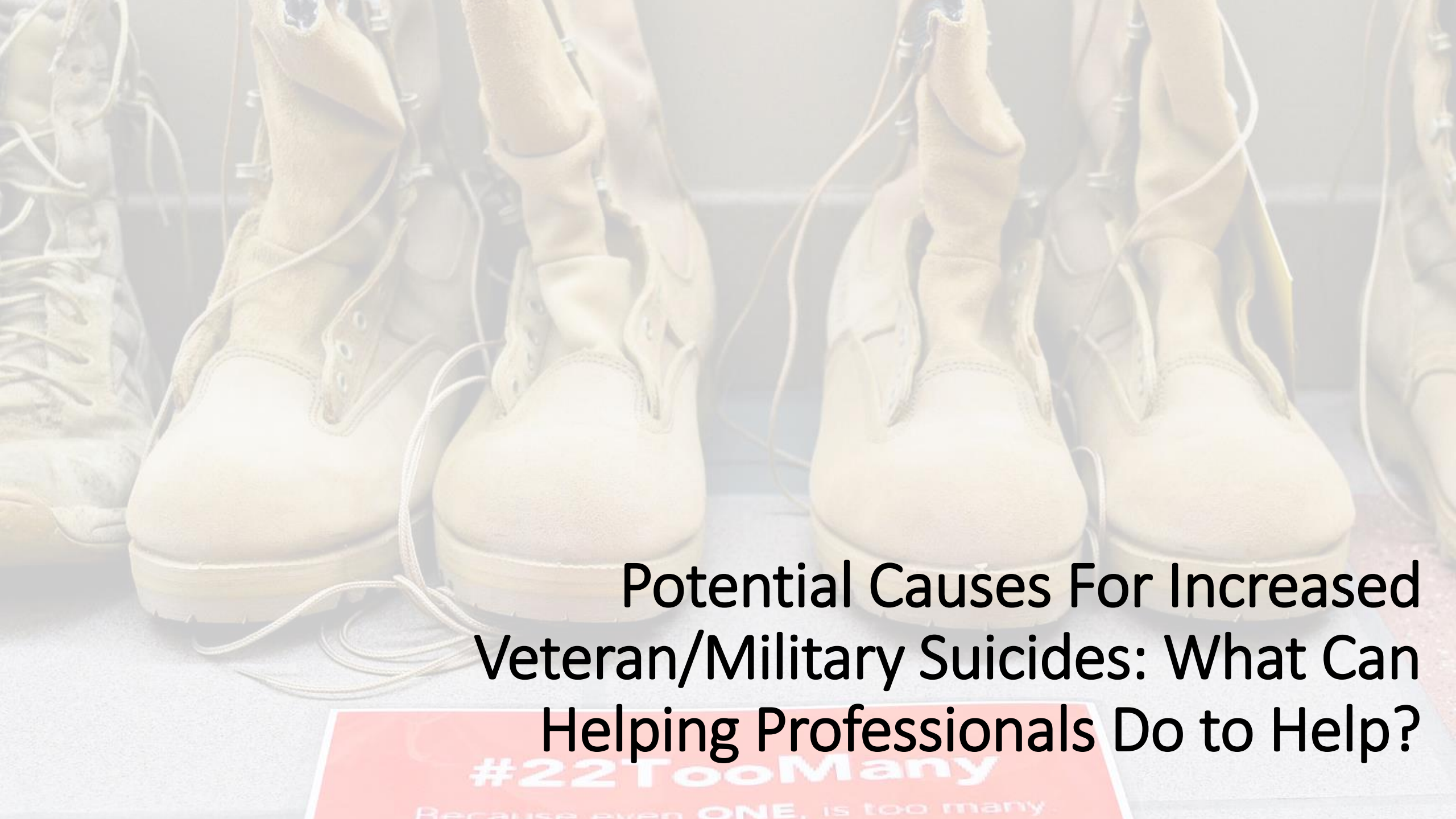


Potential Causes For Increased Veteran/Military Suicides: What Can Helping Professionals Do to Help?

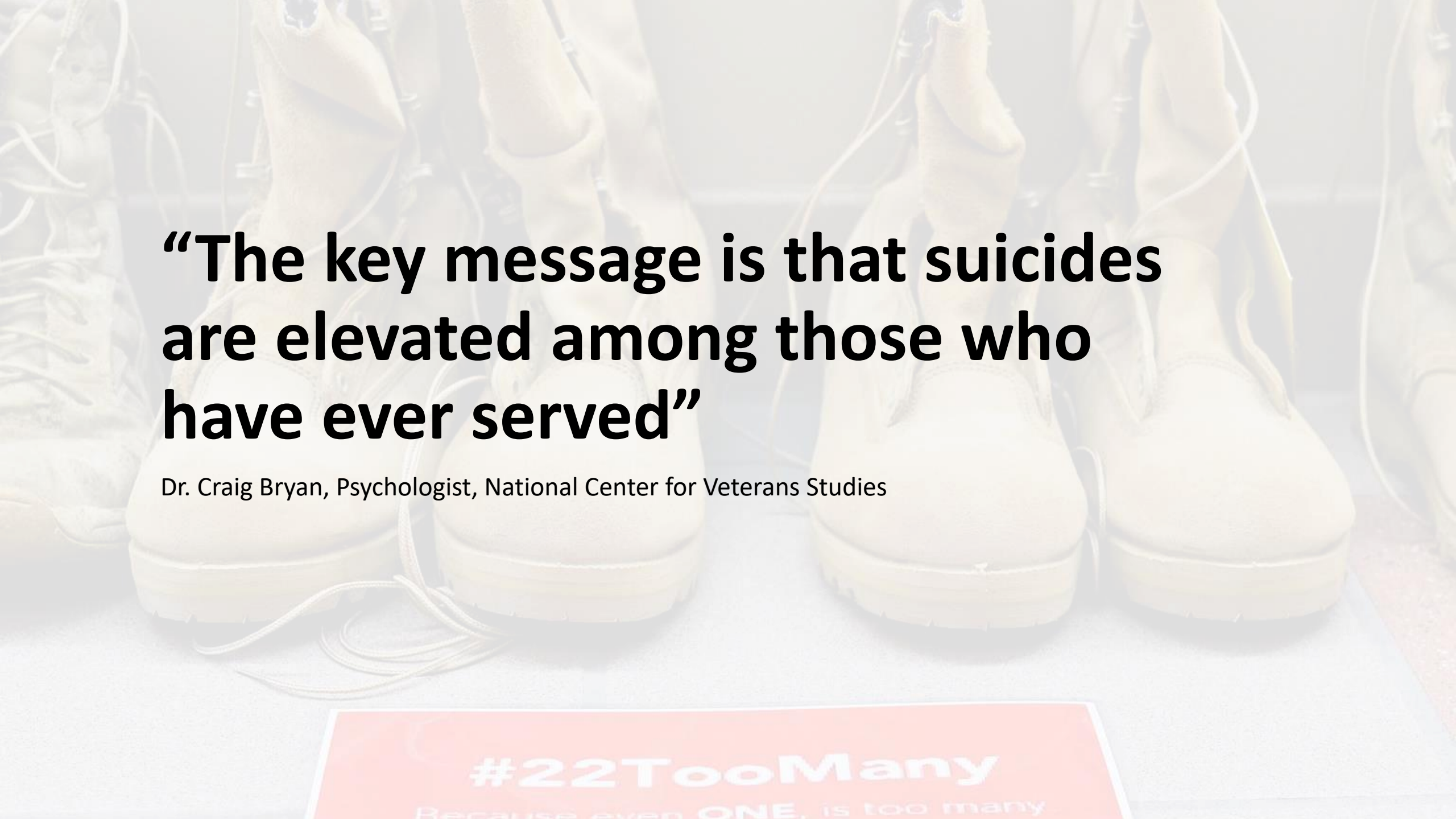
Most Current Rates of Suicide

- Average of 20 to 21 veterans/military members commit suicide every day
  - 16.8 were veterans and 3.8 were active-duty military members, guardsmen and reservists
  - Amounts to 6,132 veterans and 1,387 service members who died by suicide in 2015
  - The suicide rate among middle-age and older adult veterans remains high. In 2014, approximately **65 percent** of all veterans who died by suicide were age **50 or older.**
- Veteran suicide rates still higher than the rest of the population (particularly among women)

Sources: National Suicide Data Report and U.S. Department of Veterans Affairs

“The key message is that suicides are elevated among those who have ever served”

Dr. Craig Bryan, Psychologist, National Center for Veterans Studies



Potential Causes For Increased Veteran/Military Suicides (Potent Mix of Factors)

Potential Causes For Increased Veteran/Military Suicides (Potent Mix of Factors)

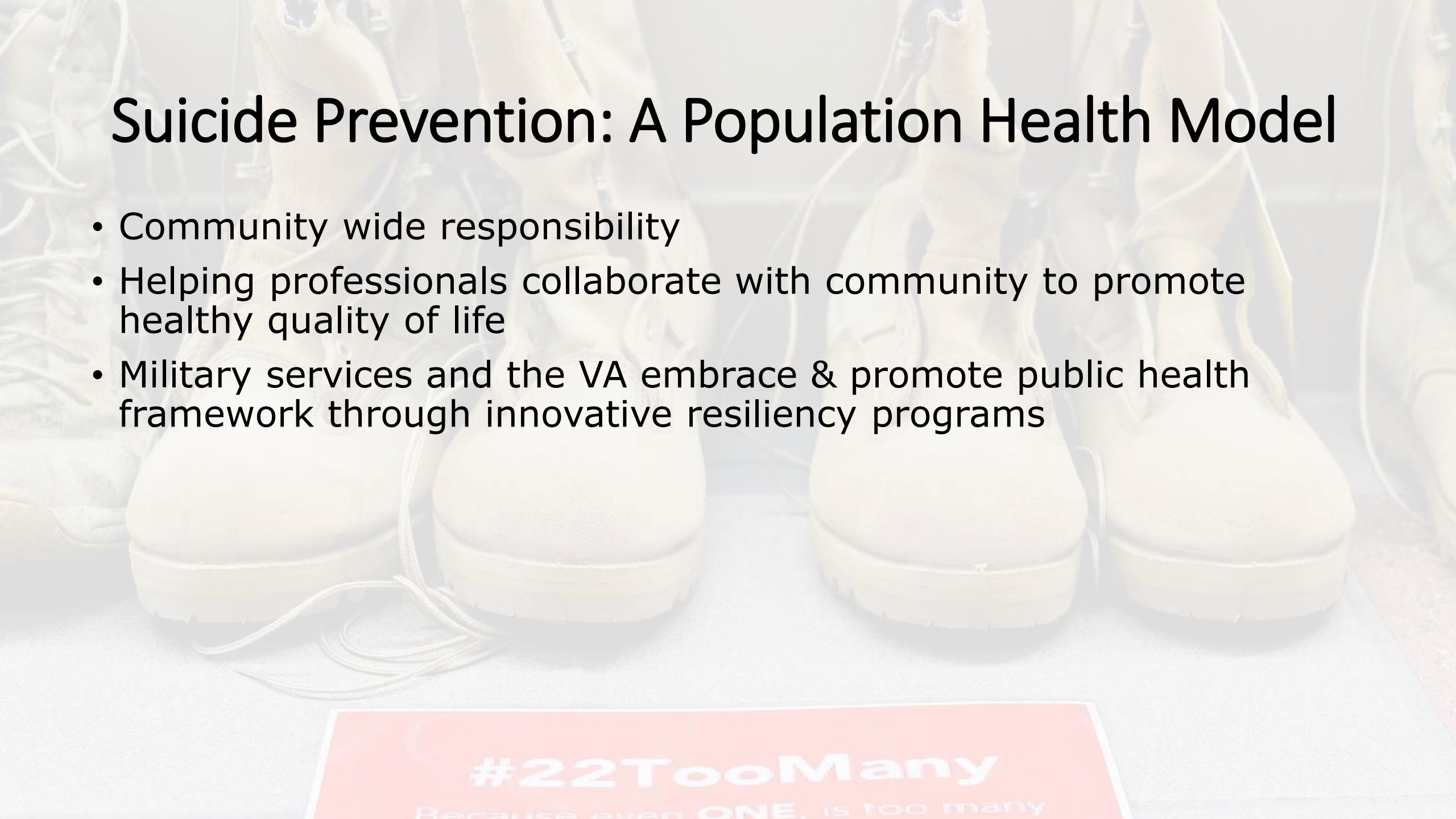
- Stigma associated with reaching out to mental health providers (culture greatly values stoicism)
- Not enough mental health providers
- PTSD and TBI (likely interactions)
- Impacts of deployments (i.e., relationship impacts)

Potential Causes For Increased Veteran/Military Suicides (Potent Mix of Factors)

- Inconsistent use of evidence based treatments in therapy
- Changed thoughts about death after combat exposure
- Periods of forced reduction
- Loss of camaraderie/connections after leaving military
- Dealing with adversarial VA compensation/benefits system

Suicide Prevention: A Population Health Model

- Community wide responsibility
- Helping professionals collaborate with community to promote healthy quality of life
- Military services and the VA embrace & promote public health framework through innovative resiliency programs



Virtual External Facilitation to Enhance Implementation of Suicide Prevention Outreach in the Department of Veterans Affairs: Partnered Research Outcomes and Perspectives from Various Stakeholders

REACH VET
Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment
Predictive Analytics for Suicide Prevention

September 2017

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Background: The Predictive Model

- Developed by VA and NIMH researchers
- Includes clinical and administrative data for each Veteran who utilizes VHA health care services

Calculated Risk

Outcome	Top .1% Top Risk
Suicide (one month)	33 x
Suicide (one year)	15 x
Suicide attempt (one year)	81 x

**As compared to overall VHA population*

Model Predictors

- Demographics (e.g., age >= 80, male, married)
- Prior suicide attempts
- Diagnoses (e.g., depression, diabetes, homelessness)
- VHA service utilization (e.g., emergency dept visit, psychiatric discharge)
- Medications (e.g., antipsychotics, opioids, statins)
- Interactions (e.g., anxiety disorder x personality disorder, widowed x male)

McCarthy et al., 2015

REACH VET Steps

REACH VET Coordinators

1. Access the dashboard
2. Identify appropriate provider
3. Communicate with identified provider
4. Document in EMR

MH and Primary Care Providers

1. Receive notification about a high risk Veteran
2. Re-evaluate care
3. Consider treatment enhancement strategies
4. Outreach the Veteran
5. Document in EMR

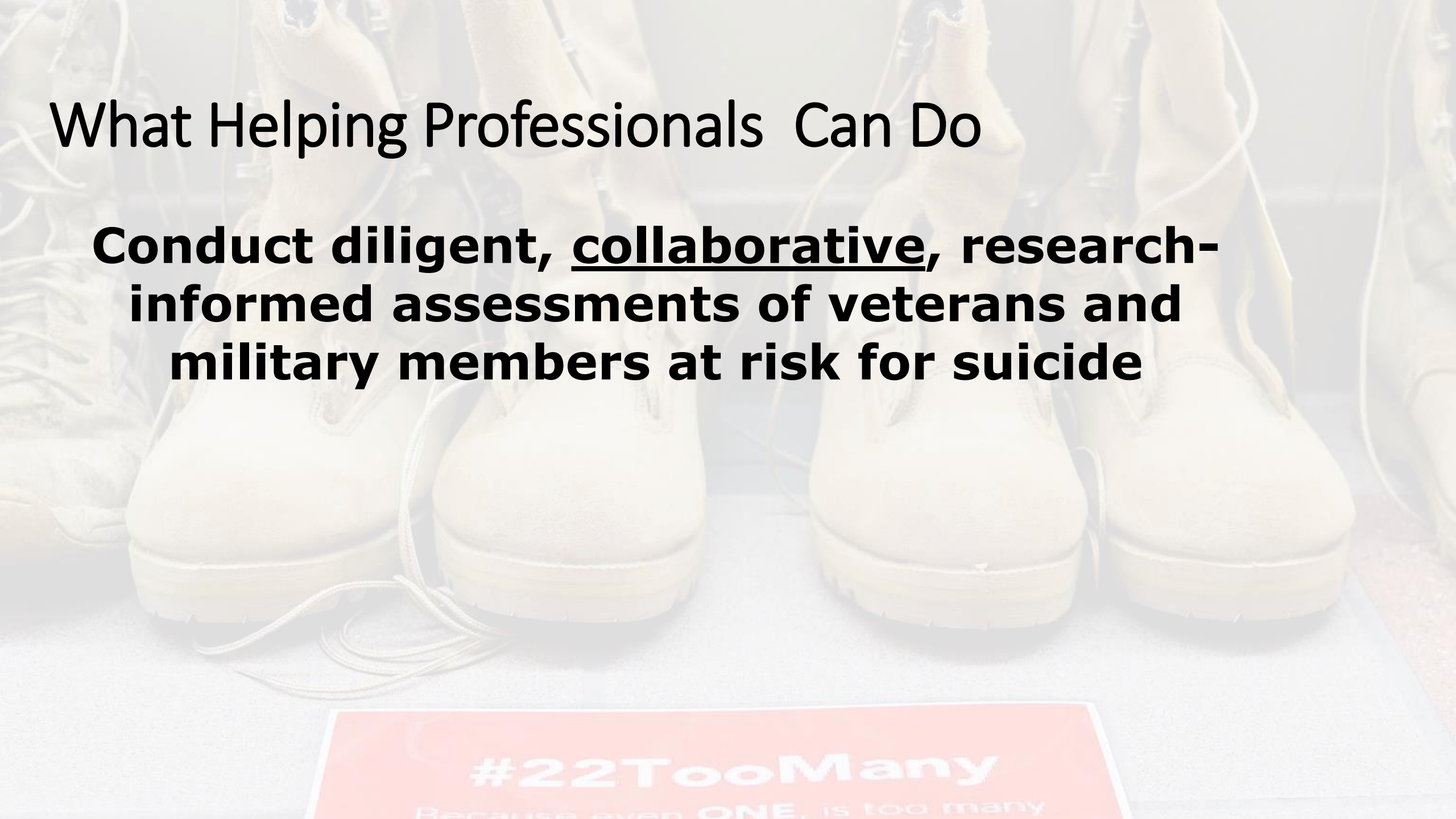
What Helping Professionals Can Do

- **Learn and use research-based interventions in their practice**

- **Help clients learn and practice:**
  - **New coping skills to manage moods/suicidal thoughts**
    Manage their PTSD responses/symptoms
  - **Foster client re-connection to primary relationships**
- **Foster closer connections between the veterans they know and work with**

What Helping Professionals Can Do

Conduct diligent, collaborative, research-informed assessments of veterans and military members at risk for suicide



Suicide Assessment

- **Core function for Helping Professionals: evaluating risk of suicide with pop.**
- **Be flexible & adaptable (various environments)**
- **Challenging factors include:**
  - **Need to carry a weapon and popularity of weapons in this population**
  - **High level of mobility**
  - **Stigma of treatment as having a negative impact**