Suicide Prevention: A community effort

Zachary K. Parrett, PsyD
Clinical Psychologist, Suicide Prevention Coordinator
Kansas City VAMC
Disclosure

• I have no actual or potential conflict of interest in relation to this program/presentation.
Agenda

• What is the impact of suicide on your team? Your facility? Your state and your country?
• State of affairs in Veteran suicide
• New national strategy for preventing Veteran suicide
  • Public health approach
• Suicide Prevention Coordinators at the VHA
  • Suicide Risk Identification Strategy
  • Suicide Safety Plan
  • Suicide Crisis Plan
• Suicide Prevention 2.0
  • Mayor’s Challenge
  • Memorandums of Understanding
• Additional Resources
How many have you lost?
State of (Veterans) Affairs

20.6

VA National Suicide Data Report, 2005-2015. Office of Mental Health and Suicide Prevention, June 2018
State of (Veterans) Affairs

- VA National Suicide Data Report, 2005-2015. Office of Mental Health and Suicide Prevention, June 2018
The 2015 state data sheets contain the most up-to-date Veteran suicide information for all 50 states, the District of Columbia, and Puerto Rico. These sheets reflect the U.S. Department of Veterans Affairs' expanded analysis of suicide rates and include data that has become available since the release of the 2014 state data sheets.

This Kansas Veteran Suicide Data Sheet is based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The data in Kansas includes data from multiple data sources, including the VA Office of Patient Experience, the VA Eastern Massage Therapy Resource and Evaluation Center, VA Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the Defense Suicide Prevention Office. Causes of death were identified through the NCHS’ National Death Index (NDI). For additional information, please contact Dr. Megan McCarthy, National Deputy Director for Suicide Prevention, VA Office of Mental Health and Suicide Prevention, or megan.mccarthy@va.gov.

**Kansas Veteran Suicide Deaths, 2015**

<table>
<thead>
<tr>
<th>State</th>
<th>Veteran Suicide Rate</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas</td>
<td>67</td>
<td>60-70</td>
<td>&lt;10</td>
</tr>
</tbody>
</table>

**Midwestern Region**

<table>
<thead>
<tr>
<th>State</th>
<th>Veteran Suicide Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>67</td>
</tr>
<tr>
<td>Indiana</td>
<td>67</td>
</tr>
<tr>
<td>Iowa</td>
<td>67</td>
</tr>
<tr>
<td>North Dakota</td>
<td>67</td>
</tr>
<tr>
<td>Kansas</td>
<td>67</td>
</tr>
<tr>
<td>Ohio</td>
<td>67</td>
</tr>
<tr>
<td>Michigan</td>
<td>67</td>
</tr>
<tr>
<td>South Dakota</td>
<td>67</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>67</td>
</tr>
</tbody>
</table>

**Kansas, Midwestern Region, and National Veteran Suicide Deaths by Age Group, 2015**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Kansas Veteran Suicide</th>
<th>Midwestern Region Veteran Suicide</th>
<th>National Veteran Suicide Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>67</td>
<td>1,202</td>
<td>1,202</td>
</tr>
<tr>
<td>18–34</td>
<td>11</td>
<td>165</td>
<td>8,661</td>
</tr>
<tr>
<td>35–54</td>
<td>21</td>
<td>355</td>
<td>4,777</td>
</tr>
<tr>
<td>55–74</td>
<td>18</td>
<td>460</td>
<td>2,810</td>
</tr>
<tr>
<td>&gt;75</td>
<td>17</td>
<td>270</td>
<td>3,381</td>
</tr>
</tbody>
</table>

*Counts calculated from suicide rates; rates calculated from suicide rates; rates calculated from suicide rates; rates calculated from suicide rates; rates calculated from suicide rates; rates calculated from suicide rates; rates calculated from suicide rates.

After accounting for differences in age, the Veteran suicide rate in Kansas was not significantly different from the national Veteran suicide rate.

[Source: U.S. Department of Veterans Affairs, Office of Accountability]
State of Affairs

The 2015 state data sheets contain the most up-to-date Veteran suicide information for all 50 states, the District of Columbia, and Puerto Rico. These sheets reflect the U.S. Department of Veterans Affairs’ expanded analysis of suicide rates and include data that has become available since the release of the 2014 state data sheets.

This Missouri Veteran Suicide Data Sheet is based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The statistics have been derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Suicide Mental Health Resources, and Evaluation Center, VA Post-Deployment Health Services, the VA Center for Excellence for Suicide Prevention, and the VA Defense Suicide Prevention Office. Causes of death were identified through the National Death Index (NDI). For additional information, please email Dr. Megan McCarthy, National Deputy Director for Suicide Prevention, VA Office of Mental Health and Suicide Prevention, at Megan.McCarthy@va.gov.

### Missouri Veteran Suicide Deaths, 2015

<table>
<thead>
<tr>
<th>Region</th>
<th>Veterans Served</th>
<th>Veterans Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>170</td>
<td>100</td>
</tr>
<tr>
<td>Female</td>
<td>&lt;10</td>
<td></td>
</tr>
</tbody>
</table>

Acute rates of Missouri veterans are marked small, since deaths are prevented through other than gender controls, joint confidentiality.

### Midwestern Region

- **Missouri**
- **Iowa**
- **Indiana**
- **Illinois**
- **Wisconsin**
- **Michigan**
- **North Dakota**
- **South Dakota**
- **Minnesota**
- **Nebraska**
- **Kansas**
- **Ohio**

### Missouri, Midwestern Region, and National Veteran Suicide Deaths by Age Group, 2015

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Missouri Veterans Served</th>
<th>Midwestern Region Veterans Served</th>
<th>National Veteran Suicide Rate</th>
<th>Midwestern Region Veteran Suicide Rate</th>
<th>National Veteran Suicide Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>1,232</td>
<td>3,718</td>
<td>2.9</td>
<td>2.9</td>
<td>2.7</td>
</tr>
<tr>
<td>35-54</td>
<td>553</td>
<td>1,777</td>
<td>4.8</td>
<td>4.5</td>
<td>4.8</td>
</tr>
<tr>
<td>55-74</td>
<td>101</td>
<td>2,515</td>
<td>5.2</td>
<td>5.2</td>
<td>5.2</td>
</tr>
<tr>
<td>75+</td>
<td>97</td>
<td>1,261</td>
<td>10.9</td>
<td>10.9</td>
<td>10.7</td>
</tr>
</tbody>
</table>

After accounting for differences in age, the Veteran suicide rate in Missouri was significantly higher than the national Veteran suicide rate.

U.S. Department of Veterans Affairs
## State of Affairs - Missouri

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Missouri Veteran Suicides</th>
<th>Missouri Total Suicides</th>
<th>Midwestern Region Total Suicides</th>
<th>National Total Suicides</th>
<th>Missouri Veteran Suicide Rate</th>
<th>Missouri Suicide Rate</th>
<th>Midwestern Region Suicide Rate</th>
<th>National Suicide Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>180</td>
<td>1,020</td>
<td>9,131</td>
<td>42,790</td>
<td>39.3</td>
<td>21.8</td>
<td>17.5</td>
<td>17.3</td>
</tr>
<tr>
<td>18-34</td>
<td>30</td>
<td>271</td>
<td>2,623</td>
<td>11,452</td>
<td>71.4</td>
<td>19.7</td>
<td>17.0</td>
<td>15.4</td>
</tr>
<tr>
<td>35-54</td>
<td>48</td>
<td>400</td>
<td>3,451</td>
<td>15,687</td>
<td>44.0</td>
<td>26.0</td>
<td>19.8</td>
<td>18.7</td>
</tr>
<tr>
<td>55-74</td>
<td>66</td>
<td>260</td>
<td>2,372</td>
<td>11,940</td>
<td>32.2</td>
<td>19.3</td>
<td>15.9</td>
<td>17.4</td>
</tr>
<tr>
<td>75+</td>
<td>36</td>
<td>89</td>
<td>685</td>
<td>3,711</td>
<td>35.3</td>
<td>21.7</td>
<td>15.3</td>
<td>18.4</td>
</tr>
</tbody>
</table>

Missouri Veteran and Total Missouri, Midwestern Region, and National Suicide Deaths by Age Group
Where have we been..

- 2001: National Strategy for Suicide Prevention
- 2007: VA Suicide Hotline (now the Veterans Military Crisis Line) and Suicide Prevention Coordinators (SPCs)
- 2008: Tracking suicidal behaviors and suicidal events; flagging of Veterans’ records and follow-up protocol established; Operation S.A.V.E
- 2010: Community outreach activities; Safety planning for high-risk Veterans
- 2012: Behavioral Health Autopsy Program (BHAP); 2013: BHAP Family Interview
- 2016: Suicide prevention made top priority for VA; Comprehensive suicide among Veterans report released; REACH VET
Where are we now..

• 2017
  • Suicide prevention metrics
  • REACH VET implementation
  • Mandatory S.A.V.E. training
  • Two additional VMCL sites

• 2018
  • Suicide Risk Management Consultation Program for non-VA professionals
  • HHS SAMHSA partnership with “Mayor’s Challenge”
  • White House Executive Order
We better understand Veteran risk factors for suicide

• Frequent Deployments to hostile environments (though deployment to combat does not necessarily increase risk).
• Exposure to extreme stress
• Physical/sexual assault while in the service (not limited to women)
• Length of deployments
• Service-related injury
State of (Veterans) Affairs

- Suicide prevention is everyone’s responsibility
Kansas City VA Medical Center and Community-Based Outpatient Clinic’s (CBOC)

Proudly serving more than 48,000 Veterans
Mental Health Services at KCVAMC

- Recovery-oriented care
- Evidence-based
- De-escalating/Escalating levels of care

- Primary Care Mental Health Integration
- Mental Health Clinic
- Specialty Mental Health (PTSD, Substance Use, SMI)
- Residential Rehabilitation and MH Case Mgmt
- Acute Inpatient Care
Mental Health Services at KCVAMC

Outpatient Mental Health Clinics
The starting point for getting most mental health services is the Outpatient Mental Health Clinic. Veterans can ask their Primary Care Provider to make a referral to the Mental Health Clinic or call the number below for an appointment:

11010 / 1-800-459-2921
The Mental Health Clinic is located on the 1st Floor of the Main Hospital.

Substance Use Disorder Treatment:
To access USD services, Veterans may check in at Room MP-300 during business hours 8:00-4:30 Monday through Friday.

STOP Substance Abuse Treatment Outpatient Program
In STOP, Veterans can take part in evidence-based treatments including 12-step facilitation, cognitive approaches to recovery, relapse prevention, SMART Recovery, contingency management, and Seeking Safety (for both SUD and PTSD co-occurring issues).

PCT Clinic - PTSD Clinical Team
The PCT Clinic offers individual therapy, couples/family therapy, PTSD education groups for veterans and families, PTSD therapy groups, peer support services and psychiatric services. Veterans must be referred to the PCT Clinic by mental health or primary care providers.

Substance Abuse Residential Treatment Program
SARTP is a customized residential recovery treatment program that lasts approximately 21 days. It includes classes about recovery and relapse prevention, 12-step and SMART Recovery, Veterans are admitted to the program by a multi-disciplinary team that includes case management, social work services, individual therapy, peer support services, and psychiatric services.

Programs for Veterans with Severe Mental Illness

PRBC Psychosocial Rehabilitation and Recovery Center
PRRC offers educational and therapeutic recovery groups, skill building, and community integration activities to help Veterans with mental illness live meaningful lives. Services include case management, social work services, nursing services, peer support services and psychiatric services.

MHICM Mental Health Intensive Case Management
Community-based intensive case management services help Veterans with severe mental illness retain in the community. Services include social & living skills training, supportive counseling, medication management, advocacy, peer support services and psychiatric services.
Suicide Prevention Coordination at KVAMC

• Suicide Prevention Coordinator and Care Managers

More than 300 SPCs nationwide
Suicide Prevention Team Responsibilities

• Tracking and reporting on VHA Veterans with a “high risk for suicide” flag
• Ensuring clinical monitoring and enhanced treatment is offered for high-risk Veterans
• Ensuring follow-up for high-risk patients who miss appointments
• Tracking and reporting on suicide-related behaviors in VHA Veterans
• Providing crisis management and clinical care
• Responding to Veterans Crisis Line referrals
• Training facility staff members in suicide prevention

• Offering clinical consultations to VA and non-VA providers
• Serving as experts in suicide prevention best practices
• Collaborating with community organizations and partners
• Attending a minimum of five outreach events per month
• Providing S.A.V.E training to community members
Suicide Prevention at VHA

- New Suicide Risk Identification Strategy
  - For all Veterans accessing primary care, emergency medicine, mental health, and many specialty clinics

Primary Screen (PHQ-2/PC-PTSD + Item 9) → Secondary Screen (C-SSRS Screen) → VA Comprehensive Suicide Risk Assessment
New National Safety Plan

**MY SAFETY PLAN**

Please follow the steps described below on your safety plan.

If you are experiencing a medical or mental health emergency, please call 911 at any time.

If you are unable to reach your safety contacts or you are in crisis, call the Veterans Crisis Line at 1-800-273-8255 (press 1).

Step 1: Triggers, Risk Factors, and Warning Signs
Signs that I am in crisis and that my safety plan should be used:

1. 
2. 
3. 
4. 
5. 
6. 

Step 2: Internal Coping Strategies
Things I can do on my own to distract myself and keep myself safe:

1. 
2. 
3. 
4. 
5. 

Step 3: People and Social Settings that Provide Distraction
Who I can contact to take my mind off my problems/help me feel better:

1. Name: Phone: 
2. Name: Phone: 
3. Name: Phone: 
4. Name: Phone: 
5. Name: Phone: 

Public places, groups, or social events that help me feel better:

1. 
2. 
3. 
4. 
5. 

Step 4: Family Members or Friends Who May Offer Help
Who I can tell that I am in crisis and need support:

1. Name: Phone: 
2. Name: Phone: 
3. Name: Phone: 
4. Name: Phone: 
5. Name: Phone: 
6. Name: Phone: 

Step 5: Professionals and Agencies to Contact for Help
Mental Health professionals or services I can contact for help:

1. Name: Phone: 
2. Name: Phone: 
3. Name: Phone: 
4. Name: Phone: 

Veterans Crisis Line: 1-800-273-8255, press 1

VCL Text Messaging Service: Text to 838255

VCL Chat: https://www.VeteransCrisisLine.net/Chat

Dial 911 in an emergency

Step 6: Making the Environment Safe
These are the ways I will make my environment safer and barriers I will use to protect myself from lethal means:


These are the people who will help me protect myself from having access to dangerous items:

1. Name: Phone: 
2. Name: Phone: 

Other Resources:

Virtual Hope Box Smartphone App www.MakeTheConnection.net

State of Affairs

- VA National Suicide Data Report, 2005-2015. Office of Mental Health and Suicide Prevention, June 2018
But we haven’t done enough..

- VA National Suicide Data Report, 2005-2015. Office of Mental Health and Suicide Prevention, June 2018
Suicidal Crisis

High Risk for Suicide flagging

Increased Mental Health follow-up

Ongoing evaluation of suicide risk
Boom
Where are we going..

Upstream
The National Strategy to Preventing Veteran Suicide

VA Suicide Prevention Strategy
2018 Overarching Suicide Prevention Goals

- Expand the focus of VA’s suicide prevention initiative using a public health strategy.
- Work with the DoD and community partners to provide seamless, proactive mental health support and treatment to Veterans transitioning from Military service.
- Increase Veterans’ seamless access to mental health care and engage Veterans in measurement-based health care services at all VA health care facilities.
- Use comprehensive data sources to develop interventions to help all Veterans.
- Upstream engagement strategies with Veterans and VA’s partners to reach Service members and Veterans before they are in crisis.
Public Health Video

• https://www.youtube.com/watch?v=qLyrXgfHpjs}&feature=youtu.be
Future of Suicide Prevention at the VA

- National Strategy for Preventing Veteran Suicide (2018 – 2028)
  - https://www.mentalhealth.va.gov/suicide_prevention/

  Healthy and Empowered Veterans

  Clinical and Community Preventive Services

  Treatment and Support Services

  Surveillance, Research, and Evaluation
VA Suicide Prevention Strategy

The Public Health Approach
Public Health Approach to Suicide Prevention

• The public health approach seeks to answer the foundational questions:
  
  • Where does the problem begin?
  • How could we prevent it from occurring in the first place?

• To answer these questions, public health uses a systematic, scientific method for understanding and preventing violence.
## Tiered Suicide Prevention Strategy

<table>
<thead>
<tr>
<th>Universal</th>
<th>Selective</th>
<th>Indicated</th>
</tr>
</thead>
</table>
| • Public awareness and education campaigns  
• Promoting responsible coverage of suicide by news media  
• Restriction to hotspots for suicide | • Outreach targeted to women Veterans, or Veterans with substance use challenges  
• Gatekeeper training  
• Services for transitioning Veterans | • Referral to VCL  
• Time and space between an at-risk Veteran and lethal means  
• Enhancing support and expedited access to care for survivors after a suicide attempt or loss |

*Partnerships with National Shooting Sports Foundation, Johnson & Johnson PSA’s narrated by Tom Hanks, #BeThere campaign*

*Mental health hiring initiative, mental health care for OTH Veterans, Executive Order to expand eligibility, Mayor’s Challenge*

*REACH VET, discharge planning with enhancements, expansion of VCL, SAVE training, postvention*
## Tiered Suicide Prevention Strategy

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• Enhancing support and expedited access to care for survivors after a suicide attempt or loss  
*REACH VET, discharge planning with enhancements, expansion of VCL, SAVE training, postvention* |
VA Suicide Prevention Strategy

Suicide Prevention 2.0
Public Health Role for Suicide Prevention Coordinators

• Currently, SPC’s work focuses on Veterans in VHA care who are at risk for suicide or who have attempted suicide.

• VA is implementing a broad-based, upstream approach that extends beyond the health care setting to PREVENT suicidal thoughts and behaviors in the Veteran population.

• SPCs are uniquely positioned to advance this approach so VA can better serve Veterans BEFORE they reach a crisis point.
Suicide Prevention 2.0: The Way Forward

Goal: Standardize the Suicide Prevention Coordinator (SPC) role and Suicide Prevention teams across VHA, enhancing consistency of programming across communities

• Hire to meet growing need and redistribute SPC clinical workloads to other roles.
  • Standardization of role and dynamic staffing model needed to meeting growing needs

• Deliver comprehensive training on the public health approach.

• Provide an enhanced set of resources.
  • Tools for upstream interventions, community outreach, standardized assessments and notes, and timely data to inform efforts

• Provide on-going technical assistance about implementing public health approach.
Mayor’s Challenge

• Goal: Eliminate suicide by using a comprehensive public health approach to suicide prevention.

• Partnership between VA and HHS Substance Abuse and Mental Health Services Administration (SAMHSA)

• The teams included collaborative groups of community, municipal, military, and other stakeholders.

• VA provides technical assistance to support local efforts and to document outcomes and share strategies with other municipalities.
Mayor’s Challenge

Participating cities will be able to learn how to:

• Build an interagency military and civilian leadership team to develop and implement a strategic action plan to reduce suicidal behavior at the local level.

• Acquire a deep familiarity with the issues surrounding suicide prevention for Service members, Veterans, and their families.

• Increase knowledge about the challenges and lessons learned in implementing strategies by utilizing city to city sharing.

• Employ best practices to prevent and reduce suicide attempts and completions at the local level.

• Evaluate program outcomes and impact.
Creating a Partnership Memorandum of Understanding

A memorandum of understanding (MOU) serves to capture the spirit of a partnership and focuses on ways to accomplish the common missions and outcomes of partners. MOUs give guidance to partners in good times and bad, and serve the higher purpose of reminding everyone that the partnership was founded on trust, collaboration, and cooperation in the service of a greater good.

MOUs can be as informal as an explicit conversation and a handshake or as prescribed as a legal and binding contract between partners. Whatever form your MOU takes, vet your MOU against the following criteria to ensure your partnership has included all it needs to withstand challenges that arise.

<table>
<thead>
<tr>
<th>Governance of the Partnership</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Does your MOU have...</td>
</tr>
<tr>
<td>Partner eligibility clearly defined?</td>
<td></td>
</tr>
<tr>
<td>Roles within the partnership clearly articulated, especially in regards to overlapping technical expertise?</td>
<td></td>
</tr>
<tr>
<td>Responsibilities of partners explicitly outlined?</td>
<td></td>
</tr>
<tr>
<td>Organizational structure clearly defined?</td>
<td></td>
</tr>
<tr>
<td>Decision making processes defined?</td>
<td></td>
</tr>
<tr>
<td>Responsibilities of partners explicitly outlined?</td>
<td></td>
</tr>
</tbody>
</table>

SPRC Substance Abuse and Suicide Prevention Collaborative Continuum – 2013

Adapted from the capacity project toolkit, partnership building: practical tools to help you create, strengthen, access and manage your partnership or alliance more productively, by Wim K. Boernsen, WR and Laurauyen Miller, L., 2007 – Web-based from http://www.who.int/crvh/docs/en/15 şart15458.pdf - adopted with permission.
Questions?
Additional Resources for Suicide Prevention
## Suicide Prevention Training

<table>
<thead>
<tr>
<th>VHA Employees</th>
<th>VHA Clinicians/Providers</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.A.V.E. Training (TMS VA 33770)</td>
<td>Suicide Risk Management Training for Clinicians (TMS VA 6201)</td>
<td>Community Provider Toolkit <a href="https://www.mentalhealth.va.gov/communityproviders">https://www.mentalhealth.va.gov/communityproviders</a></td>
</tr>
</tbody>
</table>
Suicide Risk Management Consultation Program

Why worry alone?
The Suicide Risk Management Consultation Program provides free consultation for any provider, community or VA, who serves Veterans at risk for suicide.

Common consultation topics include:
- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

#NeverWorry Alone

To initiate a consult email:
SRMconsult@va.gov

www.mirecc.va.gov/visn19/consult
Veteran and Clinician Outreach

I’m a Veteran. I know what it’s like. Hear my story.

“Put yourself first, and just wait, whatever help you get, because you’re not going to know what kind of help you need until you actually go to them.”
—Edward, Navy, Marine Reserve

“Get on top of it—take advantage of what’s there for Veterans.”
—Frank, Marines

“Be the first thing people realize about going to therapy, but it really started to work. Therapy works.”
—April, Army Reserve

Mental health professionals: Use Make the Connection to support your work with Veterans.

“My patients don’t have to take my word for it. I can go to Make the Connection and say, ‘Let’s take a look at these videos together.’”
—Andy, VA Psychologist

“Tell me what’s not quite right, the symptoms that they’re experiencing, to the level that they should come to treatment, and I may introduce them to Make the Connection.”
—Jade, VA Psychologist

“Knowing someone who has gone through it and found solutions proves other veterans can do that as well.”
—Rev. VA Suicide Prevention Coordinator

Visit MakeTheConnection.net/Clinicians to learn how Make the Connection can help you in your practice.
Community Outreach Toolkit

Includes facts and myths about suicide, as well as information on:

• Establishing a suicide prevention council
• Talking to Veterans about their military service
• Assessing suicide risk
• Developing a suicide prevention safety plan
• Helping Veterans feel more connected to others
• Joining public-private partnerships

Veteran Outreach Toolkit

Preventing Veteran Suicide Is Everyone’s Business
A Community Call to Action

Access the toolkit online: go.usa.gov/xnwbz
Military and Veteran Culture

https://psycharmor.org/courses/15-things-veterans-want-you-to-know/
Firearm Safety Outreach

Gun Safety Outreach Videos:

https://www.veteranscrisisline.net/Resources/Videos.aspx?v=-fGHTvTsApq
https://youtu.be/aU6HTz6ri0E
We All Have a Role to Play

• #BeThere for Veterans PSA:
• www.BeThereForVeterans.com
Zachary K. Parrett, Psy.D.
Clinical Psychologist
Suicide Prevention Coordinator

Zachary. Parrett @va.gov

4801 Linwood Blvd
Kansas City, MO 64128

Main: (816) 861-4700
Ext: 57346

Veterans Crisis Line (800) 273-8255 press 1