

**VA**



U.S. Department  
of Veterans Affairs

# Public Health and the Importance of Community Partnerships

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*VISN 1 Regional Suicide Prevention Conference*

*Dr. Keita Franklin*

*June 26, 2019*

*Issue Overview:*

# Suicide Risk in the Veteran Population

# Suicide

- **National public health problem (as defined by CDC)**
  - 10th-leading cause of death in the U.S. (with around twice as many suicides as homicides)
    - 45,000 deaths per year (up almost 30 percent since 1999)
    - Costs \$69 billion annually
- **Veteran and service member issue**
- **Veteran populations at risk**
  - Younger Veterans
  - Women Veterans
  - Veterans in a period of transition
  - Veterans with exposure to suicide
  - Veterans with access to lethal means
  - “Other than honorable” discharges (“bad paper”)

# Risk and Protective Factors

## Risk

- Prior suicide attempt
- Mental health issues
- Substance abuse
- Access to lethal means
- Recent loss
- Legal or financial challenges
- Relationship issues
- Unemployment
- Homelessness

## Protective

- Access to mental health care
- Sense of connectedness
- Problem-solving skills
- Sense of spirituality
- Mission or purpose
- Physical health
- Employment
- Social and emotional well-being



**Goal:** Minimize risk factors and boost protective factors

# Important Figures



The rate of suicide was  
**1.8** *times higher among female Veterans compared with non-Veteran adult women.*  
\* after accounting for differences in age



The rate of suicide was  
**1.4** *times higher among male Veterans compared with non-Veteran adult men.*  
\* after accounting for differences in age



Male Veterans ages  
**18–34**  
*experienced the highest rates of suicide.*

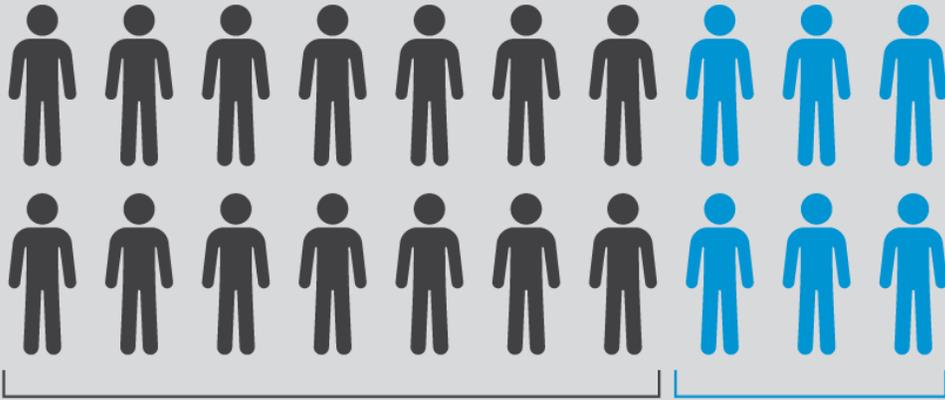


Male Veterans ages  
**55 and older**  
*had the highest count of suicide.*

**69%** *of all Veteran suicide deaths resulted from a firearm injury.*

# Important Figures

**20** Veterans die by suicide each day.



**14** *Of these Veterans are not under VHA care.*

**6** *Are in VHA care.*

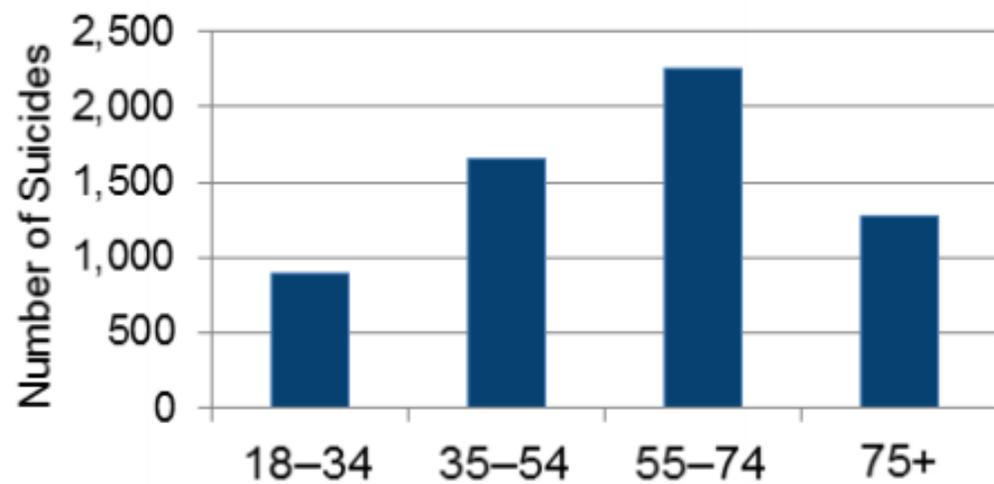
**123**

Americans die by suicide each day.

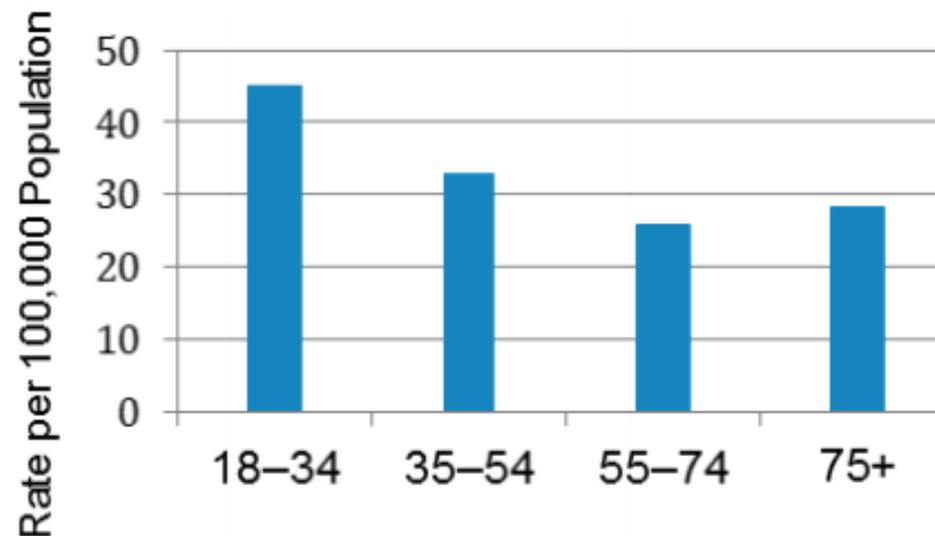
**1-2**

Active duty service members die by suicide each day.

## Veteran Suicide Deaths: Count vs. Rate (2016)

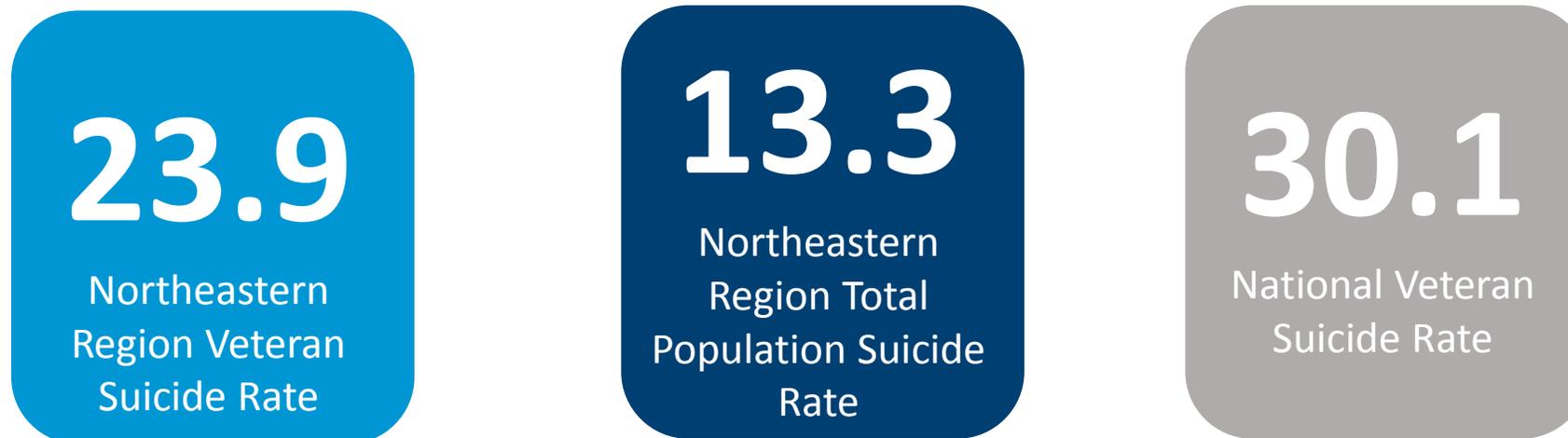


Older Veteran population accounts for the bulk of suicide deaths due to population size.



Younger Veteran population includes more recently transitioned Veterans and has a higher rate of suicide.

## Suicide Rate in the Northeastern Region



The Veteran suicide rate in the Northeastern region is **lower** than the national Veteran suicide rate but **higher** than the Northeastern region total population (Veterans and non-Veterans) suicide rate.

*VA Suicide Prevention Strategy*

# The Public Health Approach

# 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.

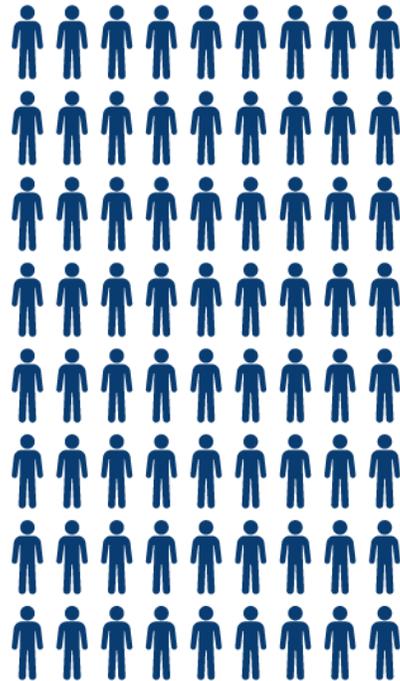


# A Comprehensive Program

## Health, Psychology, Sociology, Criminal Justice, Spirituality, and Business

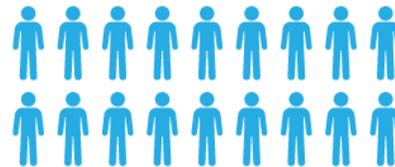


# National Academy of Medicine (NAM) Classification



## Universal (all)

Universal prevention strategies are designed to reach the entire Veteran population.



## Selective (some)

Selective prevention strategies are designed to reach subgroups of the Veteran population that may be at increased risk.



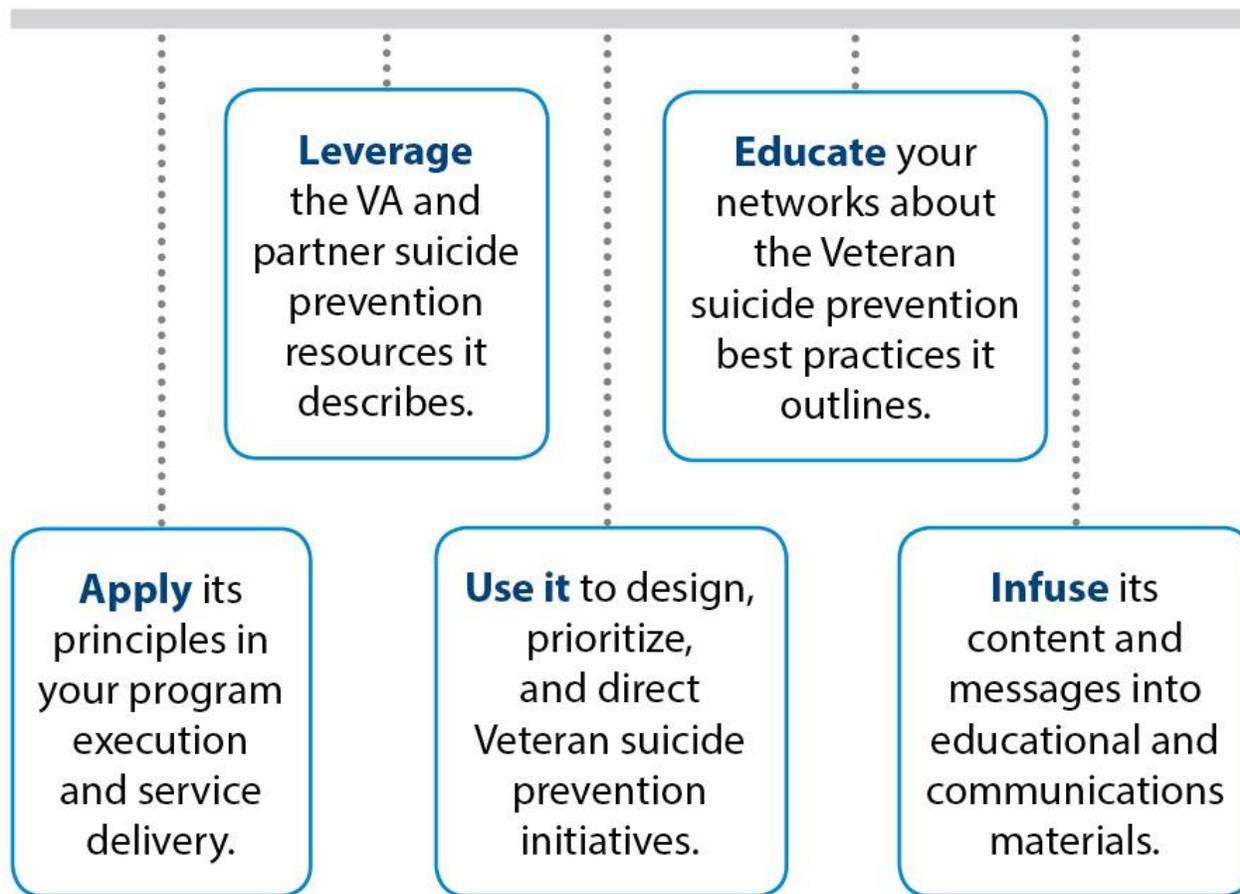
## Indicated (few)

Indicated prevention strategies are designed to reach individual Veterans identified as having a high risk for suicidal behaviors.

# Leveraging the Public Health Approach



# A Call to Action: How Can You Apply the National Strategy?



*Drilling Down:*

# Why Partnerships?

# Why are Partnerships Important in Suicide Prevention?

- Not all Veterans get services from VA.
- Veteran Suicide Organizations (VSOs) can help reach Veterans where they live, work, and thrive.
- VSOs can help Veterans feel more comfortable about reaching out to VA.
- Partnerships help VA amplify our **message**, extend to **populations** we wouldn't have reached, add **resources**, and enhance our **knowledge** and **data**.
- No single organization can tackle suicide prevention alone.

VSO programs address suicide risk factors, including:

- Claims and benefits (home loans, education, disability, compensation)
- Transportation for medical appointments
- Vocational rehabilitation and health care treatments
- Disaster relief grants for food and clothing
- Employment programs and job fairs
- Homelessness outreach (employment and temporary housing)



# National Partnerships Goals

- **Close gaps in the partnership portfolio.**
  - Compare new potential partnerships against the 14 sectors identified in the [National Strategy for Preventing Veteran Suicide](#) to ensure objectives align.
  - Focus on the needs of select higher-risk groups.
- **Strengthen existing relationships.**
  - Equip partners with knowledge and information to be action-oriented.
  - Increase understanding of how to implement the public health approach.
  - Expand programming and activities with partners.
- **Improve tracking and measurement.**
  - Sharpen the focus on outcomes and impact.

# Types of Partners

## Sectors identified by the National Strategy for Preventing Veteran Suicide:

Institutions of higher learning and other educational settings

Veterans and Military Service Organizations



Communications and media organizations



Law enforcement and criminal justice agencies



Faith-based organizations

Legal support service providers



Chambers of commerce



Federal government agencies

Health care organizations



Community service providers

Workplaces



State and local government entities

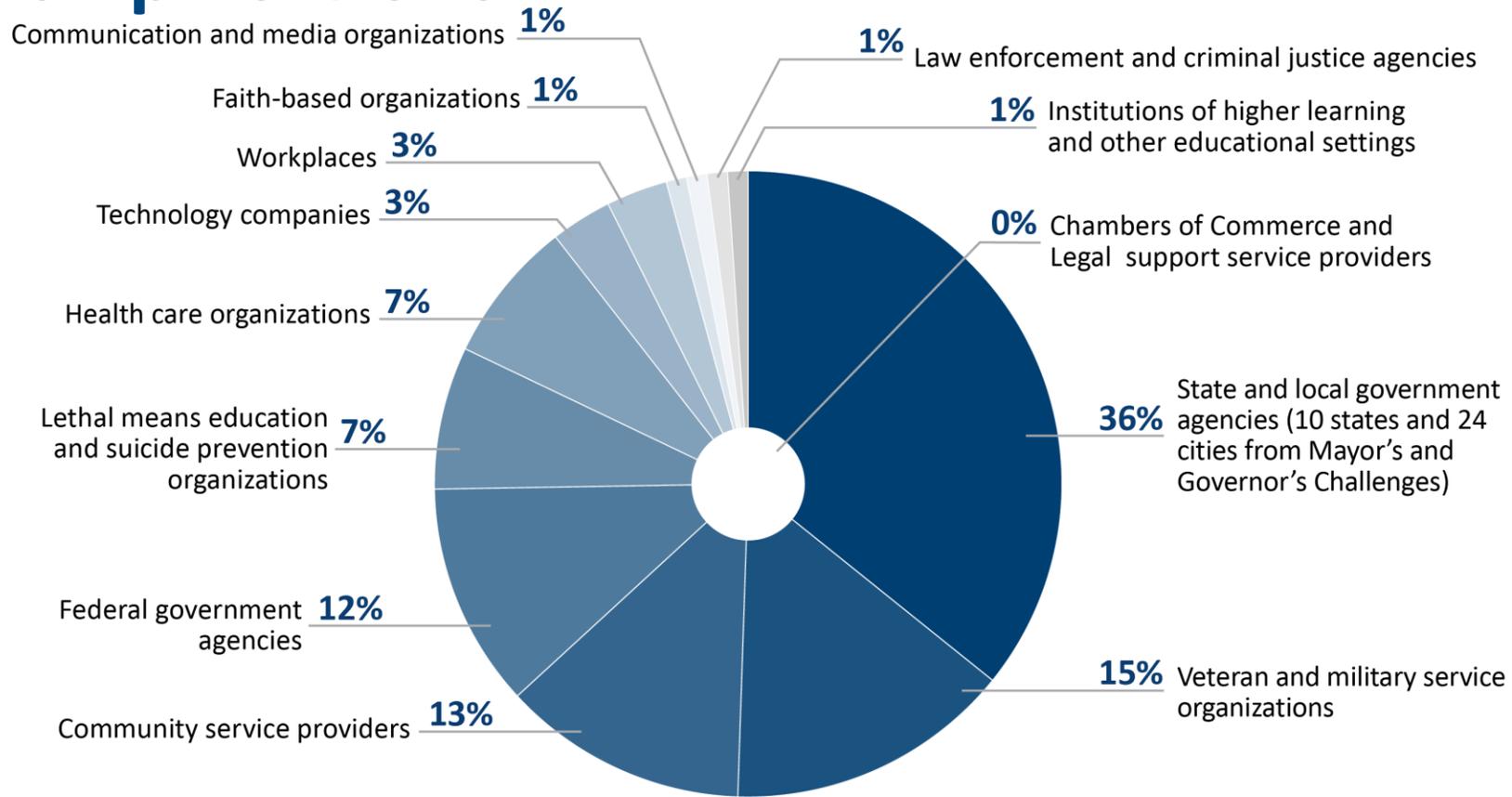


Technology companies



Lethal means education and suicide prevention organizations

# Partnership Portfolio



**64** total partnerships, **34** formalized (MoU or MoA in place)  
**2 of the 14** sectors are currently without partnerships  
 (Legal Support Service Providers and Chambers of Commerce)

# Working with the Media & Removing the Stigma

- How we communicate about suicide — both with the media and in prevention materials — matters.
- Public education and awareness are key to preventing misperceptions and correcting myths about suicide, which, in turn, can encourage those who are vulnerable or at risk to seek help.
- Research has shown that safe and accurate reporting of suicide reduces the risk of contagion and helps encourage help-seeking behavior.

## Suicide rate is slowly rising

### People who attempted suicide as youths trace their recovery

By **LESLIE SCRIVENER** Feature Writer

**After tragedies, campus begins healing process**



MEDIA CREDIT: CAMERON LANCASTER | ASSISTANT PHOTO EDITOR

Family, friends and administrators gathered last month to remember freshman Benjamin Asma and senior Lynley Redwood, who both committed suicide.

# Partnering to Promote Safe Messaging

You can help communicate safe messaging best practices by:

- Hosting a **safe messaging webinar** for your local media networks.
- Writing **letters to your local media** when you recognize unsafe messaging in the news and include a copy of VA's Safe Messaging Best Practices Fact Sheet.
- Implementing an **awareness campaign** in your community and through your networks about best practices.
- Publishing **good news stories** and posting on your **social media channels** messages of hope and recovery.

Read the Safe Messaging Best Practices Fact Sheet at [www.mentalhealth.va.gov/suicide\\_prevention/resources.asp](http://www.mentalhealth.va.gov/suicide_prevention/resources.asp)

# Safe Messaging Examples

## Safe messaging:

- Encourages hope.
- Celebrates life.
- Helps people understand that suicide is preventable and mental illnesses are treatable.
- Reports on suicide as a public health issue

## Unsafe messaging:

- Discourages people from seeking help.
- Romanticizes death.
- Reinforces inaccurate beliefs that nothing can be done about suicidal ideation or behaviors.
- Reports on suicide in a similar matter as reporting on crimes.

Read the Safe Messaging Best Practices Fact Sheet at [www.mentalhealth.va.gov/suicide\\_prevention/resources.asp](http://www.mentalhealth.va.gov/suicide_prevention/resources.asp)

# Case Study – Media Roundtable

- VA and the Action Alliance recently hosted a “**Safe Messaging to Prevent Veteran Suicide Media Roundtable**” for reporters, VSOs, and other community partners to discuss the important role the media plays in influencing suicidal behavior.
- The roundtable featured speakers from VA, Education Development Center, Inc, Suicide Awareness Voices of Education, the Tragedy Assistance Program for Survivors, the Military Times, and the Action Alliance for Suicide Prevention.
- Attendees were invited to ask questions about why safe reporting matters and were offered interviews with experts following the event.

You can watch the roundtable on the Action Alliance YouTube page or at:  
[www.youtube.com/watch?v=oKhIR-kAhLE&](https://www.youtube.com/watch?v=oKhIR-kAhLE&)

## Case Study – Partnering Across Sectors: NSSF, AFSP, and VA

- VA has partnered with the American Foundation for Suicide Prevention (AFSP) and the National Shooting Sports Foundation (NSSF) on a program to **facilitate community engagement** in suicide prevention and **safe storage of firearms** —with the goal decreasing the risk for firearm suicide among service members and Veterans.
- The objectives of this program are to:
  - **Educate the community** about the importance of safely storing firearms when not in use and motivate participation in safe storage practices.
  - **Increase awareness** that suicide is preventable and endorse the role of safe storage to prevent firearm injury.
  - **Educate firearm owners**, family members, and friends about ways they can help prevent suicides by firearm.
- VA, NSSF, and AFSP developed an online toolkit called: *Suicide Prevention is Everyone’s Business: A Toolkit for Safe Firearm Storage in Your Community*.

Find the toolkit at: [www.nssf.org/safety/suicide-prevention-toolkit](http://www.nssf.org/safety/suicide-prevention-toolkit)

# Case Study – Technology Partners

- *These partners provide avenues for SPCs to get involved with national partners by encouraging the Veterans and families they interact with to use the technology provided by these partners.*
- **CaringBridge**
  - CaringBridge is a global nonprofit and social network that lets people who are facing health issues create private websites to connect and communicate with family and friends.
  - Encourage Veterans and their families to create a CaringBridge page at: <https://www.caringbridge.org/military-service>.
- **Objective Zero Foundation**
  - The Objective Zero app connects service members and Veterans, as well as their families and caregivers, with peer support and wellness resources through videoconferencing, voice calls, and text messaging.
  - Encourage Veterans and their families to download the Objective Zero app at: <https://www.objectivezero.org/app>.

# Increasing Your Local Partnerships

# Evaluating Current Program and Outreach Efforts

- Before establishing new partners, it is important to understand what is working (or not working) within your program.
- **Analyze the program's strengths and weaknesses.**
  - Identify possible gaps in outreach efforts with regard to sectors and populations.
- **Evaluate existing partnerships and define the value they provide.**
  - Compare your existing partners against the 14 sectors established for partner outreach to ensure objectives align.
  - Review activities to see which partners are making measurable differences. Assess whether any partnerships are not valuable.
- **Identify your bandwidth and the resources you can provide as a partner.**
  - Determine your program's readiness to take on new partners and identify what resources **you** can provide as a partner to others.

# Identifying New Potential Partners

- Once you have identified the gaps in your current program, you can start to develop your partnership outreach strategy.
- **Leverage VA resources to inform your strategic thinking.**
  - Identify the needs of local populations by using VA's [state data sheets](#).
  - Refer to the [National Strategy for Preventing Veteran Suicide](#) to ensure your alignment with its strategic objectives.
  - Host conversations with local leaders and community members to gain further insights into outreach needs.
  - Have the identified stakeholders provide input to accurately capture their interests and determine the feasibility of the partnership.
- **Use available resources to locate potential partners.**
  - Use the [VA Resource Locator](#), the [National Resource Directory](#), and the [SAMHSA Resource Locator](#) to find local chapters of aligned organizations.

# Vetting Possible Partners

- Not every potential partnership may be worthwhile, given limited time and resources. Before officially launching a new partnership, be sure to go through a proper vetting process to evaluate fit.
- **Research potential partners and evaluate how they align with VA's mission.**
  - Assess the organization type, mission and culture, areas of focus, available resources, location, and policy and provisions.
  - If applicable, fill out the due diligence worksheet to determine whether the potential partnership may be a good fit.
- **Develop a process for managing partnership requests.**
  - Designate an intake lead to manage requests and set priorities, while mapping incoming requests to strategic goals.
  - Get to know your local Voluntary Service Chief and Public Affairs team to learn more about gifts.

# Sample Asks of Partners

- Share information about the partnership and content from the #BeThere campaign through the organization's outreach emails, newsletters, social media, and website.
- Display #BeThere campaign images, Veterans Crisis Line (VCL) information, PSAs, and the public health approach video on website homepages.
- Provide information tables on Veteran suicide prevention at events, sharing VA communications materials.
- Invite local SPCs and other VA experts to speak at the organization's conferences.
- Provide S.A.V.E. training to the organization's employees or volunteers.
- Share data and knowledge with VA on specific areas of expertise or the population served.

# Partnerships Discussion

What types of partners have you found most useful to your work?

- a) Lethal means education
- b) Institutions of higher learning
- c) Faith-based organizations
- d) Legal support service providers
- e) Communications and media organizations
- f) State and local government entities
- g) Chambers of commerce

Are you part of any formal or informal partnerships?

- a) Formal
- b) Informal
- c) Both

What hurdles have you found most frustrating?

- a) Finding valuable partners
- b) Formalizing partnerships
- c) Communications between partners
- d) Analyzing the effectiveness of partnerships
- e) Other

# Recently Released VA Suicide Prevention Resources

# Never Federally Activated Former National Guard or Reserve Members Toolkit

- In 2016, former Guard and Reserve members who were never federally activated constituted about **10 percent** of the total number of suicides among current and former service members.
- VA recently developed and published an **online toolkit** for former Guard and Reserve members who were never federally activated, their families, and their providers.
  - The toolkit highlights a variety of mental health and suicide prevention resources available through VA and in the community.
  - The toolkit can be found at: [www.mentalhealth.va.gov/suicide\\_prevention/resources.asp](http://www.mentalhealth.va.gov/suicide_prevention/resources.asp).
- The **Vet Centers' Readjustment Counseling Services** provide a full spectrum of counseling services to Guard and Reserve members through 300 Vet Centers, 80 Mobile Vet Centers, and the Vet Center Call Center (**877-WAR-VETS**, or 877-927-8387).

# Social Media Safety Toolkit

- As discussed in the [National Strategy for Preventing Veteran Suicide](#), social media is an important intervention channel and a key piece of VA's comprehensive, community-based suicide prevention strategy.
- The Social Media Safety Toolkit for Veterans, Their Families, and Friends equips everyone with the knowledge needed to respond to social media posts that indicate a Veteran may be having thoughts of suicide.
- The toolkit includes best practices, resources, and sample responses.



*#BeThere*



Download at [https://www.mentalhealth.va.gov/suicide\\_prevention/docs/OMH-074-Suicide-Prevention-Social-Media-Toolkit-1-8\\_508.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-074-Suicide-Prevention-Social-Media-Toolkit-1-8_508.pdf)



# Suicide Postvention Podcasts

- The Rocky Mountain MIRECC recently released podcasts on postvention hosted by Dr. Sarra Nazem.
- The podcasts feature discussion from Dr. Nazem and experts in the field of suicide postvention on the following topics:
  - The experience of losing family or friends to suicide
  - The professional and personal impact of losing a patient to suicide
  - How to manage legal and ethical concerns after a suicide loss
  - Implementing postvention practices in medical, mental health, military, school, community and workplace settings.

Podcasts are available on the Rocky Mountain MIRECC Short Takes on Suicide Prevention Channel.

<https://www.mirecc.va.gov/visn19/education/media/#PostventionPodcasts>

# From Science to Practice

- VA recently launched a literature review series to help clinicians put suicide prevention research into action.
- The series translates evidence-based research into informative and practical steps that health care providers can use to help support their Veteran patients.

## Opioid Use and Suicide Risk



**Issue** People with severe or chronic pain are at increased risk for suicide.<sup>1,2,3</sup> But prescription opioids and their illicit relatives confer their own suicide risk and can be used to attempt suicide; they also pose the risk of unintentional overdose.<sup>4,5,6,7,8,9,10</sup>

**Key Findings**

Studies have found that suicides involving opioids constituted 4.3% of all suicides in 2014 and were involved in more than 40% of suicide and overdose deaths in 2017.<sup>11</sup> Even then, they are likely underreported.<sup>11,12</sup>

With the increased availability of both prescription and illicit opioids, suicides involving them have increased correspondingly in the general population.<sup>13</sup> Researchers found both past-year and weekly or more frequent prescription opioid misuse to be associated with suicidal ideation, suicide planning, and suicide attempts.<sup>14,15</sup> It also appears that one's risk for suicide increases as the daily dosage of opioids increases.<sup>7</sup>

**Risk Factors**

People with opioid use disorder (OUD) are 13 times more likely than those who do not have the disorder to die by suicide,<sup>16</sup> and Veterans Health Administration (VHA) patients are seven times more likely than commercially insured patients to be diagnosed with OUD.<sup>16</sup> Although the number of male Veterans with OUD who die by suicide is greater, the suicide rate among female Veterans with OUD is greater.<sup>17</sup>

People on a prescription opioid regimen, as well as those with OUD, who have co-occurring psychiatric conditions are at increased risk for suicide. Researchers have found an association between suicide attempts and depression, anxiety disorders, and personality disorders among opioid-dependent individuals.<sup>18</sup>

A VHA study showed Veterans were at increased risk of either unintentional overdose or suicide death within the first six months of either starting or stopping prescription opioid therapy.<sup>19</sup> The risk was more pronounced in Veterans with a mental health or substance use diagnosis. The all-cause mortality risk is highest in the first four weeks after treatment begins and ends.<sup>20</sup> Increased risk for suicidal ideation and behavior among Veterans continues in the 12 months after discontinuation of long-term prescription opioid treatment.<sup>21</sup>

**Implications**

People with chronic pain and those with OUD are overrepresented in the Veteran population, and they are at increased risk for suicide. It is important to distinguish between intentional and unintentional opioid overdoses, because they are distinct events with unique causes, correlates, outcomes, and prevention strategies.<sup>18,19,22</sup>

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Veterans Health Administration

[https://www.mentalhealth.va.gov/suicide\\_prevention/resources.asp](https://www.mentalhealth.va.gov/suicide_prevention/resources.asp)

# June is Pride Month

- Veterans with lesbian, gay, bisexual, transgender (LGBT), or related identities may face unique health challenges – including a higher risk for mental health issues and suicide ideation.
- SPP and the LGBT Health Program within the Office of Patient Care Services teamed up to develop the ***Connect. It can save a life.*** campaign to remind us that we can all ***#BeThere*** for Veterans with LGBT or related identities, connect them to valuable resources, and save lives.



**Connect.  
It can save a life.**

**#BeThere** for your peers  
with lesbian, gay, bisexual,  
transgender, or related identities.

[Bit.ly/ConnectToVA](https://bit.ly/ConnectToVA)

**#BeThere** VA  U.S. Department  
of Veterans Affairs

**[Bit.ly/ConnectToVA](https://bit.ly/ConnectToVA)**

# Public Health Video



# Questions?

# Thank you.

# Stay Connected

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