Preventing Suicide in the Justice-Involved Veteran Population

2021 Key Findings

- Veteran suicide deaths – 6,392
- Average per day – 17.5
    - 6.65 per day were among recent veteran VHA users
    - 10.85 per day were among other veterans
- Veteran suicide rate – 33.9 per 100,000

2021 Heavily Impacted Groups

- Women Veterans
    - 24.1% increase in the age-adjusted suicide rate
- American Indian/Alaska Native Veterans
    - Unadjusted suicide rate was 46.3 per 100,000
    - 51.8% increase in the unadjusted suicide rate from 2020-2021
- Homeless Veterans
    - 112.9 per 100,000 suicide rate was highest observed from 2001-2023
    - Suicide rate increased 38.2% since 2020
    - Suicide rate was 186.5% higher than for those not homeless
- Priority Group 5 (PG5)
    - Had highest suicide rate at 57.1 per 100,000
    - Suicide rate increased 9.8% from 2020
- Justice-involved Veterans
    - Suicide rate of 151.0 per 100,000 was the highest over this period
    - Suicide rate increased 10.2% since 2020

Justice-Involved Veterans and Suicide Risk

- JIV 3x more likely to have attempted suicide in their lifetime than Veterans without history of justice involvement
- Veterans with any lifetime history of justice involvement have more severe PTSD and depressive symptoms than non-JIV and reported more recent s/I than those without history of legal involvement
- Veterans on probation or parole were more than 4x more likely to report a lifetime suicide attempt than JIV not on probation/parole.

- Internal VA study found that Veterans involved in VJP were at greater risk for suicide attempts and deaths
- Transition: Veterans released from prison had elevated rates of suicide at 30 days, 6 months, and 1 year from release compared to veterans who were never incarcerated.

Risk Factors Associated with Veteran Suicide

- Homeless/Housing Instability
    - Veterans who have experienced homelessness are 11x more likely as those who did not experience housing instability to report suicidal ideation
    - Veterans with past year housing instability were 6x as likely as those who did not experience housing instability to report suicidal ideation
- Pain
    - Veterans are more likely to experience chronic pain than civilians counterparts secondary to limb loss, musculoskeletal injuries and polytrauma
    - Moderate to severe chronic pain 2-3x more likely to die by suicide than those without pain
    - More than 50% of those who have died by suicide have comorbid medical and mental health conditions
- Changes to quality of life
    - Medical diagnosis
    - Chronic Conditions
        - Cancer, renal conditions, diabetes, COPD
    - Aging
- Transition periods
    - Separation from the military
        - Non-honorable and OTH discharges
    - Care transitions

Leading Causes of Death in Veteran Population

	1st leading cause of death	**2nd leading cause of death**
Ages 18-34	Accidents (unintentional injuries)	Suicide
Ages 35-44	Accidents (unintentional injuries)	Suicide

Service Discharge Status and Risk

- Higher suicide rate for those non-honorable discharges
    - Suicide rates doubled for veterans who served between 2001-2007 and did not receive honorable discharge

- Vietnam Era Vets who received less than honorable discharge 7x as likely to die by suicide than Vietnam era Vets with an honorable discharge
- Veterans with less than honorable discharge tend to be younger, unmarried, with more intense combat history, report lower income, lack health insurance, and history of incarceration.
- Post 9/11 service members with OTH discharge twice as likely as those who received honorable or general discharge to misuse drugs, poor social supports, sleep issues, and history of psychiatric hospitalization.

Public Health Strategy

VA's public health strategy combines partnerships with communities to implement tailored, local prevention plans while also focusing on evidence based clinical strategies for intervention. Our approach focuses on both what we can do now, in the short term, and over the long term to implement VA's National Strategy for Preventing Veteran Suicide.

Focused Priority Areas Across CBI-SP Unifying Model

- Identify service members, Veterans, and their families and screen for risk of suicide.
- Promote connectedness and improve care transitions
- Increase lethal means safety and safety planning

Risk Mitigation Strategies

- Clinical
  - Ongoing assessment of risk
  - Clinically based treatment plans
    - Interim planning
    - Collective treatment recommendations
    - Communicating risk with stakeholders
  - Safety Planning
    - Lethal means safety
    - Naloxone
  - Social Connectedness

        - Reducing isolation
- Community
    - Veteran treatment court
    - Sequential intercept model
    - Improving identification
    - Fostering social connectedness
        - Pro-social activities
        - Alumni Groups
    - Sense of purpose
        - Employment
        - Volunteerism
    - Caring contacts
    - Community stakeholder collaboration
    - Enhancing support during transitionary periods

Talking Points

- Graduation can be the end of a support system – Michael's story (relapsed after graduation because he no longer had the structure and support)
- Even on a good day, the risk is there.
    - i.e. Getting stable housing is great, but can be overwhelming with the new responsibility it brings. Vet can relapse under this pressure.
- VA vets are dying at a lower rate than non-VA vets
- Vets on probation or parole 4x more likely to admit suicide attempt than those not in the system
- Pain was number one risk factor for suicide when speaker noticed an uptick in suicides
- Suicide must be confirmed.
    - Overdoses could have been an unintentional death or a suicide; hard to tell.