

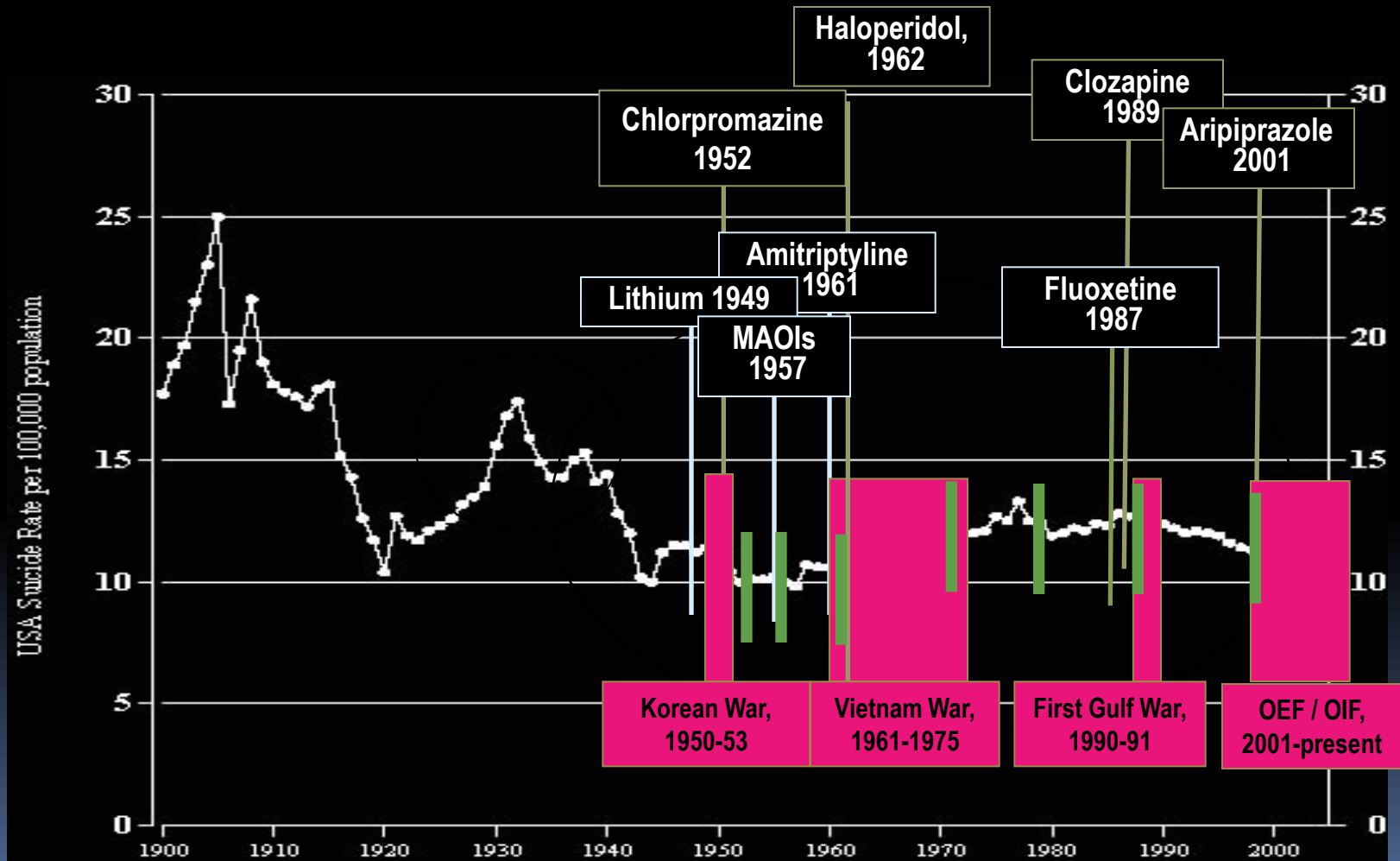
VA Programs for Suicide Prevention



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1950-2005: Four wars; seven recessions; unprecedented advancement in diagnosis & treatment of mental illness and *the overall American suicide rate hasn't changed*



Facts about Veteran Suicide

- **~30,000-32,000 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
- **No evidence for increased rates in OEF/OIF Veterans relative to sex, age, and race matched people in the population as a whole.**
 - VA Office of Environmental Epidemiology
- **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
- **Before enhancements, rates in facilities depended upon the quality of mental health services**
 - Office of Mental Health Services
- **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

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 & families engage in care**
 - **To address suicide prevention in high risk patients.**

Specific Initiatives Established for Suicide Prevention

- Hubs of expertise
 - CoE
 - MIRECC
- 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 **Suicide Hotline 1-800-273-TALK (8255)**
 - Veterans Chat
- Suicide Prevention Coordinators (SPC)
- Federal partnerships

National Suicide Prevention Coordinator

- Works with Deputy Chief Mental Health to implement the Suicide Prevention Strategic Plan
- Operates the Hotline Call Center
- Leads local Suicide Prevention Coordinators or Teams
- Subject matter expert for public information campaign
- Coordinates inpatient Environment of Care process
- Maintains and evaluates data on attempts and current deaths from suicide
- Links Office of Mental Health Services with the Canandaigua COE and VISN 19 MIRECC
- Liaison with other Federal agencies and programs
- Develops and implements new strategies for outreach and intervention with high risk Veterans
- Federal Employee of the Year SAMMIES Award Winner

Local Suicide Prevention Coordinators

■ Staffing

- Coordinator at each medical center & largest CBOCs
- 0.5 FTE support staff at medical centers
- 1.0 care manager for each 20,000 uniques beyond the first 20,000
- Overall staffing is 385.5 and funding is \$33,687,722

■ Responsibilities

- Receive referrals from Hotline and facility staff
- Coordinates enhancement of care for high risk patients
- Care management for those at highest risk
- Maintaining category II flagging system
- Reporting of attempts and deaths from suicide
- Education and training for facility staff
- Outreach and education to the community
- Participation in inpatient Environment of Care evaluations
- Facilitating development of means restriction programs
- Other programs responsive to local needs and opportunities



The VISN 2
Center of Excellence
at Canandaigua

Operation **S.A.V.E.**



Operation S.A.V.E

- **VA Guide Training/Gatekeeper Training**
 - **Operation SAVE trains non-clinicians to recognize SIGNS of suicidal thinking: 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.**

Signs of suicidal thinking

- Threatening to hurt or kill self
- Looking for ways to kill self
- Seeking access to pills, weapons or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger
- Seeking revenge
- Acting reckless or engaging in risky activities

Signs of suicidal thinking

- Feeling trapped
- Increasing drug or alcohol abuse
- Withdrawing from friends, family and society
- Anxiety, agitation
- Dramatic changes in mood
- No reason for living, no sense of purpose in life
- Difficulty sleeping or sleeping all the time
- Giving away possessions
- Increase or decrease in spirituality

Ask questions

To effectively determine if a veteran is suicidal, one needs to interact in a manner that communicates concern and understanding. As well, one needs to know how to manage personal discomfort (i.e., anxiety, fear, frustration, personal, cultural or religious values) in order to directly address the issue.

Know how to ask the most important question

"Are you thinking of killing yourself."

Ask questions

How DO I ask the question?

- **DO ask the question after you have enough information to reasonably believe the veteran is suicidal.**
- **DO ask the question in such a way that is natural and flows with the conversation.**
- **DON'T ask the question as though you are looking for a "no" answer. "You aren't thinking of killing yourself are you?"**

Ask questions

Things to consider when you talk with the veteran:

Remain calm

Listen more than you speak

Maintain eye contact

Act with confidence

Do not argue

Use open body language

Limit questions to gathering information casually

Use supportive and encouraging comments

Be as honest and “up front” as possible

Validate the Veteran's experience

Validation means:

- **Show the veteran that you are following what they are saying**
- **Accept their situation for what it is**
- **You are not passing judgment**
- **Let them know that their situation is serious and deserving of attention**
- **Acknowledge a Veteran's feelings**
- **Let him or her know you are there to help**

Encourage treatment and **E**xpedite getting help

Tips for encouraging treatment:

1. Explain that there are trained professionals available to help them.
2. Explain that treatment works.
3. Explain that getting help for this kind of problem is no different than seeing a specialist for other medical problems.
4. Tell the Veteran that getting treatment is his or her right.
5. If the Veteran tells you that they have had treatment before and it has not worked, try asking: “What if this is the time it does work?”

Encourage treatment and Expedite getting help

Tips for expediting a referral:

- 1. Know the referral process in your facility.**
- 2. Know what roadblocks might exist and how to deal with them.**
- 3. Set the stage and tell the veteran exactly what to expect with regard to the referral.**
- 4. Answer any questions the veteran may have about the referral process.**
- 5. Be honest about things such as ED wait times and limits of confidentiality.**

Encourage treatment and **E**xpedite getting help

Never attempt to subdue or detain a hostile or armed Veteran! Call Security

Never try to negotiate with a hostile or armed Veteran! Call Security

Review your organization's process for referring both cooperative + uncooperative Vets, i.e., arrange for escort, move to E.R., remain with Veteran

Other Training Initiatives

- **Regular Suicide Prevention Staff meetings and conferences**
- **Risk Assessment for Clinicians – on line program**
- **Pending**
 - **Web based training on women's issues**
 - **Primary Care provider train the trainer program**

SUICIDE PREVENTION COORDINATOR REPORTS...

Total Number of SPC- Reported Events in FY2009

- FY09 reports from local Suicide Prevention Coordinators included 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.
- These FY09 reports included data on **9,930 Veterans** who made at least one attempt each (fatal or nonfatal outcome) during that reporting year.

**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

Safety Planning

- **A written plan. The plan is included in the Veteran's medical record. The Veteran also receives a copy of the plan.**
 - **The plan includes 6 steps:**
 - **Step 1: Warning Signs**
 - **Step 2: Internal Coping Strategies**
 - **Step 3: Social Contacts Who May Distract from the Crisis**
 - **Step 4: Family Members or Friends**
 - **Step 5: Professionals and Agencies to Contact for Help**
 - **Step 6: Making the Environment Safe**

**VA SUICIDE PREVENTION
HOTLINE AND VETERANS CHAT**

Outreach/ Media



- **Media campaign**
 - Gary Sinise – portrayed a suicidal Veteran that is saved in the movie *Forest Gump*
 - Deborah Norvill – to reach family members of Veterans
- **VA has expanded the advertising campaign that debuted in the metropolitan Washington, D.C., area. The campaign is now active in 124 cities, with advertisements on local buses. The ads are designed to make Veterans and their family members aware of the VA Suicide Prevention Lifeline 1-800-273-TALK (8255), which is available around-the-clock, seven days a week.**
- **VA also has been distributing brochures, wallet cards, bumper magnets, key chains and stress balls to Veterans, their families and VA employees to promote awareness of the Lifeline number and educate its employees, the community and Veterans about how to identify and help those who may be at risk.**

Background



- **July 25, 2007 – Hotline went live**
 - **First call received was at 11: 20 AM**
- **Based in Canandaigua VA Medical Center in upstate New York**
- **Began with 4 phone lines and 14 responders**
- **Partnership with SAMHSA / LIFELINE**

Current Hotline (2010)

- **15 phone lines**
- **1 warm transfer line**
- **151 FTEE**

Current Hotline Staff (2010)

- **123 Hotline Responders**
- **17 Health Technicians**
- **6 Shift Supervisors**
- **1 Clinical Care
Coordinator/Psychologist**
- **3 Administrative Staff**
- **1 Supervising Program Specialist**

Flow chart – Hotline staff

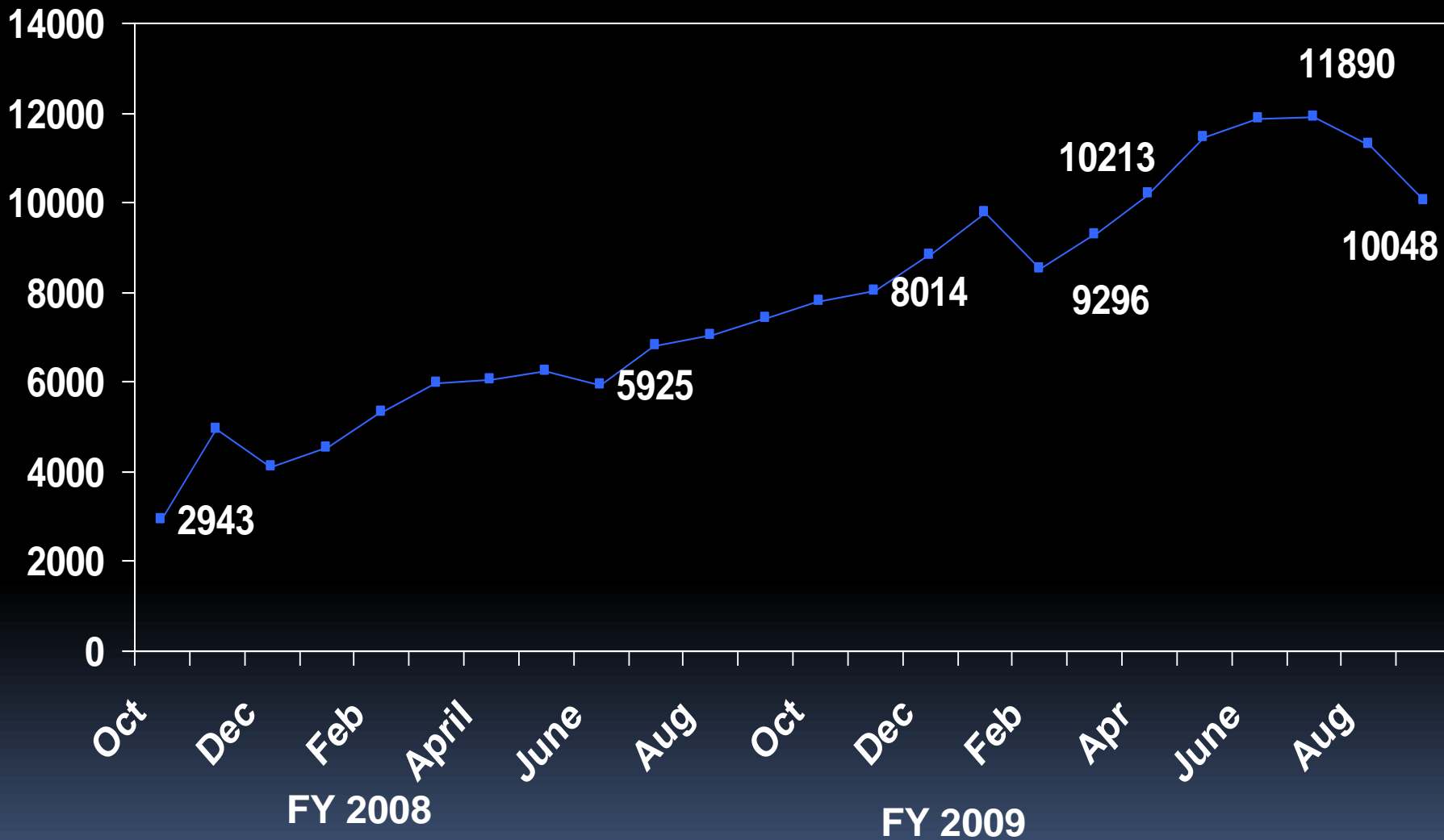
- **Calls come into the Hotline:**
- **Responder conducts phone interview**
- **Assesses emotional, functional, and/or psychological conditions**
- **Assesses if the call is:**
 - **Emergent – requires emergency services to keep caller safe**
 - **Urgent – requires same day services at local VA**
 - **Routine – SPC consult sent**
 - **Informational only – talk and information given**

Referral Outcomes	2008	2009
Admissions	1,279	1,994
Enrolled	126	593
Referrals to Other Services	3,815	8,592
Immediate Evaluations	389	553

Third Party Calls

- **Third party examples**
 - Central Office
 - Congressional offices
 - Concerned family/community member
- **Calls with any of following warning signs of suicide:**
 - Threatening to hurt or kill self
 - Looking for ways to kill self
 - Seeking access to pills, weapons, other means
- **Responder will outreach to Veteran through call.**

Hotline Call Totals



FY 10	Total calls	Veterans	family/ friend of Vet	Rescues	Active Duty
Oct	9,923	6,268	766	378	131
Nov	9,296	6,331	750	405	104
Dec	9,929	6,271	801	1,524	123
Jan	10,820	6,655	828	449	178
Feb	9,984	6,046	722	470	114
March	10,712	6,516	874	463	158
FY 10 YTD	60,664	38,087	4,741	2,586	808
<i>FY 09 Total</i>	118,984	63,936	7,553	3,709	1,589
<i>FY 08 Total</i>	67,350	29,879	4,517	1,749	780
<i>FY 07 Total</i>	9,379	2,918		139	93

Chat Access

Started in July 2009

Capability to “chat” one to one with counselor

Access to care mechanism for those who would prefer internet communication

Crisis chatters referred to hotline for service

Continues partnership with Lifeline Crisis Network

To date over 4000 chats have been logged in.

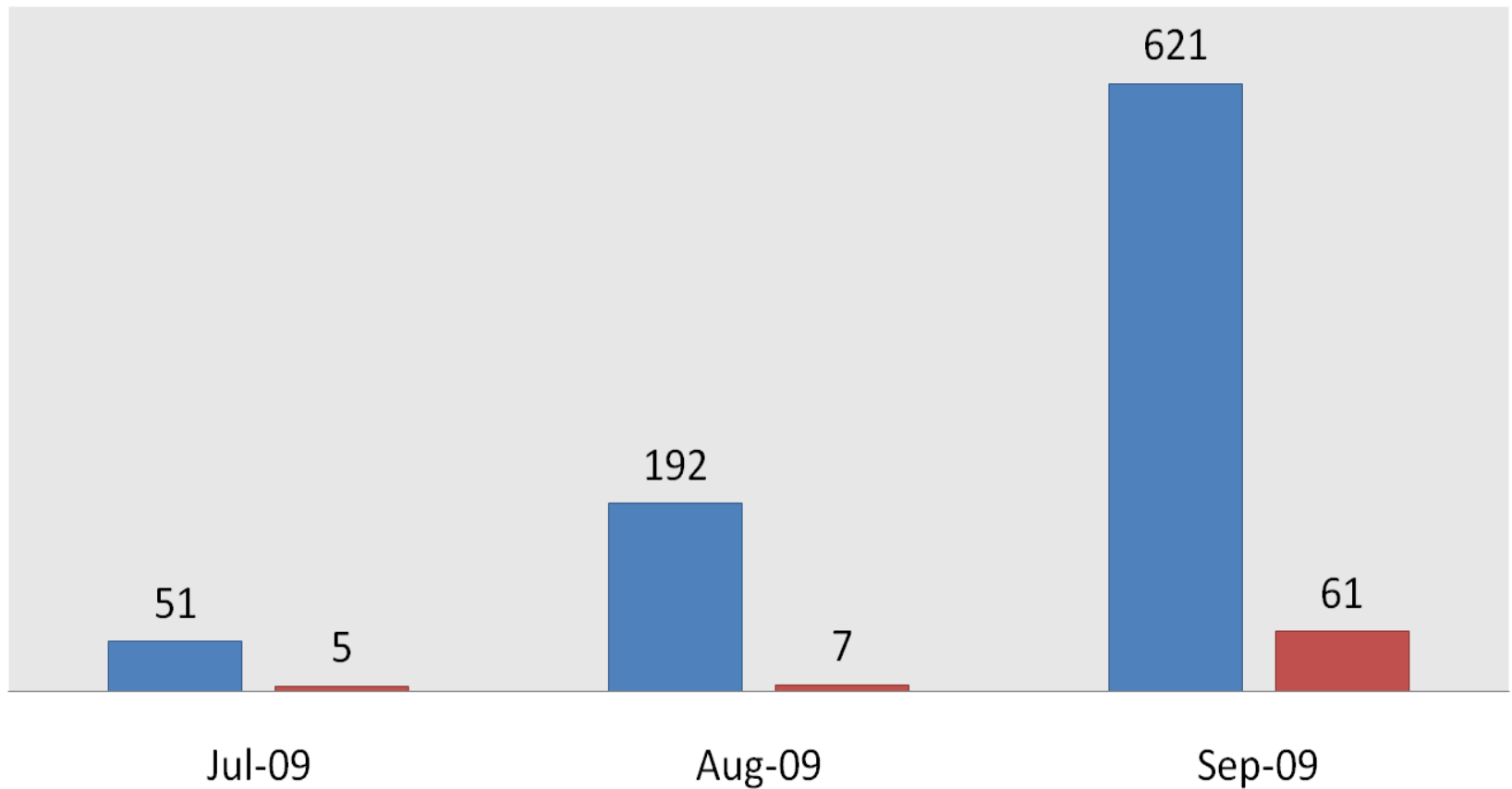


To date:

- 4,368 chatters
- 3,668 “real” chatters
- 485 Veterans referred to the SPH
- 283 Non-Veterans referred
- 1,689 chatters talked about suicide

Veterans Chat

■ Total Chats ■ Xfer to SHL





National Suicide Prevention Lifeline

Veterans



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Are you or a friend
at risk of suicide?

Check Lifeline's
Suicide Warning Signs.



Crisis
Center
Locator

Get Lifeline Updates!

Enter E-mail

[sign up](#)

Find us on:



Veterans Pages

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Veterans Suicide Prevention Hotline

1-800-273-TALK, Veterans Press 1

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 Prevention Lifeline. Veterans can call the Lifeline number, 1-800-273-TALK (8255), and press "1" to be routed to the Veterans Suicide Prevention Hotline.

Veterans Chat

Operating Hours: 24 hours a day 7 days a week

Click to...
CHAT LIVE
ONLINE

Are you a veteran in emotional distress?
If so, chat live with a crisis counselor and get help.

New Initiatives

- Involve all providers in prevention strategies
- Primary and specialty care
- Pharmacy
 - Means restriction
 - Education
 - Surveillance
 - Awareness

QUESTIONS?

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