

Online Screening Tools for Identifying and Engaging At-Risk Veterans



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Mental Health Screening in the Military

- Since 1996, US military has used routine mental health (MH) screening of personnel before and after operational deployments
- Aim: to identify those who are at-risk of MH problems during deployment, esp. to combat zones, and those with problems on their return home
- MH screening is included in the post-deployment health assessment mandated for returning OEF/OIF troops
- BUT research suggests limited utility of these routine screenings (Hoge et al., *JAMA*, 2006; 295(9); 1023-32; Rona et al., *JAMA*, 2005; 293(10); 1257-60)



Challenges of Pre-Deployment Screening

- Screening questions provide widely varying overestimates or underestimates of MH disorders, depending on:
 - Cut-off scores/responses for "psychological vulnerability"
 - Motivations and perceived stakes of those being screened
 - Motivations and needs of the military
- Treatment options for identified problems may be limited by circumstances surrounding deployment
- Search for psychological problems may have unintended outcomes for troops
- Pre-deployment MH status is not strongly predictive of PTSD and many other deployment-related MH problems



Challenges of Post-Deployment Screening

- Responses to screening questions are strongly affected by:
 - Circumstances regarding home leaves
 - Degree of confidence in mental health service system
 - Perception of how information will be used
- Those who screen positive for MH problems may resist treatment for same reasons, limiting value of the screening
- Post-deployment screening underscores the inherent tensions between the military's responsibilities to individual troops – and responsibility to the service organization (Dao & Frosch, Military confidentiality rules raises counseling questions. NY Times, 12/7/2009)



Recent Impetus for Increased Screening

- Increased suicides among OEF/OIF troops and veterans
 - 31% increase in Army suicides between 2006 (N=102) and 2008 (140); continuing increases in 2009
 - 144 suicides among 500,000 OEF/OIF veterans who left the military from 2002-2005 (29 suicides per 100.000 vets)
 - Exceeds the suicide rate for all US men aged 20-49 (22 per 100,000)
- Recognition that:
 - Few who died by suicide had sought or received treatment
 - Screening of veterans needs to occur after re-entry
 - Anonymity is needed to ensure truthfulness of responses to screening questions



Military Pathways™

In 2006, DoD funded a non-profit organization, Screening for Mental Health, to launch a screening program for service personnel in all military branches, including National Guard and Reserve; includes family members and veterans

Goals:

- Reduce stigma
- Raise awareness about mental health
- Provide free, anonymous MH assessments online, phone and in person at special events in military installations
- Refer those in need to treatment services provided through DoD (Tricare) and the VA



Assessment

- Separately assesses symptoms of:
 - Depression
 - Bipolar disorder
 - Generalized anxiety disorder
 - PTSD
 - Alcohol use disorder
- Respondent can choose which module(s) to complete
- Respondent also provides information on branch of service, rank, deployments, family MH history, own treatment history and current location (overseas country or U.S. state)



Feedback

Respondent receives instant computerized feedback:

"Your screening results are consistent with symptoms of clinical depression... In order to determine a specific diagnosis and appropriate treatment, it is recommended that you see a clinician or mental health professional for a complete evaluation.

Your answers also show that might be at risk for harming yourself. You are strongly recommended to see a clinician or mental health professional immediately for a complete evaluation. If you have thoughts of harming yourself or others, dial 911 or go immediately to the nearest hospital Emergency Room for an evaluation. This screening is not a substitute for a complete clinical evaluation."



Referral for Assistance

"There are many options for assistance. If your screening results suggested the need for further evaluation:

- Visit a primary or mental health care provider directly.
- Contact the TRICARE Service Center in your region:
 <u>Tricare South</u> or 1-800-700-8646, or <u>Tricare for Guard/Reserve</u>
- Resources by branch: <u>Army One Source</u> or <u>Battlemind</u>
- For veterans or non-mental health assistance: <u>Services</u>
 <u>Directory (non-mental health)</u>
- Online and telephone support: <u>Military OneSource</u> or call 1-800-342-9647, <u>After Deployment</u>, <u>Real Warriors</u> or call 866-966-1020, Available 24/7"



Results??

- Because screening is anonymous, no tracking of how many of those screened – or who – actually seeks help
- Questions: Is the feedback likely to motivate a wary or resistant soldier or veteran to seek help?

How easy is it for a person in need to pursue the recommended referrals?

- Voluntary evaluation of the screening system is underway
 - Independent evaluator (University of NH)
 - Immediate brief online survey
 - Voluntary follow-up online survey several weeks later



Potential Barriers to Effectiveness

Studies have documented strong barriers to treatment among active duty personnel and veterans

- Negative attitudes about MH treatment, often rooted in cultural/family values regarding privacy
- Perception of help-seeking as sign of weakness or incompetence
- Belief that one should be able to take care of own problems
- Concerns about confidentiality & impact on career or advancement
- Fear of being stigmatized by superiors or peers
- Too busy or overwhelmed to take necessary steps



Related Research Findings

Research on screening among university students found:

Post-screening online feedback encouraging persons in need to seek treatment is not effective without also providing an individualized, anonymous mechanism through which barriers to treatment can be discussed and resolved

Haas et al. (2008) An interactive web-based method of outreach to college students at risk for suicide, *Journal of American College Health*, *57*: 15-22.

AFSP's Interactive Screening Program (ISP)

- ISP is an anonymous, web-based, interactive method of outreach to persons with mental health problems that put them at risk for suicide
- ISP connects at-risk individuals to an actual counselor who provides individualized online support for getting help
- Core aim: addressing and resolving treatment barriers and resistances
- ISP was pilot-tested with undergraduates at two universities (2002-2005) and in additional studies with graduate students, medical students and faculty (2006-2009)
- Since Fall 2009, ISP is available to any college or university (7-8 start-ups per semester)

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ISP Applications for Veterans

- ISP for Student Veterans
 Program being piloted at State University of New York at Albany beginning in 2009-10
- 2. Community Outreach to Veterans



Student Veterans

- During Fall 2009, an est. 82,000 veterans are enrolled in colleges or universities under the Post-9/11 Veterans Educational Assistance Act of 2008 (effective September 2009)
- Expanded benefits include:
 - Tuition at the level of the highest cost state college/university
 - Required fees
 - Book stipend
 - Housing allowance
- With veterans receiving benefits through the pre-2008 (Montgomery) GI Bill, and those who haven't submitted claims for educational benefits, number of student veterans is well over 100,000 and certain to increase rapidly in 2010



How the ISP Works

- Targeted students are invited to participate via email from a college official (at SUNY Albany, veterans are primary target group)
- Provides link to a secure, customized website
- Welcome page explains program procedures
- Students sign up with User ID and password
- Complete an online Stress & Depression Questionnaire
- Provide an email address (encrypted & used to notify student when counselor's response is ready)

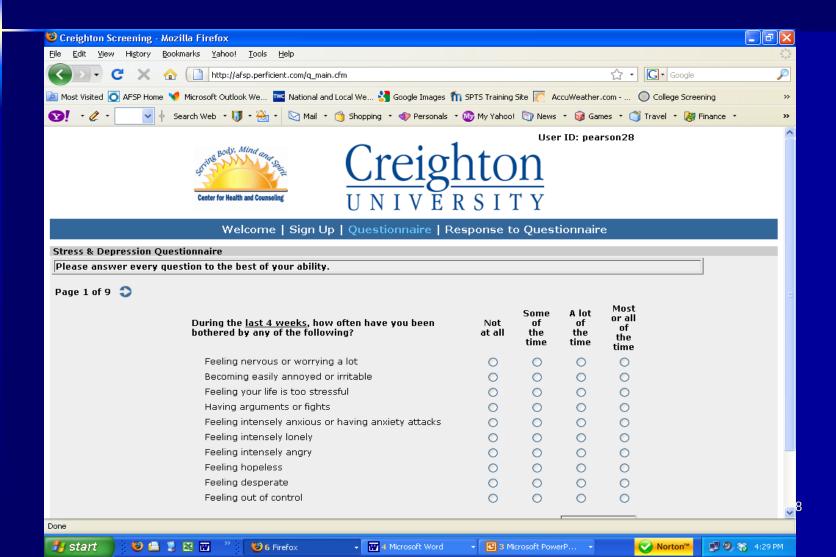


Welcome Page





Stress & Depression Questionnaire





- Questionnaire can be viewed in full on the test site: http://afsp.perficient.com
- Shows website as students see it
- Visitors can create a User ID and password, view and complete the Stress & Depression Questionnaire





- Computer classifies student by risk status (Tiers 1a, 1b, 2 & 3) using defined algorithm
- System sends email to ISP counselor; gives student's tier and a link to the completed questionnaire
- Counselor links to website and logs in
 - reviews the student's questionnaire
 - writes & posts a personalized response using a tierspecific template



Counselor's Response

- Gives name, position and contact information
- Expresses concern about specific issues indicated in questionnaire; emphasizes potential for relief and willingness to help
- Invites student to "dialogue" on the ISP website using User ID as only identification
- Urges Tier 1 and 2 (at-risk) students to come for in-person meeting
- System sends student an email when counselor's response is posted on the website



Next Steps

- System sends Tier 1 & 2 students reminder emails to read counselor's response and follow recommendations
 - 5, 10, 21 & 42 days after posting
- Last reminder contains a link to an "Update Questionnaire" for those who haven't yet contacted the counselor
 - Asks how student is doing
 - Elicits reason for not contacting counselor
- All postings on website (Update Questionnaire & all dialogue messages) generate an email notification to intended recipient (with link back to website)

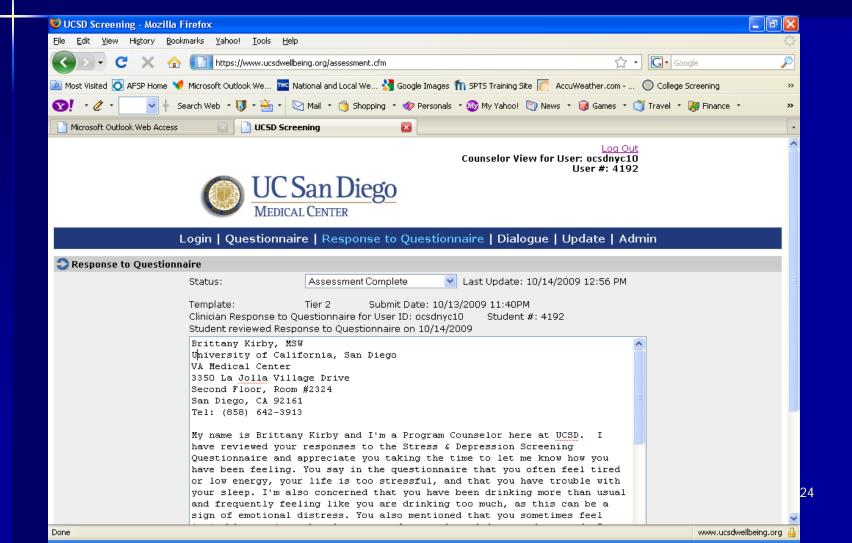


Counselor Accesses all Functions via Clinician Login

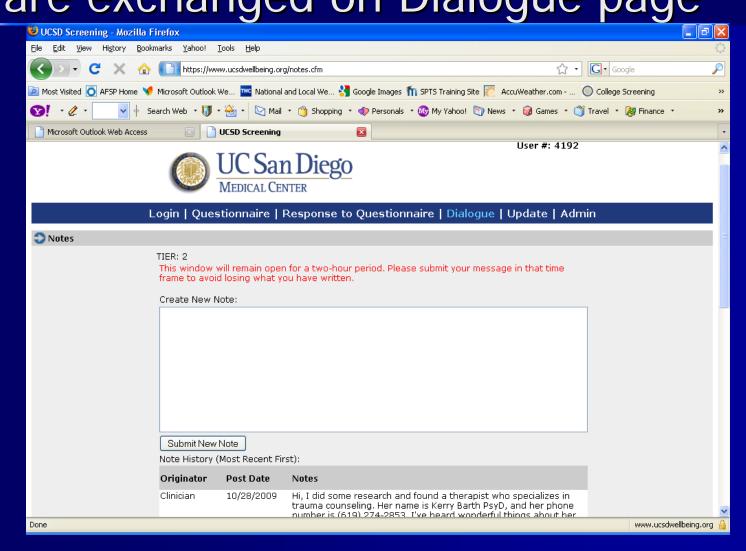




Counselor Composes & Posts Response



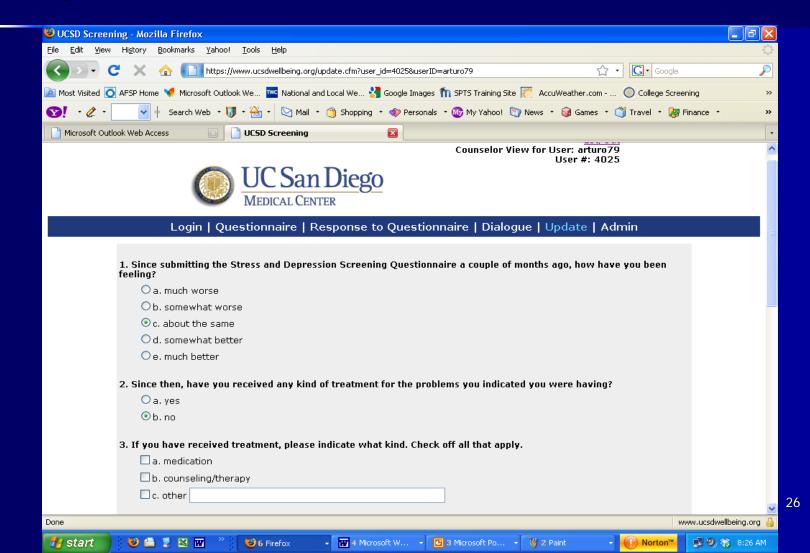
Student-counselor messages are exchanged on Dialogue page



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Update Questionnaire





Data are Organized into Reports for Monitoring & Evaluation





Sample Report





Evaluation Findings

- 85-90% of questionnaire respondents show some degree of risk (Tiers 1 and 2)
- 90% of Tier 1 and 2 students were not receiving any form of treatment
- Over 90% of all respondents read the counselor's response
- 25% engage in anonymous online dialogues with counselor (1-15 exchanges)
- Dialogues center on students' reasons for not seeking treatment
- Those who dialogue are 3 times more likely to come for evaluation (38% vs. 12%) and to enter treatment (25% vs. 9%)

Problem-focused Paradigm for Suicide Prevention*

Recent research points to need for universities to change focus from dealing solely with suicidal students to reducing suicide risk among the entire student population

- 1. Primary prevention
- 2. Proactive assistance
- 3. Early intervention
- 4. Treatment of at-risk students

*Drum at al. (2009). New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology: Research and Practice, 40*: 213-222.

ISP Has Impact at American Foundation for Suicide Prevention Multiple Levels of Suicide Prevention

- 1. Primary prevention
- 2. Proactive assistance
- 3. Early intervention

4. Treatment of at-risk individuals

- 1. Engages students in thinking about MH issues before need arises
- 2. Communicates message of connection and caring
- 3. Identifies early-stage problems that can be helped through modalities other than clinical services
- 4. Supports at-risk students to get mental health treatment



ISP Is Designated as a Best Practice

ISP is included in the
Suicide Prevention Resource Center's
Best Practice Registry for
Suicide Prevention



Expectations for Student Veterans

- Will require counselors to become familiar with unique needs and problems of student veterans
- Student veterans may find higher comfort level outside military/VA setting
- Can foster coordination of university and VA services
- Results of pilot at SUNY Albany will be carefully monitored



Community Outreach to Veterans

- As with college students, the most at-risk veterans are often the most reluctant to seek available services – proactive outreach is essential
- Model developed for outreach to student veterans has applicability for VA medical centers, Vet Centers and nonprofit agencies serving veterans
- AFSP is seeking partnerships with such agencies to implement and evaluate a community-level ISP for veterans
- Customized website development, the interactive technology and staff training are supported by AFSP
- Clinical personnel provided by host agency



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