Mental Health Care & Suicide Prevention at the Veteran’s Health Administration (VHA)

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Learning Objectives

- Identify the types of mental health care available at the VHA
- Describe VA opioid initiatives to decrease prescribing and treatments
- Define suicide prevention efforts in the VA
- Understand STORM & REACH-VET as risk mitigation strategies
“I’m Good”
Mental Health Care & VHA

The Department of Veteran’s Affairs (VA) is committed to timely access to high-quality, recover-oriented, evidenced based mental health care that anticipates and responds to Veteran needs and supports the reintegration of Service members into their communities.

A system of comprehensive treatments and services to meets the needs of the Veteran and family members involved in their care.

Services support Veteran resilience, identify and treat mental health conditions at the earliest onset, address acute mental health crises, and deliver recovery-oriented treatment.
Mental Health Care & VHA

VA provides a continuum of care for Veterans that includes, outpatient, residential, and inpatient mental health services across the country.

Points of access include:

• 168 VA medical centers
• 1053 Community Based Outpatient Clinics (CBOC)
• 300 Vet Centers
• 80 Mobile Vet Centers

VA also has mental health care integrated into primary care
Early Identification, Screening, & Intervention in Primary Care Settings

In fiscal year 2017, 1.7 million Veterans received mental health treatment at the VA, up from 900,000 in 2006. One third of these Veterans received care in primary care settings

• The integration of mental health care into primary care settings is designed to overcome reservations and stigma associated with mental health treatment.

• Opportunity to deliver mental health services to those who may not seek it.

• Identify, prevent, and treat mental health conditions at the earliest opportunity.
Full Range of Mental Health Services

Proactive screening for depression, suicide, PTSD, alcohol use disorder, and military sexual trauma (MST).

The importance of non-medical determinants of health:

• Homelessness
• Housing
• Legal issues
• Job training
Outpatient Mental Health Services

• Each Veteran receiving specialty mental health services receives a Mental Health Treatment Coordinator (MHTC) who ensures continuity of care and serves as a point of contact.

• Use of teams to provide care. The model of care is the Behavioral Health Interdisciplinary Program (BHIP). A BHIP team is a group of mental health professionals (providers, nurses and clerical staff) working together to focus on the Veteran’s mental health and well-being.

• Focuses on core elements:
  • Anticipating care needs
  • Decision support for providers
  • Enhancing self-management skills
  • Management of clinical information
  • Veteran community support

• Delivered in individual or group settings
Intensive Community Mental Health Services

Mental Health Intensive Case Management (MHICM) and Rural Access Network for Growth Enhancement (RANGE), and E-RANGE.

- For Veterans with serious mental illness (SMI) and need additional support beyond traditional approaches
- Supports over 14,000 Veterans
- High staff to Veteran ratio
- Interdisciplinary to support Veteran needs
- RN and Social Worker dyad
- Goal to keep Veterans out of the hospital !!!
Psychosocial Rehabilitation & Recovery Centers (PRRC)

Help Veterans challenged with SMI and significant functional impairment develop skills to integrate into meaningful self-determined roles in the community. Is a transitional education that focuses on:

- Helps Veterans reclaim their lives
- Instills hope
- Validates strengths
- Develop life skills
- Facilitates community integration
- 106 programs supporting over 24,000 Veterans
Mental Health Residential Rehabilitation Program (MHRRTTP)

The VA's oldest program, established in 1865 as the National Home For Disabled Volunteer Soldiers.

Now the MHRRTTP provides intensive specialty treatment for mental health and substance use disorders, as well as co-occurring medical needs, homelessness, and unemployment.

- Staffed 24/7
- Professional and peer support services
- Goals of recovery, rehabilitation, health maintenance, quality of life, and community integration
- 250 MHRRTTP programs with over 7800 beds
Inpatient Mental Health Care

Crisis stabilization for those at risk for self-harm and mental health crisis. Follow up appointments within seven days to ensure continuity of care.

113 VAs offer Inpatient MH programs
Post Traumatic Stress Disorder (PTSD)

Integral part of mental health care at VA

In FY17 over 653,000 Veterans received care for PTSD. Of this number over 194,000 were OEF/OEF/OND Veterans

Inpatient, outpatient and residential

Specialized tracks such as PTSD/SUD, PTSD/Female Veteran, PTSD/TBI, and PTSD/MST

Use of evidence based treatments such as prolonged exposure (PE), cognitive processing therapy, and medication assisted therapies (MAT)
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PTSD Symptoms Veteran’s Voice
Additional Specialized MH Services

Military Sexual Trauma (MST)
• Screens all Veterans
• Inpatient or outpatient
• Free regardless of eligibility

Woman’s Mental Health
• Continuum of care
• Gender specific issues

Telemental Health
• Use of Video Connect
• Over 450,000 in 2017
Additional Specialized MH Services

Vet Centers
• Community based counseling centers within VHA’s Readjustment Counseling Service
• Provide a wide range of services to Veterans, active duty service members, and families
• Outreach via mobile Vet Centers

Veteran’s Justice Program
• VJO - Outreach to Veterans in local justice system (county jails, etc.)
• Health Care for Re-Entry Veterans – incarcerated in state or federal prisons
• Focus on services and education for stakeholders

Employment Reentry Services
• Assistance for those who lives were disrupted by mental or physical illness
• Supportive, stable approach to obtaining community based employment
• Compensated work therapy/vocational rehab
Mental Health Centers of Excellence

- 10 Mental Illness Research, Education and Clinical Centers (MIRECC)
- Address the MH needs of Veterans returning from wars in Iraq and Afghanistan
- Each Center focuses on issues related to the specialized MH needs of Veterans
Homelessness and SMI Re-Engage

VA places a special emphasis on homelessness and risk for homelessness due to high rates of MH/SUD among homeless Veterans

• In 2019, there was a 2.1 percent decrease in the estimated number of homeless Veterans nationwide and 793 Veterans now have shelter. 37,085 veterans experienced homelessness in January 2019, compared to 37,878 in January 2018.
• January PIT counts with HUD
• Four states accounted for more than half of the nation’s homeless veterans: California (28.7 percent), Florida (7.1 percent), Texas (5.5 percent), and Washington (5.2 percent).

SMI Re-Engage

• Goal to re-engage Veterans diagnosed with schizophrenia and BPD to improve outcomes
• Local Recovery Coordinators
Substance Use Disorders - SUD

VA is the leader in the prevention and treatment of SUDs. The least severe are treated in an outpatient setting or primary care with brief intervention.

More severe are treated in inpatient with interventions such as detox, evidence-based psychosocial treatments, SUD medication, relapse prevention, case-management, and treatment for co-occurring mental health disorders.
VA Opioid Safety Initiative

- Use of STORM (Stratification Tool for Opioid Risk Modification)
- PDMP (Prescription Drug Monitoring Program)
- Routine & random UDS before & during opioid therapy
- Education and training for all VA prescribers and collaboration
- VA/DOD Clinical Practice Guidelines on Opioid Therapy
- Use of evidence-based pain management therapies
- Screening and identification of patients with substance use disorder & assessment of addiction risk prior to initiation
VA Opioid Safety Initiative

Education and Communication with patients on potential harm associated with opioids (and other addictive meds)

Increasing access to OD reversing meds (Naloxone)

Increasing access to medications for addiction (MATs for AUD and OUD)

Improving access to non-pharmacologic options

Supporting research on addiction and pain management

Opioid Overdose Education and Naloxone Distribution – over 100,000
What is the STORM Dashboard?

Identifies patients at risk for overdose or suicide related adverse events

Provides patient-centered opioid risk mitigation strategies
STORM

• Uses demographic, diagnostic, pharmacy, and health care utilization data from the Corporate Data Warehouse

• Predicts risk of overdose or suicide-related health care events or death in the next year and generates patient-specific risk score

• Parameters from model are applied to Veteran health care data and updated nightly to create individual estimates of risk in STORM
The risk score is designed to help understand Veteran risk level to support treatment planning.

Risk factors are often not changeable, so the goal should not be to change estimated risk.

The goal should be to design a treatment plan that addresses risk factors and is appropriate for the patient’s risk level. For example, higher risk patients may need more monitoring, more risk mitigation intervention, care coordination between services, and higher intensity of care.
# STORM Patient Detail Report

## Main Page

### STORM: Patient Detail Dashboard
Stratification Tool for Opioid Risk Mitigation

- **Total Patients:** 5
- **Last Update:** 12/18/17

### Patient Information and Risk of Suicide/Overdose
- **Risk:** Suicide or Overdose (1 yr)
- **Risk Factors:** Depression, Pain, Alcohol

### Contributing Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Relevant Diagnoses</th>
<th>Relevant Meds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Alcohol, Cannabis</td>
<td>Sedation</td>
</tr>
<tr>
<td>Pain</td>
<td>TRAMADOL, Opioids</td>
<td>Gabapentin, Ziva</td>
</tr>
</tbody>
</table>

### Risk Mitigation Management

<table>
<thead>
<tr>
<th>Risk Mitigation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meds 40 mg, Naloxone Kit</td>
</tr>
<tr>
<td>Opioid Referral, Inpatient</td>
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</tbody>
</table>

### Care team & Follow-up

- **Recent Apps:**
  - 12/28/2017: Prescribed Opioid
  - 12/27/2017: Physical Therapy

- **Other:**
  - 1/1/2018: Mental Health
  - 1/1/2018: Primary Care
Suicide Prevention
Suicide Statistics – United States

45,390 U.S. deaths from suicide per year among the general population

124 deaths per year

Suicide is the 10th leading cause of death in the U.S
Suicide Statistics – VA

2005-2017 suicides among ALL U.S. adults increased by 43.6%, while suicides among Veterans increased 6.1%

Nearly 17 deaths from suicide each day

In 2017, the suicide rate for Veterans was 1.5 times the rate for non-Veteran adults

The majority of Veterans who completed suicide were NOT receiving care at the VA
Suicide Statistics – VA

• Average of 20 Veterans die each day from suicide

• Veteran’s receiving care in the VA = six per day  3 of which were receiving mental health treatment

• Veterans have a 22% higher risk of death by suicide than non-Veterans

60% of Veteran suicides are among people age 50 or older
Methods of Suicide

![Graph showing methods of suicide among veteran and non-veteran U.S. adult suicide decedents, 2016.](chart_image)

- **Non-Veteran**: 48.4% Firearm, 16.0% Poisoning, 26.8% Suffocation, 8.8% Other
- **Veteran**: 69.4% Firearm, 10.6% Poisoning, 15.0% Suffocation, 5.1% Other
- **Non-Veteran Male**: 53.9% Firearm, 9.8% Poisoning, 27.8% Suffocation, 8.5% Other
- **Male Veteran**: 70.6% Firearm, 9.7% Poisoning, 14.8% Suffocation, 4.9% Other
- **Non-Veteran Female**: 32.4% Firearm, 34.2% Poisoning, 23.7% Suffocation, 9.8% Other
- **Female Veteran**: 41.2% Firearm, 50.4% Poisoning, 19.8% Suffocation, 8.6% Other
Importance of Suicide Prevention

• Suicide touches everyone and has catastrophic effects on family and community

• 45% of individuals who die by suicide had contact with their PCP in the month prior to their death

• 78% of the elderly who die by suicide had contact with their PCP in the month prior to their death

• Risk of suicide is 3 times as likely first week after discharge from a psychiatric facility
PREVENTS TASKFORCE – Public Health Approach

• PREVENTS- President’s Roadmap to Empower Veterans and End the National Tragedy of Suicide

• Executive Order signed by President Trump on March 5, 2019. Task Force created in June 2019

• The interagency group is charged with implementing a roadmap for Veteran suicide prevention at the national and community levels by March 2020
Preventing Veteran Suicide- A Unified Public Health Approach”
The objectives outlined VA’s public health model are based on the best available evidence as informed by:

- **CDC Technical Package**: Argues for complementary and cross-cutting strategies that represent different levels of the social ecology and those efforts are intended to impact community and societal levels, as well as individual and relationship levels.

- **National Strategy for Suicide Prevention**: Maintains that suicide prevention is not exclusively a mental health issue but is rather a whole health issue that must be addressed at a variety of levels by different groups working together.

- Partners, such as the [Substance Abuse and Mental Health Services Administration (SAMHSA)](https://www.samhsa.gov) and the [National Action Alliance for Suicide Prevention](https://www.naasra.org), support a comprehensive approach to prevent suicide and advocate for the advancement of health care systems, the promotion of community-based efforts, and the proper dissemination of safe and accurate messaging to encourage hope and recovery.
Operationalizing VA’s Public Health Approach

Problem Statement: VA’s previous model for preventing Veteran suicide was largely centered around a hospital-based approach focused on crisis interventions. This model does not satisfactorily reach Veterans who do not come to VA for medical care or who do not have a mental health diagnosis.

Current: To effectively reduce suicide, VA must push prevention efforts outside of its facilities and into local communities. A broad public health strategy nested within the National Strategy for Preventing Veteran Suicide is required to empower national, regional, and local actors to reach Veterans where they live, work, and thrive.
Historical Perspectives

There are more than 400 facility-based Suicide Prevention Coordinators (SPCs), Suicide Prevention Case Managers, and Program Support Assistants nationwide.

Local VA suicide prevention teams focus primarily on Veterans in Veterans Health Administration (VHA) care who are at-risk for suicide or who have attempted suicide.

The Veterans Crisis Line (VCL) provides free, confidential crisis support to all Veterans and their loved ones, and connects Veterans needing more support with a local VA SPC.

**Key Gap:** Current Veterans Crisis Line and case management field activities reflect a critical, but limited, segment of the broader public health approach by only covering a portion of suicidal Veterans who use emergency crisis and health care services.

*Saving Veteran lives will require expanded efforts outside of VA health care settings.*
Suicide Prevention 2.0

**What it is:** A broad public health model for suicide prevention at the national, regional, and local levels.

**How it works:** Employing bundled strategies that build upon OMHSP’s previous successes and reach Veterans through multiple touchpoints.

**What it does:**
- Allocates personnel to engage states and communities.
- Enhances community capabilities for suicide prevention.
- Translates and disseminates research for practical use.
- Fosters learning and resource sharing among community partners.
- Strengthens VA’s focus on high-risk individuals in health care settings, while targeting Veterans who use non-VA crisis and health care services.
- Promotes cross-agency collaboration and community partnerships that provide support to Veterans where they are.
- Deploys tailored interventions designed for specific populations within communities.
Lethal Means Safety Education

Among 153 survivors of nearly fatal suicide attempts:

• **47% said it took less than 1 hour** between their decision to attempt suicide and their actual attempt

• **24% said it took less than 5 minutes** for them to act

For a Veteran in crisis, lethal means safety during a critical period can make all the difference
Lethal Means Safety Education

People who attempted suicide were asked how long before the act they first thought about making the attempt.
REACH-VET

Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment - Predictive Analytics for Suicide Prevention
REACH VET is...

Based on the finding that although suicide rates in VHA patients have decreased relative to the U.S. adult population as a whole, they remain high.

Supported by senior VA leadership as part of establishing suicide prevention as the top clinical priority.

A predictive model to identify Veterans who may benefit from enhanced care, outreach, and assessment of risk.

A supplement to current clinical strategies to identify at-risk Veterans.

A complement to other VHA initiatives designed to identify new opportunities to enhance care for Veterans.

REACH-VET Model predictors: Demographics, prior suicide attempts, diagnoses, VHA use, medications, Interactions.
Current State of Suicide Behavior and Overdose Reporting

Suicide Behavior Reporting:

◦ Currently, VA requires that suicide behaviors be reported in local facility Suicide Behavior Reports (SBR) in Computerized Patient Record System (CPRS)

◦ All clinical staff can and should use the SBR to document in CPRS any suicidal behaviors that are reported

◦ SPCs are responsible for ensuring that clinical staff are aware of the SBR and how/when to complete the SBR

◦ Currently, all suicide behaviors must also be entered a second time into SPAN (Suicide Prevention Applications Network)
Suicide Risk Identification Process – Standardize Assessment Across VA

Primary Screen (PHQ-9 Item 9)
- Item #9 will be added to existing clinical reminders for Depression and PTSD
- Identifies those who may be at risk

Secondary Screen (C-SSRS Screen)
- Questions specifically query about suicidal thoughts and behavior
- Improves specificity of screening

VA Comprehensive Suicide Risk Evaluation
- Conducted via new template designed to inform clinical impressions about acute and chronic risk and associated disposition
Other VA Suicide Prevention Efforts

SAVE

S - suicidal thinking
A - ask the most important question of all
V - validate the Veteran’s experience
E - encourage treatment and Expedite getting help
Other VA Suicide Prevention Efforts

# Be There for Veterans and Service Members- Pioneering Suicide Prevention. Using the National Strategy for Preventing Veteran Suicide, VA is working to build effective networks of support, communication, and care across the communities in which Veterans live and work every day.
Social Media Toolkit for Veterans, Their Families and Friends

The toolkit outlines the steps you can take to provide support to the Veterans in your life if they express emotional distress, feelings of crisis or thoughts of suicide on social media.

Provides specific suggestions for how to respond and resources available to connect them to assistance.

***Special training is not required to approach the subject of suicide and asking about suicide does NOT lead them to have suicidal thoughts.
Veterans Crisis Line – VCL

Veterans
Service members
Family members
Friends

1-800-273-8255
PRESS 1

Confidential chat at VeteransCrisisLine.net or text to 838255
• Is relevant to all Veterans and their families, regardless of eligibility for VA care or the range of mental health issues they may be experiencing.

• Informs Veterans, their families and friends, and members of their communities about resources designed to help Veterans live well.

• Reaches Veterans where they are—online and through trusted media and influencers—when they need support.

• Features true stories from real Veterans, which serve as a powerful tool in breaking down barriers and can help Veterans realize they are not alone.
Additional Resources

VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics.

www.mentalhealth.va.gov

VA community based centers that provide a range of counseling, outreach and referral services.
Phone: 1-877-WAR-VETS (927-8387)
www.vetcenter.va.gov

A free, confidential “coaching” service provided by VA that helps Veterans’ family and friends to recognize when their Veteran needs support and connect them with local resources.
Phone: 1-888-823-7458
https://www.mirecc.va.gov/coaching/
Additional Resources

VA’s center of excellence for research and education on the prevention, understanding and treatment of PTSD.
Phone: **1-802-296-6300**
www ptsd va gov

Information on VA services and resources, understanding military culture and experience, and tools for working with a variety of mental health conditions.
www mentalhealth va gov/ communityproviders/

One-on-one consultation at no charge for VA Providers with general or specific questions about Suicide Risk Management.
Phone: **1-866- 948-7880**
https://www mirecc va gov/visn19/consult/index asp
Coping and Symptom Management Apps

- Moving Forward: Problem solving skills for stress
- Tactical Breather: Manage physical & emotional stress
- MY3: Safety plan & support during crisis
- PTSD Coach: Monitor & manage PTSD symptoms
- Virtual Hope Box: Tools for coping, relaxation, distraction & positive thinking
- CBT-i: Enhance sleep quality & duration
“The Power of One”

*It takes the combined efforts of EVERYONE to identify Veterans who may be at risk, respond to their concerns, and offer quality health care services.*
References


VA Apps: https://mobile.va.gov/appstore