



The VISN 2
Center of Excellence
at Canandaigua

The 2-Year History of the National Veterans Suicide Hotline

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Background

- July 25, 2007 – Hotline went live
 - First call received was at 11:20 AM
- Based in Canandaigua VA Medical Center in upstate New York
- Began with 4 phone lines and 14 responders



Current Hotline (2010)

- 15 phone lines
- 1 warm transfer line



Current Hotline Staff (2010)

- 123 Hotline Responders
- 17 Health Technicians
- 6 Shift Supervisors
- 1 Clinical Care Coordinator/Psychologist
- 3 Administrative Staff
- 1 Supervising Program Specialist



Flow chart – Hotline staff

- Calls come into the Hotline:
- Responder conducts phone interview
- Assesses emotional, functional, and/or psychological conditions
- Assesses if the call is:
 - Emergent – requires emergency services to keep caller safe
 - Urgent – requires same day services at local VA
 - Routine – SPC consult sent
 - Informational only – talk and information given



Consults

- Occur if veteran consents to consult or if emergency services used.
- Mechanism to alert SPC about veteran's needs; vets do not need to be suicidal
- Even if veteran is connected to treatment, consult can be done to alert SPCs to changes in vet's circumstances or any other needs.



Flow chart -- SPCs

- Call veteran and set up an appointment
- Meet with veteran at the designated time and facilitate evaluation, enrollment, or immediate services
- Contact all necessary professionals (psychiatrists, case managers, social workers) and coordinate initial care enhancements



Callers

2008

2009

Total Calls	84,541	118,984
Identified as Veteran	36,913	63,936
Identified as Family/Friend	5,059	7,553
SPC Referrals	7,935	13,965
Rescues	2,130	3,709
Warm transfer	4,301	3,021
Active Duty	964	1,589



Referral Outcomes 2008 2009

Admissions	1,279	1,994
Enrolled	126	593
Referrals to Other Services	3,815	8,592
Immediate Evaluations	389	553



Reasons for calling

- Analysis of three weeks of 2400 hotline logs
- Extracted and rated qualitative themes
- Analyzed until saturation of themes was achieved
- Came up with 14 overall themes



Preliminary Results -- Reason for Calling

- Angry at VA 2%
- Illness/Injury of friend/family 2%
- Caregiver burden 2%
- War-related 3%
- Questions about VA 4%
- Death of friend/family/pet 5%
- Sleep problems 6%
- Loneliness 7%



Preliminary Results -- Reason for Calling

- Relationship issues 10%
- Physical health problems 15%
- Loss of home/job/finances 15%
- Other 21%
- Substance abuse 28%
- Mental health 59%



Repeat Callers

- Defined as those callers who call 10 or more times a month and are noted by responders and/or SPC as using hotline inappropriately.
- Tracking procedure
- Collaboration with the SPC on treatment plan
- Repeat Caller Protocol (as usual)
 - Always assess for safety
 - If safe, follow 10-minute protocol using DBT model

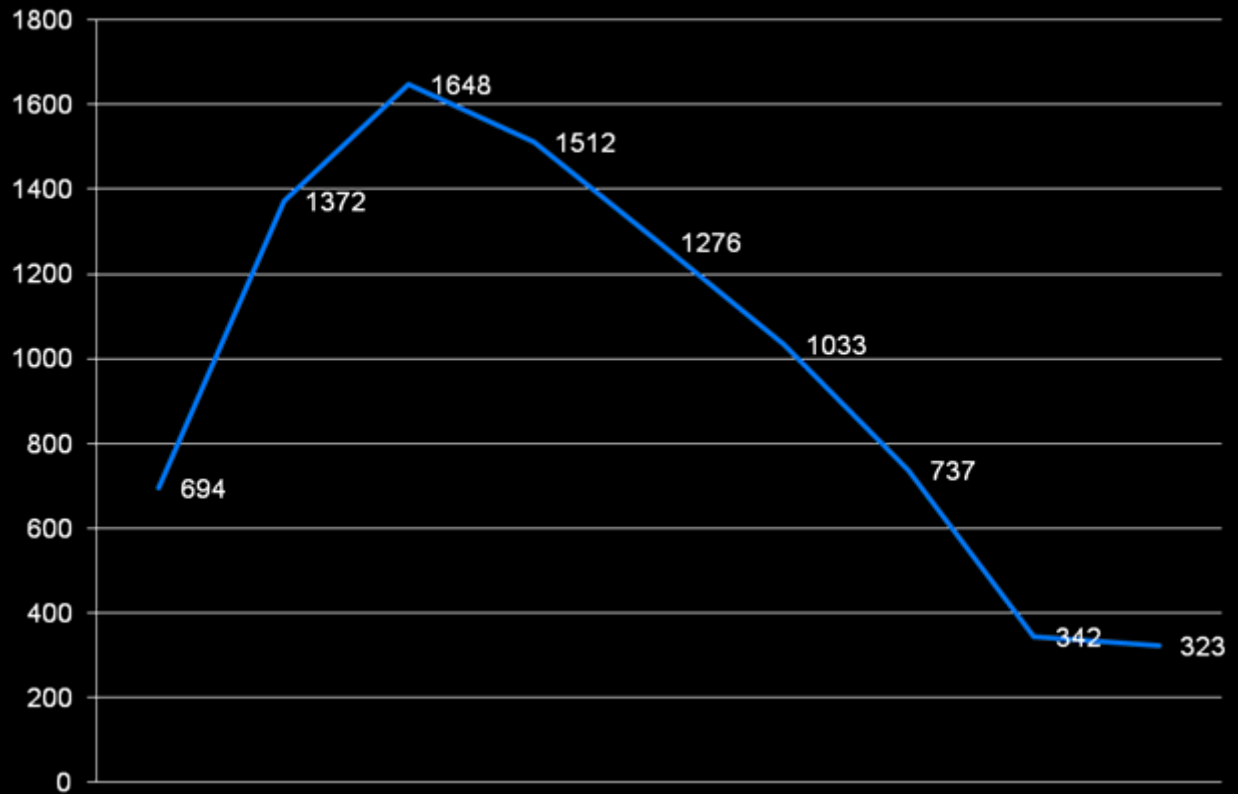


Repeat Callers -- Statistics

- 120 repeat callers currently tracked
- 71 are veterans
- Collaboration with the SPC on treatment plan
- Repeat Caller Protocol (as usual)
 - Always assess for safety
 - If safe, follow 10-minute protocol using DBT model



Repeat Caller statistics





Third Party Calls


- Third party examples
 - Central Office
 - Congressional offices
 - Concerned family/community member
- Calls with any of following warning signs of suicide:
 - Threatening to hurt or kill self
 - Looking for ways to kill self
 - Seeking access to pills, weapons, other means
- Responder will outreach to veteran through call.



Staff support/self-care

- Hotline Insider
- Peer Supervision Groups
- Individual Supervision
- Meditation Groups



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Thank you.
