



VA Suicide Prevention Strategy

The Public Health Approach

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Disclosures:

- We have no financial relationships to disclose
- We will not discuss any off-label and/or investigational use of medications



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Objectives

- Understand the scope of Veteran Suicide
- Identify the key components of the VA Public Health Approach
- Identify the systemic approach used by the CDC
- Know what resources to connect/refer veterans to who are needing treatment



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Suicide in the United States

- More than 47,000 U.S. deaths from suicide per year among the general population^{1,2}
- Suicide is the 10th leading cause of death in the U.S.³
- Every 12.3 minutes someone dies by suicide



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Suicide in Minnesota

Suicide Facts & Figures: Minnesota 2018*

On average, one person dies by suicide every 12 hours in the state.

Nearly six times as many people die by suicide in Minnesota annually than by homicides. The total deaths to suicide reflect a total of 35,802 years of potential life lost (PYLL) before age 65.

Suicide cost Minnesota a total of **\$249,253,000** of combined lifetime medical and work time costs in 2016, or an average of **\$1,236,843 per suicide death.**

*Based on annual suicide 2018. Also from CDC. Learn more at www.suicideprevention.org

8th leading cause of death in Minnesota

2nd leading cause of death for ages 15-24
4th leading cause of death for ages 25-54

7th leading cause of death for ages 55-64
17th leading cause of death for ages 65 & older

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Minnesota	745	13.16	24
Nationally	44,875	13.42	

www.va.gov/opa/pressrel

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Facts about Veteran suicide

- 18% of all deaths by suicide among U.S. adults were Veterans⁴
- Veterans are more likely than the general population to use firearms as a means for suicide⁴
- On average, 764 suicide attempts per month among Veterans receiving recent VA health care services⁵
- 25% of Veteran suicides have a history of previous suicide attempts⁵



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Veteran specific risks

- Frequent Deployments to hostile environments (though deployment to combat does not necessarily increase risk).
- Exposure to extreme stress
- Physical/sexual assault while in the service (not limited to women)
- Length of deployments
- Service-related injury



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Public Health Approach to Suicide Prevention

- The public health approach seeks to answer the foundational questions:
 - Where does the problem begin?
 - How could we prevent it from occurring in the first place?
- To answer these questions, public health uses a systematic, scientific method for understanding and preventing violence.



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Suicide Prevention is Everyone's Business



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Approach in Action

- **Six Action Areas:**
 - Data and Surveillance
 - Research and Program Evaluation
 - Innovation and Program Development
 - Policy, Education, and Training
 - Field Operations
 - Partnerships and Outreach
- **Data-driven:** Focuses on understanding the problem and implementing interventions based on best practices across domains
- **Community-based:** Supports communities in developed targeted program and interventions, based on their specific needs



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National Academy of Medicine (NAM) Classification



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Prevention Levels and Example Efforts

Public Health Approach to Suicide Prevention

Universal	Selective	Indicated
<ul style="list-style-type: none"> • Critical partnerships established • National Sports Shooting Foundation (NSSF) partnership • Johnson & Johnson PSA • #BeThere campaign 	<ul style="list-style-type: none"> • 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 • Telemental health • Treatment engagement • Open innovation safe gun storage challenge • VCL info printed on VA canteen receipts 	<ul style="list-style-type: none"> • REACH VET • Discharge planning and follow-up enhancements • Expansion of Veterans Crisis Line (VCL) • VCL services • S.A.V.E. training • Postvention: follow-up care for family members and friends of someone who has died by suicide

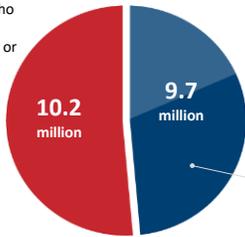


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50% of Veterans Do Not Use VA Benefits or Healthcare

Veterans who **do not use** VA benefits or healthcare.



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

Of this group, about **6 million Veterans** use VA health care (about **30 percent** of all Veterans).



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That's where you come in.



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VA Suicide Prevention Strategy

Putting Strategy Into Action



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The Results of a Comprehensive Approach:

- In a providers' work setting:
 - Screening improves the likelihood that the person will receive appropriate evaluation and treatment
 - Training on recognition of risk and quality of care increases the likelihood of a good outcome
 - Increased accuracy of diagnoses
 - Improved public health surveillance of identified problems
 - Informed policies and practices ensures respectful treatment that promotes healing and recovery
 - Easy access to mental health care referrals increases the likelihood of a better outcome
 - Education efforts increase knowledge of the warning signs of suicide risk among the individual and his or her family and/or support network
 - Continuous care and improved aftercare leads to better monitoring and follow-up over time



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The Results of a Comprehensive Approach:

- During a person's engagement in treatment and recovery:
 - Reduced prejudice leads to greater acceptance by family members and friends
 - The availability of high-quality mental health services makes it less likely that problems will recur
 - Sharing information among care providers allows treatment to be better coordinated and collaborative
 - Resources are available to offer social support, resiliency training, problem-solving skills, and other protective factors to the person and support network
 - Education efforts help the person and support network maintain physical, mental, emotional, and spiritual health and well-being
 - Systems are in place to evaluate the effectiveness and efficiency of the interventions provided.



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Resources for Veterans:

- **County Veteran Services Officers (CVSO):**
 - Assist veterans and their dependents in applying for VA enrollment and benefits.
 - <https://nvf.org/veteran-service-officers/>
- **VA Hospital and Community Clinics**
 - Inpatient and outpatient mental health services that support recovery, striving to enable a person to live a meaningful life in the community and achieve his or her full potential.
 - www.mentalhealth.va.gov
- **Vet Centers**
 - VA community-based centers that provide a range of counseling, outreach, and referral services.
 - www.vetcenter.va.gov



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Resources for Veterans:

- **Veterans Crisis Line/Chat/Text**
 - 1-800-273-8255, Press 1
 - <http://www.veteranscrisisline.net/>
 - Text to 838255
- **VA Suicide Prevention Coordinators**
 - Each VA Medical Center has a Suicide Prevention Coordinator to make sure Veterans receive needed counseling and services
 - Resource locator - <http://www.veteranscrisisline.net/>



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Resources for Veterans:

- **Make the Connection**
 - Explore information about physical and mental health symptoms, challenging life events, and mental health conditions.
 - Veterans and their families and friends can learn about available resources and support.
 - www.MakeTheConnection.net
- **Post-Traumatic Stress Disorder (PTSD)**
 - Each VA medical center has PTSD specialists who provide treatment for Veterans with PTSD. For more information about PTSD and to locate the VA PTSD program nearest you visit www.ptsd.va.gov
 - PTSD Coach App: The PTSD Coach application, allows phone users to manage their symptoms, links them with local sources of support, and provides information on PTSD. Visit www.ptsd.va.gov/public/pages/PTSDCoach.asp



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Questions?



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Thank You!

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