

The Veterans Affairs Patient Safety Center of Inquiry—Suicide Prevention Collaborative: Creating Novel Approaches to Suicide Prevention Among Veterans Receiving Community Services (2020)

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RESEARCH BRIEF

The majority of veterans are not enrolled in Veterans Health Administration (VHA) care, and many are ineligible for services. Veterans not connected to VHA have experienced an increase in suicide in recent years

WHY IS THIS RESEARCH IMPORTANT?

- The US Department of Veterans Affairs has made **significant strides to prevent veteran suicide**, targeting veterans actively engaged in and eligible for Veterans Health Administration (VHA) care.
- **Since 2008, suicide has ranked as the tenth leading cause of death** for all ages in the US, with rates of suicide increasing more rapidly among veterans who are not connected to the VHA. Between 2005 and 2016, the number of veterans not enrolled in VHA care rose more quickly than did the number of veterans enrolled in VHA care.
- **Recent legislation has increased veterans' access to non-VHA health care**, however, **best practices** for suicide prevention are **not often implemented in the private sector**. Thus these systems are ill prepared to adequately meet the suicide prevention care needs of veterans.
- **Most non-VHA health care providers (HCPs) do not receive military cultural competence training.**

HOW WAS THE RESEARCH CONDUCTED?

The VHA Patient Safety Center of Inquiry-Suicide Prevention Collaborative (PSCI-SPC) was funded by the VHA National Center for Patient Safety, and aims to **fill the gap in community-based suicide prevention efforts for veterans**. The PSCI-SPC focused on three primary objectives: **1. Growing a community learning collaborative**, **2. Disseminating an implementation toolkit** and **3. Learning how to recognize and intervene with high risk veterans that are not receiving VHA care**. To take an in depth look at this process 13 influential community partners in Denver and Colorado Springs participated in qualitative interviews to identify where gaps and breakdowns were occurring.

OBSERVATIONS

- If veterans are not at imminent suicide risk, they are referred to the local suicide prevention coordinator and instructed to independently work toward determining their VHA eligibility, however, practices in supporting or giving a **community referral are not standardized across VA medical centers**.
- PSCI-SPC has **developed a brief intervention** to transition ineligible veterans to **long-term community treatment** and provide them with additional resources to meet their varied needs. The brief 1-3 session intervention combines practices from **Brief Cognitive Behavioral Therapy (BCBT)** for suicide prevention, **Crisis Response Planning (CRP)**, and **intensive case management within a Zero Suicide framework**.
- The VHA has developed and is piloting an initiative focused on restructuring its intensive case management services. **RACETIME to Integrated Care** is a framework that assists VHA case managers in transitioning from a traditional case management lens to a **more integrated and holistic method of care**.

ACTION STEPS

- Suicide prevention may be improved by **adapting current suicide prevention practices, including evidence-based interventions**, and the new VHA intensive case management program, within a Zero Suicide framework.
- **Improving suicide prevention for veterans who receive non-VHA health care is essential** to significantly reduce veteran suicide rates.
- **Creating a collaborative that will connect the VHA and community organizations** can create a seamless path of communication among important entities that impact veterans. This can lead to better utilization of resources and more appropriate referrals throughout systems that interact with veterans.