

Overview of Issues of Veterans and Suicide

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Acknowledgments

- Dr. Jan Kemp
- Dr. Greg Brown
- Dr. Caitlin Thompson
- Dr. Lisa Brenner



Presentation Overview

- Facts/Figures
- Prevention Initiatives
- Crisis Intervention Strategies
- Enhanced Care Package
- MIRECC Research
- Postvention
- Q&A

Facts about Veteran Suicide

- Of the approximately 32,000 US deaths from suicide/ year, ~20% are Veterans
 - ~18 deaths from suicide/day are Veterans
 - ~ 5 deaths from suicide/day among Veterans receiving care in VHA
- 21% excess of suicides through 2007 in OEF/OIF Veterans relative to sex, age, and race matched people in the population as a whole
- More than 60% of suicides among utilizers of VHA services are among patients with a known diagnosis of a mental health condition
- Veterans are more likely to use firearms
- FY-10 approximately 1200 attempts/month among Veterans receiving care in VHA; 200/month OEF/OIF

Janet Kemp RN, PhD
VA National Mental Health Director for Suicide Prevention
Office of Mental Health, Patient Care Services
Washington DC

VA Suicide Prevention

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

Specific Initiatives

- Hubs of expertise
 - CoE develops and tests clinical and public health interventions
 - MIRECC conducts research on clinical conditions and neurobiological underpinnings leading to increased risk; implementing interventions to decrease negative outcomes; training future VA suicide prevention leaders
- National programs for education and awareness
 - Operation S.A.V.E
 - Suicide Risk Management Training for Clinicians
 - TBI and Suicide
 - Women Veterans and Suicide (in development)
- **24/7 Crisis Line 1-800-273-TALK (8255)**
 - Veterans Chat
- Suicide Prevention Coordinators (SPC)
- Federal partnerships

Suicide Prevention Coordinators

- Staffing

- Coordinator at each medical center & largest CBOCs
- Overall staffing is 385.5 FTE and funding is \$33,687,722

- Responsibilities

- Receive referrals from Crisis Line and facility staff
- Coordinates enhancement of care for high risk patients
- Care management for those at highest risk
- Reporting of attempts and deaths from suicide
- Education and training for facility staff
- Outreach and education to the community



OPERATION S.A.V.E

Operation S.A.V.E

- VA Guide Training/Gatekeeper Training
 - Operation S.A.V.E. trains non-clinicians to: **ASK** Veterans questions about suicidal thoughts, **VALIDATE** the Veteran's experience, and **ENCOURAGE** the Veteran to seek treatment.
 - Currently working with the Student Veterans of America to revise the training to be used on campus with students and faculty.

Total Number of SPC-Reported Events in FY2009

- Complete data on **10,923** suicide attempts.
 - Among these reported attempts, **6.2% (n = 673)** were fatal.
 - The **remaining 93.8% (10,250)** suicide attempts were nonfatal.
- Data on **9,930** Veterans who made at least one attempt each (fatal or nonfatal outcome).

ENHANCED CARE
PACKAGE FOR HIGH
RISK PATIENTS

High Risk Patients

- Chart notification system – “flag”
- Safety Plan
- Treatment Plan modifications
- Means restriction
- Family / friend involvement
- Follow-up for missed appointments

VA Crisis Intervention Strategies

**SUICIDE
PREVENTION
LIFELINE**

1-800-273-TALK (8255)

suicidepreventionlifeline.org

Home

Get Help

Veterans

Materials

Get Involved

Crisis Centers

Newsroom

About

Are you or a friend
at risk of suicide?

Check Lifeline's
Suicide Warning Signs.



Crisis
Center
Locator

Find us on:



Veterans

"I AM A VETERAN.
Calling the confidential Veterans
Crisis Line can help. I know."

1-800-273-8255 **PRESS 1**



Veterans Crisis Line

Confidential Help for Veterans and their families

Dial 1-800-273-8255 (TALK), Veterans **Press 1** to talk to
someone NOW.

The Department of Veterans Affairs' (VA) [Veterans Health Administration \(VHA\)](#) has founded a national suicide prevention hotline to ensure veterans in emotional crisis have free, 24/7 access to trained counselors. To operate the Veterans Hotline, the VA partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Suicide

Veterans Pages

- [Veterans Home](#)
- [Veterans Resource Locator](#)
- [Veterans Mental Health](#)
- [Enrollment and Benefits](#)
- [Spread the Word](#)
- [Veterans FAQs](#)
- [Contact Veterans Hotline](#)

Live 24/7 Veterans Chat

Are you a veteran in
emotional distress?

Are you a
homeless veteran?

Click Now for
Confidential
Veterans Chat

Confidential
Homeless
Veterans Chat

Veterans Crisis Line

- July 25, 2007 – Crisis Line went live
 - First call came in at 11:20 AM
- Based at Canandaigua VA Medical Center
- Partnership with SAMHSA and Lifeline
- Initially, 4 phone lines and 14 responders

Caitlin Thompson, Ph.D.
Clinical Care Coordinator
Veterans Crisis Line
Veterans Chat Service

Veterans Crisis Line (2011)

- 19 phone lines
- 150 full-time employees
 - 118 Hotline responders
 - 18 Health technicians
 - 7 Shift supervisors
 - 2 Clinical Care Coordinators/Psychologists
 - 4 Administrative Staff
 - 1 Supervising Program Specialist

Veterans Crisis Line

- Calls come into Crisis Line
 - Responder conducts phone interview
 - Assesses emotional, functional, and/or psychological conditions
 - Assesses severity of call
 - Emergent: Requires emergency services for safety
 - Urgent: Requires same-day services at local VA
 - Routine: SPC consult sent
 - Informational: Talk and information provided

Veterans Crisis Line -- 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 connected to treatment, consult can be done to alert SPCs to changes in Vet's circumstances or other needs

Veterans Crisis Line – SPC Flow chart

- Within 24 business hours of receiving consult
 - Call Veteran to set up appointment
 - Meet with Veteran to facilitate evaluation, enrollment, or immediate services
 - Contact all necessary professionals (psychiatrists, case managers, social workers) to coordinate care enhancements

Crisis Line -- Outcomes of consults

- Veteran brought in for services at VA
 - Assigned treatment provider/team or reconnected with current provider/team
- Veteran refuses immediate evaluation; SPC continues phone contact/continued outreach
- Welfare check
- Veteran educated to alternative methods to get needs met if mental health/safety not of concern

Veterans Crisis Line Statistics

FY11	Total	Veterans	Family/friend	Rescues	Active Duty
Oct	12514	7528	795	527	185
Nov	12566	7425	796	524	209
Dec	12091	7200	750	512	181
Jan	12345	7421	797	513	162
FY10 Totals	134528	81805	9925	5732	1744
FY09 Totals	118984	63936	7553	3709	1589
FY08 Totals	67350	29879	4517	1749	780
FY07 Totals	9379	2918	not avail	139	93

Veterans Chat

- Veterans, families and friends anonymously chat with a trained VA counselor
- If the chats are determined to be crisis, the counselor can take immediate steps to transfer the visitor to the VA Crisis Line

Veterans Chat

- Service began in July 2009
- Capability to “chat” one-to-one with counselor
- Access to care mechanism for those who prefer internet communication
- Crisis chatters referred to Crisis Line for service
- Continues partnership with Lifeline Crisis Network
- 75 trained Chat responders

Veterans Chat statistics

- July 2009 – January 2011
 - 13,582 visitors
 - 12,245 “real” visitors
 - 1,395 Veterans referred to Crisis Line
 - 1,654 non-Veterans referred to back-up centers
 - 5,511 visitors discussed suicide

Enhanced Care Package for High Risk Individuals

Lisa Brenner, PhD, ABPP (Rp)
Director, VISN 19 MIRECC

Associate Professor, University of Colorado, Denver, Departments of
Psychiatry, Neurology, and Physical Medicine and Rehabilitation

Caring Letters

Based on Motto's (1976) classic caring letters study.



Carter and colleagues (2005) found 50% reduction in re-attempts using caring postcards.



SPCs were charged with developing and implementing a mail program for high risk Veterans

Recommended mailing schedule:

Once a month for 4 months

Every 2 months for 8 months

Every 3 months until the Veteran is no longer considered high-risk

The schedule can be changed according to the individual needs of each Veteran

The text of an initial note may look something like this and can be appropriately modified:

*Dear _____,
It has been about a _____ since
you were last seen at VA. I just
wanted to let you know we are
thinking of you and hope things
are going well. If you would like to
contact me, for any reason, feel
free to give me a call or drop me a
note.
Sincerely yours,*

Implementation of Safety Planning in VA

Safety Plan: What is it?

- Prioritized list of coping strategies and resources for use during a suicidal crisis
- It is a written document
- Uses a brief, easy-to-read format that uses the patients' own words
- Conveys that suicidal feelings and urges can be “survived” and controlled as opposed to being at their mercy



Safety Planning: 6 Steps

1. Recognizing warning signs
2. Employing internal coping strategies without needing to contact another person
3. Socializing with others who may offer support as well as distraction from the crisis
4. Contacting family members or friends who may help to resolve a crisis
5. Contacting mental health professionals or agencies
6. Reducing the potential for use of lethal means

Safety Planning Implementation

- Safety Planning has been adopted nationwide in the VAMC for all high suicide risk Veterans
- Its use has been expanded to lower risk groups in the VAMC and in community settings
- Identified as a Best Practice by the Best Practices Registry for Suicide Prevention
 - Suicide Prevention Resource Center and American Foundation for Suicide Prevention
- Used in SAMHSA-funded crisis hotline follow-up demonstration project

Patient Reactions

- “I ‘work my plan’ to stay safe. It really helps me feel better just to remember I have it.”
- “It hadn’t occurred to me before that I could do something about my suicidal feelings.”
- “I like the safety plan. I hang it on my wall and I look at it. It helps me remember how to deal with things.”

VISN 19 MIRECC Intervention/Intervention Development Projects



Blister Packaging Medication to Increase Treatment Adherence and Clinical Response: Impact on Suicide-related Morbidity and Mortality

Principal Investigator: Gutierrez, P. M.

Co-Investigators: Brenner, L. A.,
Wortzel, H., & Harwood, J. E. F.



Background/Rationale

- Medication overdoses account for substantial numbers of suicide-related behaviors
- Non-adherence is a significant issue for those with psychiatric illness

Blister Packaging as Means Restriction

- Slowing down the process of intentional overdose
- Increase in time required may be enough to dissuade someone from taking a lethal overdose
- Fewer pills taken per overdose

Primary Hypotheses

- Patients in the Blister Pack (BP) condition will have better treatment adherence with their regular and PRN prescription medications than patients in the Dispense as Usual (DAU) condition
- Patients in the BP condition will have fewer overdoses (intentional and unintentional) than patients in the DAU condition

Design and Methodology

- Patients being discharged from the psychiatric inpatient unit of the Denver VA Medical Center
- 439 patients randomly assigned to condition
 - 25 Participants in the Feasibility Trial
 - ½ BP, ½ DAU
- Baseline assessment prior to discharge
- Monthly telephone follow-up for 12 months
 - Adherence with their medication regimen, overall psychiatric symptom distress, and suicide-related behaviors

Lithium Augmentation for Hyperarousal Symptoms of PTSD: Pilot Study

Principal Investigator: Wortzel, H.S.

Co-Investigators: Brenner, L. A., Gutierrez, P. M.,
Staves, P., & Harwood, J. E. F.

Background

- Few evidence-based treatment options for patients with PTSD inadequately responsive to standard medication
- Many agents have been studied, but augmentation with lithium almost wholly unexplored
- PTSD involves mediotemporal and prefrontal brain areas, regions where lithium has been observed to exert its effects
- Strong evidence of clinical utility for aggression, suicidality and mood, symptoms also seen frequently in PTSD
- Open-label 4-8 week trial to establish the safety and tolerability of lithium augmentation of standard psychopharmacological treatment for PTSD in combat veterans

Study Population

- OEF/OIF veterans with combat-related PTSD
- Ages 18-35 years old
- History receiving at least 4 weeks treatment with SSRI at therapeutic dose for PTSD
- Treatment-refractory PTSD

Knowledge to Be Gained

- May lead to the development of a new evidence-based adjunctive therapy for the treatment of combat-related PTSD
- Specifically, an intervention to address aggression, suicidality, and mood

VISN 19 MIRECC Postvention Educational Products



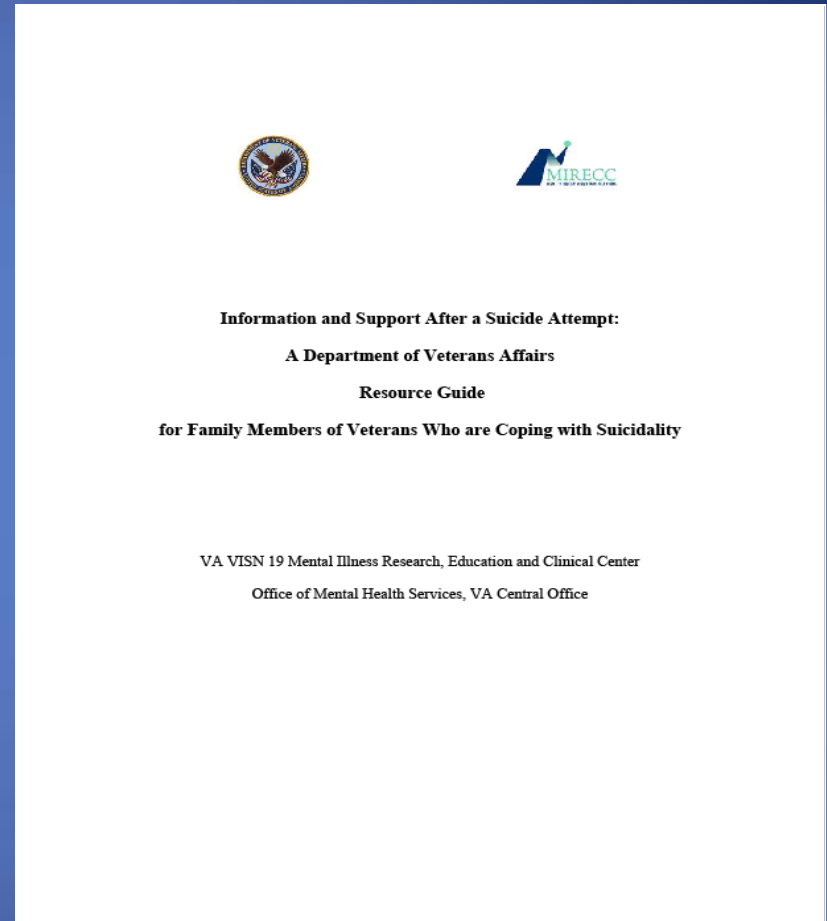
Blue Ribbon Panel - Family

- Need for materials aimed at assisting family members of Veterans
- MIRECC, in collaboration with the Office of Mental Health Services with guidance from Brad Karlin, PhD, and Centers of Excellence at Canandaigua

Blue Ribbon Panel Products

“Information and Support After a Suicide Attempt: A Department of Veterans Affairs Resource Guide for Family Members of Veterans Who are Coping with Suicidality”


- Online resource provides sources of information and support to Veterans, their family members, and their care providers.




http://www.mirecc.va.gov/visn19/docs/Resource_Guide_Family_Members.pdf

Blue Ribbon Panel Products

- Guidelines for talking to children (4-8 years, 9-13 years, 14-18 years) about a family member's suicide attempt
- Provide an outline of how and what to say to children about the topic of suicide.



How to Talk to a 9-13 Year-Old Child about a Suicide Attempt in Your Family



This information sheet is intended to serve as a guide for adults to use when talking with a 9-13 year-old child about a suicide attempt in the family. It is not intended to replace the advice of a mental health professional. In fact, it may be best to use this along with professional support if you or your child is struggling with how to talk about this difficult topic. It is important to consider your child's level of development and ability to understand events when deciding how to talk with them about this issue.

Why should I talk to my child about a suicide attempt in the family?
It is important to talk to your child about the suicide attempt to help them understand what has happened. Without support of friends/family, they may try to make sense of this confusing situation themselves. Sometimes children blame themselves for something they may or may not have done. Children ages 9-13 may not want to talk directly about their worries or feelings. Instead, they may express fears, have trouble sleeping, or become anxious when separated from certain adults.

How should I talk to my child?

- Keep your child's daily routine as consistent and predictable as possible, but be flexible.
- Pick a place that is private where your child will feel free to talk. Be aware of what they may overhear from other conversations.
- Keep it simple. Use words your child will understand and avoid too many details. Ask them questions.
- Be aware of your own feelings and how you are coming across. For example, your child could mistake an angry tone of voice to mean that you are angry with them or with the family member who attempted suicide.
- If your family member is in the hospital, talk to your child as soon as possible. Keep checking in with your child. This will help to send the message that you are open to answering questions over time. Be honest.
- Get other support people involved (friends, clergy). This will benefit you and your child.
- Offer extra support, affection, and attention during this time (hugs, time together).

What do I say to my child?

- Start with their understanding of the situation. *"I want to talk to you about what happened to dad. What do you remember from last night?"*
- Describe what has happened using understandable language. *"Mom was feeling very sad and hurt herself."*
- Inform children about emotional struggles. *"Grandpa has been feeling very sad lately."*
- Address guilt, blame, shame, and responsibility. *"I want you to know that this is not your fault."*
- Assure children that their family member is getting treatment/care. *"Dad is in the hospital getting help."*
- Let them know that their daily routine will stay the same. *"Even though it is different that mom is not here, you will still go to school tomorrow."*
- Encourage them to express their feelings. Help them to know that their reactions are normal and expected. Ask if they have questions. *"I wonder what you are thinking about the things I've told you. Sometimes kids feel like it is their fault, or they did something wrong or that it will happen to them or other adults in their life. Do you feel any of these? Sometimes it is easier to draw or write about feelings than say them. Would you like to draw a picture of your feelings? Do you have any questions about grandpa and what happened?"*
- Help create a connection between the child and their family member. Tell them when they can expect to see their family member again. *"Would you like to draw a picture for or write a letter to dad while he's in the hospital? He will be there for a few days."*
- Allow them not to talk if they desire, and to choose who they talk to. Discuss how your child can share this information with family and friends. *"If you don't want to talk about it now, that's ok. We can talk about it later or you can talk to grandma, too. Would you like to talk about this with your friend Jane? What would you like her to know?"*
- Let them know you are getting support, too. *"This is something that makes me sad and I need to get some help, too (from clergy, friends, and/or my doctor)."*
- Reassure them that you are in charge and in control, and that they can come to you with concerns and questions.
- Consider suggesting a special activity to keep them busy, active, or involved with a familiar project; however, it is important not to encourage ongoing distraction or avoidance of feelings.

http://www.mirecc.va.gov/visn19/docs/Talking_to_your_9-13yo.pdf

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 phone's marketplace)



www.mirecc.va.gov/visn19



Audience Q&A



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