



VA Suicide Prevention Overview



U.S. Department
of Veterans Affairs



**Veterans
Crisis Line**
1-800-273-8255 **PRESS 1**

• • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • •

Data Summary

Veteran Suicide Statistics, 2014

- In 2014, an average of 20 Veterans died from suicide each day. 6 of the 20 were users of VA services.
- In 2014, Veterans accounted for 18% of all deaths from suicide among U.S. adults, while Veterans constituted 8.5% of the US population. In 2010, Veterans accounted for 22% of all deaths from suicide and 9.7% of the population.
- Approximately 66% of all Veteran deaths from suicide were the result of firearm injuries.
- There is continued evidence of high burden of suicide among middle-aged and older adult Veterans. In 2014, approximately 65% of all Veterans who died from suicide were aged 50 years or older.
- After adjusting for differences in age and gender, risk for suicide was 21% higher among Veterans when compared to U.S. civilian adults. (2014)
- After adjusting for differences in age, risk for suicide was 18% higher among male Veterans when compared to U.S. civilian adult males. (2014)
- After adjusting for differences in age, risk for suicide was 2.4 times higher among female Veterans when compared to U.S. civilian adult females. (2014)
- **Over 11,000 Veterans live in the City of Richmond.**

VA Suicide Prevention Program: Background

- In 2007, the Department of Veterans Affairs began an intensive effort to reduce suicide among Veterans.
- In 2008, VA's Mental Health Services established a suicide surveillance and clinical support system
 - Suicide Prevention Coordinators located at each VA Medical Center and large outpatient facility.
 - Reports of suicide and suicide events (i.e. non-fatal attempts, serious suicide ideation, suicide plan) submitted by Suicide Prevention Coordinators
- In 2010, the VA developing data sharing agreements with all 50 U.S. states
 - Part of an intensive effort to shorten delays associated with access to National Death Index (NDI) data and increase understanding of suicide among all Veterans

Suicide Prevention : Basic Strategy

- Suicide prevention requires **ready access to high quality mental health (and other health care) services**, supplemented by:
- Programs designed to:
 - To help individuals & families engage in care
 - To address suicide prevention in high risk patients.

VA's integrated approach to suicide prevention

Ready access to quality care



Awareness and outreach



Access



Enhanced care delivery



Training and collaboration



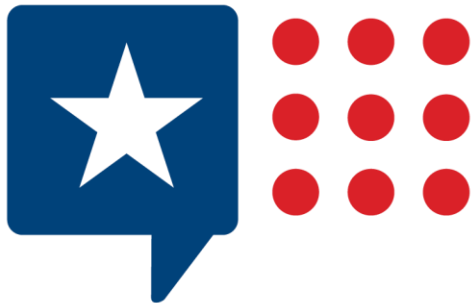
Research

Suicide Prevention Initiatives

- Hubs of expertise
 - CoE (research focused on a public health model of suicide prevention, using the 2012 US National Strategy for Suicide Prevention)
 - MIRECC (Suicide Risk Management Consultation Service, Self-Directed Violence Nomenclature training)
- National programs for education and awareness
 - Operation S.A.V.E
 - Suicide Risk Management Training for Clinicians
 - 24/7 **Veterans Crisis Line 1-800-273-8255, press 1**
 - VCL Chat and text services
 - Make the Connection
 - Coaching into Care
- Suicide Prevention Coordinators (SPC)

Free, confidential support 24/7/365

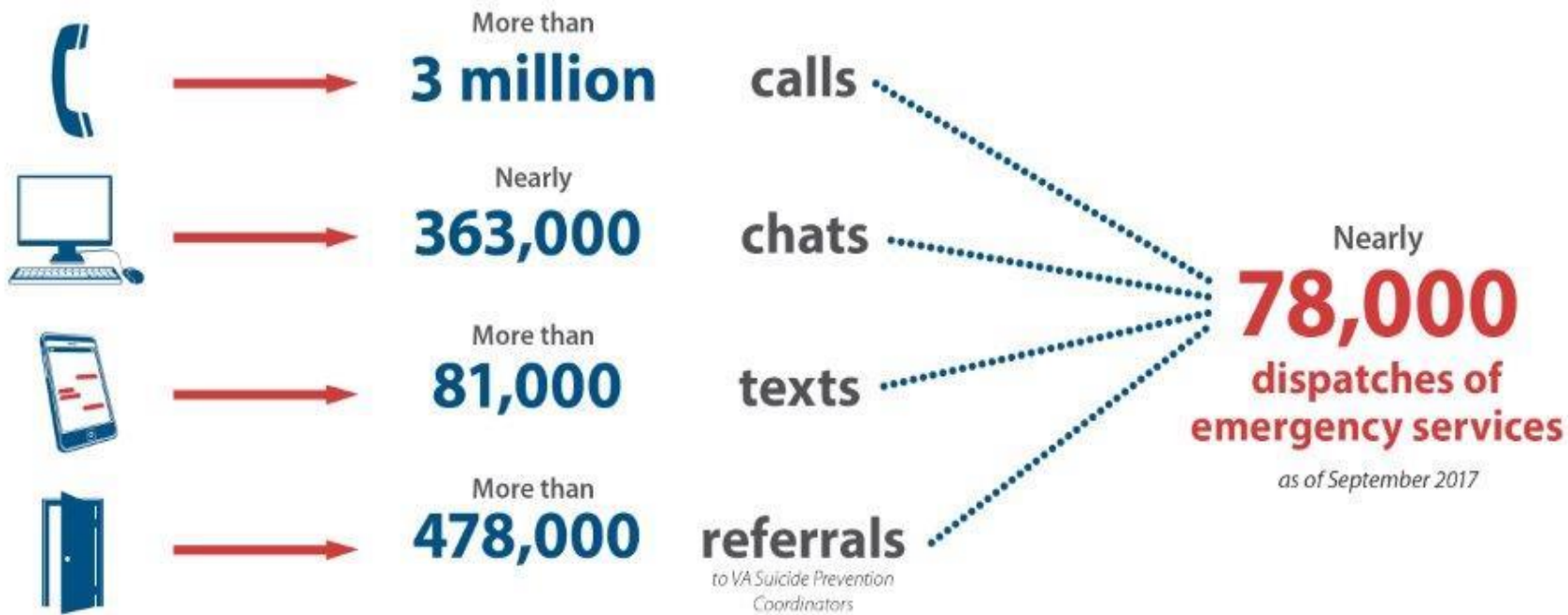
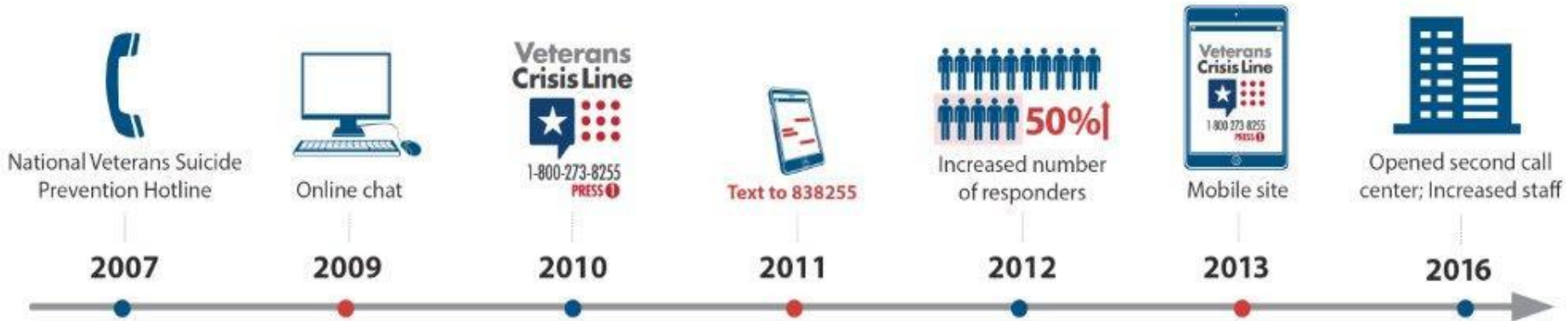
Veterans Crisis Line



1-800-273-8255
PRESS 1

- Veterans
- Family members
- Friends
- Service members

• • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • •



VeteransCrisisLine.net/ResourceLocator

Resource Locator

The **Veterans Health Administration (VHA)** provides Suicide Prevention Coordinators, general inpatient and outpatient psychiatric services at medical centers and community-based outpatient clinics.



- Select a Resource**
 - ☑ Suicide Prevention Coordinators**
Specially trained Suicide Prevention Coordinators or teams are available at all VA Medical Centers across the country.
 - Crisis Centers**
Search for community-based crisis centers in your area.
 - VA Medical Centers**
VA Medical Centers offer a range of acute care and community-based outpatient services, including mental health care, diagnostics, homeless and alcohol/drug abuse programs, nursing home and respite care.
 - Outpatient Clinics**
Community Based Outpatient Clinics (CBOCs) are local VA locations that provide primary care, counseling, laboratory analysis, prescriptions and radiology services.
 - Veterans Benefits Administration Offices**
Veterans Benefits Administration Offices provide services to Veterans seeking benefits related to compensation, pension, vocational rehabilitation, home loans, death benefits, employment, and disability.
 - Vet Centers**
Vet Centers provide readjustment counseling and outreach services to all Veterans who have served in any combat zone, as well as their family members.
 - All**
See all VA and community-based services in your area.
- Choose Location**

Search by Zip Code OR Search by state



- Choose Location**

Search by Zip Code OR Search by state

Results for **Suicide Prevention Coordinators** in zip code 20002

Toles-Lucas, Patricia approx. 3 miles away Washington, DC 20422 P: 202-745-8000x4999 F: 202-745-8169 Patricia.Toles@va.gov	Stonick, Zita approx. 33.4 miles away Baltimore, MD 21201 P: 410-605-7268 F: 410-605-7771 baltimoresuicidepreventionteam@va.gov
Jones, Nikole approx. 66.5 miles away Perryville, MD 21902 P: 410-642-2411x5020 F: 410-642-1707 perrypointsuicidepreventionteam@va.gov	Johnson, Kent approx. 92.8 miles away Wilmington, DE 19805 P: 302-275-5676 F: 302-633-5428 KentJohnson2@va.gov
Hohner, Richard approx. 97.6 miles away Coatesville, PA 19320-2096 P: 610-384-7711x6843 F: 610-466-2269 vhaconationalhotlinealerts@va.gov	Garrison-Dean, Jennifer approx. 100.6 miles away Richmond, VA 23249 P: 804-675-5000x3499 F: 804-675-5678 jennifer.garrison-dean@va.gov

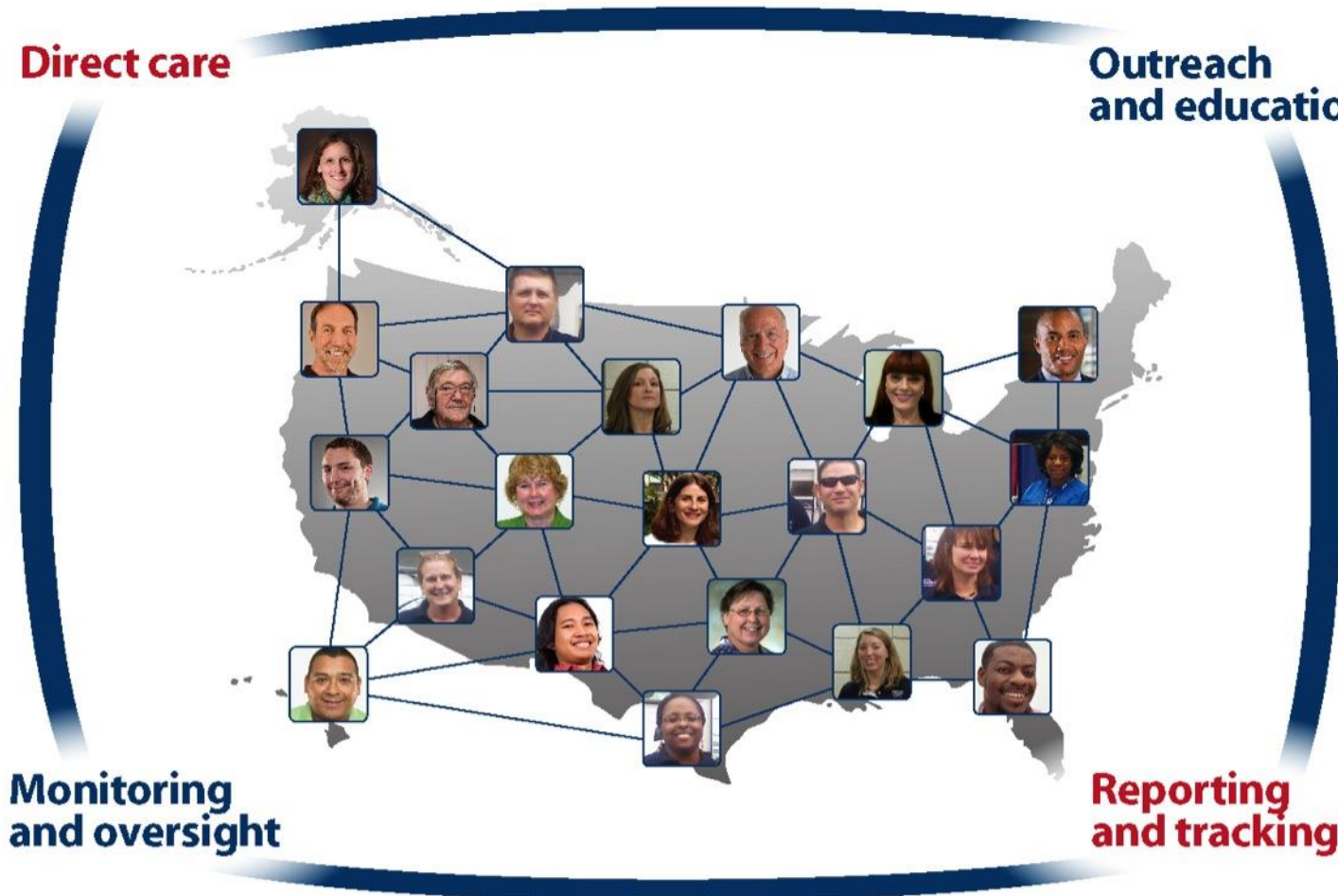


Suicide Prevention Coordinators

More than 300 SPCs nationwide

Direct care

**Outreach
and education**



Other Suicide Prevention Adjunctive Programs

Make the Connection Maketheconnection.net

Coaching into Care



Home Services Should I call? Help a Vet FAQ Resources Get the Word Out Contact Us

"My Coach was very professional and informative. Coaching Into Care helped me and my family."

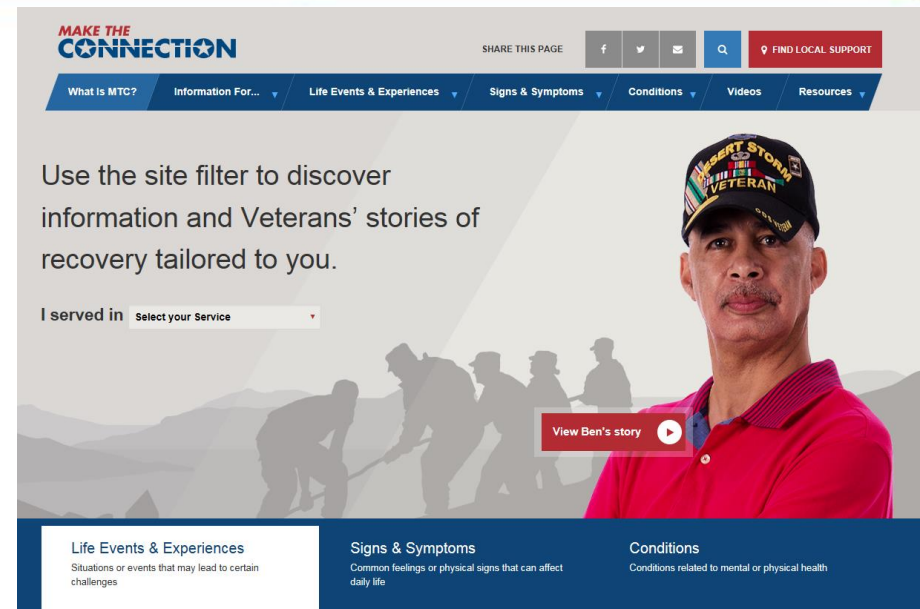
Coaching into Care

Video **Story**

WHO WE ARE

Contact us: 888-823-7458

SUPPORTING RESOURCES



MAKE THE CONNECTION

SHARE THIS PAGE f t e Q FIND LOCAL SUPPORT

What is MTC? Information For... Life Events & Experiences Signs & Symptoms Conditions Videos Resources

Use the site filter to discover information and Veterans' stories of recovery tailored to you.

I served in

View Ben's story

Life Events & Experiences
Situations or events that may lead to certain challenges

Signs & Symptoms
Common feelings or physical signs that can affect daily life

Conditions
Conditions related to mental or physical health

Coaching Into Care 1-888-823-7458

Mental Health Treatment Programs at Richmond VAMC

- Mental Health Primary Care Integration (MH-PCI)
- Mental Health Outpatient Clinic
- Mental Health Inpatient Unit
- PTSD (Combat and non-combat trauma, MST)
- Substance Abuse Treatment Program
- Health Care for Homeless Veterans
- Richmond Vet Center

Mental Health-Primary Care Integration

- Mental Health Providers are located in Primary Care Clinics
- Primary Care Providers provide a “warm hand-off” to MH providers for urgent needs, for referral to groups, or short term counseling
- Primary Care Providers can refer Veterans to the Behavioral Health Lab, for telephone monitoring and assessment
- Primary Care Providers can consult with psychiatry for medication management

Mental Health Outpatient Clinics and Inpatient Unit

- Mental Health Clinic has outpatient psychiatry (medication management), and counseling services
- All Veterans new to MHC or who have not been engaged for several years, will have an intake and assessment, to better understand presenting needs and relevant history of present symptoms
- The Inpatient Unit is for stabilization of severe mental health symptoms
 - Veterans on the inpatient unit have a therapeutic milieu inclusive of daily rounds with a psychiatry team, 24/7 nursing, and a host of daily treatment activities, including groups from psychologists, peer support specialists, recreation therapists, and pharmacists.
 - The Inpatient Unit is for short-term stabilization (generally length of stay is about 7 days)
 - There are resources for longer-term programs at other centers that Veterans can be referred to, when outpatient treatment is not enough

PTSD Clinic

- The PTSD Clinic is a specialty service within the Mental Health Clinic
- PTSD has specialized, evidence-based therapies with psychologists and clinical social workers to address the common problems related to posttraumatic stress.
- PTSD clinic works with Veterans experiencing posttraumatic stress related to military combat, warzone and mortuary affairs service.
- Many of the treatment options in the PTSD clinic involves small groups that focus on how to cope and manage the current trauma related problems that interfere in life. War stories and details about the trauma are not disclosed in those group settings.

Military Sexual Trauma Treatment Program

Military Sexual Trauma (MST) is sexual assault or harassment that occurred during military service.

- Veterans from all types of backgrounds experiences MST:
 - All genders and ages, all ranks, branches, and eras of services
 - All racial and ethnic backgrounds
 - All sexual orientations
 - All religious backgrounds
 - all physical sizes and strengths
- MST Can occur at any time or place during your military services, such as while you're on or off duty, on or off base. The perpetrator(s) may or may not be someone you know and may be fellow services members or civilians.
- Both group and individual therapy treatment is available.

Dr. Sarah Raymond, MST coordinator 804 675-5000 ext. 3864

Substance Abuse Treatment Program

- SATP is comprised of mental health staff to support recovery from alcohol and drug use
- Veterans enroll in SATP by attending an orientation and intake
- Treatment options include:
 - weekly recovery groups
 - 3 day per week intensive outpatient programs
 - 28 day residential treatment program
 - Aftercare services
 - Sub Oxone and methadone maintenance program

Health Care for Homeless Veterans

- HCHV serves as a gateway to Veterans determined to be homeless to VA and community based homeless services
- **A person is considered homeless only when he/she resides in one of the places described below:**
- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- In an emergency shelter.
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- For example, a person being discharged from prison after more than 30 days is eligible ONLY IF no subsequent residence has been identified and the person does not have money, family or friends to provide housing.
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.

Health Care for Homeless Veteran is located in Room 1D-104

Walk in hours are 0900-1300 Monday through Friday

Contact at 804-675-2041

How to request mental health services

- There is no “wrong way” to seek help for a mental health concern
- Veterans can request mental health services:
 - Through their primary care providers or any other VA provider
 - By calling the MH Clinic at 804-675-5000, ext. 5411
 - Via a referral through the Veterans Crisis Line, when a Veteran is having suicidal thoughts
 - As a walk-in to Primary Care or the Mental Health clinic for urgent needs or concerns



Additional information and materials available at
<http://www.veteranscrisisline.net>

<http://maketheconnection.net>

<http://www.mirecc.va.gov/coaching/index.asp>

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Laura.Pond@va.gov
804-675-5000 ext. 4554

By the Numbers:

- 10% of the incarcerated population = Veterans in 2004
- 8% of the incarcerated population = Veterans in 2011-2012
- 10-12% of Iraq and Afghanistan Veterans have interacted with the justice system since returning from deployment

(Bronson et al., 2015; Elbogen et al., 2012; Noonan & Mumola, 2007)

By the Numbers:

- In 2007, 1.2 million Veterans were arrested (Patton, 2014)
- The primary reason Veterans are arrested is substance abuse (Beckerman, et al. 2009; Erickson, et al. 2008)
- The other major reason is PTSD

By the Numbers:

- 87% of Veterans in jail have a history of trauma
- 39% of Veterans in jail screen positive for PTSD
- More than 50% of Veterans in jail have more than one mental health problem
- Nearly 2/3 have a substance abuse problem
- 75% have co-occurring mental health and substance abuse problems

VJO Specialists:

- Operational since 2009
- Outreach to Veterans in contact with law enforcement, jails, and courts
- Goal is to provide timely access to VA services for eligible justice-involved Veterans to avoid unnecessary criminalization and incarceration of Veteran defendants and offenders with mental illness and/or traumatic brain injury (TBI).

VJO Specialists:

3 Areas of Focus:

Jails

Courts and Attorney's

Law enforcement

Video: *Suits*

Veteran Treatment Courts:

- First established in 2008 in Buffalo, NY
- Currently, there are 516 active Veteran Courts or Dockets throughout the country
- Rappahannock Regional Veteran's Docket
- Video: *Buffalo Treatment Court*

Contact Information:

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