



**Sioux Falls VA Health Care System
Suicide Prevention Coordinator (SPC) Report for SD Veterans Commission
October 2016**

- I. The latest statistics point to 20 Veteran suicides a day, and 14 of the 20 are not seen in VA care. These Veterans either are seen privately or are not seen for psychological care. Veterans who receive VA care have a decreased incidence of dying by suicide.
- II. VA's Suicide Prevention Program continues to evolve since its beginnings in 2007. Hallmarks of the program include:
 - a. A Suicide Prevention Coordinator in every VA Medical Center, and more staff as populations and needs are assessed
 - b. Comprehensive programming for suicide prevention in every medical center
 - c. Ongoing education for all staff
 - d. Mandated outreach events in the community and region
 - e. Flagging high risk Veterans and case managing these Veterans for a minimum of 90 days
 - f. Analyzing environments of care for safety—mental health units, emergency departments, etc.
 - g. SPCs provide clinical expertise and consultation to staff
 - h. Making sure the Veteran is connected to care
- III. We know there will never be a tool that will predict suicide, but efforts have focused on recognizing and responding to suicidal thinking and behavior throughout the medical center, not just mental health. Veterans are routinely screened wherever they receive care. If they respond verbally or show signs of distress, they are further assessed; and care is provided emergently. The goal is to have conversations with the Veterans about their distress and to carefully assess symptoms and stressors that are risk factors for suicide.
- IV. We know 50-75% of Americans who die of suicide had contact with their primary care provider within 30 days of their deaths, and a mental health concern may not be obvious.
- V. To evaluate suicide thoroughly, VA assesses Veterans based on the following areas:
 - a. **Risk factors that they are experiencing**—pain, physical and mental health symptoms, insomnia, substance use
 - b. **What is protecting them from suicide**—faith, family, hope for the future
 - c. **Means reduction**—do they have guns in the home? Work with the Veteran and family to safely secure the means of suicide in the home such as guns, sharps, cords, medications, poisons or a vehicle
 - d. **Involving the family in safety planning**
 - e. **Completing a safety plan** with each Veteran looking at triggers, what he/she can do to cope with a distressing event or symptoms, who to call, how can he/she stay safe?

- VI. It is critical staff all over the medical center feel comfortable recognizing distress and knowing how to get the Veteran to more definitive care emergently. At the Sioux Falls VA, staff receives information and training about helping Veterans in distress. We offer education specific to the clinical area as well as general opportunities in new employee orientation, grand rounds and other special events.
- VII. At the Sioux Falls VA Health Care System, we routinely case manage Veterans who are identified as high risk list for suicide, following national protocols, and also adjusting those protocols to respond to the specific needs of a Veteran, as appropriate, during a crisis time.
- VIII. We recognize we serve Veterans of all age groups, various cultures and socioeconomic groups, and all these factors can be significant in recognizing and responding to suicide risk.
- IX. The Sioux Falls VA Health Care System receives consults from the National Veterans Crisis Line in New York. Recently a new feature is available when a distressed Veteran calls a VA; he/she can press #7 to be immediately transferred to the national Crisis Line. This has increased the number of calls by 33%. The Crisis Line is consistently working to capture calls, and meet demand given the increase in numbers. The local SPC then contacts the Veteran and follows up on his/her needs and connects to local care.
- X. Please contact Janell Christenson or Julia Vargas at the Sioux Falls VA Health Care System if you have questions or concerns at 1-800-316-8387, ext. 9-6515 or 9-7761 or by email at Janell.Christenson@VA.gov or Julia.Vargas@VA.gov.