

VA Program for Suicide Prevention

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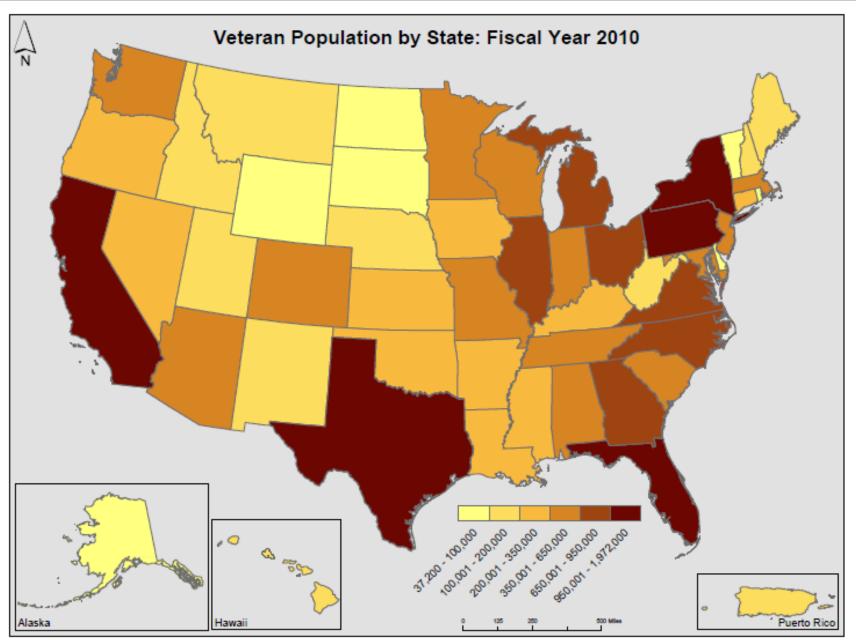
April 2012

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

White	78.7%
Black	11.6%
Asian/Pacific Islander	1.5%
Hispanic	6.0%
American Indian/Alaska Native	0.9%
Other	1.3%

National Center for Veterans Analysis and Statistics (2/03/12)



Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop), 2007

Prepared by the National Center for Veterans Analysis and Statistics

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 Action Alliance

- 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)

Gordon Smith - Private Co-Chair

John McHugh – Public Co-Chair

President / CEO National Association of Broadcasters

Secretary of the United States Army

Executive Committee

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

The Action Alliance

- <u>Vision</u>: A nation free from the tragic experience of suicide
- <u>Mission</u>: 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 <u>Signs</u>, <u>Ask</u> the question, <u>V</u>alidate the feelings, <u>Expedite help</u>)
 - Suicide Risk Management Training for Clinicians
 - Traumatic Brian 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 <u>www.veteranscrisisline.net</u>
 - 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

OPERATION S.A.V.E.

- 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

Stanley, B. & Brown, G. K. (2008). Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version

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

	Total Calls	Veterans	Family/ Friend	SPC Referrals	Rescue	Active Duty
Oct 2011	15,580	10,783	1,266	3,069	571	220
Nov 2011	15,527	11,024	1,441	3,071	576	217
Dec 2011	15,911	11,270	1,396	3,003	587	219
Jan 2012	17,409	11,926	1,595	3,292	600	255
Feb 2012	15,682	11,102	1,573	3,227	556	207
FY 11	164,101	102,446	12,221	29,334	6,760	2,290
FY 10	134,528	81,805	9,925	19,970	5,732	1,744
FY 09	118,984	63,934	7,553	13,960	3,709	1,589
FY 08	67,350	29,879	4,517	6,264	1,749	780
FY 07	9,379	2,918	No avail.	739	139	93

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







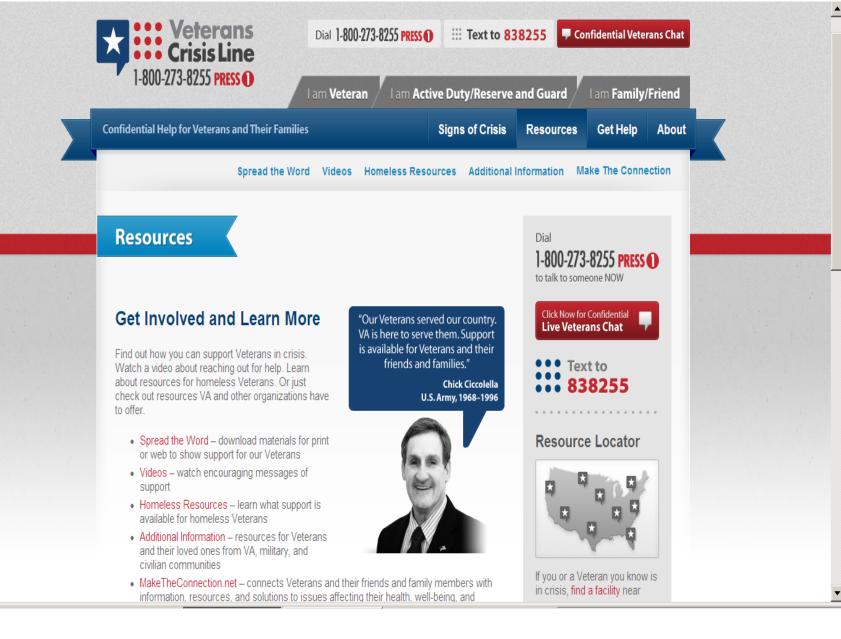
"I AM A VETERAN. Calling the confidential Veterans Crisis Line can help. I know."



WWW.VETERANSCRISISLINE.NET



VETERANS HEALTH ADMINISTRATION



😫 Veterans Resource Locator | Vetera... 4

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The Veterans Health Administration (VHA) provides Suicide Prevention Coordinators, general inpatient and outpatient psychiatric services at medical centers and communitybased outpatient clinics.

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.

O 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.

Choose Location D Search

Search by Zip Code





C 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.

O 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

O All

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

v

1-800-273-8255 PRESS

to talk to someone NOW





Resource Locator



If you or a Veteran you know is in crisis, find a facility near you.

Spread the Word



Download logos, web ads, and materials and help get the word out

Department of Veterans Affairs – Indian Health Service Memorandum of Understanding

- Purpose:
 - To establish coordination, collaboration, and resourcesharing between the Department of Veterans Affairs (VA) and Indian Health Service (IHS) to improve the health status of American Indian and Alaska Native Veterans.

Department of Veterans Affairs – Indian Health Service Memorandum of Understanding

- 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 VETERANS HEALTH ADMINISTRATION

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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VETERANS HEALTH ADMINISTRATION