

**MANDATORY SUICIDE RISK AND INTERVENTION TRAINING FOR VHA  
EMPLOYEES**

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy for the implementation of mandatory training of both clinical and non-clinical VHA employees on suicide risk and intervention.

**2. SUMMARY OF MAJOR CHANGES:** All clinical employees are required to complete annual clinical training on suicide prevention and intervention. All non-clinical employees are required to take annual S.A.V.E. or S.A.V.E. refresher training.

**3. RELATED ISSUES:** None.

**4. RESPONSIBLE OFFICE:** The Office of Mental Health and Suicide Prevention, 10NC5, is responsible for the contents of this directive. Questions may be referred to the Executive Director, Office of Mental Health and Suicide Prevention at [VHA10NC5Action@va.gov](mailto:VHA10NC5Action@va.gov).

**5. RESCISSIONS:** VHA Directive 1071, Mandatory Suicide Risk and Intervention Training for VHA Health Care Providers, dated June 27, 2014, is rescinded.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of December 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Carolyn M. Clancy, M.D.  
Executive in Charge

**DISTRIBUTION:** Emailed to the VHA Publication Distribution List on December 27, 2017.

**CONTENTS**

**MANDATORY SUICIDE RISK AND INTERVENTION TRAINING FOR VHA  
EMPLOYEES**

1. PURPOSE ..... 1

2. BACKGROUND ..... 1

3. DEFINITIONS ..... 2

4. POLICY ..... 2

5. RESPONSIBILITIES ..... 2

6. REFERENCES ..... 3

## MANDATORY SUICIDE RISK AND INTERVENTION TRAINING FOR VHA EMPLOYEES

### 1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy for the implementation of mandatory training of all VHA employees on suicide risk and intervention. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b) and 7302(a)(1).

### 2. BACKGROUND

a. There are approximately 21.5 million Veterans in the United States and 8.5 million Veterans who receive care within VHA. The most recent and comprehensive data report released by VHA indicates that in 2014 an average of 20 Veterans die by suicide daily. Six of these 20 Veterans had utilized VHA care in the year of, or the year preceding, their death.

b. To address this threat to the well-being of the Nation's Veterans, the 2008 VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, amended November 16, 2015, outlined plans to develop a system response for addressing the risk of suicide among Veterans through mandatory education programs. The need to respond to this threat was echoed in the 2012 Executive Action that resulted in the release of a Joint Fact Sheet requiring all clinical staff to receive online suicide risk training every 3 years, and for non-clinical staff to receive Operation SAVE training every 2 years. Most recently, the Under Secretary's February 2016 Call to Action on Suicide reinforced the need for constant vigilance with regard to suicide prevention activities and recognized the need to review and certify suicide prevention training annually. In addition, Department of Veterans Affairs Office of Inspector General, Office of Healthcare Inspections: Report No.: 16-03808-215, Evaluation of Suicide Prevention Programs in Veterans Health Administration Facilities, published May 18, 2017, recommended that the Acting Under Secretary for Health, in conjunction with Veterans Integrated Service Networks and facility senior managers, ensure that clinicians complete suicide risk management training within 90 days of hire and that facility managers monitor compliance.

c. Through a collaboration between Office of Mental Health and Suicide Prevention, the Center of Excellence for Suicide Prevention in Canandaigua, NY, and the VHA Employee Education System (EES), VHA has developed a Web-based learning program that educates VHA health care providers on suicide risks and interventions and incorporates best practices for suicide prevention (Suicide Risk Management Training for Clinicians). These same groups have developed a training program for non-clinical employees and the community entitled S.A.V.E. (formerly entitled Operation SAVE). This training was designed for the education of gatekeepers, or non-clinical personnel, such as food service workers, registration clerks, volunteers, and police, but should also be viewed by other ancillary and direct care support staff such as lab and x-ray personnel, occupational therapists, dental hygienists, physical therapists, nursing

assistants, licensed practical nurses, and other personnel not covered by the clinical training. **NOTE:** *Additional suicide prevention information will be provided during Suicide Prevention Month activities each September.*

### 3. DEFINITION

**VHA Health Care Provider.** For the purposes of this directive, a VHA health care provider is defined as a full-time, part-time, or intermittent employee engaged in patient care as a licensed independent practitioner, to include MD, DO, NP, PA, LCSW, Ph.D, RN, as well as any employee serving in the capacity of case manager or Vet Center team leader and counselor.

### 4. POLICY

It is VHA policy that all VHA employees must complete the required suicide risk and intervention training module (either Suicide Risk Management Training for Clinicians or S.A.V.E. Training) and, if applicable, pass the post-module test within 90 days of entering their position. It is also policy that all employees must complete the appropriate annual refresher training specific to their position (S.A.V.E. Refresher Training or Suicide Risk Management Training for Clinicians). **NOTE:** *Talent Management System (TMS) Course Number 27666, Suicide Risk Management Training for RNs may be assigned annually as an alternative training option to TMS Course Number 6201 Suicide Risk Management Training for Clinicians.*

### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary of Health or designee is responsible for oversight of the suicide risk and intervention training.

b. **Office of Mental Health and Suicide Prevention.** The Office of Mental Health and Suicide Prevention (OMHSP) is responsible for:

(1) Developing, revising, managing, and implementing the ongoing suicide risk and intervention training.

(2) Working collaboratively with EES to produce the training module.

c. **VHA Employee Education System.** VHA EES is responsible for:

(1) Collaborating with OMHOSP and field-based subject matter experts to develop suicide prevention training module content, and producing the training modules.

(2) Developing and maintaining the Web-based training with completion reports available through TMS.

d. **Veterans Integrated Network Director.** Each Veterans Integrated Service Network (VISN) Director is responsible for ensuring that all VHA health care providers

within their area of responsibility complete suicide risk and intervention training as required by this directive.

e. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring that all VHA employees are assigned the task of completing Web-based suicide risk and intervention training appropriate to their position (Suicide Risk Management Training for Clinicians or S.A.V.E. Training) through TMS. **NOTE:** *Trainees are exempt from the mandatory requirement, but are encouraged to complete the training module as part of their overall educational experience within VHA.*

(2) Tracking completion of this Web-based training course.

f. **Vet Center Regional Managers.** The Vet Center Regional Managers are responsible for ensuring that all VHA staff within their area of responsibility complete suicide risk and intervention training as required by this directive.

## 6. REFERENCES

a. 38 U.S.C. 7301(b) and 7302(a)(1).

b. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, amended November 16, 2015, or subsequent policy.

c. Executive Order 13625 of August 31, 2012, Improving Access to Mental Health Services for Veterans, Service Members, and Military Families, <https://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-22062.pdf>. **NOTE:** *This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

d. Joint Fact Sheet: DoD and VA Take New Steps to Support the Mental Health Needs of Service Members and Veterans, August 26, 2014  
<https://www.va.gov/opa/docs/26-aug-joint-fact-sheet-final.pdf>.

e. Vantage Point: Official Blog of the U.S. Department of Veterans Affairs, Preventing Veteran suicide: a call to action. February 3, 2016  
<http://www.blogs.va.gov/VAntage/25625/answering-the-call-the-veterans-suicide-summit>.

f. Department of Veterans Affairs Office of Inspector General, Office of Healthcare Inspections: Report No.: 16-03808-215, Evaluation of Suicide Prevention Programs in Veterans Health Administration Facilities, published May 18, 2017.