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U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Rural Health

5.3 Preventing Veteran Suicide

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Preventing Veteran Suicide is a High Priority

The U.S. Department of Veterans Affairs identified in its 2018–2024 strategic plan that preventing veteran suicide is its highest clinical priority (Figure 5.3a). They concluded that ensuring access to quality mental health services is needed but not enough. The VA has adopted a comprehensive public health approach that focuses not only on individuals but also on peers, family members, and the community (U.S. Department of Veteran Affairs, 2020).

Suicide Prevention is a Top Priority for the VA

There is no single cause of suicide among Veterans. Suicide deaths reflect a complex interaction of risk and protective factors at different levels: the individual, community, and societal.

Risks factors

- Prior suicide attempt
- Mental health conditions
- Availability of lethal weapons
- Stressful life events such as divorce, job loss or the death of a loved one

Protective Factors

- Positive coping skills
- Having reasons to leave for and having a purpose in life
- Feeling connected to other people
- Access to mental health care

The infographic features a central image of a person sitting on the floor with their head buried in their arms, set against a background of a brick wall and a grey floor.

Figure 5.3a

Preventing Suicide is a Top Priority for the U.S. Department of Veterans Affairs

Source

U.S. Department of Veterans Affairs, 2018

https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf

What are Safety Plans?

Safety plans are created by qualified mental health professionals. They are written coping strategies and sources of support for Veterans and their families, as well as for other people who are at high risk for suicide. Safety plans are tailored to the needs of the person they work with. They can be maintained in different formats but can also be saved as notes on a cellphone for immediate access. This can provide a guide before or after a crisis. Families of Veterans or loved ones can keep a copy of the plan to know what to do and where to get help in an emergency. Creating a safety plan when Veterans feel well will help them when things seem hopeless or overwhelming and can be the first step in preventing suicide (Figure 5.3b). (Bigaouette, 2022).

The suicide and crisis Lifeline number is: 988



Figure 5.3b

Implementing a Safety Plan

Source

U.S. Department of Veterans Affairs, n.d.

There are six steps in the development of a safety plan

Step 1: Identify warning signs that indicate an imminent suicidal crisis. List warning signs such as thoughts, images, thinking processes, mood, and/or behaviors using the Veteran's own words.

Step 2: Employ internal coping strategies such as meditation, pleasant activities, or relaxation techniques.

Step 3: Reach out to social contacts or visit locations that serve as distractions.

Step 4: Talk to a family member or friend and ask for help.

Step 5: Contact a professional or agency such as the VA's Veterans Crisis Line (1-800-273-8255 and Press 1), confidential chat at [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net), text to 838255, or call a therapist.

Step 6: Remove or reduce access to lethal means. Restricting the Veteran's access to a highly lethal method, such as firearms, should be done by a designated responsible person—commonly a family member, close friend, or even the police (U.S. Department of Veterans Affairs, 2012).

It is essential to highlight that safety plans are only one tool that can be used to engage Veterans in crisis and are part of a comprehensive suicide care plan; evaluations and meaningful therapeutic interactions should also be utilized, particularly with impulsive patients (U.S. Department of Veterans Affairs, 2012).

Protective Factors to Suicide

While mental health professionals develop formalized safety plans, many factors at an individual level, relationships, community, or societal level can protect and reduce the risk of suicide.

Everyone can act in their communities or as a society, in general, to help people and protect them from suicidal thoughts and behavior (Centers for Disease Control and Prevention, 2022) (Figure 5.3c).

<p>COMMUNITY RISK FACTORS</p> <ul style="list-style-type: none">• Lack of access to healthcare• Suicide cluster in the community• Stress of acculturation• Community violence• Historical trauma• Discrimination	<p>COMMUNITY PROTECTIVE FACTORS</p> <ul style="list-style-type: none">• Feeling connected to a school, community or other social institutions• Availability of consistent and high-quality physical and behavioral healthcare
<p>SOCIETAL RISKS FACTORS</p> <ul style="list-style-type: none">• Stigma associated with help-seeking behaviors and mental illness• Easy access to lethal means of suicide among people at risk• Unsafe media portrayals of suicide	<p>SOCIETAL RISKS FACTORS</p> <ul style="list-style-type: none">• Reduced access to lethal means of suicide among people at risk• Cultural, religious or moral objections to suicide

Figure 5.3c

Risk Factors vs Protective Factors

Source

Centers For Disease Control and Prevention, 2022

Treatment Options

For individuals who are identified as being at very high risk for suicide, there are many treatment options available.

Treatment Plan

A medical provider will work with each at-risk Veteran to create a treatment plan focusing on their specific treatment goals. The plan will define how everyone will work together to achieve these goals. The goals should focus on any area that causes them stress. They could include mental or physical health relationships or occupational or financial problems. Including family members and loved ones in a treatment plan is best. These plans may change as the person continues to improve their health. Mental health professionals will determine whether a person needs to be in the hospital or another treatment setting. They will always choose the setting that best meets the needs of each patient (U.S. Department of Veterans Affairs, n.d.)

Levels of care

There are different levels of care for those who are at risk for suicide. These include inpatient hospital care, a partial hospital program (PHP), an intensive outpatient program (IOP), or an outpatient clinic.

Inpatient Hospital Care: Staff can look after patients closely. Patients also receive more intensive care in this setting, and staff can monitor patients closely. There, they will have limited access to objects they can use to hurt themselves.

Partial Hospital Program or Intensive Outpatient Program: Patients usually stay in the program during the daytime. However, they are on their own overnight and during the weekends. These programs allow providers to monitor patients' responses to treatment closely.

Outpatient Clinics: When leaving the hospital, a person may attend a PHP before attending an outpatient clinic. Certain types of therapies and medications available through an outpatient clinic can help a person who is at risk for suicide (U.S. Department of Veterans Affairs, n.d.).

After being discharged from the Hospital, staff usually create a discharge plan for follow-up care. Follow-up may be in a partial hospital program (PHP), intensive outpatient program (IOP), or an outpatient clinic. This discharge plan should include the use of a safety plan (U.S. Department of Veterans Affairs, n.d.)

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