Suicide Prevention Among Rural Veterans

A Community Based Approach

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Presentation Overview / Learning Objectives

- Why rural and veterans and suicide prevention
- Community Based Participatory Research
- A public health approach to suicide prevention
- A community-based model for Rural Veteran Suicide Prevention
Veteran Suicide Statistics
(Kemp & Bossarte, 2013)

- 20% of U.S. suicide deaths are veterans
- 18 to 22 veterans die by suicide every day
- 1200 veterans attempt suicide every month

Picture by Todd Heisler, The New York Times
Rural Veterans

- 18% of Americans live in rural areas, whereas 23% of veterans live in rural areas (Office of Rural Health Annual Report: Thrive 2015, 2015)
- 35% or more of VA users reside in rural areas (McCarthy et al., 2012)
- Rural Veterans have a 20% increased risk of death by suicide after controlling for access to care, demographic factors, and diagnoses (McCarthy et al., 2012)
Suicide Prevention and Health Care Systems

- Why the health care context matters
  - Suicide deaths: Over 80% had health care visit in prior year, over 60% in prior month, and over half had a mental health diagnosis (McFaul, Mohatt, & DeHay, 2014)

- Training primary care providers is one of the most effective strategies to prevent suicide deaths (Mann et al., 2005)

- Rural providers report less knowledge, training, and confidence to deal with suicide (Diamond et al., 2012)

- Lack of 24/7 Crisis Services in rural areas
GET IN-PERSON SUPPORT

Our walk-in crisis services are open 24/7, and offer confidential, in-person crisis support, information and referrals to anyone in need. View the map to find walk-in crisis services near you.

WALK-IN CRISIS SERVICES LOCATIONS

<table>
<thead>
<tr>
<th>METRO DENVER REGION</th>
<th>NORTHEAST REGION</th>
<th>WESTERN SLOPE REGION</th>
<th>SOUTHEAST REGION</th>
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<tr>
<td>1561 W 84th Avenue</td>
<td>12055 W 2nd Place</td>
<td>515 28 3/4 Road</td>
<td>1302 Chinook Lane</td>
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<tr>
<td>Westminster, CO 80031</td>
<td>Lakewood, CO 80228</td>
<td>Grand Junction, CO 81501</td>
<td>Pueblo, CO 81001</td>
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<tr>
<td>6508 S. Santa Fe Drive</td>
<td>2206 Victor Street</td>
<td>115 S Parkside Drive</td>
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<tr>
<td>Littleton, CO 80120</td>
<td>Aurora, CO 80045</td>
<td>Colorado Springs, CO</td>
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<tr>
<td>1000 Alpine Avenue (West</td>
<td>4353 E. Colfax Avenue</td>
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<td>Entrance)</td>
<td>Denver, CO 80220</td>
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<td>Boulder, CO 80304</td>
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Rural Suicide Crisis: Scenario

- A young veteran calls a VSO in a suicidal crisis
- Lives an hour outside of a town 4.5 hours from the nearest VA Medical Center
- Veteran Crisis line in New York wants the VSO to take the Veteran to the VA Medical Center
- ER puts the Vet in a room and waits

Photo by Jesse Varner
https://www.flickr.com/photos/molas/75794704
What do we do?

- Leverage the strengths
  - Rural = More Veterans per capita
  - Resilience = Role models are everywhere
  - Social Cohesion = People working across otherwise disparate systems know each other
  - Trust = Community insiders must lead
  - Mission = Strengthen protective factors, enhance community supports, address health system shortfalls
How do we do community-based suicide prevention?
Community Based Participatory Research

- Evidence-based approach to reducing health disparities (Wallerstein and Duran, 2010)

- But why *Research*?
  - Conceptual frame of investigation to action
  - But grounded in local community knowledge
  - Adapt and change as you learn—research as continuous quality improvement
Community as Co-Researcher

- We are experts in suicide prevention, you are experts in your community
  - People know what will work and what won’t in their communities
  - If you let communities figure out their own solutions, suicide rates go down
- Identify new strategies → Local EBPs
Community Leadership,
Community Ownership
Public Health Approach to Suicide Prevention

- Clinical Approach = Risk Assessment and treatment
- Public Health
  - Prevention
  - Target all members of a population
  - Increasing public knowledge
  - Ecological model
Figure 1. Ecological Systems Theory
(Adapted from Bronfenbrenner, 1979)

Flexible and Adaptable

Problem: How do you develop a replicable prevention program within a CBPR framework emphasizing community planning to address local contexts?

Answer: Emphasize the function of intervention activities over the form (Henry, Allen, Fok, Rasmus, & Charles, 2012)
Community Levels for Suicide Prevention

- European Alliance Against Depression (Hegerl et al., 2008)
- Evidence-based, public health, ecological

4 Levels of Community Intervention
- Improve access to crisis services
- Train Primary Care Providers
- Train Community Gatekeepers
- Reduce Stigma
Together With Veterans

1. Crisis Intervention
2. Primary Care Education
3. Community Gatekeeper Training
4. Public Awareness
5. Strengthen Protective Factors

European Alliance Against Depression

WICHE Mental Health Program
Menu of Options

- Compendium of evidence-based and promising practices
- Gather information regarding all relevant practices and resources for each of the 5 intervention levels.
- Conduct a critical appraisal of the practices and resources identified.
- Develop a final list of practices and resources based on critical appraisal.
Level 1: Crisis Intervention

**Who:** Rural Veterans and service members who are at increased risk for depression and suicidal crisis.

**What:** Provide information about currently available VHA and community resources for crisis and support services.

**How:** Distribute VHA posters, fliers, and other resources advertising available crisis services; Develop materials to educate about how to use crisis and support services and dispel any myths that may hinder use.

**Anticipated Impact:** Increased awareness and utilization of available VHA and community crisis and support services.
Level 1: Crisis Intervention

Operation Reach Out
By The Guidance Group Inc.
Open iTunes to buy and download apps.

COLORADO CRISIS SERVICES
supporting a stronger state of mind

DSTRESSLINE
1.877.476.7734
A SERVICE OF THE MARINE CORPS

A PLACE TO CALL
FOR THOSE WITH THE COURAGE TO ANSWER OUR NATION’S CALL

WICHE Mental Health Program
Celebrating 50 Years
Level 2: Train Primary Care

Who: Primary Care Practice (PCPs) that provide care to rural Veterans.

What: Enhance PCP knowledge of depression/suicide and PCP practices for identifying and treating people at-risk for crisis.

How: Distribute evidenced-based training and resources to PCPs.

Anticipated impact: Increase PCP knowledge and provision of basic mental health screening, risk assessment, and office protocols for care of Veterans at-risk for suicide.
Level 2: Train Primary Care

Counseling on Access to Lethal Means (CALM)

TTIWW: A Primary Care Approach
Level 3: Train Gatekeepers

Who: Rural community members including both lay citizens and professionals (e.g., clergy, first responders, teachers and school personnel including community colleges, veteran service organization leadership).

What: Enhance community competence to identify and refer Veterans at risk for suicide to appropriate services.

How: Provide evidence-based community gatekeeper training--such as ASIST, Yellow Ribbon, and QPR--to individuals who are likely to interact with Veterans at-risk for suicide.

Anticipated impact: Increase in community’s capacity to identify and provide help to Veterans at-risk for suicide.
Level 3: Train Gatekeepers

- LivingWorks
- ASIST
- QPR Institute
- QPR for Vets
- Connect
- Training for Military Personnel
- Suicide Prevention and Postvention
- WICHE Mental Health Program
Level 4: Raise Awareness

Who: Rural community members.

What: Conduct a public relations campaign using advertising strategies to reduce stigma about mental health and increase acceptability of seeking help for emotional support.

How: Display posters, fliers, billboards, and/or broadcast public service announcements that are tailored to rural communities.

Anticipated Impact: Decrease in attitudes of stigma about mental health; Increase in attitudes of acceptability about seeking help for emotional support; increased knowledge of supporting an individual in distress.
Level 4: Raise Awareness

THERAPY from the creators of pork chops and fighter jets

Man Therapy is a tool designed to help men with their mental health. The more you tell me, Dr. Rich Mahogany, about what you’re up against, the more I can cater the content you see below to your situation. Carry on!

We’re not defined just by our diagnosis. Breaking Down the Stigma with Hope One by One

Stigma Busters

WICHE Mental Health Program
A half-century of promoting excellence in public mental health
Level 5: Strengthen Protective Factors

Who: Veterans and their families in rural communities.

What: Reinforce skills and resiliency of Veterans.

How: Distribute information about resources and training opportunities for transition-related topics such as problem solving skills (e.g., Moving Forward), communication skills and social support (e.g., Family of Heroes), and stress management resources (e.g., Biozen and Tactical Breather).

Anticipated impact: Increase in Veterans’ and family members’ protective factors, including community support networks, problem solving skills, and communication and stress management skills.
Level 5: Strengthen Protective Factors

VA Benefits

311VET will help you find general information about VA Benefits anywhere & any time. 311VET answers and alerts are always free of charge (standard message rates apply). Please do not send PII or PHI to 311VET.

Veterans on Campus Peer Program

Online Military Cultural Competency & Mental Health Training

POS REP

The Social Network for the 0.5%

WICHE Mental Health Program

A half-century of promoting excellence in public mental health
Discussion

Image from www.ColoradoGuy.com
SLV Quick facts

- 122 miles long and 74 miles wide
- SLV is touted as the largest alpine valley in the world
  - surrounded by mountains
- 7,664 feet - “high and dry”
  - <10 inches of annual precipitation
- Necessary to travel over mountain passes to leave the valley
  - Culture of cooperation between Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache counties.
- **Denver**: 235 miles 285 (2 mountain passes) or I-25 N (1 mountain pass), approx. 3 hrs 46 mins – VA Hospital
- **Pueblo**: 122 miles via 1-25 N (1 mountain pass), approx. 1 hr 56 mins – State Hospital
- **Colorado Springs**: 165 miles (1 mountain pass), approx. 2 hrs 34 mins
- **Albuquerque, NM**: 203 miles (US 285 S) approx. 3 hrs 24 mins – VA Hospital
VHA Clinic - Alamosa, CO
SLV Quick facts

- Population ~ 50,000
  - ~10% are Veterans
- Agriculture is primary economic driver
- SLV one of poorest areas in CO
  - 5 of 6 counties among the 11 poorest in Colorado
  - 3 are “persistently poor” – over 20% poverty consistently for the last 30 years
Colonized with recorded history dating back to 1540.

1889: Homelake Veterans Home

- Home for the aging and disabled veterans of the Civil War. First resident was admitted in November, 1891.
- More than 4,000 veterans have lived at the facility, starting with those from the Civil War and continuing to those from current conflicts.
Putting it all Together: Together With Veterans

www.Together-with-Veterans.org
CBPR Players

San Luis Valley Veteran Coalition

Rocky Mountain MIRECC Eastern Colorado Healthcare System

Together with Veterans

Western Interstate Commission on Higher Education (WICHE)

Finalized subcontract to pay for SLV Coalition costs and capacity development in Feb 2016

Finalized MOU in May 2016
Timeline

Spring 2015: WICHE & MIRECC secure funding to engage with a community

Fall 2014: WICHE & MIRECC secure initial funding.

December 19th, 2015
1. Met with Reginaldo Garcia
2. Attended veterans’ “Coffee Break”
3. Meeting with community “champions” for veterans issues

Summer 2015: Phone calls with SLV community contacts

November 2015: First in person visit canceled due to snow storm
First Visit: Meet with local PRC

- Meeting with Reginaldo
  - Rocky Mountain Prevention Research Center
  - Intro to SLV & Challenges
  - “SLV is Alamosa-centric”
  - Adams State “hub” for Vet activities
  - Contacts
  - SLV Community Profile 2010
First Visit: Vets’ Coffee Break

- Informal morning gathering at SLV Museum
  - Creed
  - Dorothy
  - Jayne
  - Museum

- Themes: Negativity towards VA & SLV Behavioral Health
First Visit: Community Champions

- Greg Elliot – Adams State University Counseling; certified ASIST and MHFA trainer
- Richard Nagley – Vets Coalition
- Matthew Martinez - Veteran’s Services Coordinator, Adams State University
- Jayne Salisbury – President of Women's Veterans of the SLV
- Linda Joseph – Veterans Coalition Coordinator
- Kim Bryant – Coordinator, SLV Public Health Partnership
- Creed De Avanzar – Ascension Counseling
Emerging Themes

- Distrust of VA very concrete and current
  - No Doctor at the local VHA clinic for over 18 months.
- Strong local Veteran leadership – existing Veterans Coalition
- Frequent challenges encountered (suicide, drugs, PTSD)
- Wellness orientation
- Strong interest in data
Community Challenges

- Historic problems with the local VA retaining doctors
  - “San Luis Valley veterans say they have been months without a doctor” as reported in Denver Post on September 9th
  - The Alamosa VHA Community Based Outpatient Clinic has approx. 1400 veterans
  - Required to have two doctors with more than 1200 veterans registered
Community Challenges

- Problems with access to services even from non-VA providers
- Suicide, homelessness, and drug abuse are big concerns, but so too is general health care quality and access
- Veterans from ALL deployment eras share many of the same mental, emotional, and social challenges
Needs and Readiness Assessment Phases

- Community Profile
- Community Readiness Assessment
- Needs Assessment by Level
- Baseline Survey*
Reminder:

- Building while Flying
Community Profile

- Define the “community”
  - We thought “Alamosa” → San Luis Valley
    - 6 counties (but not Walsenberg)
- Define the problem in relation to the community
- Started larger, paired down
What have we learned so far?

- Baseline Survey
  - VERY important to SLV Coalition
    - SLV Coalition had 172 Vets on mailing list
    - However, ~ 5000 in SLV
What have we learned so far?

- **IMPORTANCE OF PARTNERSHIPS**

- Example: Many Veterans will not open anything from VA
  - VA can assist in providing contact information for all Veterans registered for services
  - WICHE and the SLV Coalition can distribute surveys and information
  - Figuring out how to leverage
What have we learned so far?

- “Flip” levels of Menu of Options
- Coalition members Identified as “go to” for crisis, raising awareness before any implementation
  - necessitated ASIST training
  - One individual got a call during ASIST training
- Tabletop Exercise
Wild Horses: Heroes Helping Horses
Implementation

- **Menu of Options**
  - ASIST training completed

- **Other Community Resources**
  - i.e. Hero's for Horses

- **CBPR → Evidence Based Practice**
  - Not sure what final product will look like
    - The power of CBPR

- **We are the experts on Suicide → Community are experts on themselves**
Next Steps

- Complete Needs Assessments
  - Waiting for IRB
- Implement multi-level Interventions
- Identify sustainment funding and strategies
- Finalize replicable model for the VA
Many Thanks

- VC-SLV: Linda Joseph, Jayne Salisbury, Richard Nagley, Matthew Martinez, Kimberly Bryant, and Creed de Avanzar
- Women’s Veterans of the SLV
- SLV Veterans Service Officers
- San Luis Valley Behavioral Health Group
- Adams State University
- Dr. Nazanin Bahraini (Co-PI)
- Our research team: Leah Wendleton, Melody Billera, Joe Huggins, Melissa McHarg, Lindsey Monteith, Dennis Mohatt, and Nathaan Demers
References


References


