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Innovative Tools for Reducing Suicide Risk in Veterans

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Disclaimer

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Facts about Veteran Suicide

- ~34,000 US deaths from suicide/ year.
 - Centers for Disease Control and Prevention
- ~20% are Veterans.
 - National Violent Death Reporting System
- ~18 deaths from suicide/day are Veterans.
 - National Violent Death Reporting System
- ~ 5 deaths from suicide/day among Veterans receiving care in VHA.
 - VA Serious Mental Illness Treatment, Research and Evaluation Center

Facts about Veteran Suicide

- More than 60% of suicides among utilizers of VHA services are among patients with a known diagnosis of a mental health condition
 - Serious Mental Illness Treatment Research and Education Center
- Veterans are more likely to use firearms as a means.
 - National Violent Death Reporting System
- ~1000 attempts/month among Veterans receiving care in VHA as reported by suicide prevention coordinators.
 - ~8 % repeat attempts with an average of 3 months follow-up
 - ~0.45% deaths from suicide in attempters with an average of 3 months follow-up
 - ~30% of recent suicides have a history of previous attempts
 - VA National Suicide Prevention Coordinator



VA Response to Veteran Suicide

- In 2008, VA Secretary of Veterans Affairs Dr. James Peake announced the establishment of two panels to improve suicide prevention, research, and education.
 - The Blue Ribbon Workgroup on Suicide Prevention in the Veteran Population. This group was comprised of suicide prevention programs in various government offices (e.g., NIMH, CDC, SAMHSA)
 - A nine person expert panel that provides professional opinion, interpretation, and conclusions on information and data to the Blue Ribbon Workgroup.



Blue Ribbon Work Group Recommendations

- Creation of the Suicide Prevention Lifeline. This has since been rebranded as the Veterans Crisis Line.
- Hiring of Suicide Prevention Coordinators (SPCs) at each of the 153 VA facilities
- Establishment of two centers:
 - Center for Excellence (COE) in Canandaigua, N.Y., focused on developing clinical and public health intervention standards for suicide prevention.
 - VISN 19 MIRECC in Denver and Salt Lake City is charged with developing interventions that are focused on the neurological and cognitive underpinnings that may contribute to suicidality



Suicide Prevention Coordinator Functions

- Populate attempt and facility “high risk lists”
- Implement chart flagging system for high risk patients
- Track high risk patients after missed appointment
- Provide “gatekeeper” training to front line staff and community partners

- Provider resources available at:
<http://www.mentalhealth.va.gov/providers/suicideprevention/index.asp>

Suicide Prevention: Basic Strategy

- Basic Strategy
 - Suicide prevention requires ready access to high quality mental health (and other health care) services
 - Supplemented by programs designed to:
 - Help individuals and families engage in care
 - Address suicide prevention in high risk patients
 - *Meet individuals coping with suicidal ideation where they are*

Highlighted Resources

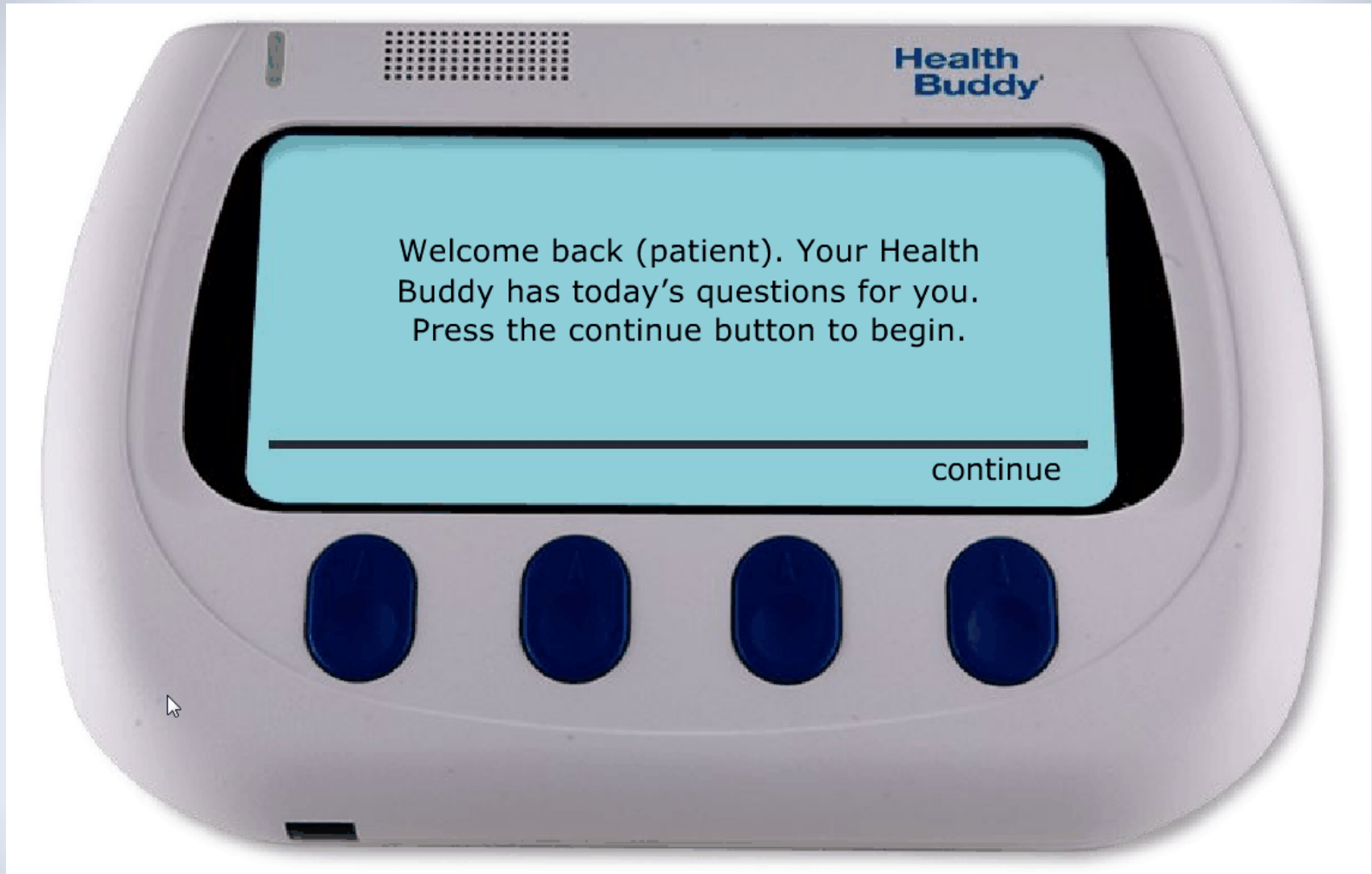
- Mental Health Home Telehealth Program
- Veterans Crisis Line, Chat & Text
- Safety Planning
- HOME Program

Mental Health Home Telehealth Program



Home Telehealth

- Innovative technology used to augment outpatient mental health services
- The Home Telehealth Program connects patients with a nurse or social worker via the Health Buddy
- Currently for Veterans with one or more of the following diagnoses:
 - PTSD
 - Depression
 - Bipolar Disorder
 - Schizophrenia
 - Substance Abuse



Health Buddy



How can the Health Buddy help with Suicide Prevention?

- Allows for daily monitoring of symptoms that may put Veterans at increased risk for suicide
 - Care Coordinators help link Veterans with care as symptoms increase, which can help avoid a suicidal crisis
 - Helps Veterans to monitor their own symptoms, which will help them to identify a need to do something to help themselves (e.g., use their safety plan)

Veterans Crisis Line, Chat & Text





- Calls come into the Center of Excellence in Canandaigua
- Since it's launch in 2007, the Veterans Crisis Line has answered over 600,000 calls or texts
- Made 21,000 life-saving rescues
- In 2009, added an online chat, that has helped more than 50,000 people
- A text function was also recently created so that Veterans can text "838255" to connect with a Responder

Veterans Crisis Line

- Family members and loved ones are encouraged to use the Crisis Line, chat and/or text if they are concerned about a Veteran
- Common barriers and how to address them
 - Concern that the call will immediately result in hospitalization
 - Concern about getting help from a stranger

www.veteranscrisisline.net



Safety Planning

Safety Planning

What is it?	What is it not?
<ul style="list-style-type: none">• Hierarchically-arranged list of coping strategies for use during a suicidal crisis or when suicidal urges emerge• Written document• Brief, easy-to-read format	<ul style="list-style-type: none">• It is NOT a “no suicide contract”• No suicide contracts ask patients to promise to stay alive without telling them <i>how</i> to stay alive• No-suicide contracts may provide a false sense of assurance to the clinician• Don't use them!

Who Develops the Plan?

- Collaboratively developed by the clinician and the patient in any clinical setting
- Patients who have...
 - Made a suicide attempt
 - Suicidal ideation
 - Psychiatric disorders that increase suicide risk
 - Otherwise been determined to be at high risk for suicide
- Can be used a stand-alone intervention

When Is It Appropriate?

- A safety plan may be done at **any** point during the assessment or treatment process.
- Usually follows a suicide risk assessment.
- Safety Plan may not be appropriate when patients are at **imminent** suicide risk or have **profound** cognitive impairment.
- The clinician should adapt the approach to the Veteran's needs -- such as involving family members in using the safety plan.

Tips for Developing a Safety Plan

- Ways to increase collaboration
 - Sit side-by-side
 - Use a paper form
 - Allow the client to write
- Brief instructions using the client's own words
- Easy to read
- Address barriers and use a problem-solving approach

SAFETY PLAN: VA VERSION

Step 1: Warning signs:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
4. VA Suicide Prevention Resource Coordinator Name _____
VA Suicide Prevention Resource Coordinator Phone _____
5. VA Suicide Prevention Hotline Phone: 1-800-273-TALK (8255), push 1 to reach a VA mental health clinician

Step 6: Making the environment safe:

1. _____
2. _____



Overview of Safety Planning: 6 Steps

1. Recognizing warning signs.
2. Employing internal coping strategies without needing to contact another person.
3. Socializing with family members or others who may offer support as well as distraction from the crisis.

Overview of Safety Planning: 6 Steps

4. Contacting family members or friends who may help to resolve a crisis.
5. Contacting mental health professionals or agencies.
6. Reducing the potential use of lethal means.

HOME Program

Background

- Despite many efforts made by VA, many Veterans do not engage in care, which increases the risk that they will die by suicide.
- The first week following psychiatric inpatient discharge is a particularly high-risk period of time (Hunt et al., 2009)
- 47% of individuals who died by suicide following discharge did so prior to the date of their first follow-up appointment (Hunt et al., 2009)
- Home-based re-assessment of those who attempted suicide shortly after discharge may:
 - enhance the accuracy of assessments,
 - improve treatment planning,
 - encourage follow-up care (Verwey et al., 2010).

HOME Program Locations

- The HOME program is a collaborative effort within the VISN 19 MIRECC, funded by the VA Office of Mental Health Services
- Denver VAMC
 - Site Lead: Bridget Matarazzo, PsyD
- Salt Lake City VAMC
 - Site Lead: Deborah Yurgelun-Todd, PhD



HOME Clinical Demonstration Project

Aim 1	Increase post-hospitalization treatment engagement
Hypothesis 1	Veterans in the HOME program will be significantly more likely to engage in treatment as compared to a matched archival control group
Hypothesis 2	Veterans in the HOME program will engage in treatment in significantly shorter period of time as compared to a matched archival control group

Aim 2	Increase understanding regarding this patient population and their experiences post-discharge
Hypothesis 1	Comparing scores obtained pre-discharge and during the first week post-discharge, Veterans will report significant increases in mood related symptoms and suicidal ideation
Hypothesis 2	Comparing scores obtained during the first week post-discharge and 3 months later, Veterans will report significant decreases in mood related symptoms and suicidal ideation


Aim 3	Obtain information regarding acceptability and feasibility (e.g., cost analysis) of this innovative clinical program
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Program Description

Risk assessment over the phone within **1 business day**



Home visit within **first week** of discharge

- Risk assessment
 - Review and revise discharge plan and safety plan
 - Meet with support system
 - Review upcoming appointments
 - Completed assessment measures
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Follow-up until engaged in care

Discussion

Use Your Smartphone to Visit the VISN 19 MIRECC Website

Requirements:

1. Smartphone with a camera
2. QR scanning software (available for free download just look at your phones marketplace)



www.mirecc.va.gov/visn19



Thank you !

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Today's slides will be available at:

<http://www.mirecc.va.gov/visn19>