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VETERANS CONNECT @ THE LIBRARY
WEBINAR FUNDED BY CALIFORNIA STATE LIBRARY MENTAL HEALTH INITIATIVE
VETERANS AND MENTAL HEALTH: SUICIDE PREVENTION
PRESENTED BY: TANA TEICHEIRA  LCSW  NCHCS/VA
APRIL 20, 2017
DATA FRONTIER

- WHAT DATA ARE & ARE NOT
- CONSTRUCT & STRUCTURE
- RELIABILITY & VARIABLES
- INTERPRETATION & USE
- DATA TORTURE
VETERAN SUICIDE

- 20 VETERANS DIE BY SUICIDE EACH DAY  7200 EACH YEAR
- 67% BY FIREARMS  FOCUS ON MEANS REDUCTION  FIREARM HYGIENE  MEDS
- 8.5% OF ADULT POPULATION  18% OF ADULT SUICIDES
- 21% HIGHER AMONG VETERANS THAN NON-VETERANS
- 18% HIGHER FOR MALE VETERANS
- 59% HIGHER FOR FEMALE VETERANS
- 65% SUICIDES WERE 50+ YEARS OLD
- HIGHEST AMONG VETERANS 18–29
- LOWEST AMONG VETERANS 60+
- HIGHEST GROUP OVERALL *
Main Finding: Rates of suicide have increased substantially among younger Veterans while remaining relatively stable among civilians 18–29 years of age.
Main Finding: Greater increases in rates of suicide increased to a greater degree were observed among younger female Veterans than among younger female civilians.
## COMPARATIVE RATES OF SUICIDE FOR VETERANS WITH OR WITHOUT CONNECTION

<table>
<thead>
<tr>
<th>Connection to VA Services</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Veterans Connected with VA Services</td>
<td>8.8%</td>
</tr>
<tr>
<td>Veterans Not Connected with VA Services</td>
<td>38.6%</td>
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<tr>
<td>Male Veterans Connected with VA Services</td>
<td>11%</td>
</tr>
<tr>
<td>Male Veterans Not Connected with VA Services</td>
<td>35%</td>
</tr>
<tr>
<td>Female Veterans Connected with VA Services</td>
<td>4.6%</td>
</tr>
<tr>
<td>Female Veterans Not Connected with VA Services</td>
<td>98%</td>
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</table>
SCHEMA: REPRESENTATION OF PLAN-THEORY IN FORM OF OUTLINE-MODEL
SCHEMA MENTAL HEALTH: THOUGHT-BEHAVIOR PATTERNS THAT ORGANIZE NEW INFORMATION AND STRUCTURES INFORMATIONAL RELATIONSHIPS. EXISTENTIAL FRAMEWORK OF UNDERSTANDING. SYSTEM OF ORGANIZING NEW INFORMATION AND PRECONCEIVED IDEAS. RESISTS CHANGING WHEN CONTRADICTED. CONTRADICTIONS RESHAPE-FIT. NOT COMPLEX THOUGHT

1185: JAPANESE SAMURAI GARDENS
1678: SWISS PHYSICIANS IDENTIFY NOSTALGIA
1861-1865: U.S. MILITARY PHYSICIANS DOCUMENT STRESSES OF CIVIL WAR SOLDIERS
1889: JOHNSTOWN FLOOD
1871: DA COSTA IRRITABLE HEART
1905: BATTLE SHOCK MEDICAL CONDITION RUSSIA
1917-1919: SHELL SHOCK DURING WWI
1918: SMITH-PEAR WAR STRAIN EMOTIONS-SYMPHTOMS
1919: FREUD WAR NEUROSIS
1933: HOLOCAUST
1946: FRANKL LOGOTHERAPY
1967: SELIGMAN DOGS
1969: PETTERA-JOHNSON-ZIMMER COMBAT REACTION
1980: POSTTRAUMATIC STRESS DISORDER DSM-III
1981: BUFFALO CREEK
1987: DSM-III-R OMITS ‘NORMAL EXPERIENCE’
1993: VIETNAM TWIN STUDY

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AN ESTIMATED 50–90% OF INDIVIDUALS IN THE UNITED STATES EXPERIENCE AT LEAST ONE TRAUMATIC EVENT DURING THEIR LIFETIME; HOWEVER ONLY A MINORITY OF TRAUMA-EXPOSED INDIVIDUALS DEVELOPS POSTTRAUMATIC STRESS DISORDER (PTSD) (KESSLER ET AL., 1995; ROBERTS ET AL). PTSD CONSTITUTES A RESPONSE TO TRAUMA EXPOSURE THAT INVOLVES INTENSE FEAR, HELPLESSNESS OR HORROR PLUS SYMPTOMS OF PERSISTENT REEXPERIENCING OF THE TRAUMATIC EVENT, PERSISTENT AVOIDANCE OF TRAUMA-ASSOCIATED STIMULI AND NUMBING OF RESPONSIVENESS, AND PERSISTENT INCREASED AROUSAL (AMERICAN PSYCHIATRIC ASSOCIATION 1990). CONDITIONAL RISK OF PTSD IS HIGHLY VARIABLE BY TYPE OF EXPOSURE RANGING FROM 80% AMONG FORMER PRISONERS OF WAR (ENGDAHL 1997) TO ABOUT 50% AMONG RAPE SURVIVORS AND 8% AMONG INDIVIDUALS EXPOSED TO NATURAL DISASTERS (KESSLER ET AL., 1995). DESPITE GAINS IN THE PSYCHOSOCIAL LITERATURE TO IDENTIFY VARIABLES RELATED TO VULNERABILITY IN THE AFTERMATH OF EXPOSURE TO A TRAUMATIC EVENT (BREWIN ET AL., 2000; OZER ET AL., 2003) A LARGE AMOUNT OF VARIANCE REMAINS UNEXPLAINED.
ABLE TO RECOVER QUICKLY FROM MISFORTUNE; ABLE TO RETURN TO ORIGINAL FORM AFTER BEING BENT, COMPRESSED, OR STRETCHED OUT OF SHAPE. A HUMAN ABILITY TO RECOVER QUICKLY FROM DISRUPTIVE CHANGE, OR MISFORTUNE WITHOUT BEING OVERWHELMED OR ACTING IN DYSFUNCTIONAL OR HARMFUL WAYS.
• IDEATION: TALKING OR WRITING ABOUT DEATH, SUICIDE, FEELING BURDENSOME TO OTHERS, HOPELESSNESS

• MEANS OR PLAN: ACQUIRING WEAPONS, ROPE, SHARPS, MEDICATION HOARDING

• BEHAVIOR: SUDDEN OR UNUSUAL CHANGE, RAGE, REVENGE, RISK TAKING, ISOLATION, DEPRESSION

• STRESSORS: COMBAT, PAIN FAMILY, FINANCE, LACK OF SUPPORT, ELDERLY, HEALTH ‘ANNIVERSARY’ DATES
QUESTIONS

• ARE YOU FEELING DEPRESSED, HOPELESS, A BURDEN TO SOMEONE WORRIED ABOUT PRESENT OR FUTURE

• HAVE YOU EVER THOUGHT OF SUICIDE OR OF ENDING YOUR LIFE

• ARE YOU THINKING ABOUT SUICIDE OR HURTING YOURSELF

• DO YOU HAVE PLAN-MEANS-DATE-TIME

• HAVE YOU EVER ATTEMPTED SUICIDE OR HURT YOURSELF INTENTIONALLY

• YOU AREN’T ARE YOU FORMAT

ASKING ABOUT SUICIDE DOES NOT INCREASE CHANCES OF SUICIDE IT REDUCES CHANCES
VALIDATION

- LISTEN ACTIVELY
- ENCOURAGE THE VETERAN OR PERSON TO TELL YOU MORE
- AFFIRM
- INDICATE UNDERSTANDING
- REPEAT AND RESTATE
- REMAIN NON-JUDGMENTAL
- BE CONFIDENT
• ENCOURAGE TREATMENT
• ENCOURAGE CONNECTION WITH NATURAL AND OTHER SUPPORT(S)
• PROVIDE CONTACTS AND INSTRUCTIONS
• UNDERSTAND AVAILABLE RESOURCES AND SERVICES
• KNOW HOW TO REFER
• DIRECT HANDOFF OR ESCORT
• VETERANS CRISIS LINE, 911, ER, TRIAGE
• TREATMENT REDUCES RISK OF SUICIDE
SAFETY

- REDUCE ACCESS TO MEANS
  - SECURING FIREARMS-GUN HYGIENE BY USING LOCKS-GUN SAFES-REMOVAL
  - STATE FIREARM PROHIBITIONS-LAW ENFORCEMENT NOTIFICATION
  - SECURING MEDICATION USING DISPOSAL TAKE BACKS-TRASH
  - SECURING OTHER MEANS  SHARPS-LIGATURES-CARS-CHEMICALS

- HARM TO SELF AND OTHERS-DTO/DTS
  - WELFARE CHECK-RESCUES
  - 5150/5250 INVOLUNTARY HOLDS
  - REDUCING RISK TO OTHERS BY USING TRO AND NOTIFICATION

- SUICIDE SAFETY PLAN
  - DOS AND DO NOTS
  - TREATEMENT-CASE REVIEWS

- CREATE SAFE ENVIRONMENTS
  - INPATIENT
  - OUTPATIENT
  - SURROUNDINGS
  - COMMUNITY AT LARGE

- EDUCATION AND AWARENESS
SUICIDAL IDEATION, THREAT OR GESTURE

- TELEPHONE:
  - KEEP VETERAN ON THE PHONE AND TALKING
  - TRY TO GET NAME, LOCATION, CALL BACK NUMBER
  - GESTURE, WRITE NOTE FOR STAFF HELP, CALL SECURITY, POLICE, 911
  - WARM TRANSFER VCL*

- FACE TO FACE:
  - LISTEN AND ASK QUESTIONS
  - STAY WITH VETERAN ESCORT TO ASSISTANCE, CALL OR GESTURE FOR HELP
  - IF VETERAN LEAVES, CALL POLICE, 911

- OBSERVED:
  - NOTE LOCATION, DESCRIPTION
  - CALL SECURITY, POLICE, 911

- EVALUATION/DETERMINATION:
  - SAFE ON OWN OR IN VOLUNTARY HOLD
VETERANS CRISIS LINE

- ESTABLISHED IN 2007
- MORE THAN 3 MILLION CALLS
- 125,000 RESCUES
- ELECTRONIC CONSULTS SENT
- SPC CONTACT WITHIN 24 HRS
I will never accept defeat.
I will never quit.
I will never leave a fallen comrade.