

SUICIDE PREVENTION IN THE VETERANS HEALTH ADMINISTRATION

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Eligibility for VA Services

- Only 36.6% of eligible veterans are enrolled for VA health care services and only 65.1% of these received services (Bagalman, 2012)
- To register online:
<https://www.1010ez.med.va.gov/>
- To register on-site, bring copy of DD-214 and go to VA Eligibility office.
 - ▣ OKC: 405-456-5774
 - ▣ Muskogee 1-888-397-8387, ext. 1535
- VA Regional (Benefits) Office: Muskogee
 - ▣ 1-800-827-1000

VA Services

- 2 Medical Centers in OK (OKC and Muskogee)
- Psychiatric Inpatient Unit
- Mental Health Clinic
- Substance Abuse Program
- Family Programs
- PTS Recovery Program

VA Services

- OEF/OIF/OND Case Management Program
- OEF/OIF Readjustment Counseling Program
- Homeless Programs
- Vocational Rehabilitation
- Many residential treatment centers
- Vet Centers

Community-based Outpatient Clinics (CBOCs)

Includes on-site mental health or tele-mental health clinic

- Ada
- Ardmore
- Altus
- Blackwell
- Enid
- Lawton
- Stillwater
- N. May OKC
- Wichita Falls, TX
- Tulsa
- Hartshorne
- Vinita

Suicide rates and risk factors among US Veterans

- Approximately 19% of suicides have current/former military service (NVDRS states 2005-2009)
- Rates highest during two years after separation from active duty, continues to gradually decline (Kang, 2010).
- Veterans have 2X higher suicide rates, but not significantly higher after controlling for MH/SUD (Kaplan et al., 2007)
- OEF/OIF veterans' suicide rates not significantly higher than US population, when controlled for age, race and sex (Kang & Bullman, 2008).

Suicide rates and risk factors among US Veterans

- Incidental risk factors: Male, older
- Military service-related risk factors: TBI, Depression, chronic pain, psychosocial problems (e.g., relationship/housing/financial)
- Cultural factors:
 - ▣ firearm familiarity/ownership
 - ▣ higher masculinity → reduced help-seeking
 - ▣ certain beliefs “Death before dishonor”

Circumstances associated with veteran suicides in OK in 2004-2008 (Kabore, Brown, & Archer, 2010)

- Current depressed mood (45%)
- Physical health problem (49%)
- Crisis in the past two weeks (23%)
- Current mental health problem (26%)
- Intimate partner problem (25%)

Figure 5. Suicide Rates per 100,000 Among VHA Users With or Without Mental Health (MH) Condition or Substance Use Disorder (SUD), by Fiscal Year

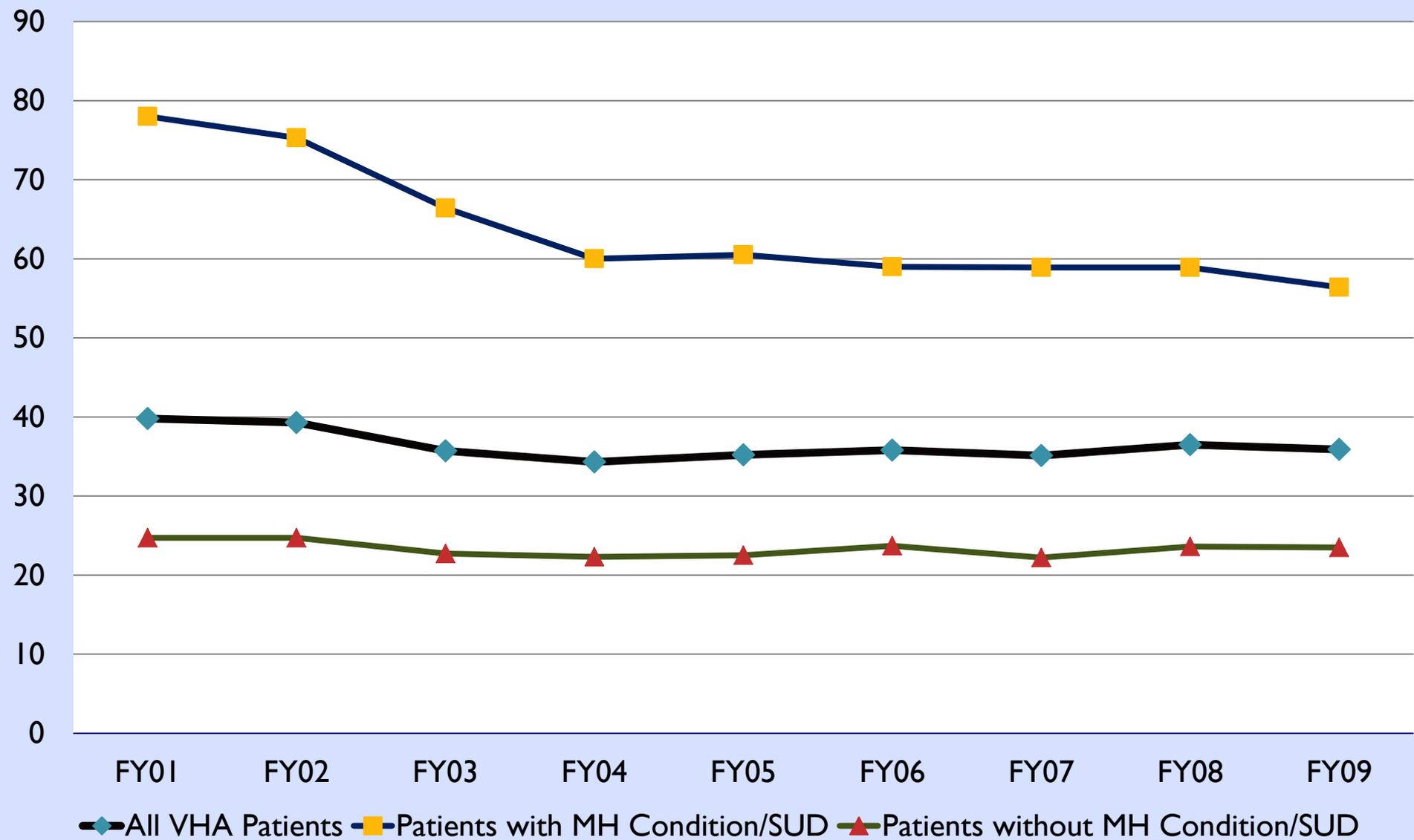
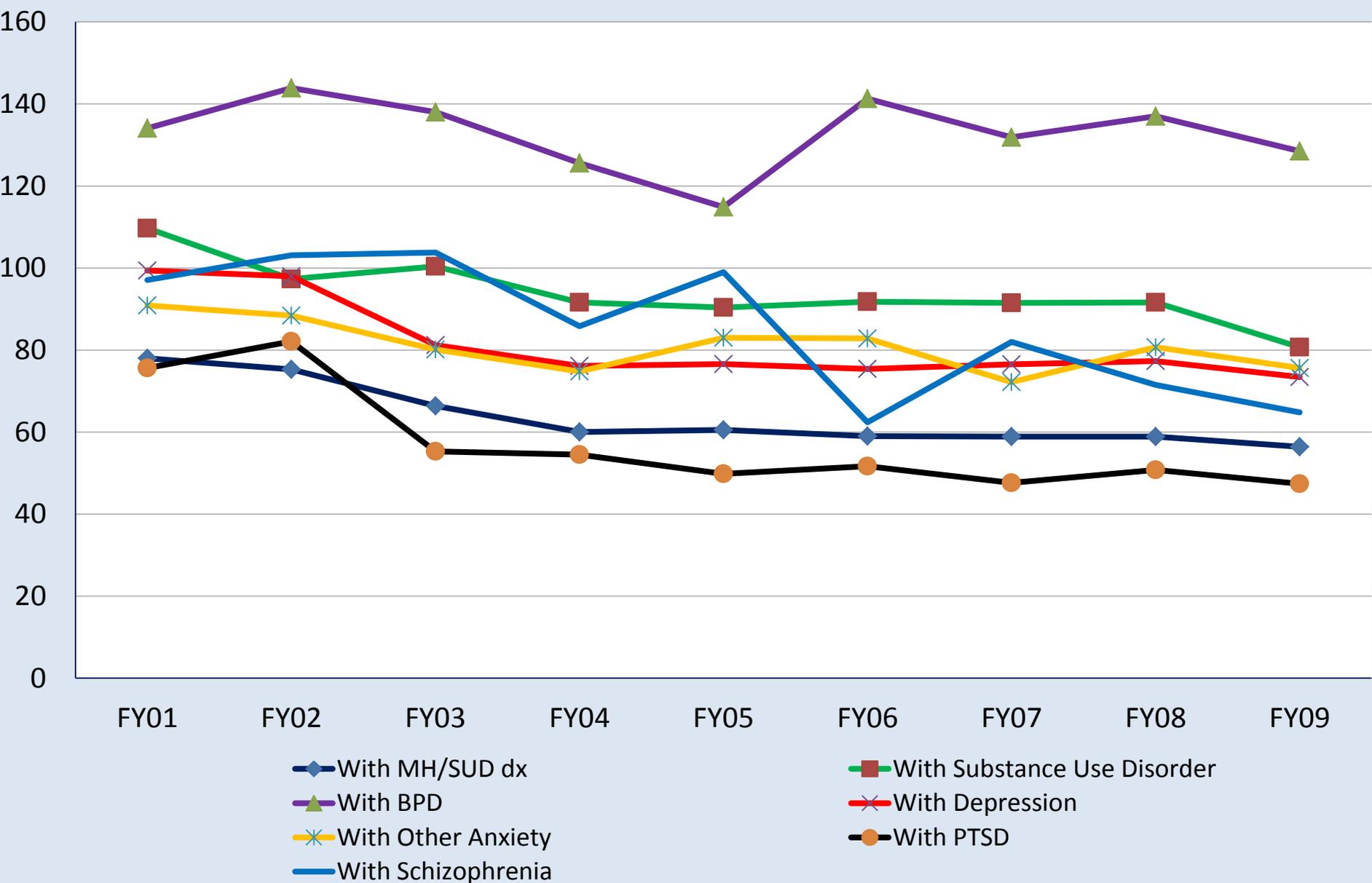


Figure 6. Suicide Rates Per 100,000 Among VHA Users, by Mental Health Condition and Fiscal Year



Protective factors

- Historically, those who have served in the military have had lower rates of suicide.
- In 2008, veterans who utilized VHA services had 47% lower suicide rates than non-utilizers.
- Certain cultural beliefs
 - e.g., motto of “Leave no soldier behind”; military culture of pride, strength, and resilience
- Connectedness to other veterans, group identity

Suicide Prevention at VHA

- 2007 - Joshua Omvig Veterans Suicide Prevention Act
- All medical centers and some of the CBOCs have suicide prevention staff.
- Brief interventions with psychiatric inpatients
- Flag in medical record and assignment of case manager
- Outreach
- Staff training/consultation
- 2 Nat'l Research Centers

Veterans Crisis Line

- Same # as Nat'l Suicide Prevention Lifeline, Press 1 for VCL
- 24/7 crisis counseling: telephone, online chat or via text
- Follow-up call from local suicide prevention staff.
- Has been geared towards veterans, but will also begin to promote Military Crisis Line.



IT'S YOUR CALL

Confidential help for Veterans and their families

 **Veterans
Crisis Line**
1-800-273-8255 **PRESS 1**

Confidential chat at [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net)
or text to **838255**

Safety Planning (Stanley & Brown, 2008)

Better alternative to the “No suicide contract”

Step 1: Warning signs

Step 2: Internal coping strategies

Step 3: People and social settings that provide distraction

Step 4: People whom I can ask for help

Step 5: Professionals or agencies I can contact during a crisis

Step 6: Making the environment safe

Self-Directed Violence Classification System (Brenner, 2010)

- **Web-app:**

<http://www.mirecc.va.gov/apps/activities/sdv/>

- **PDF version:**

http://www.mirecc.va.gov/vsn19/docs/Clinical_tool.pdf

Self-Directed Violence Classification System (Brenner, 2010)

- **Self-Directed Violence:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.
- **Suicidal Intent:** There is past or present evidence (implicit or explicit) that an individual wishes to die, means to kill him/herself, and understands the probable consequences of his/her actions or potential actions.

Self-Directed Violence Classification System (Brenner, 2010)

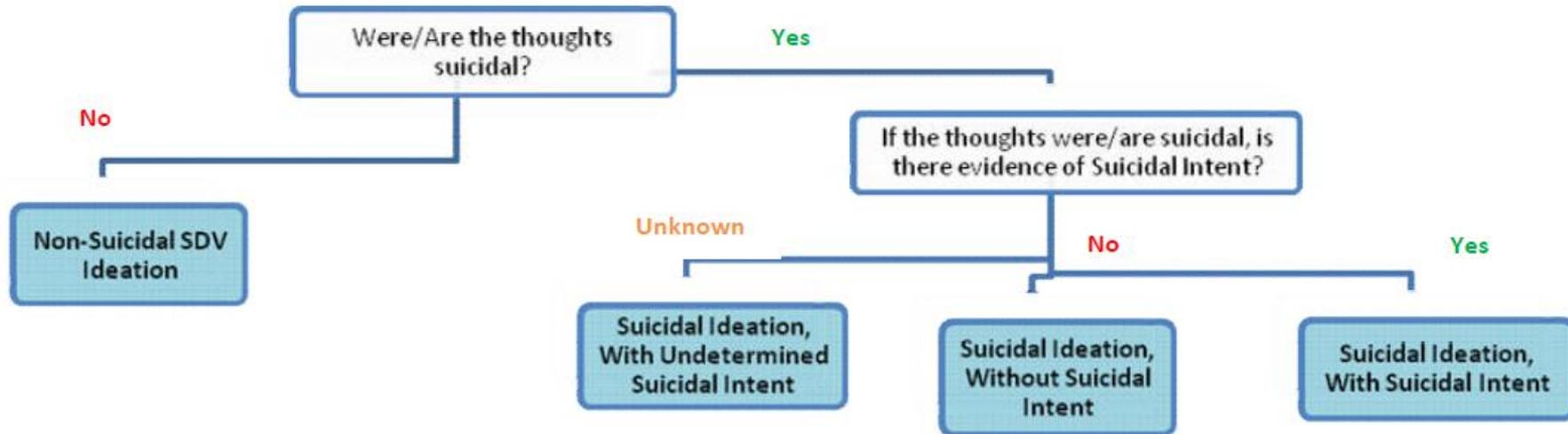
- **Preparatory Behavior:** Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought.
- **Suicide Attempt:** A non-fatal self-inflicted potentially injurious behavior with any intent to die as a result of the behavior.
- **Suicide:** Death caused by self-inflicted injurious behavior with any intent to die as a result of the behavior.

Self-Directed Violence Classification System (Brenner, 2010)

BEGIN WITH THESE 3 QUESTIONS:

1. Is there any indication that the person engaged in self-directed violent behavior, either preparatory or potentially harmful?
(Refer to Key Terms on reverse side)
If NO, proceed to Question 2
If YES, proceed to Question 3
2. Is there any indication that the person had self-directed violence related thoughts?
If NO to Questions 1 and 2, there is insufficient evidence to suggest self-directed violence → NO SDV TERM
If YES, proceed to Decision Tree A
3. Did the behavior involve any injury?
If NO, proceed to Decision Tree B
If YES, proceed to Decision Tree C

DECISION TREE A: THOUGHTS



Final Thoughts

- Do you ask about veteran status?
 - ▣ If so, good to be familiar with and provide information about resources for veterans.
- Be familiar with the MH issues that veterans may face, as well as suicide risk/protective factors
- Ask about access to firearms during intake session
- Increase connectedness to other veterans

Resources

- Community Providers website:
www.mentalhealth.va.gov/communityproviders/index.asp
- www.veteranscrisisline.net
- VA Suicide Prevention Site
www.mentalhealth.va.gov/suicide_prevention/index.asp
- National Call Center for Homeless Veterans
 - 1-877-4AID VET (1-877-424-3838)
 - <http://www.va.gov/HOMELESS/NationalCallCenter.asp>

Suicide Prevention Staff

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THANK YOU!

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