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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
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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 *
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.
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

- 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 VA SERVICES: 35%
- FEMALE VETERANS CONNECTED WITH VA SERVICES: 4.6%
- FEMALE VETERANS NOT CONNECTED WITH VA SERVICES: 98%
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. CONTRADICTIONSreshaped-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: PETTERA-JOHNSON-ZIMMER COMBAT REACTION
1980: POSTTRAUMATIC STRESS DISORDER DSM-III
1981: BUFFALO CREEK
1987: DSM-III-R OOMITS ‘NORMAL EXPERIENCE’
1993: VIETNAM TWIN STUDY
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.

TIME
SAFETY
SUPPORT
TREATMENT
FREQUENCY
INTENSITY
HISTORY
INDIVIDUAL

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• 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 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 INVOLUNTARY 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