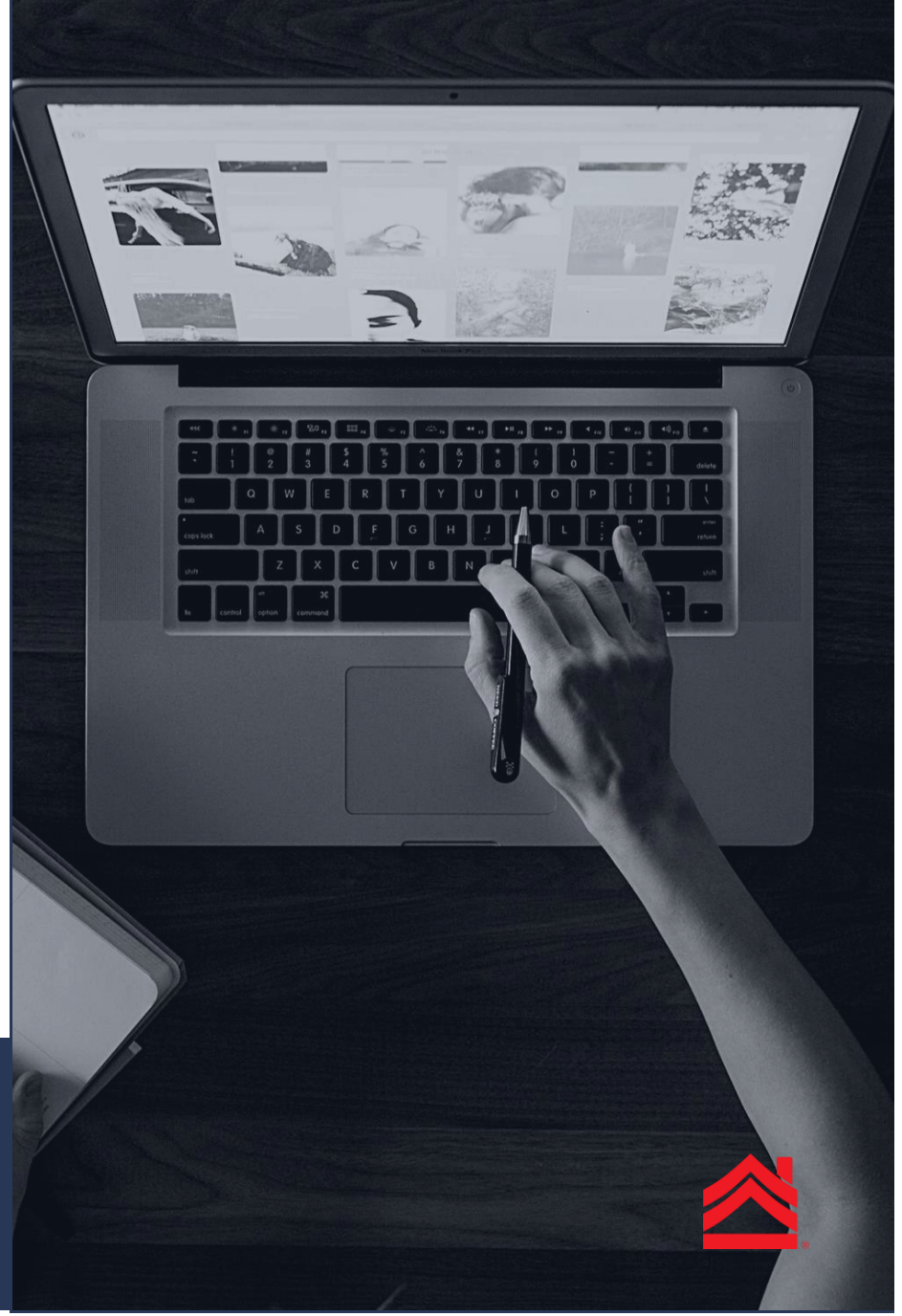
NATIONAL COALITION FOR HOMELESS VETERANS

2020 NCHV ANNUAL CONFERENCE

Virtual Edition



SI 3: INTEGRATING EFFORTS TO PREVENT AND END SUICIDE WITHIN VHA HOMELESS PROGRAMS

VHA Homeless Programs Office

Rocky Mountain MIRECC

INTEGRATING EFFORTS TO PREVENT AND END SUICIDE WITHIN VHA HOMELESS PROGRAMS

Shawn Liu, LCSW, VHA-CM

Community Engagement Coordinator

VHA Homeless Programs Office

Ryan Holliday, PhD

Clinical Research Psychologist

Rocky Mountain Mental Illness, Research, Education and Clinical Center for Suicide Prevention

University of Colorado Anschutz Medical Campus

Disclosure

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The views expressed do not necessarily represent the views or policy of the Department of Veterans Affairs or the United States Government.

Housekeeping

- Suicide is an intense topic for some people.
- If you need to take a break, or step out, please do so.
- If you need someone to talk with, you can also call the National Suicide Prevention Lifeline: 1-800-273-8255
  - Service members and Veterans should press 1 to connect with the Veterans Crisis Line.

Session Topics Overview

- Review of VA's National Strategy to Prevent Suicide
- Review of the Intersectionality of Homelessness and Suicide Risk
- Ways to Identify Those At Risk
- Integrating Homeless Programs into Suicide Prevention Efforts
- Review of Evidence-Based Interventions for Consideration and Supporting Suicide Prevention Locally
- Q&A

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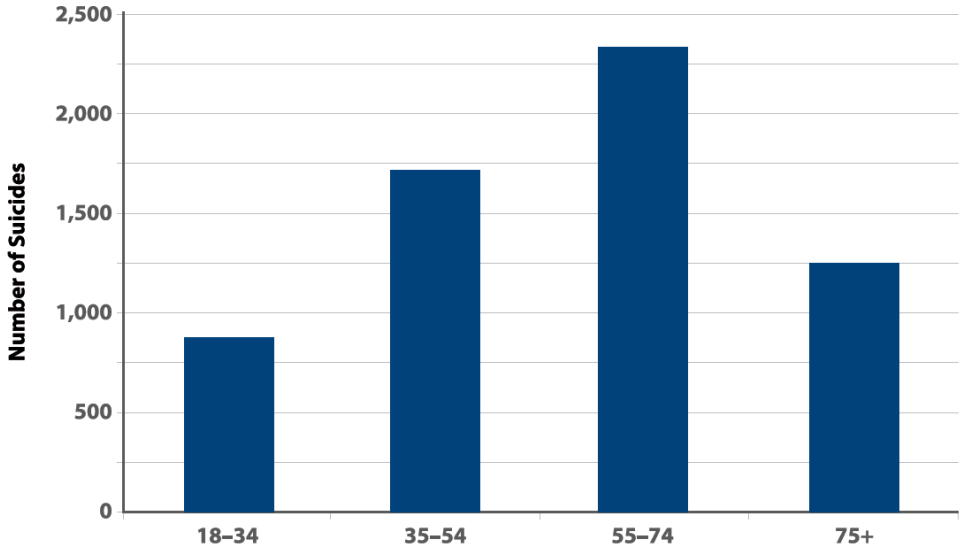
VA'S NATIONAL STRATEGY TO PREVENT SUICIDE

Data: Suicide in the U.S. (2017)

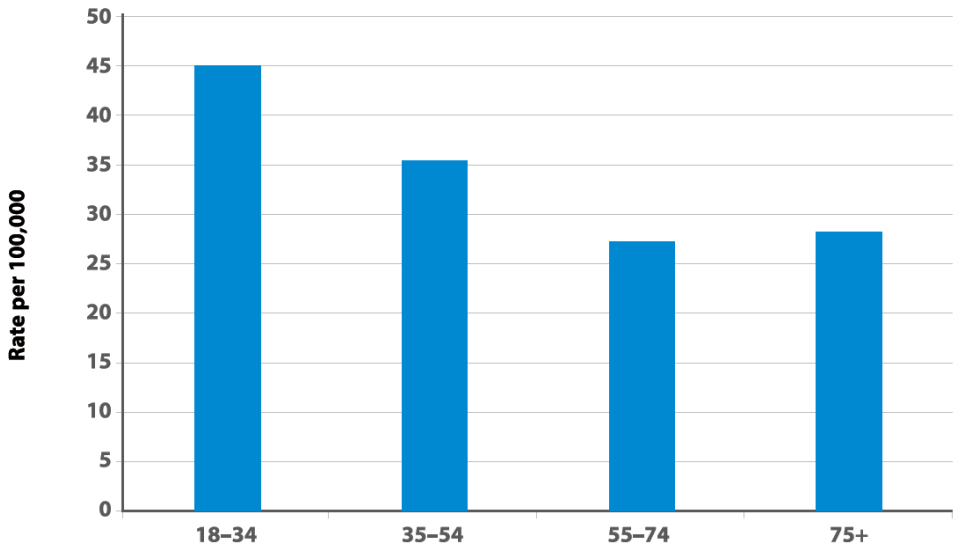
- **National Public Health Problem (as defined by CDC)**
  - Over 45,000 Americans died by suicide in 2017, including 6,139 Veterans.
- **Service Member and Veteran Issue**
  - In 2017, the suicide rate for Veterans was 1.5 times the rate for non-Veteran adults.
- **Veteran Populations at Risk**
  - Younger Veterans.
  - Women Veterans.
  - Veterans in a period of transition.
  - Veterans with exposure to suicide.
  - Veterans with access to lethal means.

Veteran Suicide Deaths: Count vs. Rate (2017)

Veteran Suicide Deaths in 2017

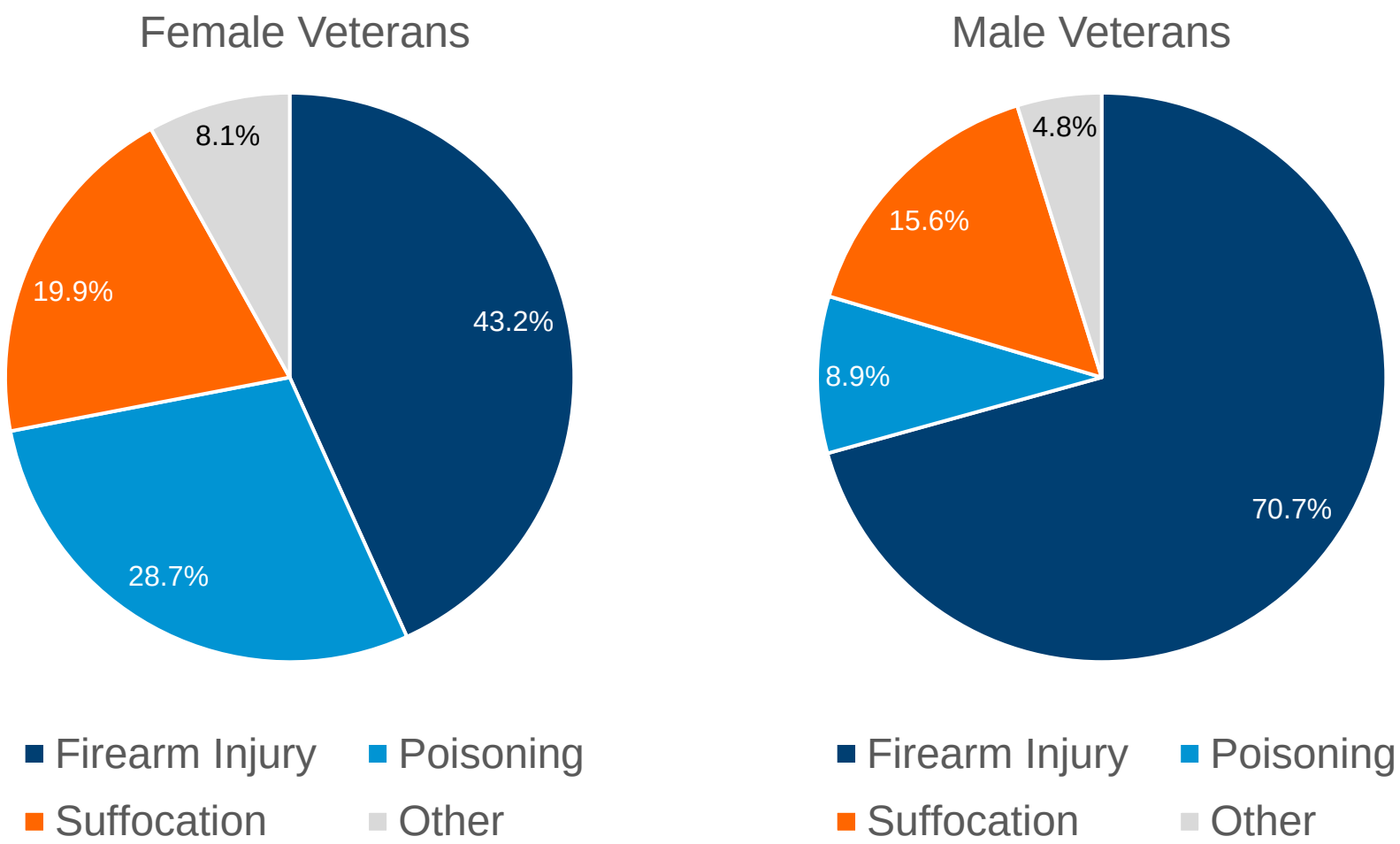


The absolute number of suicides was highest among Veterans ages 55–74.



Veterans ages 18–34 had the highest suicide rate.

U.S. Veterans and Suicide Methods (2017)

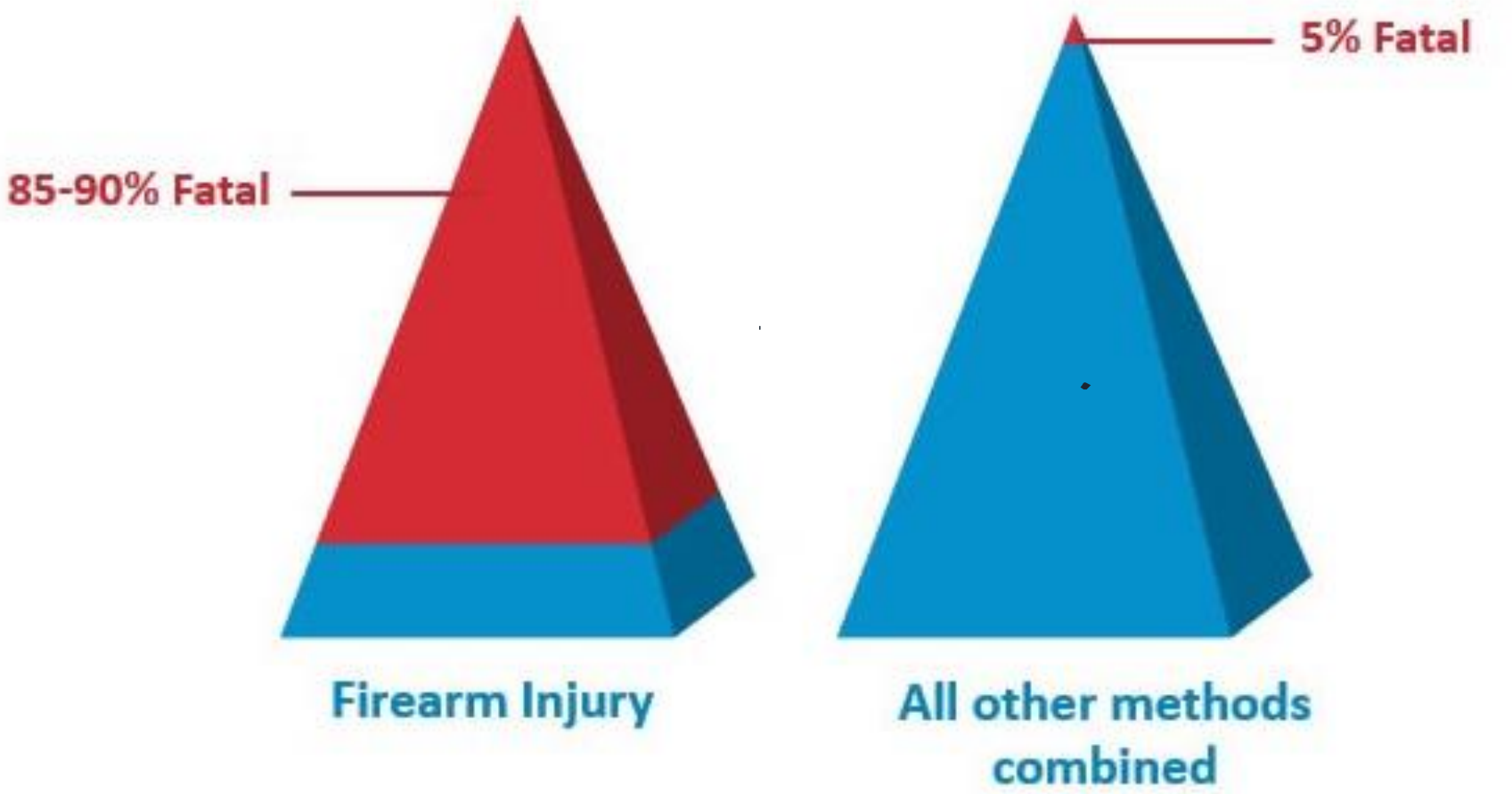


Method of Suicide Among Veteran and Non-Veteran Adults Who Died by Suicide (2017)

Method	Percentage of Non-Veteran Adult Suicide Deaths	Percentage of Veteran Suicide Deaths	Percentage of Male Non-Veteran Adult Suicide Deaths	Percentage of Male Veteran Suicide Deaths	Percentage of Female Non-Veteran Adult Suicide Deaths	Percentage of Female Veteran Suicide Deaths
Firearm	48.1%	69.4%	53.5%	70.7%	31.3%	43.2%
Poisoning	14.9%	9.9%	9.2%	8.9%	32.3%	28.7%
Suffocation	28.7%	15.8%	29.3%	15.6%	26.6%	19.9%
Other	8.4%	5.0%	7.9%	4.8%	9.8%	8.1%

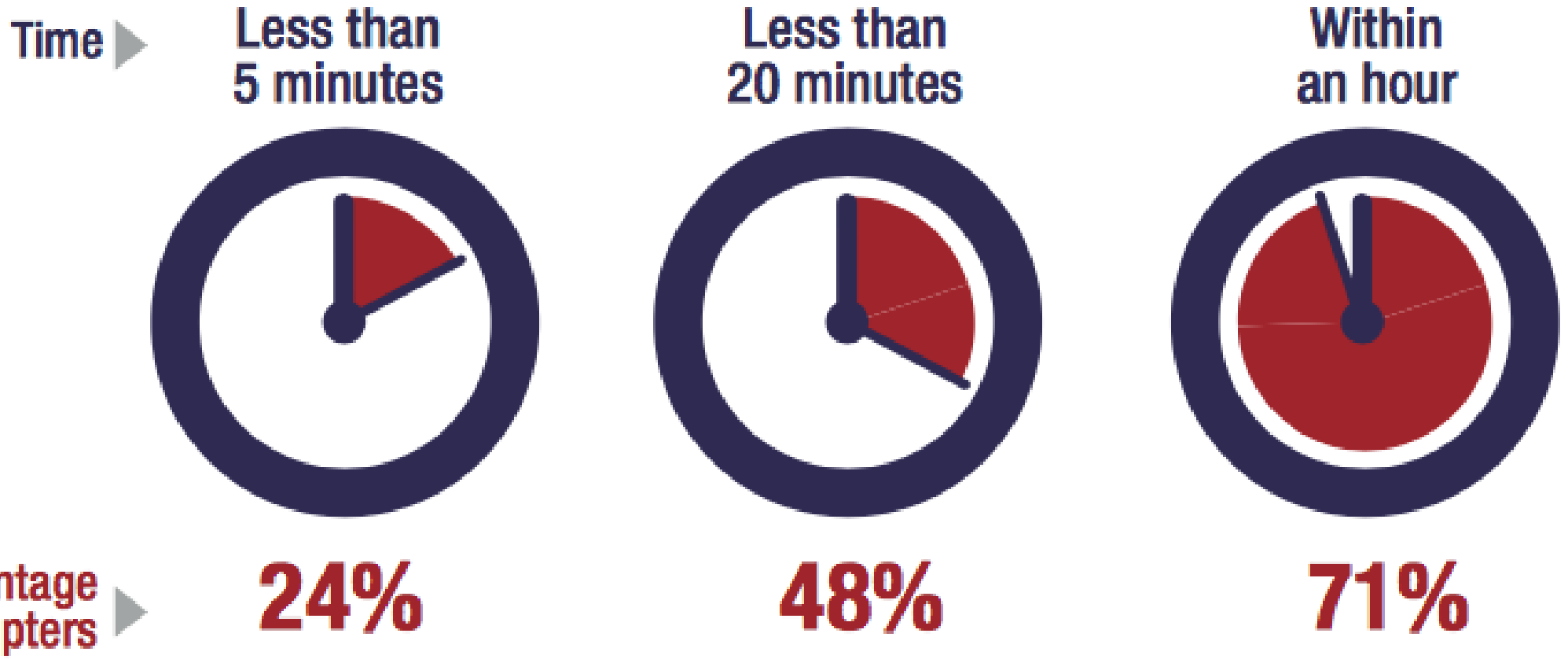
In 2017, 69.4% of Veteran suicide deaths were due to a self-inflicted firearm injury.

Means Matters



Source: CDC WISQARS and US Dept. of Veterans Affairs
https://www.mirecc.va.gov/lethalmeanssafety/facts/

Time From Decision to Action < 1 Hour



Source: Simon, T.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M., and O'Carroll, P.W. Characteristics of Impulsive Suicide Attempts and Attempters. SLTB. 2011; 32(supp):49-59.

What Is the Culture?

- For centuries, suicide has been a taboo topic — not discussed largely due to religious and moral objections.
- Research suggests that most people also hold negative attitudes and/or stereotypes towards people with mental illness.
- Because of this pervasive mentality, it is often difficult for people to admit when they need help.
- We want everyone to understand it’s okay to seek help, and it’s okay to admit you are not okay.
- Everyone has a role to play in promoting a whole health approach and preventing suicide.

Myth

People who talk about suicide are just seeking attention.

Reality

No matter how casually or jokingly said, suicide threats should never be ignored and may indicate serious suicidal feelings.

Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.

Understanding the Cultural Context of Suicide in the United States

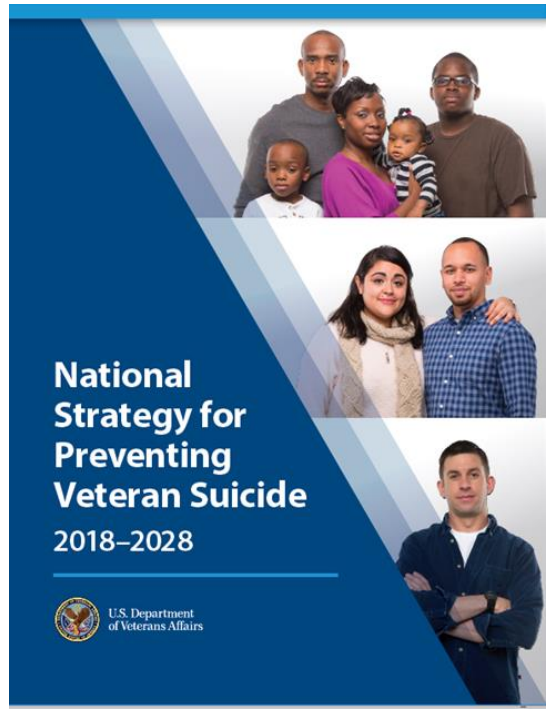
- There is:
  - No all-encompassing explanation for suicide.
  - No single path to suicide.
  - No single path away from suicide.
  - No single medical cause, etiology, or treatment or prevention strategy.

- Instead, suicide involves dynamic and individual interactions between the following domains:
  - International (e.g., war, the global economy)
  - National (e.g., economic disparities, racism, media portrayals and accounts, policies pertaining to lethal means access, policies pertaining to health care access)
  - Community (e.g., health care access, employment rates, level of community services and connectedness, homelessness rates)
  - Family and relationship (e.g., level of social support, intensity of relationship problems)
  - Individual (e.g., health and well-being)

National Strategy for Preventing Veteran Suicide

Goal: Provide a framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention over the next decade.

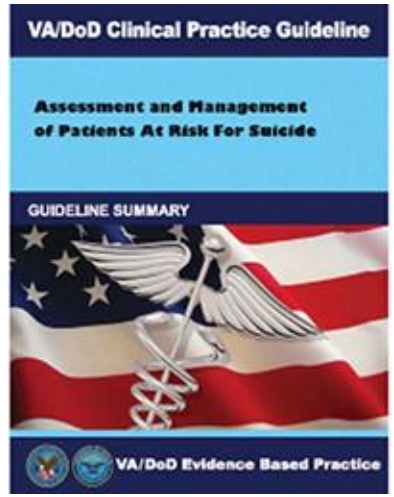
- Aligns with the 2012 National Strategy for Suicide Prevention.
- Consists of 4 strategic directions, 14 goals, and 43 objectives.
- Leverages the public health approach to suicide prevention.
- Focuses on the importance of **collaboration** and **urgency.**



Download a copy at:
www.Mentalhealth.va.gov/suicide_prevention

VA/DoD Clinical Practice Guidelines

The **Assessment and Management of Patients at Risk for Suicide (2019)** clinical practice guidelines describe the critical decision points in the management of Suicidal Risk Behavior (SRB) for suicidal self-directed violent behavior and provides clear and comprehensive evidence-based recommendations incorporating current information and practices for practitioners throughout the DoD and VA Health Care systems. The guideline is intended to improve patient outcomes and local management of patients with SRB.



Disclaimer: Clinical Practice Guidelines are intended for use only as tools to assist a clinician/healthcare professional and should not be used to replace clinical judgment.

https://www.healthquality.va.gov/guidelines/MH/srb/

Public Health Strategy

VA's public health strategy combines partnerships with communities to implement tailored, local prevention plans while also focusing on evidence-based clinical strategies for intervention. Our approach focuses on both what we can do now, in the short term, and over the long term, to implement VA's National Strategy for Preventing Veteran Suicide.

The NOW Plan: Five Planks, 19 Strategies (Including COVID-Specific Priorities)

Plank 1: Lethal Means Safety

Plank 2: Suicide Prevention in Medical Populations

Plank 3: Outreach and Understanding of Prior VHA Users

Plank 4: Suicide Prevention Program Enhancement

Plank 5: Paid Media

Suicide Prevention 2.0 Vision for the Distance: Combining Community & Clinical Interventions

Community Engagement and Partnership Coordinators (CEPCs)

Community-Based Prevention Strategies

- Veterans Integrated Service Networks (VISN)-Wide Community Prevention Pilots (community coalition building)
- Together With Veterans (Veteran-to-Veteran building)
- Governor's/Mayor's Challenge (state-driven suicide prevention planning)

Clinically-Based Interventions

- Evidence-based psychotherapies implemented across the nation (including cognitive behavior therapy for suicide prevention, dialectical behavior therapy, and problem-solving therapy)

Foundation of Adequate Mental Health Staffing
(7.72 outpatient mental health full-time equivalent employees/1,000 Veterans in outpatient mental health)

Suicide
is preventable.

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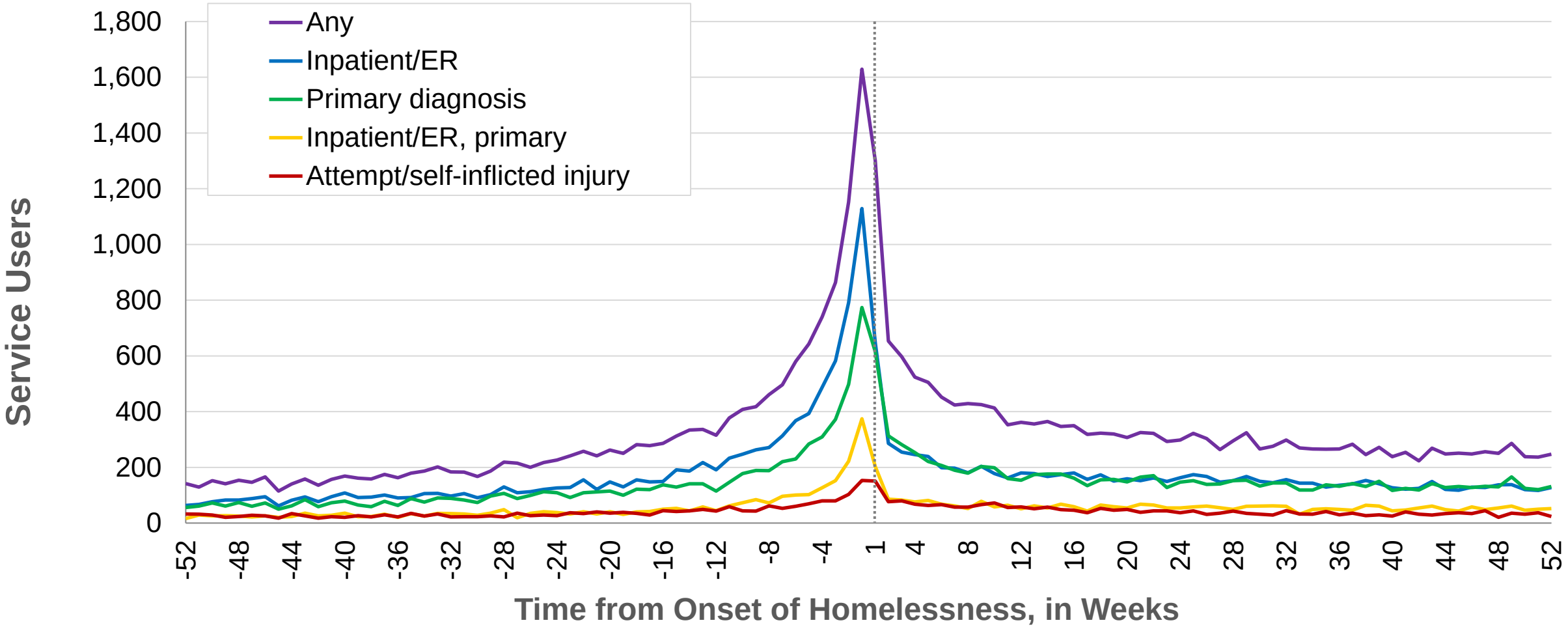
THE INTERSECTIONALITY OF HOMELESSNESS AND SUICIDE RISK

Suicide Risk among Veterans at Risk for Homelessness

- Research, to date, has largely focused on Veterans accessing VA homeless services.

- Similarly, homeless Veterans are more likely to experience a number of factors which increase risk for suicidal self-directed violence, including:
  - Psychiatric symptoms (e.g., PTSD and depression).
  - Complex or acute medical conditions (e.g., hypothermia).
  - Psychosocial stressors (e.g., un/underemployment, criminal justice system involvement).

Suicidality-related Service Use around Onset of Homelessness (n= 152,519 Newly Homeless Veterans)



Culhane, D., Szymkowiak, D., & Schinka, J. A. (2019). Suicidality and the onset of homelessness: evidence for a temporal association from VHA treatment records. *Psychiatric Services*. http://doi.org/10.1176/appi.ps.201800415

Homelessness and Suicide Risk

Association between Suicide Attempts and Homelessness in a Population-based Sample of US Veterans and Non-Veterans

Key Research Findings

- After controlling for common risk factors, results suggest a unique link between homelessness and suicide. **Veterans with a history of homelessness were 8.8 times more likely to have attempted suicide** than Veterans with no history of homelessness (25% vs. 3%).

- Among only *non*-Veterans, 23% of survey respondents with any lifetime homelessness reported lifetime suicide attempts compared to 5% of respondents without any lifetime homelessness.

- In the total study cohort, **lifetime homelessness was significantly and independently associated with lifetime suicide attempts**. The association between homelessness and suicide was **stronger among Veterans** than non-Veterans. Major depressive disorder, bipolar disorder, and borderline personality disorder were also strongly associated with lifetime suicide attempts.

Tsai J and Cao X. Association between Suicide Attempts and Homelessness in a Population-based Sample of US Veterans and Non-Veterans. *Journal of Epidemiology and Community Health*. January 2, 2019; Epub ahead of print.

Homeless Programs as Suicide Prevention

Association between Suicide Attempts and Homelessness in a Population-based Sample of US Veterans and Non-Veterans

"The VHA's current top clinical priority is addressing veteran suicides and there are considerable resources being dedicated to this priority including coordination of VA mental health services, hiring of suicide prevention coordinators and predictive modelling to identify high-risk individuals. However, VHA homeless services are not conceptualized as part of suicide prevention despite tens of billions of dollars spent on preventing and ending Veteran homelessness.

Additionally, it is well-documented that the majority of veterans who commit suicide are not enrolled in VHA services. VHA homeless services are unique because they include outreach to veterans outside of the VHA system who may be at high-risk for homelessness and suicide. The VHA and other healthcare systems may benefit from synergies developed between homeless and suicide prevention services in this era of integrated care."

Tsai J and Cao X. Association between Suicide Attempts and Homelessness in a Population-based Sample of US Veterans and Non-Veterans. *Journal of Epidemiology and Community Health*. January 2, 2019; Epub ahead of print.

Homeless Programs as Suicide Prevention

Suicidal Self-Directed Violence Among Homeless US Veterans: A Systematic Review

"Nearly a quarter of the articles included in this systematic review were published in the past 3 years, suggesting a resurgence of interest in this important topic, possibly in response to the 2010 Federal Strategic Plan to Prevent and End Homelessness (U.S. Interagency Council on Homelessness, 2010).

The goal of ending homelessness among veterans may be an indirect suicide prevention strategy and should be evaluated as such by suicide researchers. However, there remains a significant gap in the literature regarding direct strategies to prevent SDV among homeless veterans."

Hoffberg AS, Spitzer E, Mackelprang JL, Farro SA, Brenner LA. Suicidal Self-Directed Violence Among Homeless US Veterans: A Systematic Review. Suicide Life Threat Behav. 2018 Aug;48(4):481-498. doi: 10.1111/sltb.12369. Epub 2017 Jul 21. PMID: 28731200.

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IDENTIFYING THOSE AT RISK

Risk and Protective Factors

Risk

- Prior suicide attempt
- Mental health issues
- Substance abuse
- Access to lethal means
- Sense of burdensomeness
- Recent loss
- Legal or financial challenges
- Relationship issues
- Homelessness

Protective

- Access to mental health care
- Sense of connectedness
- Problem-solving skills
- Sense of spirituality
- Mission or purpose
- Physical health
- Social and emotional well-being
- Secure housing

Goal: Minimize risk factors and boost protective factors

Those in Crisis Often Display Warning Signs

Learn to Recognize These Warning Signs

- Hopelessness, feeling like there's no way out.
- Anxiety, agitation, sleeplessness, or mood swings.
- Feeling like there is no reason to live
- Rage or anger.
- Engaging in risky activities without thinking.
- Increasing alcohol or drug abuse.
- Withdrawing from family and friends.

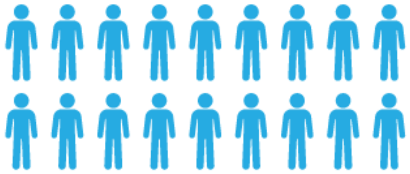
The Presence of the Following Signs Require Immediate Attention

- Thinking about hurting or killing yourself.
- Looking for ways to kill yourself.
- Talking about death, dying, or suicide.
- Self-destructive behavior such as drug abuse, weapons, etc.

Preventing Veteran Suicide

Universal (all)

Universal prevention strategies are designed to reach the entire Veteran population.



Selective (some)

Selective prevention strategies are designed to reach subgroups of the Veteran population that may be at increased risk.

Indicated (few)

Indicated prevention strategies are designed to reach individual Veterans identified as having a high risk for suicidal behaviors.

Predictive Analytics – REACH VET

- Uses data to identify Veterans at high risk for suicide.
- Notifies VA providers of the risk assessment.
- Allows providers to reevaluate and enhance the Veteran's care.

Those engaged in REACH VET have **more health care appointments**, **fewer inpatient mental health admissions**, and **lower all-cause mortality**.

Variables Included in the REACH VET Model

Demographics
Age >= 80
Male
Currently married
Region (West)
Race/ethnicity (White)
(Non-white)
Service Connected (SC) Disability Status
SC > 30%
SC > 70%

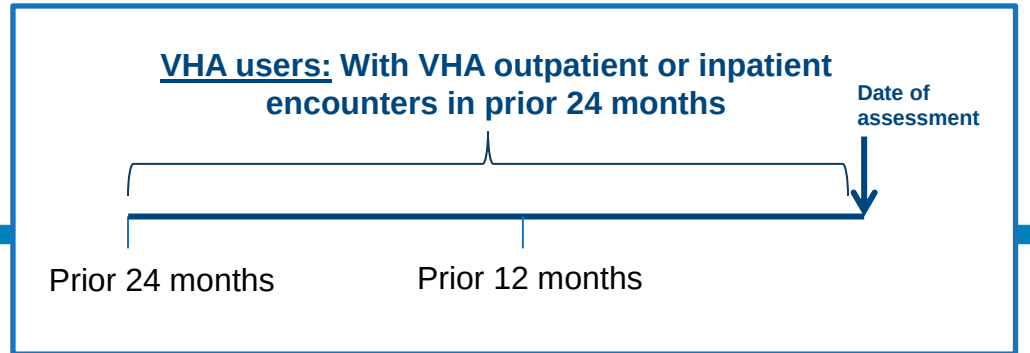
Prior Suicide Attempts
Any suicide attempt in prior 1 month
in prior 6 months
in prior 18 months

Diagnoses
Arthritis (prior 12 months)
(prior 24 months)
Bipolar I (prior 24 months)
Head and neck cancer (prior 12 months)
(prior 24 months)
Chronic pain (prior 24 months)
Depression (prior 12 months)
(prior 24 months)
Diabetes mellitus (prior 12 months
Systemic lupus erythematosus (p ths)
Substance Use Disorder (prior 24 months)
Homelessness or services (prior 24 months)

VHA utilization
Emergency Dept visit (prior month)
(prior 2 months)
Psychiatric Discharge (prior month)
(prior 6 months)
(prior 12 months)
(prior 24 months)
Any mental health (MH) tx (prior 12 months)
(prior 24 months)
Days of Use (0-30) in the 13th month prior
in the 7th month prior
Emergency Dept visits (prior month)
(prior 24 months)
First Use in Prior 5 Years was in the Prior Year
Days of Inpatient MH (0-30) in 7th month prior
Squared
Days of Outpatient (0-30) in 7th month prior
in 8th month prior
in 15th month prior
in 23rd month prior
Days with outpt MH use in prior month, square

Medications
Alprazolam (prior 24 months)
Antidepressant (prior 24 months)
Antipsychotic (prior 12 months)
Clonazepam (prior 12 months)
(prior 24 months)
Lorazepam (prior 12 months)
Mirtazapine (prior 12 months)
(prior 24 months)
Mood stabilizers (prior 12 months)
Opioids (prior 12 months)
Sedatives or anxiolytics (prior 12 months)
(prior 24 months)
Statins (prior 12 months)
Zolpidem (prior 24 months)

Interactions
Between Other anxiety disorder (prior 24 months) and Personality disorder (prior 24 months)
Interaction between Divorced and Male
Interaction between Widowed and Male



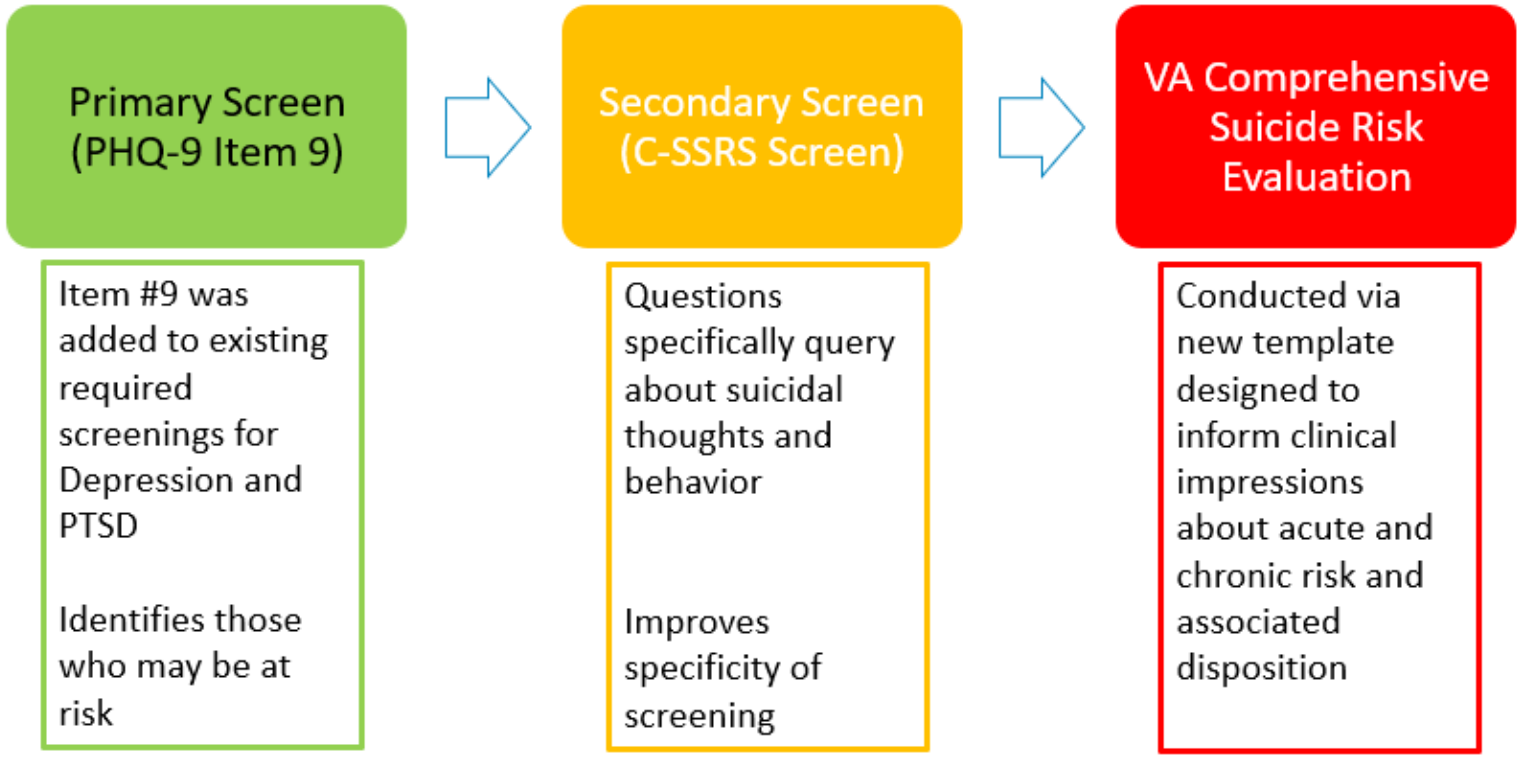
Preventing Homeless Veteran Suicide within VA – RISK ID

- A prime example of preventing homeless Veteran suicide is the integration of RISK ID.
- This initiative focuses on identifying “acute” risk factors for suicide during routine care to inform appropriate clinical recommendations.
- This process utilizes evidence-based measures of suicide risk as well as advocates for empirically-supported interventions based on Clinical Practice Guidelines.

VA/DoD CPG Recommendations 1, 2, 3, & 4

RISK ID

Three-Stage Process



RISK ID – 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.

RISK ID – Primary Screen (C-SSRS)

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?
2. Over the past month, have you had any actual thoughts of killing yourself?
3. Over the past month, have you been thinking about how you might do this?
4. Over the past month, have you had these thoughts and had some intention of acting on them?
5. Over the past month, have you started to work out or worked out the details of how to kill yourself?
6. If yes to Q5, at any time in the past month did you intend to carry out this plan?
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)?
8. If yes to Q7, was this within the past 3 months?

A positive C-SSRS (Columbia) score is a 'Yes' response to items 3, 4, 5, or 8

RISK ID – Comprehensive Suicide Risk Evaluation

- If the CSSRS is positive, same day suicide risk assessment completed by an LIP is required.

- The Comprehensive Suicide Risk Evaluation assesses history of suicidal thoughts and behaviors, assessment of acute and chronic risk, and administration of evidence-based strategies to mitigate risk.

Minimum Requirements by Setting (as of 3/19/19)

Setting	Screening and/or Evaluation Requirements	Primary Screen (I9)	Secondary Screen (C-SSRS) based upon positive Primary Screen or Program Requirement	Comprehensive Evaluation (CSRE) Based upon Positive Secondary Screen or Program Requirement
All VHA Homeless Programs (except Health Care for Re-entry Veterans, Health Care for Homeless Veterans Outreach, and Veterans Justice Outreach for currently incarcerated Veterans).	During intake evaluation. As clinically indicated.			

Myth

The only one who can really help someone who is suicidal is a mental health counselor or therapist.

Reality

Special training is not required to safely raise the subject of suicide.

Helping someone feel included and showing genuine, heartfelt support can also make a big difference during a challenging time.

S.A.V.E.: Teaching Communities How to Help Veterans at Risk for Suicide

S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is in suicidal crisis.

- **S**igns of suicidal thinking should be recognized
- **A**sk the most important question of all
- **V**alidate the Veteran's experience
- **E**ncourage treatment and Expedite getting help

S.A.V.E. Training

- A PsychArmor course developed in collaboration with the Department of Veterans Affairs.

- After taking this 25-minute course, you will:
  - Develop a general understanding of the problem of suicide in the United States.
  - Understand how to identify a Veteran who may be at risk for suicide.
  - Know what to do if you identify a Veteran at risk.

- S.A.V.E. is available as a free online Veteran suicide prevention training found on www.psycharmor.org/courses/s-a-v-e/ or through VA suicide prevention resources across the country, which can be found using VA's resource locator at www.VeteransCrisisLine.net/ResourceLocator.

VHA Homeless Program Office

INTEGRATION OF HOMELESS PROGRAMS INTO SUICIDE PREVENTION EFFORTS

Integrating Homeless Programs with Suicide Prevention

- This Deputy Undersecretary for Health Operations and Management (DUSHOM) memorandum, issued June 8, 2018, outlines guidance on the roles and responsibilities of VAMC homeless programs regarding suicide prevention efforts.

- Specifically the memo requires:
  - Monthly collaboration between homeless programs and Suicide Prevention and REACH VET Coordinators to identify high risk Veterans, currently engaged in homeless programs, for additional clinical contact and services.

  - At least one homeless program staff person at each facility becomes a S.A.V.E. Trainer and works with Suicide Prevention Coordinators to conduct S.A.V.E. trainings with community partners and Veterans participating in VHA homeless programs to the greatest extent possible.

Integrating *SSVF* with Suicide Prevention

VA | U.S. Department of Veterans Affairs

News Release

Office of Public Affairs
Media Relations

Washington, DC 20420
(202) 461-7600
www.va.gov

FOR IMMEDIATE RELEASE
Sep. 14, 2020

VA awards $1.3 million to support Veterans at elevated risk of suicide from experiencing or being at risk of homelessness

WASHINGTON — The U.S. Department of Veterans Affairs (VA) announced today it recently awarded $1.3 million in grants to 11 regional homelessness nonprofit organizations to bolster suicide prevention services for Veterans who are experiencing or at risk of homelessness.

VA's combined public health approach to preventing suicide and addressing homelessness aims to improve the identification of Veterans in need within the community, increase Veteran and community awareness of suicide risk and protective factors, and increase Veterans' connectedness to community and care resources.

"Our data shows Veterans are at particular risk for suicide within 30 days of an eviction or the onset of homelessness, especially when it is paired with other risk factors, such as financial instability and difficulty meeting basic needs," said VA Secretary Robert Wilkie. "In response, VA is working hard during this challenging time to ensure Veterans who are experiencing or are at risk of homelessness have the support they need."

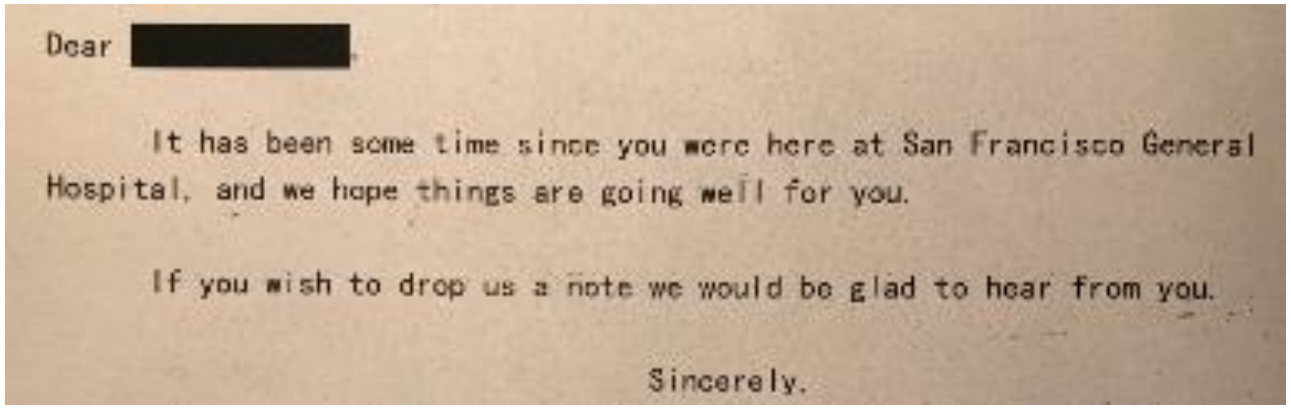
SSVF and VA Office of Mental Health and Suicide Prevention Partnership Opportunity

- SSVF and OMHSP program offices will provide resources and guidance to grantees to assist in implementing the following evidence-based practices:
  - Improving Identification of Suicide Risk.
  - Promoting Connectedness.
  - Improving Care Transitions.

VHA Homeless Program Office

EVIDENCE-BASED INTERVENTIONS FOR CONSIDERATION AND SUPPORTING THE WORK

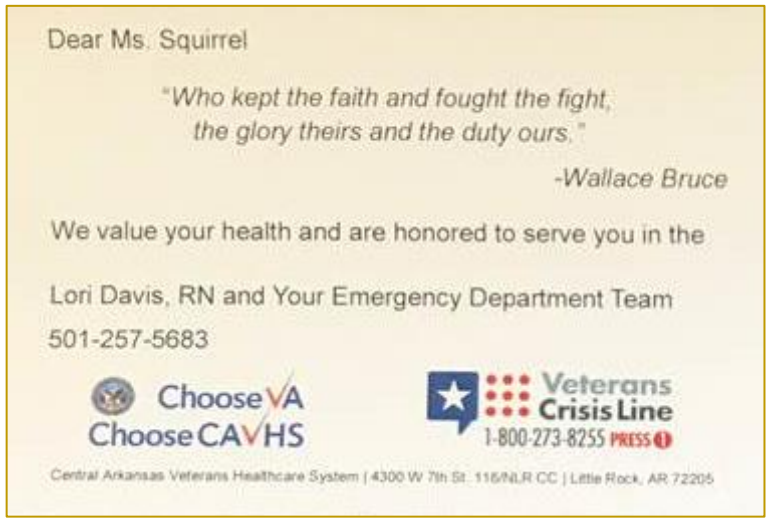
Caring Contacts


Dear [redacted],

It has been some time since you were here at San Francisco General Hospital, and we hope things are going well for you.

If you wish to drop us a note we would be glad to hear from you.

Sincerely,


Dear Ms. Squirrel

"Who kept the faith and fought the fight,
the glory theirs and the duty ours."

-Wallace Bruce

We value your health and are honored to serve you in the

Lori Davis, RN and Your Emergency Department Team

501-257-5683

Choose VA
Choose CAVHS

Veterans Crisis Line
1-800-273-8255 PRESS 1

Central Arkansas Veterans Healthcare System | 4300 W 7th St. 116/NLR CC | Little Rock, AR 72205


Dear Ms. Squirrel

All of us at CAVHS Emergency Department wish you a happy birthday and good health in the years to come!

Lori Davis, RN and Your Emergency Department Team

501-257-5683

Choose VA
Choose CAVHS

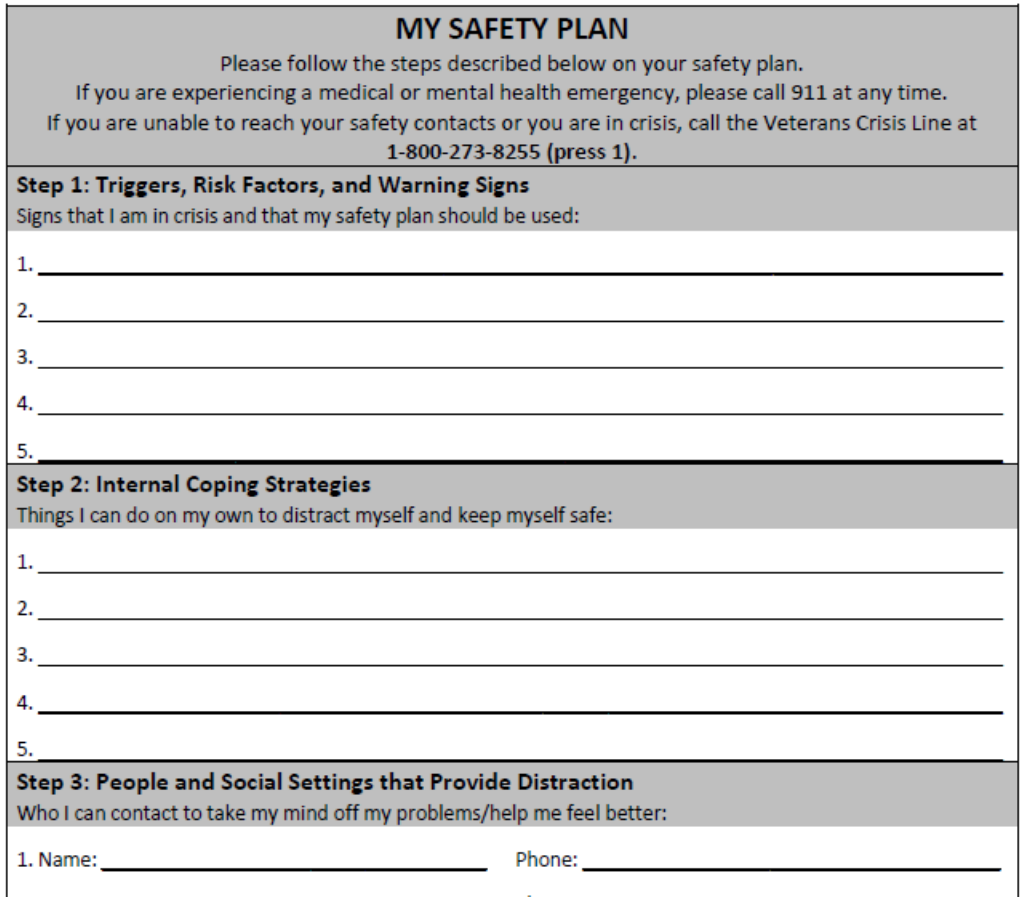
Veterans Crisis Line
1-800-273-8255 PRESS 1

Central Arkansas Veterans Healthcare System | 4300 W 7th St. 116/NLR CC | Little Rock, AR 72205

https://highline.huffingtonpost.com/articles/en/how-to-help-someone-who-is-suicidal

Preventing Homeless Veteran Suicide within VA – Safety Planning

- Safety Plans are a brief intervention focused on identifying risk factors early and using coping strategies to decrease risk.
- A primary focus of this tool is to increase self-efficacy and autonomy while decreasing repeat hospitalizations.
- Nonetheless, emergency resources are reviewed should they be necessary.



MY SAFETY PLAN

Please follow the steps described below on your safety plan.
If you are experiencing a medical or mental health emergency, please call 911 at any time.
If you are unable to reach your safety contacts or you are in crisis, call the Veterans Crisis Line at **1-800-273-8255 (press 1).**

Step 1: Triggers, Risk Factors, and Warning Signs

Signs that I am in crisis and that my safety plan should be used:

1. _____
2. _____
3. _____
4. _____
5. _____

Step 2: Internal Coping Strategies

Things I can do on my own to distract myself and keep myself safe:

1. _____
2. _____
3. _____
4. _____
5. _____

Step 3: People and Social Settings that Provide Distraction

Who I can contact to take my mind off my problems/help me feel better:

1. Name: _____ Phone: _____

VA/DoD CPG Recommendations 8 & 15

Preventing Homeless Veteran Suicide within VA – Indicated Treatments

- In addition to Safety Planning, the CPGs advocate for a number of treatment approaches which can address risk for suicide, for example:
  - Psychotherapy: CBT, DBT, Problem-Solving Therapy.
  - Pharmacotherapy: Ketamine, Lithium, Clozapine.

- These treatments can differ in their evidence-base as well as their indication (e.g., ketamine for those with depression).

- Additionally, Veterans may benefit from treatment focused on drivers of risk (e.g., Prolonged Exposure Therapy for PTSD).

VA/DoD CPG Recommendations 6, 7, 8, 9, 10, 11 & 12

Post-Discharge Engagement

VA Monitors Inpatient and Residential Mental Health Discharges for Outpatient Mental Health Care Engagement.

- An internal measure tracks the percentage of inpatient and residential MH discharges with outpatient MH engagement within 30 days, post-discharge.

- The “Post Discharge Engagement Patient Tracking Report” and the “HUD-VASH Inpatient and Residential Treatment Report” are available to assist with monitoring of these measures.

Lethal Means Safety: Firearms

- Ask Veterans at low risk for suicide whether they keep firearms in their homes.
- Discuss ways they can protect themselves and others in their home from unintentional harm, including by safely storing firearms.
  - Safe storage means storing firearms unloaded and in a secure location, such as a firearm safe, when not in use. Avoid sounding judgmental; begin conversations with open-ended questions (e.g., “Do you have any concerns about the accessibility of your weapons?”).
  - Focus on Veterans’ health. Mental health professionals are equipped to advise Veterans about the potential health risks of firearms and collaboratively brainstorm harm-reduction measures.
- Counsel Veterans at risk for suicide, and their families or other household members, on temporarily storing firearms outside the home until it is again safe, if viable according to state law.
- If not possible, discuss other ways to reduce access to lethal means (e.g., suggest removing firing pins or having someone other than the Veteran hold the keys to their gun safe).

Lethal Means Safety: Medications

- Discuss safe storage or disposal of opioids and other drugs with Veterans before they reach a crisis point.
  - The VA Center for Medication Safety has information on safe medication disposal: www.pbm.va.gov/vacenterformedicationsafety/vacenterformedicationsafetyprescriptionsafety.asp

Gaps in Understanding and Clinical Care

- Irrespective of housing instability, many Veterans do not access VA care.
- Understanding of risk and needs of homeless Veterans outside of VA care remains limited.
- Nonetheless, homeless Veterans outside the VA may differ from other subsets of this population for a number of reasons:
  - Clinically complex.
  - May lack private insurance.
  - Higher rate of not qualifying for comprehensive VA services.

Gaps in Understanding and Steps to Prevent Suicide

- While research and programing continue to grow outside the VA, understanding of routine practice remains difficult to study and likely variable based on location and resources

- While many of the VA's programs may be beneficial within the community, their feasibility may be limited:
  - Advocating for a treatment which might not be available.
  - Contextual factors such as rurality or street-dwelling.

Methods of Navigating Clinical Complexity

Given clinical presentation of homeless Veterans and propensity to access services across multiple modalities (e.g., VA, community), several factors can be considered to enhance care.

- Partnering with VA services
  - Community-based organizations can consider partnering with VA to enhance care, this can increase the amount of services available for the Veteran
  - This can also increase continuity in care (e.g., medication regimen, history of suicidal self-directed violence) should the Veteran move or change providers

- Consider consulting with the Suicide Risk Management consultation service
  - The Suicide Risk Management Consultation service is a service free-of-charge to those working with Veterans
  - This service can facilitate navigating clinical complexities and advocate for evidence-based recommendations
  - Additionally, services can be offered at a programmatic and patient level, including postvention

Suicide Risk Management Consultation Program

Supporting Providers Who Serve Veterans

srmconsult@va.gov

https://www.mirecc.va.gov/visn19/consult/index.asp

Suicide
is preventable.

Thank You!

Q&A