

Leading the Way in E-Learning



Welcome to Essential Learning's Webinar

Strategies to Help Community Providers Prevent Suicide in Veterans

Presented by
Paul Quinnett, Ph.D.
President and CEO
The QPR Institute

**Demonstration following the presentation of Suicide Prevention
and Veterans Courses and Build Your Own WRAP® for
Veterans**

Presented by Sue Erskine
Co-Founder and CEO and Chief Development Officer of Essential Learning

Goals

- Brief overview of suicide in America and who is most impacted
- Discussion about why veterans are at high risk
- Overview of National Strategy for Suicide Prevention
- Implications for practice and staff training and community providers can help veterans
- Brief introduction to Reliability Theory
- Review of the Essential Learning and QPR suicide prevention packages and other online courses that prepare clinicians for working with veterans. A demonstration of the Build Your Own WRAP® web service for veterans will also be provided.

World Overview

Global Violence-Related Deaths

- 1 million people die by suicide
- 10-20 million attempt
- Leading cause of death in 1/3 of all countries
- 54% of all violence-related deaths

More die by suicide each year than from all homicides and armed conflicts around the world

American Numbers (averaged over past 10 years)

- 31,000 + die each year
- Rate: 11-12 per 100,000/Year
- 80+ per day (1 commercial jet every other day)
- One person every 15-20 minutes
- Of the 31,000 deaths
 - 4 X male completions to female
 - 3 X females to male attempts

Suicide is no respecter of age, race, religion, social or economic status; its an equal opportunity mode of death.

And yet...

“Suicide is our most preventable form of death.”

David Satcher, MD
Former US Surgeon General

Non-Fatal Suicidal Behavior

In one year in the US:

- 10 million adults think seriously about suicide
- 25% of all high school students will consider suicide
- 10% of all college students will consider suicide
- 1.2 million will plan a method (gun, MVA, etc)
- 750,000 will attempt suicide (minimum count)
- Suicide is 11th cause of death overall

source: National Co morbidity study, CDC and NIMH

Who Becomes Suicidal?

- Over 90% of all people who die by suicide are suffering from a major psychiatric illness or substance abuse disorder, or both.
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease, COMBINED.
- Effective, accessible, competent care could save thousands of lives.

Suicide Attempts

- Most don't die in their attempt
- Youth: 100 -200 attempts per 1 completion
- Elder: 4 attempts per 1 completion
- Average: 25 attempts per 1 completion
- 5 million Americans have attempted (est.)
- Reporting problem
 - under reporting
 - unknown (don't ask, don't tell)

What do we know?

- We know that mentally healthy people don't kill themselves
- We have dramatic new knowledge to prevent suicide and suicide attempts
- If recovery from mental illness and addictive disorders is possible, suicide is preventable
- 78% of Americans believe many suicides are preventable (SPAN USA)
- 86% of Americans believe we should invest in suicide prevention (SPAN USA)

Who is Most Impacted by Suicide?

- 6 blood relatives directly affected by each suicide
- 1 of every 62 of us is a survivor
- This number does not include colleagues, co-workers, friends, team or school mates and ex spouses
- One suicide every 18 minutes = 6 new survivors
- Suicide risk is greater in survivors (e.g., 4-fold increase in children when a parent dies by suicide)
- If 30,000+ Americans die by suicide each year leaving 180,000 blood relative survivors, how many have died by suicide since 9/11, and how many new survivors are there?

Veterans and Suicide Risk

- 12 year study of 100K+ community-dwelling veterans with control group
- Research is clear: Male veterans in the general U.S. population are twice as likely as their civilian peers to die by suicide
- Veterans who were white, had at least 12 years of education, or whose daily-life activities were limited by health problems were at highest risk.
 - Kaplan, et. al., *Journal of Epidemiology and Community Health*

Vets at Risk (continued)

- Compared to civilian men who died by suicide, veterans were 58 percent more likely to use a firearm to end their lives. www.meansmatter.org
- "Veterans in the general U.S. population, whether or not they are affiliated with the VA, are at an elevated risk of suicide," Kaplan, et. al. 2007

Our Older Veterans

- 70% of older US males are vets
- Of all psych problems, depression is self- or other reported in 50% of the suicides at time of death
- Of these, only 22% were in care, 78% were not - ID and Rx MDD = saved lives!

Recent Veteran Clinical Problems and Risk of Suicide TBI

- Blast is the most common wounding etiology our returning war fighters
- 50-60% of those exposed to blasts sustain a brain injury (Walter Reed Army Medical Center)
- Depression, PTSD and alcohol use common
- Simpson & Tate post-injury TBI community sample study (2002):
 - 23% had significant suicidal ideation
 - 18% made a suicide attempt

Lifetime risk of suicide 3-4 times higher

PTSD and Suicide

- Positive correlation between PTSD and suicide
- PTSD rates are high in vets
- Late onset may go unrecognized
- Some studies suggest that suicide risk is higher due to the symptoms of PTSD; others claim risk is higher due related psychiatric conditions
- Do intrusive memories, high arousal & low avoidance increase risk of suicide?

PTSD

- Or, is it the co-occurring depression and/or alcohol use?
- Risk factors: male, alcohol abuse, older, family history of suicide, homeless, single, with firearm
- Highest risk: multiple combat wounds and/or hospitalized for injury + guilt over combat behavior

Source: The Relationship Between PTSD and Suicide, William Hudenko, Ph.D. VA – National Center for PTSD

Provider challenges

- Clinical and community interventions are needed to prevent veteran suicide
- Providers...”need to be alert for signs that veterans might be contemplating suicide and to assess their access to firearms,” Kaplan, et. al. 2007.

Provider challenges

- If 75 percent of veterans **do not** get their health care through the VA, who provides them the services they need?

If not you then who?

Overview of the National Strategy for Suicide Prevention

Aims:

- Prevent premature deaths due to suicide across the life span
- Reduce the rates of other suicidal behaviors
- Reduce the harmful after-effects associated with suicidal behaviors and their impacts on others
- Promote opportunities and settings to enhance resiliency, resourcefulness, respect and interconnectedness for individuals, families and communities.

11 Major Goals

1. Promote awareness that suicide is a preventable public health problem
2. Develop broad support for suicide prevention
3. Develop and implement SP strategies for consumers of health services
4. Develop and implement SP programs
5. Promote means restriction

Major Goals

6. Implement training for recognition of at-risk behavior and delivery of effective treatment
7. Develop and promote effective clinical care
8. Improve access to services
9. Improve reporting in the media
10. Promote and support research
11. Improve and expand surveillance systems

IOM *Preventing Suicide* Recommendations

Strategies:

- Research centers, violent death surveillance systems
- Improved use of screening tools to identify depression, substance abuse, child abuse, impulsivity and relationship stresses
- Referral by PCPs of suicidal patients or those with multiple risk factors to mental health professionals

IOM Recommendations

Strategies:

- Professional in-service training of health care providers in suicide risk, detection and intervention
- Modifying the curriculum of medical and nursing schools to include the study of suicidal behavior

JCAHO and Suicide

2007 National Patient Safety Goals # 15

The organization identifies patients at risk for suicide.

(M) C 1: The risk assessment includes identification of specific factors and features that may increase or decrease risk for suicide.

(M) C 2. The patient's immediate safety needs and most appropriate setting for treatment are addressed.

(M) C 3. The organization provides information such as a crisis hotline to individuals and their family members for crisis situations.

Why Us?

- Clinical providers and their employers are charged with doing a better job (Goal 6)
- Suicide malpractice lawsuits are on the rise
- SAMSHA is funding the consumer movement
- Families are being taught suicide is preventable, so “Why did my brother die after I brought to your hospital, mental health center or substance abuse treatment program?”

Goal 6: “Implement training for recognition of at-risk behavior and delivery of effective treatment”

1. Who is qualified to conduct a suicide risk assessment?
2. What are these qualifications?
3. When is the risk assessment done? How often?
4. Where are staff trained in recognition of at risk behavior?
5. How is this risk assessment documented?

Preventing suicide is largely about identifying and treating mood disorders, alcoholism and co-occurring disorders

- WHO aims to target:
 - Mood disorders
 - Schizophrenia
 - Alcoholism

World evidence for treatment effectiveness suggests suicide rates can be substantially reduced in all these categories... *PROVIDED* we can find them before they die

Why Vets Don't Seek Mental Health Services...

- Male warriors are trained in self-sufficiency and that to ask for help is a sign of weakness
- If they are having suicidal thoughts, there is great stigma attached to suicide.
- Confidentiality concerns
- Job impact worries

Males in general and veterans in particular....

- May wait until symptoms are debilitating before accepting help, and may never pick up the phone to make an appointment
- Make fewer doctor visits and see a PCP less often than females
- Are least likely to ask for help when they most need it

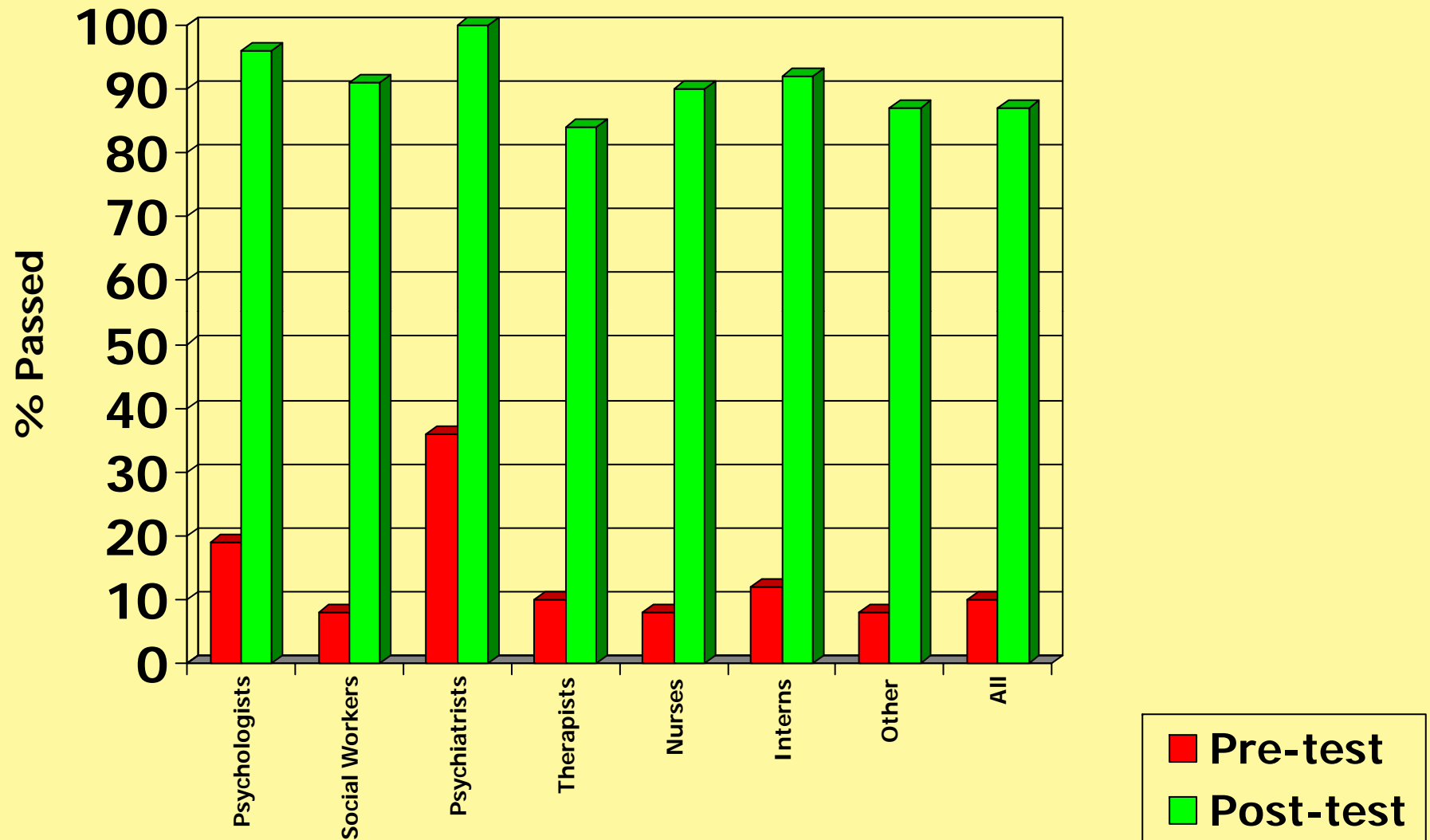
Reasons offered by males for not asking for help?

- Lack of time (MH appointments take an hour + travel)
- You have to say what's wrong
- You have to tell a woman
- 90% of men who get help are influenced by a significant other (friend or family)

Strategies to Help Veterans

- Review training status and competencies of staff in how to detect, assess and manage consumers at risk for suicidal behaviors
- Most graduate schools offer nothing formal or in depth about how to work with suicidal clients
- Consider the following slide

Pre-post training results of more than 1,100 practicing mental health professionals on a standardized suicide risk management quiz:



Strategies to help veterans

- Current staff are well trained in treatment for the problems veterans suffer from
- They are less well prepared for the detection, assessment, and management of suicidal consumers on an outpatient basis
- Training is the #1 recommendation from multiple leadership organizations

How to find veterans before they attempt or die by suicide: train their families, friends and co-workers

QPR stands for Question, Persuade and Refer, an emergency mental health intervention that teaches lay and professional Gatekeepers to recognize and respond positively to someone exhibiting suicide warning signs and behaviors.

Why QPR?

- Each letter in QPR represents an *idea and an action step*
- QPR intentionally rhymes with CPR – another universal emergency intervention
- QPR is easy to remember
- Asking Questions, Persuading people to act and making a Referral are established adult skills

“Out of clutter, find simplicity”

Albert Einstein

QPR theory applied to veterans

- Assumption: *passive systems don't work*
 - Veterans most at risk for suicide:
 - tend not to self-refer for treatment
 - tend to be treatment resistant
 - often abuse drugs and/or alcohol
 - dissimulate their level of despair
 - go undetected
 - go untreated (and remain at risk for suicide)

Strategies continued...

- You can't help who you can't serve
- Train loved ones in QPR
- Train whole families
- Invite veterans in, e.g., through PSAs
- Offer public seminars on PTSD, TBI, depression and common problems faced by vets
- Set up a "Preferred referral" system whereby vets and their families get priority access

Strategies continued...

- Assign a point person to head up a vet outreach and recruitment effort
- Where possible recruit your own veteran employees to offer “vet-to-vet” friendly services
- Outreach employers who have returning veterans in their workforce and market your services to them

Strategies continued...

- Train community stakeholders as gatekeepers to identify and refer veterans and their family members to your services
- Work with your local newspapers to run positive stories on returning veterans and, in that text, run side bars of common psychological problems encountered by vets and how to access services

Strategies continued....

- Be creative... but let vets know you are there and there to help
- Treatment works for suicidal people!
- Current status of VA services
 - 24/7 crisis line – 1-800-273-TALK, push 1 for veteran
 - VA suicide prevention program

What we call can do...

- The person most likely to prevent your suicide is someone you already know
- If untreated mental illness is the number cause of suicide, mental health professionals are on the front lines of the suicide prevention movement
- If we wait for suicidal people to ask for help, they will keep right on dying

Remember...

- Most suicidal people send warning signs
- Warning signs can be taught
- Gatekeepers can be trained to:
 - a) recognize suicide warning signs and,
 - b) intervene with someone they know
- Gatekeepers must be fully supported by community-based mental health providers

Build Your Own WRAP®

*A Web-based Recovery Tool for People in the
Military and Veterans*

Presented by

Sue Erskine, CEO and Chief Development Officer of
Essential Learning

www.EssentialLearning.com

essential
LEARNING

Online Suicide Prevention Packages

QPR Gatekeeper Training — One hour- \$20

Triage Training Package— \$125 per Student for 10 hours of training. Courses included:

- Suicide Triage Training- Seven hours (only available as part of this package)
- QPR Gatekeeper Training— SAMHSA's Suicide Prevention Resource Center registered best practice— One hour
- Suicide Prevention and Risk Reduction- Two hours

Essential Learning customers receive a 20% discount

Online Suicide Prevention Packages, cont.

Mental Health and Substance Abuse Professional Package— \$140 per Student for 10 hours of continuing education. Courses include:

- Suicide Risk Assessment and Management—Seven hours (only available as part of this package)
- QPR Gatekeeper Training— SAMHSA's Suicide Prevention Resource Center registered best practice –One hour
- Suicide Prevention and Risk Reduction—Two hours

Essential Learning customers receive a 20% discount

Suicide Prevention Courses Available Outside of Packages

- **QPR Gatekeeper Training**
- **Suicide Prevention and Risk Reduction: What Mental Health Practitioners Need to Know-** *Free to Essential Learning Customers*
- **Suicide: The Forever Decision-** *Free to Essential Learning Customers*
- **Suicide as a Sentinel Event-** *Free to Essential Learning Customers*
- **Avoiding Suicide Malpractice**

View a Sample of the Suicide Prevention Courses

<http://www.essentiallearning.net/student/content/sections/lectora/SuicideSampleCourse/index.html>

Veteran Courses

- Cognitive Processing Therapy
- Co-Morbidity of Substance Abuse and PTSD
- Epidemiology of PTSD
- Military Cultural Competence
- Overview of Prolonged Exposure Therapy
- The Impact of Deployment and War on Families and Children
- Treating Military Families
- VA Benefits and Services
- Witness the Evil-Combat Stress and Reactions in Asymmetric Environments

Courses developed in collaboration with the Center for Deployment Psychology, a Department of Defense training consortium

Veteran Courses

- Anxiety
- Co-Occurring Disorders
- Crisis Management
- Anxiety Disorder: Diagnosis and Treatment
- Domestic and Intimate Partner Violence
- Effective Response in Crisis Intervention
- Improving Substance Abuse Treatment Compliance
- Meeting the Behavioral Health Needs of Returning Veterans
- Motivational Interviewing
- Overview of Mood Disorders in Adults
- Overview of Suicide Prevention
- Substance Abuse and Violence Against Women
- Understanding the Effects of SA: EBP
- Veterans and PTSD

Courses developed in collaboration with content experts working with Essential Learning

How to Purchase and Provide Courses and WRAP

Individual Professional Course Purchase: go to The QPR Institute's e-learning page at www.cequick.com/QPR to purchase individual courses and packages with a credit card.

Courses for Staff Use: Subscribe to Essential Learning's Organizational Learning Management System for employees with complete course library including the veterans and some individual suicide prevention courses. Get volume discounts for Suicide Prevention Packages.

Courses for Community Stakeholders: Organizations can subscribe to Essential Learning's Community Access Site and purchase course seats.

Build Your Own WRAP for Veterans: Subscribe and provide it for free on your own website or make it available for individual purchase (\$15 for unlimited access per person).

Purchase Courses for your LMS: License select courses even if you already have your own learning management system. Volume discounts are available!

To Order Individual Courses or Packages: Call – 800.729.9198, Ext. 284

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Contact information for the QPR Institute:

- Office phone: 509-235-8823
- Institute phone: 1-888-726-7926
- Email: pquinnett@mindspring.com
- Website: www.qprinstitute.com

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