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VETERANS CONNECT @ THE LIBRARY

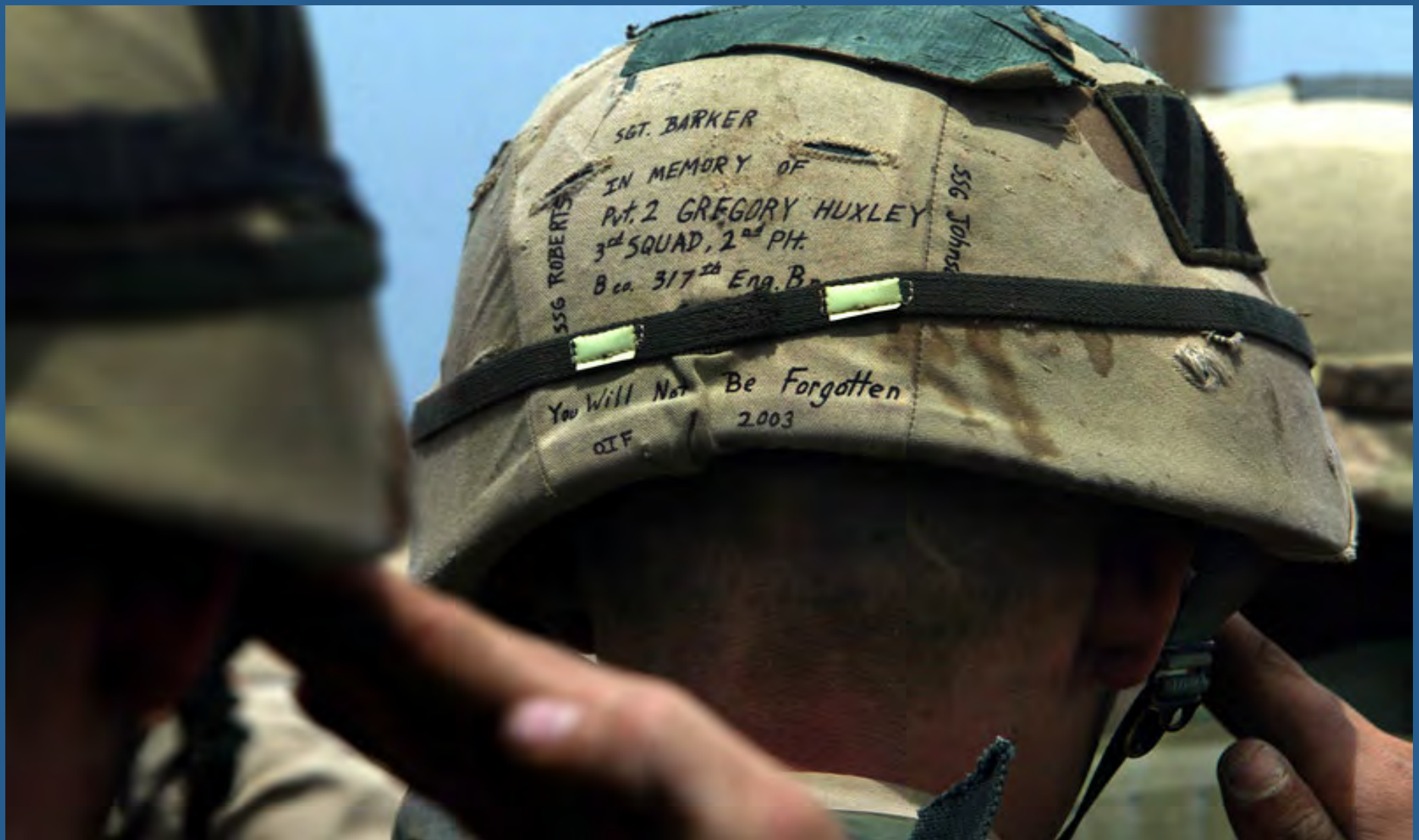
WEBINAR FUNDED BY CALIFORNIA STATE LIBRARY MENTAL HEALTH INITIATIVE



VETERANS AND MENTAL HEALTH: SUICIDE PREVENTION

PRESENTED BY: TANA TEICHEIRA LCSW NCHCS/VA

APRIL 20, 2017

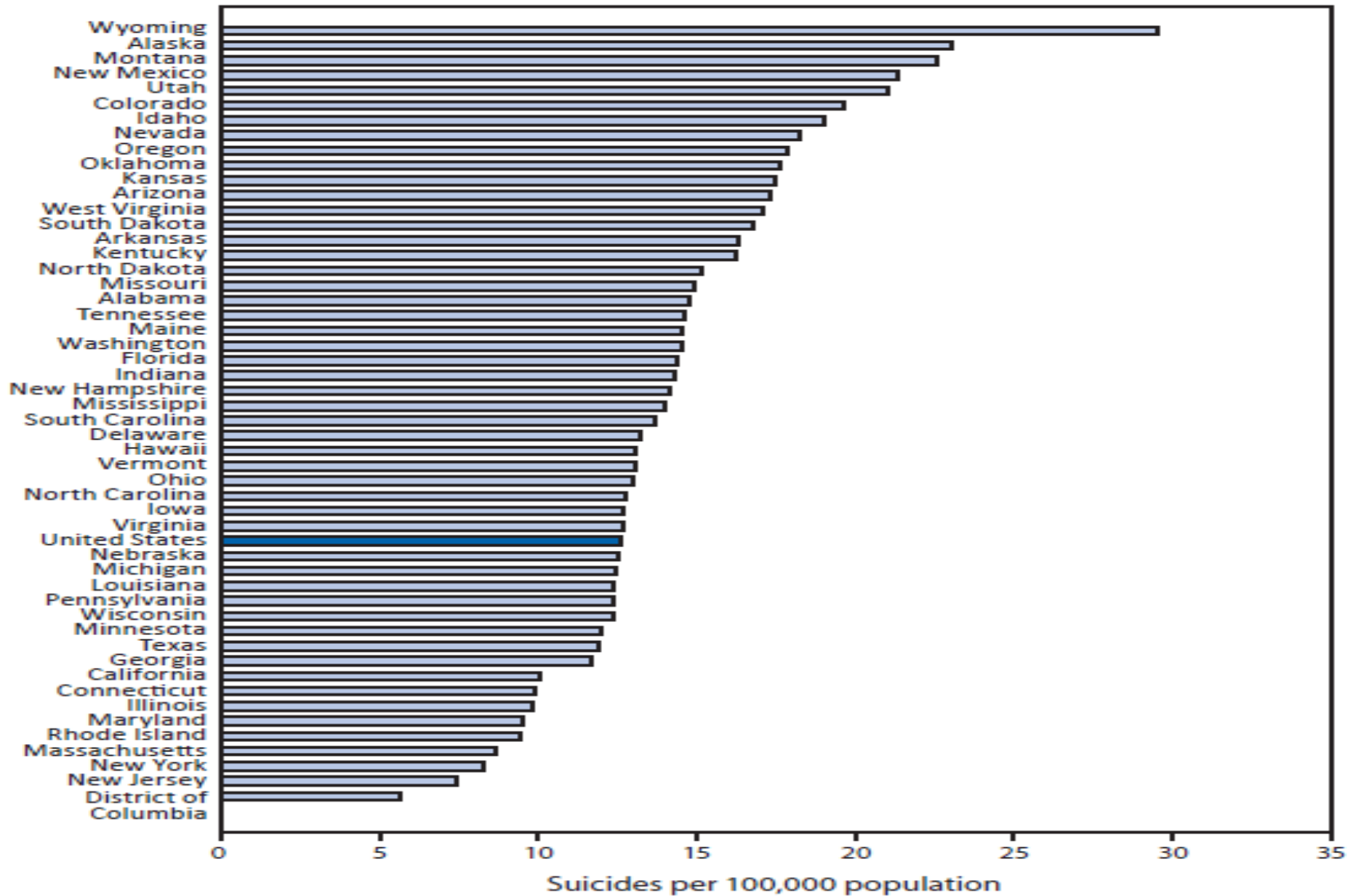


DATA FRONTIER

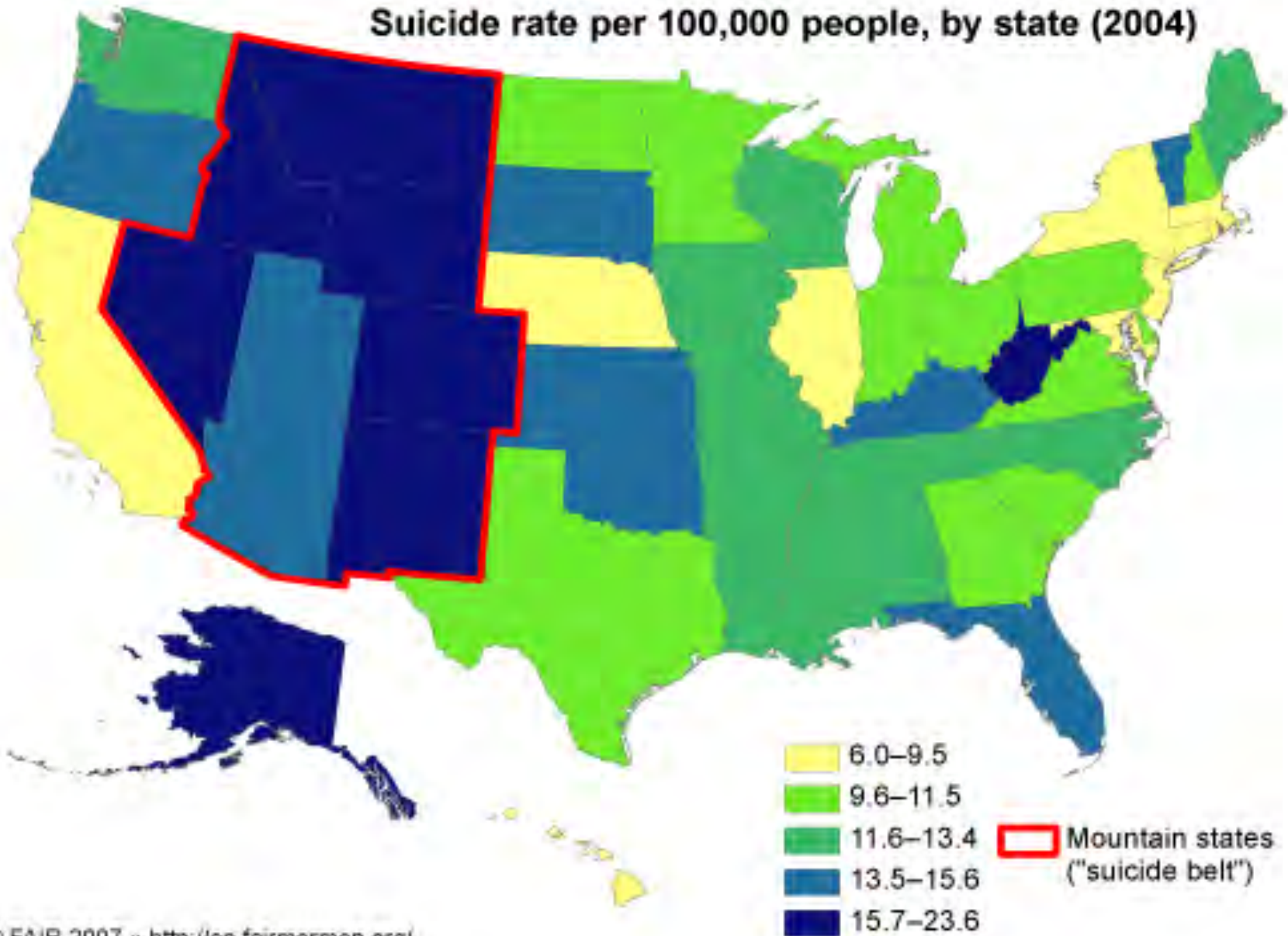
- WHAT DATA ARE & ARE NOT
- CONSTRUCT & STRUCTURE
- RELIABILITY & VARIABLES
- INTERPRETATION & USE
- DATA TORTURE



USA SUICIDES 2014



Suicide rate per 100,000 people, by state (2004)

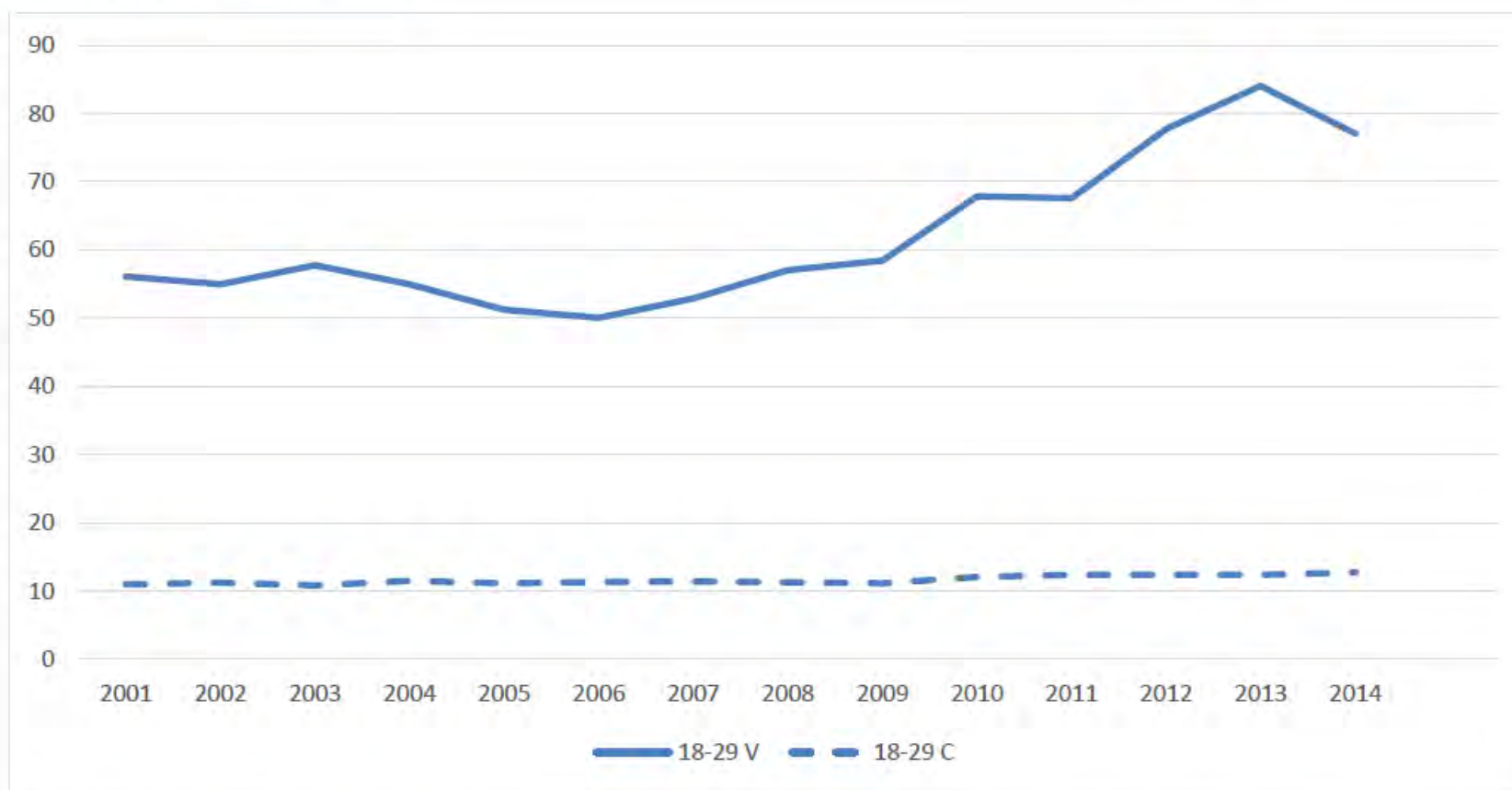


VETERAN SUICIDE

- 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 *

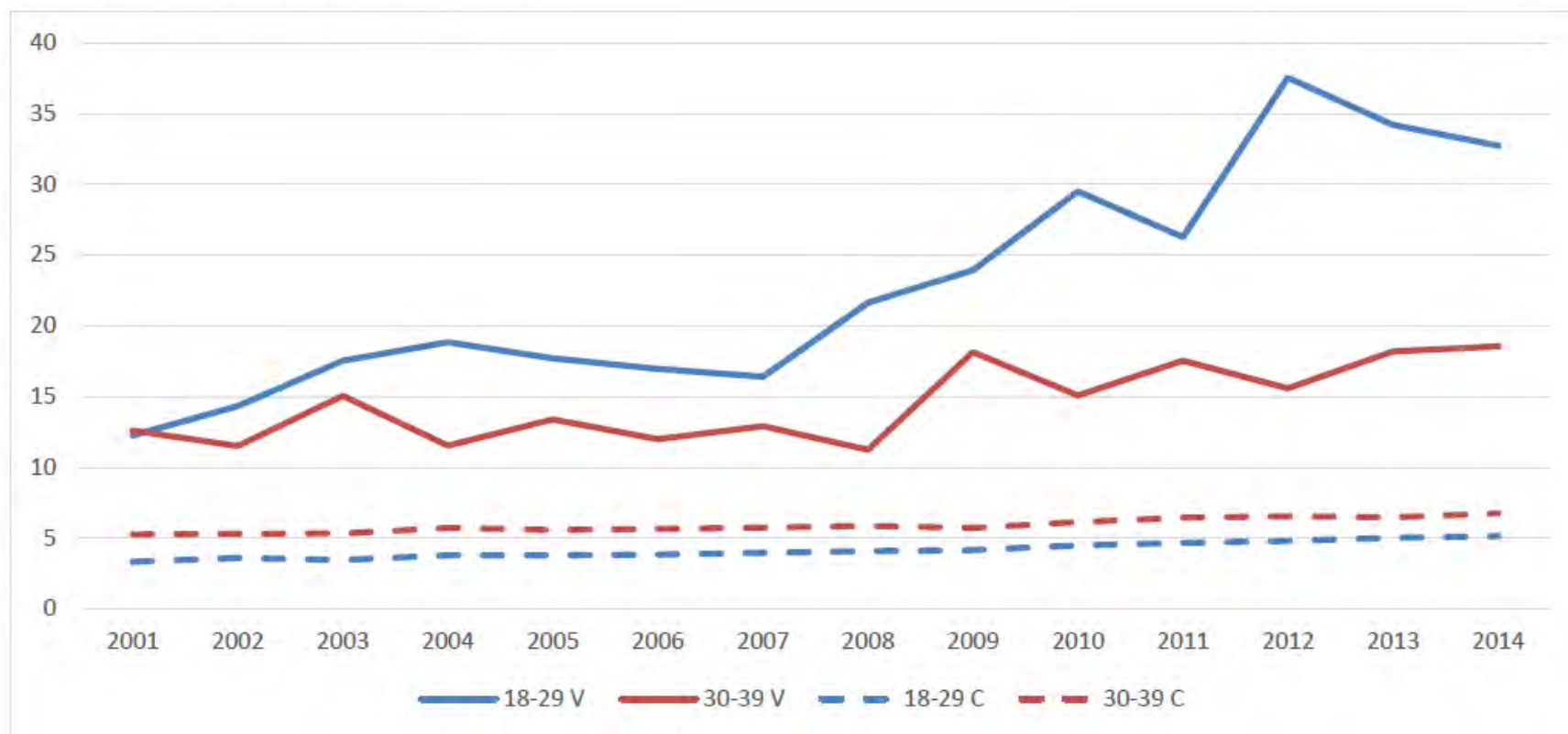


Figure 15. Crude Rates of Suicide by Calendar Year Among Veterans (V) and Civilians (C) Ages 18–29 Years, 2001–2014



Main Finding: Rates of suicide have increased substantially among younger Veterans while remaining relatively stable among civilians 18–29 years of age.

Figure 25. Crude Rates of Suicide by Calendar Year Among Female Veterans (V) and Civilians (C) Ages 18–39 Years, 2001–2014



Main Finding: Greater increases in rates of suicide increased to a greater degree were observed among younger female Veterans than among younger female civilians.

CONNECTION

COMPARATIVE RATES OF SUICIDE FOR VETERANS WITH OR WITHOUT CONNECTION

- VETERANS CONNECTED WITH VA SERVICES 8.8%
- VETERANS NOT CONNECTED WITH VA SERVICES 38.6%

- MALE VETERANS CONNECTED WITH VA SERVICES 11%
- MALE VETERANS NOT CONNECTED WITH VASERVICES 35%

- FEMALE VETERANS CONNECTED WITH VA SERVICES 4.6%
- FEMALE VETERANS NOT CONNECTED WITH VA SERVICES 98%



TRAUMA



SCHEMA

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 RESHAPED-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-SYMPTOMS

1919: FREUD WAR NEUROSIS

1933: HOLOCAUST

1946: FRANKL LOGOTHERAPY

1967: SELIGMAN DOGS

1969: PETERA-JOHNSON-ZIMMER COMBAT REACTION

1980: POSTTRAUMATIC STRESS DISORDER DSM-III

1981: BUFFALO CREEK

1987: DSM-III-R OMITTS 'NORMAL EXPERIENCE'

1993: VIETNAM TWIN STUDY



VARIANCE

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



RESILIENCY

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.

TIME
SAFETY
SUPPORT
TREATMENT
FREQUENCY
INTENSITY
HISTORY
INDIVIDUAL



SIGNS

- 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



TREATMENT

- **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 OTHERSBY USING TRO AND NOTTIFICATION
- SUICIDE SAFETY PLAN
 - DOS AND DO NOTS
 - TREATMENT-CASE REVIEWS
- CREATE SAFE ENVIRONMENTS
 - INPATIENT
 - OUTPATIENT
 - SURROUNDINGS
 - COMMUNITY AT LARGE
- EDUCATION AND AWARENESS



CRISIS

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 INVOLUNTARY HOLD



VETERANS CRISIS LINE



Text to
838255

- 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