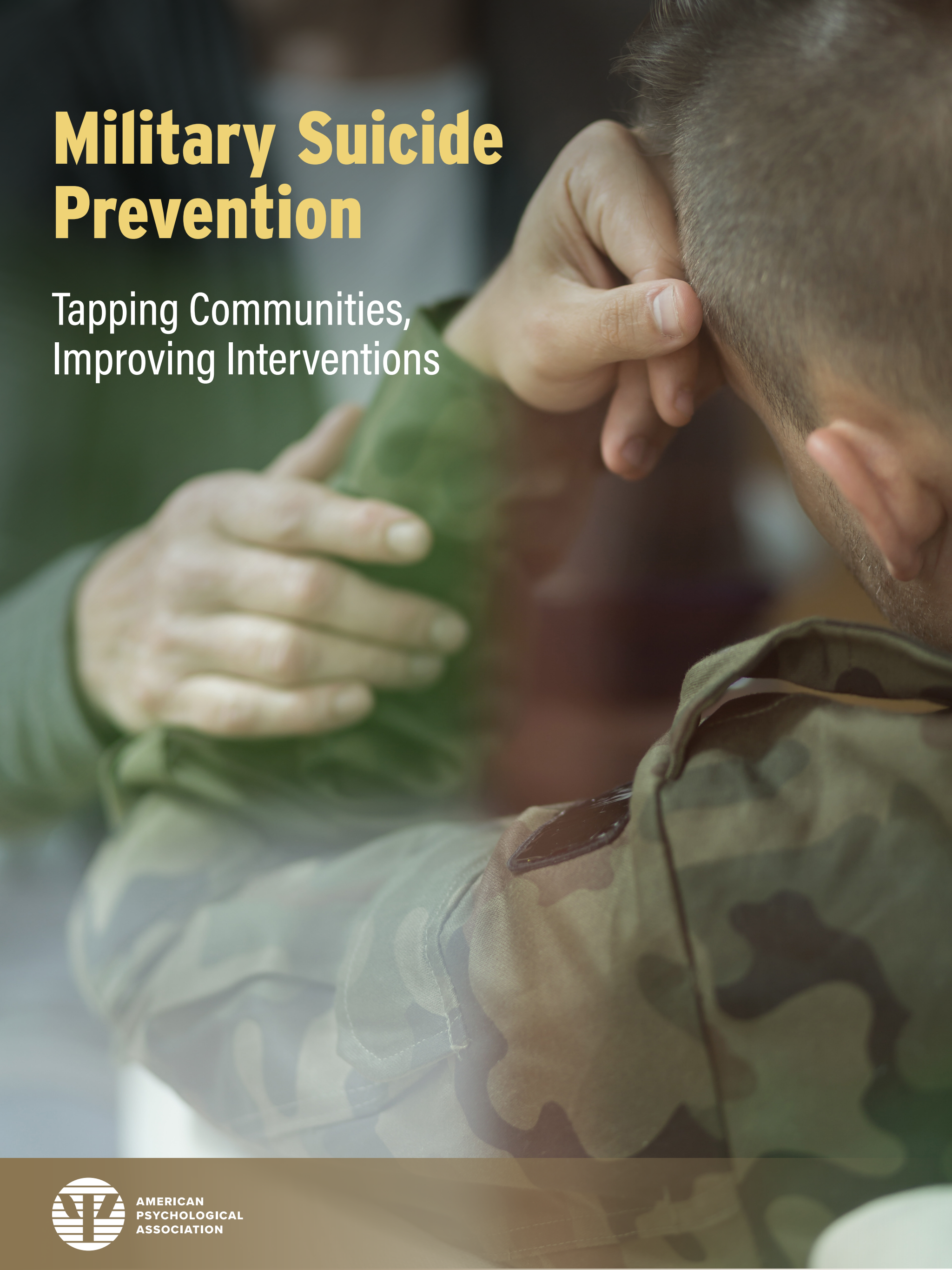
Military Suicide Prevention

Tapping Communities, Improving Interventions



AMERICAN PSYCHOLOGICAL ASSOCIATION

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Suicide detection and prevention efforts have become a top priority for the military as suicide rates among veterans climb at an alarming rate. According to the 2022 National Veteran Suicide Prevention Annual Report by the U.S. Department of Veterans Affairs (VA), veterans have a 57% higher risk of suicide than the general population.

High exposure to trauma, stress, and burnout; isolation and loneliness; easy access to guns; and difficulties reintegrating into civilian life are among the factors contributing to this mental health crisis.

Whether working at the VA, conducting research, or lobbying Congress, psychologists are actively involved in helping the military to develop interventions for this complex psychosocial paradigm. And they seem to be making some headway. Early detection programs, tracking studies, and dozens of prevention initiatives for both active-duty military and veterans indicate that these suicide rates are declining.

For example, there were 343 fewer veterans who died from suicide in 2020 than in 2019, and 2020 had the lowest number of veteran suicides since 2006, according to the annual report.

This publication of articles recently published by APA examines the latest veteran suicide predictors and showcases just a few of the ways psychologists are helping to make sustainable progress in veterans' mental health.

VETERANS AT RISK

Psychologists working for the Department of Veterans Affairs and the Department of Defense are casting a wide net to help prevent suicide among veterans and service members

From the *Monitor on Psychology*, Nov/Dec 2022
By Tori Deangelis

TECH. SGT. RYAN CRANE/U.S. AIR FORCE PHOTO

After identifying veteran suicide as its highest clinical priority, the military is making a major new push to prevent deaths by suicide, with numerous efforts underway both in the Department of Defense (DoD) and the Department of Veterans Affairs (VA).

There is good reason for this heightened activity: For decades, suicide rates were lower among active-duty personnel than they were in the general population, but they are now about the same. Veterans, meanwhile, are 1.5 times more likely to die by suicide than non-veteran adults. Reasons for these sobering numbers may include high exposure to trauma, stress and burnout, isolation and loneliness, easy access to and familiarity with guns, and difficulties reintegrating into civilian life.

The DoD and VA recognize that standard clinical interventions, while helpful on an individual level, are not enough to address these problems, said psychologist Matthew A. Miller, PhD, MPH, executive director for VA Suicide Prevention in the Office of Mental Health and Suicide Prevention. As a consequence, they are funding a range of so-called "upstream" approaches—public health efforts to prevent suicide on community and other environmental levels. Psychologists are playing a key role in these endeavors, which include spearheading community programs run by veterans, training fledgling Air Force personnel on team-based approaches to healthy living, and working with veteran-related organizations to make suicide prevention part of their organizational fabric.

VA clinical psychologist Bryann DeBeer, PhD, who is heading some of these initiatives, said the approach is about giving the nation's service members as many options for healthy living as possible. "There is no wrong door here."

Encouraging Veteran Communities

Veterans are highly qualified to help fellow veterans build mental health resiliency. That is the philosophy behind Together With Veterans, or TWV, an initiative funded by the VA Office of Rural Health aimed at reducing suicide rates among rural veterans. These veterans are an important group to focus on because they are about 20% more likely to die by suicide than urban-based veterans owing to factors such as greater

access to lethal means, reduced access to good health care, geographic isolation, and loneliness, said Nate Mohatt, PhD, a community psychologist who helped launch and was principal investigator of the program until 2022. (The program is now headed by VA psychologist Lisa Brenner, PhD, and will continue its funding until 2024.)

TWV draws in part from an initiative that began in Nuremberg, Germany, called the European Alliance Against Depression. That endeavor, which has grown to include some 100 partner organizations, aims to create public environments that help reduce stigma and encourage people with mental health problems to seek help.

TWV takes a similar tack, explained Mohatt, now a lead scientist at the information technology consulting company Booz Allen Hamilton, where he is advising the DoD on mental health and suicide prevention research. "Instead of taking a clinical approach to prevent suicide among a single individual who is actively suicidal," he said, "it's a whole-community, population-health approach to reducing suicide rates."

Veteran leaders help their peers by providing gun locks and safe spaces to meet and connect.

GENARO MOLINA/LOS ANGELES TIMES VIA GETTY IMAGES

Key to TWV's successful implementation are two related factors: community buy-in and community ownership. A VA team begins the process by identifying rural veterans who are leaders in their community and are passionate about preventing suicide among fellow veterans. Once these individuals express interest, they are prompted to enlist the support of fellow local veterans—a vital step, because the program will not work unless the entire community is on board, Mohatt said.

Next, veteran leaders undergo a series of trainings as they begin to mobilize their community partners. "We work with them to give them the tools, the training, and the technical assistance they need to implement a very complex, intensive, community-based project," Mohatt explained. The leaders learn what it takes to become expert community organizers, from tapping fellow veterans to run meetings and coordinate logistics to creating and implementing community-wide action plans using a range of "best practice" approaches.

Overall, leaders are guided to undertake actions in six areas geared to increasing connection, education, and safety among veterans, Mohatt added. It is important that they take all of these actions, he said, "because if you just do one, we don't know that you're going to reduce suicide rates. But if you do a bunch of different things—synergistically meeting your community's gaps and needs across all of these focus areas in a coordinated way—it will reduce suicide rates."

An example of this work is taking place near the small city of Sparta, Wisconsin, in the vicinity of the Tomah VA and Fort McCoy, a ready-reserve training center. There, TWV codirectors Tom and Laurie Graber—Tom is a veteran, and he and Laurie are cofounders of a Christian ministry called Acres of Hope—have done extensive outreach with their board of directors to help connect veterans in the community. Some of their efforts include hosting a monthly pancake breakfast to tell veterans about TWV, establishing a local office, and supplying free gun locks to gun owners, because these devices have been shown to curb suicide rates (see, for example, Anestis, M. D., & Anestis, J. C., *American Journal of Public Health*, Vol. 105, No. 10, 2015).

In addition, the Grabers and their growing TWV team have planned regional outings, including to a veterans park called The Highground–Camp Victory, which uses therapeutic recreation and adaptive sports to bolster mind, body, and spirit.

Tom Graber said the work is incredibly synergistic—that once he meets with a veteran, a chain reaction occurs. A chat with a restaurant owner led the man to volunteer his restaurant for the pancake breakfast. A TWV board member who worked at an Ace Hardware offered to take gun locks to the store, telling Graber that she would put a Together With Veterans tag on each gun sold and hand each customer a gun lock.

These efforts tackle a root cause of suicide: loneliness and isolation, Graber said. "A lot of our rural veterans are getting older and their spouses are dying," he said. "Maybe they have health issues and can't get appropriate care. Most of them don't use social media. So the bottom line is that a lot of older veterans become isolated, and that is a major reason that people consider suicide."

Mohatt's team piloted the TWV model at sites in northwest Montana and in Carteret County, North Carolina, and the intervention is now being rolled out in 31 rural communities nationwide. While it will take a few years to see if it reduces suicide rates on a larger

Airmen complete trainings that emphasize the importance of having a healthy unit.

scale, interim results in northwest Montana are encouraging. Over 2 years, the TWV group there recorded nearly 10,000 positive community encounters related to veteran suicide prevention—solid numbers, considering that the overall veteran population there is only around 12,000, Mohatt said. In addition, the group trained 431 veterans in an evidence-based suicide prevention protocol, gave 216 referrals to veteran care, provided 32 homelessness services to veterans, and conducted 315 one-on-one check-ins with vulnerable veterans.

Seeing those numbers in context is important, said Mohatt, because at the time of the project there was only one VA suicide prevention coordinator serving the entire state of Montana. "It would have been impossible for that person to provide all of those services in this one large rural area," he said. And TWV and other VA projects with a community focus will be getting a big—and much needed—boost in the near future: The VA plans to hire at least 200 community engagement and partnership coordinators "whose sole job is to collaborate with communities to do work like this," Mohatt said.

Building Resilient Air Force Teams

In another upstream suicide prevention effort, psychologist Peter A. Wyman, PhD, a professor of psychiatry at the University of Rochester, has developed a group intervention for U.S. Air Force units that has been shown to increase positive team connections and cohesion and, relatedly, reduce suicide risk and depression.

Called Wingman-Connect, the initiative—framed as training for career success and health and well-being, rather than overtly targeting suicide prevention—squares with the growing recognition that positive social connections and shared healthy norms can facilitate mental health and reduce suicide risk, Wyman said.

"There's been a growing concern in some parts of the military about a loss of cohesion and community among service members," a traditional feature of military life. For example, fewer Air Force personnel live on bases than in the past, leading to less connectedness, Wyman said.

The intervention is distinctive in its small-group focus, Wyman said. "It recognizes that protective strengths and skills aren't just individual—that they also involve small group units, the groups that people are connected to through friendship, working, and learning relationships," he said. "It also recognizes that individuals often learn these strengths best when they learn them together with people who are a part of their natural networks."

In a first iteration of the model, Wyman's team worked with Air Force personnel who were just learning about their career and job roles at the branch's largest technical training school, in Wichita Falls, Texas. During 6 hours of training spread over 3 days, groups of 30 to 40 airmen completed group exercises emphasizing cohesion, shared purpose, and the value of a healthy unit. They also learned and shared skills related to job success and mental health, such as kinship, balance, guidance, and purpose, noting which team members—including themselves—were particularly strong in one or more of those skills. Finally, they mapped out their unit's entire network of strengths, observing how each member contributed to the strength of the whole.

In a randomized controlled trial reported in *JAMA Network Open* (Vol. 3, No. 10, 2020), Wyman demonstrated that compared with airmen who received stress-management training only, those in the Wingman-Connect groups had fewer suicidal thoughts, depression symptoms, and occupational problems at 1 month, and they maintained the gains related to depression at 6 months. Those who saw the biggest benefits—airmen most likely to become more con-

RESEARCH IN SUICIDE PREVENTION

In a study led by University of Memphis president and clinical psychologist M. David Rudd, PhD, military members randomized to receive a brief cognitive behavioral therapy intervention were 60% less likely to make a suicide attempt in the next 2 years than those randomized to treatment as usual (Source: *The American Journal of Psychiatry*, Vol. 172, No. 5, 2015).

STAFF SGT. AJ HYATT/U.S. AIR FORCE PHOTO

Team cohesion, support, and shared healthy norms can provide protection against suicidal risk factors for members of the armed forces.

PATRICK T. FALLON/AFP VIA GETTY IMAGES

nected to their team—were the airmen at greatest risk of depression and suicide before the intervention, the researchers also found. The findings suggest that team cohesion, support, and shared healthy norms can provide powerful protection against the suicidal risk factors of loneliness and isolation, Wyman noted.

With additional funding from the Air Force, Wyman is now tailoring the model for airmen who are in arguably the most stressful phase of their careers: their first few years on the job.

"The highest period of vulnerability for health problems is really in that first year or two or three after the training, when the demands, stressors, career challenges, and personal relationship problems all come together," he said. A pilot of the adaptation found that it could be successfully delivered and that airmen found it useful. Wyman's team is also planning a study that will increase the length of the intervention to encompass the training and initial career phases, include a longer follow-up period, and determine how to prepare Air Force personnel to deliver the intervention with high fidelity.

The fact that the military is open to a suicide-prevention approach that is not specifically geared to suicide but could affect long-term mental health and quality of life is extremely heartening, Wyman added.

"I am very impressed by how supportive very high-level military leaders are about the importance of really proactive prevention," he said. "The Air Force is extremely supportive of this work and is eager to work on developing it further as something that could be more of a force-wide deploy."

Helping Organizations Become Veteran Savvy

In another VA-funded project that addresses environmental factors, DeBeer, who directs the VA Patient Safety Center of Inquiry–Suicide Prevention Collaborative at the VA Rocky Mountain MIRECC (Mental Illness Research Education and Clinical Center) for Suicide Prevention, has been helping organizations develop stronger veteran suicide-prevention programs using a "learning collaborative" model. That approach brings members of organizations together with research-implementers to learn, execute, and sustain evidence-based interventions.

A central aim of this work is to bring better suicide-prevention services to the many veterans who do not use the VA health care system—some 52% of the veteran population as of 2016, according to VA data. This aligns with the purposes of the MISSION Act, passed by Congress in 2018 to expand and improve veteran care, including in the community.

"In my opinion, the VA has truly built the strongest veteran suicide prevention program available, but not everyone is coming into contact with it," said DeBeer. "The aim of these learning collaboratives is to take these best-practice methods that have been implemented in VA and other systems and to support organizations in implementing them."

DeBeer headed an initial pilot of this idea from 2018 to 2021, with grant funding from the VA National Center for Patient Safety and the Rocky Mountain MIRECC. In that project, her team worked with 13 organizations in the Denver and Colorado Springs metro areas that come into contact with but do not necessarily focus on veterans, including offices of public safety, libraries, and community mental health centers (that project won the Veterans Health Administration's Community Partnership Award for 2021 as well as a commendation from VA Secretary Denis McDonough). She is now running a second pilot project, funded by the VA National Center for Patient Safety for 2022 and 2023, that will use some of the same methods to help improve suicide-prevention services in several non-VA health care organizations that receive funding through the MISSION Act to serve veterans in the community, but with more of a focus on health care systems and care coordination.

The learning collaboratives take place over 16 months between the VA team and a team chosen by the organization, with the organization's team making the final calls about what to use. "We don't want to be overbearing with the organization; we want to listen to them and support them in implementing better suicide prevention," DeBeer said. "It's up to them as to how that occurs."

To start, the two groups do an assessment of the organization's suicide-prevention status. Next, they come up with a set of recommendations and an action blueprint based on that assessment. Depending on the chosen goal, the partners then create an action plan to help realize the blueprint, using a standard implementation science methodology that involves planning a potential change, trying it out, observing the results, and acting on what is learned. They also address contextual factors such as who will actu-

ally be implementing the changes, and they develop data collection systems to assess progress and make changes as needed.

Along the way, both sides "get really specific about timelines for different goals and who is responsible for meeting them," DeBeer said. The VA team may commit to providing resources by the next meeting, for example, while the organization's team may agree to doing research on a specific topic and sharing their findings.

The system, described in the *Federal Practitioner* (Vol. 37, No. 11, 2020), appears to be a winning one. "People end up getting a lot done because we break it down into manageable chunks," DeBeer said. Over 2 years, the 13 community organizations enacted 92 implementations, as well as strong measurements that they can apply to future action plans.

One system that undertook this training was a veterans' homelessness organization that DeBeer worked with during the first pilot. The organization's team was eager to undertake this work because many veterans entering the system struggled with mental health disorders and suicidal ideation and behavior, but team members did not know how to help because mental health was not an organizational focus.

Working with DeBeer's team, the organization developed several plans that turned into actions. These included proactively screening clients for mental health symptoms, embedding mental health screening into the organization's electronic health record, giving staff additional training in suicide prevention, and integrating that training into the organization's policies—important, because "we know from implementation science that if we don't codify these changes into the organization, they may not continue once those [trained] individuals leave," DeBeer said.

When she last spoke with the team, members reported that they were excited about their progress. "After a few months, they realized that about 1 in 10 of the veterans they were seeing were positive for mental health symptoms but weren't getting any care," DeBeer said. "And they were connecting those individuals to care."

The work is about much more than just training an organization's staff, though training is a part of it, DeBeer added. "We're supporting organizations to make comprehensive and sustainable changes that will last—empowering them to act in ways that will prevent veteran suicide." ■

Further Reading

Psychosocial protective factors and suicidal ideation: Results from a national longitudinal study of veterans
Elbogen, E. B., et al.
Journal of Affective Disorders, 2020

The Veterans Affairs Patient Safety Center of Inquiry–Suicide Prevention Collaborative: Creating novel approaches to suicide prevention among veterans receiving community services
DeBeer, B., et al.
Federal Practitioner, 2020

Effect of the Wingman-Connect upstream suicide prevention program for Air Force personnel in training: A cluster randomized clinical trial
Wyman, P. A., et al.
JAMA Network Open, 2020

Together With Veterans: VA national strategy alignment and lessons learned from community-based suicide prevention for rural veterans
Monteith, L. L., et al.
Suicide and Life-Threatening Behavior, 2020

Tapping Communities for Support

Several Veterans Health Administration programs are working to enhance community connections for veterans

From the *Monitor on Psychology*, Nov/Dec 2022

Enhancing community connections through research and partnerships is an increasingly important strategy in how the Department of Veterans Affairs (VA) thinks about suicide prevention, noted clinical psychologist Matthew A. Miller, PhD, MPH, executive director for VA Suicide Prevention in the Office of Mental Health and Suicide Prevention. Veterans Health Administration has three complementary programs that address community connections at different levels:

State Focused Efforts

Launched in 2018, the Governor's Challenge is a state-based approach to community prevention headed by governor-appointed teams that are charged with developing relevant policies and programs in their states. When teams accept the VA's invitation to join, they take part in policy and training academies related to suicide prevention, background, dynamics, and action planning. "We walk with them hand in hand to form a state-centric action plan and implementation of the plan," Miller said. So far, most of the country is on board, with 47 states participating.

Regionally Focused Efforts

This plan, which went into effect in 2020, aims to build community coalitions and collaborations related to veteran suicide prevention through existing regional systems of VA care called Veterans Integrated Services Networks, or VISNs. There are 18 of these networks nationwide, and the VA is working with them to create and implement veteran suicide action plans at the county and city levels.

To help carry out this work, the VA recently hired more than 100 community engagement and partnership coordinators—full-time employees whose role is to reach out to communities at the county and city levels, connect them with their respective VISNs and relevant local facilities, and build or reinforce their community coalitions and action plans.

Together With Veterans

Funded partly by the VA Office of Rural Health, this model takes a holistic community approach to preventing veteran suicide in rural areas by building veteran leadership and networks. The program started in 2019 and is set to end in 2024, at which point veterans in charge of these programs can continue running them on their own with the help of grants, fundraisers, and volunteers. ■

COURSE

Reducing Firearm Injury and Death

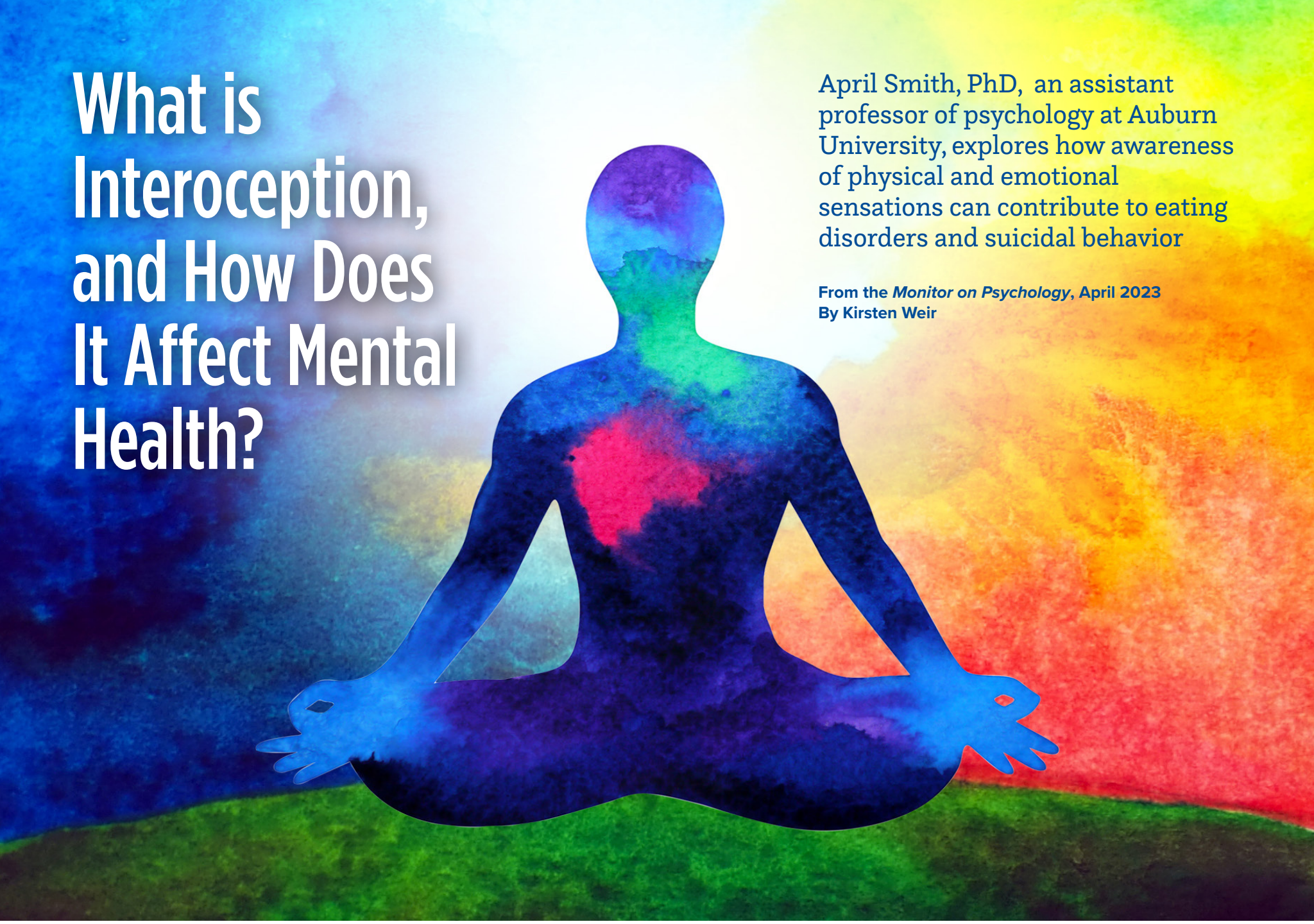
Gain an understanding of the most current and rigorous scientific evidence regarding risk identification and interventions for reducing firearm injury and suicide

This Continuing Education (CE)-credit workshop focuses on the epidemiology of firearm violence and suicide, social determinants of health, risk assessment for firearm-related harm, and prevention strategies for mental health care providers. Specific clinical scenarios and interventions for risk reduction, as well as firearm policy relevant to mental health providers and researchers, are covered.

Presented by Amy Barnhorst, MD. Dr. Barnhorst is the Vice Chair for Community Mental Health at the UC Davis Department of Psychiatry and the director of the BulletPoints Project, a state-funded effort to develop and disseminate a curriculum to teach healthcare providers across California how to counsel at-risk patients about firearms. In her clinical work, she treats patients with serious mental illness in a variety of inpatient and emergency settings. She's a nationally recognized expert on firearms laws and mental illness, and studies the interface between firearm violence, suicide, and the mental health system.

Register

What is Interoception, and How Does It Affect Mental Health?



April Smith, PhD, an assistant professor of psychology at Auburn University, explores how awareness of physical and emotional sensations can contribute to eating disorders and suicidal behavior

From the *Monitor on Psychology*, April 2023
By Kirsten Weir

For military members, zoning out can be a good thing. There are benefits to ignoring hunger pangs on a long mission or a racing heart during a tense battle. Over the long term, though, overlooking physical and emotional sensations can increase the risk of a variety of mental health disorders, including suicidal thoughts.

"For soldiers, being able to ignore pain or fear can be adaptive. It's something that's promoted in the military, both implicitly and explicitly," says April Smith, PhD, an assistant professor of psychology at Auburn University. "But outside the short window of a mission, it's important for people to be aware of their bodily sensations."

In her Research on Eating Disorders and Suicidality Lab, Smith studies interoception, the awareness of body sensations. With funding from the Department of Defense, she is exploring an intervention to improve interoception to reduce the risk of suicide, eating disorders, and other negative outcomes, both in service members and civilians. Smith talked with the *Monitor* about the importance of better understanding this underappreciated sixth sense.

What does interoception entail?

Interoception is the ability to be aware of internal sensations in the body, including heart rate, respiration, hunger, fullness, temperature, and pain, as well as emotion sensations. Many people consider interoception to be an additional sense that is critical to the way we understand how we feel on a moment-to-moment basis.

You can think of someone with "good" interoception as the person who feels themselves getting hungry and gets a snack, or who feels their heart racing and takes some deep breaths. A person with low interoception, conversely, might go all day without eating. But evidence suggests that having high or low interoception in one domain doesn't mean you're good or poor in interoception overall. Someone might be good at recognizing hunger sensations but poor at recognizing emotions, for example.

How does interoception affect mental health?

The earliest studies of interoception and mental health showed that being too aware of internal sensations, such as heartbeat, can contribute to anxiety

disorders. There's also a robust literature linking interoceptive dysfunction to eating disorders. Not being aware of hunger sensations can facilitate restrictive eating, and if you're not aware of fullness sensations, that could contribute to binge eating.

Research on interoception has skyrocketed in the past couple of years, and people are now finding links with all kinds of disorders, including depression, obsessive-compulsive disorders, trauma disorders, substance use, and suicidality. It seems to be a transdiagnostic risk factor for a lot of mental health conditions.


April Smith, PhD

What's known about the mechanism?

We still have a lot of unanswered questions. There are so many components of interoception, and different deficits might be related to mental health outcomes in different ways. We have some evidence to suggest that being worse at understanding pain sensations is a better predictor of self-injurious behavior than having poor interoception for heartbeat or cardiac sensations. It's likely not just one's awareness of the sensations that matters, but also the cognitive appraisal of those sensations.

There's also a lot we don't know about what interoception looks like over time. Is it a bidirectional relationship, where a predisposition to low interoception might contribute to a mental health disorder, but then that disorder exacerbates interoceptive dysfunction, leading to a kind of feedback loop? Two of my former students, Lisa Velkoff, PhD, and Lauren Forrest, PhD, have started longitudinal research to explore that question.

What's exciting to me is that interoception is clearly modifiable. And if interoception does turn out to be a transdiagnostic risk factor, then incorporating interoceptive interventions into existing treatments could do a lot to improve a variety of mental health outcomes.

What does your research show about targeting interoception to improve mental health?

In collaboration with colleagues including Air Force Lt. Col. David Tubman, PsyD, ABPP, and Maj. Aaron Esche, PhD, at Wright-Patterson Air Force Base, and Lt. Col. Michael Dretsch, PhD, at the U.S. Army Medical Research Directorate-West, my lab developed an intervention called Reconnecting to Internal Sensations and Experiences (RISE). It's an online intervention consisting of four 30-minute modules designed to increase connection with the body. The training consists of psychoeducation, self-guided reading, interactive writing prompts, and some out-of-session practice people can do at home to build on the skills they're learning. We introduce people to interoception, then teach a variety of concepts including progressive muscle relaxation, thinking of the body in terms of function rather than appearance, noticing and managing emotions and their associated physiological sensations, and intuitive eating.

In an uncontrolled pilot study of 22 people seeking treatment in an outpatient mental health clinic, we found that RISE was associated with improvements in several facets of interoception, as well as decreases in depression and anxiety symptoms and significant decreases in suicidal ideation (*Behavioral Therapy*, Vol. 52, No. 5, 2021). In a second pilot, among university students, we again found that RISE was associated with improvements of some aspects of interoception, and decreases in suicidal ideation and eating disorder symptoms (*w*, Vol. 12, No. 2, 2022).

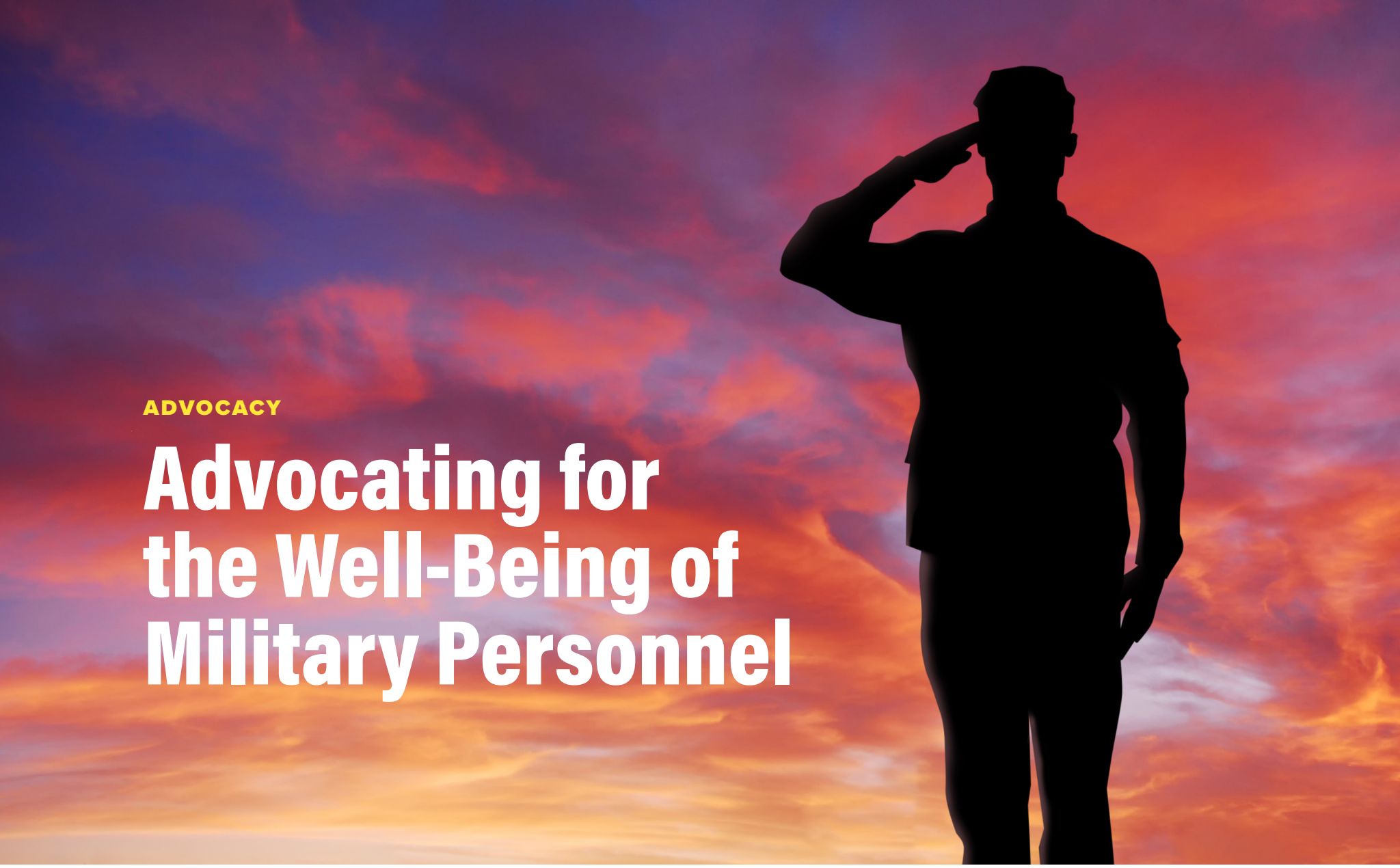
Now we're finishing a randomized controlled trial of 195 service members, randomly assigned to RISE or a comparator condition that focused on general healthy habits. We found that RISE was associated with improvements in six out of eight facets of interoception relative to the control group. And those improvements persisted at the 1- and 3-month follow-ups.

What's next for your lab and interoception research more broadly?

We want to continue testing and improving RISE. We're modifying it to make it more relevant to people with eating disorders, and I'm working on another project testing it in veterinarians—a population with an elevated rate of suicide compared with the general population. Veterinary training is reminiscent of military training; veterinarians are taught to ignore internal sensations during surgeries or when performing euthanasia. We're studying whether that could be contributing to the increased rate of suicidal behaviors in this population, and whether RISE could improve those outcomes.

I'm also hoping the field can improve measurement of interoception so we can better understand what specific types of interoceptive dysfunction are related to specific mental health disorders. I doubt it's as simple as people having "good" or "bad" interoception. More likely, it's about being able to tune in or tune out when it's appropriate. Tuning out can be adaptive, as we see with service members. But people need to be able to recognize when to tune back in. ■

ZAC HENDERSON



ADVOCACY

Advocating for the Well-Being of Military Personnel

APA has long been committed to the mental health and well-being of military personnel, veterans and their families. The association's priorities include preventing suicide and promoting well-being by enhancing the quality, continuity and integration of care, says Heather O'Beirne Kelly, PhD, the director of APA's military and veterans health policy. For example:

In 2022, APA weighed in on federal rule eliminating copays for veterans at high risk for suicide, Proposed Rule RIN 2900-AQ30 and Proposed Rule RIN 2900-AR31. The comment jointly filed by APA Services and Division 18 recommended that the Department of Veterans Affairs (VA) study the impact of eliminating these copayments to ensure the move doesn't bring unintended consequences. The rule was enacted, going into effect January 17, 2023. "Veterans in suicidal crisis can now receive the free, world-class emergency health care they deserve—no matter where they need it, when they need it, or whether they're enrolled in VA care," VA Secretary Denis McDonough said in a statement.

The VA solicited recommendations on implementation of the Staff Sergeant Fox Suicide Prevention Grant Program (SSG Fox SPGP), which was created through the Commander John Scott Hannon Veterans Mental Health Care Improvement Act. The SSG Fox SPGP aims to reduce suicide among veterans and their families through wrap-around, nonclinical suicide prevention support services. APA submitted recommendations for how VA should implement the program, including ensuring that grant recipients have a strong history of providing services to veterans as well as evidence-based and evidence-informed suicide prevention services..

The association has also brought APA member experts on veterans and suicide prevention to Washington, D.C., to speak directly to policymakers, and has endorsed bills addressing the issue of suicide in the military such as S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, which is dedicated to improving mental health care provided by the VA, with a specific focus on suicide prevention.

"Suicide is so hard to affect in terms of numbers, so when you find something that works, it's so important to expand it to the entire VA health-care system as quickly as possible," Kelly says. ■

GET HELP NOW

Veterans Crisis Line
DIAL 988 then PRESS 1

https://www.veteranscrisisline.net/find-resources/veteran-support/

APA Resources

Suicide and Suicide Prevention

APA's complete coverage of mental health and suicide including links to recent articles, CE courses, and scientific studies on suicide prevention. **Learn more**.

Our efforts to reduce mental health stigma and advocate for initiatives that bolster education, research, and community services to identify and help individuals at risk of suicide and their families. **Learn more**.

Military and Veterans

News from APA tracking mental health for military service members and veterans. **Learn more**.

Follow APA's efforts to support military personnel and veterans, their families and their communities, as well as the psychologists who conduct health research with and provide direct services to these military-connected populations. **Learn more**.

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For VA psychologists within APA who promote the VA's mission through patient care, research, training, and consumer activities, and who form a national network to share ideas and address concerns. **Learn more**.

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