



Department of
Veterans Affairs

Office of Patient Care Services
Office of Mental Health Services

Fact Sheet

April 2011

VA Suicide Prevention Program *Facts about Veteran Suicide*

**VA's Crisis Line number is:
1-800-273-8255. Push "1" for Veteran services
Veterans Chat can be accessed at www.VeteransCrisisLine.net**

Overview

Every Veteran suicide is a tragic outcome and regardless of the numbers or rates one Veteran suicide is too many. We feel the responsibility to continue to spread the word throughout VA that "Suicide Prevention is Everyone's Business." Although we understand why some Veterans may be at increased risk, we continue to investigate and take proactive steps. The ultimate goal is eliminating suicides among Veterans.

VA relies on multiple sources of information to identify deaths that are potentially due to suicide. This includes VA's own Beneficiary Identification and Records Locator Subsystem (BIRLS); records from the Social Security Administration; and data compiled by the National Center for Health Statistics in its National Death Index.

These sources give us specific indications about Veteran vulnerability to suicide:

- 30,000 - 32,000 US deaths from suicide per year among the population overall (*Centers for Disease Control and Prevention*)
- Approximately:
 - 20 percent are Veterans (*National Violent Death Reporting System*).
 - 18 deaths from suicide per day are Veterans (*National Violent Death Reporting System*).

- 5 suicide related deaths per day among Veterans receiving care in VHA (*VA Serious Mental Illness Treatment, Research and Evaluation Center*).
 - 950 suicide attempts per month among Veterans receiving care as reported by Veterans Health Administration (VHA) suicide prevention coordinators (Oct 1, 2008 - Dec 31, 2010).
 - 11 percent (1051/10228) of those who attempted suicide in FY 2009 (and did not die as a result of this attempt) made a repeat suicide attempt with an average of 9 months of follow-up.
 - 7 percent (724/10228) of suicide attempts resulted in death. Among those who survived their first suicide attempt and reattempted suicide within 9 months of their first FY 2009 event, approximately 6 percent (60/1051) died from suicide.
 - 33 percent of recent suicides have a history of previous attempts (*VA National Suicide Prevention Coordinator reports*).
- There is evidence of a 21 percent excess of suicides through 2007 among OEF/OIF Veterans when their mortality was compared to that of the US general population, with adjustment for age, sex, race, and calendar year (*VA Office of Environmental Epidemiology*).
 - There is preliminary evidence which suggests that there are decreased suicide rates in Veterans (men and women) aged 18-29 who use VA health care services relative to Veterans in the same age group who do not since 2006. This decrease in rates translates to approximately 250 lives per year (*National Violent Death Reporting System and VA Serious Mental Illness Treatment Resource and Evaluation Center*).
 - More than 60 percent of suicides among utilizers of VHA services are among patients with a known diagnosis of a mental health condition (*Serious Mental Illness Treatment Research and Education Center*).
 - Veterans are more likely than the general population to use firearms as a means for suicide (*National Violent Death Reporting System*).

In terms of specific numbers, preliminary evidence on the incidence of Veteran suicide attempts can be derived from data from the VA's Suicide Prevention Coordinator reports. While this may under represent the total number of events it does provide important information.

FY 2010

Known Attempts (non-fatal): 14831

Preliminary data are also available for attempts in OEF/OIF Veterans:

FY 2010 OEF/OIF/OND

Attempts (non-fatal)

2482

Longitudinal data derived from national sources are shown in the attached graphs showing suicide rates among male and female Veterans of particular age cohorts.

1. The suicide rate is much higher for men than for women; this is true for the US population (and in much of the world) as well as for Veterans.
2. The highest rate for male Veterans from OEF/OIF was in FY 2004. This was the year when VA, for a variety of reasons, recognized problems in its mental health care and developed a VA Comprehensive Mental Health Strategic Plan (MHSP) to address them. Data in subsequent years, when overall mental health care was greatly enhanced, show reduced rates. It is concerning that the 2008 numbers are again rising but this can be attributed to a particular age cohort – those Veterans who are between the ages of 18 -29.
3. Focused suicide prevention efforts, such as the Veterans Crisis Line and hiring of Suicide Prevention Coordinators, began in FY 2007 with full implementation in FY 2008. Therefore, data to see the full impact of VA's intensive efforts focused specifically on suicide prevention is not yet available. Those initiatives are described in detail in the following section.

Current Initiatives

VA's basic strategy for suicide prevention requires ready access to high quality mental health (and other health care) services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention in high-risk patients. Some of the initiatives that have proven to be very effective include:

- A 24/7 Suicide Prevention Hotline. Veterans call the national suicide prevention hotline number 1-800-273-TALK and then "push 1" to reach a trained VA professional who can deal with any immediate crisis. More than 403,187 callers have called the hotline and over 225,000 of these callers have identified themselves as Veterans or family members or friends of Veterans. There have been over 7,000 rescues of actively suicidal Veterans to date. An on-line Chat Service was initiated in July 2009 and to date there have been over 15,000 chatters that have utilized the Service. Several of them have been referred to the Hotline for immediate care.

- Each VA Medical Center has a Suicide Prevention Coordinator or team. The coordinators and their teams ensure that the Veteran receives the appropriate services. Calls from the Hotline are referred to the coordinators, who follow up with Veterans and coordinate care.
- Screening and assessment processes have been set up throughout the system to assist in the identification of patients at risk for suicide. A chart “flagging” system has been developed to assure continuity of care and provide awareness among care-givers.
- Patients who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow-ups, safety planning, weekly follow-up visits and care plans that directly address their suicidality.
- Reporting and tracking systems have been established in order to learn more about Veterans who may be at risk and help determine areas for intervention. Continual analysis of reports and VA data has led to 3 recent information letters to the field:
 - Each of the mental health conditions increases the risk of suicide. However, the effect of PTSD may be related separately from its co-occurrence with other conditions.
 - Chart diagnoses associated with Traumatic Brain Injury are associated with increased risks of suicide, even after controlling co-occurring mental health conditions.
 - Some, but not all, chart diagnoses associated with chronic pain are associated with increased risks of suicide, even after controlling co-occurring mental health conditions.
- Employee education programs such as Operation S.A.V.E. (Signs of Suicidal thinking, Ask the questions, Verify the experience with the Veteran, and Expedite or Escort to help) and a Web-based clinical training module that is mandatory for VA employees.
- The development of two centers devoted to research, education and clinical practice in the area of suicide prevention. VA’s VISN 2 Center of Excellence in Canandaigua, New York develops and tests clinical and public health intervention strategies for suicide prevention. VA’s VISN 19 Mental Illness Research Education and Clinical Center (MIRECC) in Denver, CO focuses on: 1) clinical conditions and neurobiological underpinnings that can lead to increased suicide risk; 2) the implementation of interventions aimed at decreasing negative outcomes; and 3) training future leaders in the area of VA suicide prevention.

Outreach

- VA has sponsored annual Suicide Prevention Days to increase awareness of the problem and co-sponsored 3 conferences on suicide prevention with the Department of Defense for clinicians in both systems.
- VA is sponsoring public service announcements, Web sites and display ads designed to inform Veterans and their family members of VA's Suicide Prevention Hotline (1-800-273-TALK/8255). A new campaign is beginning this year with a re-branding of the "Hotline" into a Veterans Crisis Line. The intent is to offer help and services earlier in the emotional crisis cycle before suicide becomes an option. Initial response to this re-branding has been good.
- VA has been distributing brochures, wallet cards, bumper magnets, key chains and wrist bands to Veterans, their families and VA employees to promote awareness of the Hotline and educate its employees, the community and Veterans on ways to identify and help Veterans who may be at risk.
- Suicide Prevention Coordinators are required to do outreach activities in all of their local communities and are able to provide a Community version of Operation S.A.V.E. to returning Veterans and family groups, Veterans Service Organizations or other community groups as desired.
- Family psycho-educational materials have been developed including information sheets intended to serve as guides for adults to use when talking with children about a suicide attempt in the family and family Ask, Care, Escort (ACE) card.

Research

- Suicide prevention research is challenging for many reasons. However, scientists are attacking the problem through epidemiology studies to identify risk and protective factors, prevention interventions, and biological research examining brain related changes in suicidal patients.
- A recent comprehensive review concluded that intensive education of physicians and restricting access to lethal means had substantial evidence for preventing suicide.
- VA researchers are also engaged in efforts to assure safety plans are in place for participants in research including coordination with VA's National Suicide Hotline and standardized assessments for suicidality.
- In order to explore the impact of Safety Planning in VA emergency department settings, a clinical demonstration program has been initiated.

This project includes the use of Acute Service Coordinators who help Veterans negotiate the transition from urgent to sub-acute care.

- Other approaches needing further research include screening programs, media education, and public education. Structured cognitive therapy (CBT) approaches for those who are suicidal (or suicide attempters) education of what are often called community “gatekeepers”, and means of access restriction initiatives (e.g., gun locks, blister packaging medications) show promise.

Public Health Contribution to Suicide Prevention in America

- VA’s Hotline Call Center gets more than 22 percent of all calls to the National Lifeline and provides the only national suicide chat service.
- VA’s Media Campaign has provided access to the National Suicide Crisis Line number to Americans nationwide.
- Suicide Prevention Coordinator Outreach work has touched many community members and VA employees and employee families.

For more information, Veterans currently enrolled in VA health care can speak with their VA mental health or health care provider. Other Veterans and interested parties can find a complete list of VA health care facilities at www.va.gov, or they can call VA’s general information hotline at 1-800-827-1000. For more information about this Fact Sheet, contact Dr. Jan Kemp, National Mental Health Director, Suicide Prevention, Office of Mental Health Services at 202-461-7310.