VA Suicide Prevention: Serving Veterans in their Community

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50% of Veterans do not use VA benefits or healthcare

Veterans who do not use VA benefits or healthcare

10.2 million

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

9.7 million

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%
- Veteran Males: 29.7%
- Veteran Females: 62.4%
Rates of Suicide among VHA users and non-VHA using Veterans, 2001-14

- U.S. VETERANS
  - Recently Used VA Services: 5.4%
  - No Recent Use of VA Services: 38.4%

- VETERAN MALES
  - Recently Used VA Services: 8%
  - No Recent Use of VA Services: 35.5%

- VETERAN FEMALES
  - Recently Used VA Services: 2.6%
  - No Recent Use of VA Services: 81.6%
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
<table>
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<th>All</th>
<th>Some</th>
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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
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!

With more to come!
We All Have a Role to Play

#BeThere for Veterans PSA:
www.veteranscrisisline.net/BeThere.aspx/?utm_source=bethereforveterans.com
Questions?

Contact us anytime!
Megan McCarthy, Ph.D.
megan.mccarthy@va.gov
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.
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