Suicide Prevention and the Veterans Crisis Line Caring Letters Evaluation

Cecille Joan Avila, MPH, VA Boston Healthcare System
Senior Policy Analyst, Partnered Evidence-based Policy Resource Center

Elsa Pearson, MPH, VA Boston Healthcare System
Policy Director, Partnered Evidence-based Policy Resource Center

Melissa Garrido, PhD, VA Boston Healthcare System
Associate Director, Partnered Evidence-based Policy Resource Center
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.\(^1,2\)

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]
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. 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.

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. 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.

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. 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.

| Mailing Sequence for Letters, Beginning After Initial Contact with the VCL |
|---|---|---|---|---|---|---|---|---|---|
| Month 1 | Month 2 | Month 3 | Month 4 | Month 6 | Month 8 | Month 10 | Month 12 | Veterans Day* |

* Does not follow sequence; mailed in observance of the holiday

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).
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.

PEPPReC 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.
References


ABOUT PEPReC POLICY BRIEFS

This evidence-based policy brief is written by Partnered Evidence-based Policy Resource Center (PEPReC) staff to inform policymakers and Veterans Health Administration (VHA) managers about the evidence regarding important developments in the broader health system and economy. PEPReC 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.