Suicide Prevention in the Department of Veterans Affairs

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Predisposing and Precipitating Factors

- Precipitating Factors
  - Most are acute stressors
    - Social, family, occupational, financial, legal, …
  - Can help to explain, “Why now?”
- Predisposing Factors
  - More persistent than precipitating factors
  - Psychological autopsy studies demonstrate that a large majority of death from suicide occur in patients with mental health conditions
  - Other factors include traumatic brain injury and chronic pain
  - Can help to explain, “Why him or her?”
- Interactions and Complications
  - Mental health conditions like depression increase sensitivity to possible precipitants
  - The sudden onset of severe depression can be a precipitant
  - Intoxication can be an acute predisposing or enabling factor

Department of Defense & Veterans Health Administration

- Veterans Health Administration
  - Health care system
  - Individuals seen as needed
  - Focus on Predisposing Factors
  - Challenge
    - How to facilitate the identification of acute stressors and potential precipitants in a health care system
- Department of Defense
  - Specialized workplace & home
  - Individuals seen every day
  - Focus on Precipitating Factors
  - Challenge
    - How to balance the early identification of mental health conditions and other predisposing factors with force readiness

History of VA Mental Health Services

- **Attrition (-2004)**

- **Rebuilding & Innovation (2005-2009)**
  - **VHA Comprehensive MH Strategic Plan**
    - **President's New Freedom Commission**
    - **Needs of returning veterans**
  - **Mental Health Enhancement Initiative**
    - **Funded outside of Veterans Equitable Resource Allocation (VERA)**
    - **VACO directed and program centered**
    - **Challenged traditional bounds between program and operations**

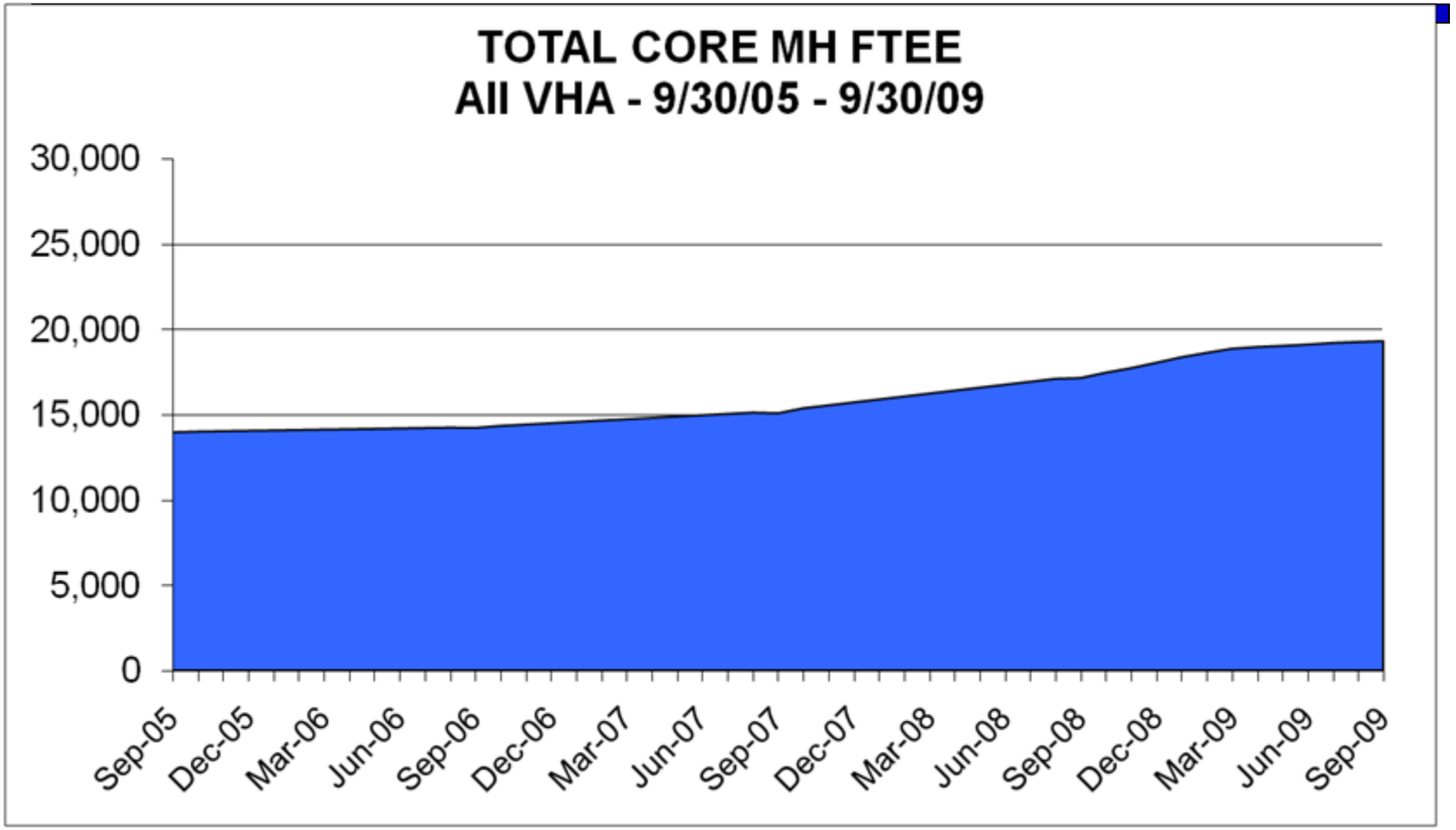
- **A New Standard (2009-)**
  - **Uniform MH Services Package**
    - **Funded through Initiative and VERA**
    - **Completes implementation of Strategic Plan for patient services**
    - **Combines VACO direction and VISN/facility discretion**

VHA Comprehensive MH Strategic Plan

- **242 Action Recommendations**
- **6 Factors**
  - **Access and Capacity**
  - **Integrated MH and Primary care**
  - **Recovery Transformation**
  - **Evidence-Based Practices**
  - **Returning Veterans**
  - **Suicide Prevention**

Total Mental Health Staff

Sept 05-Sept 09



Productivity of VA Mental Health Providers

- **VA providers have comparable, and sometimes higher, productivity than benchmark groups of community providers and academic medical center providers, in spite of case-mix differences reflecting sicker and more impaired patients**

Encounters/Full time staff	Psychiatrists	Psychologists	Social Workers
Mean VA	2,231	1,589	1,673
Private benchmark	2,197	1,263	2,216
Academic benchmark	1,809	NA	NA

Implementation of Evidence-Based Psychotherapy includes training and coordination

- **PTSD**
  - **Cognitive Processing Therapy (CPT)**
  - **Prolonged Exposure Therapy (PE)**
- **Depression and associated anxiety**
  - **Acceptance and Commitment Therapy (ACT)**
  - **Cognitive Behavioral Therapy (CBT)**
- **Serious Mental Illness**
  - **Social Skills Training (SST)**
- **Local Evidence-Based Psychotherapy (EBP) Coordinator established at each medical center to**
  - **Educate staff, patients, and other stakeholders**
  - **Redesign clinics to facilitate EBP**
  - **Monitor treatment**

Capacity for Delivering Evidence-Based Psychotherapies

Therapy	# Trained Staff
CPT	2,094
PE	889
SST	172
CBT	152
ACT	105

- 2,400 therapists trained in CPT or PE can provide approximately 3.8 million hours of clinical care @ 16 hours/week/therapist
- A course of CPT or PE requires about 15 hours
- Treating 120,000 OEF/OIF Veterans with PTSD would require 1.8 million hours
- VA has the capacity to address the needs of the population
- The next step is to ensure that staff resources are allocated to meet the needs

Figures as of August 31, 2009

Handbook on Uniform MH Services in VA Medical Centers and Clinics

- Defines requirements for services
  - What must be available to each veteran
  - What must be provided in each facility
    - Medical Centers
    - CBOCs
      - Very Large
      - Large
      - Mid-sized
      - Small
  - How to address gaps
- Implemented was required by the end of FY 2009

Sites of Care

- **Community**
- **24/7**
- **Inpatient**
- **Residential**
- **Ambulatory**
- **Care transitions**

Areas of Emphasis

- **PTSD**
- **Substance use**
- **Serious mental illness**
- **Homelessness**
- **Incarcerated veterans**
- **Primary care integration**
- **Military sexual trauma**
- **Suicide prevention**

Other Key Domains

- **Evidence-based care**
- **Recovery transformation**
- **Gender specific care**
- **Older adult services**
- **Disaster preparedness**
- **Rural health**
- **Managing violence**

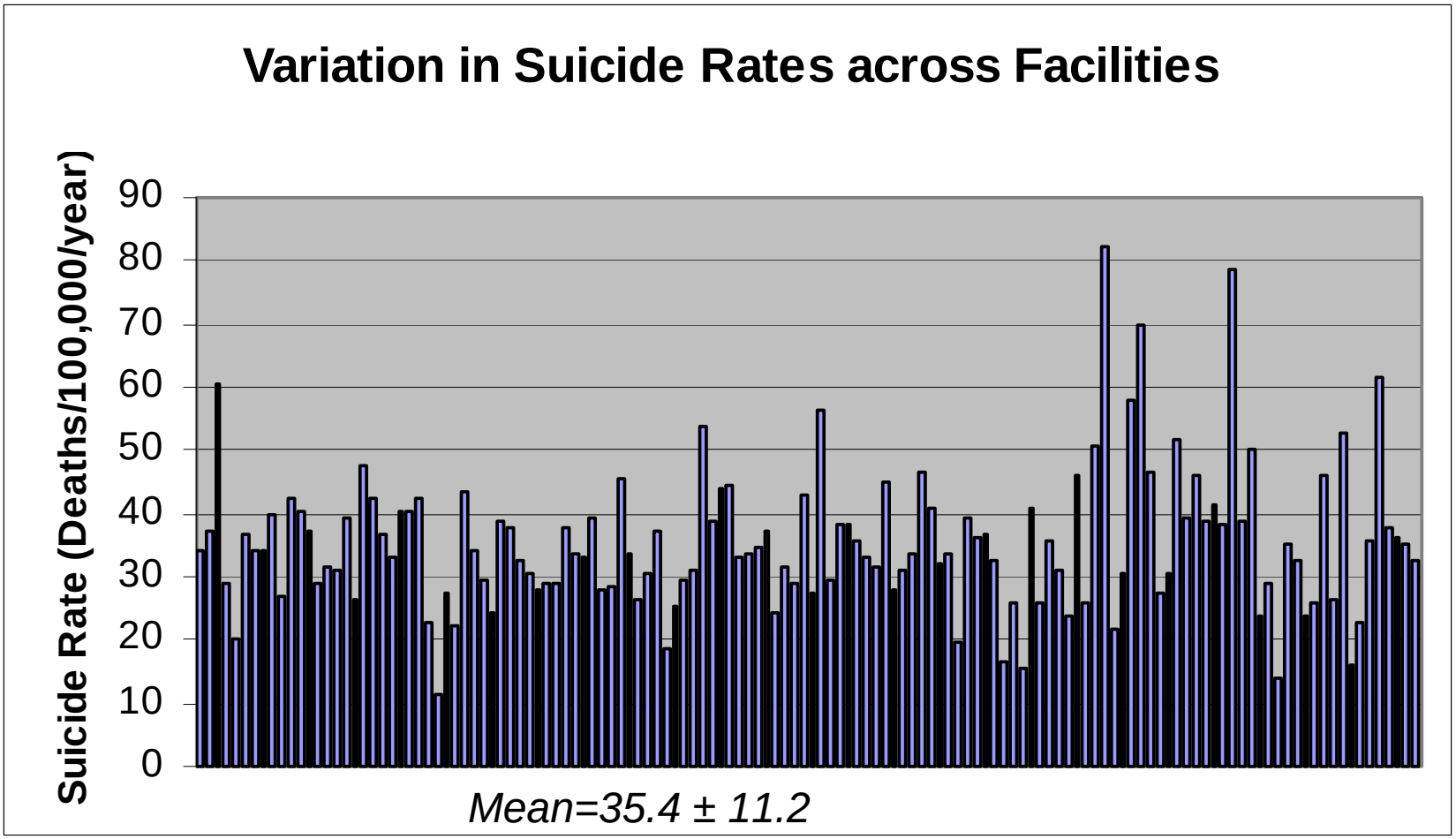
Suicide Prevention: Basic Strategy

- Basic Strategy
  - Suicide prevention requires ready access to high quality mental health services
    - Supplemented by
  - Programs designed
    - To help individuals or families engage in care
    - To address suicide prevention in high risk patients

Conceptual Base of VA's Program

- **VA's overall suicide prevention program is based on the principles that:**
  - **A comprehensive strategy must include both public health and clinical programs that address**
    - **Universal elements that target all Veterans and utilizers of VHA primary care services**
    - **Selective elements that target those with conditions or problems that increase the risk of suicide; and**
    - **Indicated elements that specifically target those at high risk**
- **The VHA Program is based on the US National Strategy for Suicide Prevention, and recommendations or requirements from**
  - **National Strategy, Institute of Medicine (IOM) Report: "Reducing Suicide: A National Imperative"**
  - **VHA Comprehensive Mental Health Strategic Plan**
  - **Joshua Omvig Veterans Suicide Prevention Act**
  - **Report of the Secretary's Blue Ribbon Work Group on Suicide Prevention**


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
SUICIDE PREVENTION
Department of Veterans Affairs


Variation in Suicide Rates across Facilities
Suicide Rate (Deaths/100,000/year)
90
80
70
60
50
40
30
20
10
0
Mean=35.4 ± 11.2

The Quality of Mental Health Services in a Facility Predicts the Suicide Rate

- **Before recent mental health enhancements, measures of the quality of mental health care predicted suicide rates across facilities:**
  - **Outpatient follow-up for dual-diagnosis**
    - **8.3% of facility variance**
    - **2.8% of facility variance and still significant after controlling for relevant variables**
  - **Continuity of care for major depression**
    - **3.8% of facility variance**
    - **2.8% of facility variance and still significant after controlling for relevant variables**

VA is a Significant Part of Suicide Prevention in America

VA's call center gets more than 20% of all calls to the national Lifeline

Hotline Calls	Total Calls	Identified as Veteran	Identified as family/friend of Vet	SPC Referrals	Rescues	Warm Transfers	Active Duty
FY09	118,984	57,759	6,804	12,403	3,363	2,857	1,429
Total: inception through FY09	195,713	96,733	12,070	20,968	5,597	6,980	2,462

Suicide Prevention Resources

- National Suicide Prevention Coordinator
- Local Suicide Prevention Coordinators or Teams
- Hotline Call Center
- Chatline
- Public Information Campaign
- Canandaigua Center of Excellence
- VISN 19 MIRECC
- Serious Mental Illness Treatment Research and Evaluation Center
- ORD Research

National Suicide Prevention Coordinator

- **Works with Deputy Chief Mental Health to implement the Suicide Prevention Strategic Plan**
- **Operates the Hotline Call Center**
- **Leads local Suicide Prevention Coordinators or Teams**
- **Subject matter expert for public information campaign**
- **Coordinates inpatient Environment of Care process**
- **Maintains and evaluates data on attempts and current deaths from suicide**
- **Links Office of Mental Health Services with the Canandaigua COE and VISN 19 MIRECC**
- **Liaison with other Federal agencies and programs**
- **Develops and implements new strategies for outreach and intervention with high risk Veterans**
- **Federal Employee of the Year SAMMIES Award Winner**

Local Suicide Prevention Coordinators

- **Staffing**
  - **Coordinator at each medical center & largest CBOCs**
  - **0.5 FTE support staff at medical centers**
  - **1.0 care manager for each 20,000 uniques beyond the 20,000**
  - **Overall staffing is 385.5 and funding is ~$35 million**
- **Responsibilities**
  - **Receive referrals from Hotline and facility staff**
  - **Coordinate enhancement of care for high risk patients**
    - **Including safety plans**
  - **Care management for those at highest risk**
  - **Maintain category II flagging system**
  - **Report attempts and deaths from suicide**
  - **Education and training for facility staff**
  - **Outreach and education to the community**
  - **Participation in inpatient Environment of Care evaluations**
  - **Facilitate development of means restriction programs**
  - **Other programs responsive to local needs and opportunities**

Recent Activities of the Serious Mental Illness Research Education and Clinical Center

- Analyses of VA data to identify risk factors for suicide, and distribution of findings to VA VISNs and the Local Suicide Prevention Coordinators
- In analyses based on findings through 2006-2007 in Veterans who utilize VHA health care services:
  - Each of the mental health conditions increases the risk of suicide, but the effect of PTSD may be related its co-occurrence with other conditions
  - Chart diagnoses associated with Traumatic Brain Injury are associated with increased risks of suicide, even after controlling for co-occurring mental health conditions
  - Some, but not all, chart diagnoses associated with chronic pain are associated with increased risks of suicide, even after controlling for co-occurring mental health conditions

A Next Step?

- VA's Uniform Mental Health Services Handbook requires assigning a Principal Mental Health Provider for every patient seen by more than one provider
- The primary responsibility of the Principal Provider is to develop and maintain the treatment plan
- The Suicide Prevention Coordinator or Care Manager should be the Principal Provider for those who have survived suicide attempts and for others who have been at high risk

Questions?

Please email questions to:
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