

Suicide Prevention.

Awareness, Attention, Intervention

David Klein LMSW
Danny Guckenburg LMSW

Suicide Prevention Outreach Team
Carl T Hayden VA Medical Center
Phoenix, Az. USA

The issue of suicide

- “The number of U.S. soldiers who took their own lives increased last year to the highest total since 1993, despite a growing effort by the Army to detect and prevent suicides.”
 - The Gazette, April 22, 2006

Some important facts about suicide

- Suicide is the 11th leading cause of death in America
- Suicides substantially outnumber homicides. There are typically about 32,000 each year and about 24,000 murders each year in the United States.

Veteran Suicide

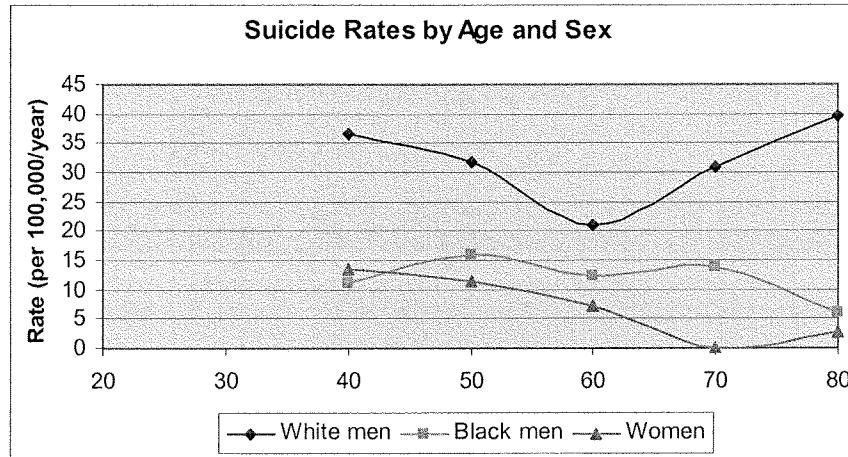
- CDC information indicates that about 20% of all suicides in America occur in the Veteran population
- Rates among veteran men are about 2 times greater than the rates for comparable men in the general population

Associated Press – Aug. 2007

- “Army soldiers committed suicide last year at the highest rate in 26 years, and more than a quarter did so while serving in Iraq and Afghanistan.....”
- 99 suicides in 2006
- “there was a significant relationship between suicide attempts and number of days deployed in Iraq, Afghanistan or nearby countries where troops are participating in the war effort

Veteran Data from 13 States

Year=2004



Data on age < 40 may be unreliable because of population changes

Causes of Suicide

Weapon Type	Veterans		Non-Veterans	
	Males	Females	Males	Females
Firearm	1081	27	2134	485
Sharp instrument	18		80	25
Blunt instrument			3	
Poisoning	178	13	486	537
Hanging, strangulation, asphyxia	194	7	975	291
Other	39	2	160	86
Firearm and poisoning	1		1	
Firearm and other weapon type	2		9	2
Poisoning and other weapon type	3		17	11
Other combination of weapon type			7	6
Unknown	57		18	4
Total	1573	49	3890	1447

Data from NVDRS for 2004

Remember Differences Between Guard and Reserve vs. Active Duty

- First time Guard and Reserve dealing with multiple deployments.
- Unlike active duty units that may rotate together, reservists can be pulled individually or in small groups.
- Families of Reserve units are often spread across a wide geographic area (multiple states as in VISN 19), making regular support meetings difficult. Need for outreach.
- Job and employment concerns for Reserves and Guard
 - Issues with skills for employment
- Reserves and Guard return to a culture in which people need to be reminded of recent deployment.
- Often a more difficult adjustment on return to CONUS-multiple adjustments: family, job changes (nothing stays static), switching from military to civilian culture.
- Financial pressures, put on hold, now become critical.
- More complicated if wounded, have psych/neuro Sx., etc.
- Unresolved grief over losses in OIF can occur because there are not the opportunities to discuss it in an environment supportive of military life.

Evaluation of any veteran must include...

- Expansion beyond routine Mental Health screening and evaluation to include...
- Combat history
 - Physical injury and possible cognitive insults such as TBI which may not be evident
 - History of witnessing traumatic events
 - Military Sexual Trauma
 - Military Occupational Specialty
 - Unit deployment history

Traumatic Brain Injury

- Suicide ideation, suicide attempts, and completed suicides have all been shown to occur more frequently in patients with TBI

Attempts

- Silver et al. (2001) – In a community sample, those with TBI reported higher frequency of suicide attempts than those without TBI (8.1% vs. 1.9%).
 - Even after adjusting for sociodemographic factors, quality of life variables, and presence of co-existing psychiatric disorder.

Pathological mourning and survivor guilt

- Complicated grief
- “linking objects”
- Interview veteran concerning unit casualties and exposures to death and injuries as well as suicidal friends and unit members.

Mental Health Enhancement and Suicide Prevention

VA Suicide Prevention

- Basic assumption
 - Suicide prevention will require access to a high quality mental health care system and activities that specifically target suicide

VA Strategy

- Overall enhancements of Mental Health programs
- Specific actions based on both public health & clinical models
 - National priority led by centers of excellence
 - System-wide initiatives based on targeted funding, directives, performance measures, education
 - Facility-based initiatives promoted by funding suicide prevention coordinators in each medical center
 - Enhanced integration with community resources

Specific VA Activities Designed to Promote Suicide Prevention

- Suicide prevention coordinators in each medical center
- 24-hour hotline
- Guide training
- Ongoing identification of patients at risk
- Ready access to Mental Health services
- Monitoring and follow-up to maintain continuous care

Suicide Prevention Coordinator Responsibilities

- To promote awareness at the facility about suicide and that suicide prevention is everyone's responsibility
- This includes providing "Guide Training" for non-clinical staff throughout the facility and clinics and coordinating other training programs to provide on-going education for all staff

SPC responsibilities

Assisting the facility in identifying those patients who may be at high risk for suicide and assuring that the care and monitoring for these patients is intensified

SPC Responsibilities

Assisting in the national tracking and trending program so that we can learn more about these veterans and provide more targeted interventions.

SPC responsibilities

Assisting the facility in identifying those veterans who have attempted suicide and working with the patient safety team to review the care we are providing to these patients in order to determine if we could do things better.

SPC responsibilities

- VA Suicide Prevention Hotline
 - Receive consults from the hotline
 - Assist hotline callers in getting appropriate care
 - Providing follow-up for these veterans to help assure that they continue to receive this care

SPC responsibilities

Community Outreach

- providing VA Guide training
- providing information about VA care and services
- promoting veteran and community suicide awareness

Summary

- Evaluation is a complicated task
- Involves far more than the routine intake evaluation
- These veterans present with inherent risk factors
- Watchful waiting and multiple contacts
- Treatment options

The Talmud says "To save one life is as if you have saved the world."