

Leveraging Community Asset Mapping to Improve Suicide Prevention for Veterans

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Background: The US Department of Veterans Affairs (VA) has made concerted efforts to improve community collaboration, which can help address stressors that contribute to suicide risk in veterans. However, not all veterans have access to VA care, and some may require services outside the VA purview. One strategy to further connect veterans to services to reduce suicide risk is community asset mapping (CAM). CAM, also known as asset mapping or environmental scanning, involves identifying and gathering contact information about local community resources so that these resources can be shared and utilized.

Observations: This article describes the CAM process to address risk factors and related social determinants of health

that may contribute to suicide risk. VA suicide prevention CAM includes creating a list of points of contact for community referrals, such as veteran service organizations, vet centers, Community Veterans Engagement Boards, state suicide prevention coordinators, and community mental health organizations. CAM allows for the centralization of resources so veterans and referring practitioners can better access these resources and use them to mitigate the factors that put veterans at risk of suicide.

Conclusions: Continued efforts to build and strengthen partnerships between VA and local communities are essential to prevent suicide among veterans who are served both within and outside of the VA system.

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Suicide prevention is the leading clinical priority for the US Department of Veterans Affairs (VA).¹ An average of 18 veterans died by suicide each day in 2021.² Numerous risk factors for veteran suicide have been identified, including mental health disorders, comorbidities, access to firearms, and potentially lethal medications.³⁻⁵ To better understand groups of patients at risk of suicide in medical settings, the authors have previously compared demographic and clinical risk factors between patients who died by suicide by using firearms or other means with matched patients who did not die by suicide (control group) to examine the impact of lack of social support, financial stress,⁶ legal problems,⁷ homelessness,⁸ and discrimination.⁹ The number of cooccurring risk factors a veteran experiences is associated with a greater likelihood of suicide attempts over time.¹⁰ In addition, some risk factors are social and environmental risk factors known as social determinants of health (SDoH), including financial stability and access to health care, food, housing, and education.¹¹ SDoH may influence health outcomes more broadly and are associated with greater risk of suicide.^{12,13}

The VA offers programming to address suicide risk factors. However, not all veterans are eligible for VA care. Further, some veterans prefer to obtain non-VA services in their communities. Providing veterans with community

resources that address risk factors, particularly SDoH, may be a worthwhile strategy for reducing suicide. Such resources have demonstrated success; for example, greater use of housing services was associated with a reduced risk for suicide-related mortality among unhoused veterans.¹²

The challenges that veterans experience can go beyond the scope of services the VA provides. For example, while the VA provides some services related to homelessness, justice involvement, and assistance with home loans, these services are often limited. Other services for veterans to address SDoH may require access to community resources, including food banks, employment assistance, respite and childcare services, and transportation assistance. Some veterans also may have experienced institutional betrayal, which could be a barrier to VA care and may motivate veterans to address their needs in the community.¹⁴ Veterans therefore may need a range of services beyond those within the VA. Leveraging community resources for veterans at risk for suicide is critical, as these resources may help to mitigate suicide risk.

An emerging emphasis of the VA is improving coordination with community partners to prevent veteran suicide. In 2019, the VA launched an improved Veterans Community Care Program, which implemented portions of the VA MISSION

TABLE. Building a Community Asset Map Inventory for Veterans

Organization	Description	Search tools
Veteran service organizations ^a	Local organizations that provide veteran care and services	Search by specific organization, or go to va.gov/vso for information on accredited organizations that can help with veterans' benefits
Vet Centers	Community centers with social and mental health services for veterans	Visit va.gov/find-locations
Community Veterans Engagement Boards	Veteran-led community councils and/or committees that advocate for veterans, family members, and community organizations	Visit department.va.gov/veterans-experience/community-veterans-engagement-boards
State resources	Suicide Prevention Coordinators and mental health services and private mental health services	Preferred internet search engine can be used to search for "[state name] suicide prevention coordinator" or "[state name] mental health services"
Military and Veteran Care Network	American Red Cross service that connects caregivers of veterans with resources and support, and provides a directory of services (eg, food, housing, transportation, work, legal)	The following link can be used to search for resources based on ZIP code: https://www.redcross.org/get-help/military-families/services-for-veterans/military-veteran-caregiver-network.html
Mental health organizations and agencies	Nonprofit and federal agencies focused on mental health care	Mental Health America (mhanational.org), National Alliance on Mental Illness (nami.org), Substance Abuse and Mental Health Services Administration (www.samhsa.gov)

^aHomeless programs; intimate partner violence coordinator; lesbian, gay, transgender, queer+ veteran care coordinator; local recovery coordinator; military sexual trauma coordinator; patient safety, public affairs, suicide prevention coordinator, Transition and Care/Case Management office, Veterans Experience Office, Community Veterans Engagement Boards.

Act of 2018 to create additional connection to community care for VA-enrolled veterans. This includes assisting veterans in gaining access to specialty services not offered at a local VA medical center (VAMC), getting access to services sooner, and receiving care if they do not live near a VAMC.¹⁵ In addition, the COMPACT Act allows veterans in acute suicidal crisis to receive emergency health care through either VA or non-VA facilities at no cost.¹⁶ The VA National Strategy for Preventing Veteran Suicide 2018-2028 is a 10-year plan to reduce veteran suicide rates that includes initiatives to increase connections between VA and community agencies.¹⁷ A suicide prevention community toolkit is available online for health care professionals (HCPs) (and others, including employers) outside of the VA who may be unfamiliar with best practices for working with veterans at risk for suicide.¹⁸

The challenge, however, is that there is often a lack of “connectedness” between VA suicide prevention coordinators and community resources to address suicide risk factors and related social determinants of health. These services include, but are not limited to suicide prevention, mental health counseling (particularly no/low-cost services), unemployment resources, financial assistance and counseling, housing assistance, and identity-related

supportive spaces. A major stumbling block in connecting resources with veterans (regardless of discharge status) who need them is there is no single, national organization with a comprehensive, community-based network that can serve in this intermediary role.

Community asset mapping (CAM), also known as asset mapping or environmental scanning, is a way to bridge the gap.¹⁹ CAM provides a method for identifying and aligning community resources relative to a specific need.²⁰ CAM may be used to build community relationships in service of veteran suicide prevention. This process can help individuals learn about and make use of organizations and services within their communities. CAM also helps connect HCPs so they can network, exchange ideas, and collaborate with an eye toward increasing the availability of services and enhancing care coordination. CAM also allows community members (eg, leaders, organizations, individuals) to identify possible gaps in services that address suicide risk factors and solve these problems.

This article details CAM for suicide prevention, which can be utilized by the VA and community organizations alike. Within the VA, CAM can be used by HCPs and administrators, such as VA community engagement and

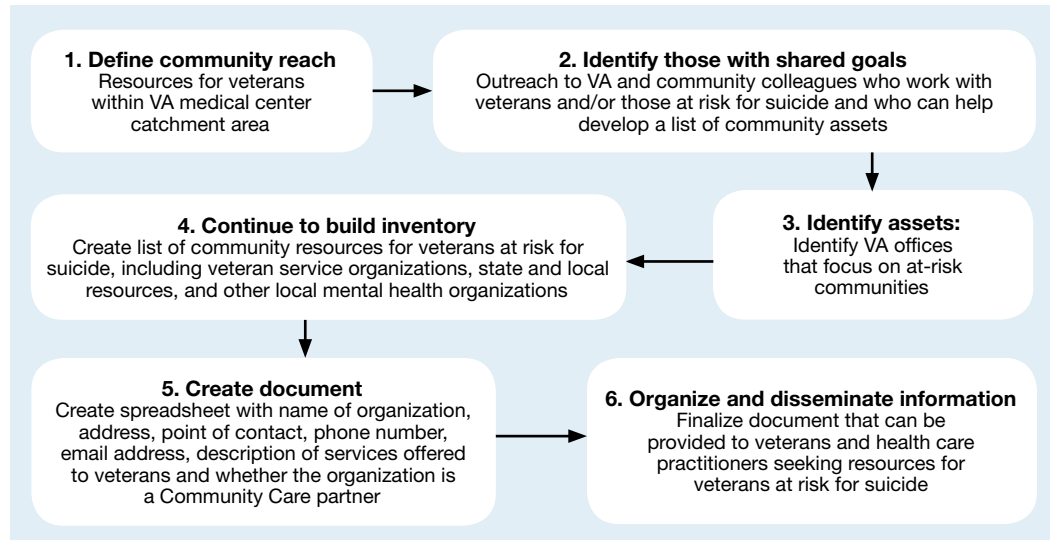


FIGURE. Community Asset Mapping Steps for Veterans At Risk for Suicide

Abbreviation: VA, US Department of Veterans Affairs.

partnership coordinators, to identify potential partnering organizations. For those who serve veterans outside of the VA, CAM can be used to connect at-risk individuals to resources that can enhance their care. This process can help increase the overall knowledge of, and access to, community resources.

COMMUNITY ASSET MAPPING

The University of California, Los Angeles Center for Health Policy Research provides 6 steps for the CAM process.²¹ These steps include: (1) defining the boundaries of people and places that comprise the community; (2) identifying people and organizations who share similar interests and goals; (3) determining the assets to include; (4) creating an inventory of all organizations' assets; (5) creating an inventory of individuals' assets; and (6) organizing the assets on a map. To address the needs of the veteran population, we've taken these 6 steps and adapted them to create a CAM for veterans at risk for suicide (Figure). The discussion that follows details how these steps can be implemented to identify community resources that address social determinants of health that may contribute to suicide risk. The goal is to prevent veteran suicide.

Step 1: Define Community Reach. The first step is to identify the geographical boundaries of the community. This may include all veterans within a catchment area (eg, veterans within 60 miles of a VAMC). Defining the geo-

graphical parameters of the community will provide structure to the effort so that the resource list is as comprehensive as possible.

Steps 2 and 3: Identify Community Members with Shared Goals; Identify Assets. It is important to identify community members who share similar interests and goals, including people with specific knowledge and skills, organizations with particular goals, and community partners with a broad reach. To begin building a list of referrals, reach out to colleagues within the VA system who are familiar with community resources for those with suicide risk factors. The local VA Transition and Care Management (TCM) office is a resource that connects those transitioning from military to civilian sectors with needed resources, and thus may be a helpful resource while building a CAM. Additionally, each office has a transition patient advocate, who is trained to resolve care-related concerns and may be familiar with community resources.

VA HCPs that can assist include Community Engagement and Partnership Coordinators, Suicide Prevention Coordinators, Local Recovery Coordinators, and substance abuse counselors. In addition, VA patient services, patient safety, and public affairs office staff—as well as VA Homeless Programs—may be good resources. Every VA health care system has care coordinators focused on military sexual trauma, intimate partner violence, and lesbian, gay, bisexual, transgender, queer+ care. These care

coordinators may be able to provide information on community resources that address social determinants of health (eg, discrimination, violence).

Reaching out to key community resources and asking for recommendations of other groups that provide assistance to veterans can also be productive. You can start by connecting with veterans service organizations (VSOs), Vet Centers, Veterans Experience Offices (VEO), and Community Veterans Engagement Boards (CVEBs). The VEO is an office designed around VA and community engagement efforts. This office utilizes the CVEBs to foster a 2-way communication feedback loop between veterans and local VA facilities regarding community engagement efforts and outreach.²² CVEBs are particularly valuable sources of information because veterans directly contribute to the conversation about community engagement by describing the difficulties and successes they've experienced. Veteran feedback about how a particular resource met their needs can inform which community services are prioritized for inclusion in the resource list. In addition, CVEBs may have a listing of local government, military, and/or community resources that provide services for veterans. Consider, too, organizations that are unrelated to an individual's veteran status, but speak to their race/ethnicity, sexual orientation, gender identity, spirituality, socioeconomic status, or disability.

Step 4: Continue to Build Inventory. Use online searches to identify additional resources in the community that are known to have local relationships. These include state suicide prevention coordinators, mental health organizations, and other resources that address social determinants of health (eg, public health and human service organizations, faith-based organizations, collegial organizations). A list of links and search tips are available in the Table.

Steps 5 and 6: Create Document; Organize and Disseminate Information. A spreadsheet can be used to document organization information (Appendix). It is critical to record: (1) the name of the organization or individual; (2) the local address and a point of contact with contact information; (3) services offered to veterans; (4) services specific to suicide prevention, or that address risk factors for suicide; and (5) whether the referral organization is partnered with the VA Community Care Network, which is comprised of contracted

HCPs who contract with the VA to provide care to veterans.²³

Once a document is created, it can be disseminated through VA offices and among community partners who work with veterans at risk for suicide. It should also be stored in a centralized location such as a shared folder so that it can be continuously updated.

Regularly updating the list is vital so the resource list can continue to be helpful in addressing veterans' needs and reducing suicide risk factors. Continued collaboration with those in the community can help ensure the resource list is up to date with all available services and pertinent contact information. It can also go far in strengthening collaborative bonds.

IMPLEMENTATION

To illustrate the use of CAM for veteran suicide prevention, we offer a case example of CAM conducted by the VA Patient Safety Center of Inquiry — Suicide Prevention Collaborative (VA PSCI-SPC) team, consisting of 4 team members. A veteran was included as a team member and assisted with the CAM process.

The VA PSCI-SPC sought to identify community services for veterans in Colorado who were not enrolled in VA health care and had risk factors for suicide. Next, the team reached out to colleagues and asked about community organizations that work with individuals at risk for suicide. VA PSCI-SPC outreach resulted in a list of assets that included resources to address mental health, legal concerns, employment, homelessness/housing, finances, religion, peer support, food insecurity, exercise, intimate partner violence, sexual and gender identity needs, and peer support. VSOs and CVEBs were also added to the list.

Next, the team continued to build on the inventory and identified state suicide prevention coordinators; health care systems; regional suicide prevention commissions; Colorado Department of Health and Human Services; program coordinators for Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families; veterans councils; universities (eg, counseling clinics, legal clinics); and foundations devoted to general and veteran-specific suicide prevention within the region.

All the identified resources were inventoried. Details were gathered about each of the

organizations, including addresses, points of contact and phone numbers, descriptions of services offered for veterans, descriptions of suicide prevention services offered, whether or not organizations were not-for-profit, the mission of the organizations, and whether or not the organizations were under contract for VA Community Care. Finally, the resource spreadsheet was created and disseminated among stakeholders to be used to enhance veteran suicide care. Stakeholders included social workers, psychologists, and nurse practitioners working with veterans. The list was circulated to VA and community partners as needed.

The VA PSCI-SPC resource document was only 1 benefit of CAM. The asset mapping also resulted in the creation of a learning collaborative comprised of VA and community partners, designed to share knowledge of best practices in suicide prevention and create an established referral network for veterans at risk for suicide.²⁴ Ultimately, the goal of the CAM and the creation of the learning collaborative was to better connect veterans to care in order to decrease suicide risk. A secondary benefit of this community connectedness is that the list of resources produced by CAM became a living document that was, and continues to be, updated as the network became aware of new resources and resources that were no longer available. The VA PSCI-SPC learning collaborative met quarterly to discuss implementation of suicide prevention best practices within their organization.

Data from the VA PSCI-SPC learning collaborative via CAM revealed that organizations felt more efficacious in implementing suicide prevention best practices, noticed increased connections and collaborations with community organizations with the goal of providing services to veterans, and resulted in staff training that improved services provided to veterans.²⁴ This is supported by other findings of a literature review of suicide prevention interventions, which indicated that programs with an established community support network were more effective at reducing suicide rates.²⁵ CAM therefore may be a process through which greater community connection and increased knowledge of resources may help prevent suicide among veterans.

It seems reasonable that the CAM processes used by the VA PSCI-SPC can be implemented within the regional Veterans Integrated Service Networks to identify assets in

a specific geographical area to address challenges with social determinants of health and potentially decrease veteran suicide risk.

CONCLUSIONS

CAM can be used to identify and build relationships with community resources that address the stressors that place veterans at risk for suicide. Six proposed steps to CAM for veterans at risk for suicide include: defining community reach (the map); identifying community members and organizations with shared goals; identifying assets within the community; continuing to build inventory; creating a document; and organizing and disseminating the information (while continuing to update the resources).²¹

CAM can be used to connect veterans with resources to address needs related to adverse social determinants of health that may heighten their risk for suicide. For example, veterans facing legal challenges can connect with a legal clinic; those having difficulties paying bills can obtain financial assistance; those who need help completing their VA claims can connect with the Veterans Benefits Administration or VSOs to assist them with their claims; and those experiencing discrimination can connect with organizations where they may experience acceptance, safety, and support. Broad community support surrounding suicide risk factors can be critical for effective suicide prevention.²⁵

CAM may also be helpful for HCPs and others involved in veteran health care. For example, community mapping can be utilized by newly hired community engagement and partnership coordinators as a tool for outlining resources available for veterans in their community and as a framework to continually update their resource network. CAM develops community awareness, integrates resources, and enhances service utilization, which may assist in veteran suicide prevention by increasing care coordination.¹⁷ Finally, mapping community resources can create awareness of the many resources available to help veterans, even before suicide becomes a consideration.

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Ethics and consent

This quality improvement project was deemed nonhuman subjects research and deemed exempt by the Colorado Multiple Institutional Review Board.

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APPENDIX. Template of Community Asset Map

Organization/ facility	Address	Contact information	Services offered to veterans	Suicide prevention services	Not-for- profit	Mission	Community Care contracted
Veteran Service Organizations							
Name of organization	Local address	Phone number	Services specific to veterans	Services specific to suicide prevention	Y or N	Brief description of overall mission	Y or N
VET CENTERS							
Community Veterans Engagement Boards State Listing							
State Suicide Prevention Coordinators							
Other Mental Health Organizations							
Other Resources: Health Care							
Other Resources: Veterans Council(s)/Coalitions							
Other Resources: State Organizations/Services							
Other Resources: City & County Organizations/Services							
Other Resources: Benefits							
Other Resources: Faith-Based Organizations							
Other Resources: Universities							
Other Resources: Homeless							
Other Resources: Foundations							
Additional Resources							