**Preventing Veteran Suicide: Early Identification and Intervention**

**RESEARCH**

Research from the VISN 3 MIRECC may help to prevent suicide through earlier detection of Veterans at risk.

Earlier Identification of Suicide Risk

Suicide risk is reported to be higher among Veterans than non-Veterans. Most people who die from suicide have at least one mental health disorder. Common conditions are major depressive disorder, bipolar disorder, schizophrenia and substance use disorders. However, not everyone with one of these disorders becomes suicidal. Researchers at the VISN 3 MIRECC are looking to the brain to improve our understanding of who is at risk for suicide. This team compared chemicals in the brains of people who died of suicide with those who died of other reasons. They found particular changes to a gene related to serotonin, a brain chemical that has been linked to mood. These alter the intermediate step (Messenger RNA) between DNA (the gene) and the manufacture of proteins. These proteins are involved in the way the brain sends its serotonin signals. The changes were found only in the brains of Veterans who died by suicide. This same pattern occurred no matter what mental health disorder was present. The researchers are now looking for a marker that could be detected with a simple blood test. Such a test may indicate who is at higher risk for suicide. In the future, tests like this may help us to quickly identify individuals at very high risk for suicide, even before they have become suicidal. Veterans in need could then get suicide prevention care before they harm themselves.


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**EDUCATION**

VISN 19 MIRECC researchers have found a way to improve how care providers understand and communicate about suicide risk among Veterans.

Improving Communication to Prevent Suicide

To help with this, researchers at the Centers for Disease Control and Prevention (CDC) and the VISN 19 MIRECC have developed definitions for suicide-related thoughts and
behaviors that doctors, therapists, researchers and policy makers can use. The definitions provide clinicians a more thorough and accurate way to assess and understand the thoughts and behaviors of the Veterans they work with. This allows them to make an immediate difference in their patients’ lives. The VA, Department of Defense, and the CDC have all adopted this terminology for use in each of their systems. VISN 19 MIRECC researchers worked with providers in two VA hospitals to explore strategies to encourage adoption of the new definitions. Based on the findings, they created clipboards, a website, and even a Smartphone web browser to help professionals select the most appropriate suicide-related term. For more information regarding these training materials see: the VISN 19 Education and Nomenclature section. Meanwhile the smartphone web browser is also available.


C L I N I C A L

The VISN 2 Center of Excellence for Suicide Prevention has teamed up with MIRECCs in VISNS 3, 4, 19 and 20 to better connect at-risk Veterans to care after they leave the Emergency Department.

Improving Services for Veterans at Risk
A new program called SAFE VET reaches out to Veterans at risk of suicide who are seen in Emergency Departments (ED) and in Urgent Care Services. SAFE VET stands for Suicide Assessment and Follow-up Engagement: Veteran Emergency Treatment. The program is designed to help Veterans in distress but who do not require immediate psychiatric hospitalization. It provides brief intervention and follow-up for potentially suicidal Veterans. SAFE VET engages Veterans in targeted safety planning, finding ways for them to stay and feel safer. Follow-up contact after leaving the ED is done by a trained Acute Services Coordinator (ASC). The ASC helps these Veterans connect with outpatient mental health services and encourages them to use their safety plan with regular calls to check in about safety. To date, over 900 Veterans have benefitted from SAFE VET. Early results show that Veterans find the intervention acceptable. Almost all (92%) of those offered the program agreed to participate. Findings also suggest that participation makes it more likely that Veterans will connect with outpatient mental health care. In addition, ED staff report finding SAFE VET to be extremely helpful. This program fills an important gap in services. It may dramatically improve our ability to get at-risk Veterans the care they need.

There are 15 VA specialized mental health centers of excellence which include 10 Mental Illness Research, Education and Clinical Centers (MIRECCs), 4 Mental Health Centers of Excellence, and the National Center for PTSD. The centers share a mission to improve the health and well being of Veterans through cutting edge science, education, and clinical initiatives. Mental illnesses are often multiple complex conditions. Each center addresses a particular mental illness, problem, environmental situation or Veteran cohort. To learn more about these centers, go to www.mirecc.va.gov/

This website is for educational purposes only. If you are looking for professional medical care, find your local VA healthcare center by using the VA Facilities Locator & Directory.

The VA has founded the Veteran's Crisis Line to ensure Veterans in crisis have free, 24/7 access to trained counselors. Veterans can call the Crisis Line number, 1-800-273-TALK (8255), and press "1" to be routed to the Veterans Crisis Line; you can also visit their website for more information.

Contact the National MIRECC Education Group at mireccinfo@va.gov with questions about the MIRECC program or educational products.

Contact joe.huggins@va.gov with technical problems and errors on this web site.