

Suicide Rates in VHA Patients through 2011 with Comparisons with Other Americans and other Veterans through 2010

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January 2014

Background

- In 2007, the Department of Veterans Affairs began an intensive effort to reduce suicide among Veterans.
- In 2008, VA's Mental Health Services established a suicide surveillance and clinical support system based on reports of suicide and suicide events (i.e. non-fatal attempts, serious suicide ideation, suicide plan) submitted by Suicide Prevention Coordinators located at each VA Medical Center and large outpatient facility.
- In 2010, the VA also began an intensive effort to shorten delays associated with access to National Death Index (NDI) data and increase understanding of suicide among all Veterans by developing data sharing agreements with all 50 U.S. states.

Background

- The integration of information collected through the NDI, state mortality records, Suicide Behavior Reports, VA's Veterans Crisis Line, and the VA's universal electronic medical records contribute to an increased understanding of suicide and risk management by identifying gaps in existing knowledge, opportunities for intervention and the impact of VA-sponsored suicide prevention programs.
- All of these data collection systems have matured to the point where VA can now glean information to better determine if the current suicide prevention program is having an effect, where gaps may occur, and where there may be potential improvements for the future.

Background

- The VA Suicide Data Report, 2012 was an initial attempt to look at all of this information together in order to provide an overall picture of Veteran suicide to drive suicide prevention program development and improve outcomes for Veterans at risk for suicide.
- This briefing provides additional information related to the VA Suicide Data Report, 2012. Data has been obtained from the CDC and several States; this now allows us to look at Veteran suicide rates in comparison with the general population and compare Veterans who get care in the VHA with those who do not.
 - This briefing provides suicide rate information for 2 additional years (2010 and 2011).
 - The briefing continues to delineate information by age and gender.

Additional Data Since Publication of the VA Suicide Data Report, 2012: Comparing 2010 and 2011 with 2009

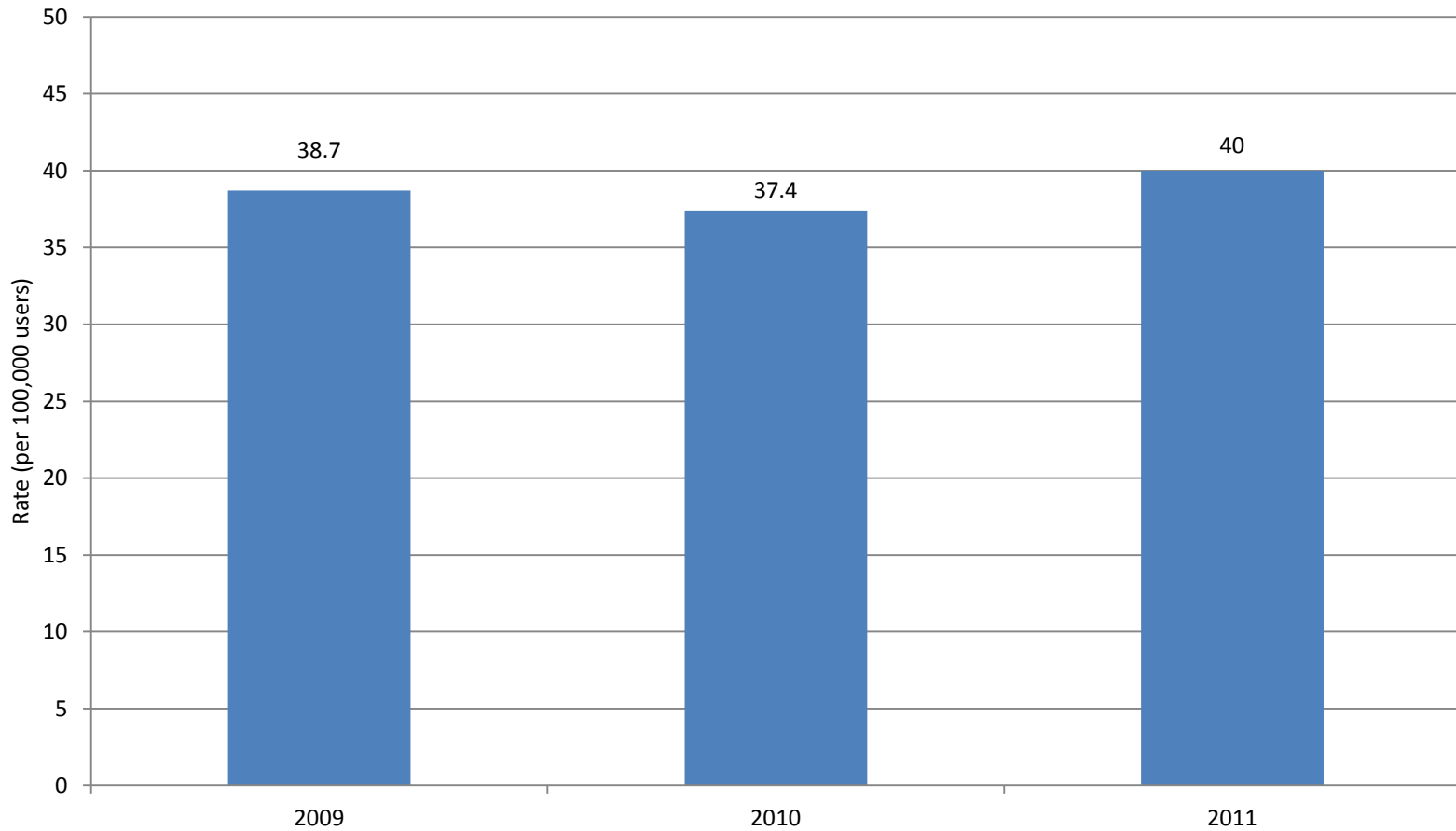
- No clear changes in suicide rates in the total population of VHA users or in male Veterans overall
- Increases in the suicide rate of male VHA users under age 30, especially in those aged 18-25 years
- Increases in the suicide rate in female VHA users

NOTES: “VHA user” is a Veteran enrolled in VHA for health care.

See page 9 of VA Suicide Data Report, 2012

Main Finding: There has been no clear pattern of change in the rate of suicide among male VHA users.

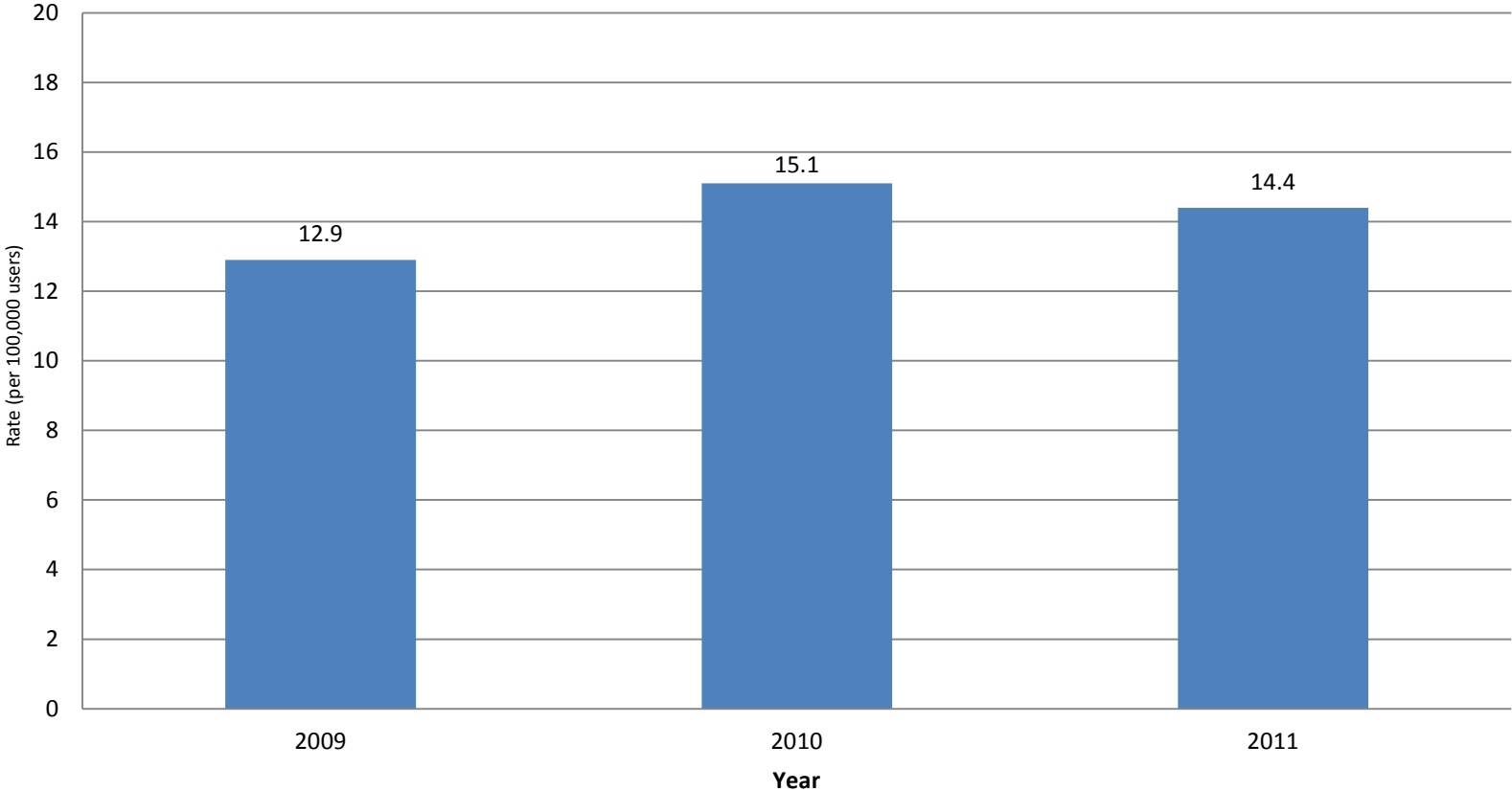
VHA User Suicide Rates: Male Veterans



NOTE: See also, pages 9-10 of VA Suicide Data Report, 2012

Main Finding: The rate of suicide among female VHA users has increased.

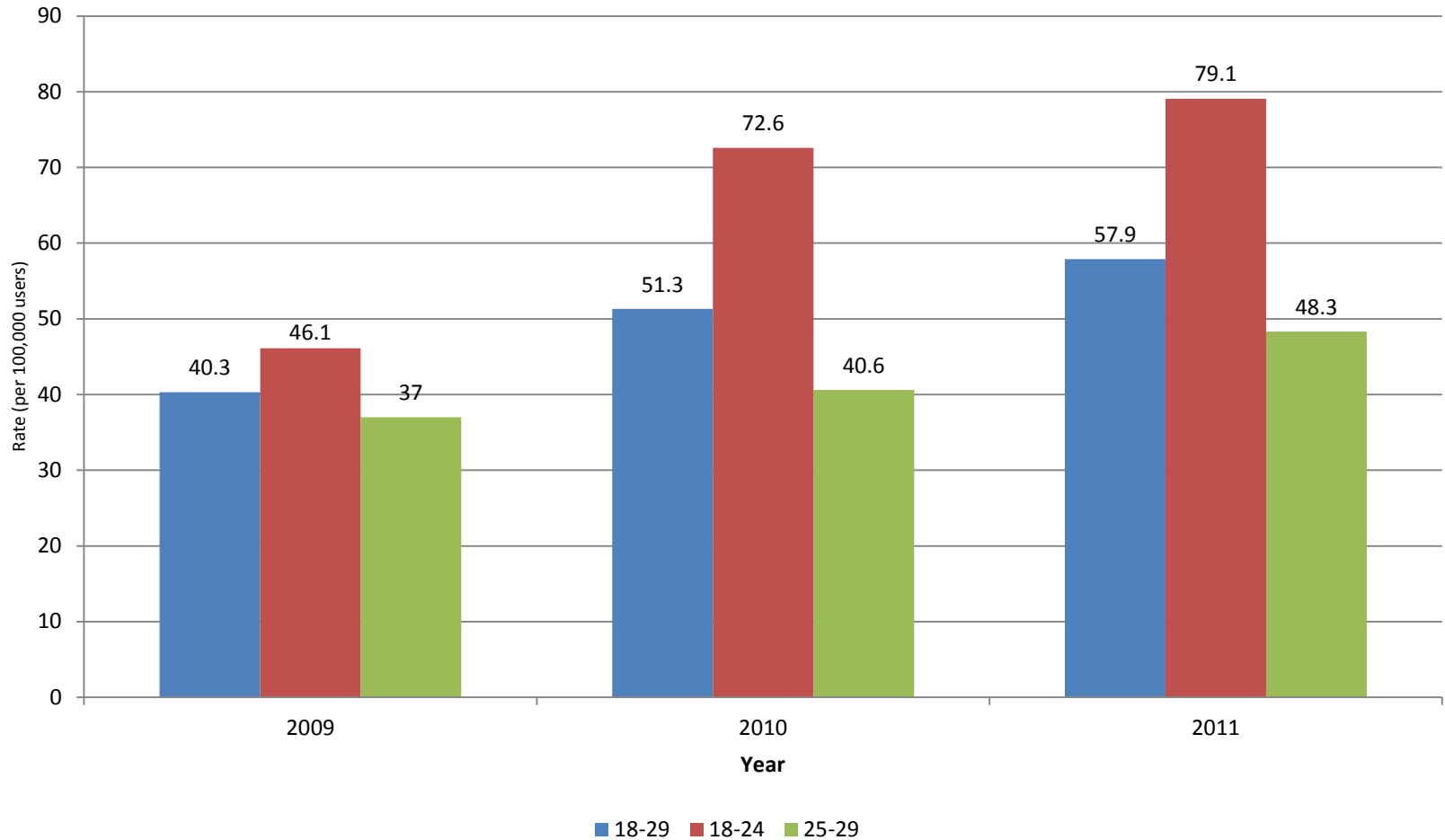
VHA User Suicide Rates: Female Veterans



NOTE: See also, pages 9-10 of VA Suicide Data Report, 2012

Main Finding: The rate of suicide has increased among younger male VHA users.

VHA User Suicide Rates: Male Veterans Aged 18-29 Years



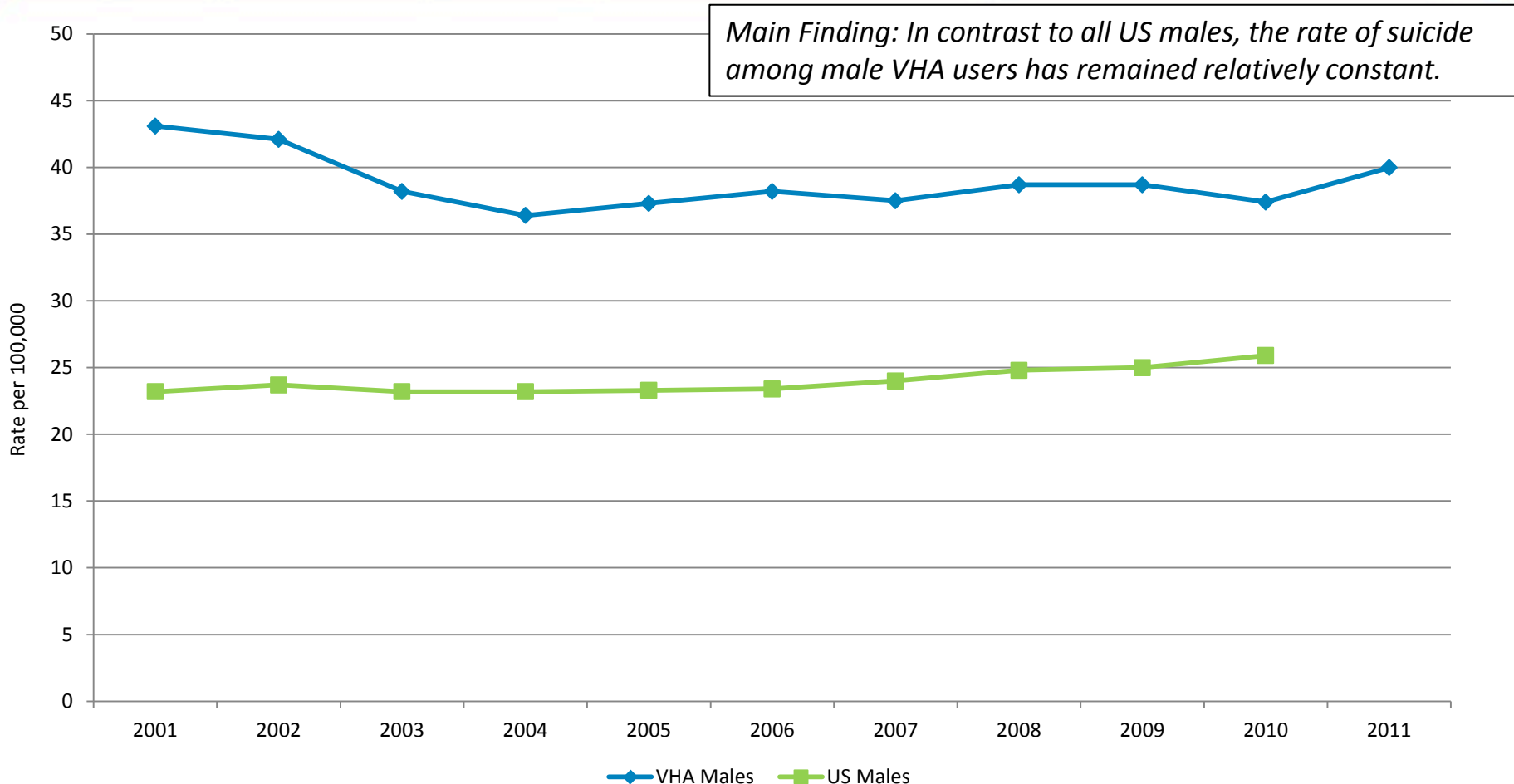
NOTE: See also, pages 22 and 30-31 of VA Suicide Data Report, 2012

Trends Since the Start of OEF/OIF/OND

- Decreases in suicide rates in all male VHA users and those over age 30 that contrast with increased rates for other American men over time through 2010
- Increases in suicide rates in female VHA users that reflect comparable increases in other American women
- Decreases in suicide rates in VHA users with mental health conditions that contrast with stable rates in other VHA users
- Decreases in rates of suicide and all cause mortality in VHA users at the highest risk, those who have survived a suicide attempt
- Continued use of firearms by male VHA users as the most common means for suicide
- Decreases in suicide rates in male VHA users relative to Veterans who do not utilize VHA services (in the 23 states where data are available)

NOTE: See also, page 31 of VA Suicide Data Report, 2012

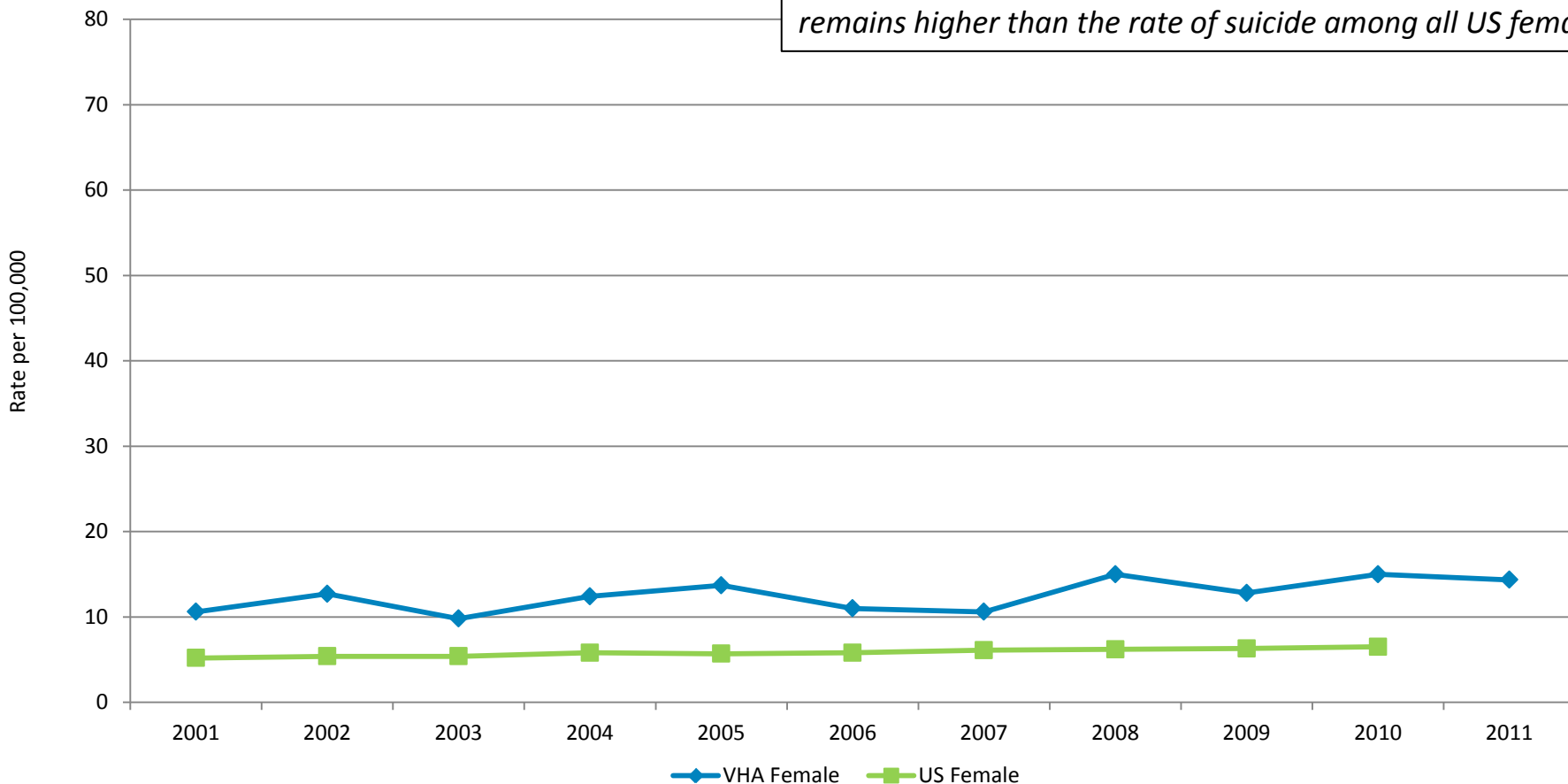
Suicide Rates per 100,000 Among Male VHA Users and US Males, by Year



NOTE: See also, page 31 of VA Suicide Data Report, 2012

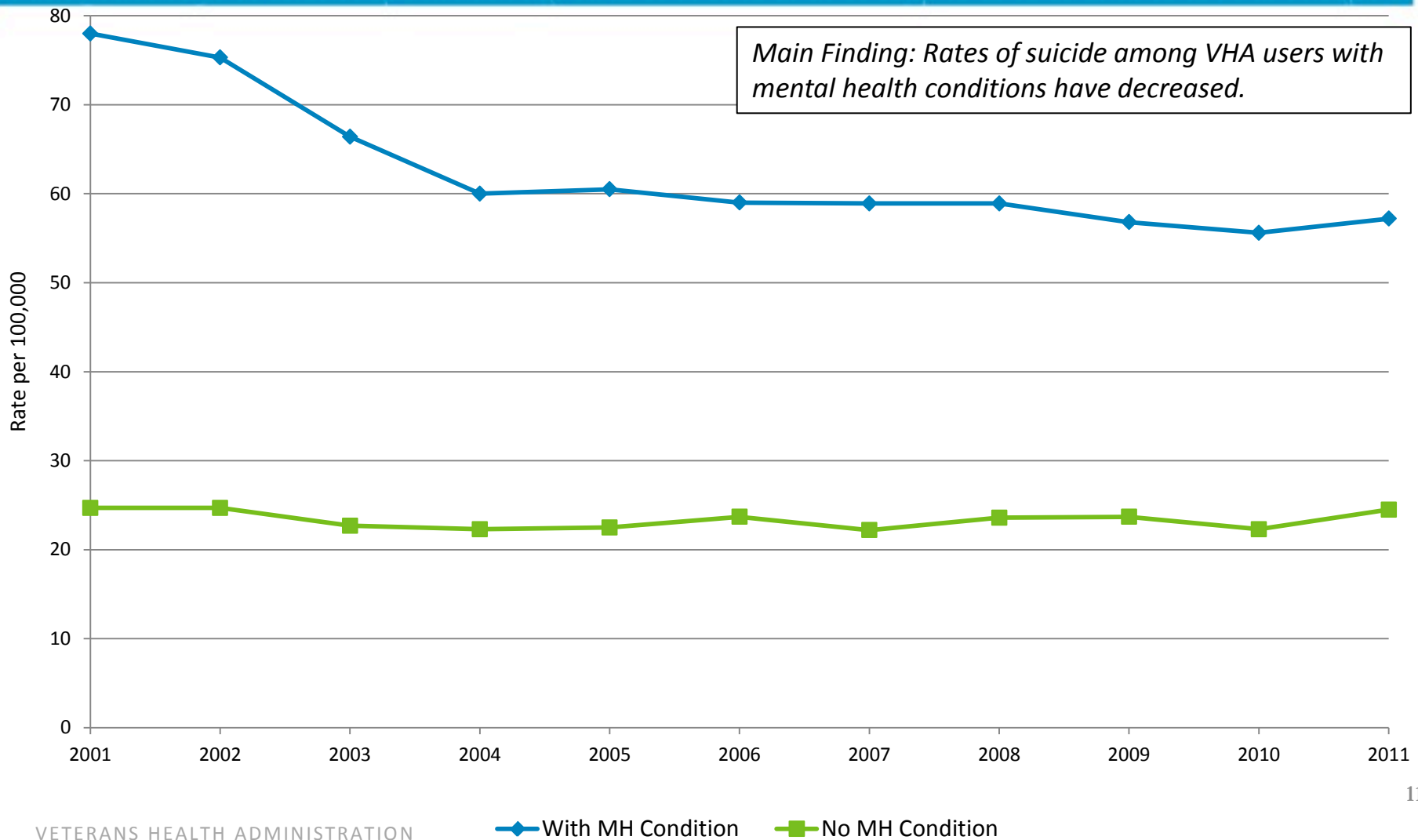
Suicide Rates per 100,000 Among Female VHA Users and Overall US Females, by Year

Main Finding: The rate of suicide among female VHA users remains higher than the rate of suicide among all US females.

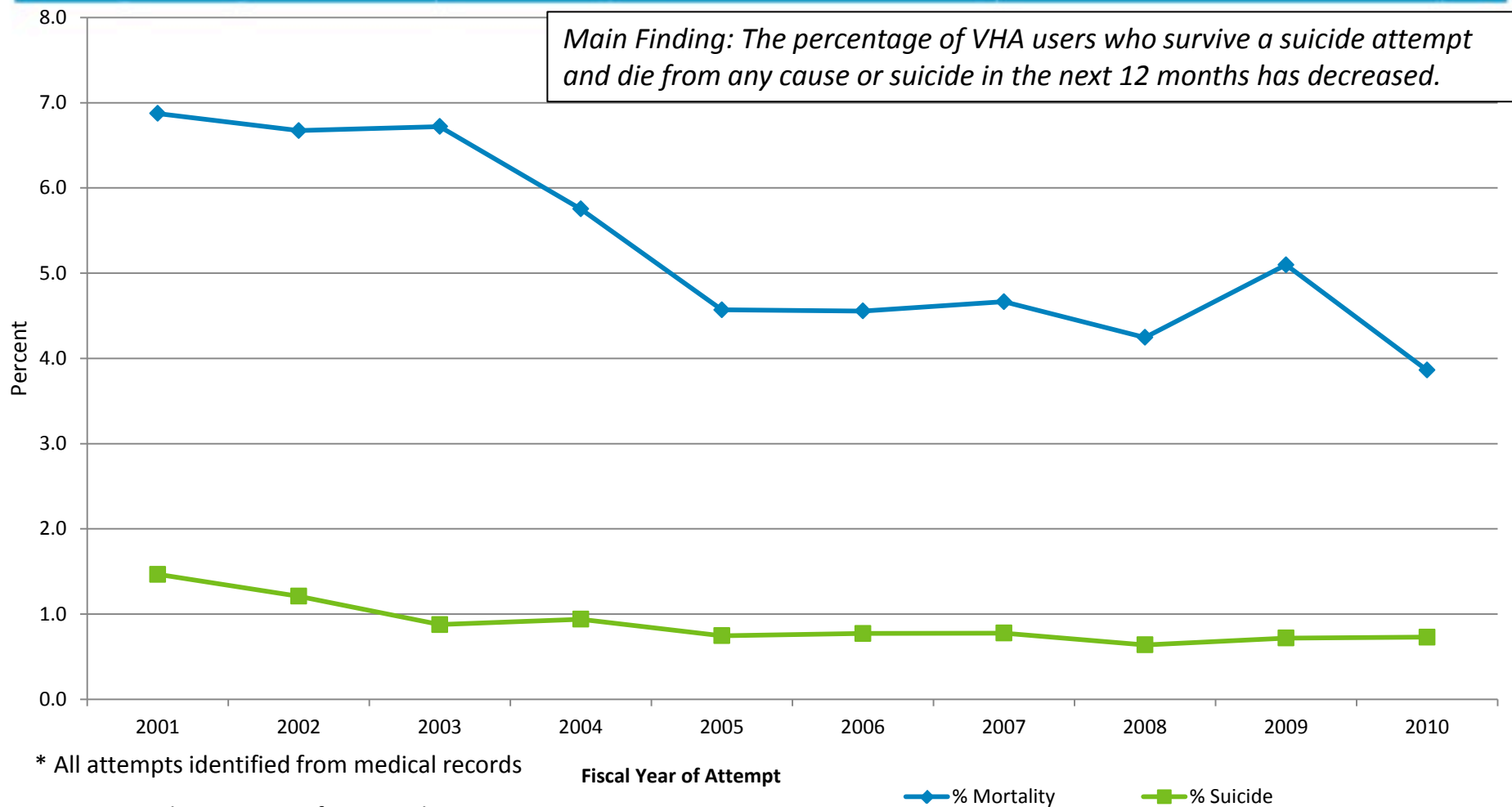


NOTE: See also, page 31 of VA Suicide Data Report, 2012

Suicide Rates per 100,000, VHA Users, by Diagnoses with Mental Health Condition, by Year

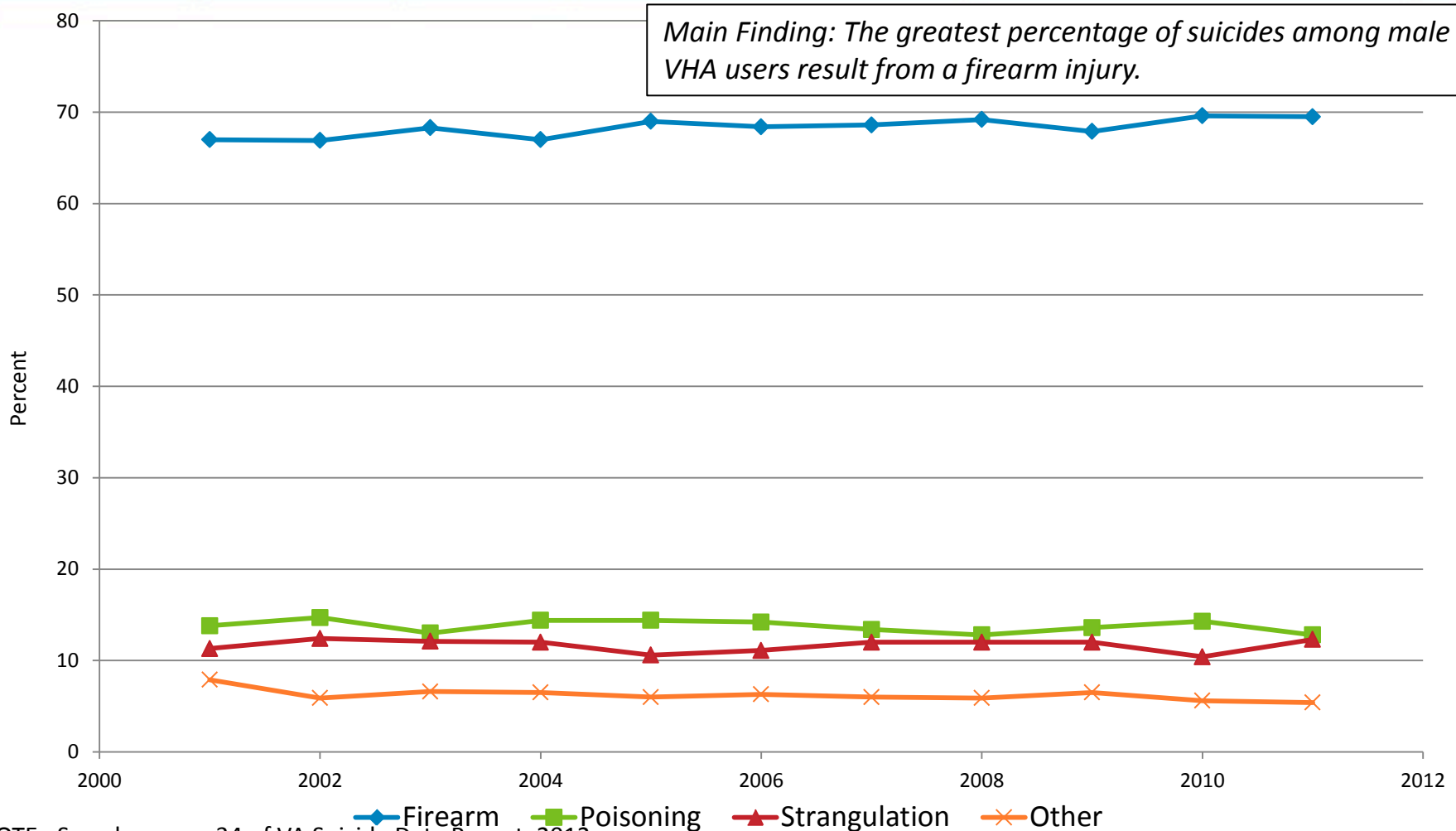


Percent of Suicide Attempt Survivors Who Died From Any Cause or Suicide Within 12 Months Among VHA Users*



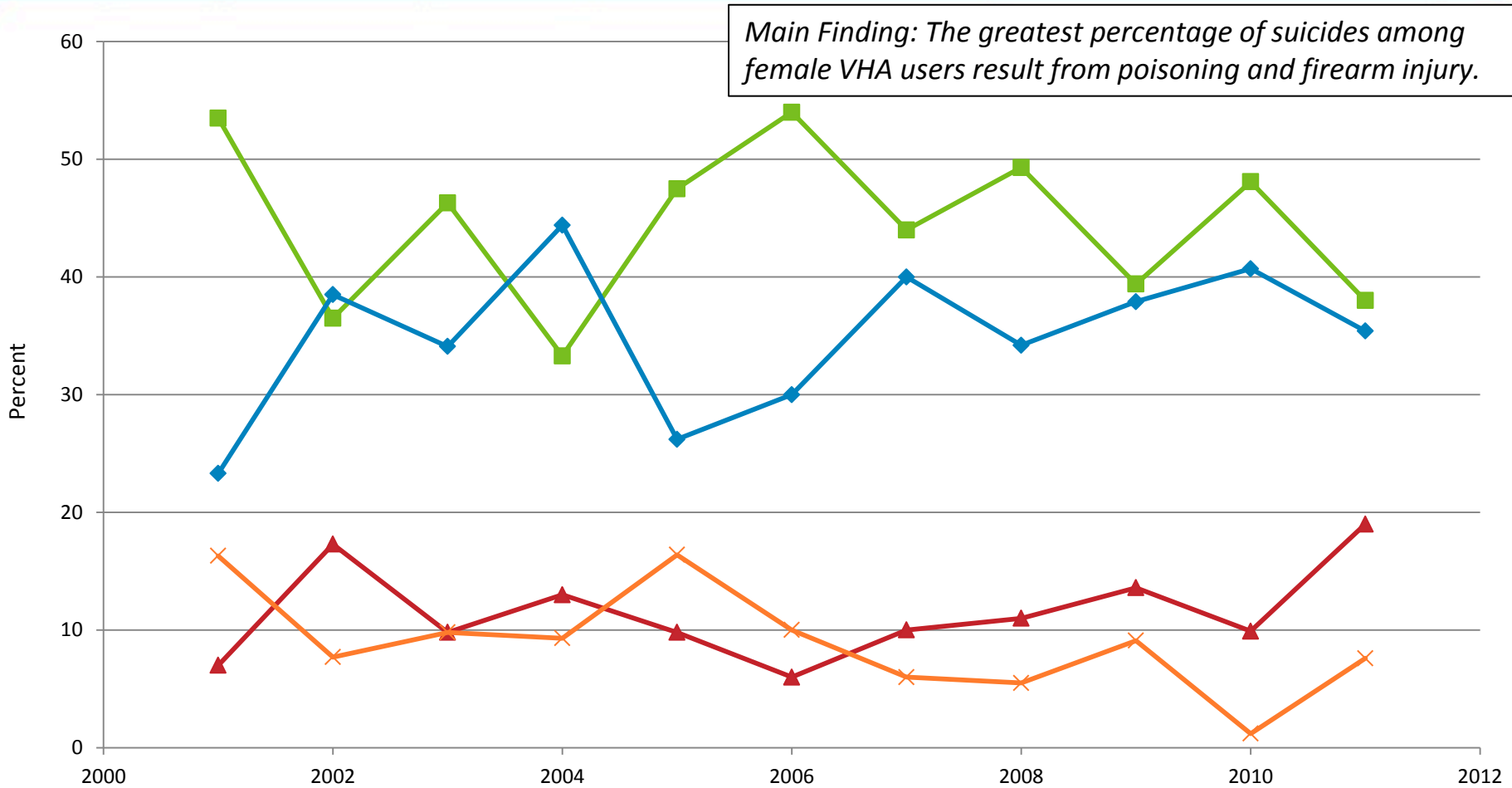
NOTE: See also, page 50 of VA Suicide Data Report, 2012

Percentage of Suicides Among Male VHA Users, by Year and Mechanism



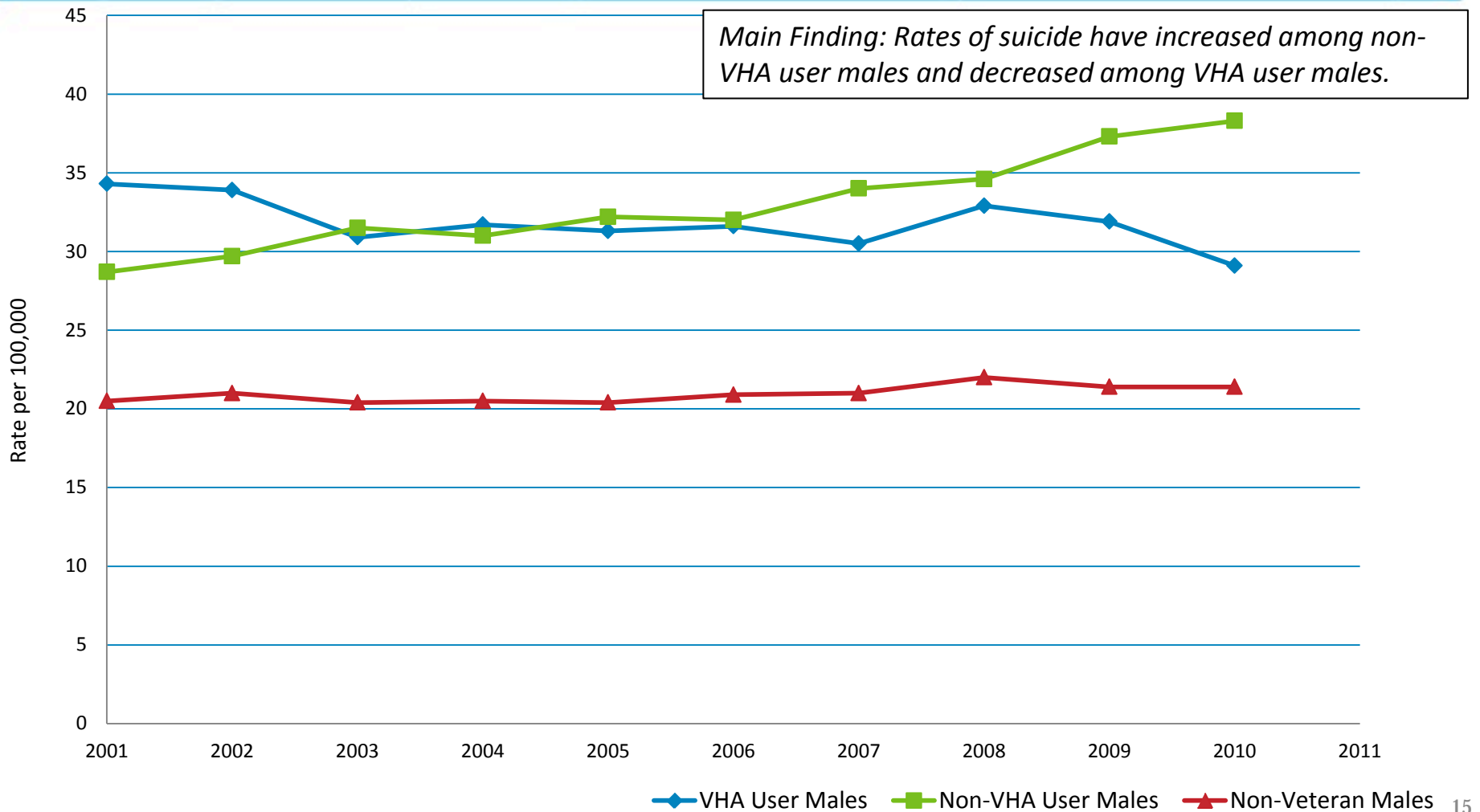
NOTE: See also, page 34 of VA Suicide Data Report, 2012

Percentage of Suicides Among Female VHA Users, by Year and Mechanism



NOTE: See also, page 34 of VA Suicide Data Report, 2012

Suicide Rates Among VHA User Male Veterans, Non-VHA User Male Veterans, and Non-Veteran Males in 23 States

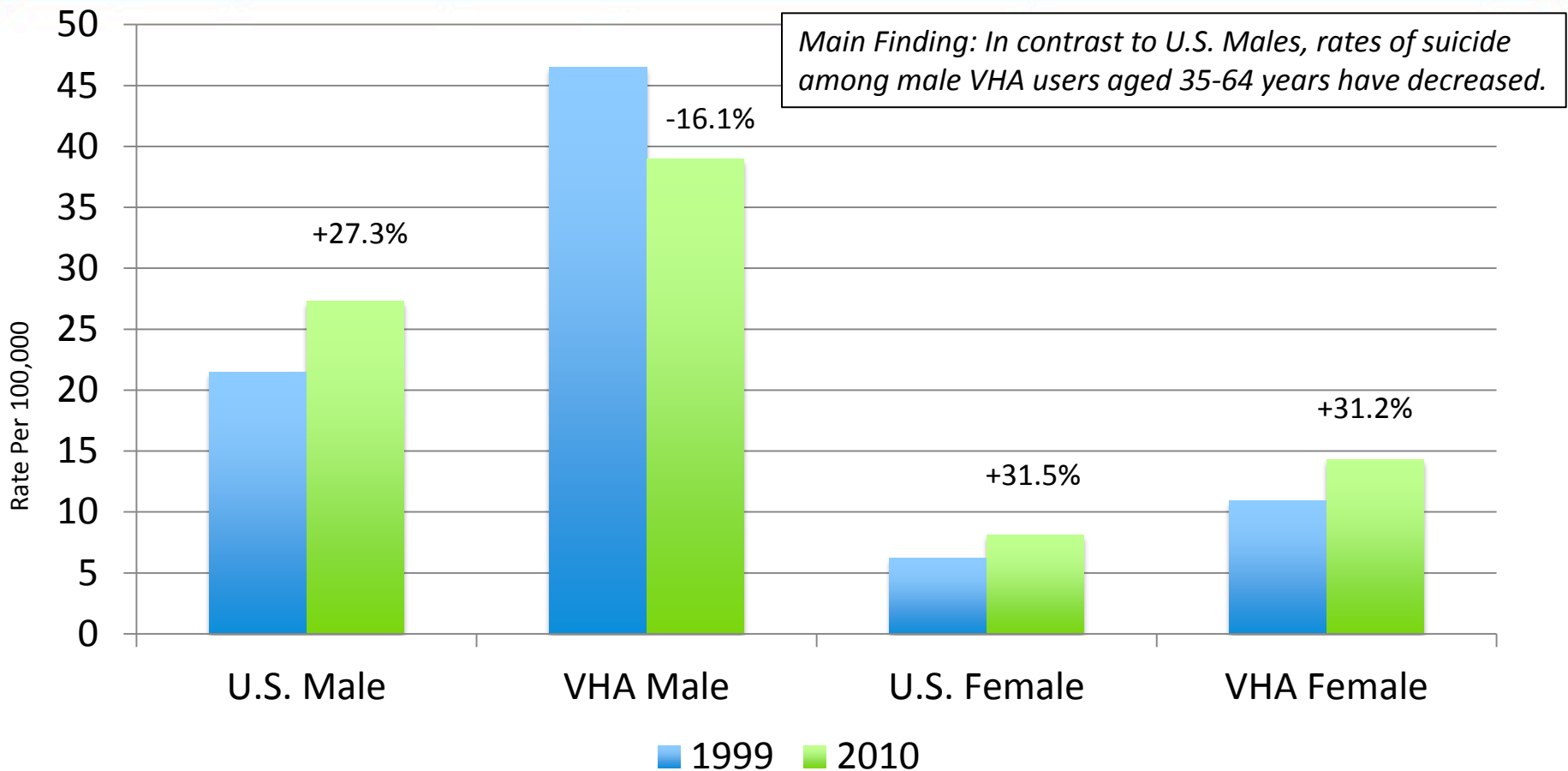


Comparing VA and Center for Disease Control (CDC) Findings on Suicide Rates in Middle Aged Americans

- Understanding trends in suicide in Veterans requires comparisons with trends in other Americans
- CDC has reported that there were substantial increases in suicide rates in Americans aged 35-64 during the period from 1999-2010
 - Trends in age-adjusted rates for male VHA users differ substantially from trends in other American males
 - In the US as a whole, there was a 27.3% increase; in VHA users, there was a 16.1% decrease
 - Trends in age-adjusted rates for female VHA users were similar to trends in other American females
 - In the US as a whole, there was a 31.5% increase; in VHA users, there was a 31.2% increase
- Findings in 23 states where data are available allow comparisons between VHA users and other Veterans
 - Suicide rates decreased ~30% in male Veteran VHA users
 - In contrast, suicide rates increased ~60% in Veteran males who did not use VHA services

NOTE: See also, pages 16-17 of VA Suicide Data Report, 2012

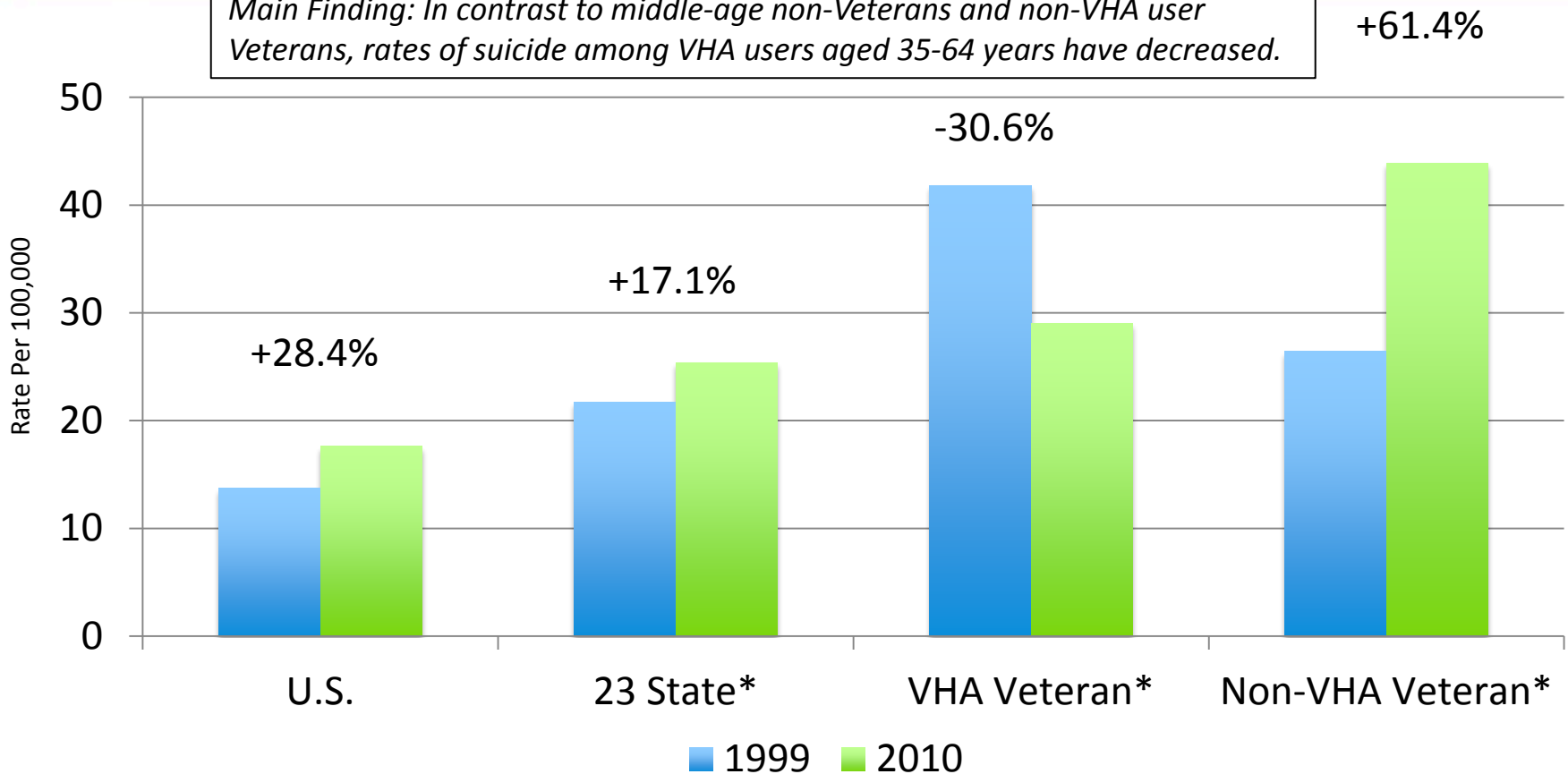
Suicide Rates Among Middle Age (35-64 years) U.S. Adults and Users of VHA Services by Gender



NOTE: See also, pages 16-17 of VA Suicide Data Report, 2012

Comparison of Trends in Suicide Among Middle Age (35-64 years) U.S. Adults and Veterans in 23 States

Main Finding: In contrast to middle-age non-Veterans and non-VHA user Veterans, rates of suicide among VHA users aged 35-64 years have decreased.



* Included data from New Jersey, New York, Pennsylvania, Rhode Island, Iowa, Kansas, Michigan, Minnesota, Nebraska, Alabama, Arkansas, Florida, Louisiana, North Carolina, Tennessee, Texas, West Virginia, Alaska, Idaho, Montana, Oregon, Utah, Washington.

NOTE: See also, pages 16-17 of VA Suicide Data Report, 2012

Conclusions

- Suicide rates among the overall population of VHA users have remained more or less constant over the past several years
- Nevertheless, there are indicators that VHA's program for suicide prevention has led to positive outcomes:
 - Decreased rates of suicide among VHA users with mental health conditions
 - Decreased mortality in the 12 months following a survived suicide attempt
 - Decreased rates of suicide among VHA male users aged 35-64 years
 - Decreased rates of non-fatal suicide events*
 - Decreased percentage of calls to the Veterans Crisis Line resulting in a rescue**Recent findings regarding suicide rates in young male Veterans and in female Veterans call for increased efforts

* See also, page 31 of VA Suicide Data Report, 2012

** See also, page 43 of VA Suicide Data Report, 2012

Recommendations

- Increased VHA efforts in:
 - Public health and community programming
 - Outreach
 - A focus on means (firearms, weapons, medications, environmental factors) safety
 - Clinical and preventive strategies to reverse negative trends and reinforce positive trends as well as address persistent concerns should continue to be directed toward the Veteran population as a whole with targeted messaging and intervention to each group including:
 - Young men
 - Women
 - Patients with and without known mental health conditions
 - Patients at known high risk for suicide (prior attempters)
 - These should include:
 - Enhancing the recognition and treatment of those at risk
 - Offering skills-building and other preventive strategies to address major stressors
 - Focusing on means (firearms, weapons, medications, and environmental factors) safety across clinical populations
 - Research