Short Takes Episode 130 Transcript

Community Partnerships for Preventing Veteran Suicide

Announcer: [00:00:00] Your listening to Short Takes on Suicide Prevention, where experts talk to each other about how research is shaping suicide prevention. This podcast is brought to you by the VA Rocky Mountain MIRECC. And now onto today's conversation.

Adam Hoffberg: [00:00:26] Hello everyone. I'm Adam Hoffberg with the Rocky mountain MIRECC and I am delighted to be hosting today's episode of Short Takes on Suicide Prevention. We're going to chat today about community collaboration and recognize the role of partnerships in suicide prevention care for all Veterans.

I'm honored to introduce today's guest Dr. Bryann DeBeer, one of the winners of the 2021 National VHA Community Partnership Challenge. Welcome Bryann, thanks for joining us.

Bryann DeBeer: [00:00:57] Thanks, Adam. Great to be speaking with you.

Adam Hoffberg: [00:00:59] Dr. DeBeer is the director for the VA Patient Safety Center of Inquiry, Suicide Prevention, Collaborative, and a clinical research psychologist at the Rocky Mountain MIRECC for Suicide Prevention. And again, Dr. DeBeer is the awardee and lead investigator for the Suicide Prevention Collaborative.

And I really wanted to just jump in and honor, and congratulate you for your recent award. Tell us a little bit about this contest.

Bryann DeBeer: [00:01:28] Thank you so much for those congratulations. So this contest is the 2021 VA Community Partnerships Challenge. And this is a national award and it is given to teams who are engaged in outstanding partnerships between the VA and the community. And so you have to apply for the award, so our team applied along with 40 other entries and we were selected as one of three winners of this challenge.

And we were presented with the award in a ceremony and we're very excited. But I would like to say that this award is really a team award, it's not my award. I think it's everyone's award. You know, we have a great staff who supports this project. We have outstanding community collaborators who are a part of the learning collaborative.

We have a number of co-investigators and other team members who support this project as well. And then we also have a wonderful advisory board that advises on the activities of the center. And so I think that it really belongs to everyone who has contributed to this project.

Adam Hoffberg: [00:02:45] Well said so important to highlight that, the team and community nature of the work. So let's transition now to learn a little bit more about the Rocky Mountain MIRECC VA Patient Center of Inquiry, Suicide Prevention Collaborative. Sort of get an understanding of what that model means and how you use it and how we approach community networking to achieve suicide prevention goals.

Tell us a little bit about it.

Bryann DeBeer: [00:03:13] Sure. So our center is funded by the National Center for Patient Safety within the VA, and they fund 10 Patient Safety Centers of Inquiry around the country, focused on various issues related to patient safety. And they fund two focused on suicide prevention. And we are one of those two centers and we are very grateful to the National Center for Patient Safety, for their support, without their support, we would not be able to do this work.

We're also very excited that we're, you know, we're in the process of finishing our first round of funding and we're excited that we have been invited to renew the center during the next two fiscal years and move our focus into community care. So within our particular center, we're focused on suicide prevention within the community.

So the VA has really developed an incredibly strong suicide prevention program using a number of pioneering methods of suicide prevention. And it truly is unparalleled. Other private and public settings, you know, all of the aspects of suicide prevention at the VA. But we know that many Veterans who eventually died by suicide may not come to the VA for a variety of reasons.

You know, maybe they're not eligible for care. Maybe they prefer to receive their care in the community. And so we began to recognize that one possible solution to this would be to develop more collaborative relationships between the VA and the community. And I think that the VA has done this, you know, broadly beyond our center and beyond our pilot project, but we've been working on this for quite some time. You know, we've been working on this for four years now, between the inception of the idea and, you know, receiving funding and implementing it. So, you know, our focus is really going out into the community and developing collaborations in order to improve the suicide prevention safety net for veterans.

Adam Hoffberg: [00:05:10] Okay. Tremendous work. Could you tell a little bit more about how you and your teams sort of help build that infrastructure?

Bryann DeBeer: [00:05:17] Absolutely. So one of our sub projects of the center is a learning collaborative model and learning collaboratives have been used throughout the health care system to improve processes within health care organizations. However, they've been used less often in suicide prevention. So there have been some that have come before us, but there haven't been any focus specifically on Veteran suicide prevention nor any focused on collaborating between the VA and the community, instead of just doing it inside the VA.

And another departure from a typical learning collaborative model is that we also involve organizations currently that aren't healthcare organizations recognizing that many of these Veterans may not be coming into contact with a healthcare organization, but they may be coming into contact with a homelessness organization or a Veteran Service Organization, or a mental health private practice, or perhaps the police department. And we take a no wrong door approach there, you know, but many of our community partners, uh, veterans suicide prevention in the past, hasn't been a priority for them and they may not have had the tools or knowledge to address veterans suicide prevention in their organization, even though if they had the chance, it would be a priority for them. And that is what the learning

collaborative model does. So how it's structured is that we have six quarterly meetings and then we have monthly facilitation calls. In the quarterly meetings we provide education on suicide prevention, Veterans, military cultural competency, aspects of the VA. You know, we've heard from many of our community organizations that they would like to better understand the VA and what the VA offers. We also provide training and implementation science as well as providing other resources that may be helpful to organizations like free training, benefits, information, promotional materials regarding suicide prevention.

And so when in facilitation calls, we start with an organizational assessment. And we found that to be very helpful for the organizations. I know lots of people don't like to take surveys. However, in this instance it really was very helpful for the organizations to try to understand areas of growth for suicide prevention within their organization.

And we heard from our partners saying, you know, I hadn't thought about these things until I took this survey. So from there, we collaboratively figure out the implementations they want to start with, and then we support them in those implementations. So for example, if they say, you know, I want to create a culture of suicide prevention within the organization, you know, we, you know, advise and consult with them.

Okay. You know, maybe starting with, messages from leadership about how this is important. Are there any places you could integrate suicide prevention into your organizational policies? What would that look like? Or other implementations, like they want to start universal screening. And so we provide them with resources on how other organizations have done that in the past. Or if they want training for their employees, we provide them with free self-paced trainings and military cultural competency or other suicide prevention or mental health trainings as well. So we really tailor it to the organization and where they want to start. And we also come from the viewpoint of starting one implementation and, you know, moving, forward with that, and then starting a second one. So we're not doing all the implementations at one time. And we have all kinds of forms and workbooks and toolkits to help support the organizations in these goals.

Adam Hoffberg: [00:08:59] Wonderful. Wonderful. And it's really great to hear that it's a very research informed approach as well, and then tailored and adapted for each organization. And I imagine to support the local resources within what's available in their community, as well. This is a pilot project in the Rocky Mountain region, could you tell us a little bit more about some of the partnerships that you all formed and how that looks, you know, from organization to organization a little bit?

Bryann DeBeer: [00:09:27] Sure one organization we've been working with is Mount Carmel in Colorado Springs. And they're a Veteran Service Organization that provides a variety of different services, including mental health services. But they have Veterans coming in for things like legal services and things like that. But what they noticed was that they had an opportunity to screen Veterans for suicide risk at other places within the organization, and then offer them mental health services.

And they wanted to do that. There very high rates of suicide in Colorado Springs. And that's something that we're very concerned about. And, you know, we're really trying to help

support organizations who are there on the front lines and they have implemented a universal screening procedure a few months ago, and already in that time, they've screened 300 Veterans and 20 veterans were positive for suicide risk of that group.

And so they were able to provide those Veterans resources for mental health treatment within their own organization, and help them address that risk. So then coming, coming with that, no wrong door approach and reaching out proactively to people and saying, hey, are you okay? You know, and providing them with help when they, they need it, I mean that's, you know, that's really exciting to me. That organization has done a number of other implementations too, like examining the data that they collect on their veterans symptoms, who are engaged in mental health treatment, they noticed that many Veterans were experiencing a lot of anxiety and so they want their clinicians to get more trainings related to anxiety.

So that's another example of, you know, helping support them in a quality improvement process, regarding their existing data. and taking lessons from that data and then supporting them in improving their offerings in their program in order to better serve Veterans. Because we know the earlier on that we address these things before someone starts to become suicidal, you know, the better the outcomes there.

So that's another example and they've done other implementations too, like obtaining, you know, we've sent them promotional materials for the Veterans Crisis Line and they're passing that information out.

Adam Hoffberg: [00:11:33] You mentioned earlier another example might be networking within homelessness or housing, organizations

Bryann DeBeer: [00:11:39] Absolutely.

Adam Hoffberg: [00:11:40] Tell us a little bit, maybe highlight, would understand be called the Transit Program?

Bryann DeBeer: [00:11:45] Sure. Yeah. So that's another project of our center. And so the Transit Program, so we know that there are some Veterans who are not eligible to receive services within the VA, but who may be experiencing suicidal ideation or who may be at risk for suicide. And so we're doing to support these Veterans is providing them with brief, Cognitive Behavioral Therapy for suicide prevention.

So an even briefer form of that and intensive case management in a crisis response plan. And so we see the Veteran for one to three sessions and in the first session, we really encourage that Veteran to seek care at a mental health organization. And we have created partnerships with mental health organizations at a variety of payer levels and at a variety of organizations.

And so we can typically get someone an appointment within two to three weeks. So there's not a long wait, but we continue to see that person until they're in care. So we really emphasize getting a mental health placement and then we also assess their are other needs related to social determinants of health.

So things like, you know, are they unemployed and they're looking for work. Do they have food insecurity? And do they need a food bank? Do they have legal issues that need to be resolved? Are they experiencing housing instability? And they need homelessness resources. Something that's been very interesting, you know, for us to learn, I'm a researcher so I'm not always up on all the aspects of the VA or the, you know, the services that people qualify for. But many more people are actually qualified for Veteran homelessness services then are qualified for health care. So it's possible that one of our Veterans might actually be eligible for that. So we work with that team to determine whether they can access services there as well.

So again, the focus on partnerships, we're really trying to understand the needs of the Veteran. And then come together with the community as a team to help that Veteran. And, you know, we have early results back that are very strong. And I think that one of the things that we're seeing is that when you address some of these social determinants of health needs, that improves recovery more quickly, because a lot of these stressors are impacting mental health symptoms and suicide risk.

So when, when we can remove these stressors, I actually think that that really speeds up the recovery process. But that's not something that we typically address in therapy, at least from a psychology perspective. And a lot of this I've developed through years of, you know, being on these studies and calling people who have endorsed suicidal ideation on self-reports in the context of a research study in talking with them and, and them saying, you know, I'd feel a lot better if I get, turn my lights on, if I had electricity, I can't pay my bill. And so I would start looking up, okay, can we get this person some resources? And what I realized is that all the people that I was talking to needed resources.

And so that really informed a lot of the development of this intervention. So I'm really excited about that and how we've been able to, create community partnerships around these Veterans. And it's, you know, when we talk to people in the community and we say, Hey, you know, we have some Veterans, would you be willing to offer them a sliding scale?

"Oh yeah, we'll do a sliding scale for Veterans". You know, they might not have a sliding scale for other clients, but they'll do it for the Veterans. And it's been wonderful to see the community really rally around veterans and create, special resources, to take care of them. The community is very invested in serving Veterans.

Adam Hoffberg: [00:15:18] It's wonderful to hear about the work that you all are doing to help build that safety net, both at the systems level, helping to make those changes as well as improving care at the individual level and overall, just the mission of improving health outcomes for veterans and suicide prevention specifically.

So you mentioned, and, me as well, you know, we would like to put on our research hat, talk a little bit more about how we approach this learning model as a research enterprise as well, and how we learn from that and grow and sort of where do we take it from here and what are next steps?

Bryann DeBeer: [00:15:54] Absolutely. So for our learning collaborative, we're very interested in how the organizations grow in their organization. And so we do an organizational self assessment at the beginning and after a year and at the end, then we want to see, you know, did these organizations improve their services throughout this period of support?

And then we also want to understand how the collaborative changed as a network of organizations. And so we're very fortunate to collaborate with visible network laboratories who are experts in social network analysis. And they have helped us to create a survey and analyze that data and how the relationships change between the partners over time as a result of the collaborative.

You know, when we started, some of the organizations were working together already, but certainly, you know, we had some organizations who weren't working with any other organizations. And we've also networked people into other organizations that are outside the collaborative, who they've started collaborating with as well.

So, we're really excited to see the results of that and how, the associations and relationships changed as a result of the collaborative. And then in terms of Transit, we are assessing things like suicidal ideation, functioning, depressive symptoms, PTSD symptoms, satisfaction with intervention and, and a number of other variables and seeing how those things change over the course of the intervention.

And then at the end, we also do a qualitative interview because we want to understand, what was this intervention like for people? How can we improve upon it? And so, you know, one of the things that we've learned through that qualitative interview process is that, you know, some people said this intervention saved my life.

I would not be here without this intervention. This is what I needed. And they've also said that they hope that this type of intervention is available to all Veterans, which is our hope to, you know, to conduct this pilot and, and, you know, do a broader implementation of this type of work. And so that's been really great to hear, you know, and, and people also being unemployed and then getting jobs. And one Veteran said, which I think sums it up very nicely, is that when I entered this program, the world of help opened to me.

Because if you think about somebody who's, you know, maybe suffering from PTSD, maybe experiencing some suicidal ideation, a lot of the time, it's really hard to think straight through that and to be able to navigate, what are the things that I'm struggling with and how do I get help for all of those things?

You know, trying to figure out who do you call, how can I get help? You know, that's actually a lot more difficult, I think, than many of us think it is. And so with this program, it really helps a person get to that process a lot more quickly. And so I think a lot of people just give up. I mean, especially if they've been told no a lot in the past.

And I think that once we opened that world of help to people and they can access those resources, it really improves their mental health and suicide risk. One of the things that we've also been very proud of is the fact that all of our 13 community partners have hung in

there with us. Throughout, this learning collaborative period we've retained all of our organizations. And, we started two months after the COVID-19 pandemic started. And so, you know, we didn't know if people were going to be able to hang in there because a lot of the organizations had a lot of other duties placed on them and there was a lot of upheaval.

However, I do think that for some of our organizations, they saw the value in the fact that the pandemic. Could actually result eventually in increased suicide deaths. There was a lot of value in continuing to engage with the collaborative, despite having even greater job duties than before. And so, you know, we're really proud of the fact that we've been able to retain all of these organizations. And then following this main period of the collaborative, we're going to move into a community of practice model.

Which is another thing that's different in this learning collaborative than in previous learning collaboratives, typically learning collaboratives have a finite end date. But you know, the community partners want to keep getting together working on this issue. So we're going to continue on with quarterly meetings and continue the collaborative.

And we hope that all of these practices demonstrate the sustainability of this type of model that we can make some, changes to the organization in an intensive period, and then continue on collaborating as a group to keep improving veterans' suicide prevention within the organizations and within the community at large.

Adam Hoffberg: [00:20:42] Fantastic. Well, thanks for giving us a window into the important work that you're doing. And again, just highlight how it takes a team, collaborators and community partners to help improve Veteran suicide prevention. And again, we applaud you for your efforts and congratulations on the work.

Bryann DeBeer: [00:21:00] Thanks so much, Adam, great to speak with you.

Adam Hoffberg: [00:21:03] All right, folks. Well, that's going to do it for today's episode of short takes on suicide prevention. Thanks. And we'll see you next time.

Announcer: [00:21:16] That's it for this episode, you can find more short takes on your favorite podcasting app. And If you like what you hear, subscribe to the show and give us a review. Until next time you can follow us on Twitter at RMIRECC we'll see you then take care. Short takes on suicide prevention is an informational podcast and not a substitute for mental health care.

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