

PREVENTS

The President's Roadmap to Empower Veterans and End a National Tragedy of Suicide

June 17, 2020



VA



U.S. Department
of Veterans Affairs

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and End a National Tragedy of Suicide



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The PREVENTS Roadmap

To those who have answered the call of duty with valor and unrelenting determination: our Service members, our Veterans, their families — and all those who care for them.

To David Maron (1983–2019), who dedicated his expertise to Veterans and his time to the work of this PREVENTS Task Force.

Letter to the President of the United States

Dear Mr. President:

Your recognition of the continuing crisis of Veteran suicide in the country has led to the most promising efforts undertaken against Veteran suicide in the Nation's history. You have insisted that we seek innovative ways to improve Veteran's well-being, and you have signed an executive order leading to the creation of the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). This executive order also established an interagency task force to develop and implement this national plan for the prevention of suicide at the national and community levels.

A critical message of PREVENTS is that we need to change the culture surrounding mental health and suicide, encouraging Veterans — as well as our whole Nation — to be open to talking about and addressing mental health in general and suicide in particular. The executive order calls for empowering Veterans by giving them a sense of purpose so they are less likely to take their own lives. In addition, if the culture around them supports speaking up and speaking out, it is much more likely that they will seek and receive the care they need long before the tragedy of suicide occurs. We know that our Veterans are willing and able to lead the way for this change. This is what they do when they see a need — they step in to respond.

The attached PREVENTS Roadmap offers recommendations on how best to equip State and local governments, engage faith-based communities, and expand the existing research ecosystem to continue to refine treatments and to improve how we engage Veterans so we can end this national tragedy. This effort will require extensive collaboration among the departments of Veterans Affairs, Health and Human Services, Labor, and Housing and Urban Development and others. Partnerships also will be needed with and among local governments, corporations, and Veteran Service Organizations to identify at-risk Veterans and quickly get them the help they need.

Respectfully,



Robert L. Wilkie

Secretary of Veterans Affairs



Brooke L. Rollins

Assistant to the President for Domestic Policy

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Foreword From Barbara Van Dahlen, Ph.D., PREVENTS Executive Director

Thank you for taking the time to read the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). It has been an honor to execute the President's vision for developing this PREVENTS Roadmap by working with hundreds of individuals within and outside the government who understand the importance of this mission as well as the opportunity that we have before us.

Suicide is one of the most challenging societal issues of our time, and sadly it is an issue that affects our Veterans at alarming rates. Like many of you, I have a personal connection to the Veteran community. My father was a first-generation American who lied about his age to join the Navy during World War II after the attack on Pearl Harbor. He served in the Pacific, he was wounded, and like many who served during WWII — and many who have served in conflicts before and since — he came home with invisible injuries in addition to his physical ones.

I became a psychologist because I wanted to help those who were hurting emotionally. Over the course of my career, I have seen intense suffering — as well as extraordinary resilience. I have seen the joy of personal growth and the power of effective clinical care. And I have witnessed the magic that happens when communities collaborate to combine their resources and coordinate their efforts.

While the debt we owe to those who serve can never be fully repaid, we must empower these men and women to lead healthy, meaningful, and productive lives after they put away their uniforms. Our goal is to ensure that Veterans find purpose and discover belonging within the civilian communities for which they fought. And for those who are struggling with emotional pain and hopelessness, we must provide hope and effective care.

The PREVENTS Roadmap is ready to be implemented across our government and within our communities. We have structured the plan to prioritize areas that will make the biggest impact in the lives of Veterans now, while building the foundation for a collaborative national effort that will adapt and evolve over time. This plan includes strengthening connections and coordinating services within our communities at the State and local levels to ensure that all Veterans in need receive the opportunities and the support they deserve.

My father would be proud of the work we are doing through PREVENTS. He would recognize that we each have a role to play in honoring and empowering those who have served our country, and he would understand that we must work together to reach all Americans who feel hopeless.

The PREVENTS Roadmap that follows is the result of thousands of hours of work by hundreds of individuals — subject matter experts, Veterans, Service members, military family members, and caring citizens. This is just the beginning of PREVENTS, but it is a proud beginning, and, now that we have begun, we will not turn back from this challenge.

Together, we will prevent suicide.

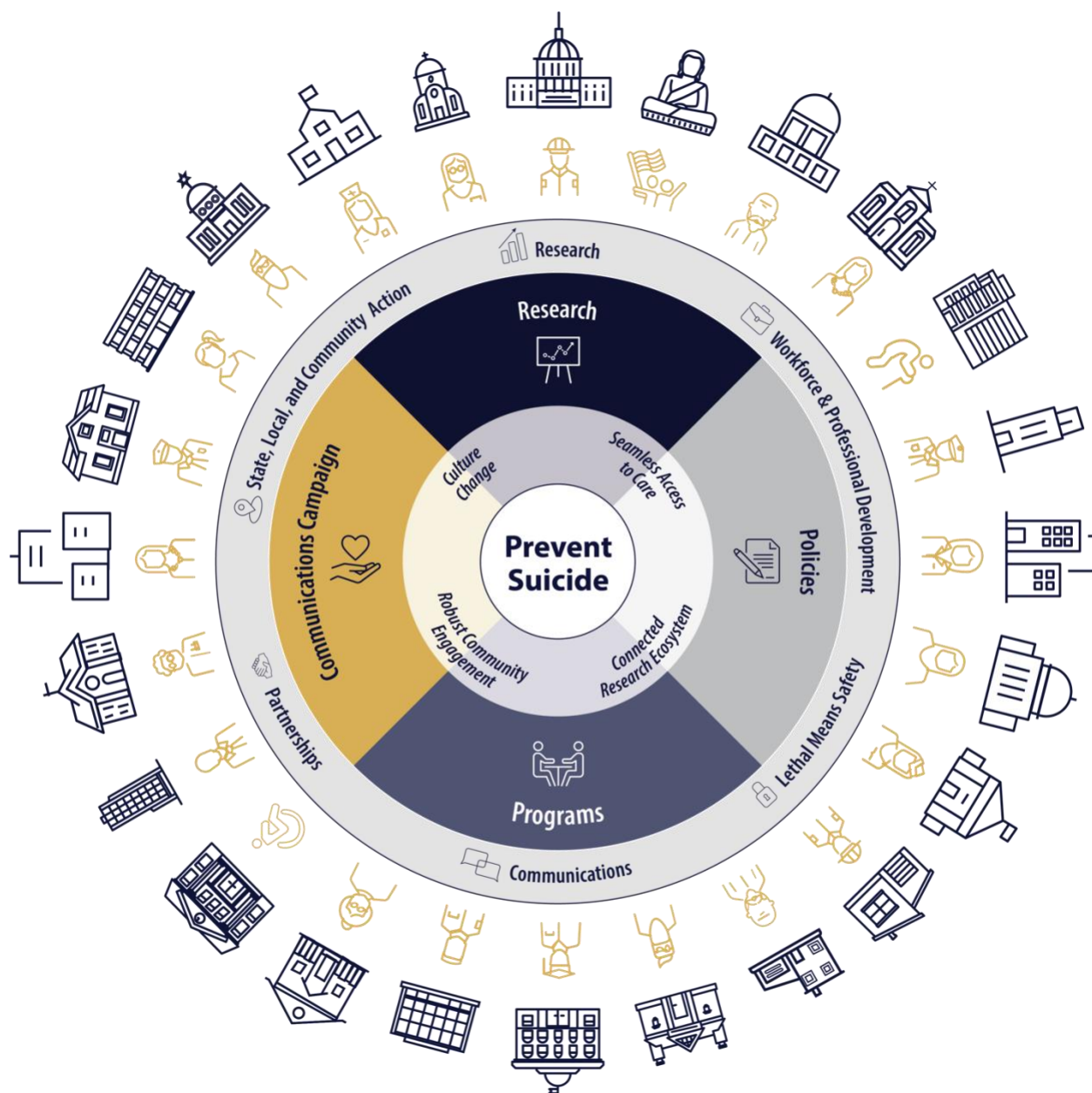


Figure 1. PREVENTS Roadmap Strategic Framework (description from the innermost circle moving outward). The vision of PREVENTS is to prevent suicide – requiring culture change, seamless access to care, a connected research ecosystem, and robust community engagement. To achieve these ambitious goals, an integrated action plan is needed to develop, implement, and evaluate programs, a communication campaign, research, and policies. Subject matter experts must inform the integrated action plan by leveraging their expertise and experience, providing background information, the current state of suicide prevention, and recommendations regarding effective partnerships; State, local, tribal, and community action; research; workforce and professional development; lethal means safety; and communications. All Americans, from every walk of life and in every profession, will both benefit from these efforts and be provided with opportunities to prevent suicide using the PREVENTS Roadmap as a strategic tool. Organizations within and external to the Federal government can integrate the PREVENTS Roadmap into current practice.

Introduction

“Answering this call to action requires an aspirational, innovative, all-hands-on-deck approach to public health — not government as usual.”

— President Donald J. Trump

The annual number of deaths by suicide in the U.S. increased by 35% from 1999 to 2018, with an estimated 48,344 deaths in 2018.^{1,2} Suicide is currently the second-leading cause of death for people ages 10–34 and fourth for ages 35–54.¹ The number of deaths by suicide among the Veteran and Service member populations is equally concerning. In recent years, more than 6,000 Veterans, Guardsmen, active duty Service members, and Reservists died by suicide each year³ — more than were killed in action in the Iraq and Afghanistan conflicts from 2001 to 2014 combined.⁴ The overall Veteran suicide rate is 1.5 times higher and the female Veteran suicide rate is 2.2 times higher than the general population’s suicide rate after adjusting for age and sex.^{3,5} While shocking, these numbers pale in comparison to the number of individuals who attempted suicide: an estimated 1.4 million in 2017 alone.⁵

Executive Order 13861: President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS)

On March 5, 2019, President Donald J. Trump signed Executive Order (EO) 13861: The President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS), with a call to action to amplify and accelerate the progress in addressing Veteran suicide in the United States. Answering this call to action requires an aspirational, innovative, all-hands-on-deck approach to public health — not government as usual. EO 13861 is a Cabinet-level, interagency effort to develop the first Federally coordinated national public health strategy to address Veteran suicide.

Building on previous work, PREVENTS elevates and amplifies existing suicide prevention efforts (listed below) and addresses identified gaps observed within the existing environment of suicide prevention.

¹ Hedegaard H, Curtin SC, Warner M. Increase in suicide mortality in the United States, 1999–2018. NCHS Data Brief, no 362. Hyattsville, MD: National Center for Health Statistics. 2020.

² Xu JQ, Murphy SL, Kochanek KD, Arias E. Mortality in the United States, 2018. NCHS Data Brief, no 355. Hyattsville, MD: National Center for Health Statistics. 2020.

³ Through its annual national suicide prevention report, the Department of Veterans Affairs (VA) has taken the leading role in gathering and publishing information about suicide deaths among Veterans. Retrieved May 4, 2020, from: https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf.

⁴ Immediate Release: Casualty Status. Updated daily and retrieved May 4, 2020, from: <https://www.defense.gov/casualty.pdf>.

⁵ Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

In 2001, Surgeon General David Satcher released the first National Strategy for Suicide Prevention (NSSP), which was updated and revised in 2012.⁶ With respect to Service members and Veterans, both the Department of Defense⁷ and Department of Veterans Affairs⁸ created coordinated strategies for suicide prevention in 2015 and 2018 (respectively) — using the NSSP as a foundational document — that reflect the unique challenges and opportunities that occur throughout the military life cycle.⁹ Most recently, in 2018, EO 13822¹⁰ was signed to address the needs of Veterans who are in the process of transitioning from military life to civilian life to ensure that they have access to suicide prevention resources and continuity of mental health care. In February 2020, the Creating Options for Veterans Expedited Recovery (COVER) Commission completed its congressionally mandated report and provided recommendations to improve Veterans' mental health.¹¹

Further, PREVENTS recognizes that Federal agencies must work in partnership with State, local, territorial, and tribal governments as well as nongovernment entities and organizations to ensure that all efforts are conducted in a manner that:

- Increases organizational capacity to coordinate and integrate resources between all invested organizations.
- Identifies and fills resource gaps in a timely and efficient manner.
- Coordinates a model of proactive support and treatment for every Veteran.

Taken together, PREVENTS will achieve a synergistic model (Figure 1) in which Americans work together to:

- Change the conversation about mental health and advance the understanding of the underlying risk and protective factors associated with suicide.
- Design the most effective programs to provide Veterans with the services they need.
- Build a research ecosystem in which data sharing and coordination are encouraged.
- Foster a culture that supports a person's ability to thrive throughout the entire military life cycle.

⁶ U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012. Retrieved January 21, 2020, from https://www.ncbi.nlm.nih.gov/books/NBK109917/pdf/Bookshelf_NBK109917.pdf.

⁷ U.S. Department of Defense (DoD). Department of Defense Strategy for Suicide Prevention. Washington, DC: 2015. Retrieved May 5, 2020, from: https://www.dspo.mil/Portals/113/Documents/TAB%20B%20-%20DSSP_FINAL%20USD%20PR%20SIGNED.PDF.

⁸ U.S. Department of Veterans Affairs (VA). National Strategy for Preventing Veteran Suicide. Washington, DC: 2018. Retrieved May 5, 2020, from: https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf.

⁹ The military life cycle encompasses everything in a Service member's military life and is particularly relevant for a Service member's transition preparation early in their military career. Service members have various key touch points throughout that provide them with opportunities to align their military career with their civilian goals. This enables transition to be a well-planned, organized progression that empowers Service members to make informed career decisions and take responsibility for advancing their personal goals as they become Veterans.

¹⁰ EO 13822, Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life, January 9, 2018.

¹¹ U.S. Department of Veterans Affairs (VA). Creating Options for Veterans Expedited Recovery (COVER) Commission Final Report. Washington, DC: 2020. Retrieved May 11, 2020, from: <https://www.va.gov/COVER/docs/COVER-Commission-Final-Report-2020-01-24.pdf>.

The PREVENTS Roadmap Is Not Only for Veterans

Veterans die by suicide at a higher rate than the general population does; yet targeting efforts only to Veterans to the exclusion of the public at large would go against the public health approach¹² defined in PREVENTS. This approach recognizes that Veterans do not live in a vacuum — they live and work in the community, they have families and friends outside the military, and they are affected by the same genetic, behavioral, social, and environmental determinants¹³ of health that affect all Americans.

The type, range, and severity of health determinants help explain why mental health, well-being, and suicide risk are not a simple good/bad or high/low but rather a continuum that changes based on a number of risk and protective factors. In fact, most often only a small percentage of any population is at the extremes of high or low risk.

The development of strategies that focus on mitigating risk for an entire population rather than for specific high-risk individuals will move the entire distribution of risk to lower levels, making a positive impact across a population, including among Veterans.

While PREVENTS will look to specifically engage Veterans, a nationwide, community-based approach must be implemented. Indeed, in order for PREVENTS to succeed, all individuals must (1) learn to recognize, acknowledge, and decrease the risk factors for suicide that exist for all individuals, (2) work collaboratively to enable and improve access to available protective factors in every community, (3) increase mental health literacy and promote help-seeking behavior, and (4) come to value mental health to the same extent as physical health. Taking a whole-of-Nation approach reaches all Veterans and those who support them, as well as the men and women who continue to serve in the military but will someday join the community of Veterans.

Veterans Leading the Way

It is an honor and responsibility to care for those who have defended the United States. While the debt owed to those who serve — and their families — can never fully be paid, empowering these men and women to lead healthy, meaningful, and productive lives after their military service is a top priority. In addition, any wounds Veterans may carry — either physical or psychological — must be treated compassionately and effectively.

Further, as suicide is one of the most challenging societal issues we currently face, it is appropriate to draw expertise, strength, and inspiration from individuals representing each part of the military life cycle and the agencies and organizations that support them. Throughout the development of the PREVENTS Roadmap, these individuals were consulted to obtain feedback in ensuring their needs would be met.

¹² U.S. Public Health Service, The Surgeon General's Call To Action To Prevent Suicide. Washington, DC: 1999.

¹³ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. (n.d.). Determinants of Health. Retrieved June 11, 2020, from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>

A Note on the Impact of COVID-19

As the PREVENTS Office was finalizing the PREVENTS Roadmap and preparing to launch this critical nationwide effort, the world was dramatically affected by the emergence of a novel coronavirus. As we began to move toward a national response to the pandemic, it became clear that, in addition to the profound impact COVID-19 would have on the physical and economic health of our Nation, another danger was looming. The long-term psychological stress resulting from the pandemic and the massive disruption to our mental health delivery system threatened the mental health of those already vulnerable and increased the likelihood that many more Americans would suffer — resulting in a possible increase in deaths by suicide. The PREVENTS Office recognized the immediate need for resources and information to support all Americans who were facing unprecedented fear, uncertainty, and limited resources.

The psychological toll of the COVID-19 crisis was captured early by a tracking poll taken March 25–30, 2020, by the Kaiser Family Foundation. The poll found that 45% of adults reported that the pandemic was affecting their overall mental health, and 19% reported a “major impact.” Other evidence of the impact on overall mental health mounted as the pandemic wore on: An emergency distress hotline run by the Substance Abuse and Mental Health Services Administration saw a 1,000% increase in texts in April 2020 compared with April 2019, with nearly 20,000 texts in April 2020.

This historic pandemic created an urgent need for a focused approach to help Veterans and all Americans recognize and address the negative impact the crisis was having on emotional well-being and mental health. To that end, on March 27, the PREVENTS Office launched *More Than Ever Before*, a national communications campaign designed to raise awareness and provide people with tools and resources to fight the negative mental health impact of COVID-19. *More Than Ever Before* focused on encouraging people to care for their emotional health and well-being every day. It inspired people to care for the emotional health and well-being of their loved ones, and it reminded all of us to reach out to those in our community who are most vulnerable. The key to the campaign was to invite everyone to become part of the solution — to share ideas and suggestions. In providing hope and help to those who felt alone, overwhelmed, and isolated, the goal was to ensure Americans were getting the help they needed during this extremely challenging time.

In addition to the *More Than Ever Before* messaging campaign, PREVENTS reached out to Veterans Service Organizations, Military Service Organizations, and non-profit community partners to learn about the impact that the crisis was having on their organizations, including any demand in services requested by Veterans or military families; any impact on the organization’s funding sources; and possible concerns about long-term sustainability as a result of the anticipated economic downturn. Data gathered from these interviews were used to identify needs and explore possible mechanisms to assist Veterans and these organizations.

The COVID-19 crisis has changed our Nation, the world, and the work of PREVENTS. The mission of PREVENTS, to support mental health and Veteran suicide prevention efforts across our society, has never been more pertinent, nor its implementation more urgent. More than ever before, our collaboration with Federal agencies alongside State, local, tribal, and community organizations will be critical to ensure a national response that lessens suffering and saves lives among Veterans and all Americans.

Summary

PREVENTS calls for an end to suicide. The goal is bold and audacious, but it is not impossible. When NASA told President John F. Kennedy that the space program could reach the moon, he empowered them with the resources they needed to do it and challenged the country to support the effort. And when President Ronald Reagan issued his clarion call, “Mr. Gorbachev, tear down this wall,” he turned the tide on the festering, decades-long Cold-War. With his faith and vision, he achieved one of the greatest political feats of a generation. With the launch of the PREVENTS Roadmap, President Trump is telling the Nation that suicide can and will be prevented. As a Nation, PREVENTS can equip all Americans with the knowledge and skills necessary to care for themselves and can reach those who are at risk — Veterans and non-Veterans alike — to ensure that those in need receive the care and support they deserve.

Key Descriptions Used Throughout This Document

- **PREVENTS:** Executive Order (EO) 13861, the President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS).
- **PREVENTS Task Force:** Veteran Wellness, Empowerment, and Suicide Prevention Task Force, co-chaired by the Secretary of Veterans Affairs and the Assistant to the President for Domestic Policy and including the Secretary of Defense, the Secretary of Education, the Secretary of Energy, the Secretary of Health and Human Services, the Secretary of Homeland Security, the Secretary of Housing and Urban Development, the Secretary of Labor, the Assistant to the President for National Security Affairs, the Director of the Office of Management and Budget, and the Director of the Office of Science and Technology Policy.
- **PREVENTS Office:** Led by Dr. Barbara Van Dahlen, Executive Director. Federal employees with direct job responsibility to oversee and support the development, implementation, and evaluation of PREVENTS.
- **PREVENTS Roadmap:** The current document, a roadmap to empower Veterans to pursue an improved quality of life, prevent suicide, prioritize related research activities, and strengthen collaboration across the government and nongovernment organizations, analyzing opportunities to better harmonize existing efforts within Federal, State, local, territorial, and tribal governments and nongovernmental entities.

Key Abbreviations:

- **Office of Science and Technology Policy (OSTP)**
- **U.S. Department of Health and Human Services (HHS)**
- **U.S. Department of Veterans Affairs (VA)**
- **U.S. Department of Defense (DoD)**
- **U.S. Department of Energy (DOE)**
- **U.S. Department of Labor (DOL)**
- **U.S. Department of Justice (DOJ)**
- **U.S. Department of Housing and Urban Development (HUD)**
- **U.S. Department of Education (ED)**
- **Office of Management and Budget (OMB)**
- **U.S. Department of Transportation (DOT)**

Risk and Protective Factors: Risk and protective factors are characteristics that affect the likelihood that an individual will consider, attempt, or die by suicide. An individual's suicide risk changes as a result of the number and intensity of risk and protective factors experienced. Risk and protective factors may be fixed or modifiable and are present at the individual, relationship, community, and society level.¹⁴

Factors at the **individual** level are the result of biology and personal history. Examples include protective factors such as positive coping skills, positive problem-solving skills, a sense of purpose in life, and moral objection to suicide. Risk factors also exist, such as impulsive or aggressive tendencies, adverse childhood experiences, drug and alcohol abuse, employment in high-risk industries and occupations, feelings of hopelessness, chronic pain, unaddressed mental illness, sleep deprivation, physical illness, exposure to suicide, and previously attempting suicide.

Factors at the **relationship** level include close relationships with family and friends. Examples include protective factors such as connectedness with other people, a strong sense of belonging to a unit or community, and supportive relationships with healthcare providers. Risk factors may include relationship conflict, discord, loss, sense of isolation, and lack of social support.

Factors at the **community** level reflect how an individual's connection to schools, workplaces, and neighborhoods may influence suicide risk. Examples of protective factors include safe and supportive school and community environments and sources of continued care after psychiatric and other hospitalizations. Risk factors may include natural disaster, war and conflict, stresses of acculturation and dislocation, and discrimination.

Societal factors reflect cultural norms and laws. Examples include protective factors such as access to physical and mental health care and a culture that supports help-seeking behavior. Risk factors may include reduced access to physical and mental health care, poor social determinants of health, and inappropriate media reporting.

¹⁴ U.S. Department of Defense (DoD). Department of Defense Strategy for Suicide Prevention. Washington, DC: 2015. Retrieved May 5, 2020 from: https://www.dspo.mil/Portals/113/Documents/TAB%20B%20-%20DSSP_FINAL%20USD%20PR%20SIGNED.PDF.

U.S. Department of Veterans Affairs (VA). National Strategy for Preventing Veteran Suicide. Washington, DC: 2018. Retrieved May 5, 2020 from: https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf.

PREVENTS Roadmap Recommendations

Overview

The vision of PREVENTS is to prevent suicide, which requires culture change, seamless access to care, a connected research ecosystem, and robust community engagement. To achieve these ambitious goals, an integrated action plan is needed to develop, implement, and evaluate programs, research, policies, and a communication campaign (Figure 2). Ten recommendations have been created to guide the direction of the action plan. Over 150 subject matter experts from more than 15 Federal agencies have (1) identified the most critical problems for existing suicide prevention efforts, (2) carefully studied existing background information to understand the current state, (3) conducted detailed analysis of potential solutions, and (4) recommended next steps for solving each problem.

Because an integrated, comprehensive approach is essential to effective suicide prevention, each recommendation requires a combination of programs, research, policies, and communication strategies to ensure effective execution and coordinated action among and between Federal agencies (Table 1).

2020 Priority Focus Areas



Figure 2. The PREVENTS Roadmap Focus Areas help to organize an integrated action plan, including what success looks like.

Recommendation	Agencies Required	Programs	Policies	Research	Comms
1. Create and implement a national public health campaign focused on suicide prevention for Veterans and all Americans.	All PREVENTS Task Force agencies				✓
2. Identify and prioritize suicide surveillance and research that focuses on a Veteran's unique combination of individual, relationship, community, and societal factors to deliver the most effective intervention(s) tailored to meet their needs and circumstances.	OSTP, HHS, VA, DoD, DOE		✓	✓	
3. Promote foundational changes to the way research is conducted — including improving the speed and accuracy with which research is translated into practice, improving efficiency through data sharing and data curation practices, and using innovative funding techniques to drive team science and reproducibility.	All PREVENTS Task Force agencies		✓	✓	
4. Develop effective partnerships across government agencies and nongovernment entities and organizations to increase capacity and impact of programs and research to empower Veterans and prevent suicide.	VA, DOL, HHS, OSTP, DOJ, HUD	✓			✓
5. Encourage employers and academic institutions to provide and integrate comprehensive mental health and wellness practices and policies into their culture and systems.	HHS, ED, DOL, DHS, VA, DoD, OSTP	✓	✓	✓	✓
6. Provide and promote comprehensive suicide prevention trainings across professions.	All PREVENTS Task Force agencies	✓			
7. Identify, evaluate, and promote community-based models that are effectively implementing evidence-informed mental health and suicide prevention programs across the country. In doing so, they should leverage relationships with community-based efforts, non-profit organizations, faith-based communities, VSOs, and MSOs focused on saving the lives of Veterans.	HHS, VA, DoD, DHS, DOL, HUD, DOE	✓		✓	✓
8. Increase implementation of programs focused on lethal means safety (e.g., voluntary reduction of access to lethal means by individuals in crisis, free/inexpensive and easy/safe storage options).	HHS, DoD, DOL, OPM, DOT, VA, DHS	✓			✓
9. Develop a coordinated, interagency Federal funding mechanism to support, provide resources for, and facilitate the implementation of successful evidence-informed mental health and suicide prevention programs focused on Veterans and their communities at the State and local levels.	VA, HHS, DoD	✓	✓		
10. Streamline access to innovative suicide prevention programs and interventions by expanding the network of qualified healthcare providers.	VA, HHS, DoD, DHS	✓	✓		

Table 1. PREVENTS Roadmap Recommendations described by agencies required and their inclusion of programs, policies, research, and communications. For the purpose of the PREVENTS Roadmap: **1) programs** include interventions that will directly benefit an individual's suicide risk, **2) policies** include a set of ideas or plans that are used as a basis for decision making, **3) research** includes collection of data, documentation of critical information, and analysis and interpretation of that data/information, in accordance with suitable methodologies set by specific professional fields and academic disciplines, and **4) communications (comms)** includes the use of a wide range of strategies and tactics to spread key, defined messages to a broad audience.

Recommendation 1: Create and implement a national public health campaign focused on suicide prevention for Veterans and all Americans.

Problem

Suicide is among the 10 leading causes of death in the United States, and it affects people of all ages, races, and ethnicities. Further, each life lost to suicide directly affects about 135 other individuals.¹⁵ Suicide is a critical public health issue for Veterans, as well as for the general population, and requires a public health approach.

Background

For decades, public health campaigns have served as a vehicle to reach and educate audiences, gauge incremental progress and impact over time, and inform and inspire stakeholder groups. The return on investment from an effective public health campaign can be significant and life changing. For example, in February 2000, the American Legacy Foundation (now the Truth Initiative) launched the truth campaign, which was supported by the 1998 Master Settlement Agreement between the tobacco industry, 46 states, and five U.S. territories. It represented the largest national youth smoking prevention campaign in history. During 2000–2002, expenditures for the campaign totaled just over \$324 million.

The results were clear: An evaluation published in the Annual Review of Public Health found that 22% of the overall decline in youth smoking between 1999 and 2002 could be directly attributed to the truth campaign.¹⁶ By 2002, smoking rates among youths had dropped 1.6% below the rate that was estimated if the campaign had never existed — equaling 300,000 fewer youth smokers in 2002. A second study in the American Journal of Preventive Medicine estimated that “the campaign recouped its costs and that just under \$1.9 billion in medical costs were averted for society.”¹⁷

PREVENTS Recommends:

- Adopting and promoting — both internally across all PREVENTS Task Force agencies and externally across the nation — targeted messaging, consistent with the PREVENTS Roadmap public health campaign, that focuses on preventing suicide.
- Providing targeted messaging through high-visibility channels that empower the public to recognize risks, increase protective factors, and take action.
- Developing a cross-sector ambassador program — within government and in the community — for high-profile individuals and influencers to amplify suicide prevention messaging.

¹⁵ Cerel, J., Brown, M., Maple, M., Singleton, M., van deVenne, J., Moore, M., & Flaherty, C. (2018). How many people are exposed to suicide? Not six. *Suicide and Life-Threatening Behavior*. Retrieved from <https://onlinelibrary.wiley.com/doi/pdf/10.1111/sltb.12450>.

¹⁶ Siegel, M. (2002). The effectiveness of state-level tobacco control interventions: a review of program implementation and behavioral outcomes. *Annual Review of Public Health*, 23(1), 45–71.

¹⁷ Holtgrave, D. R., Wunderink, K. A., Vallone, D. M., & Heaton, C. G. (2009). Cost–utility analysis of the national truth® campaign to prevent youth smoking. *American Journal of Preventive Medicine*, 36(5), 385–388.

Analysis

In support of the public health approach, the Departments of Veterans Affairs, Defense, and Health and Human Services and other agencies must continue their existing efforts, to which the PREVENTS Office will add a long-term, integrated public health communication campaign. The campaign will generate awareness of key mental health and suicide prevention practices, educate key audiences on risk and protective factors, and create strategies to drive people toward early identification and increase help-seeking behavior (Table 2).

Campaign Phase	Primary Audiences: Veteran Populations	Secondary Audiences: Support Networks	Tertiary Audiences: Persuasive Groups	General Population: All U.S. Citizens
Phase 1	Increase awareness that suicide is preventable and call for everyone to play a role in prevention — for themselves and those they love.	Increase awareness of the warning signs and risk and protective factors of suicide; drive the community toward the resources available to support at-risk populations.	Encourage the development of formalized partnerships/coalitions; support audiences in their journey of becoming advocates of prevention-focused behavior.	Increase audiences' understanding of mental health and suicide; remove barriers and stigmas.
Phase 2	Create awareness of risks/warning signs, as well as protective factors, that exist among at-risk populations.	Educate support networks and encourage them to become advocates for those who are suffering emotionally.		
Phase 3	Educate at-risk populations about the risks/warning signs, as well as the effective help that is available, and encourage audiences to practice prevention-focused behavior.	Leverage advocates to model and encourage primary audiences to practice prevention-focused behavior.	Achieve buy-in and reduce barriers to make it possible for primary audiences to practice prevention-focused behavior.	Educate Americans about the importance of mental health and wellness, as well as about sources of help and healing.

Table 2. Public health communication campaign phases by audience type. For each phase of the public health communication campaign, different activities will be tailored to the key audience type and executed.

By taking an integrated, agile, and phased approach, the PREVENTS Office will deploy targeted communications to educate and encourage audiences, using a wide range of strategies and tactics to spread the messages of the campaign, including outreach to traditional media outlets; paid advertising through broadcast, digital, and print outlets; and the delivery of print and digital materials to key partners such as Veterans Service Organizations and Military Service Organizations, medical and mental health professional societies, educational entities, and other nongovernment entities/organizations.

Prioritizing areas that will target individuals throughout the military and Veteran life cycle while also reaching the general public, this approach includes:

- Changing the culture to navigate away from crisis intervention and toward mental wellness.
- Educating individuals about mental health/wellness basics, risk and protective factors, and warning signs for suicide.
- Increasing awareness and understanding of the many mental health and suicide prevention resources available.
- Sharing safety planning tools and resources to promote suicide prevention and lethal means safety.
- Translating knowledge gained from cutting-edge research to provide accessible prevention tools.
- Removing the barriers associated with help-seeking by empowering Veterans to lead by example.
- Engaging advocates and influencers to share their own stories of healing, encouraging individuals to take help-seeking actions.
- Deploying robust outreach efforts to community partners and advocates, including formalized partnerships/coalitions, to build momentum, provide tools to address mental health, and build long-standing community-level communications efforts.

Implementation

Agency Action

PREVENTS Office (co-lead organization) and the Department of Defense (co-lead organization) will develop and evaluate the public health communications campaign in conjunction with all PREVENTS Task Force agencies.

All PREVENTS Task Force agencies will:

- Adopt and promote, internally and externally, targeted messaging consistent with the PREVENTS public health campaign that focuses on preventing suicide and reaching those in need.
- Provide targeted messaging through high-visibility channels that empowers the public to recognize risks, increase protective factors, and act.
- Contribute to a cross-agency ambassador program for high-profile individuals and influencers to amplify suicide prevention messaging.

Recommendation 2: Identify and prioritize suicide surveillance and research that focuses on a Veteran’s unique combination of individual, social, and societal factors to deliver the most effective intervention(s) tailored to meet their needs and circumstances.

Problem

Some Veterans are at higher risk of suicide than others. For example, a 25-year-old Veteran exposed to sustained childhood abuse or neglect has a distinctly different suicide risk profile than a 25-year-old peer without such experiences; the same intervention in these two cases may result in quite different physiological and emotional responses. What works for one person may not work for another. In the absence of individualized risk profiles, a “one-size-fits-all” approach to suicide prevention is often employed, where the same strategy is applied across large groups of individuals. From a research standpoint, nonspecific interventions result in varying levels of success because of an inability to identify and/or account for unique risk and protective factors at the individual, social, and societal level (called a risk profile; see Page 13 for more information).

PREVENTS Recommends:

- Improve the range of interventions available by expanding research on risk profiles (why some Veterans are at higher risk of suicide than others) to identify individuals at risk of suicide and deliver targeted interventions more accurately and swiftly.
- Conducting suicide research studies beyond healthcare delivery settings in areas such as social determinants of health and risk and protective factors.
- Prioritize suicide research studies that emphasize the critical need for research on the implementation of evidence-informed interventions and services.

Background

No single risk factor leads to suicidal behavior on its own, and people of all genders, ages, and backgrounds can be at risk. Evidence exists for many specific risk and protective factors; however, there is a lack of information on how these factors interact, influence each other, fluctuate across an individual’s life span and critical situations, and are prioritized in terms of potential impact on a person’s life. Getting this missing information is critical to ensure the individual receives the right intervention. For example, analysis of how a person’s risk profile affects critical life transitions is necessary for understanding how that person may move from suicidal ideation to suicide plan to suicide attempt and death by suicide — and how to intervene at each of these stages. Studies applying machine learning techniques to administrative data from the military have developed algorithms to identify subgroup-level risk factors. There are opportunities to use these types of published research findings in future studies, yet the plan to do so is not well defined.

In addition, the timely availability of robust, high-quality data plays a critical role in furthering the understanding of suicide and suicidal behaviors. Further, data aid in developing strategies to ensure that a Veteran is provided with interventions tailored to their risk profile. However, there are large gaps in the availability of administrative, healthcare, and research data that can be used to this end. Although there are data repositories that can be used in part or in whole for this purpose, most of them are not linked to one another, and the data variables are collected in a nonuniform, nonstandardized manner, making the technical task of data integration difficult. Without the ability to combine and use data resources effectively, the further development of outcome-driven, evidence-informed interventions is unlikely.

Analysis

To prevent suicide, researchers must identify how to intervene earlier to save lives. In essence, the goal must be to focus “upstream” and, where possible, develop methodologies to prevent from occurring the factors that may eventually lead to a suicide attempt. Where it is not possible to prevent suicidal ideation, strategies to rapidly identify a time of crisis need to be developed along with additional treatments for underlying conditions. Conducting research that can enable a multipronged approach to suicide prevention tailored to a Veteran’s unique risk profile is an important strategy, but this requires the availability of appropriate data. Using research methodologies to analyze large datasets (machine learning, artificial intelligence), clinical strategies can be developed or enhanced to account for each Veteran’s unique combination of individual, social, and societal factors and develop the most effective treatment.

Data is instrumental to solving the problem of Veteran suicide. Fortunately, technological advancements and wide use of digital technology have resulted in the availability of exponentially larger data assets and have driven efforts to advance application of big data analytics. The data holds the promise of new capabilities to generate insights that can be put into action for real-world and even real-time impact, saving lives and supporting improvements in health and well-being. It also accelerates our ability to test hypotheses about what factors lead to suicide. However, data cannot be treated as an afterthought. Data-related barriers may stem from a lack of input from data experts across the research life cycle, from determining funding priorities through executing and evaluating research studies. The appropriate infrastructure needs to be in place so that data curation, integration, and access are handled properly and securely. Coordinating data collection requirements within the data system across Federal agencies and with outside partners, as needed, may improve the research infrastructure by allowing for coordinated analysis across future research studies, reducing redundancies and amplifying the strength of each study. Only with the data requirements in place can this type of ambitious, challenging, innovative and aspirational research occur, such as predicting the effectiveness of an intervention based upon an individual’s unique risk profile.

While the research community is working to achieve these ambitious goals set forth by this recommendation, healthcare providers should continue to deliver effective treatments. Individuals throughout the military life cycle, as well as their families and the general public, need to receive the best available care using existing effective, evidence-informed, data-driven strategies developed by researchers. In recognition of that need, PREVENTS Roadmap recommendations 5, 6, 7, 8, and 10 specifically — and all PREVENTS Roadmap recommendations generally — set forth a plan to ensure immediate widespread implementation of existing research-driven strategies to empower Veterans and prevent Veteran suicide today while researchers work to increase effectiveness and efficiency in the future.

Implementation

Agency Action

- The Office of Science and Technology Policy (OSTP, co-lead) and the PREVENTS Office (co-lead) will create an interagency research implementation committee to collectively address research actions, update processes, refine lead/supporting agencies for individual tasks, and coordinate interagency reports to the PREVENTS Task Force. Within 60 days of forming, this committee will identify and confirm lead organizations for all tasks in addition to those described below.

- All PREVENTS Task Force agencies should, as appropriate, prioritize suicide risk identification and prevention/intervention studies that:
 - Incorporate data from known risk and protective factors into the research study design.
 - Develop Federal funding guidelines for collection, curation, and storage of suicide risk identification, prevention, and intervention research data and collect and report data in a manner that supports future deep-data analysis.
 - Invest in predictive analytics to test the effectiveness of interventions in subpopulations.
- All PREVENTS Task Force agencies should participate in developing research models of suicide risk, as appropriate, through Federal agencies' combining or sharing databases and a team science approach.
- All PREVENTS Task Force agencies should use data technologies supporting secure data transfer, storage, confidentiality, and enhanced protection of sensitive information during processing to streamline data sharing, access, and analytics processes or research data.
- OSTP (co-lead) and the PREVENTS Office (co-lead) should convene a group of funders, policymakers, and operational staff members across Federal agencies to develop a pipeline for translation of research findings to widespread implementation.
- OSTP (co-lead) and the PREVENTS Office (co-lead) should regularly convene a group from academia; philanthropy; State, local, tribal, and community government; and nongovernment organizations to explore collaboration and provide thought partnership on planning and implementation of the aforementioned research efforts.

Recommendation 3: Promote foundational changes to the way research is conducted — including improving the speed and accuracy with which research is translated into practice, improving efficiency through data sharing and data curation practices, and using innovative funding techniques to drive team science and reproducibility.

Problem

The traditional approach to the Federal government’s funding of research does not incentivize collaboration, cross-disciplinary expertise, or sharing of quality datasets. The result is that many investigators work in isolation or in very small groups and produce less innovative outcomes, operate on delayed timelines, or fail to share data in formats that are useful to other investigators. With regard to data, minimal guidance has been published to guide interpretation of laws and policies with regard to collecting, standardizing, analyzing, publishing, and securely storing research data across collaborators. Frequently, the costs and difficulties of collecting, curating, and analyzing data are underestimated, and the government often funds a multitude of different data storage approaches that prevent easy coordination or collaboration. Therefore, the existing scientific research and discovery approach can cause duplication of effort across research projects, limited knowledge transfer, and lengthy delays in translating research to widespread implementation.

PREVENTS Recommends:

- Developing processes to quickly translate research findings into policy solutions, healthcare delivery practices, or further refined investigation.
- Developing a centralized data curation and storage system with access to supercomputing capabilities protected through levels of secure access to support Veteran suicide research.
- Addressing barriers to data collection to ensure timely, standardized, and secure communication of essential data (e.g., of Veterans’ status on death certificates) across Federal, State, and local systems of records.

Background

A research ecosystem encompasses the interrelationships of researchers, funders, policies, and structures and their ability to generate collaborative, reproducible, innovative, and cost-effective solutions from conception through implementation of findings. Changes to the research ecosystem are needed to accelerate the impact of Veteran suicide research and to enhance interagency collaboration, evaluate the role of open science practices, and leverage interdisciplinary and cross-sector approaches and resources.

Interagency coordination of research portfolios is necessary to harness the full power of the Federal government. Enhanced coordination between research portfolio managers, care delivery mechanisms, and policymakers is central to success, as the research field is only beginning to create highly integrated and interactive research teams that use models developed by implementation science (the study of methods and strategies to promote the adoption of interventions that have proved effective into routine practice). Thus, more research is needed to develop best practices and effective models. Researchers often operate under administrative, fiscal, and reporting systems specific to particular funding sources. In addition, the organization of which the researcher is a part may have different policies and protocols.

Further, State, local, tribal, and Federal jurisdictions do not have a standard method of sharing data — a quality that is often needed for research (e.g., with reporting Veteran status on death certificates or identifying Veterans who do not access services at VA). As such, it is difficult to share data from different sources and conduct meaningful analyses that may improve research findings. In addition, when research intersects with other disciplines or systems (e.g., health systems), differences in motives and lack of clear guidance or structure for collaboration can result in ineffective partnerships and communication.

Analysis

An effective research ecosystem, or system in which research is conducted, must promote collaborative and coordinated relationships among researchers, funders, regulators, policymakers, and organizations that will effectively promote and translate research findings. This network of experts must be able to conduct work in a manner shaped by supportive policies, a culture that encourages collaboration, and an organizational structure that removes barriers to collaboration. Creating a positive environment would remove many barriers to collaborative, reproducible, innovative, and cost-effective solutions from conception through the implementation of findings. Federal agencies, State/local/territorial/tribal governments, and nongovernment entities/organizations that support research should foster collaboration through incentives or grant requirements that leverage the strengths and expertise of professionals trained in different fields. This team science approach can drive changes to research awards to require a broad set of expertise, like that of data scientists, that will complement the expertise of suicide prevention researchers. Improving collaboration across sectors increases the likelihood that research will lead to the development of solutions to improve the health, safety, and well-being of many individuals beyond the specific research study. Further, funders should create novel funding and award systems in which, for example, incentives are provided to an investigator if their dataset is used by another investigator in order to reward them for data curation and storage that is accessible to others.

The research ecosystem concept promotes the enhanced role of data as a catalyst for accelerated science while simultaneously offering other efficiencies. A core concept is the need to tailor interventions to subpopulations of Veterans based on data rather than applying them across the Veteran population. This approach would allow the government to fund a centralized effort with expertise in data curation and maintenance; consequently, this would empower teams of researchers who would have access to consistent and shared curation expertise throughout the life cycle of their research. This process would also include leveraging supercomputers and data pipelines to enhance the speed of analysis and decrease risk of data breach or access while maintaining collaboration with funded researchers. These research ecosystem changes would help promote efficiencies by linking shared services in a coordinated fashion across the entire Federal suicide research portfolio. Protecting privacy is of the utmost importance while ensuring the facilitation of innovation, leading to effective interventions.

Recommendations for improving the research ecosystem include fostering partnerships and developing standardized award structures, including multiple labs, universities, or research groups within a single research award. For example, PREVENTS partnerships with professional societies and journals will increase acceptance of studies with multiple authors, particularly in the more prominent journals, and help reduce barriers to interdisciplinary collaboration. In particular, inclusion of specific research methods with the scientific findings (regardless of whether the outcome is favorable or unfavorable) within publications will improve transparency and access to the details of federally funded research,

decrease duplicative work, and improve the quality of research and data. As accessing and using research becomes easier, groundbreaking insights that have an impact on Veteran suicide will be gained.

Finally, standard mechanisms by which research, especially that which is Federally funded, is continuously evaluated for translation into practice are needed. For example, living systematic reviews, reviews that occur routinely and are maintained in a database with broad scientific access, would illuminate gaps in research knowledge and highlight areas in which further studies are needed. Similar to the success of information sharing that occurred during the COVID-19 pandemic, data sharing through prepublication – peer review – that accessed open datasets drove innovation and saved lives. Developing a living systematic review, along with other efforts to accelerate the availability of data, will prevent multiyear delays in the time it takes to publish findings and to implement them in practice. Data and information presentation should remain an ongoing component of the iterative process among clinical scientists, data scientists, and healthcare practitioners. The living systematic review enables frequent analysis and updates to standard guidelines, such as clinical practice guidelines, on an annual basis or even more frequently. It may also identify and prioritize research findings that are immediately ready for transition into policy and/or practice. Creating ongoing forums and underlying databases to empower policy writers, leaders, clinicians, and researchers to meet and analyze the state of the science for translation will decrease unnecessary administrative barriers to research.

Implementation

Legislative Action

- The Department of Health and Human Services (HHS, lead organization), the Department of Veterans Affairs (VA, suborganization), the Department of Defense (DoD, suborganization), the Office of Science and Technology Policy (OSTP, suborganization) with the assistance of the Domestic Policy Council (DPC) should propose legislative changes that remove administrative barriers that prevent consistent reporting of Veterans' status across Federal, State, and local systems of records.
- HHS (lead organization) and VA (suborganization), with the assistance of the DPC should propose legislative changes that mandate a standardized process for uniform emergency department data reporting across the United States specific to the external cause of injury (such as a suicide attempt).

Agency Action

- OSTP (co-lead) and PREVENTS Office (co-lead) should create an interagency research implementation committee to collectively address research actions, update processes, refine lead/supporting agencies for individual tasks, and coordinate interagency reports to the PREVENTS Task Force. This committee will identify agency leads for all tasks in addition to those described below within 60 days of forming (see Recommendation 2).
- All PREVENTS Task Force agencies that fund suicide prevention-related research should develop processes to ensure coordination of the Federal research portfolio including:
 - Identifying all Federally funded research related to suicide and applicable brain health.
 - Creating program management tools to support gap-driven investment.
 - Identifying the level of interagency research data integration needed.
 - Enabling interagency coordination of research processes and aligned or coordinated funding.
 - Enabling complementary policy and portfolio management.

- All PREVENTS Task Force agencies that fund suicide prevention-related research should develop a coordinated action, implementation, and evaluation plan to promote a research ecosystem that includes team-based approaches to scientific research, open science principles, sharing of well-curated datasets (organization and integration of data collected from various sources) and expertise, and communication of unpublished or negative findings to result in:
 - A living systematic review and living clinical guidelines as a mechanism for knowledge translation and return on investment for Federally funded research.
 - Collaborative processes so that VA can identify, provide resources, and support researchers that engage with Veterans who do not access services within the Veterans Health Administration (VHA) and can coordinate this research with existing studies within the VHA.
 - Coordination with Federal agencies and non-Federal entities regarding data sharing, scalable data analytics (enabled by novel data integration) to accelerate discovery in the research portfolio.
 - Increased participation of the private sector, including publishers, driven by the incentivization of desired outcomes.
 - Evaluation of mechanisms to promote the adoption of a team science or systems approach that identifies needed studies with a focus on mentorship of principal investigators and establishes core experts, including data scientists and interagency or interorganizational teams.
- All PREVENTS Task Force agencies that fund suicide prevention-related research should perform a comprehensive assessment of existing data assets relevant to suicide prevention, determinants of health (e.g., socioeconomic status, access to housing, etc.), including identification of the current data sharing and access policies and procedures governing each data asset.
- All PREVENTS Task Force agencies that fund suicide prevention-related research should develop a standard for acceptable interpretations of ethical policies and laws to avoid inconsistent decision-making and communication about best practices and appropriate uses of data, including the potential need for a health data sharing consortium to mitigate legal risks and liability concerns.
- All PREVENTS Task Force agencies that fund suicide prevention related research should collaborate and develop a collective proposal for common data curation and storage that prioritizes Veteran suicide prevention research in which:
 - An evaluation is done of the funding, information technology, policy, and legal mechanisms of data surveillance systems to inform administrative and scientific gaps.
 - Researchers can perform data analysis without requiring data to be transferred and limit the need for data extraction.
 - A strategy is developed for scalable data integration and analytics to inform smaller scaled, multipronged research efforts.
 - A data framework is established to include tier-level assignments that address data curation and security (e.g., levels of access are granted based on data security requirements).

- An independent advisory body is created to objectively assess the proposed data enclave and its policies and practices, coordinate stakeholder input, and establish and conduct investigations or decision reviews through a streamlined adjudication process.
- All PREVENTS Task Force agencies that fund suicide prevention related research should create mechanisms for generating or collecting data about Veterans and families with appropriate consent mechanisms, potentially including new ways of:
 - Identifying Veterans in datasets/collection where it is not typically tracked.
 - Identifying and using information and measurable indicators on social determinants of health identified as risk factors for suicide and other suicide risk factors, such as adverse childhood experiences.
 - Collecting and improving data to identify and learn about deaths of despair (or deaths by suicide, drug and alcohol poisoning, and alcoholic liver disease and cirrhosis) among Veterans.
- All PREVENTS Task Force agencies that fund suicide prevention-related research should develop a process that accelerates the pace of Federally funded research by streamlining processes, such as those associated with the Paperwork Reduction Act.

Recommendation 4: Develop effective partnerships across government agencies and nongovernment entities and organizations to increase the capacity and impact of suicide prevention programs and research to empower Veterans and prevent suicide.

Problem

To reach every Veteran in need, every community and every corner of the Nation must be reached. This type of effort requires a comprehensive, coordinated effort to achieve what no single organization can do alone. As a result, partnerships play a critical role in the ongoing effort to empower Veterans and end a national tragedy of suicide.

Background

Partnerships build bridges between organizations, expand available resources (e.g., increasing awareness, education, programs, scope of a program, and the number of people receiving services), and enable services to potentially flow seamlessly from one to another, benefiting those in the partnership as well as those individuals the partners serve. Effective organizational partnerships leverage the strengths of each organization to reach more broadly and deeply than any single organization could do alone, empowering them to address even the most complex systemic and societal challenges, such as suicide.

Providing an organization with a way to contribute that leverages its strengths is vital, as a one-size-fits-all approach to generating partnerships is rarely, if ever, effective. Thus, partnerships can be created from a strength-based perspective that first concentrates on and encourages what an organization can do to contribute, then puts the action into a larger framework of how it fits in with other organizations' actions to make a combined impact. For example, the PREVENTS Office has developed strength-based partnerships with more than 20 organizations, including an interagency team of experts writing the PREVENTS Roadmap; private strategic consultants planning implementation; nongovernment organizations contributing design and analytics; the PREVENTS Public Health Campaign; and academic researchers developing evaluation methods. No one partnership can be effective at empowering all Veterans and preventing all suicide on its own, but many strategic partnerships that leverage the strength of each organization working together will achieve these goals.

A coordinated and comprehensive network of partnerships and initiatives is needed that:

- Extends needed services to Veterans who are not connected to VA services.
- Improves overall health and well-being for Veterans by focusing on a range of factors, including social determinants of health that contribute to suicide.
- Delivers effective messaging and education to increase awareness about suicide risk and protective factors for Veterans and all Americans.
- Engages with faith-based communities to expand support services and promote connectedness.
- Focuses on collective impact.
- Provides opportunities to connect academic institutions with other potential research partners to create a more robust research environment.

PREVENTS Recommends:

- Facilitating a coordinated and comprehensive network of organizations and initiatives at the national, State, and local levels to achieve PREVENTS goals.
- Supporting development of strategic communications plans across partnerships to identify existing resources and share best practices specific to Veterans.
- Engaging with partners to promote the PREVENTS public health messaging.

- Provides additional programs focused on prevention and early intervention.
- Allows individuals and their families to easily access support resources and provides evidence-informed interventions when needed.

However, it is important to recognize possible roadblocks that may exist or develop over time and create strategies to overcome these barriers. They may include a lack of trust and limited communication between potential partners; conflicting strategies and/or goals across public, non-profit, and for-profit organizations; imbalances of power between potential partners; difficulties addressing challenges related to data rights, sharing, and ownership; and not having enough resources, time, and staffing to manage the partnership.

Analysis

Establishing a cohesive network of partnerships to successfully empower Veterans and prevent suicide is both necessary and possible. The Federal government is well-positioned to lead the effort to identify appropriate partnering organizations to improve national suicide prevention strategies and efforts. Because of the government's size, range of resources and areas of expertise, and reach, partnerships with governmental agencies can provide strategic support and programs at the local and national level. For example, VA has a history of transformational partnerships that have helped expand programs in critical areas such as launching tailored oncology centers of excellence, leading the Nation in virtual care, expanding healthcare access to Veterans in rural communities, and eliminating homelessness in many states. Building on the lessons learned from these and other examples, PREVENTS can create partnerships focused on empowering Veterans, changing the culture concerning suicide, increasing access to care, and advancing the success of other recommendations within the PREVENTS Roadmap.

To advance knowledge and interventions — and foster a culture in which Veterans and others who need support are able to seek and receive the care they deserve so they never reach the point of crisis — every partnership will focus on one or more of the following objectives:

- Empower the public to recognize risks and strengthen protective factors related to suicide.
- Support community efforts that empower Veterans.
- Accelerate scientific discovery in the field of suicide prevention research.
- Promote innovation in improving access to, and delivery of, Veteran suicide prevention resources and programs.
- Prioritize mental health and well-being in the workplace to reach Veterans who are not connected to VA services.
- Promote education across relevant professions that includes Veteran mental health and well-being, lethal means safety, social connectedness, and suicide prevention, intervention, and postvention.
- Increase State, local, tribal, and community integration, activation, and collaboration to implement PREVENTS recommendations and promote a stronger sense of belonging and purpose among community members.
- Provide financial and nonfinancial support for community-based efforts and programs that empower Veterans, improve health and well-being, and prevent suicide.

The PREVENTS effort to engage multiple stakeholders and champions has begun and will continue developing new partnerships with leaders and organizations throughout the country to create relationships that can build momentum and move the PREVENTS Roadmap from the planning phase to implementation to success.

Implementation

Agency Action

- Department of Veterans Affairs (VA) (lead organization) and all other PREVENTS Task Force agencies should identify, encourage, and support partnerships with and among national and State-level government and nongovernment organizations.
- Department of Health and Human Services (HHS) (lead organization), Department of Labor (DOL) (suborganization), and VA (suborganization) should identify possible partnerships that could encourage young people to pursue careers in the mental health and related fields to increase access to care for Veterans in need.
- DOL (lead organization) should explore potential workforce development partnerships with nongovernment entities that can further the goal of empowering Veterans through meaningful employment opportunities.
- VA (lead organization) should share VA best practices on suicide prevention and intervention, including screening protocols, testing, interventions, and data and surveillance programs to expand such efforts through other healthcare systems.
- HHS (lead organization) should share suicide prevention best practices including those with the best available evidence highlighted in [Preventing Suicide: A Technical Package of Policy, Programs and Practices](#).
- VA (lead organization), HHS (suborganization), and OSTP (suborganization) should develop a partnership network that identifies national suicide prevention strategies and ensures they are shared with State, local, tribal, and community efforts.
- VA (lead organization), Department of Justice (DOJ) (suborganization), and national and State criminal justice partners should expand the number of — and improve the quality of — local Veterans treatment courts, supported by VA and law enforcement, that could include services such as mentoring, and mental health and/or substance use treatment for Veterans involved in the criminal justice system.
- VA (lead organization) and OSTP (suborganization) should create a PREVENTS partnership database that would house best practices for building partnerships and sharing opportunities for companies to find and create partnerships based on their strengths and desired outcomes.
- Department of Housing and Urban Development (lead organization) and VA (suborganization) should explore additional partnerships that promote and support ongoing efforts to improve overall mental health and well-being for individuals experiencing homelessness, increase access to stable housing and employment, and ensure that outreach workers and service providers who work with the homeless community are trained in suicide prevention.

Recommendation 5: Encourage employers and academic institutions to provide and integrate comprehensive mental health and wellness practices and policies into their culture and systems.

Problem

The workplace can provide and strengthen protective factors by establishing a connection to others, a sense of pride, and a sense of purpose. The workplace can also provide a significant opportunity to identify those who are struggling or at high risk for suicide.

A universally available comprehensive approach, focused on overall health and well-being, including promoting and providing effective suicide prevention strategies in the workforce, is needed, but currently does not exist. Approaches are needed among Federal agencies, State/local/territorial/tribal governments, and nongovernment entities/organizations (collectively the “workplace”).

Background

The workplace is where many Americans spend the majority of their time. The nature of an employee’s work can be a risk factor for suicide, such as the strain, pressure, or trauma to which some employees are exposed (e.g., first responders/public safety professionals, construction workers, veterinarians, and healthcare practitioners). In addition, there are certain workplace factors that can exacerbate an individual’s risk, such as inadequate health and safety support, poor communication practices, and cultural barriers that make it difficult for an employee to identify that they need support or to access care. The workplace can also be a source of fulfillment, providing meaningful connections for employees.

As a result, the workplace offers an opportunity to make a significant impact on employees by providing vital information and creating opportunities to expand mental health, wellness, and suicide prevention practices and policies for a large number of Americans, including Veterans. Employee Assistance Programs, programs that actively address topics such as harassment, bullying, and violence, and programs that increase the availability of self-help tools and resources are a few examples of the resources that employers regularly make available to their employees. While employers offer these types of programs, there are gaps in understanding regarding the effectiveness of these types of efforts generally and specifically when it comes to programs focused on mental well-being or suicide prevention.

Further, workplace mental health and suicide prevention strategies allow Veterans who are not engaged with VA to be reached and empowered to seek care. For Veterans who are currently engaged with VA, strategies offered in the workplace offer additional opportunities to reinforce prevention and early identification of stressors or challenges that may contribute to emotional pain, hopelessness, and suicide.

PREVENTS Recommends:

- Identifying and sharing a comprehensive, streamlined workplace approach to assist in ensuring that Veterans not engaged with the VA are empowered and receive access to comprehensive mental health and wellness resources.
- Exploring innovative strategies for integration of mental health, wellness, and suicide prevention practices and policies across the Federal workforce that can inform similar efforts across State and local government organizations, non-profits, academic institutions, and other nongovernment entities/organizations.

Analysis

Mental health and wellness best practices and policies include training programs that foster psychological safety, self-help tools that are available for employees, and support for employees to access or navigate available resources. Additional efforts are needed to expand and evaluate existing best practices — as well as to develop new and innovative tools and approaches.

Providing standardized recommendations, definitions, and technical assistance mechanisms for employers who are working to implement mental health and wellness best practices and policies is an important step to benefit all employees. This will be particularly beneficial to Veterans who have recently separated or retired and are likely to be juggling new job expectations, skills, and rules (e.g., chain of command) as they transition from the military. Widespread employer education is also needed to share the employee and organizational benefits of implementing these strategies in their organization. Making employers aware of resources available to them may decrease barriers and increase the likelihood that employers use these strategies effectively. Additionally, encouraging employers to share best practices and have open conversations about employee mental health and wellness may help improve the efficacy of programs and speed of implementation. It may also raise awareness among other employers, encouraging and challenging them to adopt similar measures. One helpful resource for employers is the Department of Labor’s Mental Health Toolkit.¹⁸

Once developed, these tools and strategies create a basis for a widespread workplace focus to make mental health and wellness a priority. An environment will be created that encourages employees, including Veterans, to seek help free from negative repercussions (e.g., discrimination, not being promoted, gossip).

Implementation

Agency Action

- Department of Health and Human Services (HHS) (lead organization), Department of Labor (DOL) (suborganization), Department of Education (ED) (suborganization), Department of Veterans Affairs (VA) (suborganization), Department of Homeland Security (DHS) (suborganization), Department of Defense (DoD) (suborganization), and other government organizations with expertise in these areas (e.g., Office of Personnel Management (OPM)) should:
 - Identify promising practices and barriers within the Federal government focused on employee health and wellness.
 - Develop and implement a plan to enhance, adapt, and facilitate implementation of, evidence-informed employee health and wellness programs and policies across all agencies.
 - Develop a communication strategy to translate best practices to other non-Federal government organizations.

¹⁸ Ask EARN. (n.d.). EARN’s Mental Health Toolkit: Resources for Fostering a Mentally Healthy Workplace. Retrieved from <https://askearn.org/mentalhealth/>

- VA (lead organization), Office of Science and Technology Policy (suborganization), DOL (suborganization), and ED (suborganization) should, to collaborate with non-Federal employers, develop standardized workplace suicide prevention recommendations, definitions, technical assistance mechanisms, and materials to educate employers implementing these types of strategies as well as a standardized data-collection process to track their overall effectiveness.

Recommendation 6: Provide and promote comprehensive suicide prevention training across professions.

Problem

Healthcare, public safety, and other non-healthcare professionals engage with Veterans at increased risk for suicide during the normal course of their jobs. Professionals who interact with Veterans must be properly trained to identify suicide risk and refer someone in need for further assessment or care. However, suicide prevention training is not uniformly offered or adopted across professions.

Background

Training must equip professionals with the skills, knowledge, and experience to first identify an individual at risk, then determine the appropriate prevention or intervention strategy (or strategies) tailored to the individual, and finally either implement those strategies or make a connection to the professional who will intervene.

Veterans interact with a multitude of professionals, but these professionals vary depending on the need and circumstance of the individual Veteran. Veterans are also likely to encounter professionals in healthcare, public safety, and customer service. Therefore, ensuring that as many professionals as possible — especially those who regularly engage with Veterans — receive suicide prevention training improves the chances that a Veteran who is vulnerable or at high suicide risk will receive the best care. A number of problems must be overcome to achieve this goal:

- Suicide prevention training must be required or incentivized across healthcare, public safety professionals (PSPs), and other non-healthcare professionals. In particular, standardized accreditation, credentialing, and continued education requirements for suicide prevention training do not exist across healthcare professions, including mental health care, leading to a limited number of healthcare professionals who are properly equipped to assess or intervene with someone in need.
- The quality of suicide prevention trainings and the extent to which they have been regularly implemented across various learning environments or professional organizations systems is unknown. For example, a key limitation for some suicide prevention training efforts is that they lack in-depth training and practice in communication skills, such as interviewing and decision-making, which may be critical when talking with someone who may be considering suicide.
- Many professions may not have access to evidence-informed suicide prevention training tailored to their profession. For example, a training developed for a mental health professional may not be suitable for a banker, because the terminology may include too much jargon or recommendations specific to the situations in which that individual would interact with a Veteran.

PREVENTS Recommends:

- Developing additional effective, evidence-informed suicide prevention training, where needed.
- Promoting and providing existing evidence-informed suicide prevention programs, prioritizing professions that encounter Veterans and other populations that are at high risk for suicide.
- Removing barriers that interfere with the widespread adoption of suicide prevention training across Federal agencies, State/local/territorial/tribal governments, and nongovernment entities/organizations.

Analysis

To overcome problems in providing and promoting comprehensive suicide prevention trainings across professions, a few strategies will be considered. An assessment is needed to determine what suicide prevention training exists for which professions, how effective it is, what suicide prevention training is still needed, and how best to ensure its widespread implementation.

Federal agencies, State/local/territorial/tribal governments, and nongovernment entities/organizations must be engaged to ensure suicide prevention training is used effectively across all professions. For example, the U.S. Department of Veterans Affairs is the largest provider of training for healthcare professionals in the United States. However, many Veterans do not engage with the Veterans Health Administration, so suicide prevention training is needed in non-Federal healthcare systems as well. If additional suicide prevention training needs to be developed, partnerships with organizations within a profession and/or professional associations could work together to create, evaluate, and translate suicide prevention trainings across a broad spectrum of organizations. Collaboration is also vital in ensuring that suicide prevention training is incorporated into policy, such as professional standards through accreditation, credentialing, and continuing education requirements. Developing additional incentives to promote suicide prevention training, such as exploring funding opportunities to absorb the cost of training or developing/enhancing reimbursements for suicide risk identification screens and interventions, may also be beneficial.

Implementation

Agency Action

- Department of Health and Human Services (HHS) (lead organization), Department of Veterans Affairs (VA) (suborganization), Department of Labor (DOL) (suborganization), and Department of Defense (DoD) (suborganization) should assist in the development and implementation of a plan to:
 - Identify professions that regularly engage with Veterans but do not have required evidence-informed suicide prevention trainings.
 - Connect employers and professional societies to existing suicide prevention training programs for immediate rollout.
 - Work with professional associations to develop and implement suicide prevention tools specific to their membership, such as the Zero Suicide Toolkit.
 - Develop an evaluation plan to assist in the gathering of information about effectiveness of training programs.
 - Create a collection — or catalog — of evidence-informed suicide prevention programs that have demonstrated effectiveness among professions, including healthcare professionals, PSPs, and other nonmedical professionals who regularly engage with people at high risk for suicide.
 - Work with professional organizations and associations to determine the best way to encourage and incentivize evidence-informed suicide prevention training adoption and promotion.
 - Develop a mechanism for private sector employers to communicate with each other and with the Federal government regarding best practices on creating inclusive environments that are sensitive to employee mental health needs.

- All agencies should assess trainings available to professionals treating high-risk individuals, then enhance, adapt, and facilitate implementation of standardized suicide prevention training based on need.

Recommendation 7: Identify, evaluate, and promote community-based models that are effectively implementing evidence-informed mental health and suicide prevention programs across the country. In doing so, they should leverage relationships with community-based efforts, non-profit organizations, faith-based communities, VSOs, and MSOs focused on saving the lives of Veterans.

Problem

The absence of a coordinated State, tribal, local, and community infrastructure for suicide prevention programs hampers widespread execution of effective strategies. In addition, awareness of the need for full community engagement and coordination to prevent Veteran suicide and the capacity to engage in collaborative efforts is limited in many communities. Finally, the limited evidence demonstrating community-based model efficacy reveals the need for improved evaluation efforts at the State, tribal, local, and community levels.

Background

Increasing community collaboration will provide Veterans with better coordinated and streamlined access to a multitude of community-based services, both empowering them and reducing the risk of suicide.

State, local, tribal, and community coalitions play a vital role in bringing together individuals and organizations that most frequently interact with and serve Veterans, Service members, and their families. These coalitions can play a vital role as PREVENTS implements efforts to prevent suicide. These efforts at all levels are led by local leaders and stakeholders, and enable the provision of many community services, information, and resources. They are in some cases the result of Federal innovations, such as VA's recent creation of Community Veterans Engagement Boards, and VA/SAMHSA Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families (hereafter "Mayor/Governor's Challenge")

Public and private organizations, as well as schools and training centers, houses of worship, and social groups, often have informal information on where Veterans, Service members, and their families live in their communities — and how to reach them. Identifying Veterans is a vital component of this effort, as not all Veterans receive care at VA. For example, VA's Together With Veterans programs empowers Veterans to create grassroots coalitions that empower other Veterans in the community to identify and create change to prevent Veteran suicide.

PREVENTS Recommends:

- Strengthening community support networks for Veterans and their families.
- Establishing best practice models for community collaboration and coordination that communities could add to their collection of suicide prevention resources prioritizing effective, bundled approaches.
- Adapting existing frameworks and coalition toolkits to be culturally competent and tailored to the military and Veteran experience.
- Identifying and strengthening faith-based and community programs focused on empowering Veterans, Service members, and their families.

Coalitions either led by Veterans or with Veteran participation can influence coalition goals and objectives to meet the unique characteristics (e.g., awareness of military/Veteran culture) and needs of Veterans.

Similar to coalitions focused on the needs of the general population (efforts to respond to families experiencing food insecurity in a community, for example), unique stakeholders and champions are critical in efforts to reach Veterans where they live and work. These include groups and organizations such as VSOs, MSOs, National Guard and Reserve units and DoD installation leaders, Federal and State VA offices, community healthcare providers, other nongovernment entities (including universities with student Veteran chapters), social workers, schools attended by the children of Veterans, and businesses where Veterans and their families are employed and with whom they engage for goods or services.

Recommendations for building State, local, tribal, and community infrastructure were developed based on research, gap analyses, State reporting, and input from subject matter experts and advisory committees. These recommendations identify many common elements that lead to the development and function of a successful coalition, such as adopting a collective impact or similar model. Indeed, many programs, including the Governor's Challenge efforts, are beginning to show promise, but additional evaluation is needed to determine what works for whom. Further, for suicide prevention to be effective at the local level, initiating a bundle of strategies at the same time is critical. For example, instead of selecting one or more elements of the technical package for preventing suicide from the Centers for Disease Control and Prevention (CDC), communities should implement all seven elements as a potential successful model, if possible.¹⁹ It is vital that State, local, tribal, and community coalitions across the country have easy access to models demonstrated to be effective.

Analysis

Existing literature emphasizes the need to bring together diverse stakeholders to identify Veteran needs and work collaboratively to build a robust infrastructure capable of connecting service systems and educating the public about critical health messages and resources. While there has been some progress, more collaboration- and coordination-oriented work is needed to empower Veterans and prevent suicide. For instance, Veterans are not always engaged to provide their valuable perspective in developing effective strategies at the State, local, tribal, and community levels.

To empower Veterans at the community level, coalitions that serve this unique population must include Veterans, family members, and peers, including survivors of suicide attempts and suicide loss. In reviewing a sample of current Veteran-serving coalitions and partnerships, the following common elements stood out as crucial to success. These elements should be considered as best practice recommendations among coalitions focused on serving Veterans:

- Align efforts to connect with the five conditions of collective impact (common agenda, shared measurement, aligned activities, communication, and backbone team).
- Take a flexible, localized approach that allows local expertise to inform development of tailored solutions, unique to the population served.

¹⁹ Centers for Disease Control and Prevention. (n.d.). Suicide Prevention. Retrieved from: <https://www.cdc.gov/violenceprevention/suicide/prevention.html>

- Leverage the power of personal relationships to reinforce broad stakeholder engagement.
- Provide recognition for shared success (e.g., publicly acknowledging and appreciating accomplishments and mutually beneficial outcomes).

To empower communities to take a comprehensive approach to prevent suicide, the CDC and the Suicide Prevention Resource Center (SPRC) published unique guidance focused on strategies and actions that states, communities, and tribes can take to implement suicide prevention models effectively:

- CDC’s Technical Package of Policies, Programs, and Practices outlines seven strategies as part of a comprehensive approach to suicide prevention. These strategies along with their corresponding approaches represent the best available evidence and address a range of suicide risk and protective factors across the social ecological model, from the individual to societal levels. The package also highlights that multiple sectors each have a role to play in suicide prevention (e.g., from housing and economic sectors to the clinical and healthcare sectors, to education, to faith communities that are typically involved in prevention efforts).
- SPRC’s 2019 guidance document, *State Suicide Prevention Infrastructure*,²⁰ outlines how states can work to achieve an effective and comprehensive model of suicide prevention. This document includes specific sections on how states can authorize, lead, partner, examine, build, and guide these efforts. This guidance is unique in directly referencing the importance of addressing the needs of Veterans at the State level. While intended for large-scale suicide prevention infrastructure development, the six key concepts are also applicable for smaller-scale infrastructure development for community efforts focused on Veterans, Service members, and their families. More tools with Veteran-specific components are needed to support State leadership in advancing the public health suicide prevention models.

An environmental scan is needed of all existing models and accompanying evaluation results to identify effective, evidence-informed suicide prevention models at the State, community, local, and tribal levels. Recommendations of specific models that work well can be offered to guide coalitions. Further, the results from the scan can be used to identify and address any gaps that are identified.

Successful coalitions, and resulting partnerships, can advance best practices by highlighting educational opportunities, resources, and programs that reach Veterans, Service members, and their families where they live, work, and thrive

Implementation

Agency Action

- Department of Health and Human Services (HHS) (lead organization), Department of Veterans Affairs (VA) (suborganization), Department of Defense (DoD) (suborganization), Department of Homeland Security (DHS), Department of Labor (suborganization), and Department of Housing and Urban Development (HUD) (suborganization) should conduct an environmental scan to:
 - Identify existing programs — inside and outside of government — that focus on empowering Veterans and/or suicide prevention.

²⁰ Suicide Prevention Resource Center. (n.d.). Summary Recommendations for State Suicide Prevention Infrastructure. Retrieved from <http://www.sprc.org/sites/default/files/SPRC-State%20Infrastructure-Summary.pdf>

- Identify existing programs — inside and outside of government — that currently do not focus on empowering Veterans and/or suicide prevention but could be adapted to include these goals with minimal additional work.
 - Create a repository of effective, evidence-informed suicide prevention models with a Veteran focus to be shared at the State, local, community, and tribal levels.
- VA (lead organization), DoD (suborganization), HUD (suborganization), and HHS (suborganization), in collaboration with existing program efforts, should contribute knowledge to the creation of a coalition blueprint that would offer a framework for working with and supporting Service members, Veterans, and their families. This blueprint could be adopted by existing coalitions or used to stand up new entities.
- HHS (lead organization), VA (suborganization), HUD (suborganization), and DoD (suborganization) should create a list of recommended partnerships for implementing and sustaining evidence-informed State, local, community, and tribal suicide prevention.

Recommendation 8: Increase implementation of programs focused on lethal means safety (e.g., voluntary reduction of access to lethal means by individuals in crisis, free/inexpensive and easy/safe storage options).

Problem

Efforts to increase space and time with respect to lethal means have been demonstrated to be effective in reducing suicide.^{21,22} Time and space can create an opportunity for a change of heart or for someone to intervene. In addition, if one means for attempting suicide is not available, most people do not substitute a different method.²³ Such means of suicide include firearms, poisons or medications, bridges, railroads, and asphyxiation. Programs exist that focus on such efforts, but they are currently limited in size and scope.

Background

The science supporting lethal means safety is robust and compelling: enhancing safety measures specific to the availability and accessibility of potential lethal means saves lives. A key component of effective suicide prevention is voluntary reduction in the ability to access lethal means with respect to time, distance, and convenience, particularly during acute suicidal crises. The VA/DoD Clinical Practice Guidelines, a widely recognized standard for clinical practice in suicide prevention among Veterans, recommends promoting efforts to reduce access to lethal means for Veterans with elevated suicide risk. VA has strategically worked to identify partners interested in working together to educate communities on the importance of lethal means safety programs. While the interest in lethal means safety is present, more work is needed to increase the adoption of these programs.

There are a number of challenges to developing and implementing lethal means safety programs. The general assumption or popular opinion is that suicide is inextricably linked to mental illness and that if mental health needs are addressed, then suicide will be prevented. However, suicide prevention requires a multidimensional, multisector approach because suicide itself is a complex phenomenon that is not caused by a single factor. Everyone has a combination of risk and protective factors for suicide.

PREVENTS Recommends:

- Developing a coalition of leaders across all sectors to develop and share materials related to lethal means safety, including education, safe storage options, and other related programs.
- Prioritizing approaches that enable rapid and effective lethal means safety program adoption.
- Conducting a review of all Federal health facilities to determine those that have yet to adopt evidence-informed lethal means safety strategies and programs, then developing strategies to standardize the widespread adoption of lethal means safety programs within and outside the government.

²¹ Deisenhammer, E. A., Ing, C. M., Strauss, R., Kemmler, G., Hinterhuber, H., & Weiss, E. M. (2009). The duration of the suicidal process: How much time is left for intervention between consideration and accomplishment of a suicide attempt? *Journal of Clinical Psychiatry*, 70(1), 19–24. <https://doi.org/10.4088/JCP.07m03904>.

²² Stone, D. M., & Crosby, A. E. (2014). Suicide Prevention: State of the Art Review. *American Journal of Lifestyle Medicine*, 8(6), 404–420. <https://doi.org/10.1177/1559827614551130>.

²³ Yip, P. S. F., Caine, E., Yousuf, S., Chang, S. Sen, Wu, K. C. C., & Chen, Y. Y. (2012). Means restriction for suicide prevention. *The Lancet*. [https://doi.org/10.1016/S0140-6736\(12\)60521-2](https://doi.org/10.1016/S0140-6736(12)60521-2).

That means that it is critical to educate the general public and organizations that may have the opportunity to intervene at one of the many points along the path to a possible suicide for an individual. This includes how to recognize risk factors (financial and relationship issues, health conditions, etc.) and how safe messaging of suicide, lethal means safety, peer support, and sense of community can help protect or prevent suicide.

Effective use of lethal means safety programs requires many people, actions, and policies working together to:

- Promote public health messaging and education.
- Increase awareness and availability of lethal means safety programs.
- Communicate and use existing policies more efficiently and adopt new policies as needed.

Collaboration, such as through coalitions, can create positive connections to increase awareness and support of effective lethal means safety programs. Community coalitions and partnerships hold the promise of creating the positive social influence necessary to steer behavior away from accessing lethal means when in crisis. Strategies to advance adoption of existing firearm policies that would encourage voluntary reduction in the access to firearms during periods of high suicide risk — for example, encouraging voluntary safe storage of lethal means, requiring or supporting lethal means education and/or counseling, and limiting access to prescription and over-the-counter medications commonly used in suicide — are also key steps in increasing safety and preventing suicide.

When discussing particular lethal means, specific tailored messages can help reach Veterans at greatest risk for suicide. For example, Veterans who own firearms do so for a variety of reasons. Some are avid hunters, or collectors, and others may own firearms for self-defense. To be effective in messaging to these individuals, it is critical to work with advocates, leaders, and champions whom Veterans trust and respect. Working with both individuals and trade associations that promote firearm ownership, as well as firearm safety, is key in educating Veterans about how to save the lives of those who may be struggling. Additional research is needed to identify and further develop effective messaging that can increase lethal means safety for those at risk.

Substance abuse/misuse programs have been designed largely to reduce the supply of potentially lethal prescription and over-the-counter medications through safe storage and disposal programs, and to identify people at risk for overdose using prediction tools (e.g., VHA's Stratification Tool for Opioid Risk Mitigation, or STORM). Yet these programs can be costly or are not available for widespread use outside of VA.

Structures such as parking garages, bridges, or railroads can be fitted with jump barriers, crisis call boxes, and suicide prevention signage — but more research is needed to determine the effectiveness of interventions and safety messaging. Further, because much of this work has been done on a structure-by-structure basis at the State, local, or organizational level, there are still many opportunities to collect and leverage existing work into best practices to encourage more widespread implementation among states and communities.

Finally, there are only a few interventions aimed specifically at reducing access to other means of suicide, such as ligatures, sharp instruments, or toxic gases. More research is needed to understand how best to approach limiting access to these means during times of crisis.

Analysis

Improving the use and success of programs aimed at individuals' voluntarily reducing accessibility to lethal means before they are in crisis and increasing the use of lethal means safe storage and disposal options requires action at all levels. A national coalition of lethal means stakeholders can be established to drive implementation of sustained change, focused on widespread deployment of lethal means storage/disposal options, and to address gaps and barriers in the area of lethal means safety. From this coalition, working groups may be formed, such as a group of behavior change experts to study and recommend strategies to incentivize safe storage behavior, a program evaluation group to review the success of lethal means safety programs, and a group to catalog, disseminate, and promote information about effective lethal means safety strategies.

Innovative strategies to support robust development, implementation, and translation of evidence-informed lethal means safety programs are needed. First, effective programs and existing gaps in lethal means safety programs must be identified. Then, effective lethal means safety programs can be supported and expanded at the national, State, and local levels, and opportunities to fill the identified lethal means safety knowledge and programmatic gaps can be explored. Further, defining a process to continue gathering and sharing innovative and effective messaging and programs can ensure that the state of knowledge on lethal means safety programs will promote faster adoption of new, potentially more effective programs.

Finally, strategies to examine and support lethal means safety practices (how thoroughly, efficiently, and sustainably a program is implemented) must also be developed. An assessment of Federal health facilities is needed to determine the extent of existing strategies working at the Federal level. The assessment should highlight facilities that have yet to adopt medication and environmental lethal means safety precautions. Lessons learned from Federal health facilities can be shared widely to improve facility implementation and used at other health facilities, expanding the impact of this work.

Implementation

Agency Action

- The Department of Health and Human Services (HHS) (lead organization), Department of Defense (DoD) (suborganization), Department of Labor (DOL) (suborganization), Office of Personnel Management (OPM) (suborganization), Department of Transportation (DOT) (suborganization), and Department of Veterans Affairs (VA) (suborganization) should establish a national-level coalition of lethal means stakeholders to drive implementation of sustained change, including:
 - Suicide prevention organizations, government, and pharmaceutical industry stakeholders that promote proper pharmaceutical disposal practices.
 - Healthcare professional organizations and hospital associations that promote the early identification of suicide risk, safety planning interventions, and lethal means safety follow-up.
 - Lethal means safety groups and general violence prevention groups (e.g., domestic/intimate partner violence prevention, and workplace violence prevention).
 - Gun shop owners, shooting ranges, and others who have an interest in firearms safety.
 - Coalitions that focus on occupations that are commonly held by Veterans and have increased access to lethal means (e.g., first responders, military contractors, and construction).

- The Global Railway Alliance for Suicide Prevention, an international coalition of experts run by DOT's Volpe Center.
- VA (lead organization), HHS (suborganization), Department of Homeland Security (DHS) (suborganization), DoD (suborganization), and non-Federal partners should increase implementation and evaluation of evidence-informed lethal means safety programs.

Recommendation 9: Develop a coordinated, interagency Federal funding mechanism to support, provide resources for, and facilitate the implementation of successful evidence-informed mental health and suicide prevention programs focused on Veterans and their communities at the State and local levels.

Problem

State, local, and community-based efforts to empower Veterans and prevent suicide have been limited and often uncoordinated, resulting in fragmented activities and efforts that have not been integrated or led to widespread change. This is sometimes due to inadequate resources and/or support for these efforts. Further, there is a lack of standardized procedures for monitoring and evaluating programs funded by existing efforts. This limits the extent to which funding agencies can identify gaps, target future funding, and collect robust evidence to enhance best practices and lessons learned.

PREVENTS Recommends:

- Establishing a joint interagency plan to coordinate and evaluate Federal grants for suicide prevention at the local level.
- Bolstering the State, local, and community level infrastructure for suicide prevention through Federally supported grants.
- Developing a plan to administer grants to State, local, and community programs.

Background

Funding initiatives that support a public health approach are vital to empowering Veterans and preventing suicide at the local level. As existing community-based grants to do this are limited, additional funding in the short and long term would expand opportunities to identify new effective strategies and ensure that all communities are provided with opportunities to create environments where Veterans will thrive. An expanded, Federal grant program can also assist in meeting the needs of the community by ensuring that critical data, training, and technical assistance are available and accessible at the program level. Community-based efforts can work to:

- Access multiple sources of data to develop and track programs.
- Develop effective outreach efforts to identify the most at-risk individuals and subgroups within their community.
- Implement current evidence-informed strategies.
- Evaluate their efforts and mechanisms by which other communities can adopt effective strategies.
- Ensure sustainability of effective programs after grant funding ends.

Analysis

Joint interagency collaboration is critical across Federal funding agencies and will increase the likelihood that Federal dollars are spent efficiently with the potential for greatest impact. Interagency collaboration would allow for establishing a common agenda, sharing evaluation metrics, mutually reinforcing agency activities, and creating clear communication channels. Bringing together expertise from diverse fields is especially important in developing interagency collaboration. For example, integrating data experts into all aspects of planning, implementing, and evaluating Federal spending on suicide prevention will ensure that a data-driven approach is appropriately planned and executed.

The results of this approach would increase success in achieving PREVENTS goals by avoiding duplication, facilitating the efficient use of scarce resources, ensuring the prioritization of grant funding and metrics collection based on identified gaps, and identifying opportunities to implement effective programs more widely. Effective interagency collaboration could also lead to more robust, coordinated partnership opportunities with organizations outside of the Federal government willing to support these initiatives with funding (e.g., cost matching, foundation grants, etc.) (Table 3).

Current State	Recommended State
Funders select individual grantees	Funders select a collective of coordinated, cross-sector grantees
Organizations work separately and often compete against each for funding	Organizations actively coordinate actions and share lessons learned as a collective
Success is measured by a single organization's ability to demonstrate progress	Success is measured by all organizations working toward the same goal and achieving positive impact
Operating assumption that large-scale change depends on scaling individual organizations or interventions	Large-scale change depends on increasing cross-sector alignment and learning among many organizations
Sectors outside the Federal government and intended grant recipients are often not engaged in sharing best practices and other results	Sectors outside the Federal government and intended grant recipients are seen as essential partners and regularly engage to share best practices and other results

Table 3. The current and recommended approaches to grant governance.

An assessment is needed to review related funding opportunities, explore strategies to improve coordination of funding across agencies, and identify gaps in funding that may limit the ability to empower every Veteran and prevent suicide in every community. Using identified gaps, new funding streams may be developed as needed to provide communities with funding to empower Veterans and prevent suicide. Strategies to identify the appropriate mechanism by which to do this in both the near and long terms will also be explored.

Implementation

Legislative Action

- Department of Veterans Affairs (VA) (lead organization), Department of Health and Human Services (HHS) (suborganization), and Department of Defense (DoD) (suborganization) should develop legislative efforts to fill in gaps in programs or initiatives by creating additional programming, or providing additional coordination of existing programming with appropriations to support these efforts. These proposals should establish a grant-making program designed to further successful evidence-informed mental health and suicide prevention programs focused on Veterans and their communities at the State and local levels. These proposals will be submitted to the PREVENTS Task Force and upon approval, will be submitted to the President through OMB.

Agency Action

- VA (lead organization), HHS (suborganization), and DoD (suborganization) should lead an interagency effort to coordinate suicide prevention programs at the State, local, and community levels for individuals throughout the military life cycle by:
 - Identifying all Federal grants related to suicide, mental health, and Veterans.

- Developing interagency coordination in evaluating grants, capturing, and promoting best practices, and making recommendations for further funding to empower Veterans and prevent suicide.
 - Identifying opportunities to ensure that current funding allows for outreach to military and Veteran populations, where appropriate.
 - Establishing partnerships focused on information sharing across State and Federal entities.
 - Providing technical assistance to organizations implementing the programs.
- VA (lead organization) should facilitate exploration of partnerships with potential funders outside the Federal government that can match or otherwise contribute support to State and local programs serving Veterans.

Recommendation 10: Streamline access to innovative suicide prevention programs and interventions by expanding the network of qualified healthcare providers.

Problem

Due to a lack of qualified providers in the U.S. healthcare system, Veterans may have limited access to evidence-informed suicide prevention programs and tailored interventions.

Background

Nearly 60% of Veterans²⁴ choose to receive healthcare outside of VA for many reasons (e.g., personal preferences, geographic constraints, eligibility barriers, and provider shortages). There is also evidence of significant gaps in the availability of community-based providers educated in both military/Veteran culture and in the unique mental health and suicide risks of the Veteran population.^{25,26}

Community-based healthcare providers need the knowledge and skills to ensure Veterans receive high-quality, culturally competent care (ability to understand, communicate with, and effectively interact with people across cultures), and streamlined access to available resources and services tailored to their unique needs. At a minimum, a qualified healthcare provider should have training in military/Veteran culture and training about the unique risk factors of Veterans and Service members, including high-risk subpopulations. While VA has developed public-facing, free training programs offering continuing education credits for healthcare professionals, the trainings have been underutilized. Qualified providers should also be provided regular opportunities to increase their awareness of innovative, evidence-informed programs, services, and resources for Veterans. Moreover, they should understand the appropriate channels for referring Veterans to such programs, services, and resources. VA, DoD, and civilian providers need to improve and expand existing networks to streamline information sharing and referral processes.

In addition to expanding access to qualified healthcare providers for Veterans, there is a need to improve care coordination systems both within VA and between VA and non-VA systems. Veterans often have multiple chronic conditions and health concerns, both of which may require different providers and specialty services.

PREVENTS Recommends:

- Increasing the number of healthcare providers qualified to treat the unique needs of Veterans.
- Strengthening linkages and care coordination among VA, DoD, and civilian providers.

²⁴ Meffert, B. N., Morabito, D. M., Sawicki, D. A., Hausman, C., Southwick, S. M., Pietrzak, R. H., & Heinz, A. J. (2019). US Veterans Who Do and Do Not Utilize Veterans Affairs Health Care Services: Demographic, Military, Medical, and Psychosocial Characteristics. *The primary care companion for CNS disorders*, 21(1), 18m02350. <https://doi.org/10.4088/PCC.18m02350>

²⁵ Young, M. (1997). *The community crisis response team training manual* (Second Edition). Washington, DC: National Organization for Victim Assistance, Washington, DC. NASP Handout adaptation (Cultural Perspectives on Trauma and Critical Response) by Kris Sieckert. Available online at http://www.nasponline.org/NEAT/neat_cultural.html

²⁶ Wendler, S., & Matthews, D. (2006). Cultural competence in suicide risk assessment. In R. I. Simon & R. E. Hales (Eds.), *The American Psychiatric Publishing textbook of suicide assessment and management* (p. 159–176). American Psychiatric Publishing, Inc.

Care fragmentation presents a range of challenges and barriers to receiving appropriate and timely care. Integrated healthcare teams, as well as dedicated staff, organizational policies, and tracking mechanisms that facilitate care coordination and ensure timely and appropriate referral and follow-up procedures are critically important.

Analysis

The following key steps will help expand the number of qualified healthcare providers available at the community level — especially in light of the MISSION Act, which expands Veteran access to care in the community and will help increase awareness among providers of programs and resources available to Veterans:

- Enhance and expand the network of qualified healthcare providers through partnerships with State, local, community, and tribal efforts. Stronger linkages across these stakeholders could also facilitate information sharing of best practices and innovative programs.
- Improve community-provider screening practices to identify Veteran status. Increasing the number of community-based health and mental health care providers equipped to respond to Veteran health needs will have limited impact if providers are unaware of the patient's Veteran status.
- Improve screening practices for conditions or issues commonly seen in the Veteran population. This is critical to ensuring that community-based health and mental health providers have the information needed to care for, and appropriately refer, Veteran patients.
- Ensure that community-based health and mental health providers treating Veterans are educated and informed about VA services and systems by enhancing and expanding VA outreach and messaging efforts to community providers.

Implementation

Agency Action

- Department of Veterans Affairs (VA) (lead organization), Department of Health and Human Services (HHS) (suborganization), Department of Defense (DoD) (suborganization), and Department of Homeland Security (DHS) (suborganization) should develop and implement an environmental scan to determine the most effective military/Veteran culture training and suicide prevention training for community providers, and to encourage and facilitate said training for all community-based providers.
- VA (lead organization), DoD (suborganization), DHS (suborganization), and HHS (suborganization) should recommend credentialing and licensing boards encourage best in practice military/Veteran culture and suicide prevention training for civilian providers.
- VA (lead organization) and DoD (suborganization) should explore innovative ways to expand access to care, including hiring and placement of qualified providers and exploration of complementary programs (e.g., peer-based efforts, complementary alternative medicine, etc.).
- HHS (lead organization), DoD (suborganization), DHS (suborganization), and VA (suborganization) should partner with State, local, community, and tribal suicide prevention coalitions to reach to non-VA/DoD providers in the civilian sector to facilitate improved patient coordination and access to care.
- VA (lead organization) and HHS (suborganization) should develop a comprehensive plan that facilitates ongoing coordination between community mental health center Suicide Prevention Coordinators (SPCs) with VA SPCs to ensure care coordination.

- VA (lead organization) and DoD (suborganization) should establish a sustainable funding mechanism that supports care coordination (including telephonic follow-up) for Veterans in contact with community crisis and emergency systems.

PREVENTS Roadmap Implementation Strategy

Overview

Implementation of the PREVENTS executive order and PREVENTS Roadmap has followed, and will continue to follow, best practices in implementation science and will work toward continual improvement. Translating evidence-informed research findings into practice can increase the quality and value of services received by both Veterans and all Americans. A general strategy that leverages the extensive body of work informing the field of implementation science and – more specifically, public health approaches – is needed.^{27,28,29,30,31,32,33,34} A six-step approach will be taken to implement the PREVENTS Roadmap (Figure 3). The strategy recognizes that programmatic implementation of the PREVENTS Roadmap requires individual implementation recommendations in an iterative manner that accounts for the changing environment in suicide prevention.

Since the signing of the PREVENTS Executive Order on March 5, 2019, the PREVENTS Office has reviewed existing programs within VA and other agencies and conducted numerous activities to prepare for the implementation of the PREVENTS Roadmap. The following section contains examples of completed activities as they pertain to the implementation of this multi-dimensional national effort.

Execution of the PREVENTS Roadmap will require coordinated actions over the next two years as outlined by the executive order. Near-term actions, beginning March 5, 2020, have been focused on creating plans, gathering all necessary stakeholders for implementation of all 10 recommendations, and preparing the evaluation. The PREVENTS Office has already launched these efforts and will continue implementation with the added scope of responding to the Nation’s long-term recovery from the COVID-19 pandemic.

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- ³⁴ Scott, K. A., & Pringle, J. (2018). The Power of the Frame: Systems Transformation Framework for Health Care Leaders. *Nursing Administration Quarterly*. <https://doi.org/10.1097/NAQ.0000000000000261>.

Step 1: Organize. Ensure that the infrastructure and engagement required to plan, Implement, evaluate, and sustain all recommendations are in place.

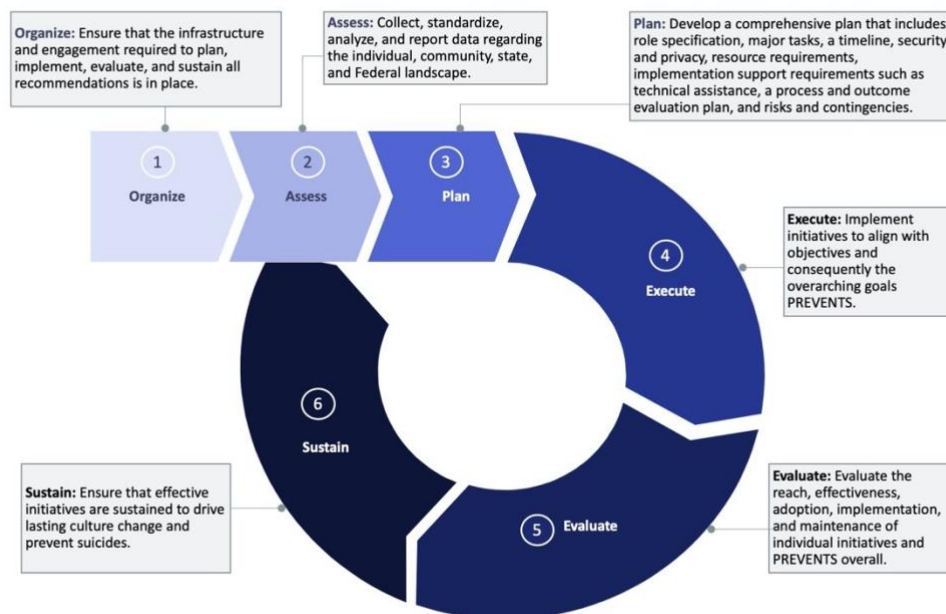


Figure 3. PREVENTS Roadmap Implementation Framework. The framework contains six steps to ensure the 10 recommendations are executed and evaluated in accordance with implementation science best practices.

A critical step to effective and sustainable implementation is ensuring that appropriate infrastructure exists to support full implementation of the recommendations, obtaining genuine and explicit investment from critical stakeholders, and fostering a supportive individual, community, and/or organizational climate ready and activated for executing recommendations.

Actions completed:

- Established the PREVENTS Task Force, co-chaired by the Secretary of Veterans Affairs and the Assistant to the President for Domestic Policy, and comprising the Secretary of Defense, the Secretary of Labor, the Secretary of Health and Human Services, the Secretary of Housing and Urban Development, the Secretary of Energy, the Secretary of Education, the Secretary of Homeland Security, the Director of the Office of Management and Budget, the Assistant to the President for National Security Affairs, and the Director of the Office of Science and Technology Policy.
- Established a joint VA and White House PREVENTS Office with staff to support the executive order as well as PREVENTS Roadmap development and implementation.
- Established a committed working group of more than 150 members across more than 11 Federal agencies to draft the PREVENTS Roadmap.
- Established partnerships with approximately 60 organizations inside and outside the government.
- Visited five states, conducted town halls, and collected information from key State and local stakeholders to incorporate into developing strategies.

In the near term, the PREVENTS Office will expand to improve coordination with all relevant Federal, State, local, tribal, and community agencies. This expansion will focus on the following:

- Add key staff positions to ensure effective coordination and implementation of PREVENTS;
- Coordinate with the PREVENTS Task Force to prioritize recommendations, including identifying which priorities require Federal agency involvement and which priorities State, local, tribal, and community stakeholders can execute directly;
- Identify and involve Federal agencies that are necessary, but are not currently engaged, for PREVENTS Roadmap implementation;
- Integrate Federal action officers provided by PREVENTS Task Force agencies to ensure that coordination, implementation, and reporting of all Federal agency-specific priorities are executed in a timely and comprehensive manner;
- Develop an overarching PREVENTS Roadmap resource plan that details available Federal agency resources (e.g., data, oversight, materials/supplies, and funding);
- Develop an overarching PREVENTS Roadmap resource development plan that describes goals and processes for acquiring non-Federal grant matching, in-kind donations, and other resources;
- Continue partner development as specified in the Partnerships and Communications sections across all core groups, including government agencies, faith-based and community-based groups, Veterans Service Organizations (VSOs) and Military Service Organizations (MSOs), first responders and public safety officers, healthcare delivery systems, higher education, financial services, the corporate sector, and the technology sector;
- Conduct town halls and other stakeholder engagement events;
- Identify critical State, local, tribal, and community partners to share PREVENTS updates with other stakeholders and participate on implementation teams; and
- Facilitate delivery of resources — including toolkits, communication strategies, and a web-based information system — through State, local, tribal, and community partnerships.

Taken together, developing an organized structure to execute a comprehensive approach requires true interagency collaboration at the Federal level. A whole-of-Nation approach as described here requires a whole-of-government approach, in which senior leaders within each Federal agency bring forward their knowledge, expertise, and dedicated time to use the most efficient processes to execute recommendations in a timely manner. Furthermore, action officers can assist in leveraging agency-specific effective external partnerships and programs for PREVENTS initiatives.

Step 2: Assessment. Collect, standardize, analyze, and report data regarding the individual, community, State, and Federal landscapes.

Assessment refers to the process by which PREVENTS will collect information to better understand the State of suicide prevention efforts across the country. PREVENTS will identify gaps and barriers as well as strategies to overcome them. This information is supported both by data that are collected before implementation begins and data that are collected during and after recommendations are implemented. In this way, an initial “baseline” can be measured again after implementation to determine if any changes can be detected. To use the data, PREVENTS will develop and implement a system to collect, standardize, analyze, and report information.

Actions completed:

- A comprehensive review of effective strategies as well as gaps/barriers related to the four overarching PREVENTS Roadmap areas of strategic focus (programs, policies, research, and communications).
- A request for information through the Federal Register (with 608 individual and 114 organization responses) provided details regarding promising suicide prevention actions and programs.
- A research summit to better understand existing suicide prevention research studies and programs — as well as current gaps — with over 125 researchers, clinicians, innovators, and decision-makers from inside and outside of government in attendance.
- Development of public health campaign concepts and focus-testing to refine messaging.
- Outreach to community stakeholders, VSOs/MSOs, faith-based leaders, special populations, and others to gather information and identify gaps and barriers.
- Development of a gap-driven national research strategy focused on Veteran suicide.

In the near term, combined with ongoing efforts to build interagency collaboration, a virtual data system will be created to maximize the power of Federally funded data to empower existing investigators, evaluators, and other partners to draw on shared resources. This data system will include two parts. The first part is specific to coordinating government agency data. The second part will contain information obtained from State, local, tribal, and community-based models, the communications campaign, and overall PREVENTS program evaluation. The PREVENTS Office will bring together data scientists, researchers, policy experts, legal teams, grant program officers, IT personnel, and administrators in a 90-day action team. Using lessons learned from other interagency data projects, the action group will analyze requirements, gaps, and solutions. It will recommend a path for the PREVENTS Task Force to implement the PREVENTS Roadmap data requirements. Once the PREVENTS Task Force has approved the data action team recommendations, the data system will be implemented.

Step 3: Planning. For each of the four areas of focus in the PREVENTS Roadmap (programs, policies, research, and communications), develop an execution plan that includes role specification, major tasks, timeline, security and privacy safeguards, resource requirements, implementation support requirements (e.g., technical assistance), process and outcome evaluation plan, and risks and contingencies.

The PREVENTS Roadmap is a living document.

The recommendations contained are based on 1) a clear understanding of the most critical problems in existing suicide prevention initiatives, 2) a robust review of background information to understand the current state, 3) detailed analysis of potential solutions, and 4) a carefully selected collection of feasible, yet ambitious next steps to solve each problem. Due to current interest and investment in mental health and suicide prevention, these areas of study are rapidly advancing based on new evidence, increased stakeholder engagement, and increased activation focused on addressing mental health, well-being, and suicide prevention. Thus, the recommendations of today may not be applicable tomorrow. As a result, it is necessary to develop a PREVENTS Roadmap plan that can accommodate and capitalize on changes in the field as needed. The plan will offer the PREVENTS Office and PREVENTS Task Force a framework for achieving suicide prevention appropriate to the current needs of Veterans.

Due to the large number of recommendations contained within the PREVENTS Roadmap, it is important to develop levels of organization, which include (from general to specific):

- Areas of strategic focus, which are: programs, policies, research, and communications.
- Ten summary recommendations (described in each of the four sections) that organize the work into sections for implementation.
- Priority initiatives ready for action now that will jumpstart the work of PREVENTS.

This organizational approach allows PREVENTS to prioritize areas that will make the biggest impact now, while building a system that can adapt and grow in the future. A strategic timeline will be planned to provide accountability and prevent duplication of efforts across strategic areas.

Examples of work that has already occurred:

- Assessed recommendations for feasibility and impact.
- Organized recommendations into 10 overarching recommendations aligned to the following areas: programs, policies, research, and communications.
- Developed priority initiatives for 2020 including:
 1. National public health campaign: Research, focus-group test, refine, and launch a national public health campaign across the United States, partnering with every agency in the PREVENTS Task Force, as well as with nongovernmental organizations, corporations, faith-based leaders, and subpopulations to provide targeted messaging that empowers the public to recognize risks and protective factors through high-visibility channels.
 2. Enhance research: Accelerate scientific discovery through structural changes, policy, and incentives, which includes prioritizing suicide prevention research that promotes interventions that factor in a person's unique combination of individual, social, and environmental risk factors.

3. State, local, and community grant program(s): Leverage existing Federal agency funding priorities to support PREVENTS State, local, and community grants, and prepare for grant implementation.
4. State, local, and community integration, activation, and collaboration empowerment campaign: Increase capacity at all levels to:
 - Begin or enhance existing implementation (prior to grant administration in initiative three above) of PREVENTS recommendations to prevent suicide.
 - Promote a stronger sense of belonging and purpose among community members, including Veterans.
 - Build collaboration through convening stakeholder groups, including faith-based communities, universities, non-profits, the entertainment industry, insurance providers, and philanthropies.
5. State proclamations: Engage all 50 states, Washington, D.C., territories, and tribal communities to participate in the PREVENTS effort by signing a PREVENTS Proclamation outlining agreed-upon practices and steps. State proclamations will also allow states that are not already engaged with the Governor's Challenge to become involved with this initiative or a similarly coordinated effort.
6. PREVENTS ambassadors program: Identify, confirm, and train at least 50 high-profile individuals to champion PREVENTS messaging at events and through other relevant opportunities to raise awareness and empower the public to prevent suicide; PREVENTS will also identify and develop a community of national and State-level PREVENTS Ambassadors.
7. PREVENTS employer pledge and toolkit: Engage employers representing at least 25% of the national workforce to commit to prioritizing mental health and well-being in the workplace.
8. Suicide Prevention Technology Challenge: Launch an interagency challenge to promote innovation in the field of suicide prevention, including innovation in the approach to access and delivery of suicide prevention efforts.
9. Professional credentialing and certification: Work with partner organizations inside and outside of government so that partners can develop and share best practice examples of core curriculum to include mental health and well-being, social connectedness, and suicide prevention, intervention, and postvention by profession across all states.

In the near term, the PREVENTS Office will develop and lead implementation teams composed of action officers, PREVENTS Office staff members, subject matter experts, State, local, tribal, and community stakeholders, and innovation champions. The research implementation team will work in collaboration with the National Science and Technology Council. Using information obtained from other parts of the implementation strategy, such as the evaluation plan, implementation teams will be tasked with developing detailed execution plans, including:

- Identification of individuals needed to ensure the strategy is executed and of what each will do.
- Key milestones and deliverables.
- Implementation timeline.
- Security and privacy requirements.
- Required resources and policy changes.
- Potential risks and barriers as well as mitigation strategies for the potential obstacles.
- Process and outcome evaluation plan.
- Implementation support requirements.

Throughout planning, implementation, and evaluation, all overarching and priority-specific execution plans and findings will be regularly shared with the PREVENTS Task Force co-chairs and members of the PREVENTS Task Force, and on the PREVENTS website.

In addition to safeguarding accountability and transparency, widespread dissemination of this information promotes the rapid acceptance and expansion of effective strategies.

The PREVENTS Office will obtain regular feedback from stakeholders who receive plans and findings as a means of quality improvement (i.e., so the process continues to meet the needs of State, local, tribal, and community agencies, including faith-based organizations).

By the end of 2020, the PREVENTS Task Force will review recommendations to reevaluate the prioritization and impact of initial recommendations. It will evaluate new opportunities and additional needs and adjust plans and priorities accordingly.

Step 4: Execution. Implement initiatives to achieve recommendations and, consequently, the overarching goals of the PREVENTS Roadmap.

The execution component includes ensuring that all execution plans are implemented as described in the plan to the best of each stakeholder's ability. Quality improvement processes will provide the stakeholders who are implementing the strategy with resources to integrate lessons learned quickly and efficiently. Data on the effectiveness of the implementation plan at reducing suicide, as well as the performance of participating organizations, can be shared in a way that provides opportunities for learning and organizational growth at every level of the PREVENTS effort. For example, the program implementation plan may include key actions to be completed by State partners, grant administrators, and grant recipients. Data collected on these actions at all levels may help to identify any process breakdowns and how the implementation team can provide support or training to improve the process.

One example of work that has already occurred: Organizations representing more than 6 million employees have signed the PREVENTS employer pledge committing to prioritizing the mental health and wellness of employees.

More than 25% of the PREVENTS Roadmap recommendations included in the 2020 priority areas will begin implementation in the near term. PREVENTS Roadmap implementation will use a phased approach to implement some recommendations to allow best practices to be determined and used. For example, in 2020, the national public health campaign will be focus-group tested, refined, and launched across the United States. The campaign will be expanded in 2021 and 2022 to incorporate advances in research, policy, and programs revealed through other PREVENTS Roadmap initiatives.

The four implementation teams will frequently meet at the beginning of the implementation process to determine additional support/training needs, review and share quality improvement data, and make systematic changes to the execution plan as necessary. All data related to program, policy, research, and communications implementation will be collected in near real time, stored in the data system, analyzed, and reported regularly.

Step 5: Evaluation. Evaluate the reach, effectiveness, adoption, implementation, and maintenance of all PREVENTS recommendations individually and collectively.

The evaluation component includes determining the overall impact of each recommendation priority and the PREVENTS Roadmap as a whole (see page 55). Integrated strategies of this size are rarely evaluated collectively. Thus, evaluation provides the opportunity to break ground in understanding a systemic change approach that can be utilized in the future.

Examples of work that has already occurred:

- Developed a partnership with a major university focused, in part, on the development of the PREVENTS Roadmap overall evaluation and tracking approach.
- Established preliminary guidelines for overall PREVENTS program evaluation and participating organization initiative evaluations, including programs, policies, research, and communications (see Evaluation section).

In the near term, the PREVENTS Office will continue to coordinate a strategic team of experts in the field of implementation science, evaluation, suicide prevention, Veteran health and wellness, public health, community-based research, and data science to further the process, started in November 2019, of developing and refining PREVENTS program evaluation. The team will determine baseline process and outcome data requirements for the entire PREVENTS Roadmap program evaluation, including data definitions, data standardization rules, data source requirements, data sharing requirements, and data collection frequency. Going forward, to the extent permitted by law, these data requirements will be mandatory for PREVENTS Roadmap recommendation implementation. To ensure consistency in the quality of evaluation, the PREVENTS Office will develop guiding principles for implementation teams to use when developing individual recommendation evaluation plans.

Step 6: Sustainability. Sustain all effective PREVENTS strategies to ensure lasting culture change and reduced suicides.

It is imperative that PREVENTS have the resources and support to ensure the impact and sustainability of suicide prevention efforts. Culture change takes time as changes become embedded and institutionalized within agencies, organizations, and communities. An effective sustainability plan also requires continual assessment and evaluation of processes, outcomes, and strategies to ensure that adjustments are made based on new information or a significant change in the environment. The sustainability plan will incorporate maximum flexibility to allow for appropriate adjustments as needed to enhance the effectiveness of each focus area promoted through PREVENTS as well as the overall success of the effort.

Examples of work that has already occurred:

- Developed a process to identify a suitable Federal agency to host the State, local, and community grant program.
- Reviewed all PREVENTS Roadmap recommendations against change management and systems transformation best practices to develop an overarching strategy that promotes sustainability and lasting positive effects.

The list of activities and strategies employed to ensure that efforts continue beyond the expiration of the term or the PREVENTS executive order is too long to include in full.

In general, sustainability efforts will begin in the near term and continue throughout implementation and evaluation of the effort, guided by the principle that more organizational involvement will increase the likelihood that the PREVENTS effort will evolve into the whole-of-Nation effort that is truly needed. The more the effort expands organically, the more likely it is that it will become embedded into culture. For example, consistent communication updates (which may include best practices based on preliminary evaluations, data reports, execution plans, and key opportunities for partners) that support the active involvement of all stakeholders will inspire and reinforce the good work being done. Further, action officers will be tasked with ensuring that execution plans can be embedded in the existing work process of the Federal agency, reducing staff effort required to implement and maintain “special programs.” Finally, policy recommendations, focused on specific agency efforts, to broadly adopt and embed operational changes will be developed.

Summary

Implementing a large program to empower Veterans and end a national tragedy of suicide is complex but achievable through using implementation science best practices and an adaptable, organized, and comprehensive approach. Effectively implementing and evaluating the PREVENTS Roadmap are important factors in creating a model that will be successful in preventing Veteran suicide and that can be used for future public health initiatives. The PREVENTS Office, established in 2019, will coordinate, amplify, and expand the work of PREVENTS Task Force agencies and other Federal-level Veteran entities, enhancing consolidation, focus, and optimization across existing programs.

Continued coordination is key to effective organization, assessment, planning, execution, evaluation, and sustainability. The PREVENTS Roadmap was constructed with input from more than 150 experts; it stands to reason that implementation will require a large number of individuals working together in a collective, organized, ongoing manner with adequate resources to achieve the goal of preventing suicide. PREVENTS efforts aimed at ensuring that a structure for effective implementation is achieved by the end of the first year of implementation include:

- PREVENTS Task Force and PREVENTS Office coordination to prioritize and organize recommendations (June 2020).
- PREVENTS data infrastructure plan developed (September 2020).
- PREVENTS Roadmap non-Federal resource plan developed (September 2020).
- PREVENTS Federal action officers onboarded (September 2020).
- PREVENTS Roadmap Federal resource plan developed (September 2020).
- PREVENTS Office expanded (September 2020).
- PREVENTS programs, policies, research, and communications execution plans developed (November 2020).
- PREVENTS evaluation plan developed (November 2020).

PREVENTS recognizes that urgent action is required to prevent suicide among individuals across the military life cycle and all Americans. Thus, implementation of the PREVENTS Roadmap recommendations must begin simultaneously with other coordination activities, building upon the current efforts underway in community prevention and clinical intervention strategies as part of VA’s National Strategy for Preventing Veteran Suicide (2018–2028). In addition to the coordination activities noted above, the PREVENTS Office will begin to implement recommendation-based initiatives for prioritization in 2020.

PREVENTS Roadmap Evaluation Strategy

Overview

The implementation of the PREVENTS Roadmap will be a multiyear process that includes a significant focus on program evaluation, which is defined here as the “systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.”³⁵

The evaluation of the PREVENTS Roadmap effort will include a measure of how effective and reliable each of the four strategic focus areas is in making an impact on suicide prevention. In addition, how effective the overall approach was and how well the combined efforts of programs, policies, research, and communications worked together will be determined. Information gathered through evaluation can be used in real time to improve PREVENTS Roadmap implementation and in the future as a model for other teams addressing complex health and well-being challenges. Taken together, evaluation provides accountability and transparency for Veterans, the organizations that serve them, and all Americans affected by suicide.

During the PREVENTS Roadmap development, a team of evaluation experts met and developed a preliminary strategy for evaluation, presented here. In addition, numerous individuals were engaged in a series of meeting to inform this strategy, including Service members, Veterans, and their families (SMVF), as well as individuals with knowledge across a range of relevant topics, including program evaluation, suicide prevention approaches, SMVF challenges, health and wellness practices, public health implementation, community-based research and program development, implementation science, and data science.

Strategic Principle One: Recognize That the PREVENTS Roadmap Is a Living Document

Knowledge, attitudes, and beliefs regarding suicide and suicide prevention are changing rapidly due to the current interest and investment in mental health and suicide prevention. As the culture changes and new research reveals knowledge that can be applied to suicide prevention on an almost daily basis, it is expected that PREVENTS Roadmap recommendations will be modified or removed and new ones will be added.

The evaluation of the PREVENTS Roadmap has to be designed in a way that can accommodate changes without compromising the overall evaluation. This is unusual, as evaluation protocols are not typically changed while a project is underway. To address this challenge, the PREVENTS Roadmap evaluation approach will use quality improvement methods as well as a variety of other methodological and statistical approaches. In a quality improvement approach, data is collected and analyzed in real time so that immediate recommendations on how to improve the execution of a strategy can be generated. This is beneficial in that it allows for course correction, improving the chances of success, while also collecting the data that can be used later to determine the overall effectiveness of the strategy.

³⁵ Saunders, M. (1998). Review: Utilization-focused evaluation: The new century text. Evaluation. <https://doi.org/10.1177/13563899822208446>.

Strategic Principle Two: Coordinate the Evaluation Approach Using Experts in Diverse Fields That Share a Commitment to Process

Within the PREVENTS Roadmap, the recommendations encompass and can be loosely divided into four overarching areas of strategic focus, including programs, policies, research, and communications. Each area contains numerous strategies that will drive them, and within each strategy are individual initiatives that work collectively to achieve the goals of the PREVENTS Roadmap. Each strategy and initiative will build toward the overall evaluation of whether or not the PREVENTS Roadmap achieved its goal of preventing suicide.

To achieve this goal, each individual involved in the implementation and evaluation must share a commitment to process. This means that the evaluation goals and metrics must be designed to determine whether or not an initiative works, not to prove that it does. This nuance is critical to advancing the field quickly and effectively.

To construct a shared set of objective common goals and metrics, PREVENTS will continue to convene experts in the field of implementation science, evaluation, suicide prevention, Veteran health and wellness, public health, community-based research, and data science through a process of individual and group meetings to ensure equal opportunity for providing ideas and feedback. PREVENTS will work to coordinate goals and metrics with existing Federal agency evaluation efforts. The evaluation planning process will also include meetings with individuals who will “do the work” to get feedback on feasibility and process and the appropriate way to collect data without affecting their work.

Taken together with expert recommendations, baseline measures for the entire PREVENTS Roadmap program evaluation will be determined. Methodological and statistical approaches must also be defined. In addition, experts will determine guiding principles for implementation teams to use in order to ensure consistency in the quality of the evaluation. A standard set of data definitions, data standardization rules, data source requirements, data sharing requirements, and data collection frequency rules will aid in this effort.

Strategic Principle Three: Use a Model to Integrate Understanding of the Individual, Organizational, and Societal Impact of Each Strategy on Its Own and in Combination

The PREVENTS initiative will use the RE-AIM (Reach, Efficacy, Adoption, Implementation, Maintenance) framework as a strategic guide in evaluating the PREVENTS key areas:³⁶

- Reach — How well did PREVENTS identify and reach the targeted population (individual/group that may receive the strategy)?
- Efficacy — How effective was the strategy? Did it achieve the intended outcome(s)?
- Adoption — How well did PREVENTS obtain the support and resources needed to fully implement the strategy?
- Implementation — How well was the plan to execute the strategy followed? When barriers arose, were they addressed? Was quality improvement used to improve execution over time?

³⁶ Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: The RE-AIM framework. *American Journal of Public Health*. <https://doi.org/10.2105/AJPH.89.9.1322>.

- **Maintenance** — How well was the strategy incorporated into the day-to-day operations of an organization/entity that implemented the strategy to ensure the strategy's continued implementation after PREVENTS ends?

These questions will be addressed through collecting process information (data that reveal whether or not a plan for execution was followed and the extent to which it was followed) and outcome information (data that reveal whether or not a strategy worked toward achieving its goals). Some outcome measures, such as suicide attempts and suicide deaths, will be collected across all strategies throughout the entirety of the PREVENTS program. Other process and outcome measures specific to a particular strategy/initiative may not be, depending on real-time analysis of the data collected.

A brief description of each PREVENTS area of focus as it applies to the evaluation model follows:

- **Communications** evaluation will identify the number and types of individuals reached through communication campaign initiatives. Surveys that measure changes in knowledge are one way to determine effectiveness. Suicidal ideation, connectedness, crisis line calls, and changes in attitudes and behavior data correlated to communication campaign initiatives are other ways. There are numerous other contextual factors that contribute to effectiveness, such as new programs and policies being implemented at the same time. Thus, as the communication strategy is rolled out, some specific messages or strategies may be implemented to determine the potential impact and success in an area that is largely untouched by other strategies and then may be expanded widely if successful. Evaluation of the communications campaign execution may reveal the types of partners who were able to share communication campaign materials widely and frequently. Evaluation may also determine the extent to which different campaign messages are integrated into the common cultural vocabulary (a positive outcome). It is important to note that the PREVENTS Roadmap is a living document and that the strategy described is a first step in developing a comprehensive, robust evaluation plan. Each of the challenges in evaluating a public health model that targets suicide must be addressed to ensure that data collected distinguish effective from ineffective methods. Convening experts in diverse fields will ensure effective and objective evaluation plans are developed and completed. Evaluation plans that are coordinated across different PREVENTS Roadmap overarching goals and strategies are needed to achieve a comprehensive and synchronized evaluation. Finally, this information must have a home; a system to capture and coordinate data collection, standardization, analysis, and reporting must be developed.
- **Research** evaluation includes numerous and varied strategies and initiatives. Methods to determine effectiveness will largely depend on the individual research study, but other outcomes will be determined, as described above, by a group of experts who are able to interpret the impact of societal interventions to change attitudes and behaviors. Enhanced research ecosystem evaluation will identify the number and types of individuals and organizations affected by the enhanced and expanded research ecosystem — as well as how specific attitudes and behaviors have been affected within the target population. The number and extent of researcher, academic institution, and government research agency participation in suicide prevention research is important in identifying gaps and barriers.
- **Program** evaluation will identify who is expected to be affected as a result of all of the programs and the extent to which the actual targeted population was engaged (representativeness) for a specific strategy. Representativeness can be determined by geographic area or sociodemographic information.

Standardizing the shared outcome measure against a specified geographic area or demographic can be used to determine relative and total effectiveness of the program. Implementation, adoption, and maintenance are especially important in program evaluation. For example, a program that can only be executed at 15% of its potential is quite different from another type of program that can consistently be executed at 100%. Knowing this information by program type will assist in determining the overall impact and reduce variability when evaluating all programs against each other.

- **Policy** evaluation will identify who is affected as a result of policy implementation and how likely the policy is to affect the entire population versus subpopulations or smaller geographical areas of the overall population. It is challenging to determine a policy's effectiveness, because there are so many other factors that contribute to its success or failure, such as other ongoing efforts that have nothing to do with the policy or the effects of other policies that are enacted at the same time. Such is the likely case with PREVENTS. Because of the numerous policies that are recommended for implementation, delineation of individual effective PREVENTS policies may not be possible, but the collective evaluation of all policies together may be. Strategies to capture any unintended consequences will also be used and reported. Adoption and maintenance can include the number and representativeness of organizations or governing bodies that participate in implementing and enforcing each policy over time.

Strategic Principle Four: Develop a System to Collect, Analyze, and Report Evaluation Data Quickly and Efficiently

An effective and efficient way for implementers and evaluators to obtain the data described here and in the implementation section in a collective manner does not currently exist. To reduce duplication and waste, a virtual data network containing all relevant information will be developed that implementers and evaluators — with appropriate safeguards and clearance — can access. Evaluation data will be collected through this system, with access granted to all relevant stakeholders for real-time report generation aimed at quality improvement. Evaluation data at the strategy and overall PREVENTS levels will be analyzed, summarized, and reported regularly to all interested individuals.

Summary

The PREVENTS Roadmap is a living document. Convening experts in diverse fields will ensure that effective and objective evaluation plans are developed and completed. A process to coordinate evaluation plans across different PREVENTS Roadmap overarching goals and strategies is needed to achieve a comprehensive and coordinated evaluation. Finally, this information must have a home; therefore, a system must be developed to capture and coordinate data collection, standardization, analysis, and reporting.

The effective evaluation of the PREVENTS Roadmap is an important factor in the overall success of the effort and in creating an effective model for implementation of future efforts to prevent suicide and future public health initiatives. In the six months following the delivery of the PREVENTS Roadmap to the President and the public, a comprehensive set of strategies, principles, and documents will be created, including:

- The establishment of an initial expert advisory council (completed).
- The creation of focus groups that feature individuals who will implement strategies as well as those who will receive efforts and interventions (July 2020).

- The establishment of baseline process and outcome data requirements for the entire PREVENTS Roadmap program evaluation (November 2020).
- The drafting of standardized data definitions, data standardization rules, data source requirements, data sharing requirements, and a data collection frequency document (November 2020).
- The development of methodological and statistical approaches, including a plan for launching and maintaining the virtual data enclave (November 2020).

Conclusion

The PREVENTS Roadmap has been created with one mission in mind: to end the national tragedy of Veteran suicide. Yes, the mission is complex and audacious, but it is achievable. We seek to reach every corner of our Nation, leaving no one behind, because we believe that *everyone* is within reach.

As a Nation, we have a responsibility to ensure that Veterans are cared for and supported — not just at the point of crisis, and not just during their interactions with VA, but throughout their lives in the communities in which they live. By focusing on our Nation’s Veterans, we engage them in the struggle to end suicide within the Veteran and military population, and we open the conversation in our Nation about this important challenge. The success of the PREVENTS Roadmap and the ensuing public health campaign will depend on several factors — perhaps most importantly, on empowering Veterans, Service members, and their families to lead the way in the communities in which they live. Veterans are our neighbors, relatives, friends, and colleagues, and it is imperative that we look to them for their wisdom, their experience, and their leadership as we strive to make meaningful change to prevent suicide.

The PREVENTS initiative will elevate the national conversation on mental health and suicide, build on existing best practices, and expand on the impressive research and programs underway in our communities. We will ensure that our Nation’s Veterans — and all Americans — know that there is help and hope for those who need it. Together, we will end this tragedy of suicide. ***This is a national call to action. Join us.***