



Suicide Prevention in the Department of Veterans Affairs

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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



Predisposing and Precipitating Factors

- Precipitating Factors
 - Most are acute stressors
 - Social, family, occupational, financial, legal, ...
 - Can help to explain, “Why now?”
- Predisposing Factors
 - More persistent than precipitating factors
 - Psychological autopsy studies demonstrate that a large majority of death from suicide occur in patients with mental health conditions
 - Other factors include traumatic brain injury and chronic pain
 - Can help to explain, “Why him or her?”
- Interactions and Complications
 - Mental health conditions like depression increase sensitivity to possible precipitants
 - The sudden onset of severe depression can be a precipitant
 - Intoxication can be an acute predisposing or enabling factor



Department of Defense & Veterans Health Administration

- Veterans Health Administration
 - Health care system
 - Mission: Veterans' health
 - Individuals seen as needed
 - Focus for prevention
 - Predisposing Factors
 - Challenge
 - How to facilitate the identification of acute stressors and potential precipitants in a health care system
- Department of Defense
 - Specialized workplace & home
 - Mission: Defending America
 - Individuals seen every day
 - Focus for prevention
 - Precipitating Factors
 - Challenge
 - How to balance the early identification of mental health conditions and other predisposing factors with force readiness



Suicide Prevention: Basic Strategy

- Basic Strategy
 - Suicide prevention requires ready access to high quality mental health services
 - Supplemented by
 - Programs designed
 - To help individuals or families engage in care
 - To address suicide prevention in high risk patients



Conceptual Base of VA's Program

- **VA's overall suicide prevention program is based on the principles that:**
 - **A comprehensive strategy must include both public health and clinical programs that address**
 - **Universal elements that target all Veterans and utilizers of VHA primary care services**
 - **Selective elements that target those with conditions or problems that increase the risk of suicide; and**
 - **Indicated elements that specifically target those at high risk**
- **The VHA Program is based on the US National Strategy for Suicide Prevention, and recommendations or requirements from**
 - **National Strategy, Institute of Medicine (IOM) Report: "Reducing Suicide: A National Imperative"**
 - **VHA Comprehensive Mental Health Strategic Plan**
 - **Joshua Omvig Veterans Suicide Prevention Act**
 - **Report of the Secretary's Blue Ribbon Work Group on Suicide Prevention**



**IT
TAKES
THE
COURAGE AND STRENGTH
OF A WARRIOR
TO ASK FOR HELP.....**

**If you're in an emotional crisis
call 1-800-273-TALK "Press 1 for Veterans"**

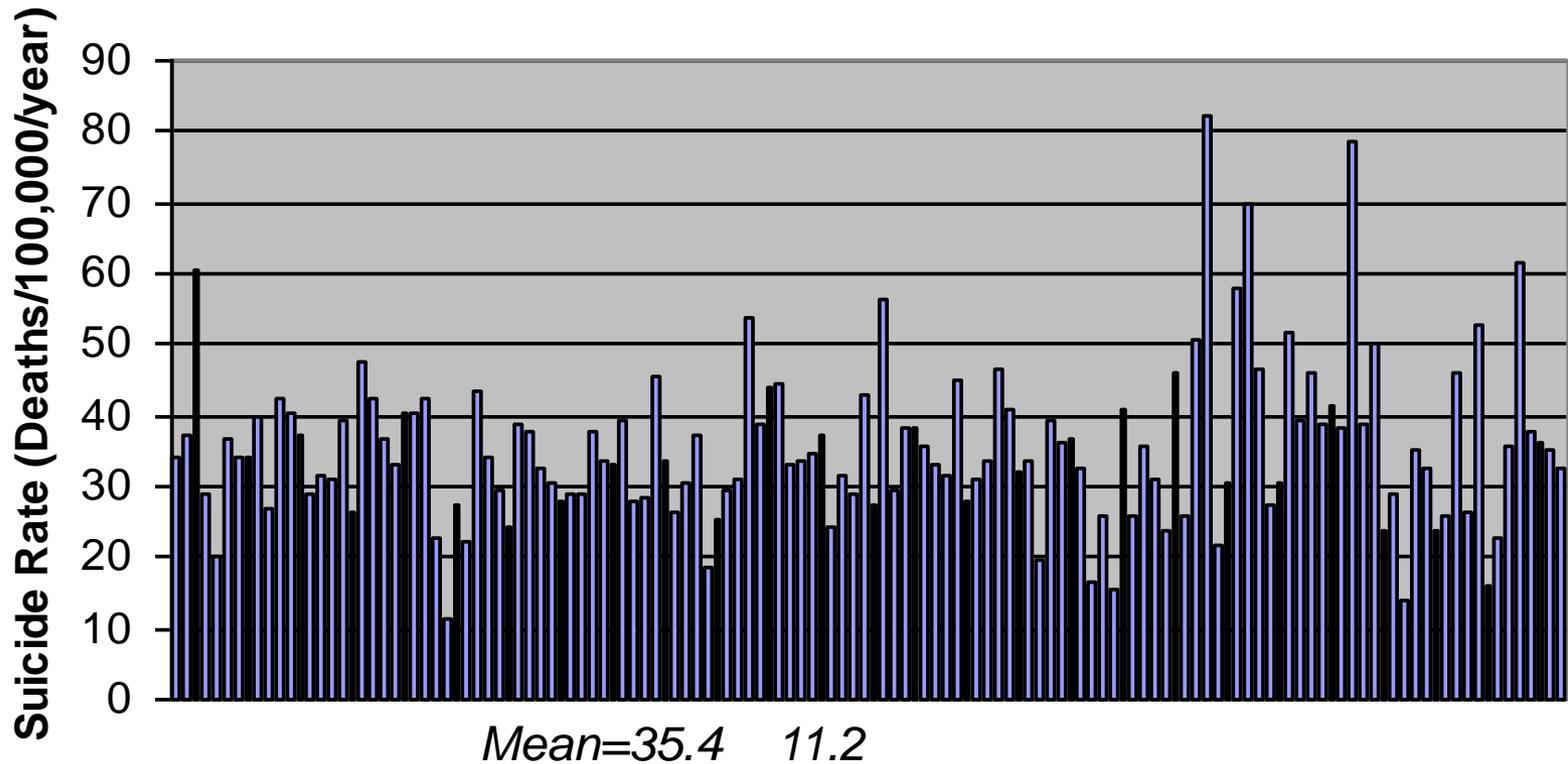
www.suicidepreventionlifeline.org

  Department of
Veterans Affairs

The main graphic features a silhouette of a soldier in a combat helmet, holding a rifle, set against a background of the American flag. The text is overlaid on this image.



Variation in Suicide Rates across Facilities





The Quality of Mental Health Services in a Facility Predicts the Suicide Rate

- **Before recent mental health enhancements, measures of the quality of mental health care predicted suicide rates across facilities:**
 - **Outpatient follow-up for dual-diagnosis**
 - **8.3% of facility variance**
 - **2.8% of facility variance and still significant after controlling for relevant variables**
 - **Continuity of care for major depression**
 - **3.8% of facility variance**
 - **2.8% of facility variance and still significant after controlling for relevant variables**



VA is a Significant Part of Suicide Prevention in America

VA's call center gets more than 20% of all calls to the national Lifeline

Hotline Calls	Total Calls	Identified as Veteran	Identified as family/friend of Vet	SPC Referrals	Rescues	Warm Transfers	Active Duty
FY09	118,984	57,759	6,804	12,403	3,363	2,857	1,429
Total: inception through FY09	195,713	96,733	12,070	20,968	5,597	6,980	2,462



April 7, 2009

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- Call from the mother of a soldier in Iraq.
 - The soldier contacted her through a video program on the internet
 - He told her he was suicidal and she could see him with a gun to his head.
 - The Hotline contacted Military One Source and the Red Cross who, in turn contacted the soldier's unit.
 - The mother was able to see soldiers from the son's unit rescuing him.
 - He was taken to a hospital in Iraq and is safe.
 - The Hotline continued to provide support to the mother through all of this.



Suicide Prevention Chat Line

Month/Yr	Total	Active	Transfer to SHL	Transfer to Back-up	Mentioned suicide
Oct-09	680	607	67	51	308
Nov-09	759	669	108	51	108
Dec-09	640	514	82	48	278



Suicide Prevention Resources

- **National Suicide Prevention Coordinator**
- **Local Suicide Prevention Coordinators or Teams**
- **Hotline Call Center**
- **Chatline**
- **Public Information Campaign**
- **Canandaigua Center of Excellence**
- **VISN 19 MIRECC**
- **Serious Mental Illness Treatment Research and Evaluation Center**
- **ORD Research**



National Suicide Prevention Coordinator

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- **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 20,000
 - Overall staffing is 385.5 and funding is ~\$35 million
- **Responsibilities**
 - Receive referrals from Hotline and facility staff
 - Coordinate enhancement of care for high risk patients
 - Including safety plans
 - Care management for those at highest risk
 - Maintain category II flagging system
 - Report attempts and deaths from suicide
 - Education and training for facility staff
 - Outreach and education to the community
 - Participation in inpatient Environment of Care evaluations
 - Facilitate development of means restriction programs
 - Other programs responsive to local needs and opportunities

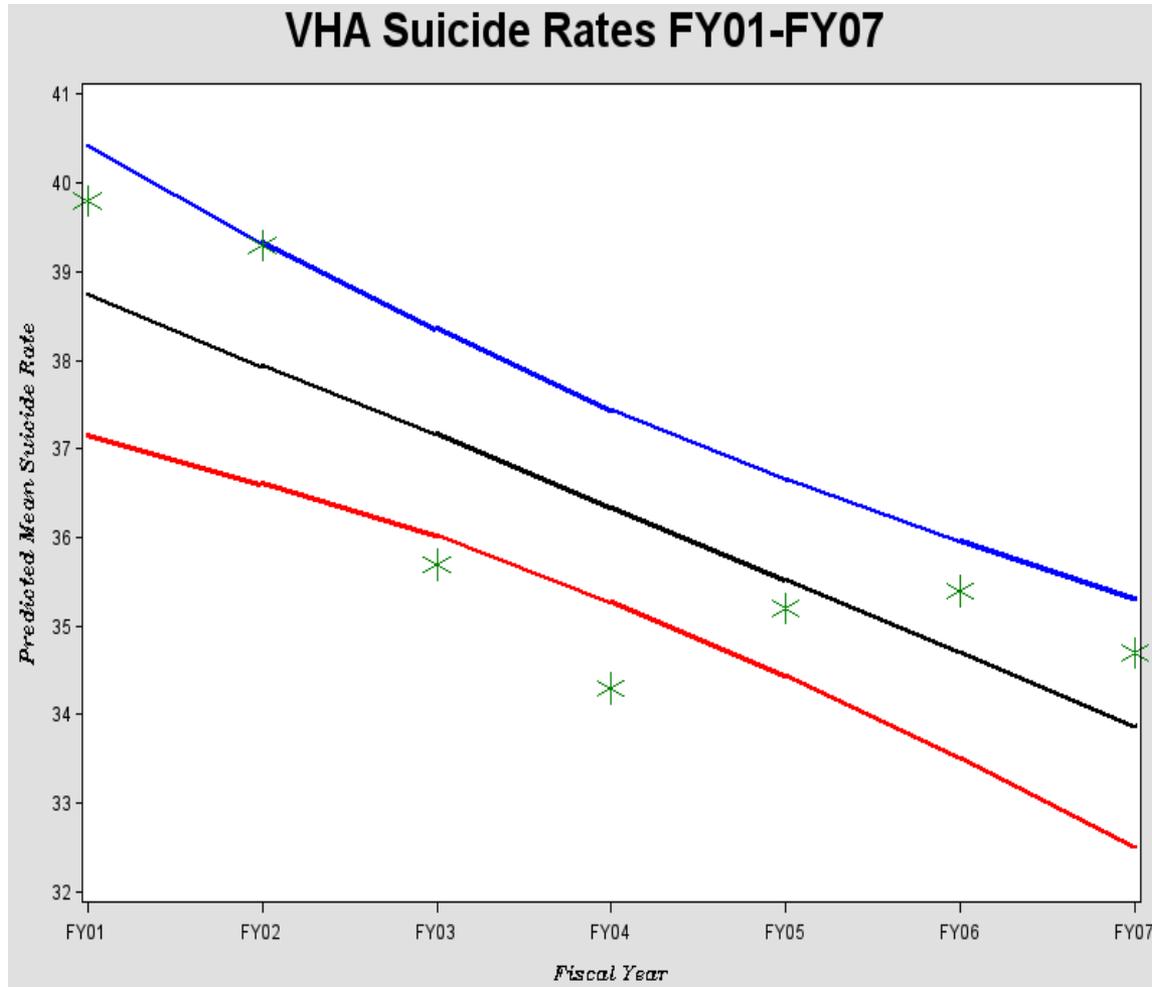


Recent Activities of the Serious Mental Illness Research Education and Clinical Center

- Analyses of VA data to identify risk factors for suicide, and distribution of findings to VA VISNs and the Local Suicide Prevention Coordinators
- In analyses based on findings through 2006-2007 in Veterans who utilize VHA health care services:
 - Each of the mental health conditions increases the risk of suicide, but the effect of PTSD may be related its co-occurrence with other conditions
 - Chart diagnoses associated with Traumatic Brain Injury are associated with increased risks of suicide, even after controlling for co-occurring mental health conditions
 - Some, but not all, chart diagnoses associated with chronic pain are associated with increased risks of suicide, even after controlling for co-occurring mental health conditions



Suicide in Veterans Who Utilize VHA Health Care Services





Very Preliminary Findings

- From Dr. Robert Pietrzak

- NCPTSD & Yale
- 1. The reception I received when I returned from my deployment made me feel appreciated for my efforts.
- 2. The American people made me feel at home when I returned.
- 3. When I returned, people made me feel proud to have served my country in the Armed Forces.

- PTSD symptoms- .39***
- Depressive- .42***
- Suicidal ideation- .19**
- Alcohol problems- .15*
- Sleep difficulties- .30***
- Psychosocial- .33***
- Work problems- .21***
- Family problems- .30***
- School problems- .27***
- Perceived stigma- .09
- Perceived barriers- .15*



Recent Findings

		Veterans			VHA Users			Non-VHA Users		
		Suicides	Popn	Rate	Suicides	Popn	Rate	Suicides	Popn	Rate
2005	Total	1822	6,711,010	27.1	441	1,270,072	34.7	1381	5,440,938	25.4
	18-29	109	280,869	38.8	21	47,954	43.8	88	232,915	37.8
	30-64	974	4,013,245	24.3	231	682,877	33.8	743	3,330,368	22.3
	65+	739	2,416,896	30.6	189	539,241	35.0	550	1,877,655	29.3
2006	Total	1650	6,645,416	24.8	405	1,160,570	34.9	1245	5,484,846	22.7
	18-29	114	289,355	39.4	15	49,929	30.0	99	239,426	41.3
	30-64	936	3,962,056	23.6	227	631,082	36.0	709	3,330,974	21.3
	65+	600	2,394,005	25.1	163	479,560	34.0	437	1,914,445	22.8
2007	Total	1852	6,589,586	28.1	407	1,187,472	34.3	1445	5,402,114	26.7
	18-29	146	300,619	48.6	20	55,475	36.1	126	245,144	51.4
	30-64	1018	3,887,627	26.2	229	649,521	35.3	789	3,238,106	24.4
	65+	688	2,401,340	28.7	158	482,476	32.7	530	1,918,864	27.6

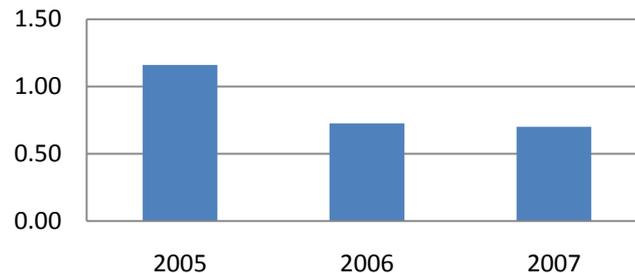
Rates calculated from information from the Center for Disease Control and Prevention's National Violent Death Reporting System and from VA clinical and administrative data for 16 States.



VA Mental Health Programs

• Suicide Prevention

- VA mental health enhancements began in 2005, and specific VA suicide prevention programs began in 2007. The Hotline began in July, 2007.
- Question: Are there suggestions that these programs are effective in preventing suicide?
- Answer: Look at the ratio of suicide rates in Veterans (men and women) aged 18-29 who use VA health care services relative to Veterans in the same age group who do not.



- » Data on all Veterans from the Centers for Disease Control and Prevention National Violent Death Reporting System. Data on users of VA health care services from the VA Serious Mental Illness Treatment Research and Evaluation Center.