VA Program for Suicide Prevention

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Veterans Demographics

- Projected U.S. Veterans Population (FY 11)
  - 22,234,000
- Number of Total Enrollees in VA Health Care System (FY 11)
  - 8,575,000
- Veteran Population by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>78.7%</td>
</tr>
<tr>
<td>Black</td>
<td>11.6%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.0%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other</td>
<td>1.3%</td>
</tr>
</tbody>
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National Center for Veterans Analysis and Statistics (2/03/12)
Facts about Veteran Suicide

• 36,035 US deaths from suicide per year among the population overall (Centers for Disease Control and Prevention)

• Approximately:
  – 18 deaths from suicide per day are Veterans National Violent Death Reporting System
  – 5 suicide related deaths per day among Veterans receiving care in Veterans Health Administration (VHA) Veterans Affairs (VA) Serious Mental Illness Treatment, Research and Evaluation Center
  – 950 suicide attempts per month among Veterans receiving care as reported by VHA suicide prevention coordinators (October 1, 2008 – December 31, 2010).
Facts about Veteran Suicide (continued)

- 11 percent (1051/10228) of those who attempted suicide in Fiscal Year (FY) 2009 (and did not die as a result of this attempt) made a repeat suicide attempt with an average of 9 months of follow-up.

- 33 percent of recent suicides have a history of previous attempts. *VA National Suicide Prevention Coordinator reports*

- 19 percent (191/996) of those that died by suicide were last seen by primary care (April 2010- June, 2011). *VA National Suicide Prevention Coordinator reports*
Facts about Veteran Suicide (continued)

• More than 60 percent 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).

• Veterans are more likely than the general population to use firearms as a means for suicide (National Violent Death Reporting System).
The National Strategy for Suicide Prevention (NSSP), published in 2001, called for establishing a public-private partnership to help guide the implementation of the goals and objectives in the NSSP.

The Action Alliance, comprised of public and private co-chairs is designed to carry out this mission.
Action Alliance (continued)

Task Groups Formed to date:

- Strategic Intervention:
  - Clinical Care and Intervention
  - Faith Communities
  - Clinical Workforce Preparedness
  - Public Awareness
  - Youth in Contact with Juvenile Justice

- Strategic Infrastructure:
  - NSSP
  - Research
  - Data and Surveillance

- High Risk Populations Task groups:
  - Military / Veterans
  - American Indian
  - Lesbian, Gay, Bisexual & Transgender (LGBT) Youth
  - Survivors of Suicide Attempts

Executive Committee

Gordon Smith - Private Co-Chair
President / CEO National Association of Broadcasters

John McHugh – Public Co-Chair
Secretary of the United States Army
The Action Alliance

• **Vision**: A nation free from the tragic experience of suicide

• **Mission**: To advance the *National Strategy for Suicide Prevention* (NSSP) by:
  
  • **Championing** suicide prevention as a national priority
  
  • **Catalyzing** efforts to implement high-priority objectives of the NSSP
  
  • **Cultivating** the resources needed to sustain progress
Basic Strategy for Suicide Prevention

• 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
    • address suicide prevention in high risk patients.
Specific Initiatives Established for Suicide Prevention

• Hubs of expertise
  – Center of Excellence (CoE)
  – Mental Illness Research, Education, and Clinical Center (MIRECC)
• National programs for education and awareness
  – Operation S.A.V.E (Know the Signs, Ask the question, Validate the feelings, Expedite help)
  – Suicide Risk Management Training for Clinicians
  – Traumatic Brain Injury (TBI) and Suicide
  – Women Veterans and Suicide
  – Older Veterans and Suicide
  – Primary Care Provider
• Veterans Crisis Line 1-800-273-TALK (8255) Press “1” for Veterans
  – Veterans Chat www.veteranscrisisline.net
  – Veterans Text 838255
• Suicide Prevention Coordinators (SPC)
• Federal partnerships
Local Suicide Prevention Coordinators

• **Staffing**
  – Coordinator at each medical center & largest community outpatient based clinics (CBOCs)
  – 0.5 Full Time Equivalent (FTE) support staff at medical centers
  – 1.0 care manager for each 20,000 uniques beyond the first 20,000

• **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
• VA Guide Training/Gatekeeper Training
  – 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
  – American Indian/Alaskan Natives version
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 Plan

- 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

Veterans Crisis Line - 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 Substance Abuse and Mental Health Services Administration (SAMHSA) / LIFELINE
Veterans Crisis Line – Today

• 20 phone lines
• 123 Hotline Responders
• 17 Health Technicians
• 6 Shift Supervisors
• 1 Clinical Care Coordinator/Psychologist
• 3 Administrative Staff
• 1 Supervising Program Specialist
• Warm transfer
• Chat
• Texting
<table>
<thead>
<tr>
<th></th>
<th>Total Calls</th>
<th>Veterans</th>
<th>Family/Friend</th>
<th>SPC Referrals</th>
<th>Rescue</th>
<th>Active Duty</th>
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<tr>
<td>Oct 2011</td>
<td>15,580</td>
<td>10,783</td>
<td>1,266</td>
<td>3,069</td>
<td>571</td>
<td>220</td>
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<td>Nov 2011</td>
<td>15,527</td>
<td>11,024</td>
<td>1,441</td>
<td>3,071</td>
<td>576</td>
<td>217</td>
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<td>Dec 2011</td>
<td>15,911</td>
<td>11,270</td>
<td>1,396</td>
<td>3,003</td>
<td>587</td>
<td>219</td>
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<tr>
<td>Jan 2012</td>
<td>17,409</td>
<td>11,926</td>
<td>1,595</td>
<td>3,292</td>
<td>600</td>
<td>255</td>
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<tr>
<td>Feb 2012</td>
<td>15,682</td>
<td>11,102</td>
<td>1,573</td>
<td>3,227</td>
<td>556</td>
<td>207</td>
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<tr>
<td>FY 11</td>
<td>164,101</td>
<td>102,446</td>
<td>12,221</td>
<td>29,334</td>
<td>6,760</td>
<td>2,290</td>
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<td>FY 10</td>
<td>134,528</td>
<td>81,805</td>
<td>9,925</td>
<td>19,970</td>
<td>5,732</td>
<td>1,744</td>
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<td>FY 09</td>
<td>118,984</td>
<td>63,934</td>
<td>7,553</td>
<td>13,960</td>
<td>3,709</td>
<td>1,589</td>
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<td>FY 08</td>
<td>67,350</td>
<td>29,879</td>
<td>4,517</td>
<td>6,264</td>
<td>1,749</td>
<td>780</td>
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<td>FY 07</td>
<td>9,379</td>
<td>2,918</td>
<td>No avail.</td>
<td>739</td>
<td>139</td>
<td>93</td>
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From: Veterans Crisis Line database
Veterans Chat

• Veterans Chat enables Veterans, their families and friends to go online where they can anonymously chat with a trained VA counselor. If the chats are determined to be a crisis, the counselor can take immediate steps to transfer the visitor to the VA Suicide Prevention Hotline, where further counseling and referral services are provided and crisis intervention steps can be taken.

• Started in July 2009
Campaign Messaging

- Avoid normalizing or glorifying suicide
- Showcase help-seeking behaviors and their benefits
- Promote individual, family, and community “connectedness”
- Reinforce that confidential help is available and treatment is effective
Campaign Messaging

Veterans Crisis Line

1-800-273-8255
PRESS 1

“I AM A VETERAN.
Calling the confidential Veterans Crisis Line can help. I know.”
Welcome to the Veterans Crisis Line Website

The Veterans Crisis Line connects Veterans in crisis and their families with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

More about the Veterans Crisis Line
Get Involved and Learn More

Find out how you can support Veterans in crisis. Watch a video about reaching out for help. Learn about resources for homeless Veterans. Or just check out resources VA and other organizations have to offer.

- **Spread the Word** – download materials for print or web to show support for our Veterans
- **Videos** – watch encouraging messages of support
- **Homeless Resources** – learn what support is available for homeless Veterans
- **Additional Information** – resources for Veterans and their loved ones from VA, military, and civilian communities
- **MakeTheConnection.net** – connects Veterans and their friends and family members with information, resources, and solutions to issues affecting their health, well-being, and

“Our Veterans served our country. VA is here to serve them. Support is available for Veterans and their friends and families.”

Chick Ciccolella
The Veterans Health Administration (VHA) provides Suicide Prevention Coordinators, general inpatient and outpatient psychiatric services at medical centers and community-based outpatient clinics.

1 Select a Resource

- **Suicide Prevention Coordinators**
  Specially trained Suicide Prevention Coordinators or teams are available at all VA Medical Centers across the country.

- **Crisis Centers**
  Search for community-based crisis centers in your area.

- **VA Medical Centers**
  VA Medical Centers offer a range of acute care and community-based outpatient services, including mental health care, diagnostics, homeless and alcohol/drug abuse programs, nursing home and respite care.

- **Outpatient Clinics**
  Community Based Outpatient Clinics (CBOCs) are local VA locations that provide primary care, counseling, laboratory analysis, prescriptions and radiology services.

- **Veterans Benefits Administration Offices**
  Veterans Benefits Administration Offices provide services to Veterans seeking benefits related to compensation, pension, vocational rehabilitation, home loans, death benefits, employment, and disability.

- **Vet Centers**
  Vet Centers provide readjustment counseling and outreach services to all Veterans who have served in any combat zone, as well as their family members.

- **All**
  See all VA and community-based services in your area.

2 Choose Location

Search by Zip Code  [Search]  OR  Search by state  [Dropdown]
Purpose:

- To establish coordination, collaboration, and resource-sharing between the Department of Veterans Affairs (VA) and Indian Health Service (IHS) to improve the health status of American Indian and Alaska Native Veterans.
• Background:
  – Memorandum of Understanding (MOU) signed between VA and IHS on October 1, 2010
  – Builds upon decades of successful collaboration and achievements from the 2003 MOU
  – Main differences between 2010 MOU and 2003 MOU
    • Includes more areas of focus
    • MOU mutual goals include an emphasis on promoting patient-centered collaborations and consulting tribes at the regional and local levels
Veterans Affairs – Indian Health Service
Memorandum of Understanding

- Goals:
  - Increase access to services and benefits
  - Improve coordination of care
  - Improve care
  - Enhance access
  - Improve efficiency and effectiveness
  - Increase availability of services, in accordance with law
  - Improve delivery of care
  - Increase cultural awareness and culturally competent care
  - Increase capability and improve quality
  - Increase access to care
  - Address emergency, disaster, and pandemic preparedness and response
Veterans Affairs – Indian Health Service Workgroups

- Services and benefits
- Coordinator of care
- Health information technology
- Implementation of new technologies
- System level agreements
- Payment and reimbursement
- Sharing of process, programs, and services
  - PTSD, pharmacy, long term services and supports, suicide prevention,
- Cultural competency and awareness
- Training and workforce development
- Recruitment and retention
- Emergency and disaster preparedness
WG: Sharing of process, programs, and services

- Suicide Prevention
  - VA Suicide Prevention Office and IHS will:
    - Maintain liaison with other Federal agencies to coordinate suicide prevention activities
    - Have quarterly meetings/conference calls to develop and implement plans to address AI/AN Veterans and their families
    - Promote regional and local collaboration. VA suicide prevention coordinators will increase outreach activities to tribal areas
    - Have a presence at regional, and local suicide prevention related conferences
WG: Sharing of process, programs, and services (cont)

- Develop a series of webinar trainings for VA suicide prevention coordinators and IHS behavioral health consultants
  - Provide information to VA suicide prevention coordinators
  - Provide information to IHS behavioral health consultants
- Develop and disseminate public health messages targeting AI/AN Veterans
- Develop an AI/AN version of Operation SAVE (gatekeeper training program developed VA)
  - Cultural adaptation model
    - Focus groups
QUESTIONS?

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