

Why and How Veterans Use Veterans Crisis Line (VCL)



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Overview

The Department of Veterans Affairs (VA) has established suicide prevention as a top priority,¹ recognizing that Veterans are about 1.5 times more likely to die by suicide than the general population, after adjusting for age and sex.² Veterans Crisis Line (VCL) was established in 2007, with a mission of connecting Veterans experiencing a mental health crisis with qualified Crisis Responders (CRs) through a free, and confidential hotline, online chat, and text services available “anywhere, at any time” (24 hours a day, 7 days a week, and 365 days a year).³ Originally a telephone hotline, a chat function became available in 2009, and text capabilities were added in 2011.⁴

To date, VCL is the only crisis line in the U.S. that provides Veterans and their loved ones the dual services of: (1) standardized anonymous crisis support, and (2) integrated and local health care coordination and follow-up via facility Suicide Prevention Coordinators (SPCs).⁵ VCL’s risk assessment model utilizes call center best practices,^{6,7} and is aligned with VA/DOD Guidelines on the Assessment and Management of Patients at Risk for Suicide.⁸ A trained CR determines a suicide risk rating (low, moderate, or high) based on information from the caller.⁸ CRs may provide referrals to resources or provide immediate intervention such as emergency dispatch, first responder wellness check, or a collaborative transportation plan to an emergency room.⁹ VCL CRs offer a referral to the VA SPC closest to the contactor and share a summary of the interaction with the local SPC.⁹

VCL addresses a wide range of mental health issues and crisis situations, with Veterans contacting VCL for mental health support often exacerbated by problems such as job loss, relationship issues, and substance use.³ Despite its positive impact, VCL continues to be underutilized.^{10,11} Researchers have identified the need for continued outreach to different vulnerable subgroups including older male Veterans,¹² female Veterans,^{13,14,15} and Veterans without a prior history of Veterans Health Administration (VHA) service usage.¹⁶

Key Findings

Reasons for Contacting VCL

- Most of the time, people have more than one reason for contacting VCL.¹⁷ A review of 767,268 VCL calls from Veterans (85% male) between 2018 and 2019, found that the most reported reason for contacting VCL, excluding “calling for information” (about half of callers), was to receive support for mental health issues (51% male; 62% female).¹⁷
- Male and female Veterans exhibit differences in reasons for contacting VCL.¹⁷ About 1 in 5 calls (20%) for female Veterans and male Veterans (17.5%) were related to suicidal crisis or thoughts, followed by loneliness (16% for both male and female Veterans).

- However, female Veterans were more likely to report relationship problems and family issues as reasons for the call, while male Veterans were more likely to call because of medical problems, substance use/addiction, and anger issues. Female Veterans were also more likely to call due to Military Sexual Trauma (MST); this was the 10th most common reason among female Veterans but ranked 23rd among male Veterans.¹⁷
- For Veterans calling VCL who reported being affected by COVID-19, loneliness was the 2nd most cited reason for contact, showing the greatest increase among all contact reasons pre-pandemic. Mental health related problems remained the most common reported reasons for contacting VCL. Suicidal thoughts or crises were reported by approximately 1 in 5 callers both before and after the COVID-19 pandemic.¹⁸

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- From 2017 to 2020, VCL had 2,858,606 contacts, with a minority (3.9%) resulting in emergency dispatches.¹⁹ The odds of emergency dispatch were highest for middle-aged Veterans (50-59 years) and lowest for those aged 80 years and older compared to younger callers (aged 18-29). White males living in the urban South were most likely to have emergency dispatches.¹⁹
 - In a 2017 study¹⁷ involving 3,608 calls, Veteran callers aged 60 and older were more likely to report loneliness, physical health problems, or the death of a family member as the reason for contact. They were less likely to cite issues like mental health, economic concerns, Post-Traumatic Stress Disorder, substance use, and relationship problems compared to younger Veterans. There were no differences in the frequency of suicidal thoughts between younger and older Veterans.¹⁷
 - 40 years old and to be female.²⁰ Texters were also more likely than callers to contact VCL because of mental health issues (76.7% texters, 62.7% callers) and relationship problems (25.5% texters, 18.9% callers), while callers were more likely to be contacting VCL because of medical issues (23.2% callers, 11.1% texters) or substance use addiction (14.0% callers, 10.1% texters). Texters were more likely to report thinking of suicide (27.1% callers, 31.6% texters).²⁰
 - A qualitative study²¹ involving 255 interviews with VCL CRs found that CRs generally believed that chat services (and to a lesser extent texts), provided increased feelings of anonymity compared to phone calls, allowing users to be more honest and direct about their feelings. Text and chat were preferred by those who had privacy concerns with telephone calls (e.g., being at work, or being in a home with an abusive partner). CRs echoed the challenge in ascertaining suicide risk via text or chat, as they lacked the contextual cues such as tone and tempo in phone calls and the ability to engage in more in-depth two-way communication. This often led many responders to feel that chat modalities result in a less personal interaction.²¹
- Methods of VCL Contact**
- In an analysis of VCL contact data from 2016 through 2021, texts represented only 4% of contacts.²⁰ Texters were significantly more likely than callers to be under

Ways You Can Help

- Make sure Veterans are aware of **VCL**. VCL provides 24/7 confidential crisis support for Veterans and their loved ones. Veterans do not need to be enrolled in VA benefits of health care to connect. They can dial 988 and then press “1” on their phone, or text 838255. Veterans do not have to disclose their Veteran status and may opt to not press “1” when connected to the hotline.
- People cope with stressful situations in different ways. Veterans can take a confidential, anonymous risk assessment to see if stress and depression might be affecting them. Direct Veterans to take the **Self-Check Quiz**.
- Every Veteran is different, and many may not show any signs of intent to harm themselves. However, actions and behaviors can signal that they need help. Veterans and their loved ones can learn to **recognize the signs of a crisis**.
- The VA offers a **network of support** for all Veterans and their families and friends. Veterans do not have to be enrolled in VA benefits or health care.
- The VA also has numerous **local resources** for Veterans including tools to find community care providers, emergency care, pharmacies, and more.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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