Suicide Prevention

Damisi Graham, LCSW and Noosha Niv, Ph.D.

Suicide is the 11th leading cause of death in the United States. Approximately one person dies from suicide every 16.6 minutes, and male veterans are twice as likely as their male civilian counterparts to commit suicide. Increasing suicide prevention is a key element of the New Freedom Commission on Mental Health final report and the VHA Mental Health Strategic Plan. Senate hearings in April 2007 emphasized the importance of the VA making efforts to reduce veteran suicide and resulted in passing of the Joshua Omvig Veterans Suicide Prevention Act (H.R. 327) which was signed into law on November 5, 2007. The bill is named for Joshua Omvig, who suffered from post-traumatic stress disorder following an 11-month tour of duty in Iraq and completed suicide in December 2005 (www.joshua-omvig.memory-of.com).

The VA initiated an overall strategic plan to enhance mental health programs throughout the VA system to include both public health and clinical models of suicide prevention and intervention. The strategic plan includes targeted funding for specific Mental Health Initiatives, performance measures, and education for veterans, their families and the community. Additionally, JCAHO National Patient Safety Goal called for facilities to mitigate the risks of suicide through appropriate screening and action, including completion of Suicide Risk Assessments for any patient with a primary diagnosis or complaint of an emotional or behavioral disorder. As a result, VA funding was approved to hire one full time Suicide Prevention Coordinator at each facility nationally.

To date, there are 153 Suicide Prevention Coordinators, with at least one assigned to every VA Medical Center. The

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New Directions, Inc. (NDI) integrates the treatment of chemical dependency and mental health issues in its Co-Occurring Disorders Program operating at the Greater Los Angeles VA campus. All NDI programs are zero tolerance, long-term, residential treatment and recovery programs, which incorporate the 12 steps of AA. Specialized clinical attention (each veteran has his own clinician), close coordination with the VA PTSD Clinic, and easy access to the array of medical and psychiatric care available from the VA Medical Center all combine to provide holistic support. Women veterans, including a handful who served in Iraq or Afghanistan, are treated in two private homes in the community.

New Directions has found that virtually all men returning from Iraq or Afghanistan are best served in the Co-Occurring Disorders Programs. Treatment in the Co-Occurring Disorders Program at New Directions is personalized to meet individual needs. A multidisciplinary team of psychiatrists, psychologists, social workers, addiction therapists, counselors, case managers, and employment specialists work cooperatively and consistently with total dedication to the needs of each client. By focusing on the origins of each individual’s disorders, staff members identify and address the core patterns that have caused continual return to self-destructive behaviors.

Aftercare, the crucial element in the continued success of recovery, begins with admission and is interwoven throughout treatment to provide a supportive, consistent transition from program to home or to Chris’ Place, NDI’s transitional home for OEF/OIF veterans in L.A. At Chris’ Place, as many as six men live as a family while they train for specific jobs, seek higher education opportunities, and begin their job search in preparation for reintegration into the community.

At NDI, principles of care within mental health and addiction fields converge in respect for the individual, belief in the human capacity to change, and the importance of community, family, and peers in the recovery process.

New Directions, Inc. is a private, non-profit organization founded in 1992. For more information or to arrange a tour, contact Monica Martocci at (310) 268-3456 or by email mmartocci@NDVets.org.
Mental Health Recovery Plan

Stacey E. Maruska, LCSW

The President's New Freedom Commission was established in 2003 to address the fragmentation in the nation’s mental health system and recommend improvements to enable adults with serious mental illnesses and children with serious emotional disturbances to live, work, and participate fully in their communities.

After conducting a comprehensive study of the U.S. mental health delivery system, the Commission recommended the following principles to transform our current mental health system: 1) mental health treatment and services should be consumer and family driven, geared to give consumers real and meaningful choices about treatment options and providers, and 2) care must focus on increasing consumers' ability to successfully cope with life's challenges, facilitating recovery, and building resilience, not just on managing symptoms.

Guidelines provided by the Accreditation Manual for Behavioral Healthcare state that treatment planning should be individualized and involve the client in the process. Treatment provider should relate their recommendations and concerns, and client should express their views and make choices about the plan of care, treatment or services. All interventions should consider and respect the client's views, and the client's participation in developing his or her plan of care should be documented.

Elements of a Good Recovery Plan

1) Basic biographical information about the veteran
2) Treatment team members names and review dates for plan
3) What the Veteran wants the treatment team to know about him/her
4) “Satisfaction with Areas of My Life”
5) Veteran’s self-identified strengths, needs, and life goals
6) Obstacles to listed life roles and goals
7) Acknowledgement that Veteran participated and agrees with his recovery plan

Federal Government Seeks Public Comment on Implementation of the Mental Health Parity and Addiction Equity Act

Noosha Niv, Ph.D.

Buried within the Emergency Economic Stabilization Act, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act was signed into law by President Bush on October 3, 2008. Although the law does not mandate health insurance plans to offer mental health or substance use disorder benefits, it does require insurance plans that do offer such coverage to do so in parity with medical benefits. For example, it requires equity in treatment limits (i.e., number of visits and duration of coverage), financial requirements (i.e., deductibles, co-payments and out-of-pocket expenses) and out-of-network coverage.

The Department of Health and Human Services, the Department of Labor and the Internal Revenue Service are the three federal government agencies principally responsible for implementing this law. These three agencies are currently seeking information and advice from the public addressing critical issues surrounding the best ways to implement the law and fulfill its objectives. To learn more about the law and/or to submit your comments, please visit http://edocket.access.gpo.gov/2009/pdf/E9-9629.pdf. Comments must be submitted by May 28, 2009.

VISN 22 VA Desert Pacific Healthcare Network Mental Illness Research, Education and Clinical Center
May is Mental Health Awareness Month

Network Activities

**Long Beach VA Medical Center**

Mental Health Awareness Fair
Long Beach VA, Pantages Theatre
Thursday, May 14th from 10:30 am - 1:30 pm
- Community and VA informational booths
- Light refreshments

For more information contact: Stacey Maruska, LCSW (562) 826-5274

Grand Rounds: NAMI Orange County Frontline
Long Beach VA, Building 128, Room C-202
Wednesday, May 27th from 12-1 pm
For more information contact: Stacey Maruska, LCSW (562) 826-5274

**Loma Linda VA Medical Center**

Family-Vet Education: Bipolar Series
Loma Linda VA, Second floor, Room 2E37A
Tuesdays, 11:00-12:00
May 12: Overview
May 19: Medications
May 26: Community Resources
June 02: Consumers Share Recovery Stories
Please call (909) 825-7084, ext. 2862 to RSVP; Space is limited.
For more information contact: Clara Wise, OTR/L, CPRP
(909) 825-7084 ext. 2484

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**National Suicide Hotline**

*Damisi Graham, LCSW*

To ensure veterans with mental health crises have immediate access to trained mental health professionals, VA partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Suicide Prevention Lifeline to operate a national suicide prevention hotline for veterans. The toll-free hotline number is 1-800-273-TALK (8255). VA staff operates this hotline seven days a week, 24 hours a day at the Canandaigua VA Medical Center in New York State. Callers are prompted to press one if they are a veteran. The veteran is then immediately connected to trained staff at the Canandaigua VA who will care for the emergent need. The veteran will also be asked for consent allowing the local Suicide Prevention Coordinator to contact the veteran through a Suicide Hotline Consult. This consult assists in linking the caller with the appropriate mental health service and VA resources. Since the launch of the hotline in July 2007, the VA has received over 111,153 calls.
primary purpose of the Suicide Prevention Coordinators is to promote awareness at VA facilities about suicide, suicide risk factors, and prevention, including promoting the belief that suicide prevention is everyone’s responsibility. This includes facilitating Operation S.A.V.E. which trains non-clinicians at VA facilities and clinics to: 1) recognize SIGNS of suicidal thinking, 2) ASK veterans questions about suicidal thoughts, 3) VALIDATE the veteran’s experience, and 4) ENCOURAGE the veteran to seek treatment. This also includes coordinating other training programs to provide ongoing education for all staff, such as Suicide Risk Management for Clinicians.

Suicide Prevention Coordinators assist VA facilities in identifying those veterans who may be at high risk for suicide and ensuring that these veterans receive the appropriate level of care and monitoring. The coordinators assist in identifying veterans who have previously attempted suicide and work with the Patients Safety Team to review the care that is provided to those veterans in order to determine areas for improvement in service delivery. In collaboration with the Patients Safety Team, Suicide Prevention Coordinators also monitor the environment in high risk areas of the hospital.

Suicide Prevention Coordinators are responsible for promoting veteran and community awareness of suicide prevention through educational and outreach efforts. National Suicide Awareness and Prevention Week is the first week in September annually, and VA Medical Centers have activities and educational information during that week, as well as throughout the year.

For more information about Suicide Awareness and Prevention Week, contact your local Suicide Prevention Coordinator.

### Suicide in Schizophrenia: Did You Know?

- Leading cause of premature deaths among persons with schizophrenia is suicide.
- Individuals with schizophrenia are nine times more likely to die by suicide than the general population.
- Up to 30% of people with schizophrenia attempt suicide and between 4% and 10% succeed.
- Among individuals with schizophrenia, mild levels of suicidality should be identified and monitored as low-level suicidality predicts future suicidal thoughts and behaviors better than depression or anxiety.

## VISN 22 - VA Lead Suicide Prevention Coordinators

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<tr>
<th>Loma Linda</th>
<th>Long Beach</th>
<th>Southern Nevada</th>
<th>Greater Los Angeles</th>
<th>San Diego</th>
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<tr>
<td>Christine Lecei, LMSW</td>
<td>Damisi Graham, LCSW</td>
<td>Nick Clough, RN, MS, CS</td>
<td>Tana Teicheira, LCSW</td>
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</tr>
<tr>
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<td>(562) 826-8000 x4648</td>
<td>(702) 636-3000 x4666</td>
<td>(310) 478-3711 x43993</td>
<td>(858) 642-1439</td>
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Recent MIRECC Publications


Mueser, K.T., Glynn, S.M., Cather, C., Zarate, R., Fox, L., et al. (In press). Family intervention for co-occurring substance use and severe psychiatric disorder: Participant characteristics and correlates of initial engagement and more extended exposure in a randomized controlled trial. Addictive Behaviors.


New Grants

“Pathway(s) From Genes to Functional Deficits of Schizophrenia Patients”
Principal Investigator: Gregory Light, Ph.D.
Funded by the National Institute of Mental Health

Awards

Congratulations to Dr. David Braff for being named the 2009 President of the American College of Neuropsychopharmacology (ACNP). Dr. Braff was also presented with the William K. Warren Award from the International Congress on Schizophrenia Research on April 1, 2009.

Mental Illness Research, Education and Clinical Center

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VISIT US ON THE INTERNET AT:
www.desertpacific.mirecc.va.gov
Increasing the Quality of Life for Veterans with Psychosis