The VISN 2 Center of Excellence at Canandaigua:

Janet E. Kemp, Ph.D., R.N.,
Associate Director for Education
National VA Suicide Prevention Coordinator

Suicide risk in the veteran population.

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Veteran Suicides

- According to CDC estimates, veterans account for approximately 20% of the suicides in America.
- Research from before OEF/OIF suggested that veteran men may be at approximately a 2-fold increased risk of suicide relative to other non veteran men
- VA data finds a smaller 1.5-fold increase for men, and a 1.6-fold increase overall
- Suicide rates were not increased among veterans from the first Persian Gulf war.
- Information is not yet available on returning OIF/OEF veterans

Suicide incidence

- Reporting issues and documentation make it difficult to track – especially post discharge
- Regardless of rate – suicide remains a concern in the VA population
- Careful evaluation of returning soldiers will help to prevent premature death in this population

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Observations from CDC and the States

- NVDRS (13 states) 2004
  - 21% of suicides in America
- Virginia
  - almost 25% of suicides
- Oregon
  - 29% of suicides
  - more than half of suicides in older men

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OIF / OEF Veterans and Suicide

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Evaluation of Returning OIF/OEF Veterans: What is Different Now?

- Deployment has lead to a series of experiences that are not well understood by civilians
- Modern combat techniques
- Frequent media reports at all levels indicate public concern…
  - Adjustment
  - PTSD
  - Family stress
  - Suicide risk
  - Employment readjustment
  - Stress of redeployment and/or multiple redeployments.

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Evaluation of Veterans from Other Wars: What is Different Now?

- Retirement
- Presence of chronic conditions - PTSD, insomnia
- Elevated risk for suicide as males in particular age
  - Isolation
  - Loss of relationships
  - Loss of financial security
  - Terminal illnesses, pain
  - Increased prevalence of depression in older adults

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Suicide Prevention in the VA

MH Strategic Plan

- 265 Recommendations

- Four primary factors
  - Equal urgency: Capacity, access, elimination of disparities
  - Recovery/ Rehabilitation Transformation of SMI Care
  - Integration of MH and Primary Care
  - Implementation of Evidence-Based Practices

- Other key elements
  - Returning veterans
  - Suicide Prevention

Suicide Prevention

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

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VA Centers

- VISN 19 Mental Illness Research and Clinical Center
  - Clinical approaches
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  - Public health approaches

Specific Activities- COE

- Education and ongoing training of 153 suicide prevention coordinators in each medical facility
- Provide consulting and data management resource to the 24-hour mental health/crisis hotline
- Development of VA specific Guide Keeper training
  - Operation S.A.V.E. (S
- Ongoing identification of veterans at very high risk with targeted interventions (education of families about awareness of risk factors and warning signs of suicidal behaviors)

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Specific Activities- COE

- Monitoring and follow-up to maintain continuous care
- Testing and promotion/dissemination of evidence-based therapies (i.e. insomnia, women veterans with history of depression and trauma, OIF/OEF veterans, aging veterans, veterans with substance use disorders)
- Alpha sites for enhanced evaluations (VISN 2 and VISN 7)
- Identification of risk factors for suicide in returning veterans

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Suicide Prevention Hotline

- Partnership with SAMSHA
- Veteran Option on national number
- Routing done through Lifeline Crisis Network to Canandaigua and 5 designated back up centers
- Relationship continues to develop veteran specific information for all crisis network centers

VA NATIONAL SUICIDE PREVENTION HOTLINE

Week	Calls	Vets	SPC referrals	911	WARM TRANS	ACTIVE DUTY
FY 07 (Jul 25 – 9/30)	9379	2918	739	139	493	93
FY 08 (10/1 – 11/24)	5793	2004	430	114	321	71
TOTALS	15172	4922	1169	253	814	164

CALLS THROUGH OCTOBER BY STATE

AB 1 AK 40 AL 286 AR 80 AZ 170 CA 1,002 CO 176 CT 51 DC 49 DE 34 FL 676 GA 261 HI 41 IA 106 ID 34 IL 539 IN 261 KS 82 KY 134	LA 235 MA 558 MB 1 MD 206 ME 25 MI 317 MN 182 MO 171 MS 92 MT 41 NC 282 ND 24 NE 33 NH 44 NJ 187 NL 1 NM 223 NS 1 NV 128	NY 626 OH 387 OK 203 ON 2 OR 228 PA 406 PR 4 RI 41 SC 135 SD 28 TN 229 TX 1,232 UT 90 VA 343 VI 1 VT 28 WA 200 WI 82 WV 124 WY 15
July 25 – Oct 31st		Total **11,178**

Hotline Follow Up

- Consult sent via electronic record to SPC at site where Veteran is seen or lives
- 24 hours – hotline staff checks to assure that SPC got referral and has made contact with Veteran
- 72 hours – checks to see that Veteran was seen or arrangements made for appointment or need met
- 2 weeks – check to see that Veteran is receiving continuing care as indicated

Other referrals

- Made by Suicide Prevention Coordinators to:
  - Homeless coordinators
  - OIF / OEF Veteran Coordinators
  - Vet Centers
  - Specialty programs i.e. PTSD

SPC functions

- Populate attempt and facility "high risk lists"
- Implement chart flagging system for high risk patients
- Track high risk patients after "missed appointments"
- VA Guide "Gatekeeper" training to front line staff and community partners

Suicidal Behavior Database

- Started October 1, 2007
- Collaboration between SPC and patient safety teams
- Includes:
  - Attempters
  - Serious ideation that involves an immediate change in treatment plan such as hospitalization
  - Completions