



Epstein Family Veterans Policy Research Institute

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National Academies

Workshop on Identifying and Managing Suicide Risk in Non-VA Healthcare Settings

**Summing up, reflections, and future
considerations**

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1. Interventions to prevent veteran suicide should be informed by risk factors for suicide

- Veterans in VHA (higher rate, lower number) vs. those not in VHA (lower rate, higher number)
- Veterans with shorter military careers
- Women veterans
- Veterans from minority racial/ethnic groups
- Veterans with mental health and substance use disorder diagnoses
- Veterans with not honorable discharge status



What uniquely increases risk for suicide among veterans relative to non-veterans?

2. The VA's clinical efforts to prevent suicide serve as a national model



2019 Clinical practice guidelines – currently being updated

Dashboards to assure compliance/adherence



Universal screening



SPED

But not all “veterans” are eligible or are enrolled.

3. Exemplary Models in US Models... but implementing them requires resources!



- Collaboration between local stakeholders
- A coordinated, localized plan
- Evaluation



- Peer Quality Assurance
- Training that acknowledges the “grey”
- Resources



- System-wide ‘structured care pathways’

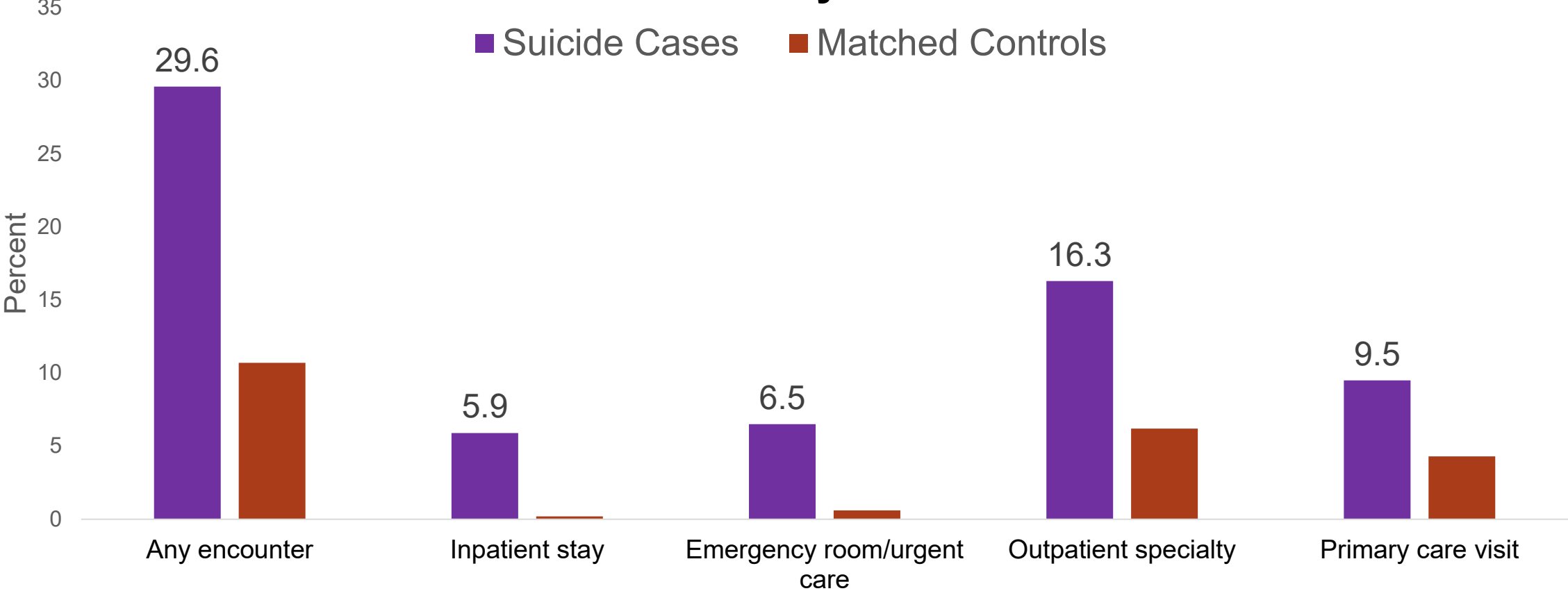
4. “Consensus” on addressing firearm risk, but questions on how?

- Lethal means counseling and safety planning considered “best practice”
- How to address risk?
 - Are providers the right messengers?
 - Do we address why gunowners store guns the way they do?
 - Do we provide correct information about rights?



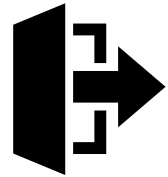
5. Health care settings are critically important for preventing suicide

Health care encounters 7 days before a suicide death



2,674 individuals who died by suicide 2000-2013 and were members of one of health care systems serving 8 states (Mental Health Research Network) *From: Ahmedani et al., 2019*

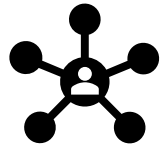
5. Health care settings are critically important for preventing suicide, but there are missed opportunities



Tailored outreach for transitioning veterans



Outreach in non-health care social service agencies



Better networked systems (within healthcare settings and across healthcare settings)



Policies that ask for veteran status



6. There is much to be learned from veterans' lived experiences, storytelling, and art

