

**Department of Veterans Affairs
Veterans Health Administration**

Agency Information Collection Activity:

Suicide Prevention 2.0 Program - Community Opinion Survey

OMB Control No. 2900-0911

The Suicide Prevention 2.0 Program - Community Opinion Survey received one comment in response to the 60-Day Federal Register Notice (VA-2025-VACO-0001-0046, FR Doc No: 2025-12222) on August 21, 2025.

Document: VA-2025-VACO-0001-0084 – We appreciate the commentor's concerns-suggestions, and VA responds as follows:

- The first comment states that Veterans experience suicidal thoughts and behaviors at higher rates than non-Veterans and that data can help us be more 'proactive' and targeted in reaching Veterans at risk.
 - VA is actively implementing a 'precision medicine' approach which utilizes data to identify Veterans at risk to offer the most appropriate intervention at the right time. VA's research and evaluation activities are focused on identifying risk profiles and testing evidence-based approaches by risk, treatment needs and preferences of Veterans.
 - VA's Recovery Engagement and Coordination for Health–Veterans Enhanced Treatment (REACH VET) predictive model algorithm has been updated to include additional variables to improve performance.
 - VA continues to partner with VA's National AI Institute, Digital Health Office to leverage technology and Artificial Intelligence to best develop and enhance clinical surveillance and decision support tools.
- The writer's comment addresses the need for improved coordination and data sharing across VHA and VBA and concerns about disability claims related to suicidal behaviors.
 - The Veterans Health Administration (VHA), Office of Suicide Prevention (OSP) and Veterans Benefits Administration (VBA), Office of Performance Analysis & Integrity (PA&I) have an established relationship through the data request process related to Veterans who have died by suicide.
 - A suicide attempt, in and of itself, is not a disability or a standalone diagnosis for which service connection can be granted on a direct or secondary basis. Therefore, VA would neither grant nor deny a suicide attempt as secondary to PTSD, depression, somatic symptoms, or any other mental or physical disability. However, VA can consider a suicide attempt (and/or suicidal ideation) as a symptom of a mental health disability. If the underlying mental health disability is related to the Veteran's service, then VA can use the suicide attempt in determining the disability severity and to assign a corresponding evaluation under 38 CFR § 4.130. For instance, a suicide attempt could support a 70% evaluation (shown as suicidal ideation) or a 100% evaluation (shown as persistent danger to self/others). Additionally, in the court case *Bankhead v. Shulkin*, 29 Vet.App. 10 (2017), the United States Court of Appeals for Veterans

Claims examined the term “suicidal ideation” under the 70% evaluation level for § 4.130 and determined that the presence of suicidal ideation alone may cause occupational and social impairment. When evaluating mental health conditions, the Court also indicated that VA must: 1.) engage in a holistic analysis in which it assesses the severity, frequency, and duration of signs and symptoms of the mental disorder; 2.) quantify the level of occupational and social impairment caused by those signs and symptoms; and 3.) assign an evaluation that most nearly approximates that level of occupational and social impairment. Moreover, if the suicide attempt that is due to a service-connected mental health condition results in a separate disability, then VA can grant service connection for any resulting chronic residual disabilities on a secondary basis in accordance with 38 CFR § 3.310(a).

- The writer comments on the value of monitoring Veterans at risk for suicide as they discharge from inpatient psychiatry to outpatient levels of care, a vulnerable time for suicide death. Intervention should be Veteran-centric and involve family and caregivers for a wholistic approach.
 - VHA inpatient mental health services provide comprehensive Veteran-centered, team-based care, to address the specific needs of each Veteran, and when agreed upon by the Veteran, family and caregivers are involved in treatment planning.
 - All Veterans who receive inpatient mental health services in VA are offered the opportunity to develop or update a customized safety plan prior to discharge.
 - Post-discharge engagement in mental health services is a priority for VA and as such, VA ensures the scheduling of follow up mental health care and monitors follow up appointments post inpatient mental health discharge.
 - Veterans flagged high risk for suicide are offered enhanced mental health services and also receive caring letters 12 months post discharge, as described above.
- Lastly, the writer comments about the workplace and socioeconomic stressors and risks that can lead to suicidality for VA employees, many of whom are Veterans.
 - VA acknowledges its responsibility to support employees and help reduce risks through assistance programs and training initiatives that provide skill development and tools to prevent burn-out. Establishing a supportive environment is essential for staff well-being and resilience. Within a safety-focused culture, leaders at all levels are encouraged to promote a non-punitive approach and a commitment to creating a learning environment that uses adversity to improve quality and processes for both clients and staff.
- The purpose of the Community Opinion Survey is to assess the impacts of VA's community-based interventions by obtaining information from community members (Veterans and civilians) about the level of support for Veterans and for mental health and suicide prevention they perceive within their community.

VA's Office of Suicide Prevention (OSP) appreciates the opportunity to review and respond to the comments. The commenter did not request any changes to the Community Opinion Survey and we make no changes to the information collection at this time.

Submitted by:

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