

Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families in Virginia

Background of the Governor's Challenge

The United States Department of Veterans Affairs (VA) Veterans Health Administration (VHA) has partnered with the Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) through a call to action for state and local communities to implement the VA's [2018-2028 National Strategy for the Prevention of Veteran Suicide](#). The aim of the National Strategy is to prevent suicide among at-risk Service Members, Veterans, and their Families (SMVF) using a comprehensive public health approach. The National Strategy provides a framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention. This initiative advances the National Strategy by facilitating state-wide policy to practice implementation plans.

Suicide is the 10th leading cause of death in the Nation. According to 2016 Center for Disease Control (CDC) data, 44,964 people died by suicide, compared to 42,249 who died from opioids¹. The VA estimates that 20 veterans die by suicide every day; of the 20, only 6 were connected with the VA for healthcare prior to their deaths². According to the Virginia Violent Death Reporting System (VVDRS), 3,019 veterans or service members died by suicide in Virginia from 2003 to 2016³. In 2016, suicide deaths among Virginia Veterans were the highest yet with 248 taking their own lives accounting for 22% of total suicide deaths. The use of a firearm is the lethal means in most veteran suicide deaths with 72% dying by firearm compared to approximately 50% for civilians. Building on the success of the Mayor's Challenge to Prevent Suicide among SMVF, state-level policy makers are partnering with federal, state, and local leaders to implement a comprehensive plan informed by lessons learned and evidenced-based best practices in the Commonwealth of Virginia.

Key Issues for SMVF in the Community Crisis System

- There is a lack of education and communication between military-related and civilian healthcare providers, as only 8% of behavioral health providers (not VA or TRICARE affiliated) report having high military cultural competency⁴.
- Many community providers lack awareness of the number of veterans they are serving and of the resources available to them.
- Community programs and services within often duplicate efforts or create gaps due to a lack of collaboration.
- Partnerships are key across healthcare and community supports for the best outcomes.
- Follow-up contact (caring contact) protocols are critical after treatment as this is one of the highest risk periods of a crisis – risk of suicide death is the highest within the first 30 days of discharge⁵.
- Veteran and family member peers can support clinicians/crisis treatment facilities in providing trauma-informed care and promote recovery and community re-integration.

¹ "National Suicide Statistics". Center for Disease Control. <https://www.cdc.gov/violenceprevention/suicide/statistics/index.html>.

² "VA Releases Veteran Suicide Statistics by State". 15 September 2017. U.S. Department of Veterans Affairs. Office of Public and Intergovernmental Affairs. <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2951>.

³ Virginia Violent Death Reporting System, Office of the Chief Medical Examiner, Virginia Department of Health. A National Violent Death Reporting System project. <http://www.vdh.virginia.gov/medical-examiner/fatality-review-surveillance-programs-reports/virginia-violent-death-reporting-system>.

⁴ Tanielian, T., Farris, C., Epley, C., Farmer, C., Robinson, E., Engel, C., Robbins, M., Jaycox, L. (2014). Ready to serve. RAND.

⁵ "Suicide Prevention". SAMHSA-HRSA Center for Integrated Health Solutions. <https://www.integration.samhsa.gov/clinical-practice/suicide-prevention-update>

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The Governor's Challenge in the Commonwealth of Virginia

Governor Ralph Northam is a physician and Army veteran who understands, first-hand, challenges that service members may face while on active duty, in their transition to civilian life, and beyond. He has made veterans' health issues, particularly behavioral health, a top priority of his administration. The Virginia Governor's Challenge is co-led by the Secretary of Veterans and Defense Affairs, Carlos Hopkins, and the Secretary of Health and Human Resources, Dr. Daniel Carey. The team membership includes federal agencies, including Veterans Affairs (VA) and the Department of Defense; state agencies, including the Virginia Department of Veterans Services (DVS), the Virginia National Guard, the Virginia Department of Behavioral Health and Developmental Services, the Virginia Department of Health, the Virginia Department of Social Services, the Virginia Department of Medical Assistance Services, and Virginia State Police; and other health partners including the Virginia Hospital and Healthcare Association and National Alliance on Mental Illness, and Richmond Behavioral Health Authority.

The theme of the Virginia Governor's Challenge is the "3Cs – Care, Connect, and Communicate":

- *Care*: The provision of accessible and culturally competent behavioral health services.
- *Connect*: Bringing military/veteran specific and community services together; forming systemic partnerships.
- *Communicate*: Educating the SMVF population on resources and behavioral health providers on military culture and suicide prevention best practices.

Key Strategy Highlights for 3Cs:

- *Care Strategy*: Identify and support SMVF at risk of suicide through Asking the Question – Have you or a family member served in the military? – and suicide risk screening in community services.
- *Connect Strategy*: Increase engagement between Veterans Health Administration (VHA), Virginia Department of Veterans Services (DVS), and partner organizations for SMVF referrals.
- *Communicate Strategy*: Expand lethal means safety (particularly firearm safety) training to community stakeholders.

It is imperative that organizations know the populations that they serve. Screening for military/veteran/family member status and suicide risk is an essential first step in getting behavioral health and support services to Military Service Members, Veterans, and their families (SMVF). Once identified, there must be efficient connections to services, as SMVF seek assistance through various sources. The Virginia Governor's Challenge team is ensuring that initiatives are in place to meet military and veteran families where they *live, work, and thrive*.

Conclusion

Building suicide safe communities with efficient access to care is essential to ensure that the Commonwealth of Virginia is the most military and veteran-friendly state in the Nation. Suicide CAN be prevented if all parties take part.