP) serves as unifying model, from national to community levels, for all community-based efforts to end Veteran suicide.

- •**The Governor's Challenge** is a collaboration with VA and SAMHSA where state policy makers partner with local leaders to implement a comprehensive suicide prevention plan.
- **Together with Veterans** is focused on Veteran-to-Veteran coalition building and Veteran leadership development for suicide prevention.
- •Community Engagement and Partnerships for Suicide Prevention (VISN Expansion) is focused on facilitating community coalition building for suicide prevention

Outreach and Education provides SAVE, VHA facility partnerships, events, etc. through local Suicide Prevention Coordinators (SPCs) and does not change their critical role.



Community-Based Interventions for Suicide Prevention (CBI-SP) serves as a unifying model, from national to community levels for all community-based efforts to end Veteran suicide.

- **Governor's Challenge** is a collaboration with the VA and SAMHSA where state policy makers partner with local leaders to implement a comprehensive prevention plan. This partnership involves forming an interagency team to develop a strategic action plan that addresses Veteran suicide at the state level that includes community, municipal, military and other stakeholders.
- **Together with Veterans** (TWV) is a collaborative, evidence-informed and community centered program that enlists rural Veterans to act as change agents by providing training and support to their peers and local partners. This program is focused on Veteran-to-Veteran coalition building and Veteran leadership development for suicide prevention.
- Community Engagement and Partnership for Suicide Prevention is focused on community coalition-building and enhanced capacity for outreach and education.

*While the local Suicide Prevention Coordinators provide outreach and education, the Community Engagement and Partnership Coordinators focus on community engagement and coalition building.



Community Engagement and Partnerships Program



Suicide Prevention Team Integration and Coordination

Community Engagement and Partnership Coordinators (CEPC)

- Establish New Community Coalitions / Support Existing Coalitions
- Facilitate Community, Regional, and State-Level Efforts to Implement Evidence-Informed Community-Based SP Practices
- Bolster the public health approach through:
 Community engagement, coalition building, needs assessment and environmental scans, action planning, implementation of systems and community-level change initiatives, program evaluation, and sustainment of community efforts/coalitions

Suicide Prevention Coordinators (SPC)

 Enhanced Care Management of Veterans at High Risk of Suicide



- Facility Suicide Prevention Program
 Coordination and Implementation of Clinical
 Evidence-Based Practices for SP
- Veterans Crisis Line Facility Consultant
- Community Outreach and Education
- Facility Suicide Prevention Training

Both SPCs and CEPCs work together to fully implement the public health approach combining community and clinical interventions to reach all Veterans across the universal, selective and indicated populations.



Community Engagement and Partnership Coordinator

The CEPC serves a subject matter expert of public health approaches, coalition leadership and management, and other community-based models for suicide prevention regarding Veterans.

Key roles of the CEPC:

- Develop, facilitate, and strengthen CBI-SP at community, state, and VISN levels
- Collaborate with VA programs and community stakeholders
- Provide leadership for coalition management
- Disseminate program evaluation and surveillance data



Effective Community-Based Suicide Prevention

For successful coalition building, it is important that all members actively participate in:

- Developing Shared Vision
- 2. Needs Assessment
- 3. Organizational Capacity
- 4. Planning
- 5. Implementation
- 6. Evaluation
- 7. Sustainability





Community Engagement and Partnerships Program: Anticipated Outcomes

Short-Term Objectives

- Enhanced suicide prevention networks
- Increased engagement with Veterans
- Increased reach and adoption of CBI-SP
- Reduced gaps in community-based suicide prevention systems
- Improved community climate outcomes

Intermediate Objectives

- Increased formal help-seeking / use of care
- Increased referrals from multiple sources
- Improved treatment engagement and retention among Veterans seeking care
- Enhanced community collaboration regarding Veteran services and suicide prevention
- Increased access to safe firearms storage options
- Increased willingness to discuss and use safe firearms storage

Population Impact

- Reduced Veteran suicide deaths and attempts
- Reduced all-cause mortality
- Reduced suicide ideation



Discussion Questions



Thank You



VHA Suicide Prevention Resources



Free, Confidential Support 24/7/365



- Veterans
- Service members
- Family members
- Friends
- Coworkers



Make the Connection

 Online resource featuring hundreds of Veterans telling their stories about overcoming mental health challenges





MakeTheConnection.net/conditions/suicide



VA SAVE Training

- Suicide prevention training video available to everyone, 24/7
- Less than 25 minutes long
- Offered in collaboration with the PsychArmor Institute



Available online for free: <u>psycharmor.org/courses/s-a-v-e/</u>



Coaching into Care



 National VA telephone service which aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran

CALL 888-823-7458



Be There Prevention Initiative









S. Department

- As discussed in the <u>National Strategy for Preventing Veteran Suicide</u>, social media is an important intervention channel and a key piece of VA's comprehensive, community-based suicide prevention strategy.
- The Social Media Safety Toolkit for Veterans, their families, and friends equips everyone with the knowledge needed to respond to social media posts that indicate a Veteran may be having thoughts of suicide.
- The toolkit includes best practices, resources, and sample responses.





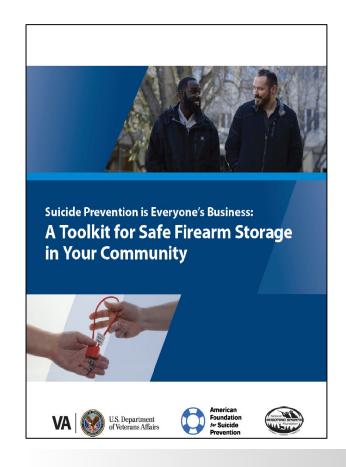


Download at

https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-074-Suicide-Prevention-S

Lethal Means Safety Toolkit

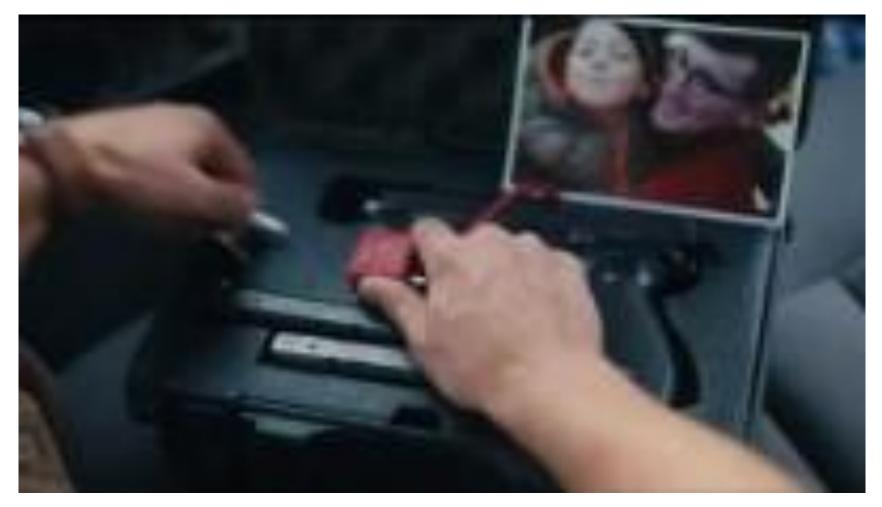
- Developed in partnership with the <u>American Foundation for Suicide Prevention</u> (AFSP) and the <u>National Shooting Sports Foundation</u> (NSSF), the trade association for the firearms industry.
- Toolkit guides communities through the process of building coalitions to raise awareness about safe storage and its connection to suicide prevention.
- Safe storage can put time and space between an individual and a firearm during suicidal crisis and shows promise for reducing rates of suicide.
- VA respects the important role firearms play in many Veterans' lives and is dedicated to providing safe storage options that are consistent with each Veteran's values and priorities. Help Veterans and their loved ones make their homes safer and share these resources with your network.



Access the toolkit online: <u>Safe Firearm Storage Toolkit</u>



National VA Suicide Prevention Lethal Means Safety (LMS): Public Service Announcement (PSA)





From Science to Practice

- In 2019, VA launched a literature review series to help clinicians put suicide prevention research into action.
- The series translates evidence-based research into informative and practical steps that health care providers can use to help support their Veteran patients.
- The series is updated monthly.

Suicide Among Women Veterans: Risk Factors Associated With Mental Health and Emotional Well-Being





Women Veterans are almost twice as likely as their civilian peers to die by suicide. ¹ Multiple factors (e.g., access to firearms) contribute to this disparity. This summary focuses on risk factors associated with women Veterans' mental health and emotional well-being. Clinicians can help by evaluating patient behavioral and mental health.

Key Findings

Suicide Risk and Mental Health/Substance Use Disorders

- The link between psychopathology and suicide risk is well established. Among Veterans, this link is stronger among women than men.²
- Substance use disorders, especially with comorbid mental health disorders, robustly predict suicide attempts and completed suicide in women Veterans.^{2,3,4,5,6}
- Eating disorders are also associated with increased risk of suicidal ideation, attempts, and death by suicide.²⁸ The prevalence of eating disorders among Veterans is at least as high as rates in the general population. Rates are higher among women Veterans than male Veterans.⁹
- Other psychiatric conditions associated with suicide risk in women Veterans include bipolar disorder, schizophrenia, depression, posttraumatic stress disorder (particularly with comorbid depression), and anxiety disorders.^{2,10}

Suicide Risk and Intimate Partner Violence

- Intimate partner violence (IPV) includes physical or sexual violence, stalking, and psychological aggression/ coercion by a current or former intimate partner. The experience of IPV is associated with increased likelihood of suicidal ideation and attempts. "Since"
- Women Veterans are at a higher risk (approximately 33%) than civilian women (24%) for experiencing IPV during their lifetime.¹⁴

 Experiencing IPV is associated with additional suicide risk factors, such as mental and physical health problems, hopelessness, and social isolation.

Suicide Risk and Problems With Emotion Regulation and Distress Tolerance

- Adverse childhood experiences and complex trauma can reduce a woman's ability to maintain emotional stability and manage strong emotions under stress. Problems with emotion regulation are associated with greater risk for suicidal ideation and behaviors, and problems with distress tolerance are associated with greater risk for nonsuicidal self-injury. ^{15,173,183}
- Repeated episodes of nonsuicidal self-injury may increase long-term suicide risk through desensitization to physical pain and self-inflicted injury.^{19,20}

Implications

Women Veterans have high rates of mental health and substance use disorders, IPV, and emotion dysregulation, all of which increase suicide risk. Recent research findings can inform gender-sensitive risk assessment and treatment planning.







Together We Can

- VA recently launched a new suicide prevention informational series for Veterans, their families and caregivers.
- The series is backed by scientific findings designed to provide families and caregivers with resources and practical steps to take to Be There for Veterans in their lives.
- Both series describe several suicide risk and protective factors.

Take Charge of Your Health and Well-Being

Together We Can. &

INFORMATION FOR VETERANS

The Whole Health Approach to Care

The Veterans Health Administration (VHA) continues its commitment to engage Veterans in lifelong health, well-being, and resilience by increasing its focus on the "whole health approach" Because your mental health is connected to your physical health and vice versa, attending to both at the same time is critical to wellness and recovery. As you support and care for your whole self— physically, psychologically, socially, and spiritually—you strengthen your resilience and protect against distress that can lead to thoughts of hopelessness and even suicide.

The goal of VHA's whole health approach is to empower and equip you to take charge of your health and wellbeing and live your life to the fullest. Health care providers who take a whole health approach treat you as a whole person. They listen to you and consider your thoughts and input. Simply put they focus on what really matters to you.

Different aspects of your physical and mental health are connected to one another. Your environment also affects your health. By making a positive change to one aspect of your health or your environment, you can improve other aspects of your health. Your health care team can help you make and meet your health goals by providing proven treatments and self-care strategies that involve you, your family, your health care team, you environment, and your community. Your healthcare team may include primary care professionals, clinical pharmacists, behavioral health clinicians (like psychiatrists, psychologists, licensed therapists, and social workers), and chaplains that work together to create a health plan specifically for you.

In addition to your health care team, your family, friends, and community play a part in your health and well-being by participating in your wellness plan and providing positive connections with others. Research suggests that participation in things like peer support groups, leisure activities, and social outings can have a positive effect on physical and mental health.

How the Whole Health Approach Works

VHA's whole health approach to care begins with talking to your health care team about your values and goals for wellbeing. These can include:

- Aspects of your physical or mental health that you would like to improve.
- Things that you're already doing to support your health, such as exercising or taking vitamins and supplements (it's important to always tell your health care provider which vitamins and supplements you take).
- Ways you spend your time, like enjoying hobbies and other leisure activities.
- Ways you engage with your community, family, and environment.

Based on your health goals, your health care team can help you pursue self-care strategies that are designed to improve one aspect of your well-being and can have a positive effect on other areas as well. These strategies may include:

- Physical activity
- Changing your environment, such as increasing your exposure to natural light
- Seeking out opportunities to achieve your personal or professional goals
- Changing your diet
- Improving the quality of your rest and relaxation
 Strengthening relationships with family members and
- Expressing (or exercising) your religious or spiritual beliefs
- Adopting ways of thinking and activities that can reduce stress and improve mental well-being

The whole health approach puts you at the center of your care. You work with your health care team to decid what your health goals are, and you use the strategies that are right for you to improve your well-being. Your health care team can tell you more about the whole health approach. For more information on VHA's whole health approach and how you can get started, visit www.v.a.gov/wholehealth.







Resources for Clinicians

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 email:

SRMconsult@va.gov

www.mirecc.va.gov/visn19/consult

VA/DoD Clinical Practice Guideline

Assessment and Management of Patients at Risk for Suicide



www.healthquality.va.gov/quidelines/MH/srb

VA/DoD Evidence Based Practice



Stay Connected

Follow us on social media!



@deptvetaffairs

@veteransmtc



U.S. Department of Veterans Affairs

Veterans Health

Administration

Make the Connection



@deptvetaffairs

@veteranshealth





TRAIN Learning Network

- TRAIN is a national learning network that provides quality training opportunities to over 1.8 million professionals who protect and improve the public's health.
- Many of the trainings used for internal VA staff and clinicians are included on this public portal as an opportunity to train community providers.
- The Suicide Prevention Program wants to ensure the high level of training provided to VA employees is also accessible to those assisting Veterans in their communities.





References

- Cerel J, Brown M, Maple M et al. How Many People Are Exposed to Suicide? Not Six. Suicide and Life-Threatening Behavior. 2018. doi:10.1111/sltb.12450
- CDC. Web-based Injury Statistics Query and Reporting System (WISQARS). (2020) Atlanta, GA: National Center for Injury Prevention and Control. Retrieved from: https://www.cdc.gov/injury/wisqars/index.html
- CDC. Violence Prevention Suicide Fast Fact: https://www.cdc.gov/violenceprevention/suicide/fastfact.html
- Clyne, W., White, S., & McLachlan, S. (2012). Developing consensus-based policy solutions for medicines adherence for Europe: A Delphi study. *BMC Health Services Research*, 12(1), 425.
- Isaac, M., Elias, B., Katz, L. Y., Belik, S. L., Deane, F.P., Enns, M.W., & Sareen, J. (2009). Gatekeeper training as a preventative intervention for suicide: A systematic review. *The Canadian Journal of Psychiatry*, 54(4), 260–268.
- Knox, K. L., Pflanz, S., Talcott, G. W., Campise, R. L., Lavigne, J. E., Bajorska, A., Tu, X., & Caine, E. D. (2010).
 The US Air Force suicide prevention program: Implications for public health policy. *American Journal of Public Health*, 100(12), 2457-2463.

References

- Knox, K. L., Litts, D. A., Talcott, G. W., Feig, J. C., & Caine, E. D. (2003). Risk of suicide and related adverse outcomes after exposure to a suicide prevention program in the US Air Force: Cohort study. British Medical Journal, 327(7428), 1376. doi: 10.1136/bmj.327.7428.1376.
- Substance Abuse and Mental Health Services Administration. (2019) Key substance use and mental
 health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health
 (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and
 Quality, Substance Abuse and Mental Health Services Administration.
 Retrieved from https://www.samhsa.gov/data/
- U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention. (2021) National Suicide Prevention Annual Report: 2021 National Veteran Suicide Prevention Annual Report (va.gov)

