The VISN 2
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at Canandaigua

Peer Support for Suicide Prevention: The Science and the Practice

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VISN 2 Center of Excellence for Suicide Prevention

What are (civilian) Peer Providers?

- Peer providers are generally individuals with serious mental illness who are trained to use their experiences to provide recovery-oriented services and support to others with serious mental illness.

- Peer providers can have a variety of helping roles, including, among other things, assisting clients, providing support services (such as skills assistance and transportation), providing liaison services, dispelling possible stigma or bias toward clients, and augmenting overburdened mental health systems.

Chinman, M. Mental Health Consumer Providers: A Guide for Clinical Staff. Rand Corporation: Santa Monica, CA

THE MILITARY WAY . . .

1) Create a team

2) Fight the problem with a team

"**An army is a team that lives, sleeps, eats, and fights as a team**"
--General George S. Patton

THE MILITARY WAY . .
Molding Teams to Reach the Goal

"I was speaking to a group of OEF/OIF Veterans in college in Florida. I said, "I'm looking down the road, to when you graduate."

- "You need to be sure that every one of you makes it, even if you have to figure out how to get yourselves down to the room of the one who is sleeping through class – to say, 'Hey, get out of bed and get to class.'

- (I want to see you graduate.)

Peer Support for Suicide Prevention

1) What does science say about relationships between peers and suicide?

2) How can tenets of the Peer Support program be adapted for use in military & Veteran environments to prevent suicide?

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What does science say about relationships between peers and suicide?

Suicide and the
Larger Social Context

1) Durkheim (1897): Social context has the power to either protect against or exacerbate suicide risk.

2) Bearman (1991): Suicide rates are associated with the balance between the degree of *integration* of individual members into the group and the degree of *regulation* of an individual's behaviors by the group.

3) Social structures without adequate balance between levels of individuation and regulation may increase rates of suicide

Durkheim's Suicide Typology (per Bearman, 1991)

Suicidal behavior occurs within a social matrix governed by two overriding principles:

* Integration relates to the number of differentiated roles permitted among the society's members, while
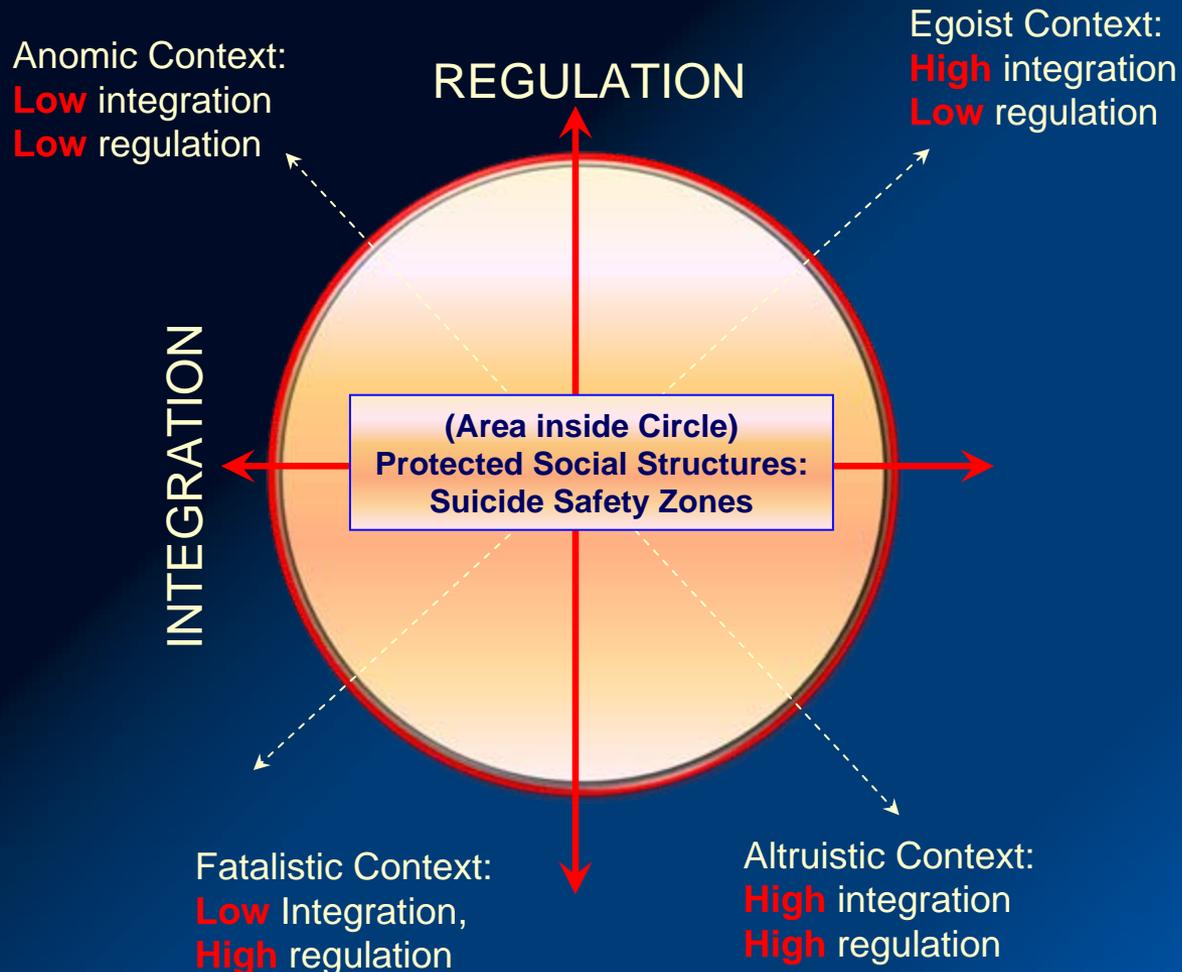* Regulation describes the normative (rule-related) or moral demands that occur as a result of group membership.

Suicidogenic contexts occur when there is either:
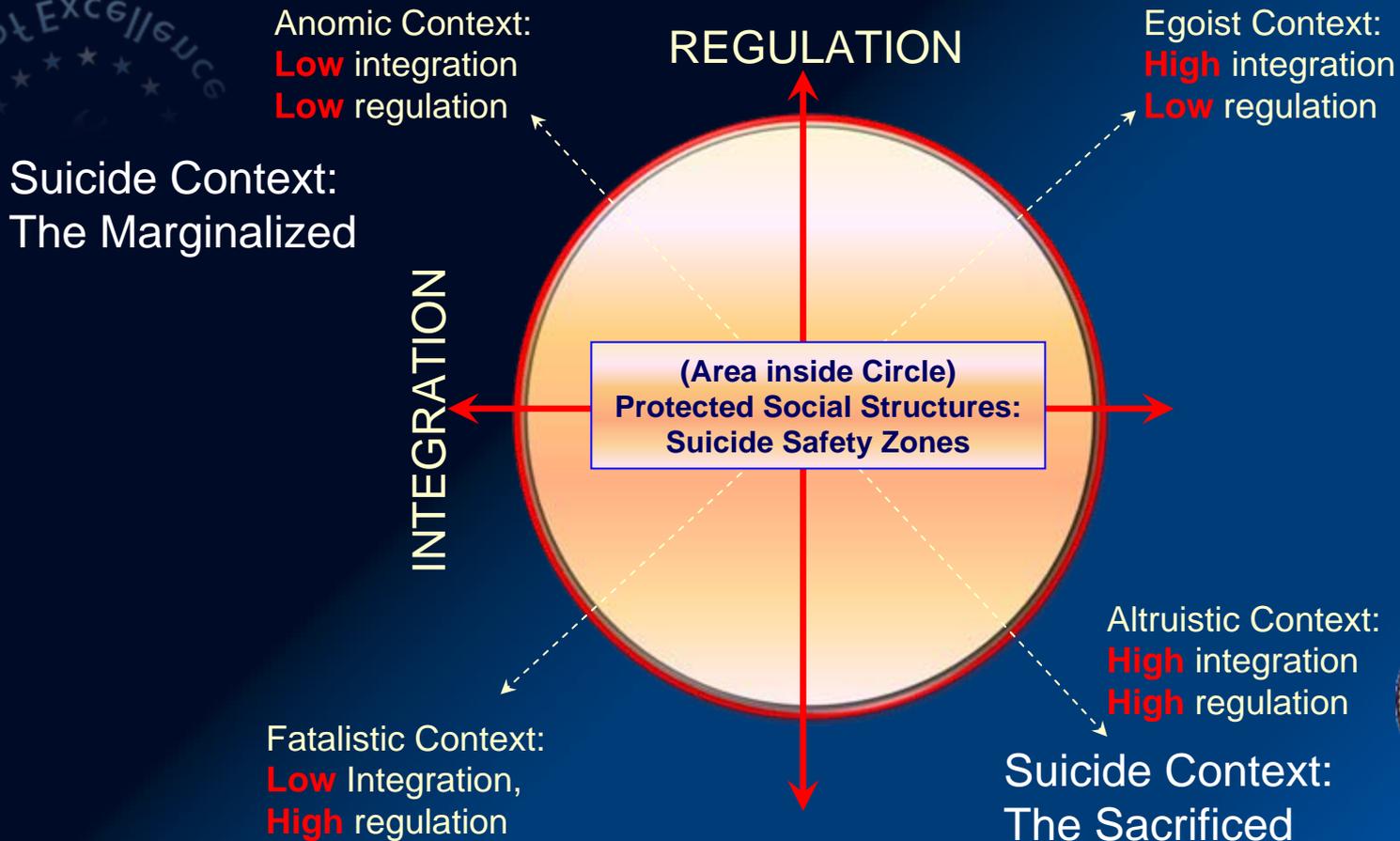* too much or too little social integration and
* too little regulation.

Durkheim's Suicide Typology (extending Bearman, 1991)

Anomic Context:
Low integration
Low regulation

REGULATION

Egoist Context:
High integration
Low regulation

INTEGRATION

(Area inside Circle)
Protected Social Structures:
Suicide Safety Zones

Fatalistic Context:
Low Integration,
High regulation

Altruistic Context:
High integration
High regulation

Durkheim's Suicide Typology (extending Bearman, 1991)

REGULATION

INTEGRATION

Anomic Context:
Low integration
Low regulation

Suicide Context:
The Marginalized

Egoist Context:
High integration
Low regulation

**(Area inside Circle)
Protected Social Structures:
Suicide Safety Zones**

Altruistic Context
High integration
High regulation

Fatalistic Context:
Low Integration,
High regulation

Suicide Context:
The Sacrificed

Social Context can Save Lives & Social Context can Cost Lives

Anomic Context:
Low integration
Low regulation

REGULATION

Egoist Context:
High integration
Low regulation

Maj. (Ret) Ed Pulido
"It was the incredible support that I got from all of you that pulled me through."

(Area inside Circle)
Protected Social Structures:
Suicide Safety Zones
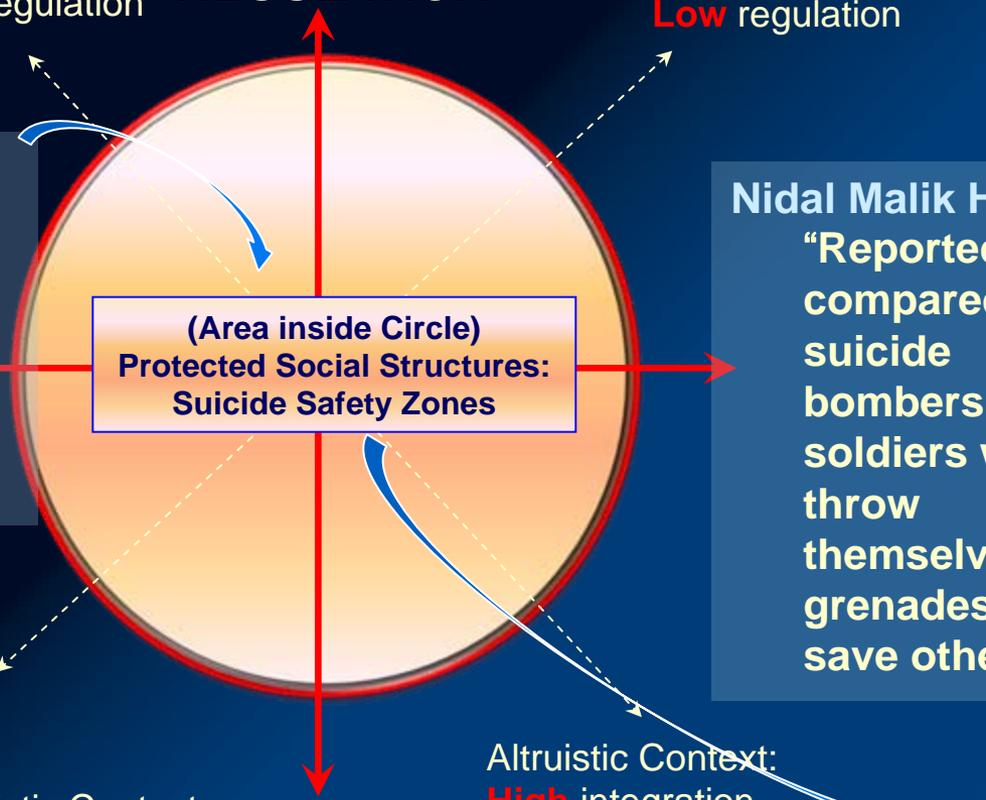
Nidal Malik Hasan
"Reportedly compared suicide bombers with soldiers who throw themselves on grenades to save others."

Fatalistic Context:
Low Integration,
High regulation

Altruistic Context:
High integration
High regulation

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Suicide and the
Primary Social Unit

Many are at elevated risk for suicide; few actually suicide.

The nature of key personal relationships has long been regarded as critical in determining who will and will not convert risk into action.

Relationships can be powerful protective factors or "buffers" in high-risk circumstances.

Under certain circumstances, relationships can also increase suicide risk.

Interpersonal Constructs: Emotional Regulation

Linehan (1993) : "Some individuals are biologically predisposed to be more emotionally vulnerable and to have poorer emotion regulation skills."

- Challenges to emotional regulation are exacerbated or controlled by environment and relationships.

- Certain environments develop the individual's ability to tolerate and regulate strong emotions; others contribute to increased disregulation.

Suicide and the Primary Social Unit

- Under certain circumstances, relationships can also increase suicide risk.

Interpersonal Constructs: Dr. Joiner's "Perfect Storm"

Three factors characterize individuals at elevated risk for suicide:

- Perceived Burdensomeness

- Thwarted Belongingness

- Acquired Capability
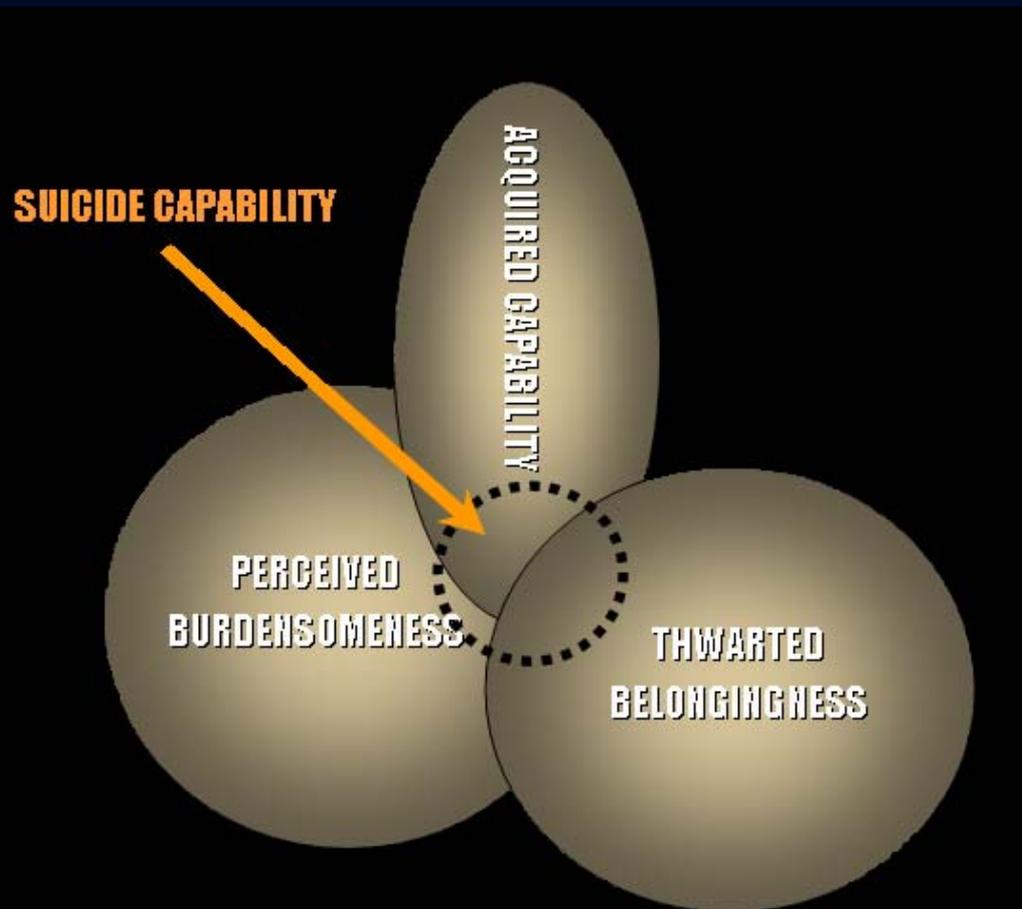
Joiner, T. & al., e. (2007). Establishing standards for the assessment of suicide risk among callers to the National Suicide Prevention Lifeline. Suicide and Life-Threatening Behavior, 37(3), 353-365.

How can tenets of the Peer Support program be adapted for use in military & Veteran environments to prevent suicide?

Clinical Interventions & Health Services Core:

THE MILITARY WAY . . .

IT TAKES THE COURAGE AND STRENGTH OF A WARRIOR TO ASK FOR HELP......

If you're in an emotional crisis call 1-800-273-TALK "Press 1 for Veterans"

www.suicidepreventionlifeline.org

NATIONAL
SUICIDE
PREVENTION
LIFELINE™

VA Department of Veterans Affairs

Three levels of peer support systems to prevent suicide:

- **Gatekeeper training** to identify those at risk

- **Vet-to-Vet programs** to provide a support system for those at risk

- **Peer Support programs** to provide role models and logistical information about how to move past suicidal crises

The Gatekeeper Model of Suicide Prevention

- Recommended in the Surgeon General's National Strategy for Suicide Prevention (2001)

- Gatekeepers are "people who regularly come into contact with individuals in distress . . . and are in a position to recognize a crisis and the warning signs that someone may be contemplating suicide."

- Based on the notion that "Early recognition and early access saves lives."

The Gatekeeper Model of Suicide Prevention

(One Model) QPR : Question, Persuade, Refer

- NOT a suicide risk assessment training program for lay gatekeepers.

- QPR is a behavioral action plan designed to move a willing or ambivalent suicidal person to accept a referral for professional evaluation and/or treatment.

The VA's Operation SAVE

- (Know the) **S**igns of suicidal thinking

- **A**sk questions

- **V**alidate the person's experience

- **E**ncourage treatment and **e**xpedite help-seeking

Gatekeeper Model

Vet-to-Vet Model

- Offers peer-to-peer support to veterans of all eras, including those who are now returning from Iraq and Afghanistan.

- Provides a place for Veterans to be able to safely and confidentially talk about issues such as PTSD, depression, anxiety, substance abuse, family issues, bi-polar disorder, etc.

- Predicated on the observation that Veterans will trust and talk to a fellow Veteran in most cases before they will a psychiatrist, psychologist, social worker, or VA doctor. Peers offer each other an understanding that comes from having experienced a similar situation or problem.

Vet Center
Keeping the Promise

- "The Vet Center Program was established by Congress in 1979 out of the recognition that a significant number of Vietnam era vets were still experiencing readjustment problems. "

- "Vet Centers provide readjustment counseling and outreach services to all veterans who served in any combat zone. Veterans have earned these benefits through their service and all are provided at no cost to the veteran or family."

- The Department of Veterans Affairs Vet Center program operates a system of 232 community based counseling centers. The Vet Centers are staffed by small multi-disciplinary teams of dedicated providers, many of which are combat veterans themselves. Vet Center staff are available toll free during normal business hours.

We understand, and most of all, we care.

Peer Support

- An important strategy for making mental health care more recovery-oriented.

- Advantages of peer support include:
  - serving as role models to others with similar problems
  - acting as the voice and broker of the needs of others
  - providing an important source of information on suicidal states, treatment alternatives, coping strategies, etc.
  - serving as a powerful source of motivation
  - helping others while helping themselves
  - helping others to better understand paths to recovery.

Chinman, M. Mental Health Consumer Providers: A Guide for Clinical Staff. Rand Corporation: Santa Monica, CA

Peer Support

- For the systems in which they work, Peers:
  - assist clients in navigating often-fragmented service systems
  - perform needed client support activities, such as transportation and life skills development
  - serve as a unofficial liaisons with treatment teams interpreting and in some cases mediating between   staff and clients
  - challenge unacknowledged stigma and bias
  - augment the services of overburdened mental health systems, thereby increasing access to services.

"What I like about the CPs is that they have the ability to listen to something and hear it totally differently than regular staff because they have been there. . . .They understand what a person is going through, and they have a lot of good insight into some solutions."
          Administrator

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More is not necessarily better:
The Problem of Suicide Contagion

Exposure to another's suicide, assuming temporal, geographic and/or interpersonal proximity, can—at least in some individuals—precipitate imitative suicidal behavior.

Proposed mechanisms include transmission of modeling cues through personal acquaintance, shared exposures and medial coverage.

Are military and Veteran populations vulnerable to the effects of suicide contagion?

Interpersonal Constructs: Identity Salience

"**You are a soldier**"
"**You are a husband:**
"**You are a father**"
"**You are a warrior**"

"**You are at high risk for suicide**"

- The more salient a concept is to the core identity, the more likely the factor is to be integrated into the identity.

- We cannot at present predict who will incorporate which characteristics into core identity.

Identity in High Integration / High Regulation Contexts

Anomic Context:
Low integration
Low regulation

Egoist Context:
High integration
Low regulation

REGULATION

INTEGRATION

(Area inside Circle)
Protected Social Structures:
Suicide Safety Zones

"You are a soldier"
"You are a husband"
"You are a father"
"You are a warrior"

Fatalistic Context:
Low Integration,
High regulation

"You are at high risk for suicide"

Conclusions

Suicide contagion may occur in the military through the mechanism of identity salience.

Implication: Building a strong, peer-level support system where the problem of suicide is collectively owned by the system is an important mechanism to protect against suicide. However, it could—if not handled correctly—foster rather than inhibit suicidal behavior.

It is perhaps better to understand suicide risk as increased in subpopulations of military and Veteran personnel than in all military and Veteran population. Otherwise, we run the risk of this characteristic being incorporated into what it means to be, or have been, in the military (identity salience).

Peer Support Networks as Buffers Against Suicidal Behavior:
Unanswered Questions

Q

1) How do we identify those at increased socially transmitted risk of suicidal behavior?

2) Is there a possibility of increased suicide risk for peers who provide support to suicidal military and Veteran personnel?

3) What specific responsibilities should peers assume for suicidal military and Veteran individuals?

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