

VA



U.S. Department
of Veterans Affairs

VA Suicide Prevention

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VA Suicide Prevention

VA Office of Mental Health and Suicide Prevention (11MHSP)

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Suicide is Preventable and it Requires All of Our Support

- There is no single cause of suicide.
- Suicide is often the result of a complex interaction of risk and protective factors at the individual, community, and societal levels.
- Risk factors are characteristics that are associated with an increased likelihood of suicidal behaviors. Protective factors can help offset risk factors.
- To prevent Veteran suicide, we must maximize protective factors while minimizing risk factors at all levels, throughout communities nationwide.

2022

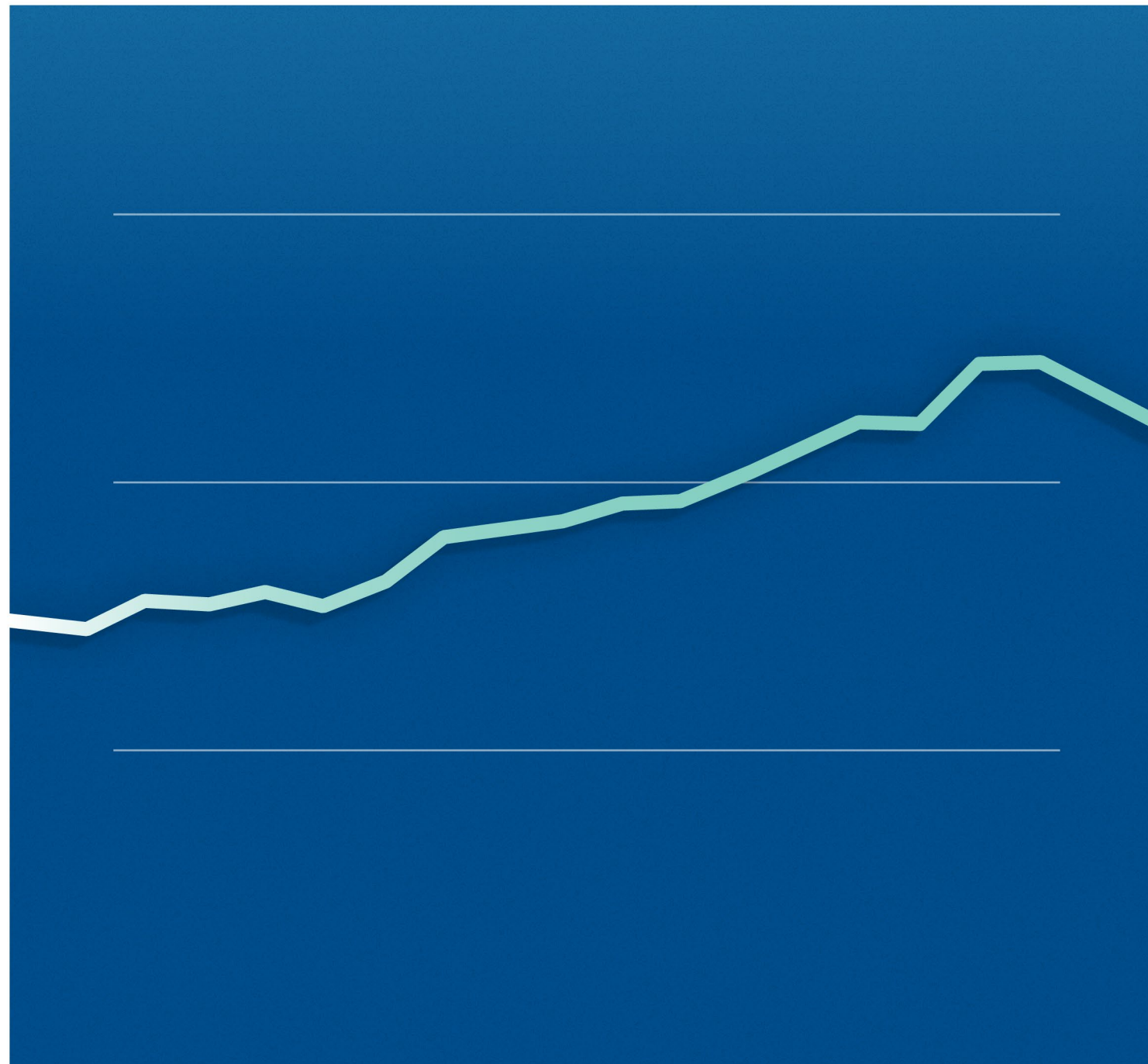
NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT

VA Suicide Prevention
Office of Mental Health and Suicide Prevention
September 2022

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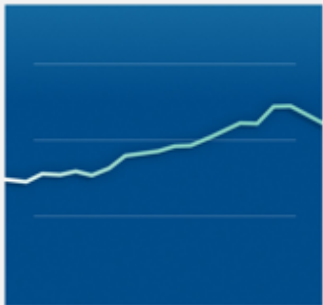


U.S. Department
of Veterans Affairs



Executive Summary

Presents the most comprehensive information available regarding Veteran population and suicide mortality, for all years examined.



Downward trends in Veteran suicide 2018-2020.

Two decades of Veteran suicide information, from 2001 through 2020, including:

- Suicide among Veterans in comparison to non-Veteran U.S. adults
- Veteran suicide by count, average suicide/day, and rates
- Veteran suicide by method
- Veteran suicide by age, sex, race, and ethnicity
- Suicide among Veteran subpopulations, including those recently using Veterans Health Administration (VHA), those without recent VHA use, and those receiving Veterans Benefits Administration (VBA) services

Anchors of Hope

While we embrace these **anchors of hope**, hope must be transformed into action with each of you.



343 fewer Veterans died from suicide in 2020 than in 2019.



Number of Veteran suicides **decreased in 2019 and 2020**, with the lowest number of Veteran suicides since 2006.



Age-adjusted suicide rates in 2020 were the **lowest since 2016 for Veteran men** and the **lowest since 2013 for Veteran women**.



From 2018 through 2020, adjusted rates for Veterans **fell by 9.7%**, as compared to a 5.5% decline for non-Veteran U.S. adults.



Despite onset of the COVID-19 pandemic in 2020, age- and sex-adjusted suicide rates among Veterans **fell 4.8%** from 2019 to 2020, versus a 3.6% decline among non-Veteran U.S. adults.

High-Level Data Points

Veteran Suicide: Number

6,146

Veteran suicide deaths in 2020

Veteran Suicide: Average Per Day

16.8

average number of Veteran suicides per day in 2020

Veteran Suicide: Rate

31.7 per 100,000

unadjusted rate of suicide in 2020 among U.S. Veterans

- Each year from 2001 through 2020, age- and sex-adjusted suicide rates of Veterans exceeded those of non-Veteran U.S. adults.
 - The difference in rates was greatest in 2017, when Veteran adjusted rates were 66.2% greater than those of non-Veteran adults.
 - In 2020, this differential fell to 57.3%.

Key Data Categories

Race

Veteran suicide rates for all race groups **decreased** from 2019 to 2020.

Age

Suicide was the second leading cause of death among Veterans ages 18-44.

Sex

From 2019 through 2020, among Veteran men, the age-adjusted suicide rate **fell by 0.7%**, and among women, the age-adjusted suicide rate **fell by 14.1%**.

Method

In 2020, **71.0%** of Veteran suicide deaths are by firearm compared to 50.3% of suicides in non-Veteran U.S. adults.

VHA Serves a Veteran Subpopulation with Higher Suicide Rates

From 2001 through 2020, age- and sex-adjusted suicide rates were higher among Veterans with Recent VHA Use (in the year or prior year) than for Other Veterans.

Most Veteran Suicides Occur Among Veterans Without Recent VHA Use

60.3% of Veterans who died from suicide in 2020 had not received VHA care in either 2019 or 2020.

Mission Daybreak

Mission Daybreak

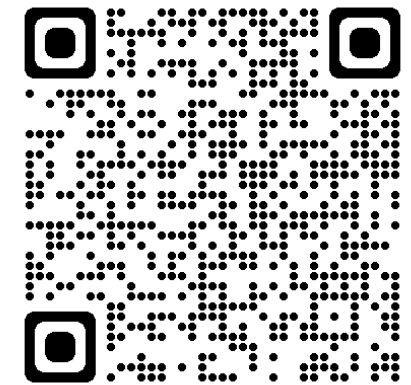
Mission Daybreak is part of VA's 10-year strategy to end Veteran suicide through a comprehensive, public health approach.

Suicide has no single cause, and no single strategy can end this complex problem. That's why Mission Daybreak is fostering solutions across a broad spectrum of focus areas.

A diversity of solutions will only be possible if a diversity of solvers — including Veterans, researchers, technologists, advocates, clinicians, and health innovators — answer the call to collaborate and share their expertise.

Mission Daybreak's Focus Areas

- Utilizing digital footprint data from active and passive sources.
- Creating improved access to and efficiency of Veterans Crisis Line (VCL) services through technological innovations.
- Preventing firearm suicides and enhancing lethal means safety.
- Reaching all Veterans in need with right-care, right-time, and right-place solutions.
- Improving community resilience and connection.
- Incorporating family and community into Veteran well-being.
- Supporting the transition from military service to civilian life.
- Addressing social determinants of health and wellbeing.
- Reducing barriers to asking for help.
- Other innovative solutions, focused on areas not specified above.



Mission Daybreak Winners 2022-2023

- The VA's Mission Daybreak program awarded \$20 million to 10 winners to develop innovations to reduce veteran suicide.
- The first-place winners, **Stop Soldier Suicide's Black Box Project** and **Televeda's Project Hózhó**, each received \$3 million.
- Three second-place winners received \$1 million, and five third-place winners received \$500,000.
- The winners were chosen from over 1,300 concept submissions in Phase 1.
- The winning projects were praised for their dedication to learning and partnering with veterans and communities to build promising solutions

VA



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SSG Fox Suicide Prevention Grants

Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program

- Reinforcing Community Innovation
- Enables VA to focus on community-based suicide prevention efforts that meet the needs of Veterans and their families through:
 - Outreach
 - Suicide prevention services
 - Connection to VA and community resources
- Part of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, signed into law on October 17, 2020.
- In March and April 2023, VA held two in-person technical assistance training events for SSG Fox SPGP grantees. The focus of these events was to provide comprehensive training on key elements of the program. These included: data collection, data quality and analysis, grantee assessment of organizational landscape and operations, best practices for developing policies and procedures.



Staff Sergeant Parker Gordon Fox

Suicide Prevention Grant Program Background

- Following priorities set forth in §201 of the John Scott Hannon Veterans Mental Health Improvement Act, on 9/19/22 VA announced awarding \$52,500,000 to **80** grantees in 43 states, the District of Columbia, and American Samoa for FY 22/23 SSG Fox SPGP services.
 - Twenty-one (21) grantees will cover tribal lands including the following tribes: Navajo Nation, Cherokee Nation, Choctaw Nation, and Alaska Natives.
- Full list of grantees is available at <https://www.mentalhealth.va.gov/ssgfox-grants/>.
- Awards are issued one year at a time. In the initial three-year pilot phase, not every VAMC will have a grantee in their catchment area. The eventual goal is to obtain Congressional support for a permanent and expanded program.

SSG Fox SPGP Background (Continued)

- SSG Fox SPGP Grantees are required by law to coordinate with VA with respect to **VHA enrollment** and **provision of VHA clinical services**.
 - This includes **referral for mental health assessment and services** pursuant to baseline suicide and mental health screenings.
 - **Some grantees will be providing emergency services for clinical treatment, but most be providing only non-clinical care** (e.g., case management, peer support, equine therapy, benefit referral, etc.)
- SSG Fox SPGP participants may screen **low to moderate risk** for suicide, not necessarily high risk.
 - A new and upstream approach to broaden existing efforts

Public Health Model for Suicide Prevention

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](#).



KEY TENETS

1

Suicide is preventable.

2

Suicide prevention requires a public health approach, combining clinical and community-based approaches.

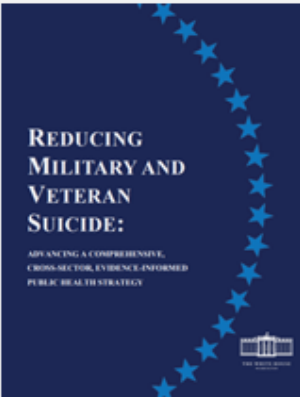
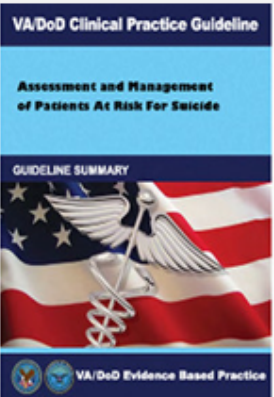
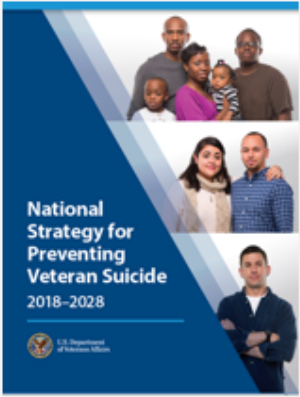
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Everyone has a role to play in suicide prevention.

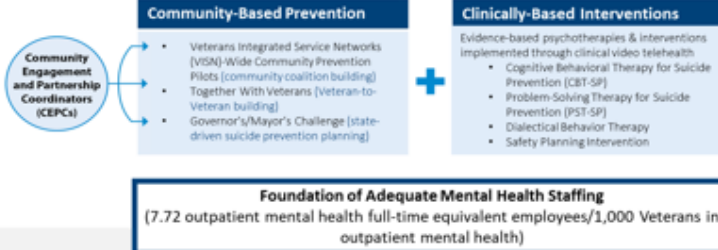
Public Health Approach

VA's Top Clinical Priority: Suicide Prevention

Data from the *National Veteran Suicide Prevention Annual Report* informs VA's strategic efforts, which are guided by the National Strategy for Preventing Veteran Suicide (2018), VA/DoD Clinical Practice Guideline (2019), and White House Strategy on Reducing Military and Veteran Suicide (2021).



SP 2.0



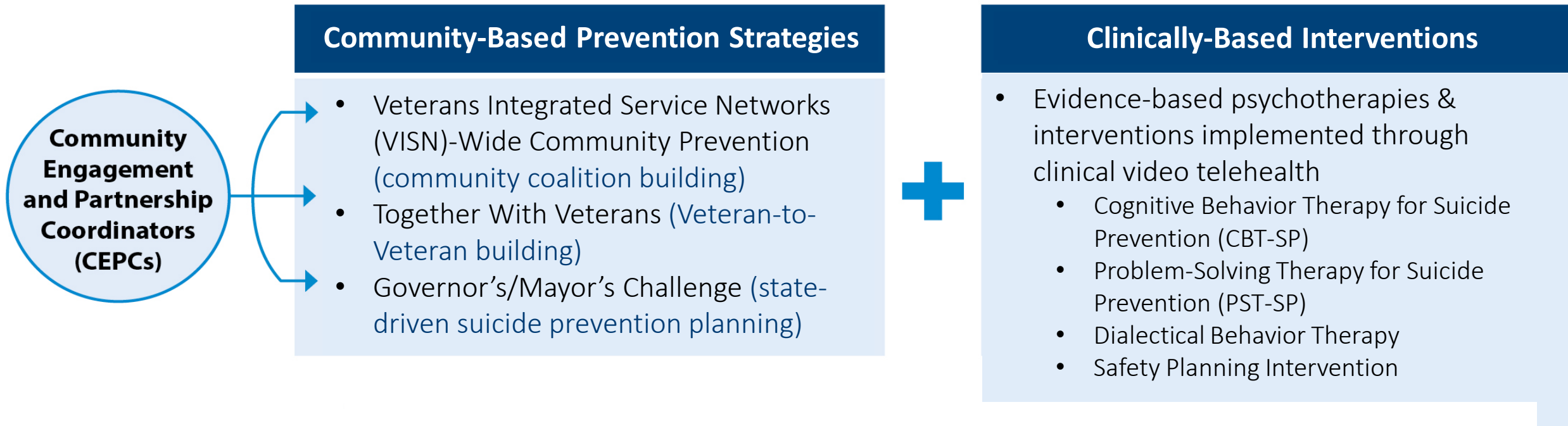
SP Now

- Plank 1: Lethal Means Safety**
- Plank 2: Suicide Prevention in Medical Populations**
- Plank 3: Outreach and Understanding of Prior VHA Users**
- Plank 4: Suicide Prevention Program Enhancement**
- Plank 5: Paid Media**

Veterans Crisis Line



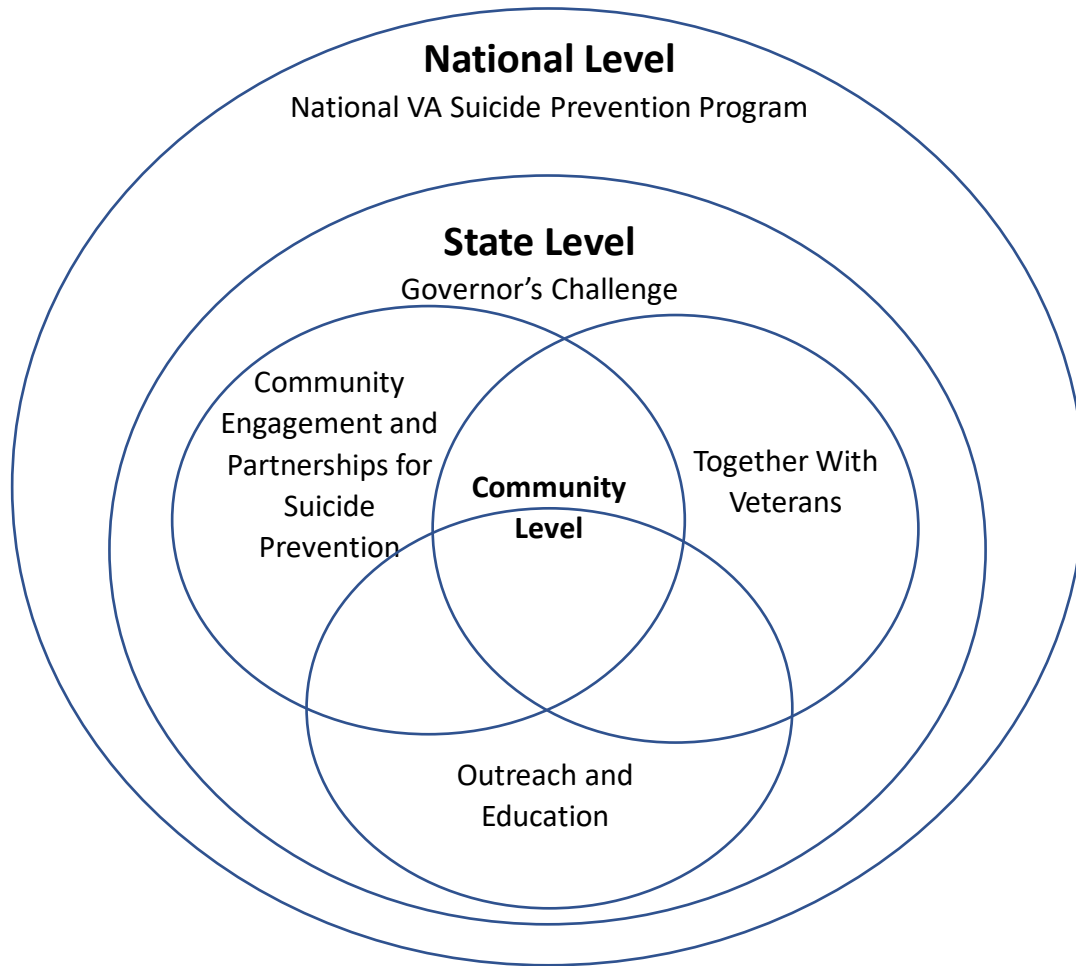
Suicide Prevention 2.0 Vision for the Distance: Combining Community & Clinical Interventions



Foundation of Adequate Mental Health Staffing

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

Community-Based Interventions



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

There are now more than 700 local coalitions and 49 states & five territories working in suicide prevention under a unifying, evidence-informed model.

Clinical-Based Interventions

- Clinical interventions strive to identify risk early, reduce risk / enhance protection, provide access to effective treatment, and promote holistic recovery.
- VA's expansive network of more than 300 **VA Suicide Prevention Coordinators**, along with their teams located at every VA, connect at risk Veterans with care and educate the community.
- VA's **REACH VET** predictive model allows VHA the ability to identify Veterans across the healthcare system at high statistical risk for suicide. REACH VET providers review opportunities to enhance care to Veterans in the top 0.1% tier of highest risk.
- Early assessment of suicide risk across emergency, urgent and ambulatory care settings is an essential strategy for reducing overall Veteran suicide. Our **Risk ID** strategy implemented universal screening for suicide risk to ensure that all Veterans receiving care in VHA are screened and/or evaluated annually.

Suicide Prevention Telehealth Treatment & Interventions

The *SP 2.0 Clinical Telehealth Program* spans nationwide to provide direct access to specialized, evidence-based, suicide prevention treatments via VISN Clinical Resource Hubs (CRH).

- **Safety Planning Intervention**
 - Typically, a one-time 60-minute intervention; may meet multiple times to continue working on the safety plan
- **Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)**
 - 12 weekly sessions or 6 weeks (2x/week sessions)
- **Problem-Solving Therapy for Suicide Prevention (PST-SP)**
 - 6-12 weekly sessions and includes the safety planning intervention within the PST-SP protocol
- **Dialectical Behavior Therapy (DBT)**
 - Weekly individual and group therapy for one year and includes phone coaching (including how to use the VCL after hours)

SPP NOW Plan

- **The NOW Initiative targets the rapid deployment of high impact interventions. Areas of focus included:**
 - Lethal Means Safety (LMS) - Gun locks, medication ‘take-back’ bags, LMS screening
 - At-Risk Medical Populations - Increasing naloxone distribution and mental health staffing embedded in Pain and Oncology clinics.
 - Outreach to Prior and Non-VHA Users - Demonstrated enhanced ability to reengage higher risk Veterans who previously left VA
 - Program Enhancements - Medical center-based initiatives such as Safety Planning in the Emergency Department, an evidence-based practice, implemented in 93% of facilities

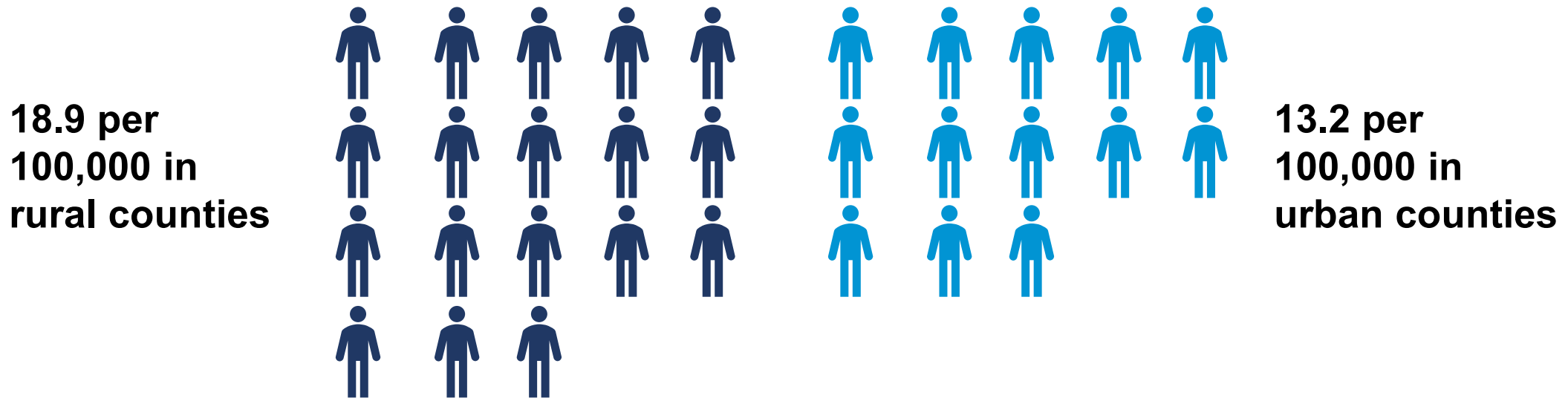
Suicide Prevention for Rural Veterans

Rurality - Overview

Rates of death by suicide are higher among people living in rural areas.

4.7 million (24%) Veterans live in rural areas.

The age-adjusted suicide rate in rural counties was 18.9 per 100,000 in 2019, compared to 13.2 per 100,000 in urban counties.



Age-adjusted Suicide Rates in 2019





Rurality - Overview

Overall rates of death by suicide are higher among rural VHA users than urban VHA users.

33.3 suicide deaths per 100,000 among rural VHA users vs.
29.1 suicide deaths per 100,000 among urban VHA users.

- Some risk factors for suicide are more prevalent in a rural context, such as:
 - Greater access to lethal means,
 - Greater economic distress,
 - Poorer quality behavioral health care, and
 - Remoteness.



Rurality – Demographics

Rural communities differ from urban communities in their demographic composition. The impact of rurality on suicide risk varies by race and age.

Rural Veteran groups at higher risk of suicide:

- American Indian and Alaskan Native (AI/AN) in rural areas have the fastest growing suicide rate among the general population.
- AI/AN Veterans have twice the risk for suicidal ideation compared to White Veterans, and among Veterans who don't live in major cities.
- Hispanic VHA patients have a 41% increase in suicide risk when living in rural areas.
- Rural VHA Veterans are significantly older than their urban counterparts.
 - 55% are aged ≥ 65 years compared to 46% of urban VHA users.



Rurality – Barriers to Health Care Access

Lack of access to, and quality of care, may contribute to the rural-urban health divide.

Living in a rural area, individuals may be less likely to:

- Have routine medical exams
- Have a primary care provider
- Have quality behavioral health care access
- Seek care due to cultural stigma





Rurality – Barriers to Health Care Access

Rural Veterans report that barriers to mental health service use may include the:

- Preference for independence and self-reliance
- Perception that mental health help seeking is a sign of weakness
- Belief that mental health help seeking may prevent others who are suffering more from accessing care

Veterans in rural areas may:

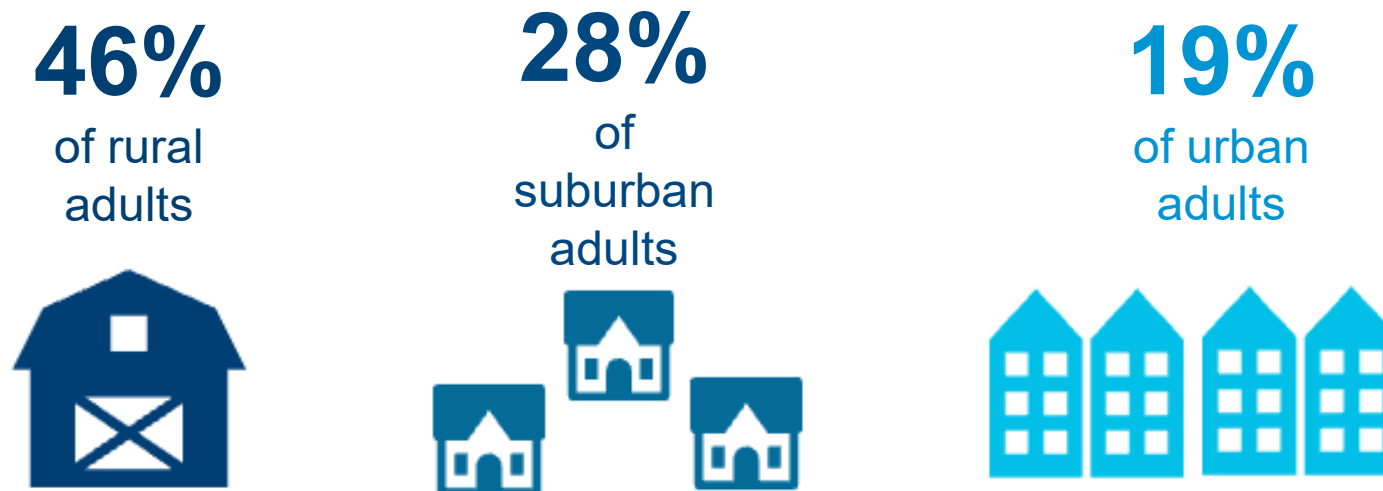
- Lack access to transportation
- Have to travel long distances to access mental health care
- Be less likely to receive mental health treatment for the recommended length of time compared to those in urban areas



Rurality – Firearm Access

Firearms are the most lethal method of attempting suicide.

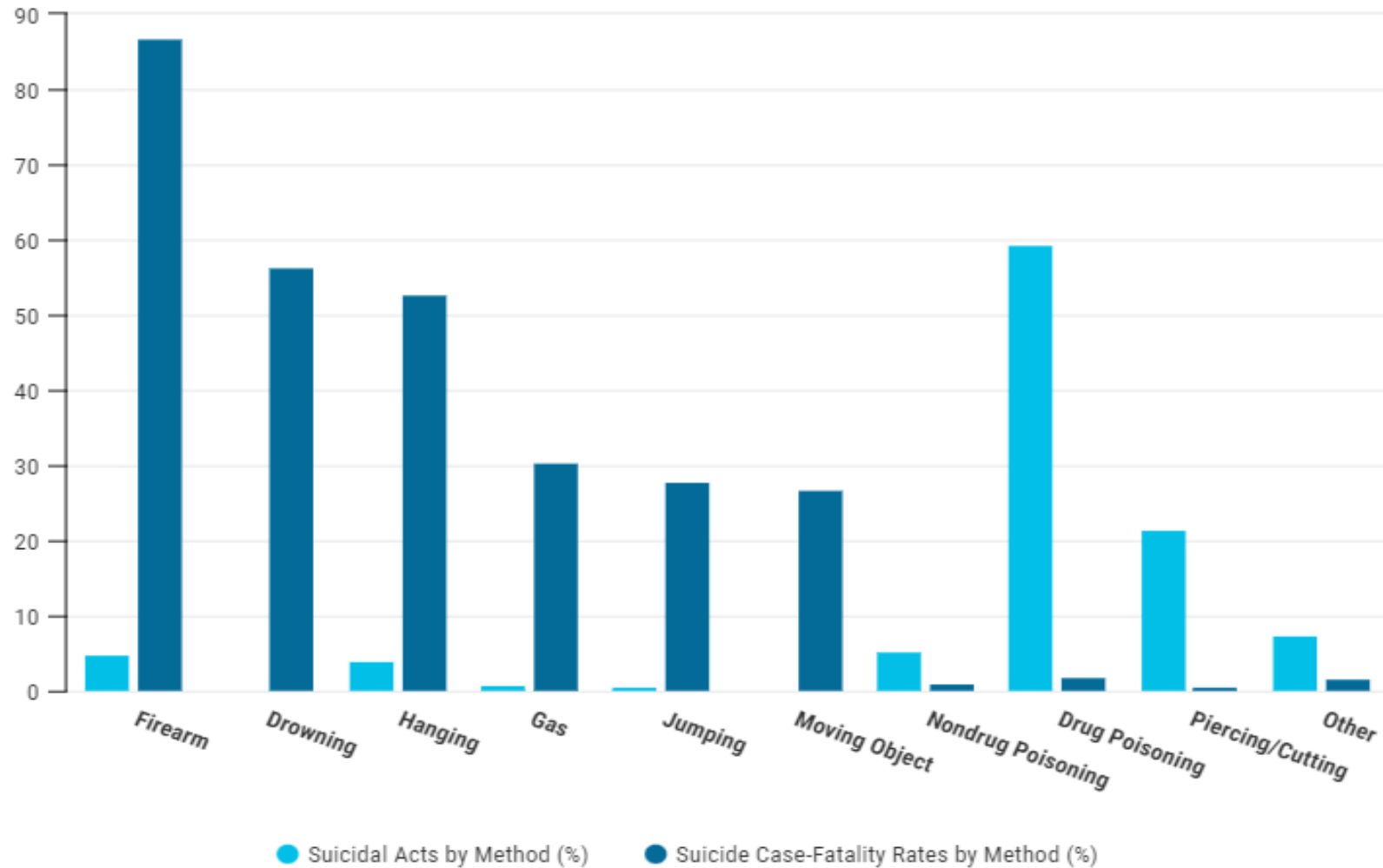
- Those with access to firearms are more than three times as likely as those without access to die by suicide.
- People living in rural areas are more likely to own firearms than those living in cities.



Firearm ownership by geography, 2017



Comparison of Suicidal Acts by Method (%) and Suicide Case-Fatality Rates (%) for 2007-2014

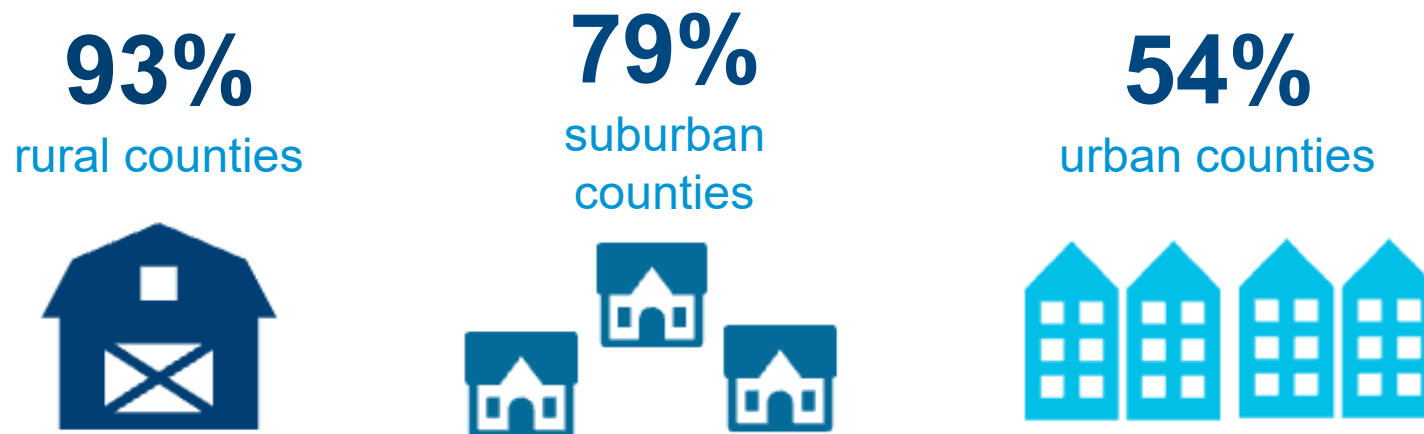


With a case fatality rate of over 89%, firearms are the most lethal method of attempting suicide.



Rurality – Spatial & Temporal Trends

Suicide rates are highest in the most rural counties and lowest in the most urban counties.



Percent of Counties in the U.S. with increase in suicides of over 20% by geographic region, 2005-2015





Rurality – Economic Factors

Financial struggles are associated with a higher risk of suicide.

- Suicide is associated with economic cycles
 - The rate falls during economic booms
 - The rate rises during times of economic downturns
 - Short-term economic crises and gross domestic product reduction seem to increase the suicide rate of women
 - Long-term economic crises, chronic poverty, and unemployment appear to have a greater impact on the suicide rate of men
- More access to opportunities for higher median income is associated with lower suicide rates, while remoteness is associated with higher suicide rates.





Rurality – Substance Use

Substance Use Disorder (SUD) is a strong predictor of suicide risk among rural Veterans.

Substance use may be a driver for the rural-urban disparity in suicides, especially among:

- Men
- American Indian and Alaskan Native populations
- People with previous suicide attempts



Key Takeaways

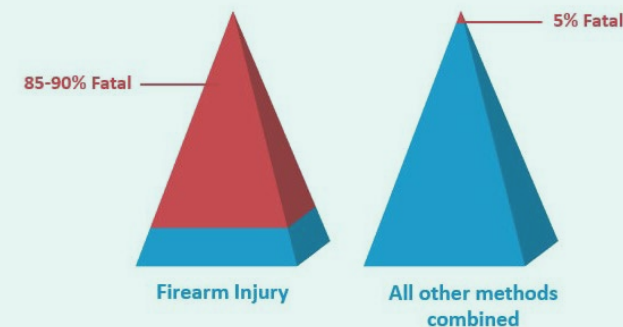
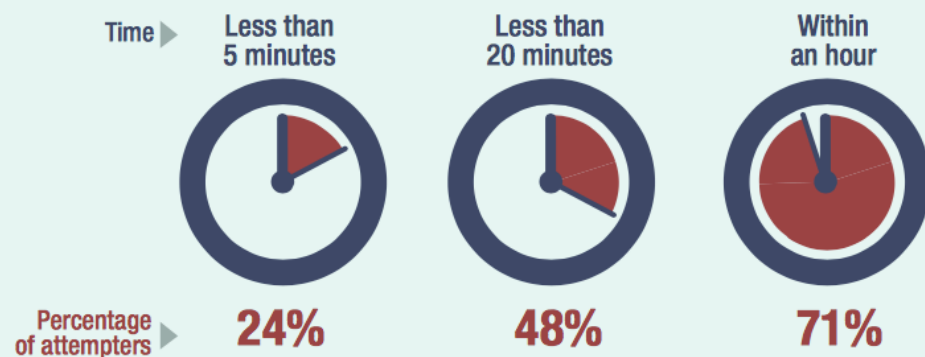
- Veterans living in rural areas are at higher risk for suicide.
- Rural Veterans have increased access to firearms, the deadliest method for suicide.
- Financial distress, and more importantly, cumulative economic distress over time, increases risk for suicide.
- Increasing access to care, particularly mental health and substance misuse treatment, is vital to saving the lives of Veterans living in rural areas.
- Familiarity with the data and surveillance resources of your area at the local, regional, and state levels helps target interventions to highest needs.
- Data and Surveillance resources can also be used to inform strategies and action items for suicide prevention.



Lethal Means Safety and Secure Firearm Storage

Most Suicidal Crises are Brief: Time and Space Saves Lives

- About **90% of people who survive a suicide attempt do not** go on to die by suicide
- Building in time and space between a suicidal impulse and the action may offer enough time for crisis to pass
- Reducing access to lethal suicide methods is one of the few population level interventions that has been shown to decrease suicide rates



CDC WISQARS: Deaths from death certificate data; nonfatal incidents estimated from national sample of hospital emergency departments

Practice Secure Firearm Storage

- Many firearm owners store their firearms unsafely.
- Firearm owners with suicidal ideation are more likely to store their firearms unsafely.
- Many Veterans are not fully aware of the strong link between firearms and suicide.
- Lethal means counseling is focused on ‘secure storage,’ **not** ‘restriction.’
- It is a collaborative dialog with Veterans on how to ensure safety for themselves and others in their homes.

Practice Safe Firearm Storage

- Keep firearms locked and unloaded with ammunition separately stored when not in use
 - Place pictures of loved ones on or near storage devices
 - Place crisis line information on gun safes and locking devices
- Storing ammunition separately from guns reduces suicide risk
- Develop a firearm safety plan
 - Give access to guns to a trusted friend or adult family member
 - Consider temporary out of home storage (depending on state laws)



Cable Lock
Price: \$10-\$50



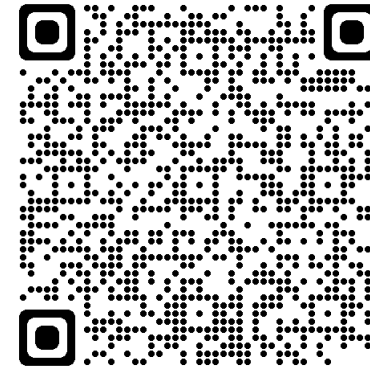
Lockbox
Price: \$25-\$350



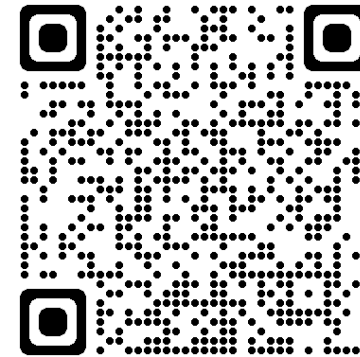
Gun Safe
Price: \$200-\$2,500

National Shooting Sports Foundation, American Foundation for Suicide Prevention & VA Partnership

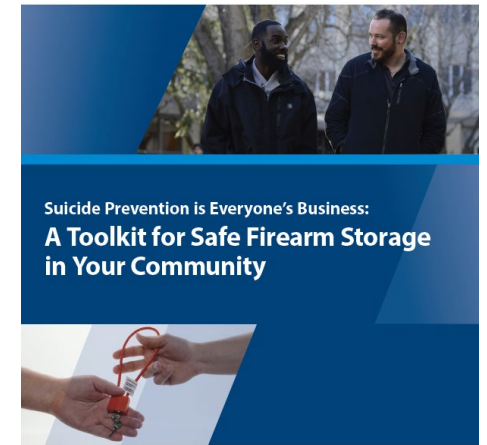
- Creation of [a community toolkit](#) to Veterans, their families, and communities about putting “time and space” between a Veteran in crisis and a firearm
- [United States Concealed Carry Association - Preventing Veteran Suicide During COVID-19](#)
- Co-branding materials for use throughout the VHA and community
- [AFSP/NSSF Toolkit for gun shop outreach](#)



Community Toolkit



Gun Shop Toolkit



Resources

VA Tools and Resources for Veterans and Supporters

Make the Connection: VA's mental health literacy and anti-stigma website highlights Veterans' real, inspiring stories of recovery and connects Veterans and their family members and friends with local resources.

VA Suicide Prevention: Explore suicide prevention resources to build networks of support among community-based organizations, Veterans Service Organizations, health care providers, and other members of your community that strengthen protective factors for Veterans.

VA Mental Health: VA's repository of mental health resources, information, and data materials.

Safety Planning: Information on safety planning and a template for developing a safety plan. A safety plan is a written list of coping strategies and sources of support that at-risk Veterans can use before or during a suicidal crisis.

Reach Out: Get support designed specifically for you. Family members or friends can find resources that are designed for the Veterans in your life.

Veterans Crisis Line: A free, anonymous, confidential resource available to Veterans in crisis, as well as concerned family members and friends. Dial 988 then Press 1, chat at [VeteransCrisisLine.net/Chat](https://www.VeteransCrisisLine.net/Chat), or text 838255.

VA S.A.V.E. Training: Training designed to teach anyone who interacts with Veterans how to recognize warning signs of crisis and what to do to help a Veteran who may be at risk.

VA Resource Locator: This tool can help Veterans find local mental health and suicide prevention resources, including their local suicide prevention coordinator.

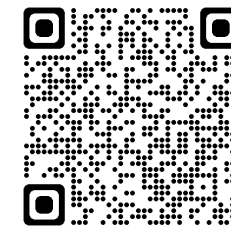


Veterans Crisis Line

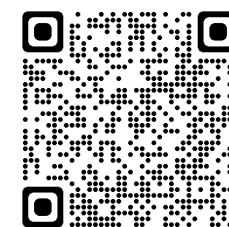
DIAL 988 then **PRESS 1**



Don't wait. Reach out. (www.va.gov/REACH)



Website



Video

No mission should be fought alone.

Life has its challenges. You don't have to solve them alone. That's true whether it's an everyday struggle, or something more complicated.

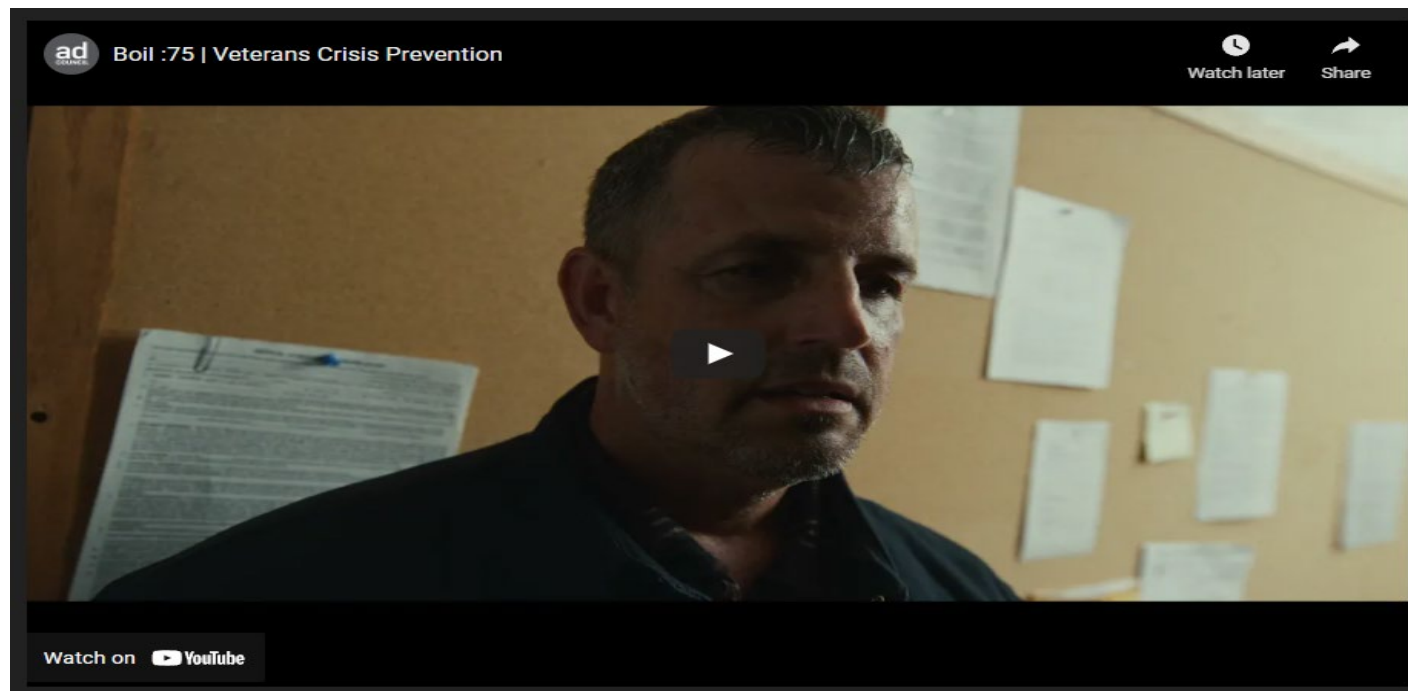
This site was designed for Veterans to proactively seek support and resources.

You're not alone. You've got this. Don't wait. Reach out.

Brought to you by:



&



[Watch: Boil :60 | Veterans Crisis Prevention - YouTube](#)

Normalizing life's challenges, destigmatizing reaching out for help