

## Why GAO Did This Study

Veterans suffer a disproportionately higher rate of suicide compared to non-veterans. The Department of Veterans Affairs established veteran suicide prevention as its highest clinical priority. It also established a goal of ensuring that at-risk and underserved veterans receive the care and resources they need to end veteran suicide.

The Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 included a provision for GAO to review efforts to manage veterans at high risk for suicide. This report describes 1) the REACH VET program and 2) findings from VHA's analysis of the potential benefits of the REACH VET program.

GAO reviewed VHA program guidance on REACH VET and interviewed officials at seven VHA medical facilities selected based on geography and complexity of services. GAO also compared and counted how frequently veterans were identified by REACH VET and whether those veterans already had a high risk for suicide flag from February 2017 through June 2021. GAO also reviewed VHA's published studies on the REACH VET program, and discussed future studies with VHA officials.

GAO provided a draft of this report to VA for review and comment. VA provided technical comments, which GAO incorporated as appropriate.

View [GAO-22-105165](#). For more information, contact Sharon M. Silas at (202) 512-7114 or [silass@gao.gov](mailto:silass@gao.gov).

# VETERAN SUICIDE

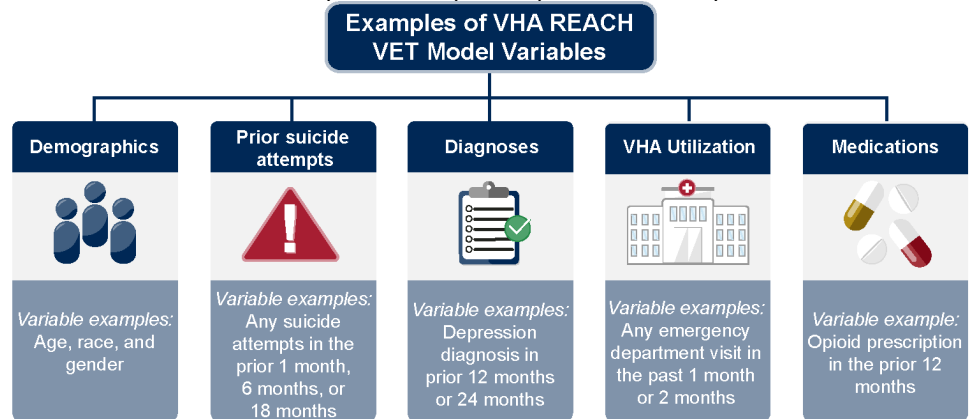
## VA Efforts to Identify Veterans at Risk through Analysis of Health Record Information

### What GAO Found

The Veterans Health Administration (VHA) started using the Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment (REACH VET) program across VHA in 2017 to help identify veterans receiving VHA care who are potentially at increased risk for suicide. REACH VET complements other methods of identifying at-risk veterans who may not have been already identified. According to VHA, the model identifies veterans who may benefit from enhanced clinical care—such as specialty care, follow-ups for missed appointments, or additional mental health services. To do so, REACH VET uses a predictive model that analyzes veterans' health record information each month. Upon identification, clinicians are expected to evaluate each identified veteran's risk for suicide, determine appropriate treatment approaches, and contact the veteran to discuss options for care.

The REACH VET program model uses 61 variables included in each veteran's VHA electronic health record to identify veterans at the greatest statistical risk for suicide at each VHA facility. These variables include documentation of previous suicide attempts and mental health diagnoses.

**Examples of Variables Used in the Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment (REACH VET) Model (as of March 2021)**



Source: GAO analysis of U.S. Department of Veterans Affairs Report to Congress on the REACH VET Program. | GAO-22-105165

VHA has studied the REACH VET program and determined that the REACH VET predictive model identified veterans not already identified by other screening programs. Similarly, GAO analyzed VHA information and determined that the REACH VET model identified veterans who had not been identified through other methods. VHA has also studied the benefits to veterans of being involved in REACH VET and determined that there were associated benefits—such as increased completion of outpatient appointments. While VHA's studies provide evidence that the REACH VET program can identify veterans at high risk for suicide, VHA has acknowledged the need for, and told GAO they plan to conduct, further studies. For example, officials stated that future studies would evaluate how to increase the impact of REACH VET by targeting outreach to veterans who show signs of disengagement from VHA health care.