

# SUICIDE PREVENTION: CONNECTING WITH VA

Michelle Nerish, PhD  
Suicide Prevention Coordinator

Sarah Poole, LICSW  
COMPACT ACT Coordinator

Brooke Whalen, LICSW  
Suicide Prevention Coordinator

# Suicide Data in 2021

- 127.2 daily suicides in the United States
  - 17.5 Veteran suicides per day
    - 42% of these Veterans were not connected to VA healthcare
    - 72% of Veterans deaths were by firearm- 52% non-Veterans
  - Firearm ownership is more prevalent by Veterans than non-Veterans 45% to 19%
  - Vermont Data
    - 18 Veterans, 121 non-Veterans
    - Suicide rate is per 100,000 is 26.3 % higher than other New England states
- Key Impacted Veteran Populations
  - Women Veterans 24.1% increase
  - American Indian/Alaskan Native
  - Homeless Veterans- suicide rate 183% higher than housed Veterans
  - Justice involved Veterans- suicide rate 153% higher

# Suicide is complex and can not be addressed in one clinical intervention

- A Public Health Approach is Needed
  - Everyone has a role to play in suicide prevention
  - Suicide prevention requires a public health approach combining clinical and community-based approaches
  - Suicide is PREVENTABLE

- Interventions
  - Increase community collaboration and access to mental health care
  - Discuss suicide prevention into nonclinical areas (financial, occupational, legal and social settings)
  - Reduce access to lethal means
  - Promote firearm safety
  - Ask the Question often

# Suicide Screening and Intervention

- Screening Process
  - Columbia- Suicide Severity Rating Scale (C-SSRS) across facility
    - Annually- through EHR notification
    - Every Emergency Department visit
    - Pain Clinic/Mental Health- intakes
    - Residential Tx- Screening for admission, and at set times of treatment
    - When clinically indicated
  - Follow up Evaluation with LIP or MH for acuity level
    - Positive C-SSRS = Comprehensive Suicide Risk Evaluation
    - Determine Acute and Chronic Risk (stratification table)
  - Triage cases- philosophy of approach
  - Safety Planning
    - Stanley-Brown Safety Plan required for anyone identified as high/intermediate acute risk
    - ED required for high/intermediate risk who is discharging home
  - Discharge Planning
    - Three follow up discharge calls/appointments within 30 days
    - Four follow up discharge calls/appointments for High Risk within 30 days

# Everyone has a Role to Play

- Gatekeeper training (VA SAVE)
  - Annual requirements for providers
- Ongoing consultation services through Suicide Prevention Coordinators
- Monitoring of Veterans identified as High-Risk for suicide
- Building and maintaining relationships with Department Chiefs and frontline staff
- Suicide Prevention Committee

VA S.A.V.E. Training is a free, brief online or in-person course that will help you act with care and compassion if you come across a Veteran who is in crisis or having thoughts of suicide. The acronym S.A.V.E. helps you remember the important steps involved in suicide prevention:

- S** Know the **Signs** that indicate a **Veteran** might be thinking about suicide
- A** Ask the most important question of all — “Are you thinking of killing yourself?”
- V** Validate the **Veteran’s** experience
- E** Encourage treatment and Expedite getting help

**VA Mental Health Services:** Get information about inpatient and outpatient services available through VA at [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov).

**Online Resource Locator:** Find VA facilities, Vet Centers, suicide prevention coordinators, and other VA resources at [www.VeteransCrisisLine.net/ResourceLocator](http://www.VeteransCrisisLine.net/ResourceLocator).

**Make the Connection:** Veterans and their loved ones can find out how to connect with VA resources at [www.MakeTheConnection.net](http://www.MakeTheConnection.net).

**Posttraumatic Stress Disorder (PTSD) Program:** Locate the VA PTSD program nearest you at [www.ptsd.va.gov](http://www.ptsd.va.gov).

# Benefits of connecting

- About 40% of Veterans are not connected with VA care
- VA services:
  - **Facility Services:** Primary Care, Specialty Care, and Geriatrics, Individual & Group MH, Inpatient Psychiatric Care, Residential Recovery Program, Homeless Services, Whole Health, Returning Service Member Care, Education and Career Support Services, LGBTQ+ Affirmative Care, Intimate Partner Violence Program, SW Case Management, Veteran Legal Services, Rec & Art Therapy, and more
  - **Home & Community Based Services:** Home-Based Primary Care, Homemaker & Home Health, Skilled Nursing, Adult Day Health, Palliative & Hospice Care, Respite Care, Caregiver Support Program, OT/PT/Speech Tx, Adaptive Equipment and Supplies
  - **Programs for Veterans with higher needs:** Program of Comprehensive Assistance for Family Caregivers (>70%SC), Aid and Attendance, Medical Foster Home, VA Nursing Home
  - Overall care coordination
- Veteran Service Officers can help with claims for service-related disability and other issues:
  - New Hampshire VSO (603) 624-9230 x301
  - Vermont VSL 1-888- 666-9844
- Enroll in VA care:
  - Call WRJVA Eligibility/Admissions (802) 295-9363 Ext.5118
  - Call 1-877-222-8387 from 8am-8pm M-F
  - Mail in the Application for Health Benefits (VA Form 10-10EZ)
- Mental Health Access: (802) 295-9363 Ext. 5760
- **Current Opportunity- Reach out to us for discharge planning!**

# COMPACT Act, Section 201



Section 201 of COMPACT Act states VA will provide, pay for and reimburse for emergent suicide care for eligible individuals at VA medical facilities and at non-Department facilities.



Eligible individuals include all Veterans regardless of eligibility for VHA health care benefits (includes OTH discharges).



Emergent suicide care includes **inpatient or crisis residential care for no more than 30 days** and/or **outpatient medical and mental healthcare for no more than 90 days**. If the individual remains in acute suicidal crisis, extensions may be provided. Each new crisis is a new episode of eligibility.



VA will ensure eligible Veterans are not financially responsible for costs associated with emergent suicide care, including **emergency transportation** and **prescription medications**.

## COMPACT Act, Section 201 Impact:

- VA providing cost-free mental health and medical emergent suicide care removes the cost barrier
- By extending eligibility and access to acute and follow up suicide care, the net of protection VA will provide to prevent suicide increases dramatically
- **COMPACT 201 benefit potentially increases eligibility to an additional 9 million unenrolled Veterans, potentially doubling the needed services**



# VA and State of Vermont

## Governor's Challenge

- Mission Connect Vermont is developing a strategic action plan to prevent SMVF suicide across the state. Through the partnership with VA and SAMHSA, we receive tools and technical assistance to get this done.

### Our Plan

- Identify Service Members, Veterans, and their Families wherever they are, and screen for suicide risk
- Promote connectedness and improve care transitions, making it easy to locate and access necessary resources to support our SMVF
- Increase lethal means safety and safety planning through a targeted educational approach for health care professionals and access to the needed safety strategies

## Strategic Planning Committee for State of Vermont

Lead the development of a coordinated, statewide system of services and programs in Vermont to prevent suicide deaths, improve mental health, and support those who have been affected by a suicide loss

**Questions?**

# Contact Information

Michelle Nerish, Ph.D.

Suicide Prevention Coordinator

[michelle.nerish@va.gov](mailto:michelle.nerish@va.gov)

Sarah Poole, LICSW

COMPACT ACT Coordinator

[sarah.poole@va.gov](mailto:sarah.poole@va.gov)

Brooke Whalen, LICSW

Suicide Prevention Coordinator

[brooke.whelen@va.gov](mailto:brooke.whelen@va.gov)