

Suicide Prevention and the Veterans Crisis Line Caring Letters Evaluation

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Bottom Line Up Front

Suicide prevention is a major public health priority, particularly for the Department of Veterans Affairs (VA) and the Veterans Health Administration (VHA). The Veterans Crisis Line (VCL) Caring Letters intervention is a suicide prevention initiative that began in June 2020. It enrolls any Veteran who uses VHA services and who contacts the VCL in a series of nine caring letters for the year following that engagement. Implementation is under the guidance of VA Office of Mental Health and Suicide Prevention and investigators based in Washington state. Quantitative analyses are led by the Partnered Evidence-based Policy Resource Center and preliminary results on health care outcomes will be available in 2023. Qualitative analyses are led by evaluators from VA Central Arkansas.

Introduction

Suicide is a leading cause of death in the United States, and while Veteran suicide rates steadily increased from 2001 to 2017, they have begun to fall in recent years.¹ However, they remain significantly elevated when compared to the civilian population.^{1,2}

18.2

In 2018, the age- and sex-adjusted rate of death by suicide among the civilian population was **18.2 per 100,000**. Among Veterans, it was **27.5 per 100,000**. This is a rate that is 1.5 times higher.

27.5

Suicide prevention is one of the main clinical priorities of the Department of Veterans Affairs (VA) both for Veterans who receive care through the Veterans Health Administration (VHA), and those who do not.

VA Suicide Prevention Efforts

Veteran suicide prevention has been a long-time bipartisan priority, spanning different presidential administrations. The 2022 Annual VA budget request includes \$590 million for suicide prevention and outreach activities, including boosting the staffing and capacity of the VCL.³ All ongoing efforts exist within a larger 10-year strategic plan, known as the [2018 National Strategy for Preventing Veteran Suicide](#), which takes a multi-faceted public health approach to ending Veteran suicide, including both community-based and clinical interventions.

Recently Passed Legislation

Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019

Increases public resources geared towards a variety of suicide prevention efforts for Veterans and their families, but it also funds evaluations to assess the efficacy of these interventions.

Passed: October 17, 2020 [P.L. 116-171]

The Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act of 2020

Addresses the provision of acute suicide care, including transportation coverage to both VA and non-VA facilities.

Passed: December 5, 2020 [P.L. 116-214]

Selected Ongoing QUERI Suicide Prevention Operations Evaluations

Examining the Effectiveness of an Adaptive Implementation Intervention to Improve Uptake of the VA Suicide Risk Identification Strategy: an evidence-based, population-level national suicide risk identification strategy that begins at the clinical level. Through screening and evaluation, it is intended to improve and standardize both the detection and management of suicide risk throughout VHA. This evaluation utilizes a sequential multiple assignment randomized trial (SMART) design to determine how facilities can best use this tool to screen Veterans for suicide risk.

Implementation Evaluation of a National Sponsorship Program for Transitioning Service Members: a program that connects individuals as they exit active duty and transition to civilian life with certified and relatable individuals who can be a resource during this critical point in time. Using a stepped-wedge design, the evaluation aims to look at how effective the sponsorship program is, and to determine its feasibility and utility.

Implementing Caring Contacts for Suicide Prevention in Non-Mental Health Settings: Caring Contacts is an evidence-based suicide prevention intervention that involves sending non-demanding messages of care to those who are at risk of suicide. Both implementation and evaluation of this initiative utilizes the Integrated Promoting Action on Research Implementation in Health Services (I-PARIHS) framework and is aimed at reaching Veterans who might not engage in VHA mental health care by targeting those who present in emergency department and urgent care settings.

In addition to the selected Quality Enhancement Resource Initiative (QUERI) operations evaluations, other suicide prevention [research](#) is also underway, as it remains critical to determine what ways might be most effective to reach those most at risk of suicide-related adverse events, including specific subpopulations, including non-VHA users.

Veterans Crisis Line Caring Letters Intervention

The [VCL Caring Letters intervention](#) incorporates two key aspects of suicide prevention: crisis line use and the Caring Contacts intervention.

Crisis Lines

Crisis lines are a public health intervention that has been around for decades. Individuals — either on their own behalf or out of concern for a loved one — call a toll-free number that is often advertised through public service announcements.⁴ These calls connect individuals to trained responders who are educated in reducing an individual's distressed state and connecting them with helpful resources when necessary. Numerous studies have been conducted to determine both acute and distal effectiveness, and while there are often confounding factors that make it difficult to judge their effectiveness, crisis lines are generally seen to be a useful tool.⁵

The most comprehensive crisis line nationwide is the National Suicide Prevention Lifeline, which comprises a national network of local crisis centers. VCL, which is attached to Lifeline, was founded in 2007 and connects Veterans in crisis with qualified responders who are specifically trained to work with

Veterans and provide 24/7 support. Since its inception, VCL has answered close to six million calls, and has since added online chat and text messaging functions as well.

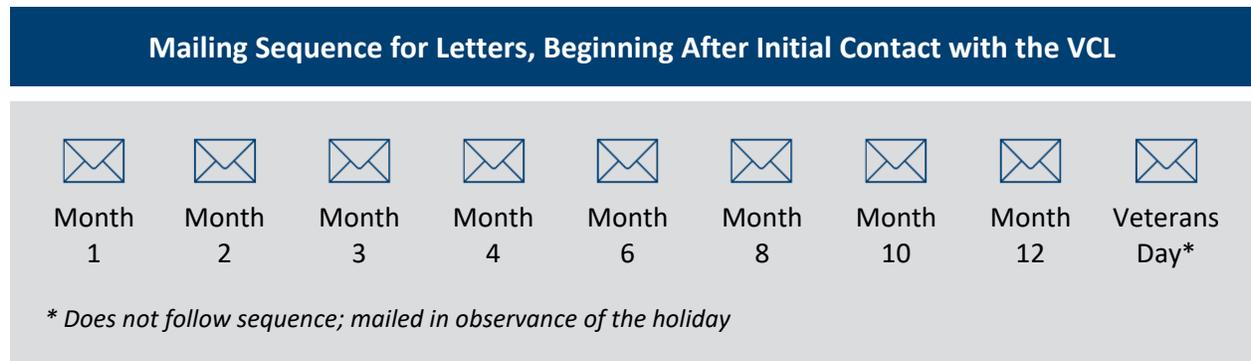
Caring Contacts

Utilized since the 1970s, Caring Contacts is a series of simple, caring letters, postcards, notes, or text messages of care sent to those deemed to be at high risk of adverse suicidal events, including death by suicide.⁶ The intervention is conceived around the idea that these contacts make high risk individuals feel more connected and less alone and provide them with resources, while also not burdening them with a need to do anything.⁷

This intervention has already been tested in different targeted areas of VHA, such as Emergency Departments, as well as in different forms, such as text messaging.⁸⁻¹¹ However, it has yet to be implemented on such a wide scale.

Current Intervention

This VCL Caring Letters intervention may be the largest Caring Contacts intervention within the VHA population. This intervention enrolls any Veteran who engages with the VCL on their own behalf and who has an address recorded in the Corporate Data Warehouse (CDW) VA’s electronic health record. Actively enrolled Veterans are sent a series of nine letters.



The signatory of these letters is randomized by peer (another Veteran) or provider (a clinician). Although Veterans can opt-out at any time, initial evaluation metrics suggest that less than 0.05% of the more than 100,000 enrolled Veterans who have been mailed the intervention have chosen to opt-out.

Enrollment in the evaluation cohort ended in June 2021. However, Veterans are currently still being enrolled in and receiving this intervention, and more than one million letters will have been sent out by the end of 2021.

In partnership with investigators at the Puget Sound VA, PEPReC is evaluating the efficacy of Caring Letters, particularly the impact of the signatory’s identity. Evaluators are examining the impact of signatory on care utilization (i.e., inpatient and outpatient care), suicidal ideation and non-fatal suicidal events, all-cause mortality, and suicide mortality. Results for most outcomes are expected in early 2023, with cause of death results available in 2024.

A qualitative component of this evaluation is being conducted by investigators at the Central Arkansas VA to determine how these letters are being received by Veterans (e.g., positive, negative, or neutral).

Main Outcomes of Interest



Health care utilization

Use of outpatient, inpatient, emergency department services – including mental health



Sustainability

Cost of implementing and maintaining VCL Caring Letters

Due to the availability of demographic information in CDW, it might be possible to understand whether different subgroups of Caring Letters recipients (e.g., transitioning service members or older recipients) are more likely than others to benefit from this suicide prevention intervention.

PEPRc is also conducting a budget impact analysis of the project. This analysis will compare costs related to both inpatient and outpatient mental health care use and medications before the intervention, with costs related to health care use and medications, as well as costs of mailing the letters during the intervention. This analysis could demonstrate that if the time and resources put into producing this project are replicable and affordable in the long run, Caring Letters could be an effective suicide prevention tool moving forward, assuming there is a relationship between receipt of Caring Letters and improved outcomes.

One significant challenge to evaluation is that this program launched during the COVID-19 pandemic, and there might be confounding effects driving more individuals to utilize crisis line services that are also associated with the outcomes of interest in this evaluation. Methodological approaches are under consideration to try to separate the effects of the pandemic from the effects of the intervention.

Between cost knowledge and clinical outcomes, results from this evaluation will inform decisions about whether this project should become a permanent national program.

Importance

Suicide is a complex problem, but it is preventable. More research is necessary to understand exactly what interventions are most effective, both generally and for specific subpopulations, to reduce the Veteran suicide rate.

Since the VCL project is the largest Caring Letters initiative to date, results from this evaluation could be helpful beyond VA in improving suicide prevention. Identifying a low-cost approach to addressing factors that contribute to suicide behaviors represents an important way to address this high priority problem.

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ABOUT PEPRc POLICY BRIEFS

This evidence-based policy brief is written by Partnered Evidence-based Policy Resource Center (PEPRc) staff to inform policymakers and Veterans Health Administration (VHA) managers about the evidence regarding important developments in the broader health system and economy. PEPRc is a Quality Enhancement Research Initiative-funded resource center that collaborates with operational partners to design and execute randomized evaluations of VHA initiatives, develops and refines performance metrics, and writes evidence-based policy briefs.

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