

Developing, Implementing and Successes of a Veteran Suicide Prevention Community Task Force Poster Presentation



Bertrand D. Berger, Ph. D.

Clinical Psychologist
Assistant Professor, Psychiatry Department
Medical College of Wisconsin
Milwaukee VA Medical Center, Division Manager



Dan Buttery

President and CEO of the War Memorial Center
Milwaukee, WI

University of Michigan Injury Prevention Center

Methods

The Veteran population has a high suicide rate burden. From 2005 to 2017, there was a 43.6% increase in the number of suicide deaths in the general population and a 6.1% increase in the number of suicide deaths in the Veteran population. The President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) was published in 2020. This is a comprehensive plan to end suicide with 4 major areas of focus and 10 recommendations. The VA is also implementing Suicide Prevention 2.0 which is designed to develop Veteran specific community coalitions on suicide prevention.

We developed a task force (coalition) in the fall of 2019 in southeastern Wisconsin. Our Task Force was started by inviting Veteran groups (American Legion), War Memorial Center, VA staff, and suicide prevention focused agencies, (i.e., American Foundation for Suicide Prevention (AFSP) and Mental Health of America (MHA)). The initial meetings were followed by a retreat to develop action areas with measurable activities. Our task force developed 4 Action Areas which follow the National Academy of Medicine's Framework which include: 1) Universal strategies to address the ALL (Public Health Messaging), 2) Selective strategies for SOME (Outreach), 3) Indicated strategies to reach the FEW (Clinical) and we added 4) test and promote new interventions (Research/Policy).

Results

The **Public Messaging Action Area** (PMAA) led by the VA's community partner, the War Memorial Center, used \$4000.00 "seed" funding to advertise Veteran suicide prevention resources. The advertising on radio and email was directed to the Task Force's website, Facebook group/page, and Twitter account modeling the VA's "Be There" campaign (BeThereWis.com). (See box 1)

The **Outreach Area** has developed partnerships with the state-wide [211 phone system](#) agency and the Center for Veteran Issues (CVI), a Veteran community group. CVI developed a Veteran specific smart phone app to consolidate Veteran resources in one convenient on-line location ([CVI HELP](#)) and worked with 211 to share Veteran resource databases.

The **Clinical Area** includes public and private healthcare systems who share best practices in suicide assessment and treatment. The latest project is to share the VA's assessment and intervention projects with the community health care systems to promote the Zero Suicide model throughout the region.

The **Research/Policy Action Area** is focused investigating ideas to decrease suicides through firearm storage and safety methods. Through the work on the team, they have submitted 4 study applications and anticipating the approval of a 2-year, \$360,000.00 study to investigate the effect of developing a unique message for veterans to encourage the use of the crisis lines and to safely store their firearms when they are in a crisis.

Box 1: Public Health Messaging Action Area Advertising

1. Public Health Messaging impact: Radio advertising began on 7 September 2020 and ran until 10 October 2020 for a total of 262 radio spots statewide. (plan 210 spots)
2. The first newsletter was emailed on 14 September 2020 to 64,964 veterans
3. The second (retargeted) newsletter was emailed on 22 September 2020 to 6,496 veterans
4. 50,000+ streaming audio impressions on WISN radio 7Sept-5Oct
5. Total campaign cost **\$4100.00** value (real market costs): **\$24,300.00**

Campaign Stats:

Total Quantity:	64,964
Total Opens:	11,309
Open %:	17.41%
Total Clicks:	1,048
Clicks %:	1.61%
HTML CTR:	9.27%

Conclusions

The Veteran focused community-based task force has been instrumental in developing significant interventions in a collaborative process with multiple Veteran facing agencies and community mental health agencies. Specifically, it has developed 4 sub-task force Action Areas with measurable actions and defined activities. Each sub-task force Action Areas meets 1-2 times per month and reports back to the entire task force at quarterly meetings. This allows additional collaboration and the development of new actions. This reiterative process has allowed action areas to support each other. For example, the PHAA provided media attention to the CVI HELP phone app through press releases from the VA and War Memorial Center and another example is that the PHAA provided virtual training for VA suicide prevention training (SAVE) and promoted this for the Clinical Action Area.

The community agencies have promoted of the task forces activities to the extent where the AFSP is providing Veterans that complete suicide prevention training to be supportive peers, receive a coin which has the task forces' logo. (See picture 1.)

This task force focused on suicide prevention is unique to the state of Wisconsin. It could provide a model for action areas as Veteran suicide prevention coalitions that are being developed throughout the country as part of VA Suicide Prevention Plan 2.0.



Picture 1

