2012 Suicide Data Report

VHA Response and Executive Summary

The 2012 Suicide Data Report contains prevalence data and characteristics of suicide among Veterans and evidence of change in outcomes among Veterans at risk for suicide. Included in this report are an overview and analysis of information collected through collaborative data sharing agreements with U.S. states, reports of non-fatal suicide events among Veterans using VHA services and analysis of data obtained from the Veterans Crisis Line. VHA acknowledges the strengths and limitations of the report, which provided early findings of the suicide data project and related data and agrees with the conclusions of the report.

Data collected through the Department of Veterans Affairs' (VA) initiatives identify opportunities for the continued support and development of new prevention programs. Major findings of the report include:

- While the percentage of all suicides reported as Veterans has decreased, the number of suicides has increased.
- A majority of Veteran suicides are among those age 50 years and older. Male Veterans who die by suicide are older than non-Veteran males who die by suicide.
- The age distribution of Veteran and non-Veterans women who have died from suicide is similar.
- The demographic characteristics of Veterans who have died from suicide are similar among those with and without a history of VHA service use.

- Among those at risk, the first 4 weeks following service require intensive monitoring and case management (which verifies the importance of the Enhanced Care Package for those at high risk).

- There is preliminary evidence in 2012 indicating a decrease in the rate of non-fatal suicide events for VHA utilizing Veterans.

- Decreasing rates of non-fatal suicide events are associated with increasing age.

- The data show a decrease in the 12 month re-event prevalence in fiscal year (FY) 2012.

- The majority of Veterans who have a suicide event were last seen in an outpatient setting. A high prevalence of non-fatal suicide events result from overdose or other intentional poisoning.

- Continued increases in calls to the Veterans Crisis Line may be associated with efforts to enhance awareness of VHA services through public education campaigns.

- The majority of callers to the Veterans Crisis Line are male and between the ages of 50-59.

- Differences in the age composition of callers to the Veterans Crisis Line are associated with gender.

- A large percentage of callers to the Veterans Crisis Line are identified as Veterans.

- Approximately 19 percent of callers to the Veterans Crisis Line call more than once each month.

- The percentage of callers to the Veterans Crisis Line who are currently thinking of suicide has decreased.

- The percentage of all calls resulting in a rescue has decreased, indicating that the calls are less emergent and callers are using the Crisis Line earlier.

- The percentage of callers receiving a referral for follow-up care is increasing.

- Approximately 93 percent of all Veterans Crisis Line referrals are made to callers with a history of VHA service use in the past 12 months.

- Service use continues to increase following a referral for care.

- Between FY 2009 – FY 2011, use of inpatient and outpatient services increased following a rescue.
- The 12 month re-event prevalence has decreased among those who have been rescued or received a referral for follow-up care.

Although this was not a research-based analysis and there are significant limitations in the data that are available, as described in the report, this first attempt at a comprehensive review of Veteran suicide does provide us with valuable information for future directions in care and program development. While the numbers of Veterans who die from suicide each day has remained relatively stable over the past 12 years (varying from 18 -22 per day), the percentage of people who die by suicide in America who are Veterans has decreased slightly. At the same time, the number of Americans who die by suicide each day has increased. This provides preliminary evidence that the programs initiated by VA are improving outcomes. VA must continue to provide a high level of care, and recognize that there is still much more work to do. As long as Veterans die by suicide, we must continue to improve and provide even better services and care. This report provides us with valuable information about opportunities to do even better work and take further action.

VA has indentified the following immediate actions to take in response to the report:
Action #1: A taskforce designed to provide recommendations for innovating mental health care in VA has been established and will be given this report to help guide its work. A report from this inter-agency group will be forthcoming to the inter-agency task force developed to implement President Obama's Mental Health Executive Order, which is highly focused on suicide prevention. The work of this group includes

developing action plans to address risk in a broader sense for all patients in both mental health and non-mental health settings. This includes reassessing the value of traditional suicide risk assessments and screening (which is done now extensively in VA), and adding ways to identify life stressors and concerns earlier. Improving risk identification through these alternative approaches and increasing the numbers of Veterans who are engaged in the enhanced follow-up program may address that identified sensitive time period following VA contact as an outpatient as well as for inpatients. A full report with risk identification strategies and patient-centered focused care options will be provided no later than March 1, 2013, to VA's Under Secretary for Health.

Action #2: Population groups indentified in the report that require additional interventions and engagement include women Veterans and Vietnam Era Veterans. Additional VA training programs will be developed targeting providers of these groups of patients and Suicide Prevention Coordinators will be provided materials to do "refresher" training on suicide risk awareness and risk assessment for all staff. These materials will be developed and released to the field no later than June 1, 2013.

Action #3: Outreach remains critically important. Knowing that VA treatment strategies are effective provides an impetus to get more Veterans involved in treatment programs earlier. Maintaining the availability of the Veterans Crisis Line to address all areas of concern for Veterans is valuable. Our communication and outreach strategies appear to be effective in this area – we should continue our work and expand in this area. This

is an on-going action item and congruent with the milestones currently set in the Mental Health Executive Order.

Action #4: VA recognizes its role and responsibility in maintaining the safety and well-being of our Nation's Veterans of all eras. We will diligently continue to pursue successful and effective interventions for those Veterans at risk for suicide and those suffering from mental health related concerns through research and practice, using all available information and data. We will continue to add to this information base as data continues to become available and provide updates to this on-going report. This is an on-going action item. A follow-up to this report is expected in May of 2013 as the VA/Department of Defense Suicide Repository is completed and additional data from the Centers for Disease Control and Prevention is obtained and analyzed.

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