BOB WOODRUFF FOUNDATION

Suicide Prevention or Suicide Protection: Understanding Every Organization's Unique Role

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The Bob Woodruff Foundation was founded in 2006 after reporter Bob Woodruff was wounded by a roadside bomb while covering the war in Iraq. Since then, the Bob Woodruff Foundation has raised awareness about the tough challenges veterans and military families are facing, and invested in solutions to help support them in the next chapter of their lives. To date, the Bob Woodruff Foundation has invested over $120 million to ensure that our nation's veterans, service members and their families — those who stood for us — have stable and successful futures. Visit the Bob Woodruff Foundation for more information.

For more information about BWF, as well as stories of success and innovation from BWF's network of partners, please visit **bobwoodrufffoundation.org** or follow us on Twitter at **@bwforg**.

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Introduction

Veterans die by suicide at rates disturbingly higher than their peers who have not served. The average suicide rate of veterans was 57 percent higher than that of comparable civilians in 2020, the most recent year for which data are available.[1] In that year, suicide was the second most common cause of death for veterans under the age of 45.[2] And although the suicide rate for veterans has decreased slightly since 2018, it remains unacceptably high. Among current service members, the suicide rate has increased (for active-duty personnel) or remained steady (for National Guard and Reserve personnel) over the past 10 years, despite considerable investment to address the problem.[3]

People who establish nonprofit organizations or create programming for veterans and service members often say they are motivated by a desire to eliminate suicide among those populations. However, the Bob Woodruff Foundation (BWF) has observed that many programs that apply for funding fail to understand their important role in the fight against suicide deaths.

Suicide Prevention

Currently, only a small list of approaches have been shown to reduce suicide deaths. Clinical practice guidelines by the Department of Defense (DoD) and the Department of Veterans Affairs (VA) identify evidence-based clinical and nonclinical approaches for suicide prevention, with an emphasis on those with a larger evidence base rather than on the size of their effects. The list is notably scant (see Table 1).[4]

Cognitive behavioral therapy is the only treatment identified as having strong evidence for its efficacy, meaning that robust research has led DoD and VA to recommend it. Other types of therapy (dialectical behavioral therapy and problem-solving-based psychotherapies) have weak evidence for their effectiveness, as do several drugs (ketamine infusion, lithium, and clozapine). The only nonclinical approaches for suicide prevention that DoD and VA identify are reaching out with periodic caring communications, making home visits, and reducing access to means of suicide. Those other treatments are promising, but they require more rigorous trials to strengthen their evidence base.

Table 1. Evidence-Based Treatments to Reduce Repetition of Suicidal Behavior

Clinical:	
Cognitive behavioral therapy	
Dialectical behavioral therapy	
Problem-solving-based psychotherapies	
Ketamine infusion	
Lithium	
Clozapine	
Nonclinical:	
Periodic caring communications	
Home visit	
Reducing access to lethal means	

Strong evidence for
Weak evidence for

SOURCE: VA/DoD clinical practice guideline for patients at risk for suicide, version 2.0 (2019).

Suicide Protection

Suicide rarely has a single cause. The Centers for Disease Control and Prevention (CDC) identify important characteristics of individuals and relationships that increase a person's risk of suicide or protect against suicide.[5] In addition to the CDC's risk factors, clinical psychologist Thomas Joiner highlights social isolation and feeling burdensome to others as risk factors for suicide.[6] (The risk factors from those two sources are listed in Table 2.)[7] The counterpart to suicide risk factors are protective factors, such as ensuring social connection rather than isolation and feelings of usefulness rather than burden.

Table 2. Risk Factors for Suicide

Individual risk factors include:

- Previous suicide attempt
- Depression
- Chronic pain
- Financial problems or job loss
- Impulsive or aggressive tendencies
- Substance use
- Adverse childhood experiences
- Hopelessness
- Being a victim or perpetrator of violence

Relationship and interpersonal risk factors include:

- Bullying
- Loss of a loved one to suicide
- Loss of a relationship
- High-conflict or violent relationships
- Social isolation
- Feeling burdensome

SOURCES: CDC (2022); Thomas Joiner, Why People Die by Suicide (2007).

Many organizations are doing important work protecting individuals from suicide risks. However, many falter when describing their work, overstating that they prevent suicide deaths when there is little evidence to support such claims. Those organizations should more accurately identify their programs as suicide protection efforts.

Such misidentification is evident in grant applications submitted to the Bob Woodruff Foundation. BWF received 75 grant applications from 2021 to 2023 that mentioned suicide as the basis, motivation, or justification for a program. Only 9 of those organizations offered evidence-based clinical care addressing suicide—in other words, only 9 were suicide prevention programs. An additional 14 offered mental health care that is not evidence-based for preventing suicide. The remaining 52 addressed risk factors or protective factors for suicide. The largest portion of them provided social connection; others offered financial services, employment, housing, food, legal services, case coordination, or mental health care for depression and anxiety.

One organization's application explained the protective role of its programming well: "Our main objective is to prevent social isolation and loneliness, which are both risk factors for suicide." Others, however, failed to portray the accurate link between their intervention and suicide. Instead, they indicated a direct connection between various efforts and death by suicide, despite the lack of evidence that such efforts actually reduce suicide deaths:

"… the grim statistic of twenty veterans dying by suicide each day supports our mission of changing lives through sport"

"… bring veterans together in the natural environment (kayaking, fishing, hiking) with the goal of preventing suicide"

"… end veteran suicide by providing highly trained Service Dogs to military veterans"

"Camping retreats … driven by the overwhelming need to prevent suicide and substance abuse"

Such disconnects between programming and appropriate outcomes can be resolved in part by using logic models. Program providers need not engage a management consulting firm or develop sophisticated diagrams, but they should be able to articulate the following minimum components of their program logic:

- ***Evidence-based need***. What is the specific need you are addressing? What is the evidence-based prevalence of that need?
- ***Target population***. Who are you engaging with the program? How will you locate and recruit them?
- ***Activity***. What is your specific intervention, and what is the evidence base for its effectiveness?
- ***Outputs***. What process measures can you count, such as number of sessions or number of participants?
- ***Outcomes***. What is the measurable impact—the real change—that the program is intended to create? What will indicate whether the program is a worthwhile and impactful effort?

Why the Distinction Matters

Distinguishing between suicide protection and suicide prevention, and articulating the logic of a program, will help organizations understand and describe their role in the fight against suicide.

Reducing suicide among military personnel and veterans has proved to be a "wicked problem," one that is difficult to solve because of its complex and interconnected social and cultural aspects. Many different organizations and programs have important roles in this ongoing fight. However, organizations must understand whether they offer suicide prevention or suicide protection. Such clarity allows for appropriate measurement and subsequent assessment and improvement; only organizations that understand their outcomes can measure their success. Organizations that can effectively and accurately articulate their programming and obtain measurable outcomes are also more likely to obtain funding.

From a community perspective, accurate program descriptions and clear understanding of the different protective factors addressed by individual programs will enable collaboration and referrals among organizations and promote synergy. As a result, communities will be better able to assess the full range of coverage in their geographic areas and prioritize resources.

The Bob Woodruff Foundation encourages all organizations whose missions include reducing suicide among service members and veterans to understand and articulate whether they are providing suicide prevention or protection, to understand the risk factors they are addressing, and to partner and collaborate with complementary programs to strengthen the net of services addressing the full array of suicide risk factors. With such a coordinated effort, BWF's Got Your 6 Network will help save lives.

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[1] See Department of Veterans Affairs, National Veteran Suicide Prevention Annual Report, 2022 (September 2022), p. 10, https://tinyurl.com/yyezttkh.

[2] Ibid., p. 5.

[3] See Department of Defense, Annual Report on Suicide in the Military, Calendar Year 2021 (October 2022), pp. 8–11, https://tinyurl.com/mrj72htp.

[4] This list is summarized from Department of Veterans Affairs and Department of Defense, VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide, version 2.0 (2019), https://tinyurl.com/mv7ar5hv.

[5] See Centers for Disease Control and Prevention, "Suicide P revention: Risk and Protective Factors" (November 2, 2022), https://www.cdc.gov/suicide/factors/index.html.

[6] See Thomas Joiner, Why People Die by Suicide (Harvard University Press, 2007).

[7] Statistical analysis of the results of multiple scientific studies (meta-analysis) has not supported the predictive power of individual risk factors.