Amplifying Military and Veteran Spouses' Role in Suicide Prevention

June 15, 2023
Learning Objectives

1. Learn about research underway to engage military and veteran spouses and caregivers in suicide prevention.

2. Develop awareness of the benefits of peer support for military and veteran spouses and caregivers for their own well-being and that of their service member/veteran.

3. Become familiar with programs designed for military and veteran spouses and caregivers to engage them in suicide prevention among military-connected populations.
Key takeaways:

• Interviews were conducted with 29 veterans and four CSOs to investigate whether veterans wanted a CSO involved in their safety plan.

• 79% of veterans reported that having a CSO directly involved in their safety plan would be helpful.

• Veteran safety plans are more commonly utilized when they involve family or loved ones.
Veteran Experiences With Suicide Ideation, Suicide Attempt, and Social Support in Safety Planning Within the Department of Veterans Affairs

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*Author Notes*

*Military Medicine, usad144, https://doi.org/10.1093/milmed/usad144*

**Key takeaways:**

- Veterans recommended engaging concerned significant others in developing and/or sharing safety plans.
- One veteran recalled, “They did something, though as far as my husband and my gun was locked up in different gun safes, and he had the keys and then my medications were locked up and, oh, I had a bunch of phone numbers.”
Are you a caregiver of a Veteran?
Are you interested in helping to prevent Veteran and caregiver suicides?

You may be eligible to participate in a nationwide research study on preventing Veteran and caregiver suicides.

or visit www.visioncoalition.net/projects/families

Funding provided by the U.S. Department of Veterans Affairs (VA) Office of Rural Health. Visit www.rurhealth.va.gov to learn more.

To verify that this is a valid VA study, you may contact the Southeast Louisiana Veterans Health Care System’s IRB at (504) 507-2000, x67275.
“Preventing Firearm Suicides among Rural Veterans by Engaging Military Caregivers”
South Central Mental Illness, Research, Education and Clinical Center, Southeast Louisiana Veterans Health Care System, Funded by VA Office of Rural Health

Principal Investigator, Dr. Gala True

Study objectives:

1. Improve the ability of VA and community service providers to promote secure firearm storage messaging and practices among rural caregivers and Veterans
   • Includes focus on caregiver risk

2. Build capacity for rural caregivers to serve as credible messengers regarding secure firearm storage to other caregivers and Veterans
Selected Preliminary Findings from “Preventing Firearm Suicides among Rural Veterans by Engaging Military Caregivers”

Many caregivers feel unprepared due to a lack of knowledge and training

“I do have a fear and I would not feel comfortable discussing gun safety without proper knowledge, proper training.”

“It's a heavy subject. You know, I don't even know where to start. I'm afraid to talk about it to be honest with you.”

Protecting the veteran’s autonomy when firearms are part of their identity/Stigma concerns

“For him to say, here take this gun, that is. I am just not safe with it this week. That is like taking a major part of who he is and his identity. That is one of the challenges that veterans face. It is because they lived with their guns. To willingly give them up, to them is like losing a part of themselves.”
Selected Preliminary Findings from “Preventing Firearm Suicides among Rural Veterans by Engaging Military Caregivers”

Continued

Inclusion of caregivers in health care has not extended to conversations about firearms and lethal means safety (LMS)

Most caregivers reported challenges to being involved in conversations

“That was our biggest issue when he sought treatment was his providers did not. I was not included. We filed paperwork. We did everything that there was to do to have them talk to me….Nobody could talk to me and that was one of the absolute hardest parts.”

Caregivers caught off guard when veteran is in crisis-

“My husband was the one responsible for telling me about his crisis plan, and looked at me, and said, ‘I need you to take the key to the gun safe.’ It’s 10:30 at night. I’m half asleep and I don’t have a clue what he’s talking about because nobody’s said anything to me.”
Are you concerned about a significant other of a Veteran who owns firearms? You may be eligible for a research study!

Participation in this study will be virtual and include:

1) A brief survey
2) Creating a Safety Plan: You and your Veteran together with our study team will work out a plan on how to access crisis services and safely store firearms in the event of a mental health crisis.
3) A follow up interview

Our goal is to promote mental health wellness and safety among Veteran firearm owners.

All Veterans with any health concerns are invited to participate.

Your participation will help us understand and better address Veteran needs.

Participants will be compensated for their time.

This study is being conducted by the University of Colorado, Anschutz Medical Campus and the VA Rocky Mountain Mental Illness, Research, Education and Clinical Center (MIRECC)
Involving Concerned Significant Others in Firearms Safety: Development and Testing of the Family Firearms Safety Training (FFAST) Intervention

Principal Investigator: Dr. Bryann DeBeer

Objective 1:
Develop a CSO-involved firearm safety intervention to increase secure storage among Veterans far in advance of a suicidal crisis.

Objective 2:
Refine the intervention and understand optimal conditions for implementation using a successive cohort design based on Veteran, CSO, therapist, and expert feedback ($n = 10$ Veteran-CSO dyads)

VA Suicide Prevention Research Impact Network (SPRINT), HSR&D/CSR&D Consortium of Research and the VA Office of Mental Health and Suicide Prevention (OMSHP). The VA Rocky Mountain MIRECC provided infrastructure resources.
Intervention Design and Components

- Single, brief 90-minute virtual session

- Veteran and CSO, and therapist discussion based on 4 components

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<tr>
<th>CSO INVolVEMENT</th>
<th>PSYCHOEDUCATION</th>
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<tr>
<td>Instruct the CSO on how to:</td>
<td>• Describe the VA rationale</td>
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<tr>
<td>• identify warning signs for suicide risk</td>
<td>• Describe common mental health symptoms in Veterans and suicide warning signs</td>
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<td>• Support the Veteran’s mental health</td>
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<td>• Create a collaborative safe storage plan</td>
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<td>• Help enact the safe storage plan</td>
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<tr>
<th>SAFE STORAGE</th>
<th>CRISIS SITUATION</th>
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<td>• Describe safe firearm storage practices</td>
<td>• Provide guidance on when and how to reach out for VA mental health services.</td>
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<tr>
<td>Troubleshoot barriers to safe storage</td>
<td>• Perform a role play of a crisis scenario</td>
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CSO Attitudes on Firearm Storage at Pre-Intervention & Follow-Up

Guns should be stored locked and unloaded with the ammunition stored separately when they are not in use.

If a gun owner has to take the time to unlock or load their gun, it's no good for self-protection.

Preliminary findings from “Involving Concerned Significant Others in Firearms Safety: Development and Testing of the Family Firearms Safety Training (FFAST) Intervention”
Principal Investigator: Dr. Bryann DeBeer; VA Rocky Mountain MIRECC
Firearm Storage at Pre-Intervention & Follow-Up

Note. Categories of firearm storage are not mutually exclusive.

Preliminary findings from “Involving Concerned Significant Others in Firearms Safety: Development and Testing of the Family Firearms Safety Training (FFAST) Intervention”
Principal Investigator: Dr. Bryann DeBeer; VA Rocky Mountain MIRECC
Concerned Significant Other Engagement Guide

All Hands on Deck for Improving Research on Veteran Suicide Prevention
All Hands On Deck: Findings shared in CSO Engagement Guide

### Misconceptions of Mental Health & Suicide
- Stigma Surrounding Mental Health and Suicidality
- Fears or Concerns of Perception and Identity

### System Limitations
- Lack of Adequate Information
- CSOs Left Out of the Treatment Process
- Lack of invitation to Join Research Teams
- Distrust of the System

### Provider Limitations
- Inadequate Provider Preparedness
- Medically-Driven Approach to Care
- Lack of Veteran-Specific Care

Crisis Management and Safety Planning

"I know one of the things that’s really been important for my husband is understanding and recognizing what his triggers are, and then helping me understand those so that I can also be watchful, that I can be cognizant of them, and that we can work on, “Okay, so I’m seeing these triggers, we know what’s going on. So how do we mitigate the feelings that you’re having because of that? What can we do together?”

System Limitations

"My husband gets most of his care from the VA but we have gone out in the community as well. I am also his “caregiver” through the VA caregiver program, and the providers still do not understand what that means in that how much that they can share with me - even when my husband repeatedly requests, “Call my wife, she’s my caregiver. Call my wife, she needs to be involved.” And yet, they still don’t call me. We need that education - making sure the family members or caregivers know what they can do when it comes to their loved one’s health. But we also have to educate providers better in the programs that are in their institutions because many don’t know them."
Peer support programming to support development of suicide prevention knowledge, beliefs and skills
How Caregivers Can Support Veterans:

1. Create a Safety Plan
2. Practice Safe Firearm Storage
3. Safely Store and Dispose of Medications
4. Encourage Substance Use Disorder Treatment
5. Assist in Pain Management
6. Access Communities of Support
7. Practice Self-care

https://www.caregiver.va.gov/pdfs/VA-Suicide-Prevention-Tool kit-for-Caregivers.pdf
Start the Conversation:  
Safety Planning

A PLAN CAN SUPPORT VETERANS AND THEIR LOVED ONES
Veterans who are thinking about harming themselves or who have attempted suicide should create and keep a safety plan. It is important for the Veteran's family members and loved ones to have a copy of the safety plan so they know what to do and where to get help in a crisis.

MAKE A PLAN TO DEAL WITH CRISIS
A safety plan is a written list of coping strategies and sources of support that Veterans can use before or during a suicidal crisis. The plan should be brief, easy to read, and in the Veteran's own words. A safety plan should also be easily accessible to the Veteran and selected family members and friends at all times.

HOW TO DEVELOP A SAFETY PLAN
Safety planning is a collaborative process. Veterans who are at risk for suicide should work with a loved one, trusted adviser, clinician, VA suicide prevention coordinator, or other mental health professional to create a plan that is right for them.

Safety plans should include the following elements:
- Descriptions of specific experiences, stressors, or other factors that trigger the Veteran's thoughts of suicide
- Strategies the Veteran uses to deal with stressful situations, for example: “When I get home after a bad day at work, I go for a long walk to cool down.”
- A list of the Veteran's contacts for social support — those who should have a copy of the plan
- Contact information for emergency professional help and care providers
- Ways to limit access to lethal means, such as weapons and ammunition or large quantities of medication
STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION

When my initial coping strategies do not fully resolve the situation, I will reach out to others.

To create a personalized list, answer the following:

- Who helps me take my mind off my problems, at least for a little while?
- Who helps me feel better when I socialize with them?
- Are there places I can go (e.g., a coffee shop) that help me take my mind off my problems?

List several people and social settings, in case the first option is unavailable.

1. Name: ___________________________ Phone Number: ___________________________
2. Name: ___________________________ Phone Number: ___________________________
3. Place: ___________________________ Phone Number: ___________________________
4. Place: ___________________________
STEP 4: PEOPLE WHOM I CAN ASK FOR HELP IF DISTRACTION ALONE DOESN’T FULLY WORK

When I need to talk about how I’m feeling, I will contact the people in my life who care about me, are supportive, and want to help.

Those people are:

1. Name: ___________________________ Phone Number: ___________________________
2. Name: ___________________________ Phone Number: ___________________________
3. Name: ___________________________ Phone Number: ___________________________

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS

When I need to talk to a mental health professional or other provider, I will call one:

1. Therapist/Clinician Name: ___________________________ Phone Number: ___________________________
2. Primary Care Provider: ___________________________ Phone Number: ___________________________
3. VA Suicide Prevention Resource Coordinator Name: ___________________________ Phone Number: ___________________________
   VA Suicide Prevention Resource Coordinator Phone: ___________________________
4. Veterans Crisis Line: 1-800-273-8255, press 1
5. Local Urgent Care Services:
   Urgent Care Services Address: ___________________________ Phone Number: ___________________________

STEP 6: MAKING THE ENVIRONMENT SAFE

To help keep myself safe, I will remove or safely store things I could use to hurt myself.

This is my plan to remove or safely store the following items: [complete all that apply]

Firearms: ___________________________
Medications: ___________________________
Household toxins/poisons: ___________________________
Sharp or other dangerous objects: ___________________________

Who can help keep these items safe and securely stored? ___________________________
EQUIPPING COMMUNITIES WITH PROVEN PROGRAMS AND SUPPORTS

ASK FRIENDS & FAMILY
CARE FOR FRIENDS & FAMILY
EMBRACE FRIENDS & FAMILY

See Reverse Side for Questions that Can Save a Life

PSYCH/ARMOR®

Columbia Scale for Caregivers and Spouses
To create an open, honest discussion about mental health, and to actively prevent more Veterans, and your loved ones, from dying by suicide, caregivers and spouses should use the Columbia-Suicide Severity Rating Scale, or C-SSRS.

Always ask questions 1 and 2.

1) Have you wished you were dead or wished you could go to sleep and not wake up?

2) Have you actually had any thoughts about killing yourself?
   If YES to 2, ask questions 3, 4, 5 and 6.
   If NO to 2, skip to question 6.

3) Have you been thinking about how you might do this?

4) Have you had these thoughts and had some intention of acting on them?
   High Risk

5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?
   High Risk

Always Ask Question 6

6) Have you done anything, started to do anything, or prepared to do anything to end your life?
   Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.
   If yes, was this within the past 3 months?

If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.