

2010 DoD/VA CoE for Behavioral Health Suicide Prevention Conference

Building Strong and Resilient Communities

Andrew: “The Considerate Suicide”

Adolescent Suicide Prevention Workshop

Sunday, January 10, 2010

George Patrin, Father, Pediatrician

Pam Patrin, Mother, Homemaker/ Seamstress

Disclaimer: The views and assertions contained herein are those of the author and do not necessarily reflect the opinions of the Department of the Army or the Department of Defense.

Andrew's Case – Lessons Learned in Suicide Prevention and Risk Reduction

- Suicide prevention and risk reduction in military communities is discussed from the perspective a military family who lost a son to suicide.
 - Discuss important lessons learned in suicide prevention from the perspective of families who have lost a loved one to suicide.
 - List at least three factors or conditions that indicate a young person is at high risk for committing suicide in a (military) community.
 - Actions to take tomorrow, with the next patient(s) we see. (“There but for the Grace of God go I...”)

Suicide is on people's minds...

“The growing incidence of suicide of active military returning veterans is disturbing. Sometimes the deadliest wounds are the ones you cannot see, and we cannot afford to let the unseen wounds go untreated..”

President Barack Obama, 4/9/09

“If a soldier dies by suicide, some people think he wasn't killed by the enemy... But I always tell people that we can never know what they were going through or what kinds of

The Patrins – A “Military” Family



18 April 1987 to 7 April 2009



Andrew: “The Considerate Suicide”

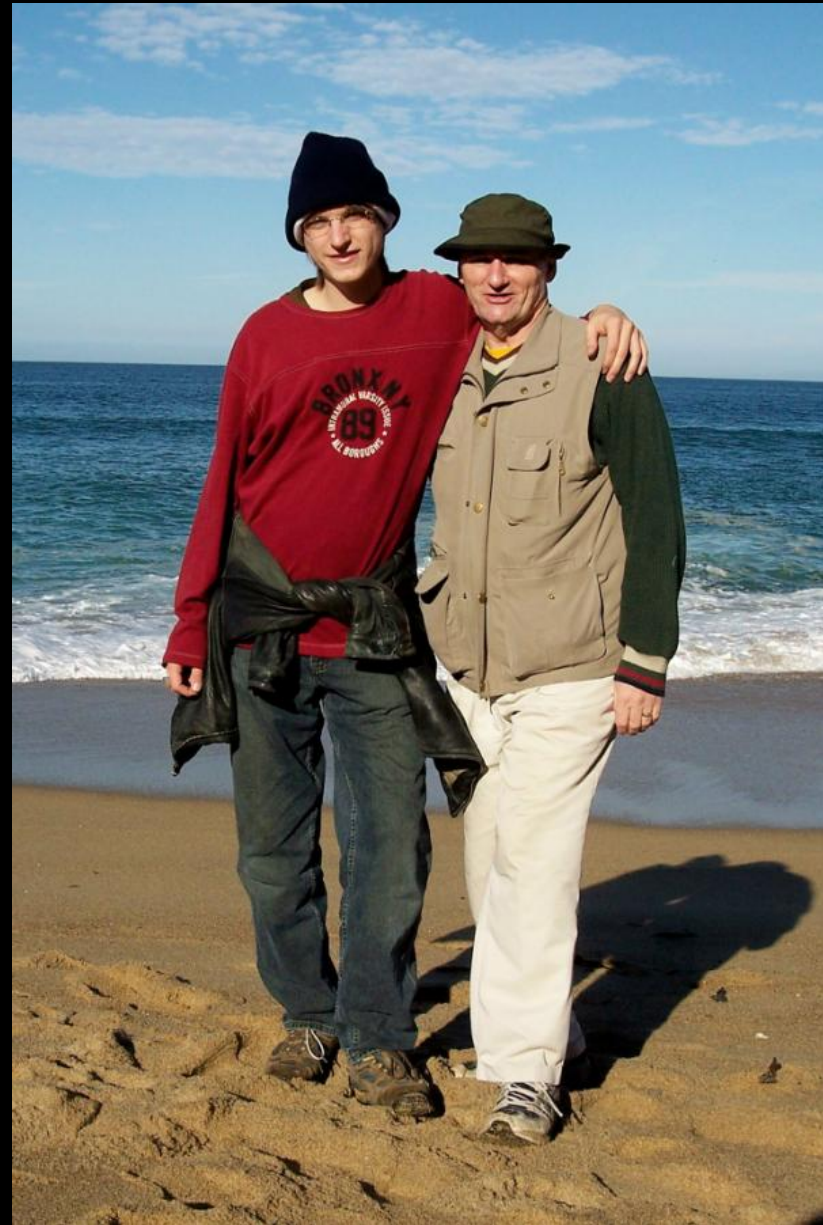
COL George Patrin, Father, (MD, Pediatrician)
Mrs. Pam Patrin, Mother

Assumptions - BLUF

1. All participants in the care of Andrew were/ are well-meaning and would have done anything to help him.
2. If we don't conduct after action review we won't identify the next one we could help, prevent the next tragedy.
3. Full transparency is the only way we will truly change.

Dad's Statement

“It’s hard not to be bitter... not with Andrew, but with the Community/ Medical System. My entire career has been one of advocacy for improved (optimized) healthcare. I must believe that Andrew's death could have been prevented. I will continue to challenge the "system" to improve, just as I did before Andrew’s death.”



Mom's Statement



“I miss my Andrew hugs. Leadership needs to talk about what went wrong, full transparency. And lessons learned need to be shared with other clinics. Why did they wait so long to do a depression screen and then not pay attention to the high score?”

Andrew's Story – The Intervention That Never Happened

28 March - Second appt in 3 months w/ 2nd FP for depression, suicidal thoughts, sent to pharmacy for new psych med, referred to "TRICARE" for routine mental health visit

3 Apr, Fri – Tells former girlfriend he will commit suicide, she alerts police who log "mental warrent" but do nothing, she goes home to parents

4 Apr, Sat – Calls friends detailing suicide plan, they believe "he'll show up"

5 Apr, Sun (0200) – Email to friends detailing suicide with will, 2nd "missing person report," insist that police look for him, weak APB sent to Nevada w/o car info

5 Apr, Sun - Stopped by security sleeping in car on private property with new shot gun & ammo in car, released after showing it's unloaded

6 Apr, Mon (1400) - Parents learn of plan from girlfriend's parents, alert CA PD who issue new report with car info obtained by brother

6 Apr, Mon (late PM) – Parents and CA PD call Sprint for location – "cannot give out info, get a court order"

7 Apr, 0300 - Andrew contacts family w/'last emails,' "I'm sorry," parents again contact PD and Sprint, plead for message origination, wait 'til business hours

7 Apr, 1400 - Sprint concedes, locates Andrew within 50 ft...

too late, body and note found at 1338 in motel room with shotgun wound to the heart

Andrew's Last Visit

Information (facts) available...

- ✓ History of 10 years of anxiety and tachycardia (cardiac negative, “stress” induced?)
- ✓ Stated that ADHD meds were increasing depression
- ✓ Depression screen (Becks) +15
- ✓ Prior visit in Dec 09 with same c/o (depression, suicidal thoughts) not better, but worse
- ✓ Healed cuts on both legs (physical exam not done as this was ‘first visit’ with this provider)
- ✓ Family Hx of multiple severe mental health diagnoses - depression, bipolar, schizophrenia, bulimia, alcoholism, autism
- ✓ Social Hx recent break-up with girlfriend, car theft, job dissatisfaction, lost court case

Why/ How Can This Happen?

- **Group Think/ Unit Behavior**
- **Attribution theory, Actor/Observer Bias**
- **Cognitive Dissonance**

Always ask – **“Who’s the patient?”**

(especially when the issue is mental health)

“Grandfather Wisdom”

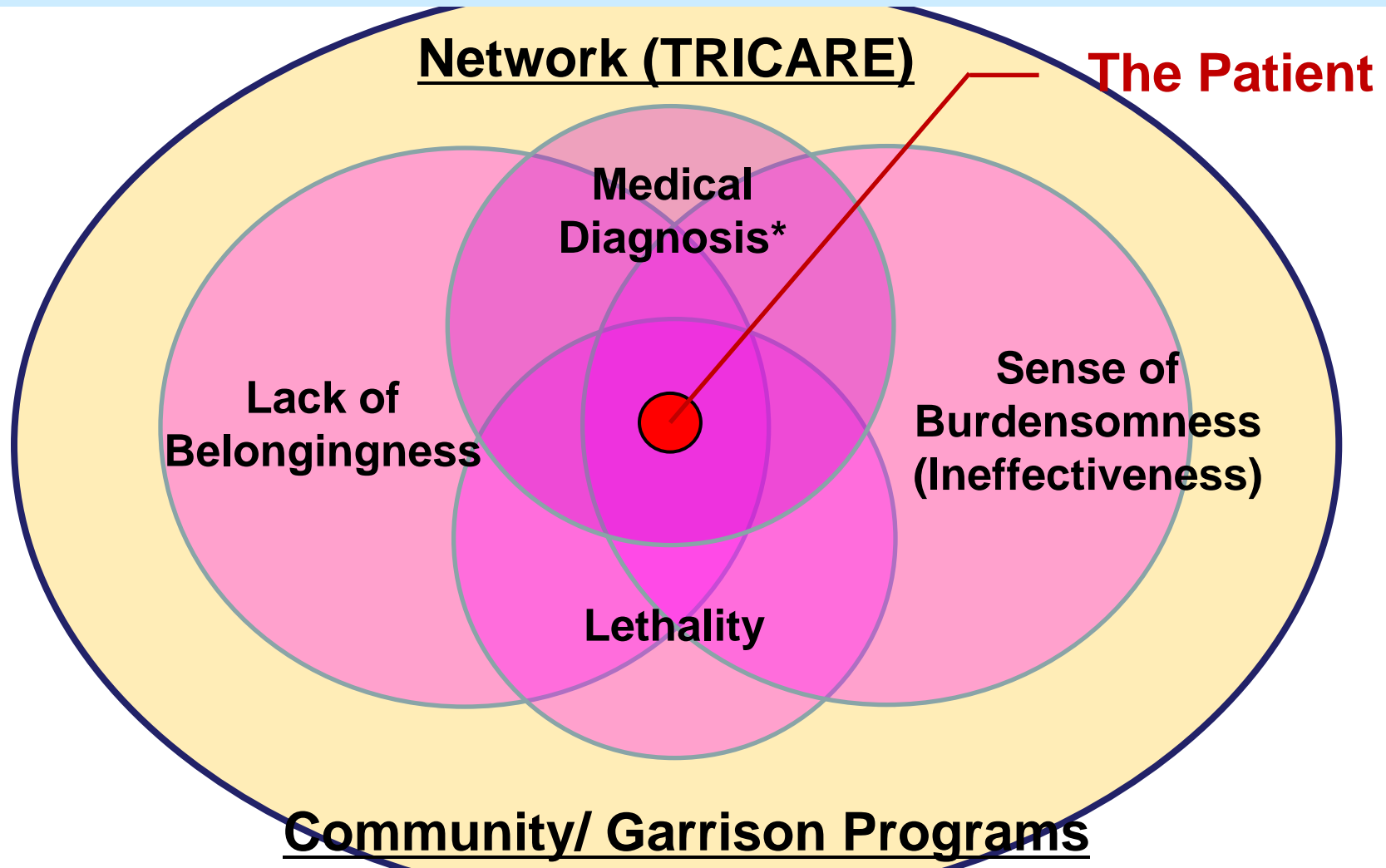
Coping with Negative Outcomes (Cognitive Dissonance)

- Some decisions turn out badly; but were good at the time
- Did the best we could...back then, but can change for next case...learn from mis-steps...don't repeat same error(s)
- Why didn't we see it coming? Help ourselves, figure out what made it happen, avoid another tragedy, spare others the heart ache
- Know that we are good parents/ caregivers in accepting responsibility to learn from each case
- Help families grieve, look ahead, and keep in touch with remaining children, promote health and well being

Joiner Model

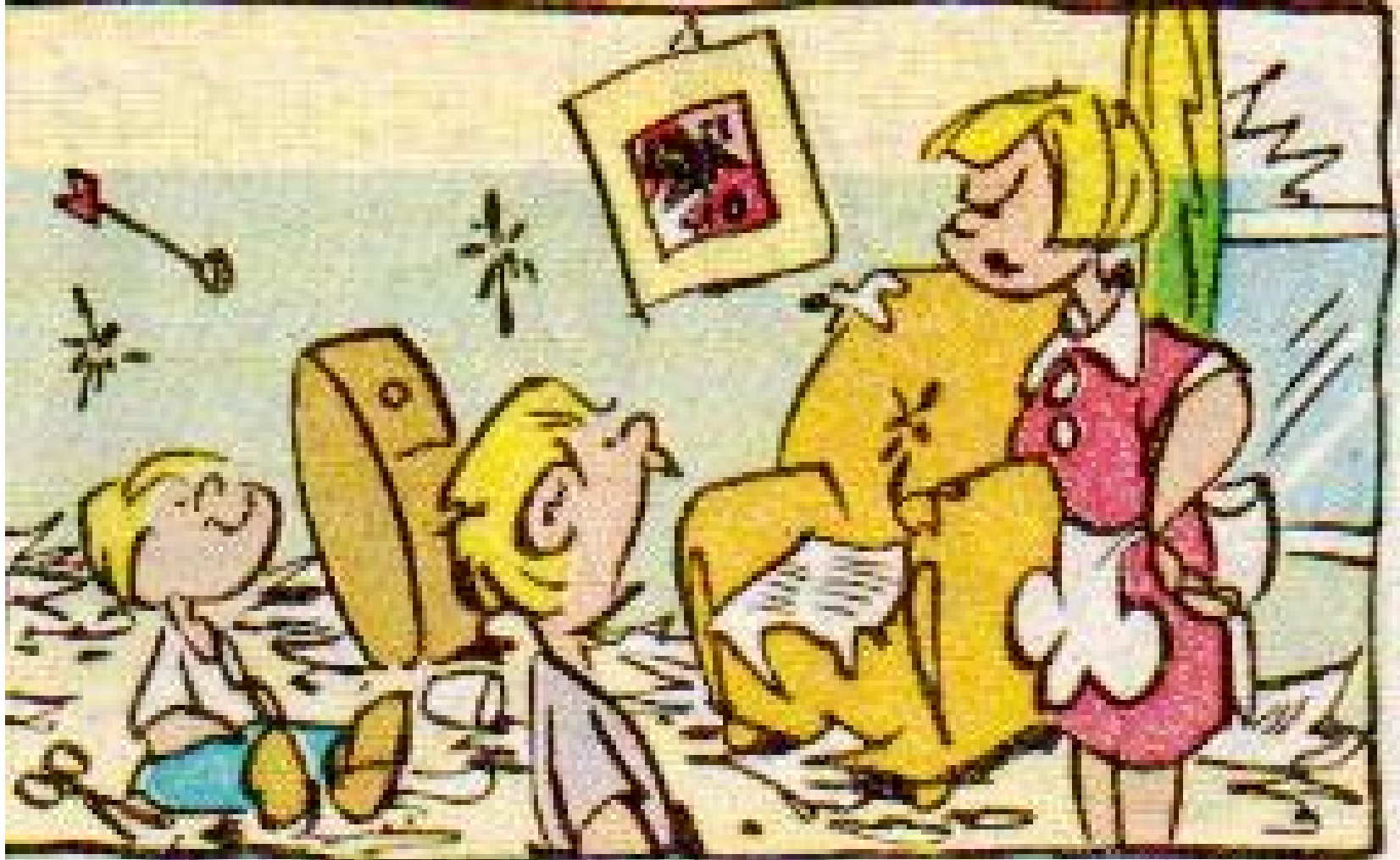
Adapted from: Joiner, T. (2005). WHY PEOPLE DIE BY SUICIDE. Cambridge, MA: Harvard Press.

***Untreated depression = the leading cause of suicide...**



...but most depressed people don't attempt to take their lives.

A Community Well-Being Program Is Needed

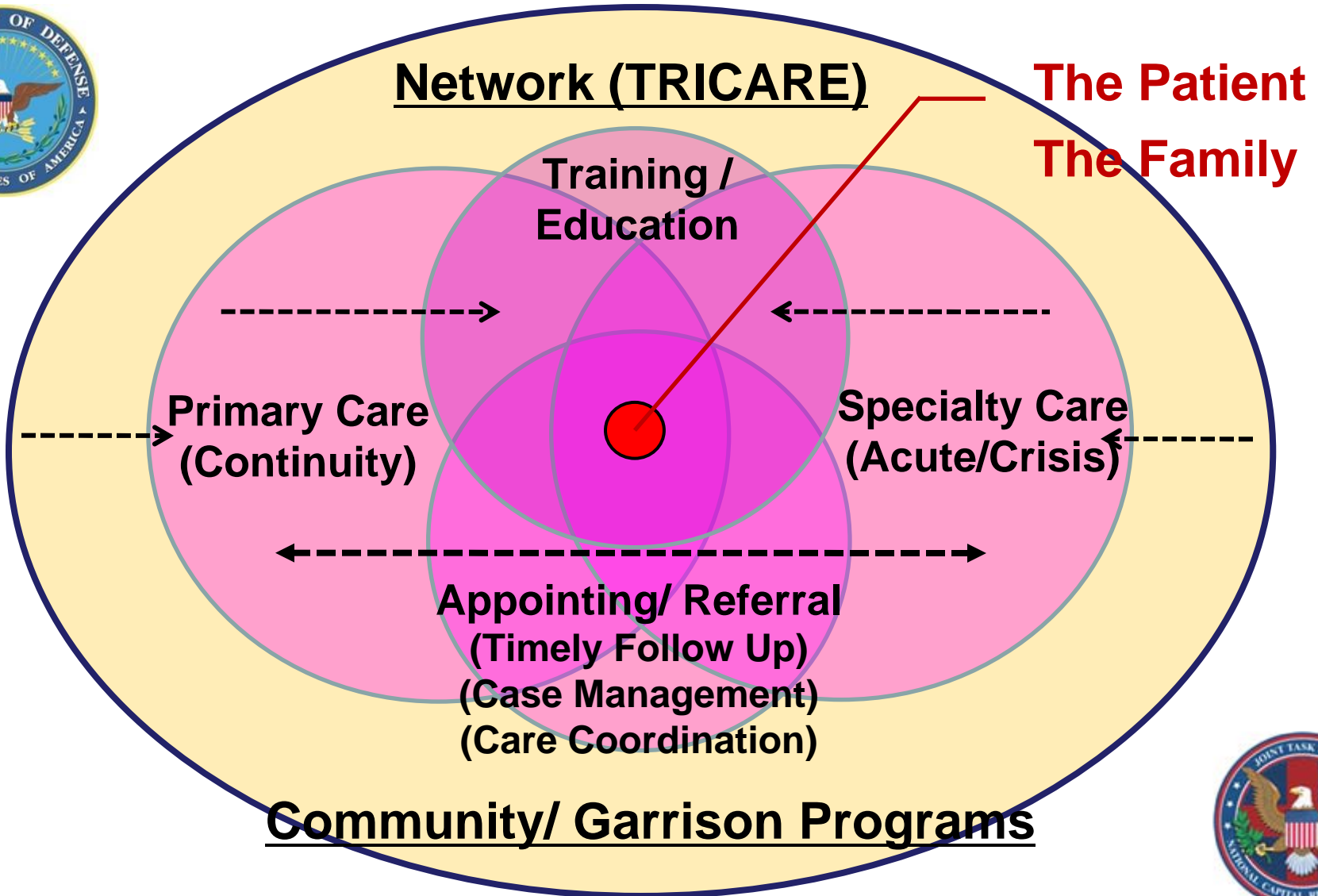


"Don't blame yourself, Mom. It takes a village to raise a child."

Military Community-Wide Cultural Change Required

1. Need optimized Medical Home Primary Care Teams with integrated case management, care coordination
2. Establish comprehensive administrative and medical services for Warriors and their Family Members
3. Support continuity with provider teams and stop incentivizing 'fee-for-service,' 'band-aid' visits
4. Include personal crisis referral resources to mental health for Family Members

A Community Strategy and Plan



Network (TRICARE)

**The Patient
The Family**

Training /
Education

Primary Care
(Continuity)

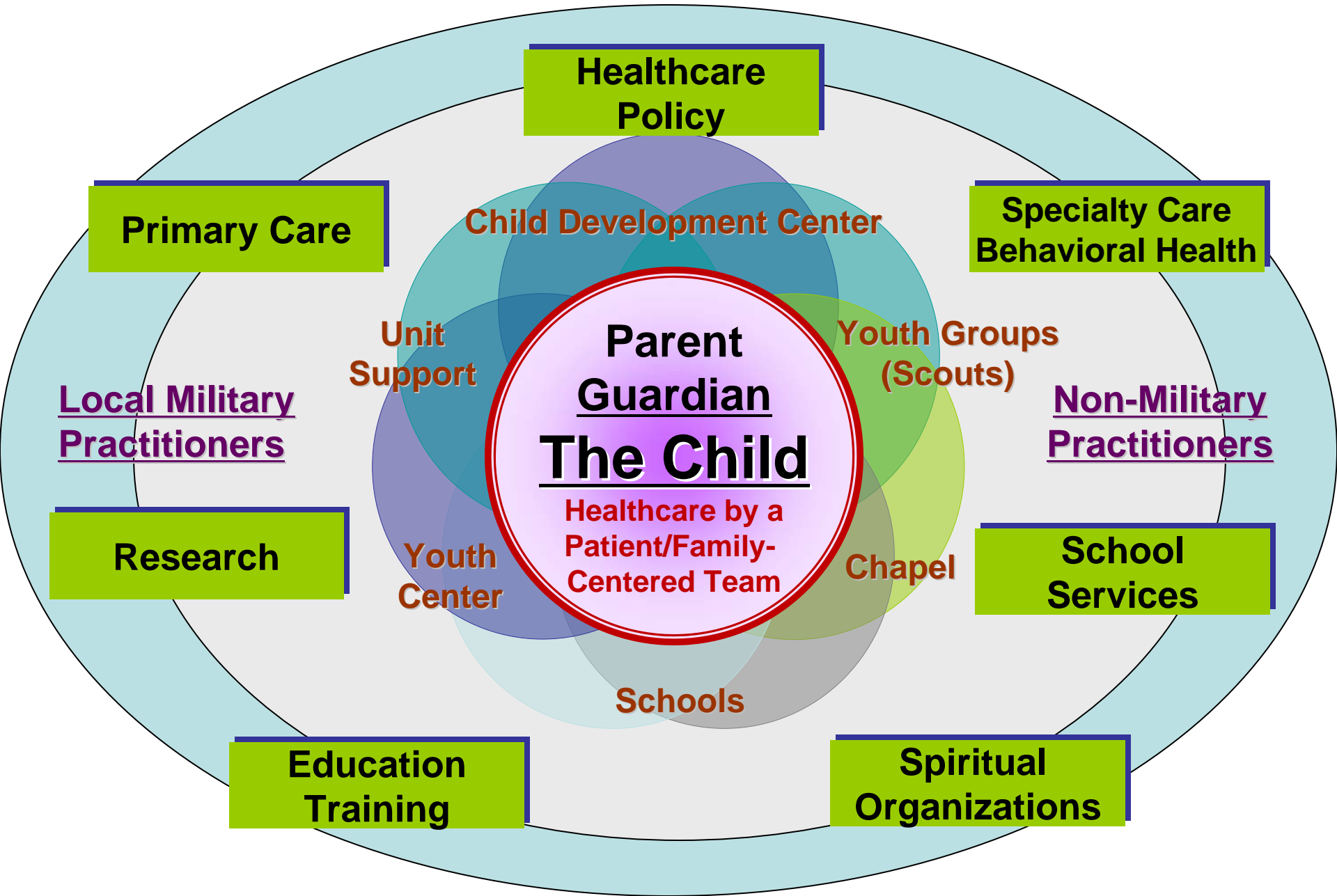
Specialty Care
(Acute/Crisis)

Appointing/ Referral
(Timely Follow Up)
(Case Management)
(Care Coordination)

Community/ Garrison Programs



Community Collaborative Approach



Suggested Actions To Be Taken (1/3)

Accountability/ Transparency

1. Anyone who had interaction with the patient (and family members) needs to own up to what wasn't done, what could've been done, and discuss it with the surviving family members
2. Whenever a 'cluster' of suicides occurs (more than 3?) investigate
3. Support an honest and transparent search for the facts after a death for both AD and NON-AD Family Member deaths
4. Educate all military leaders on how to deal with suicide issues, encourage getting help (destigmatize), and when a suicide does occur, improve investigations, sharing of facts

Suggested Actions To Be Taken (2/3)

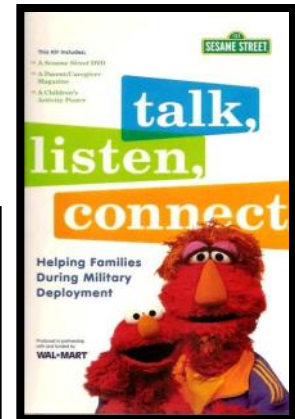
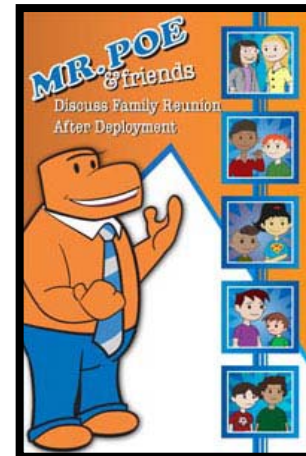
Treatment/ Resources

5. Take depression seriously – support timely, urgent, proactive referral to mental health with ANY suicidal talk
6. Provide intervention services for family members; enlist police and cell phone company support (see Brandon's Law)
7. Support a "medical home" staffing policy in all primary care clinics; insist on continuity of care
8. Screen all FMs for stress (just as we do AD)
9. Don't put up with "fee for service" band-aid medicine
10. Get permission from patients to tell a loved one that they are feeling this way
11. Inform family members about the Traumatic Assistance Program for Survivors (TAPS)!

Prevention With Universal Education and Screening Programs

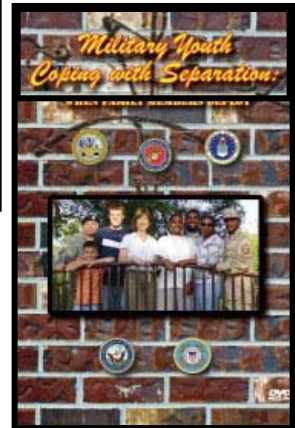
A. Education/ Awareness – 1st ‘Visit’ (Self) Intervention

- All ages have video program with guide
- Products promote discussion, reassurance, resilience
- Used in the home, on line, or in school (educates community providers)
- Extends care givers, promote appropriate use of community/ mental health resources, improving outcomes



B. Research – Baseline and Monitoring

- AKDQ gives demographics, efficacy
- PSC mental health screen (score >28) establishes baseline, trend over time, proactive, follow-up
- Can collect one data point or trends
- Use pilot platform for other training, evaluation programs (PHA)?



DVDs and Guides already available online!

Establish Deployment Monitoring Website(s) Using Video Access & IRB Research Process

U.S. Army Medical Department Center & School - Hurricane Rita Updates - Microsoft Internet Explorer provided by ITBC Ft. Sam Ho

https://samhws33/csdev/youth.aspx

U.S. Army Medical Department Center & School - Hurr...

AMEDI
U.S. Army Medical Department Center & School Portal
A Joint Medical Training Center

Step 3. Demographics and contact data collected for parent and child.

Step 4. Appropriate surveys sent to personal email in-box.

Step 2. Letter invites them to participate (informed consent) - can decline; if "No," straight to **video**, Step 7).

Step 5. Child/Teen Pediatric Symptom Checklist (PSC) baseline done (if participating) prior to viewing video.

Step 1. Read documents, click on age-appropriate video.

Step 6. Answer adult/child/teen survey questions (# 1-12) (if participating) prior to watching video (own-control).

Step 8. Thank them, respond back by email (only if PSC survey positive or request help).

Step 7. **View appropriate video**, then answer post-viewing questions (13-18).

Home - [Back to Deployment Portal](#)
Youth Coping With Military Deployment
A multi-media deployment toolkit Featuring video programs for all age groups, from toddlers to teens, to help them deal with deployment and separation issues.

For maximum benefit, the originator of the toolkit recommends that you read the [DVD/CD memo](#) first, before you view the videos. You may also want to review the appropriate [PSC](#) especially if you are going to let your child watch the videos. Consider downloading the support [Resources](#).

To begin using the toolkit, CLICK HERE

- For Toddlers (3-5 yrs): [Talk Listen](#)
- For Children (6-11 yrs): [Mr. Po and Friends Discuss Deployment Reunions / Download \(68.5 MB\)](#)
- For Teens (12-18 yrs): [Promoting Resilience in Your Family / Download \(77 MB\)](#)

Documents and Resources:

- [Documents and Resources](#)

Add Additional Age-Specific Tool(s)

19 to 23 year olds (young adult)
“Address the needs of the young adult in transition!”



- Of 'legal age,' yet a beneficiary.
- Covered by TRICARE only if going to college full-time.
- A history of separation from parent and responsibility for home.
- Dealing with reality of self-support in a distressed economy.
- Overwhelming amount of technological information.

Suggested Actions To Be Taken (3/3)

Education

12. Educate family members, and Service Members, about PTSS/ PTSD and suicide (BEFORE it happens), include family in "suicide stand downs" and prevention activities
13. Teach children about suicide, what to watch for, it's OK to tell someone; discuss what impending suicide looks and feels like
14. Rehearse how to call when suicide and depression are apparent to get help with making choices ("permanent solution to a temporary problem").
15. Education on how to react to fellow employees going through grief.
16. Brandon's Law

‘Brandon's Law’ Would Help

Speed investigations of missing, endangered persons

- Change “missing person” report response
- Trace cell phone calls, give location to next of kin
- Require immediate intervention, investigation (batteries go dead)
- Disregard "alone time" (when circumstances dictate), direct agencies to work together
- Recommend Federal Law (enacted in 12 states, but not CA & TX)

Questions?



18 April 1987 to 7 April 2009



18 April 1987 to 7 April 2009

Fort Hood Struggles With Stressed Troops

6 of 14 ◀ ▶



SIGN IN TO RECOMMEND |
 TWITTER |
 SIGN IN TO E-MAIL

Teri Smith with a photo of her son, Staff Sgt. Justin Lee Garza, 28, who committed suicide in a friend's apartment outside Fort Hood. Sergeant Garza was told four days earlier that no therapists were available for a counseling session. "What bothers me most is this happened while he was supposed to be on suicide watch," Ms. Smith said. "To this day, I don't know where he got the gun."

Photo: Luke Sharrett for The New York Times



SPC TJ Sweet and Mom

***"This is not
business as***



Come gather 'round people
Wherever you roam
And admit that the waters
Around you have grown
Accept it that soon
You'll be drenched to the bone.
And if lifetime to you is worth savin'
Well you'd better start swimmin'
Or sink like a stone
For the times they are changin'.



The Times They Are Changin'

*by Bob Dylan, sung by James Newton-Howard of Mpls, MN
from "A Whisper in the Noise" and the movie "Lady In the Water"*

Are We Truly Caring for Our Children?



*"Could I climb the highest place in Athens, I would lift
my voice and proclaim...*

*fellow citizens, why do ye turn and scrape every stone to
gather wealth, and take so little care of your children,
to whom one day you must relinquish it all?"*

Socrates ~400 B.C.



Come writers and critics
Who prophesize with pen
Keep your eyes wide
The chance won't come again
Don't speak too soon
When the wheel's still in spin
The hour out is rapidly agin'.
And the loser's know
Will be later to learn
'Cuz the times they are changin'.



The Times They Are Changin'

*by Bob Dylan, sung by James Newton-Howard of Mpls, MN
from "A Whisper in the Noise" and the movie "Lady In the Water"*

Opportunity is waiting in our communities!

Windows of Opportunity



“Seizing opportunity is not always easy. An ancient proverb states that many opportunities are missed because they come disguised as hard work.”

Joe M. Sanders, Jr., M.D., AAP Executive Director



HISTORY REPEATS ITSELF.
Opportunity DOESN'T.



**Heed the lessons learned before it's too late!
Understand, identify, and address effects of war on families.**

Come senators, congressmen
Please heed the calls
Don't stand in the doorways
Don't block up the halls
For he who gets hurt
Will be he who has stalled
And the battle outside that is ragin'.
It will soon shake your windows
Rattle your walls
For the times they are changin'.



The Times They Are Changin'

*by Bob Dylan, sung by James Newton-Howard of Mpls, MN
from "A Whisper in the Noise" and the movie "Lady In the Water"*

‘Brandon's Law’ Would Help

Speed investigations of missing, endangered persons

- **19 yo BRANDON SWANSON disappeared in Marshall, MN 14 May 2008**
 - **Last contact by cell phone to dad @ 0310, come get me**
 - **Brandon wasn't where he thought he was, parents called police**
 - **Calls minimized, police delayed, “he has the right to be missing”**
 - **Brandon has never been found**

- **19 yo DAN ZAMLEN, a diabetic, was on his cell phone to a friend when he exclaimed "Oh my gosh, help!" before the phone went dead**
 - **May have fallen into the Mississippi River or been abducted**
 - **Parents asked police to respond, told to “wait at home”**
 - **Parents ask phone company to tell them where call originated, refused info**
 - **Dan's body was recovered after 3 months of searching**

Life Stress and the Growth of a Child (Maturity, Resiliency, or Premature Adulthood?)

*When I have ceased to break my wings
Against the faultiness of things,
And learned that compromises wait
Behind each hardly opened gate
When I can look Life in the eyes,
Grown calm and very coldly wise,
Life will have given me the Truth,
And taken, in exchange - my youth.*



From "Wisdom," Collected Poems by Sara Teasdale 1917

Andrew's 'Truth' claimed his life...





To (really) honor a member of the military for their service and sacrifice, take exceptionally good care of their legacy, their children, while they are away doing the necessary work of

