



CENTER OF EXCELLENCE
FOR SUICIDE PREVENTION

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VISN 2 CoE Newsletter

June 2021



FROM THE DIRECTOR

Over the past several weeks we have commemorated various historical moments close to us and our Veteran community. Veterans from all walks of life have taken the calling to serve our country, but not without overcoming barriers and making sacrifices which we recognize on these dates and every day.

Livingston County (NY) Veterans Services established a unique monument to honor our nation's Veterans. This [tribute video](#) shares the story of how local Veterans were actively involved in the creation of 250 metal poppies for the monument's scheduled opening on Veterans Day 2021.

The June CoE newsletter recognizes these sacrifices and highlights our continued commitment to help overcome barriers to Veterans seeking care by using a public health approach to suicide prevention.

- Wilfred R. Pigeon, Ph.D.

May
Asian American & Pacific
Islander Heritage Month

June
PTSD Awareness Month
Pride Month
Men's Health Month Caribbean-
American Heritage Month

June 6 - D-Day 77th Anniversary

June 14 - Flag Day &
246th Birthday U.S. Army

June 19 - Juneteenth

RESEARCH DIVISION



Gatekeeper training needs of community pharmacies

According to the CDC more than 90% of the U.S. population live within 5 miles of a community pharmacy, and patients visit their community pharmacist 12 times more frequently than their primary care provider. Given the frequency of community pharmacy interactions, Jill Lavigne, MSPH, Ph.D., and team sought to enhance an online suicide prevention gatekeeper training program with the needs of community pharmacies in mind. The [study](#) aimed to prepare community pharmacy staff for communicating with patients who exhibit warning signs of suicide.

Many environmental, interpersonal and individual-level barriers complicate pharmacy staff members' abilities to have discussions about suicide with at-risk individuals. Participants (n=17 community pharmacy staff members) noted these barriers, including lack of time and privacy, discomfort with using the word "suicide" and limited referral options. Pharmacy staff indicated a need for brief (under 30 minutes) gatekeeper training that contained local suicide prevention referral resources and incorporated 3-4 realistic role play scenarios, including an example of a phone interaction. This study concluded that in order to maximize the public health impact of pharmacy staff, skills-based training on how to identify, communicate with, and refer at-risk patients is needed.

Individual barriers to implementation of Whole Health for pain management among Veterans

Patient engagement is one of the most challenging components of implementing new and innovative programs, especially those utilizing alternative approaches. The VA has been undergoing a transformation from a medical/disease-based system of care to a health care system that addresses the whole patient, encompassing a management strategy that acknowledges the patient's values and priorities. Utilizing the Whole Health approach, when Veterans present to their provider, the focus is to address the chief complaint in the greater context of the Veteran's life. The Whole Health approach to managing chronic pain is especially important in the context of the current opioid crisis in Veterans and the association of chronic pain and suicide.

Given the incidence of chronic pain in Veterans and the current focus on nonpharmacologic strategies to address pain, CoE research team members Paul Dougherty, DC, Janet McCarten, Ph.D. and [Lisham Ashrafioun, Ph.D.](#), sought to evaluate a program that would utilize a combination of pain education through a Whole Health for Pain program. The study focused on the challenges associated with enrolling Veterans in this novel approach to pain management that utilized pain education (group session) and optional individual coaching to help engage the Veteran in self-management. The project identified several significant logistical and social barriers to Veteran engagement that may require further evaluation of a Veteran's readiness to change. [Additional study findings can be found here.](#)

Comorbid mental disorders, depression symptom severity and role impairment among Veterans initiating depression treatment through the Veterans Health Administration

Depression is a leading cause of disability worldwide, yet effective long-lasting treatments remain elusive for many patients. Psychiatric comorbidities may complicate depression treatment by being associated with increased role impairments; however, depression symptom severity might account for these associations. Special strategies might be needed to treat comorbid psychiatric disorders in addition to the depression, especially for Veterans, given the high prevalence of depression among Veterans and the high rates of psychiatric comorbidity among depressed Veterans, especially those who receive treatment through the Veterans Health Administration.

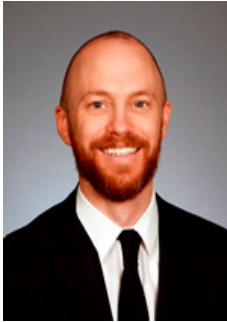
A team of researchers from the CoE and Harvard University, including [Robert Bossarte, Ph.D.](#), [Wilfred Pigeon, Ph.D.](#), and [Howard Liu, Ph.D.](#), have completed a large, longitudinal study of over 2,500 Veterans enrolled in depression treatment. A recently published manuscript from that study, which included key Veterans Affairs co-authors Dr. Edward Post and Dr. David Oslin, sought to better understand the independent associations of depression severity and comorbidity with impairments. Previous research on comorbidity and impairment among depressed Veterans has focused mainly on comorbid PTSD. An exclusive focus on PTSD is a limitation because depression is also comorbid with a wide range of other mental disorders and the prevalence of these disorders as well as multimorbidity (i.e., a single patient having 3 or more disorders) is especially high among VHA patients. Moreover, depression severity is typically not considered in these studies but is important to account for given that more severely depressed patients generally also have more comorbidities.

[Findings](#) suggest that providing effective and long-lasting depression treatment for Veterans is imperative given the substantial role impairment caused by depression and the key role of depression in Veteran suicides. Addressing both depression symptom reduction and psychiatric comorbidity management would likely be beneficial for achieving optimal functioning. Future research should examine prospective relationships of psychiatric comorbidities, depression symptom severity, and role impairment changes over time and in relation to symptomatic treatment response.

CENTER OF EXCELLENCE NEWS

Suicide prevention researcher spotlight: Peter C. Britton, Ph.D.

CoE researcher [Peter C. Britton, Ph.D.](#) was recently recognized in a spotlight feature of the Suicide Prevention Research Impact NeTwork's (SPRINT) newsletter for his research investigating risk and protective factors for self-injurious thoughts and behaviors in high-risk Veterans. View SPRINT's write-up on Dr. Britton below and [select publications here](#).



Peter C. Britton, PhD, is an investigator at the Center of Excellence (CoE) for Suicide Prevention at VA Finger Lakes Healthcare System, and Associate Professor at the Center for the Study and Prevention of Suicide in the Department of Psychiatry at the University of Rochester School of Medicine and Dentistry.

Dr. Britton's research has focused on studying risk and protective factors for self-injurious thoughts and behaviors in high-risk Veterans with the purpose of developing and testing preventive interventions. His epidemiological research with Veterans at high-risk for suicide informed the development of an adaptation of Motivational Interviewing to Address Suicidal Ideation (MI-SI) that he tested with psychiatrically hospitalized Veterans during a Career Development Award. As the 2019 Researcher-in-Residence at the Veterans Crisis Line (VCL), he initiated a program of research examining the effectiveness of the VCL and is currently conducting a multi-method examination of VCL initiated emergency dispatches. He also mentors new investigators in the Advanced Postdoctoral Fellowship Program in Veteran Mental Health and Suicide at the CoE. Dr. Britton's work has been funded by CSR&D, HSR&D, OMHSP, the VCL, and the CoE.

Have you seen our researchers?

Our researchers have been on the (virtual) move the past few weeks sharing suicide prevention research nationwide.

American Association of Suicidology (AAS) Symposium	
Jill Lavigne, MSPH, Ph.D.	<i>Everyday Prescribing and Rare Outcomes in Large Populations: What can Real World Data tell us about Medications and Suicidal Behavior?</i>
Stephanie Gamble, Ph.D.	<i>Family Approaches to Lethal Means Safety: Findings from VA's Behavioral Health Autopsy Program</i>
DOD/VA Suicide Prevention Conference	
Stephanie Gamble, Ph.D.	<i>VA's Behavioral Health Autopsy Program (BHAP): Family Interview Findings on Lethal Means</i>
Craig Bryan, PsyD, ABPP	<i>Creating Protective Environments: Programs and Culture for Lethal Means Safety</i>
University of Rochester Medical Center, Psychiatry Resident Seminar Series	
Todd Bishop, Ph.D. Lisham Ashrafioun, Ph.D.	<i>PTSD I: Background and Diagnostic Considerations</i> <i>PTSD II: Assessment</i> <i>PTSD III: Behavioral Interventions and Special Topics</i>
University of Rochester Medical Center, Department of Neurology & Medicine, Fellowship Seminar Series	
Todd Bishop, Ph.D.	<i>Sleep and Psychiatric Disorders</i>