Suicide Prevention in the Department of Veterans Affairs

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Facts About Suicide

- 11th leading cause of death in America
- Outnumbers murder
- Increases with age
  - especially in white men
- Related to mental illness

- Attempts outnumber suicides ≥ 10:1
Facts About Suicide

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Suicide Among Veterans

- 21% of the nation’s suicides occurred among veterans (NVDRS, 2004)
  - Means of suicide among veterans (men and women) more likely to involve guns
- Chronic pain appears to often be involved
Brief History of Suicide Prevention

- The UN/WHO (1996) summarized guidelines for the formulation and implementation of national strategies.
- The 105th congress declared suicide prevention to be a national priority.
- In 1998, the first National Suicide Prevention Conference was held.
Call to Action to Prevent Suicide

- Surgeon General’s *Call to Action to Prevent Suicide* (1999)
Call to Action to Prevent Suicide

- **Recommendations**
  - **Awareness**
    - Broaden public awareness of suicide and its risk factors
  - **Intervention**
    - Enhance population-based and clinical care services
    - Develop educational/training programs
  - **Methodology**
    - Advance the science
Institute of Medicine Report

  - Highlighted reducing risk factors and promoting protective factors
  - Role of coping
Suicide Prevention in VA

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

- Strategy
  - Overall enhancements of Mental Health programs
    - MHSP → MH Enhancement Initiatives
    - MH Uniform Services Package
  - Specific actions, involving public health and clinical activities
Specific Activities

- National priority led by Centers of Excellence
  - Center of Excellence in Mental Health and PTSD - Canandaigua, NY
- Appointment of Suicide Prevention Coordinators at VAMCs
- Suicide prevention hotline for veterans
- Promoting suicide risk assessment, follow-up, and clinical activities
- Educational activities
- Research on and dissemination of best practices
Suicide Prevention Coordinators

- Educate staff
- Promote care coordination
- Closely linked to suicide prevention hotline
- Track and report suicide attempts, completions
- Monitor high risk patients
  - Suicide Behavior Reporting Template
- Ensure adequate treatment intensity
- Manage patient record flags for suicide risk
  - Level 2 CPRS flag
National Suicide Prevention Hotline

- 1-800-273-TALK – Press 1 for veterans
- Based in Canandaigua, NY

- Total calls: 37,327
  - Veterans: 13,746
- SPC referrals: 2,919
- Rescues: 726
Education

- National VA Suicide Prevention Awareness Day
  - National VA Suicide Prevention Awareness Week
- Development of Suicide Prevention Pocket Card
- “Guide” Training
  - “Operation S.A.V.E.”
    - Signs of suicidal thinking
    - Ask questions
    - Validate the veteran’s experience
    - Encourage treatment and Expedite referral
Clinical Activities

- Suicide risk assessment and follow-up
  - Risk assessment templates
- Facilitating evidence-based interventions
  - Cognitive Therapy for Suicide Prevention
  - Collaborative Assessment and Management of Suicidality (CAMS)
- Safety plans
Safety Plan: 4 Steps

1. Recognizing warning signs
2. Using coping strategies
3. Contacting friends or family members
4. Contacting professionals or agencies
Recognizing Warning Signs

- Safety plan is only useful if the patient can recognize the warning signs.
- What are the thoughts, images, thinking styles, mood, or behaviors that immediately precede a suicidal crisis?
- List warning signs using the patient’s own words.
Recognizing Warning Signs

- **Automatic Thoughts**
  - “I am a nobody”
  - “I am a failure”
  - “I don’t make a difference”
  - “I am worthless”
  - “I can’t cope with my problems”
  - “Things aren’t going to get better”

- **Images**
  - “Flashbacks”

- **Thinking Processes**
  - “Having racing thoughts”
  - “Thinking about a whole bunch of problems”

- **Mood**
  - “Feeling depressed”
  - “Intense worry”
  - “Intense anger”

- **Behavior**
  - “Crying”
  - “Isolating myself”
  - “Using drugs”
Using Coping Strategies

- List activities that patients can do without contacting another person
- Activities function as a distraction technique and keep ideation from escalating
Using Coping Strategies

- Examples:
  - Going for a walk
  - Listening to inspirational music
  - Taking a warm bath
  - Walking the dog
Contacting Friends and Family

- List friends and/or family to contact during crisis

- Individuals and phone numbers may be prioritized
Contacting Professionals or Agencies

- Contact professionals or agencies if coping strategies or contacting friends or family members is unhelpful.

- Prioritize list of professionals.
Contacting Professionals or Agencies

- Example of Prioritized Professionals/Agencies:
  1. Primary mental health clinician
  2. On-call clinician who can be reached after business hours
  3. Primary care physician, psychiatrist, or other physician
  4. 24-hour emergency treatment facility
  5. Other local or national support services that handle emergency calls: 1-800-273-TALK
Promoting Safety on Inpatient Units

- Environment of Care Surveys
  - Office of Patient Safety (Peter Mills)
Promoting Safety on Inpatient Units

Safety is:

- The physical environment
  - Hazard reduction
  - Positive semantic meaning
- The interpersonal environment
  - Engagement
- Recovery!