

# SUICIDE PREVENTION IN THE VETERANS HEALTH ADMINISTRATION

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405-456-5206

# Eligibility for VA Services

- Only 36.6% of eligible veterans are enrolled for VA health care services and only 65.1% of these received services (Bagalman, 2012)
- To register online:  
<https://www.1010ez.med.va.gov/>
- To register on-site, bring copy of DD-214 and go to VA Eligibility office.
  - ▣ OKC: 405-456-5774
  - ▣ Muskogee 1-888-397-8387, ext. 1535
- VA Regional (Benefits) Office: Muskogee
  - ▣ 1-800-827-1000

# VA Services

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- 2 Medical Centers in OK (OKC and Muskogee)
- Psychiatric Inpatient Unit
- Mental Health Clinic
- Substance Abuse Program
- Family Programs
- PTS Recovery Program

# VA Services

- OEF/OIF/OND Case Management Program
- OEF/OIF Readjustment Counseling Program
- Homeless Programs
- Vocational Rehabilitation
- Many residential treatment centers
- Vet Centers

# Community-based Outpatient Clinics (CBOCs)

Includes on-site mental health or tele-mental health clinic

- Ada
- Ardmore
- Altus
- Blackwell
- Enid
- Lawton
- Stillwater
- N. May OKC
- Wichita Falls, TX
- Tulsa
- Hartshorne
- Vinita

# Suicide rates and risk factors among US Veterans

- Approximately 19% of suicides have current/former military service (NVDRS states 2005-2009)
- Rates highest during two years after separation from active duty, continues to gradually decline (Kang, 2010).
- Veterans have 2X higher suicide rates, but not significantly higher after controlling for MH/SUD (Kaplan et al., 2007)
- OEF/OIF veterans' suicide rates not significantly higher than US population, when controlled for age, race and sex (Kang & Bullman, 2008).

# Suicide rates and risk factors among US Veterans

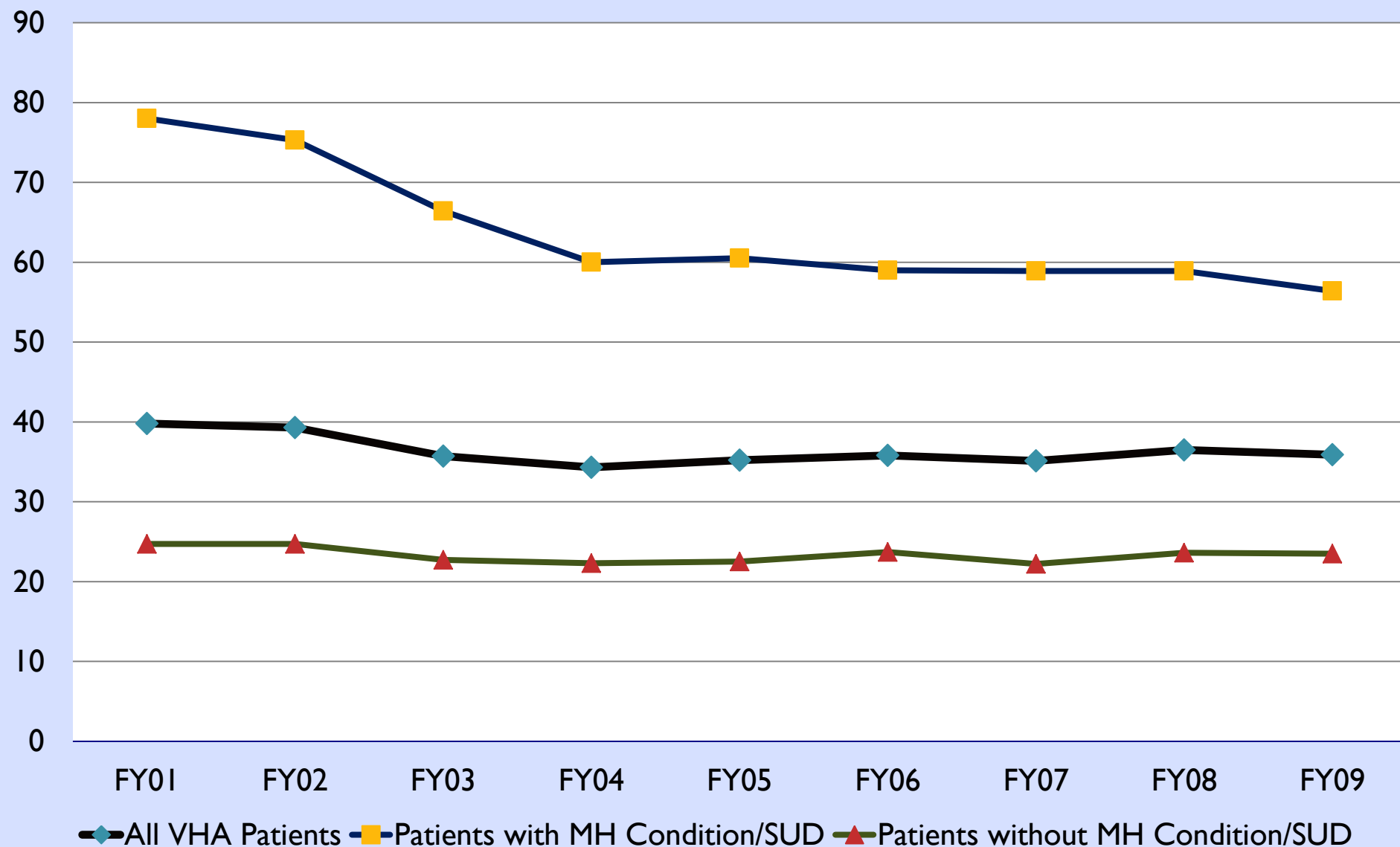
- Incidental risk factors: Male, older
- Military service-related risk factors: TBI, Depression, chronic pain, psychosocial problems (e.g., relationship/housing/financial)
- Cultural factors:
  - ▣ firearm familiarity/ownership
  - ▣ higher masculinity → reduced help-seeking
  - ▣ certain beliefs “Death before dishonor”

## Circumstances associated with veteran suicides in OK in 2004-2008 (Kabore, Brown, & Archer, 2010)

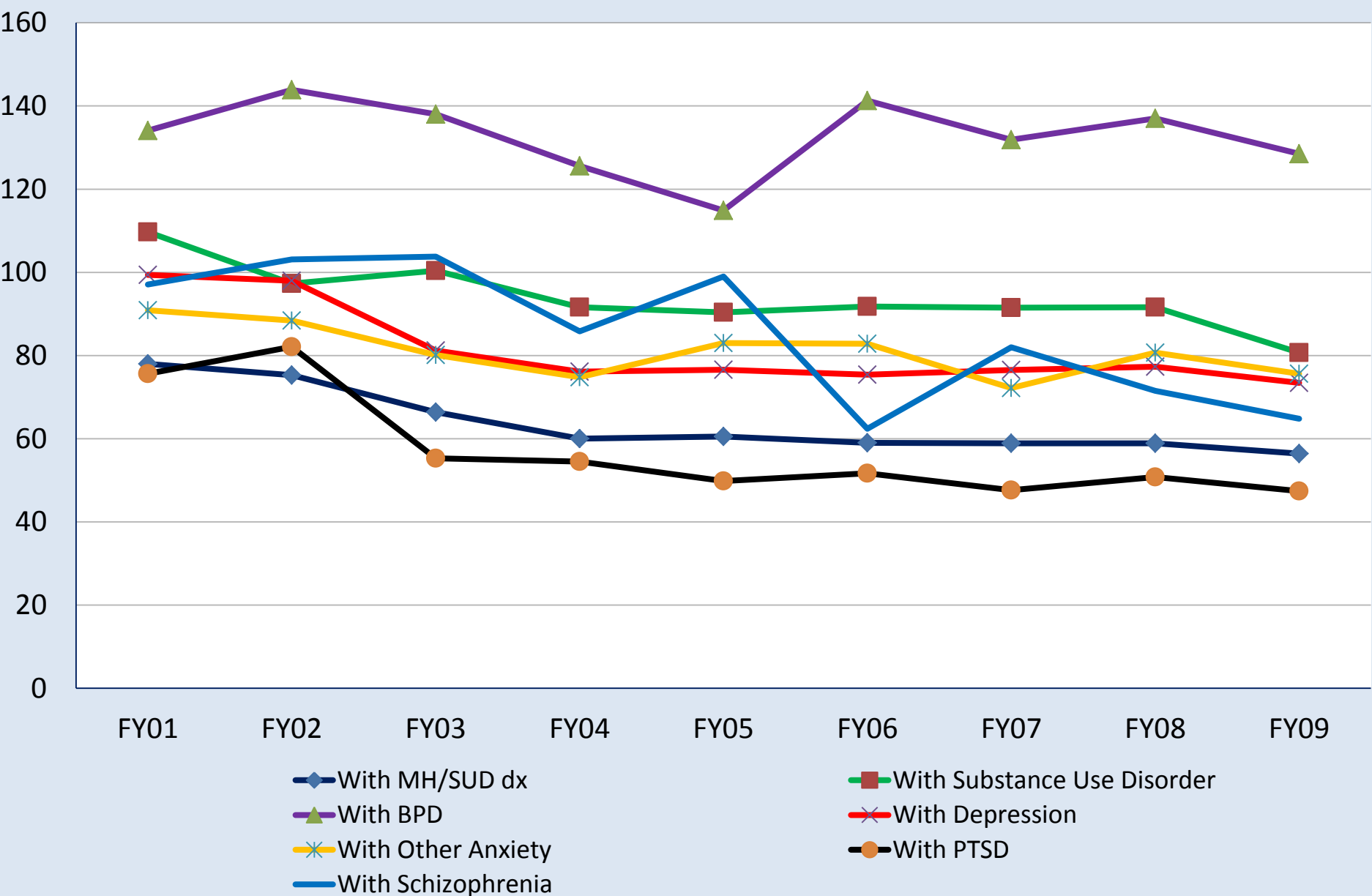
- Current depressed mood (45%)
- Physical health problem (49%)
- Crisis in the past two weeks (23%)
- Current mental health problem (26%)
- Intimate partner problem (25%)



**Figure 5. Suicide Rates per 100,000 Among VHA Users With or Without Mental Health (MH) Condition or Substance Use Disorder (SUD), by Fiscal Year**



**Figure 6. Suicide Rates Per 100,000 Among VHA Users, by Mental Health Condition and Fiscal Year**



# Protective factors

- Historically, those who have served in the military have had lower rates of suicide.
- In 2008, veterans who utilized VHA services had 47% lower suicide rates than non-utilizers.
- Certain cultural beliefs
  - e.g., motto of “Leave no soldier behind”; military culture of pride, strength, and resilience
- Connectedness to other veterans, group identity

# Suicide Prevention at VHA

- 2007 - Joshua Omvig Veterans Suicide Prevention Act
- All medical centers and some of the CBOCs have suicide prevention staff.
- Brief interventions with psychiatric inpatients
- Flag in medical record and assignment of case manager
- Outreach
- Staff training/consultation
- 2 Nat'l Research Centers

# Veterans Crisis Line

- Same # as Nat'l Suicide Prevention Lifeline, Press 1 for VCL
- 24/7 crisis counseling: telephone, online chat or via text
- Follow-up call from local suicide prevention staff.
- Has been geared towards veterans, but will also begin to promote Military Crisis Line.



**IT'S YOUR CALL**

Confidential help for Veterans and their families

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

Confidential chat at [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net)  
or text to **838255**

# Safety Planning (Stanley & Brown, 2008)

Better alternative to the “No suicide contract”

Step 1: Warning signs

Step 2: Internal coping strategies

Step 3: People and social settings that provide distraction

Step 4: People whom I can ask for help

Step 5: Professionals or agencies I can contact during a crisis

Step 6: Making the environment safe

# Self-Directed Violence Classification System (Brenner, 2010)

- **Web-app:**

<http://www.mirecc.va.gov/apps/activities/sdv/>

- **PDF version:**

[http://www.mirecc.va.gov/visn19/docs/Clinical\\_tool.pdf](http://www.mirecc.va.gov/visn19/docs/Clinical_tool.pdf)

# Self-Directed Violence Classification System (Brenner, 2010)

- **Self-Directed Violence:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.
- **Suicidal Intent:** There is past or present evidence (implicit or explicit) that an individual wishes to die, means to kill him/herself, and understands the probable consequences of his/her actions or potential actions.



# Self-Directed Violence Classification System (Brenner, 2010)

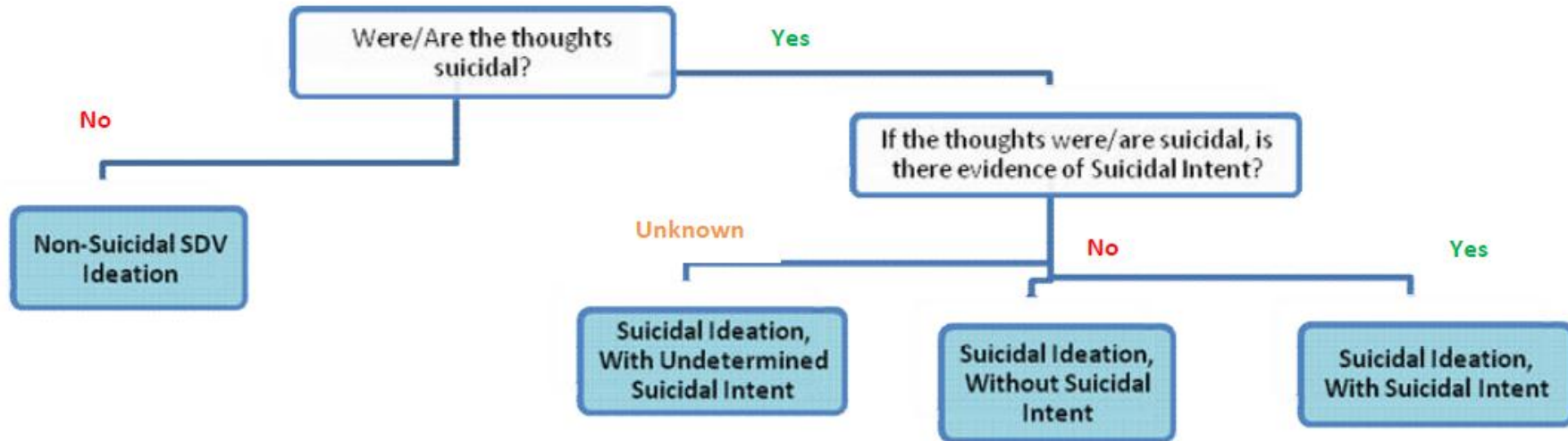
- **Preparatory Behavior:** Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought.
- **Suicide Attempt:** A non-fatal self-inflicted potentially injurious behavior with any intent to die as a result of the behavior.
- **Suicide:** Death caused by self-inflicted injurious behavior with any intent to die as a result of the behavior.

# Self-Directed Violence Classification System (Brenner, 2010)

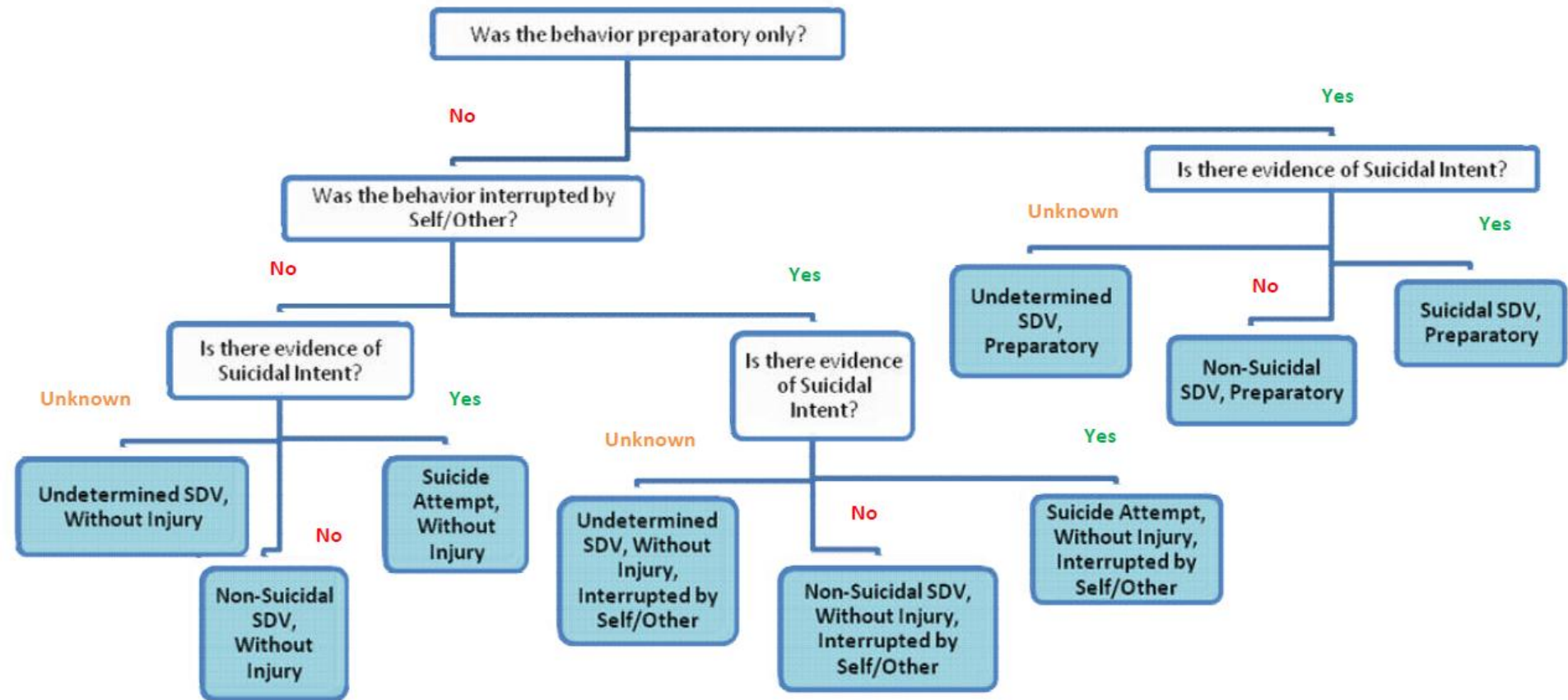
## **BEGIN WITH THESE 3 QUESTIONS:**

1. Is there any indication that the person engaged in self-directed violent behavior, either preparatory or potentially harmful?  
(Refer to Key Terms on reverse side)  
**If NO, proceed to Question 2**  
**If YES, proceed to Question 3**
2. Is there any indication that the person had self-directed violence related thoughts?  
**If NO to Questions 1 and 2, there is insufficient evidence to suggest self-directed violence → NO SDV TERM**  
**If YES, proceed to Decision Tree A**
3. Did the behavior involve any injury?  
**If NO, proceed to Decision Tree B**  
**If YES, proceed to Decision Tree C**

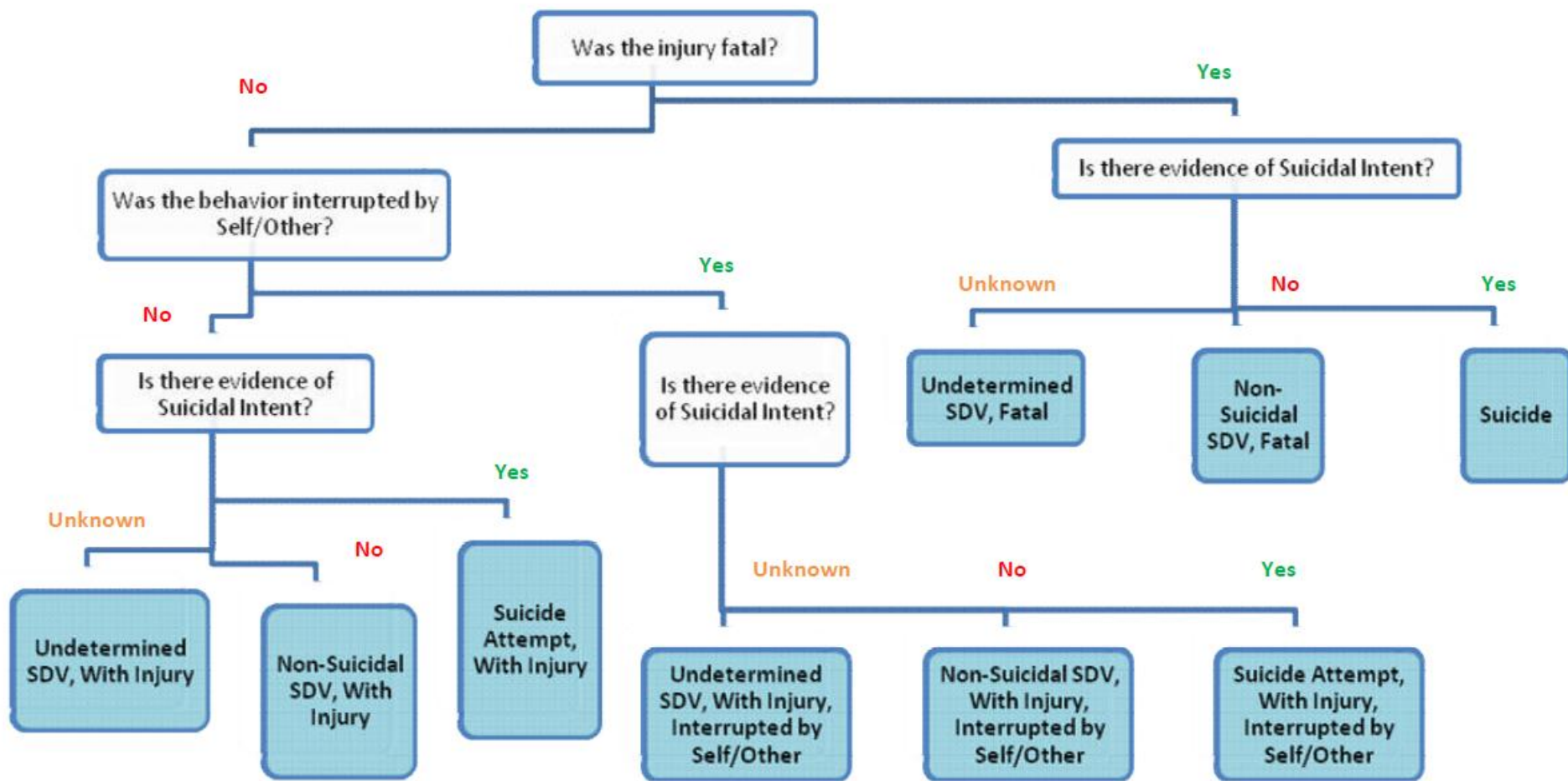
## DECISION TREE A: THOUGHTS



**DECISION TREE B: BEHAVIORS, WITHOUT INJURY**



## DECISION TREE C: BEHAVIORS, WITH INJURY



# Final Thoughts

- Do you ask about veteran status?
  - ▣ If so, good to be familiar with and provide information about resources for veterans.
- Be familiar with the MH issues that veterans may face, as well as suicide risk/protective factors
- Ask about access to firearms during intake session
- Increase connectedness to other veterans

# Resources

- Community Providers website:  
[www.mentalhealth.va.gov/communityproviders/index.asp](http://www.mentalhealth.va.gov/communityproviders/index.asp)
- [www.veteranscrisisline.net](http://www.veteranscrisisline.net)
- VA Suicide Prevention Site  
[www.mentalhealth.va.gov/suicide\\_prevention/index.asp](http://www.mentalhealth.va.gov/suicide_prevention/index.asp)
- National Call Center for Homeless Veterans
  - 1-877-4AID VET (1-877-424-3838)
  - <http://www.va.gov/HOMELESS/NationalCallCenter.asp>

# Suicide Prevention Staff

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- Alicia Oddi, LPN, Program Support Assistant
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- Muskogee VAMC suicide prevention team
  - 918-577-3087      [vhamussuicprevstaff@va.gov](mailto:vhamussuicprevstaff@va.gov)



# THANK YOU!

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