

#BeThere



Suicide Prevention for America's Veterans



U.S. Department
of Veterans Affairs

Hannah Boettcher, Ph.D. and Becky Stinsky, LCSW

December 2018

Overview

- Overview of Veterans and VA
- Facts about Veteran suicide
- Why study suicide in Veterans?
- Using VA data to understand suicide
 - Electronic medical records – what we can learn
 - REACH VET
 - STORM
- Latest research in Veteran suicide
- VA Resources

Who are Veterans?



- Federal definition: Any person who served honorably on active duty in the Armed Forces of the United States

Department of Veterans Affairs

- What is the Department of Veterans Affairs (VA)?
 - Veterans Health Administration
 - Veterans Benefits Administration
 - National Cemetery Administration



U.S. Department
of Veterans Affairs

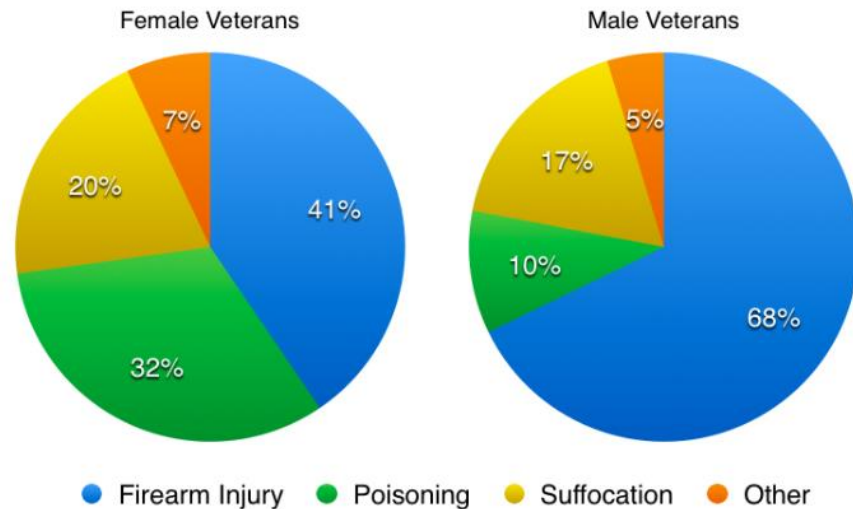
Facts about Veteran suicide

- **18%** of all deaths by suicide among U.S. adults are Veterans.
- **25%** of Veterans who die by suicide have a history of previous suicide attempts.
- On average, **764 suicide attempts** per month among Veterans receiving recent VA health care services.

(Suicide Prevention Application Network [SPAN], 2014; US Department of Veteran's Affairs, 2015)

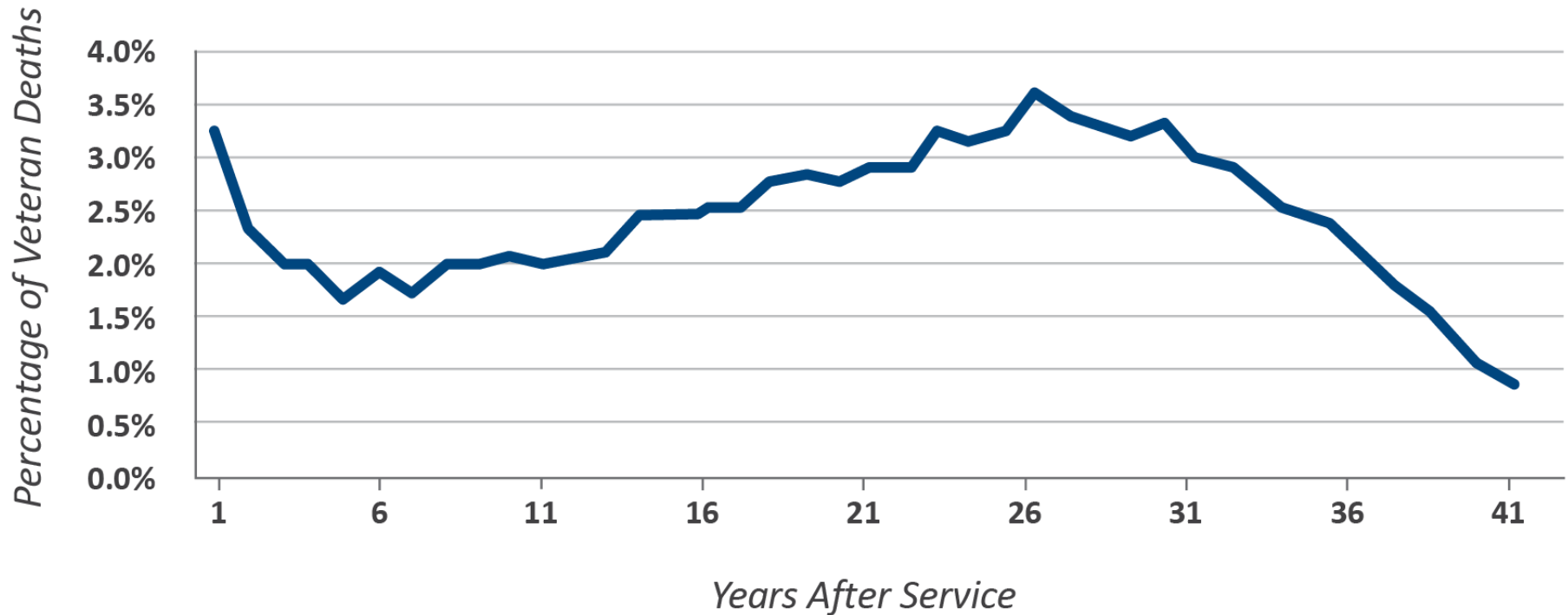
Facts about Veteran suicide

- Veterans are more likely than the general population to use **firearms** as a means for suicide.




“Suicide among veterans and other Americans 2001-2014,” VHA Office of Suicide Prevention, August 3 2016, page 16, Fig 8

Percentage of Suicide Deaths by Years After Service (2000-2014, N = 57398)




- Of suicide deaths in the first year after service, 43% occur in the first 90 days.
- Highest proportion of Veteran deaths by suicide (3.6 percent) occurred 25 years after service.

Suicide Prevention is Everyone's Business

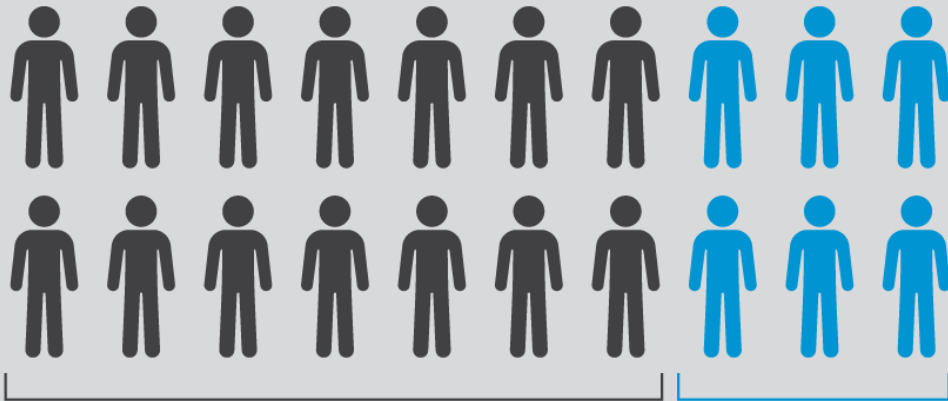
- Veterans who die by suicide are far more likely to be seen by primary care or ED than MH in month before their death
 - Currently rolling out new risk identification strategy increasing assessment and triage for suicide risk all over the hospital
- 

Suicide Prevention is Everyone's Business

- Train our staff with S.A.V.E. model: Recognizing **S**igns, **A**sking about suicide, **V**alidating and **E**ncouraging treatment
 - Reaching Veterans not enrolled in VA is biggest priority for VA Suicide Prevention (Ramchand, 2017, testimony to Congress)
 - Provide free training in community
- 

Veteran suicide: Looking beyond VA

20 Veterans die by suicide each day.



14 *Of these Veterans are not under VHA care.*

6 *Are in VHA care.*

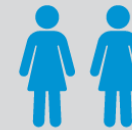
Veteran Population

20.7

Million Veterans



18.9 Million
Males



1.8 Million
Females

Comparing Veterans and non-Veterans

- Veterans are predominantly MEN (~91%)
- Veterans are significantly OLDER than non Veterans (median age 64 vs. 44) and male Veterans older than female Veterans
- Selection bias
- Diversity factors within Veterans: Age, service era, disability, self-perception of Veteran factors, enlisted vs. officer

(From Kim Van Orden, Ph.D. and National Center for Veteran Analytics)


Veteran Population – Risk Factors

- High rates of common risk factors for MH problems, including trauma history (childhood and adult), substance abuse, exposure to others' suicide deaths, elevated life stress, homelessness
- May be at increased risk based on leading theories explaining suicidal behavior

Joiner's interpersonal theory of suicide: application to Veterans

- Perceived burdensomeness
 - Physical limitations resulting from service-connected injury
 - Feel unable to apply strengths/skills in civilian context
- Thwarted belongingness
 - Loss of identity
- Acquired capability for suicide
 - Increased by repeated fearful and painful experiences
 - More comfort and contact with lethal weapons

Why study suicide in Veterans?

- High-risk population in great need
 - Account for 1 in 5 suicide deaths
 - Very large sample, VHA medical records rich source of data
- 

Example: Using VA records for research

Topic: Safety plans

Study: Analyzed seven years of VA medical records to determine the connection between safety planning and reductions in suicidal behavior

Findings

Suicide plans are frequently incomplete or not personalized

Better quality safety plans associated with lower likelihood of future suicidal behavior


Listing more personalized people and places that can serve as distractions specifically predicts lower likelihood of future suicidal behavior

Implications: High quality safety plans matter. Ensure safety plans are complete and personalized, and make sure to identify specific people or places that can serve as distractions.

REACH VET

- New program run by Office of Mental Health and Suicide Prevention (began 2017)
- Recovery Engagement And Coordination for Health – Veterans Enhanced Treatment
- Predictive modeling to identify high risk cases
 - Improve quality of care
 - Ensure providers' resources are applied where they are most needed
 - Save money through early intervention (reducing need for acute crisis services)

REACH VET Variables (*examples*)

- Demographics: male, elderly, SC disability
 - Psychiatric/medical diagnoses: Mood disorders, SUD, head and neck cancer, chronic pain, diabetes, lupus
 - ED visit, recent discharge from inpatient MH, MH utilization
 - Medications: opioids, statins, Ambien
- 

Using REACH VET to enhance care

OMHO Clinical Support Portal Home > Customized Reports > Reach


Actions | | | | 1 of 1 | Find Next | 100% |

ATTENTION: Patient information may only be accessed for the purpose of treatment, payment or health care operations


		What clinical signals contribute to my patient's risk?			How can I follow-up with this patient?	
Patient Information	Contact Information	Events	Medications	Diagnosis	Recent Appointments	Upcoming Appointments
Patient Name Last Four: 9999 Age: 50 Gender: F Location: (4V19) (554) Denver, CO Risk Tier: Top 0.1%	17 Cherry Tree Lane London UK 99999 Home: 867-5309 Cell: 555-4823 Work: 004-023-1984	<i>History of:</i> Suicide Attempt <i>In The Prior 2 Months</i> Emergency Dept Visit	<i>In The Prior 12 Months</i> Antipsychotic Clonazepam Mood Stabilizer <i>In The Prior 24 Months</i> Sedative Anxiolytic Antidepressant	Depression Chronic Non-Cancer Pain Substance Use Disorder	Primary Care 11/11/1917 Primary Care/Medicine Mental Health 01/01/1066 Mental Health Clinic - Ind	Primary Care None Mental Health None

Initiation Checklist REACH VET Coordinator		Re-evaluation Checklist Provider		Care Evaluation Checklist Provider		Follow-up with the Veteran Provider	
I am the REACH VET coordinator Doe,JohnContact	<input checked="" type="checkbox"/> 08/22/1864	I am the REACH VET assigned provider	<input type="checkbox"/>	Care was reviewed and the following enhanced care options are indicated (As documented in the Medical Record):		Outreach attempts have been made but provider unable to get in touch with the Veteran	
Identified a primary patient provider	<input checked="" type="checkbox"/> 08/22/1864	I am the REACH VET Provider's Designee	<input type="checkbox"/>	Caring Communications	<input type="checkbox"/>	Veteran has been informed that they have been identified as being at risk	
Notified provider of the specific patient and program requirements	<input checked="" type="checkbox"/> 08/22/1864	Received notification from REACH VET Coordinator about the patient	<input type="checkbox"/>	Safety Planning	<input type="checkbox"/>	Care enhancement options have been discussed with the Veteran	
Asked provider to re-evaluate patient's care	<input checked="" type="checkbox"/> 08/22/1864	Reviewed current diagnoses and treatment plan	<input type="checkbox"/>	Increased monitoring of stressful life events	<input type="checkbox"/>	Access to care was discussed with the Veteran	
High Risk Suicide Flag Documented in CPRS	<input checked="" type="checkbox"/> 08/22/1864			Improve coping skills	<input type="checkbox"/>	Treatment plan changes have been discussed with the Veteran	
Patient reported to be deceased	<input type="checkbox"/>			Other	<input type="checkbox"/>		
Spoke with Reach Coordinator at patient's preferred station to coordinate care.	<input type="checkbox"/>			Care was reviewed and no changes are clinically indicated at this time.	<input type="checkbox"/>		

Using REACH VET to enhance care

- Increased personalized case management, more frequent collaborative review of treatment plan
 - Chart review of top .1% risk group suggests risk of under-using evidence-based interventions, over-using polypharmacy
 - Only 1 in 3 of those in the highest risk group were flagged high risk for suicide based on traditional policy
- 

STORM

- Stratification Tool for Opioid Risk Mitigation
 - Live database of all Veterans with opioid analgesic prescription from VA (~500K)
 - Like REACH VET, uses predictive analytics to identify Veterans at elevated risk for either overdose or suicide
 - Example risk factors: Higher dose opioid Rx, concurrent sedative Rx, history of ED/detox/inpatient services
- 

The cutting edge: Research to keep an eye on

- Rural Veterans are 20% more likely to die by suicide than urban Veterans
- Literature review of options for reaching rural Veterans:
 - Increase access to crisis services
 - Increase suicide prevention in primary care
 - Increase awareness of suicide as public health issue
 - Train community in basic suicide prevention

The cutting edge: Research to keep an eye on

- Negative religious interpretations of suffering (e.g., feeling abandoned or punished by God) predict higher levels of suicidality in Veterans
 - Though correlational, suggests opportunity for spiritual counseling intervention

The cutting edge: Research to keep an eye on

- Veterans with a history of homelessness are more than 5x more likely to attempt suicide than Veterans without a history of homelessness
 - Though correlational, some causality is likely
 - Most homeless Veterans not connected to VA
 - Homeless services with outreach = suicide prevention

The cutting edge: Research to keep an eye on

- Among recently returned Veterans with PTSD, chronic pain and TBI (the polytrauma clinical triad), sleep disturbance predicts rates of suicide
- Screening for sleep disturbance is essential, particularly among OIF/OEF/OND Veterans with these comorbidities

The cutting edge: Research to keep an eye on

- STARRS-LS: Ongoing longitudinal study of risk and resiliency predictors in Army soldiers
 - Suicide risk increases with earlier first deployment (<12 months into service)
 - Suicide risk increases with shorter latency (<6 months) between deployments

The cutting edge: Research to keep an eye on

- STARRS-LS: Ongoing longitudinal study of risk and resiliency predictors in Army soldiers
 - Mental disorders characterized by impulsivity/agitation (e.g., IED, panic disorder, SUD) predict suicidal behavior in male soldiers
 - Risk for suicide increases if someone in their unit has recently attempted suicide

The cutting edge: Research to keep an eye on

- STARRS-LS: Ongoing longitudinal study of risk and resiliency predictors in Army soldiers
 - Enlisted ranks at higher risk of suicidal behavior than officers (both before and after enlisting)
 - Army National Guard and Army Reserves at lower risk of suicidal behavior than regular Army

The cutting edge: Research to keep an eye on

- STARRS-LS: Ongoing longitudinal study of risk and resiliency predictors in Army soldiers
 - Approximately half of soldiers who die by suicide tell someone they are considering suicide
 - High comorbidity (3+ mental disorders in past month) predicts suicide death among suicide ideators

The cutting edge: Research to keep an eye on

- Participating in intensive non-treatment suicide research does *not* increase Veterans' urges or intent for self-harm
- Adding self-report data (rather than just records review) improves accuracy of suicide risk predictions


Accessing VA services

- How do Veterans know if they are eligible for care through VA?
 - www.va.gov or www.vets.gov
 - 1-877-222-8387




U.S. Department
of Veterans Affairs

Lexington VA Health Care System

- Bowling Campus, 1101 Veterans Drive, Lexington, KY
 - Emergency Department, inpatient medicine, inpatient MH, some specialty clinics
 - Sousley Campus, 2250 Leestown Road, Lexington, KY
 - Outpatient Primary Care, Mental Health, Homeless Program, Community Living Center, Outpatient and residential SUD clinics, Polytrauma and other specialty clinics
 - Community Clinics: Morehead, Berea, Somerset and Hazard
 - Tele-mental health hubs in McKee and London
- 

VA Mental Health Services

- Outpatient mental health
 - General counseling
 - Specialty treatment for PTSD, SUD, insomnia, anger, chronic pain, couples' and group counseling
 - Residential programs for SUD and PTSD
 - Telemental health services in most clinics
- 

Vet Centers

- Community-based centers separate from VA
- Counseling, outreach, referral services
- For more information about Vet Centers and to find the Vet Center closest to you, visit www.vetcenter.va.gov
- Lexington Vet Center
1500 Leestown Rd Suite 104
Lexington, KY 40511
Phone: 859-253-0717



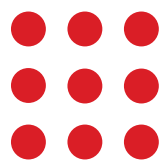
Resources for Veterans

Veterans Crisis Line/Chat/Text

- **1-800-273-8255 and Press 1**
- [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net)
- Text to **838255**

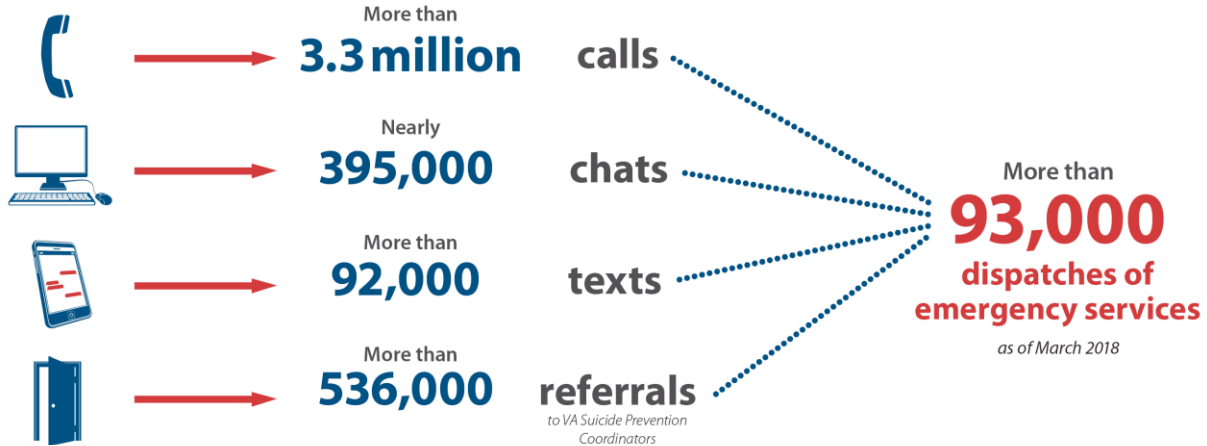
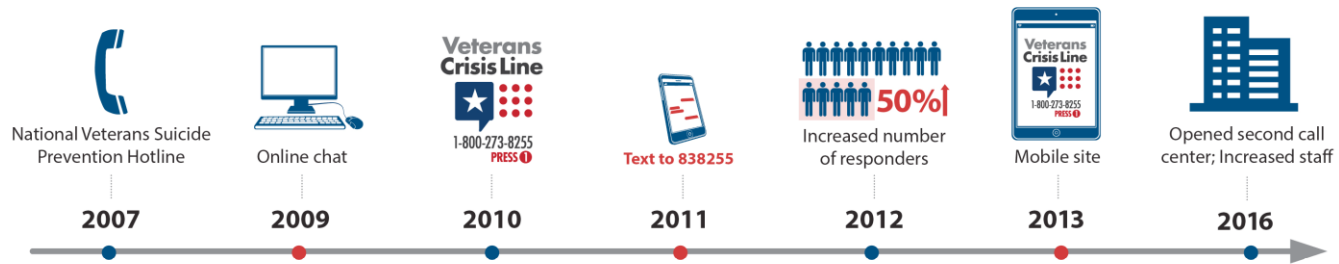
VA Suicide Prevention Coordinators

- Each VA Medical Center has a Suicide Prevention Coordinator (SPC)
- Find local SPC at [VeteransCrisisLine.net/ResourceLocator](https://www.VeteransCrisisLine.net/ResourceLocator)



Veterans Crisis Line

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



Resources (cont.)



- ***MakeTheConnection.net*** is a one-stop resource where Veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. On this site, Veterans and their families and friends can learn about available resources and support.
- Visit [MakeTheConnection.net](https://www.maketheconnection.net) to learn more.

SUICIDE RISK MANAGEMENT Consultation Program

FOR PROVIDERS WHO SERVE VETERANS

#NeverWorryAlone

- Free consultation for any provider, community or VA, who serves Veterans at risk for suicide.
- Common consultation topics:
 - Risk assessment
 - Lethal means safety counseling
 - How to engage Veterans at high risk
 - Best practices for documentation
 - Provider support after a Suicide Loss
- To initiate a consult, email SRMconsult@va.gov
- More info: www.mirecc.va.gov/visn19/consult

VA Suicide Prevention Outreach

- Clay Hunt Suicide Prevention for American Veterans Act
- New initiative focused on highly rural transitioning servicemembers and Veterans
- Community outreach, peer focus



We want to hear from you!

Becky Stinsky, LCSW, Suicide Prevention Social Worker

Rebecca.stinsky@va.gov

(859) 233-4511 x3723

Hannah Boettcher, Ph.D., Psychology Fellow

Hannah.boettcher@va.gov

(859) 233-4511 x5917

Questions?

References

- Fargo, J., Metraux, S., Byrne, T., Munley, E., Montgomery, A. E., Jones, H., ... & Culhane, D. (2012). Prevalence and risk of homelessness among US veterans. *Preventing Chronic Disease, 9*.
- Green, J. D., Kearns, J. C., Rosen, R. C., Keane, T. M., & Marx, B. P. (2018). Evaluating the effectiveness of safety plans for military veterans: do safety plans tailored to veteran characteristics decrease suicide risk? *Behavior Therapy, 49*(6), 931-938.
- Kopacz, M. S., Crean, H. F., Park, C., & Hoff, R. A. (2017). Religious coping and suicide risk in a sample of recently returned veterans. *Archives of Suicide Research*.
- Mohatt, N. V., Billera, M., Demers, N., Monteith, L. L., & Bahraini, N. H. (2018). A menu of options: Resources for preventing veteran suicide in rural communities. *Psychological Services, 15*(3), 262-269.
- Poindexter, E. K., Nazem, S., Barnes, S. M., Hostetter, T. A., & Smith, P. N. (2018). Veteran participation in intensive suicide research protocols: no evidence of iatrogenic effects. *Suicide and Life-Threatening Behavior*.
- Ramchand, R. (2017). *Preventing Veteran Suicide: The Critical Role of Community-based Preventions*. Rand Corporation.
- Seal, K. H., Cohen, G., Waldrop, A., Cohen, B. E., Maguen, S., & Ren, L. (2011). Substance use disorders in Iraq and Afghanistan veterans in VA healthcare, 2001–2010: Implications for screening, diagnosis and treatment. *Drug and Alcohol Dependence, 116*(1-3), 93-101.
- Selby, E. A., Anestis, M., Bender, T., Ribeiro, J. D., Nock, M., Rudd, D., ... & Bryan, C. Overcoming the fear of lethal injury: Evaluating suicidal behavior in the military through the lens of the interpersonal–psychological theory of suicide. *Clinical Psychology Review, 30*(3), 298-307.

References

- Suicide facts. (2016). Retrieved August 1, 2016, from SAVE Suicide Awareness Voices of Education, http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=705D5DF4-055B-F1EC-3F66462866FCB4E6
- Suicide Facts at a Glance. (2015). Retrieved August 1, 2016, from Centers for Disease Control and Prevention, <http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.PDF>
- Suicide Prevention Application Network (SPAN) (2014). Suicide/ suicide attempts reported during calendar year 2014.
- Sullivan-Tibbs, M. A., Thompson, P., Nugent, W., & Baker, J. (2018). Sleep disturbances and suicide—New battles for veterans of US wars in Afghanistan and Iraq: A retrospective review. *Social Work in Mental Health*, 1-15.
- Tsai, J., Trevisan, L., Huang, M., & Pietrzak, R. H. (2018). Addressing veteran homelessness to prevent veteran suicides. *Psychiatric Services*.
- U.S. Department of Veterans Affairs (2016). Suicide among Veterans and other Americans 2001-2014. Washington, DC: Office for Suicide Prevention.
- United States Suicide Injury Deaths and Rates per 100,000 in 2014. Retrieved August 2, 2016, from Centers for Disease Control and Prevention WISQARS, <http://webappa.cdc.gov/cgi-bin/broker.exe>.
- Van Orden, Kimberly A., Tracy K. Witte, Kelly C. Cukrowicz, Scott R. Braithwaite, Edward A. Selby, and Thomas E. Joiner Jr. "The interpersonal theory of suicide." *Psychological review* 117, no. 2 (2010): 575.
- Van Orden, K. A., Witte, T. K., Gordon, K. H., Bender, T. W., & Joiner Jr, T. E. (2008). Suicidal desire and the capability for suicide: Tests of the interpersonal-psychological theory of suicidal behavior among adults. *Journal of Consulting and Clinical Psychology*, 76(1), 72.