

# Community Hospices: Suicide Prevention for Vietnam Veterans

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Sponsored by the  
Empowering Community  
Hospices Initiative



WE HONOR VETERANS

# Empowering Community Hospices Initiative

- Majority of hospice care for Veterans is delivered by community hospice programs
- Public Law 115–141
  - Directed VA to undertake a study on the feasibility of implementing hospice care protocols tailored to the unique needs of combat veterans, including Vietnam-era veterans, and to develop a report outlining the techniques, best practices, and support mechanisms to serve these veterans.
- Three Part Series:
  - Moral Injury
  - PTSD
  - Suicide Prevention



# Objectives

*After taking this presentation, participants will be able to:*

- Identify signs of suicidal thought/behavior in Veterans
- Understand and utilize an appropriate assessment tool for defining risk in a Veteran
- Choose appropriate interventions based on personal knowledge and experience
- Discuss options for care related to suicidal ideation, both inside the VA and externally
- Know how to best care for Vietnam Veterans with suicidal thought/behaviors at the end of life



# Why Identify Veterans on Admission?

- Veterans may have experiences related to their military service which lead to unique needs at the end of life.
- Because the unique needs of Veterans may require specific interventions, the first step in addressing these issues is to identify them as Veterans.
- The families of Veterans often share the same values of military culture. It is important to express respect for and interest in their perspectives on the Veterans well-being, needs, concerns and preferences.
- It is also important to be aware of unique health, financial and social resources available to Veterans and their family members.





# WE HONOR VETERANS

*Caring Professionals on a Mission to Serve.*

- We Honor Veterans is a program of the National Hospice and Palliative Care Organization (NHPCO) in collaboration with the Department of Veterans Affairs (VA).
- Invites hospices, state hospice organizations, Hospice-Veteran Partnerships and VA facilities to join a pioneering program focused on respectful inquiry, compassionate listening and grateful acknowledgment.
- Provides tools and resource information to aid in the assessment and support of Veterans and their families taking part in hospice care.
- By recognizing the unique needs of America's Veterans and their families, community providers, in partnership with VA staff, will learn how to accompany and guide them through their life stories toward a more peaceful ending.



# The Military History Checklist

- The [Military History Checklist](#)
  - A short and simple form designed for hospice programs that can easily be implemented within your organization.
  - Available to identify who is a Veteran, evaluate the impact of that experience and determine if there are benefits to which the Veteran and surviving dependents may be entitled.
- The [Military History Checklist Fact Sheet](#) explains the basics of the form and can be handed out to staff
- The [Military History Checklist Guide](#) provides a quick overview of the Military History Checklist questions and their implications.



MILITARY HISTORY CHECKLIST

**PATIENT INFO**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**VETERAN STATUS INFORMATION**

1. Did you (or your spouse or family member) serve in the military?  
Yes ☐ No ☐ If yes, when did you serve? \_\_\_\_\_  
2. Did you have a military service record?  
Yes ☐ No ☐ If yes, when did you serve? \_\_\_\_\_  
3. Did you have a military service record?  
Yes ☐ No ☐ If yes, when did you serve? \_\_\_\_\_  
4. Did you have a military service record?  
Yes ☐ No ☐ If yes, when did you serve? \_\_\_\_\_

**DEPARTMENT INFORMATION**

5. In which branch of the military did you serve?  
Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ Coast Guard ☐ Other ☐ \_\_\_\_\_  
6. In which role or position did you serve?  
Infantry ☐ Cavalry ☐ Artillery ☐ Armor ☐ Engineers ☐ Medical ☐ Logistics ☐ Other ☐ \_\_\_\_\_

**ADDITIONAL INFORMATION**

7. If available, would you like your hospice organization to have military experience?  
Yes ☐ No ☐ \_\_\_\_\_

**CONTACT INFORMATION**

8. Are you enrolled in VA?  
Yes ☐ No ☐ If yes, when did you enroll? \_\_\_\_\_  
9. Do you have a service-connected condition?  
Yes ☐ No ☐ If yes, when did you enroll? \_\_\_\_\_  
10. What is the name of your VA hospital or clinic?  
\_\_\_\_\_  
11. How did you learn about hospice care?  
\_\_\_\_\_  
12. How did you learn about hospice care?  
\_\_\_\_\_

# Assessing for Service-Related Medical Needs

- **Medical Needs Resources**

Understanding how Veterans view their service, whether it is positive or negative, has implications for how they view their disease, especially if it is related to their service.

- To better understand and treat medical problems related to military service, review [needs by war or trauma](#).

- **Services-Related Diseases, Illnesses & Conditions**

- A summary of [Service-Related Diseases, Illnesses & Conditions](#) is available for your hospice team to review.
- VA provides a comprehensive list and information of [diseases and conditions](#).

- **Veteran-related Standards of Practice**

- National Hospice and Palliative Care Organizations' (NHPCO) *Standards of Practice for Hospice Programs* (2010) is a valuable resource to set benchmarks for your hospice and assess the services you provide.
- Specific [Veteran-related standards and practice examples](#) are included in NHPCO's *Standards of Practice for Hospice Programs* (2010).
- The complete version of NHPCO's *Standards of Practice for Hospice Programs* is available for NHPCO [provider members](#) to view online and purchase at NHPCO's [Marketplace](#).



# Assessing for Service-Related Psychosocial Needs

- Deployment and other aspects of military service may place Veterans at increased risk for symptoms of psychiatric illnesses and/or psychosocial stressors which may present unique challenges at the end of life including (but not limited to):
  - Post Traumatic Stress Disorder (PTSD)
  - Anxiety
  - Depression
  - Substance use disorder
  - Military Sexual Trauma
  - Isolation from Family and Friends
  - Homelessness and/or Housing Instability
  - Increased Risks for Suicide
  - Current or past involvement with Justice System
  - Financial strain



# Desire for Hastened Death (DHD) in Terminally Ill

- These thoughts could be evidence of psychological distress, depression, despair
- Could also represent a response to chronic suffering for persons diagnosed with such diseases as advanced cancer and ALS
- Consistent findings, regardless of illness or disease status:
  - high levels of depression, and especially hopelessness have been found to be strong predictors of DHD
  - low levels of spiritual well-being is also a strong predictor
- Pain, social support and sleep disturbance also identified as contributors



# Depression, Suicide and Terminal Illness

- **OBJECTIVES:** To assess the prevalence of desire for hastened death among terminally ill cancer patients and to identify factors corresponding to desire for hastened death.
- 92 terminally ill cancer patients (60% female; 70% white; mean age, 65.9 years)
- **RESULTS:** Sixteen patients (17%) were classified as having a high desire for hastened death based on the Schedule of Attitudes Toward Hastened Death and 15 (16%) of 89 patients met criteria for a current major depressive episode.
- **Desire for hastened death was significantly associated with a clinical diagnosis of depression ( $P=.001$ ) as well as with measures of depressive symptom severity ( $P<.001$ ) and hopelessness ( $P<.001$ ).**
- **CONCLUSIONS:** Desire for hastened death among terminally ill cancer patients is not uncommon. Depression and hopelessness are the strongest predictors of desire for hastened death in this population and provide independent and unique contributions.



FROM: Breitbart W. et.al. JAMA 2000 Dec;284(22):2907-11

# Prevalence of Suicidal Ideation (SI) in Older Adults

- In past year: 6.7-9.2% of all older adults
- • In past month: 11.7% of patients getting home care
- • In past month: 31% of nursing home residents
- • Death wishes in 43% in past month
- • Active SI in 7% in past month



Scocco et al, J Nerv Ment Dis 2001; Nock et al, Br J Psychiatr 2008; Rowe et al, Am J Geriatr Psych 2006;

Raue et al, Int J Geriatr Psych 2007; Scocco et al, J Geriatr Psych Neurol 2009; Malfent et al, Int J Geriatr Psych 2010

Slide from: Gruenewald D, Bickel KE, Schneider J, Parkinson CR, Misa S, Madrigal-Bauguss J, Stiles RL. My Family Would Be Better Off Without Me: Managing Suicidal Ideation and Risk in Palliative and Hospice Care. 2019 American Academy of Hospice and Palliative Care Annual Meeting. March, 15 2019, Orlando, FL

# Older Veterans and Suicide

Compared to younger Veterans, older Veterans who complete suicide are

- More likely to have medical problems and suspected depression
- More likely to die by firearm (83%)
- Less likely to have history of suicide attempts

Last clinical contact often in inpatient medicine (54%) or outpatient medicine/primary care (24%)

Most common stressors:

- Medical problems (61%), loss of a loved one (18%), marital problems or separation (11%)

Root causes of suicides occurring within 3 months of VA medical hospitalization

- lack of standardized processes for evaluating and managing suicide risk
- challenges engaging patients in treatment (e.g., declining recommended treatment, leaving “AMA”)

Karel MJ et al. White Paper: Mental Health and Aging Veterans, 6/30/2017

Slide from: Gruenewald D, Bickel KE, Schneider J, Parkinson CR, Misa S, Madrigal-Bauguss J, Stiles RL. My Family Would Be Better Off Without Me: Managing Suicidal Ideation and Risk in Palliative and Hospice Care. 2019 American Academy of Hospice and Palliative Care Annual Meeting. March, 15 2019, Orlando, FL



# The VA's Suicide Risk Identification Strategy



# VA National Approach Aligns with Hospice Need

The Veterans Health Administration (VHA) Office of Mental Health and Suicide Prevention (OMHSP) has launched an effort to develop and implement a national, standardized process for suicide risk screening and assessment, using high-quality, evidence-based tools and practices

It is essential these questions be asked non-anxiously and non-judgmentally to increase valid reporting

This process includes three stages



# Three-Stage Process

## Primary Screen (PHQ-9 Item 9)

Item #9 will be added to existing clinical reminders for Depression and PTSD

Identifies those who may be at risk

## Secondary Screen (C-SSRS Screen)

Questions specifically query about suicidal thoughts and behavior

Improves specificity of screening

## VA Comprehensive Suicide Risk Evaluation

Conducted via new template designed to inform clinical impressions about acute and chronic risk and associated disposition



# Primary Screen

## Patient Health Questionnaire-9 (PHQ-9) Item #9

*Over the past two weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?*

- ☐ Not At All
- ☐ Several Days
- ☐ More Than Half the Days
- ☐ Nearly Every Day

## PRIMARY SCREEN SCORING

Response of greater than “Not at all” is a positive screen



# Hospice Specific Follow-up

- Necessary to clarify reason behind thoughts and reduce false positives
- “Are these thoughts related to specific ways you might try to kill yourself?”
- If yes, proceed as directed. If no, probe further to understand nature of thoughts.



# Secondary Screen

## Columbia - Suicide Severity Rating Scale (C-SSRS) Screener

- 6 questions that have been divided into 7/8 for ease of administration
- Question 1, 2 (ideation) & 7/8 (behavior) are required



# Reducing Suicide, Redirecting Scarce Resources and Protecting Against Liability with The Columbia Protocol

*A Whole Community Solution*

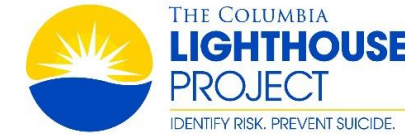
## Why C-SSRS?

- *Reduce Suicide*
- *Reduce Workload*
- *Reduce Liability*

- 6 simple questions to identify who needs help and connect them to lifesaving care
- Anyone can use it – no training required
- Includes all major types of suicidal thoughts and behaviors to uniquely identify those who are otherwise missed
- Uses evidence-based thresholds of imminent risk to reduce unnecessary interventions, and redirect resources to where they are needed most
- The most evidence-supported tool:

- Supported by over 100 studies, making it the minimum standard of care for liability protection
- Endorsed, recommended, or adopted by national and international agencies
- Developed in NIMH effort, now in 140 languages, 10s of millions of administrations

The Columbia Lighthouse Project/Center for Suicide Risk Assessment  
The Columbia Suicide Severity  
Rating Scale (C-SSRS)  
Supporting Evidence



**Top Down Implementation:**  
Accessible, Standardized Protocol Delivered  
to Everyone's Hands

	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk
Always Ask Question 6	Lifetime Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>	High Risk

Any **YES** indicates the need for further care. However, if the answer to 4, 5 or 6 is **YES**, **immediately ESCORT** to Emergency Personnel for care, call 1-800-273-8255, text 741741 or call 911.

DON'T LEAVE THE PERSON ALONE.  
STAY WITH THEM UNTIL THEY ARE IN  
THE CARE OF PROFESSIONAL HELP

# CSSRS Screener

C-SSRS: JO,MCDONALD TESTER

Provide the responses to the following questions for the time period designated.

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

☐ 1. Yes

☐ 2. No

2. Over the past month, have you had any actual thoughts of killing yourself?

☐ 1. Yes

☐ 2. No

3. Over the past month, have you been thinking about how you might do this?

☐ 1. Yes

☐ 2. No

4. Over the past month, have you had these thoughts and had some intention of acting on them?

☐ 1. Yes

☐ 2. No



# CSSRS Screener

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

☐ 1. Yes

☐ 2. No

6. If yes, at any time in the past month did you intend to carry out this plan?

☐ 1. Yes

☐ 2. No

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

☐ 1. Yes

☐ 2. No

8. If YES, was this within the past 3 months?

☐ 1. Yes

☐ 2. No

☒ Use speed tab

Hint: Use the number key of the item to speed data entry.



# SECONDARY SCREEN SCORING

- Yes to 3, 4, or 5/6 in the past month and/or 7/8 in the past three months
- Move on to comprehensive risk evaluation
  - Likely will need to be completed by a mental health consultant and should be done as soon as is practical
  - Take site-specific steps to maintain patient safety until the risk evaluation can be completed



# VA Comprehensive Suicide Risk Evaluation

- Suicidal Ideation
- History of Attempts
- Warning Signs
- Risk Factors
- Protective Factors and Reasons for Living
- Clinical Impressions of Acute Risk (low, intermediate, high)
- Clinical Impressions of Chronic Risk (low, intermediate, high)
- Disposition: Strategies for Mitigating Risk, including appropriate level of care



# Key Concept: Suicidal Intent

**There is past or present evidence (*explicit* or *implicit*) that a person:**

- Wishes to die
- Means to kill him/herself, and
- Understands the probable consequences of his/her actions or potential actions



# Goals of Screening/Assessment Process

- Conduct in a therapeutic and collaborative manner
- Allow the Veteran to share their narrative around their suicidal thoughts and any past behavior
- Stratify acute (minutes to days) and chronic (long-term) risk
- Identify individually-tailored risk mitigation strategies that map onto these levels of risk



# Suicide Risk Stratification

- Chronic – low, intermediate, or high
- Acute – low, intermediate, or high



# High Acute Risk

- Essential features:
  - Suicidal ideation with intent to die by suicide AND
  - Inability to maintain safety independent of external support/help
- Likely to be present:
  - Plan
  - Access to means
  - Recent/ongoing preparatory behaviors and/or Substance Use
  - Acute Axis I illness (e.g., Major Depressive Disorder episode, acute mania, acute psychosis, substance use relapse)
  - Exacerbation of issues related to a personality disorder
  - Acute psychosocial stressor (e.g., terminal diagnosis, change in life expectancy)
- Action:
  - Psychiatric hospitalization (maybe, needs to be tailored to hospice)
  - **It is critical that the clinician never leave the Veteran who is actively expressing suicidal thoughts or in crisis alone or unattended.**



# Intermediate Acute Risk

- Essential features:
  - Similar to those at high acute risk BUT
  - Able to maintain safety independent of external support/help
- Likely to be present:
  - May present similarly to those at high acute risk except for:
  - Lack of intent or preparatory behaviors
  - Reasons for living
  - Ability/desire to abide by Safety Plan
- Action:
  - Consider psychiatric hospitalization (or hospice appropriate alternative)
  - Enhanced outpatient management (e.g., additional follow-up calls, more frequent clinical contact, etc.)
  - **It is critical that the clinician never leave the Veteran who is actively expressing suicidal thoughts or in crisis alone or unattended.**



# Low Acute Risk

- Essential features:
  - No current intent or specific plan AND
  - No preparatory behaviors AND
  - Collective high confidence (e.g., patient, care providers, family members) in the ability of the patient to independently maintain safety
- Likely to be present:
  - May have SI but without intent/plan
  - If plan is present, it is likely vague with no preparatory behaviors
  - Capable of using appropriate coping strategies
    - Willing/able to use Safety Plan
- Action:
  - Can be managed without change to general hospice care
  - Mental health treatment may be indicated



# Chronic Risk Levels

- High
  - Prior Substance Use, chronic conditions (mental health diagnoses, pain, substance use, hypoxia), limited coping skills, unstable/erratic psychosocial status (housing), limited reasons for living
  - Can become acutely suicidal, often in the context of unpredictable situational contingencies
  - Routine mental health f/up, safety plan, routine screening, means restriction, intervention work on coping skills/augmenting protective factors
- Intermediate
  - BALANCE of protective factors, coping skills, reasons for living, and stability suggests ENHANCED ability to endure crises without resorting to SDV
  - Routine mental health care to monitor conditions and maintain/enhance coping skills/protective factors, safety plan
- Low
  - History of managing stressors without suicidal ideation
  - Typically absent: history of SDV, chronic SI, tendency toward impulsive/risky behaviors, severe/persistent mental illness, marginal psychosocial functioning



# Assessment Resources

## Lethal Means Safety Website

<https://www.mirecc.va.gov/lethalmeanssafety/>

## Therapeutic Risk Management

Download the Risk Stratification Tool

<https://www.mirecc.va.gov/visn19/trm/>

**Learn more about the concept of suicidal intent and the self-directed violence classification system**

<https://www.mirecc.va.gov/visn19/education/nomenclature.asp>



# Additional Assessment Tools and Resources with Veteran-Specific Information

- Military Health History Pocket Card for Clinicians
  - <https://www.va.gov/oaa/pocketcard/Military-Health-History-Card-for-print.pdf>
- We Honor Veterans PTSD Section
  - <https://www.wehonorveterans.org/node/162>
- VA National Center for PTSD Community Provider Toolkit
  - [https://www.mentalhealth.va.gov/communityproviders/clinic\\_ptsd.asp](https://www.mentalhealth.va.gov/communityproviders/clinic_ptsd.asp)
- VA PTSD Consultation Program Veterans Crisis Line
  - <https://www.ptsd.va.gov/professional/consult/index.asp>



# Additional Assessment Tools and Resources with Veteran-Specific Information

- **Substance Use Disorder**
  - [\*We Honor Veterans Substance Use Disorder\*](#)
  - [Department of Veterans Affairs](#)
- **Military Sexual Trauma**
  - [\*We Honor Veterans Sexual Trauma Section\*](#)
  - [Department of Veterans Affairs](#)
- **Homelessness**
  - [\*We Honor Veterans- Homelessness Veterans Section\*](#)
  - [Department of Veterans Affairs- Homelessness Section](#)
- **Depression**
  - [Department of Veterans Affairs](#)
- **Mental Health Recovery**
  - [Department of Veterans Affairs](#)
- **Reintegration**
  - [Department of Veterans Affairs](#)



# Interventions for Veterans identified as having suicide risk



# Understand Contributors to Suicidal Thinking and Address the Concerns

- Is the Veteran worried about or experiencing pain?
- Does the Veteran have financial concerns?
- Are there issues regarding loss of control?
- If a combat Veteran, is there a psychological/emotional connection to the experience of threat of life (combat v. cancer)
- Has the Veteran experienced similar illness through a relative/friend and is afraid that he/she will have the same experience?



# Hospice Experience as a Dynamic Process

- Suicidal thinking may change over time
- Contributors to suicidal thinking may also change over time
- There are high risk periods
- Initial: receiving information that Veteran has a potentially terminal diagnosis
- Disease progression
- Loss of functioning



# Use of Tools to Assist Veteran in Understanding Their Personal Goals

- Personal Health Inventory (accessible from VA computer)
- [https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Communications/VA-OPCC-Personal-Health-Inventory-final-508 WHFL fillable.pdf](https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Communications/VA-OPCC-Personal-Health-Inventory-final-508%20WHFL%20fillable.pdf)
- Cleveland Clinic Empathy Video
- [https://www.youtube.com/watch?v=cDDWvj\\_q-o8](https://www.youtube.com/watch?v=cDDWvj_q-o8)
- Cleveland Clinic Empathy Series Continues
- <https://www.youtube.com/watch?v=1e1JxPCDme4>
- Suicide assessment and Nurses  
<http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-20-2015/No1-Jan-2015/Suicide-Assessment-and-Nurses.html>



# Therapeutic Communication and Patient Engagement Skills

- Therapeutic communication skills and relationship development are critical for the development of rapport and trust
- Video shows a Veteran who transitions among several settings of care and demonstrates interactions with clinical staff
- Positive/negative vignettes that demonstrate interaction skills (verbal and non-verbal)
- Includes panel discussion that highlights important aspects of the interactions and embeds Whole Health concepts throughout
- Webinar and Video materials (translatable skills from another nursing population)

<https://www.train.org/vha/course/1078740/>



# Recognition that Veterans as a Group are Complex

- Some combat Veterans may experience hyperarousal, be suspicious and have trust concerns
- Vietnam Veterans may have had negative experiences upon returning to States, and this can continue to affect them, even decades later
- Agent Orange exposure may be contributing to current terminal and/or co morbid conditions that bring the Veteran to hospice care, and Veteran may have angry feelings about this
- Staff can enlist tools/skills that helped the Veteran while he/she was deployed overseas to cope with high stress and life-threatening situations.



# Connection with Local VA

- How to connect with local VA

<https://www.va.gov/directory/guide/home.asp?isflash=1>

- How to access mental health specialists

<https://www.mentalhealth.va.gov/>

- Use of telemental health services (see Resources below)
- Suicide Prevention team



# Role of Chaplains

- Attempt to establish trusting relationship with Veteran by conveying compassion, positive regard, and ministry of presence
- Assess Veteran's spiritual well-being by eliciting whether religion/spirituality is important in areas of self affirmation, guilt/shame remission, forgiveness of self and others, a loving God
- Explore with Veteran spiritual protective factors such as enduring sources of meaning, purpose, self worth, hope, connectedness with self, others, and God (Higher Power)
- Help Veteran identify spiritual drivers of suicidality (risk factors), such as prolonged feelings of perceived burdensomeness (loss of self worth), social alienation (disruption of feeling connected), Thomas Joiner et al (See <https://www.apa.org/science/about/psa/2009/06/sci-brief.aspx>)



# Suicide Safety Planning with Veterans

- Conversation between the Veteran and the clinical professional
- Helps to identify warning signs/triggers
- Also helps to identify internal (what the Veteran can do) and external (people, places and social settings/activities that provide distraction) coping strategies
- Lists support systems: people, professionals, agencies
- Assesses the environment to remove risks
- Safety plan template: <https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown-StanleySafetyPlanTemplate.pdf>
- Safety Plan Guidance: <https://www.mentalhealth.va.gov/communityproviders/clinic-suicideprevention.asp>
  - Department of Veterans Affairs



# Lethal Means Safety and Suicide Prevention

- Nearly 90% of firearm-related suicide attempts are fatal v. 5% by all other means combined
  - Limiting access to lethal means during a period of suicidal thinking can save lives
  - Lethal means counseling that explains the concern, and steps that can be taken to make the person safer
  - Mitigation strategies: restrict quantity of medication (possibly using blister packs), consider keeping meds locked, properly dispose of meds no longer needed; use of firearm locks and ammunition stored in a separate location, (with friend/relative, local shooting club, bank safety deposit box, self-storage unit)
- 
- <https://www.mirecc.va.gov/lethalmeanssafety/facts/>
  - <https://save.org/about-suicide/preventing-suicide/reducing-access-to-means/>
  - <https://www.hsph.harvard.edu/means-matter/recommendations/clinicians/>
  - <http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>



# Additional Interventions

- Inquiry regarding customary routine, to better appreciate preferences, likes, dislikes, and resources the Veteran already can access and utilize
- Peer Support through local VSO, community centers, volunteer groups, social media Veteran support groups, Senior Corps <http://www.seniorcorps.org/>
- Consider referral to recreational and/or occupational therapy staff, who may be at hospice facility or could serve in the home, if available
- Use of electronic devices for entertainment, connecting with extended family, and social media
- Dignity Therapy: bolster the dignity of dying patients, and address suffering. Online toolkit <http://www.dignityincare.ca/en/toolkit.html>



# Additional Interventions

- Behavioral Activation: a strategy to decrease avoidance and isolation often associated with depression and suicidal thinking  
[http://sgec.stanford.edu/content/dam/sm/sgec/documents/video/2012-Webinars/SGEC\\_Handout\\_April\\_2012.pdf](http://sgec.stanford.edu/content/dam/sm/sgec/documents/video/2012-Webinars/SGEC_Handout_April_2012.pdf)
- Behavioral Activation List of activities:  
<https://www.cci.health.wa.gov.au/~media/CCI/Consumer%20Modules/Back%20from%20The%20Bluez/Back%20from%20the%20Bluez%20-%2002%20-%20Behavioural%20Strategies.pdf>
- **Hope Box:** collection of items that make one feel proud, happy, encouraged, comforted or inspired; could be done via literal box, or on an electronic device “Virtual hope box”  
<https://itunes.apple.com/us/app/virtual-hope-box/id825099621>



# Resources



# Telemental Health

- VA offers health services across the U.S. — into clinics, homes, mobile devices, and non-VA sites — via VA Video Connect, an app that promotes “Anywhere to Anywhere” care.
- VA offers tablets for Veterans without the necessary technology to engage with care.
- **Telemental Health Hubs** connect mental health specialists with Veterans at rural sites who require same-day or urgent access to mental health services.  
[www.telehealth.va.gov](http://www.telehealth.va.gov)
- VA’s goal is that all VA outpatient mental health providers will be capable of delivering Telemental Health to Veterans in their homes or other preferred non-VA locations by the end of FY 2020.



# Telemental Health Continued

- Early connection to services is key!
- Once you have initiated care with a Veteran, be sure to inquire about their current connection to services within the VA Healthcare System in your area.
  - Veterans may be working with a VA Medical Center, a Community Based Outpatient Clinic, or a Vet Center.
- If they are connected, reach out to the service provider and inquire about telehealth options.
- If they are not connected, assist in communication with the local resources to start that relationship (if possible and helpful).
- Telehealth services are more easily accessed if there is a previous relationship with the providers, rather than in a moment of crisis.



# Free, Confidential Support 24/7/365



1-800-273-8255 **PRESS 1**

• • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • •

- Veterans
- Family members
- Service members
- Friends



# Suicide Risk Management Consultation Program

## SUICIDE RISK MANAGEMENT Consultation Program FOR PROVIDERS WHO SERVE VETERANS

### Why worry alone?

The Suicide Risk Management Consultation Program provides free consultation for any provider, community or VA, who serves Veterans at risk for suicide.

### Common consultation topics include:

- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

*#NeverWorryAlone*

[www.mirecc.va.gov/visn19/consult](http://www.mirecc.va.gov/visn19/consult)

To initiate a consult email:

[SRMconsult@va.gov](mailto:SRMconsult@va.gov)



# Coaching into Care

Program for families and loved ones of Veterans, helping them encourage the Veteran in their lives to seek support.

**CALL 888-823-7458**



# S.A.V.E. Training

- Suicide prevention training video that's available to everyone, 24/7
- Less than 25 minutes long
- Offered in collaboration with the PsychArmor Institute



Available online for free: [psycharmor.org/courses/s-a-v-e/](https://psycharmor.org/courses/s-a-v-e/)



# Find a Local VA Suicide Prevention Coordinators at

<https://www.veteranscrisisline.net/get-help/local-resources>



# VeteransCrisisLine.net/ResourceLocator

## Resource Locator

### Locate Information and Resources

No matter what you are experiencing, there is support for getting your life on a better track. To find the Veteran resources most helpful for you, fill in your ZIP code or state below and check the boxes of the programs or topics you are interested in. You can also select the National Resource Directory or the SAMHSA Behavioral Health tab to find additional services.

U.S. Department of Veterans Affairs Resources

National Resource Directory Resources

SAMHSA Behavioral Health Treatment Services Locator

### 1 Select a Resource

☐ **Suicide Prevention Coordinators**  
Specially trained Suicide Prevention Coordinators or teams are available at all VA Medical Centers across the country.

☐ **Crisis Centers**  
Search for community-based crisis centers in your area.

☐ **VA Medical Centers**  
VA Medical Centers offer a range of acute care and community-based outpatient services, including mental health care, diagnostics, homeless and alcohol/drug abuse programs, nursing home and respite care.

☐ **Outpatient Clinics**  
Community Based Outpatient Clinics (CBOCs) are local VA locations that provide primary care, counseling, laboratory analysis, prescriptions and radiology services.

☐ **Veterans Benefits Administration Offices**  
Veterans Benefits Administration Offices provide services to Veterans seeking benefits related to compensation, pension, vocational rehabilitation, home loans, death benefits, employment, and disability.

☐ **Vet Centers**  
Vet Centers provide readjustment counseling and outreach services to all Veterans who have served in any combat zone, as well as their family members.

☒ **All**  
See all VA and community-based services in your area.

### 2 Choose Location

Search by Zip Code  Search OR Search by state



## 2 Choose Location

Search by Zip Code  Search OR North Dakota

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Results for **Suicide Prevention Coordinators** in state **ND**

**Monsebroten, Tammy**  
Fargo, ND 58102  
P: 701-239-3700x93556  
F: 701-237-2642  
[tammy.monsebroten@va.gov](mailto:tammy.monsebroten@va.gov);  
[raae.bickett@va.gov](mailto:raae.bickett@va.gov)

Results for **Crisis Centers** in state **ND**

**FirstLink HotLine**  
Fargo, ND 58103  
P: 701-293-6462  
F: 701-235-2476  
[visit website](#)

**--Standing Rock Line--**  
Fargo, ND 58103

Results for **VA Medical Centers** in state **ND**

**Fargo VA Health Care System**  
2101 Elm Street N.  
Fargo, ND 58102  
P: 701-232-3241 Or 701-232-3241  
[visit website](#)



# Community Provider Toolkit

- Free online training on Veteran issues, including military culture, for health care providers
- Includes tips for screening clients for military service
- Military culture training can count for continuing education credits (CEUs):

<https://www.mentalhealth.va.gov/communityproviders/military.asp>



Access the toolkit online:

[www.mentalhealth.va.gov/communityproviders](https://www.mentalhealth.va.gov/communityproviders)



# Presentation Disclaimer

- This presentation and its contents is intended for educational purposes only and does not replace independent professional judgment.
- Any content, whether provided by the VA or presenters is intended for educational, general reference, and information purposes only; is not intended to serve as legal or other advice, or an exhaustive explanation of suicide prevention.
- Content includes: opinions; presentations; references; articles; hyperlinks; or any other 3<sup>rd</sup> party content.
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Questions or Comments