2011 Military Health System Conference

DoD's Response When Psychological Health is Failing: Lessons Learned from Suicide Experiences

A survivor and clinician's perspective on how suicide prevention efforts can be enhanced within the Department.

The Quadruple Aim: Working Together, Achieving Success

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Northern Region Medical Command (NRMC)

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Military Suicide Prevention
…from the Survivor's Perspective

- Suicide prevention and risk reduction in military communities discussed from the perspective of military families who have lost a loved one to suicide.
  - Discuss important lessons learned.
  - List at least three community situations that could be the point of crisis intervention for a young adult thinking of committing suicide.
  - Actions to take tomorrow.

Today's high rate of military suicide is a wake up call to all concerned. We must listen to what these deaths are telling us. Each one has it's own unique story, leading up to the action itself.

A Grieving Mother

Military Suicide Prevention
…from the Survivor's Perspective

Disclaimer

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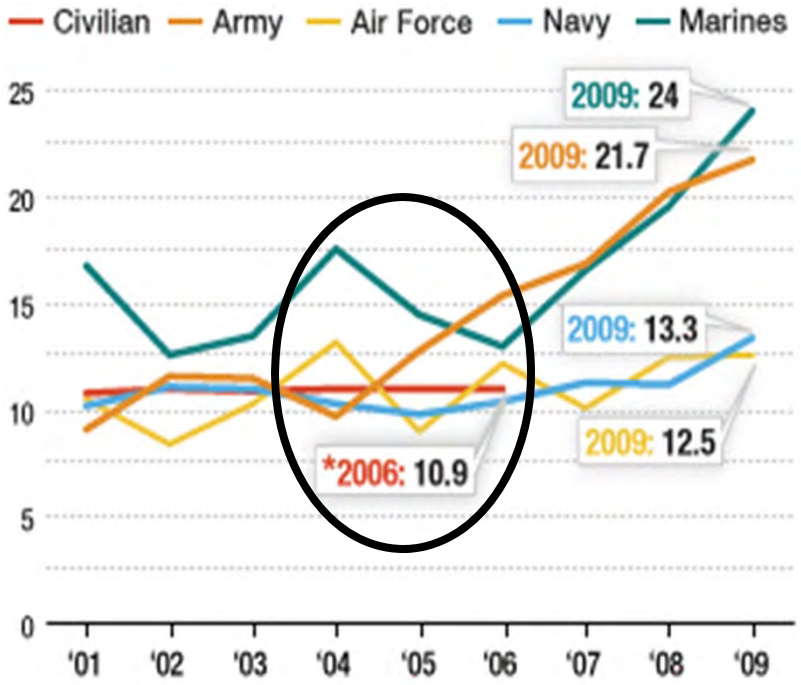
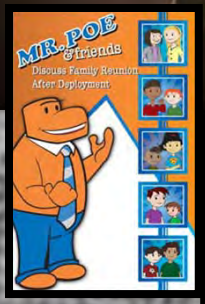


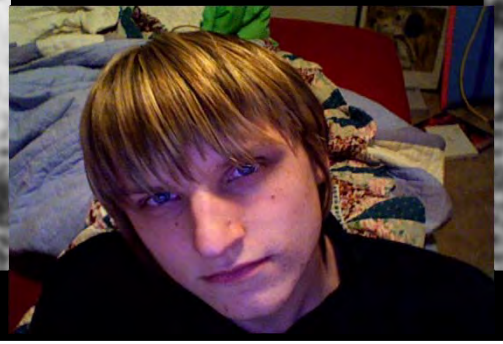
Source: U.S. military branches (2001-09) and Centers for Disease Control and Prevention

COL (Dr.) George Patrin

Pediatrician – Administrator – Commander - Advocate



18 April 1987 to 7 April 2009



Suicide is on people's minds…

"He was on a superhighway toward suicide and there were many off ramps, many opportunities for something different to have happened." Father

"If the PFC would have been admitted to the emergency room following the mental screening, it is unlikely the suicide would have occurred," the investigation concluded. Internet Article

"It's not just in the military that mental health isn't treated expertly, it's here at home, too. I asked for help…and was told I wasn't doing what I was told to do." BLOG writer, 17 June 2010

Suicide is on people's minds…
(sent to Dr. Patrin by family friend)

- "I need help i am very scared what do i do"
  Text note to Dr. Patrin on cell phone from Army SPC

In most of the cases commanders didn't know someone's background, his medical history, his disciplinary issues or his problems with alcohol. News Article

The tougher challenge is changing a culture that is very much about "manning up" when things get difficult. NPR Program

"He was so troubled that the Army took away his weapon… but not that of his room mate." Father

Many Examples of Missed Opportunity
"Canaries in a cage?"

EDITORIAL

Shooter pulled the trigger, not the political culture

There has been a lamentable tendency in American public policy discourse been regularly peddled ever since, including soon after the tragic wounding of Rep. Gabrielle Gif-., and killing of five ding federal Judge luential liberal activ-r Markos Moulitsas, tweeted "Mission l, Sarah Palin." The nes' Carl Hulse wrote e exact motivations ct in the shootings lear, an Internet site an, Jared Lee Lough-ed anti-government And regardless of e episode, it quickly ntion on the degree ammatory language, implicit instigations ave become a steady ism' when describing the president and his allies, as if blind to the idea that Americans legitimately faced with either enemy would almost certainly take up arms." CNN political correspondent Jessica Yellin acknowledged that there was "no overt connection" between Palin and Saturday's shootings, but, as *The Washington Examiner*'s Byron York pointed out Sunday, this didn't stop her, anchor Wolf Blitzer and other CNN commentators from speculating that "Loughner acted out of rage inspired by Palin and other Republicans. Conclusions were jumped to all around."

Political figures of speech that con- violent gies

or images are indeed commonplace, and often in poor taste, as can be seen in the images used by both Palin and Moulitsas that put Giffords in the cross hairs of an imaginary rifle sight. But neither Palin nor Moulitsas made Loughner, the accused shooter, aim a semiautomatic 9 mm Glock handgun at Giffords' temple and pull the trigger. Nor was President Obama being literal when he said during his 2008 campaign that "if they bring a knife to the fight, we bring a gun." The task now is to stop playing politics with the Arizona tragedy and focus on insuring a fair trial and just sentence for the individual(s) responsible for this horrendous crime.

"Canary in a coal mine"
Warning – danger, trouble

A Too-Painful Reminder

Arizona hits on the deepest fears of families coping with mentally ill loved ones

Tucson, Ariz.

Jared Loughner had never been in major trouble with the law or overtly violent, but his behavior at his community college was so disturbing that campus police gave him and his parents an ultimatum: Get a mental health evaluation or don't come back.

Loughner went away, but his deteriorating mental condition didn't. Just more than three months later, he is charged in a horrific mass shooting that killed six people and left Arizona Rep. Gabrielle Giffords clinging to life.

For those living with mentally ill family members or friends, the tragedy plays on their deepest fears and raises a more heart-wrenching and personal question: When and how should loved ones intercede to force someone to get help?

Parents who suspect their child might have a major mental illness face an array of emotional and bureaucratic hurdles, from their own fears to strict laws that limit involuntary commitment to severe cuts in services. For many, the battle for intervention and treatment is a never-ending nightmare.

"I would bet that every parent

Jared Loughner, seen in an image from MySpace, appears to have schizophrenia.

14,000
The number of mentally ill patients in Arizona who had all services cut except for their medications in the past two years. The cuts include counseling and psychiatric care. (AP)

That he fell through the ever-widening cracks is an all-too-common scenario for families who might want help with a major mental illness. They are confronted with an overwhelming struggle — a fight that often begins with the person they're trying to help.

One of the key symptoms of

same thing now: grace of God go I of a 35-year-old phrenia, who has ication for nine y requested anony believes her son er of Internet ne contact with her ing to the media "My heart go ily," the mother cause this; you disorder in your Police are by legitimate civil rights and are rooted in h the mentally i Schmaltz, chie Phoenix-based Arizona's Fami In Loughne that despite the pus police, profe 22-year-old was

Commitment Policy

Arizona has one of the most flexible statutes for involuntary commitment and allows anyone with knowledge of the person's behavior — a teacher, a parent, a police officer, a friend — to petition for a court-ordered mental health evaluation, the first step toward involuntary treatment, said Kristina Ragosta, legislative and policy counsel at the Treatment Advocacy Center in Arlington, Va. Ari-

Andrew's Story

The Intervention That Never Happened

28 March - Second appt in 3 months w/ 2nd FP for depression, suicidal thoughts, sent to pharmacy for new psych med, no referral to "TRICARE" for routine mental health visit

3 Apr, Fri – Tells former girlfriend he will commit suicide, she alerts police who log "mental warrent" but do nothing, she goes home to parents

4 Apr, Sat – Calls friends detailing suicide plan, they believe "he'll show up"

5 Apr, Sun (0200) – Email to friends detailing suicide with will, 2nd "missing person report," insist that police look for him, weak APB sent to Nevada w/o car info

5 Apr, Sun - Stopped by security sleeping in car on private property with new shot gun & ammo in car, released after showing it's unloaded

6 Apr, Mon (1400) - Parents learn of plan from girlfriend's parents, alert CA PD who issue new report with car info obtained by brother

6 Apr, Mon (late PM) – Parents and CA PD call Sprint for location – "cannot give out info, get a court order"

7 Apr, 0300 - Andrew contacts family w/'last emails,' "I'm sorry," parents again contact PD and Sprint, plead for message origination, - "wait 'til business hours"

7 Apr, 1400 - Sprint concedes, locates Andrew within 50 ft…
too late, body and note found at 1338 in motel room with shotgun wound to the heart

Andrew's Last Visit
Information (Facts) Available…Not Used

✓ History of 10 years of anxiety and tachycardia (cardiac negative, "stress" induced?)

✓ Stated that ADHD meds were increasing depression

✓ Depression screen (Becks) +15 (5 is 'positive')

✓ Prior visit in Dec 09 with same c/o (depression, suicidal thoughts) not better, but worse

✓ Healed cuts on both legs (physical exam not done as this was 'first visit' with this provider)

✓ Family Hx of multiple severe mental health diagnoses - depression, bipolar, schizophrenia, bulimia, alcoholism, autism

✓ Social Hx recent break-up with girlfriend, car theft, job dissatisfaction, lost court case

"An Explanation"

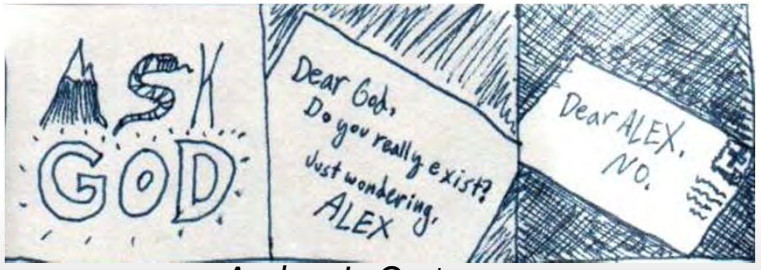
by Andrew - Tue, Apr 7, 2009

Written at 0300, 8 hours before he died

In order to survive, I need (at least one of) three things…

1. Being able to love.
2. A good life situation.
3. A sense of absolute truth (as engendered by a belief in God and similar things).

Last self-portrait, in hotel room



Andrew's Cartoon

Why/ How Can This Happen?

- **Group Think/ Unit Behavior**
- **Attribution theory, Actor/Observer Bias**
- **Cognitive Dissonance**
- **Simple Denial (Family, Battle Buddy)**

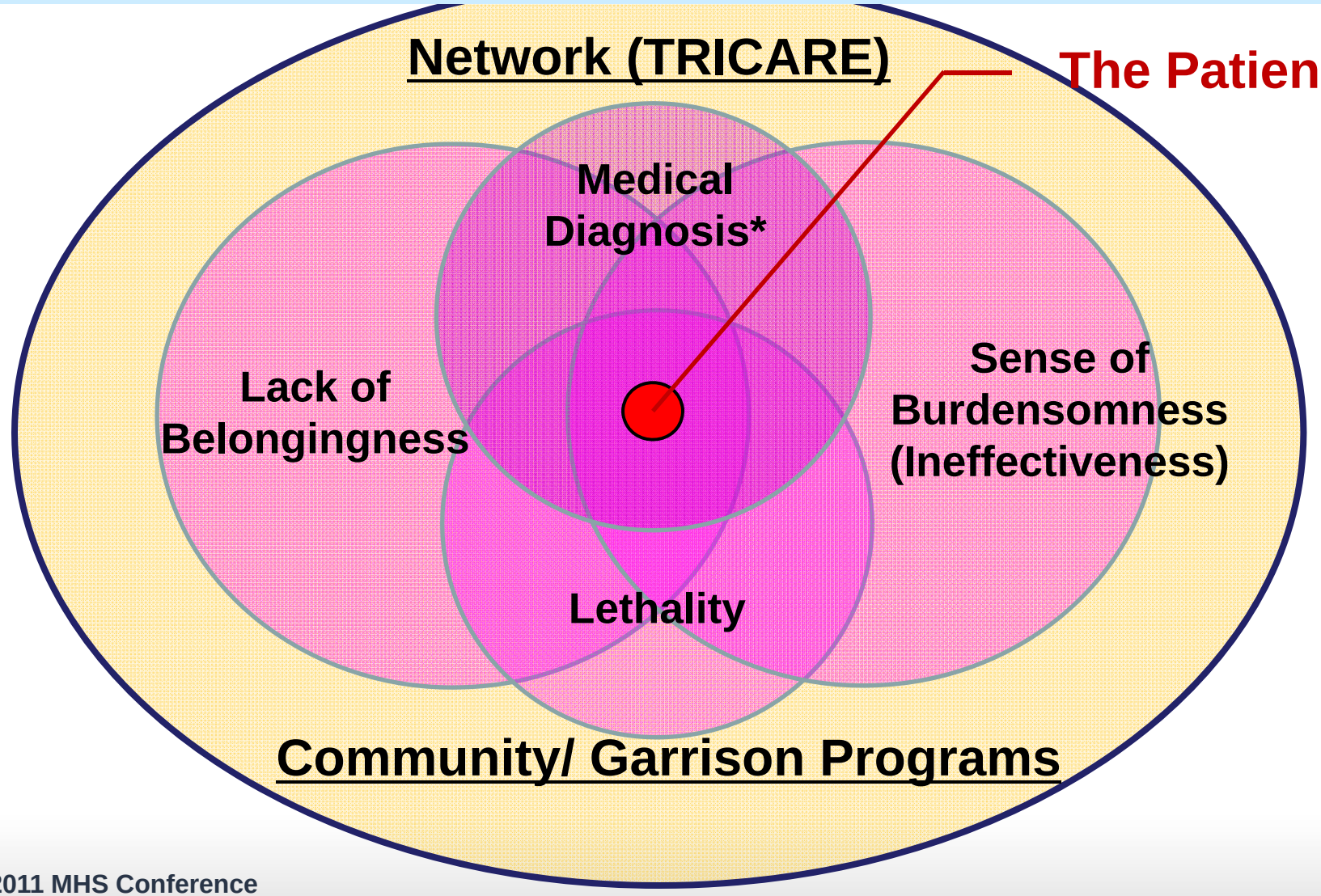
Always ask – **“Who’s the patient?”**

(especially when the issue is mental health)

Suicide Venn Diagram Model

Adapted from: Joiner, T. (2005). WHY PEOPLE DIE BY SUICIDE. Cambridge, MA: Harvard Press

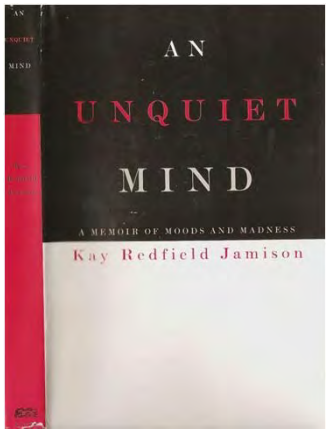
***Untreated depression = the leading cause of suicide...**



Kay Redfield Jamison

Regis University, "Unquiet Mind: Bipolar Disorder and Suicide Awareness," November 4, 2006

- Addresses clinical and personal realities of depression and bipolar disorder in a manner that encourages dialogue, empathy and hope.
- "I have become increasingly optimistic about the possibilities of suicide prevention but **deeply frustrated by the lack of public and professional awareness** of the terrible toll it takes."



- National bestseller, *Night Falls Fast: Understanding Suicide.*
  "Manic-depressive illness proved to be an enemy out of range and beyond the usual rules of engagement…it takes no hostages…the illness moved faster than (the patient's) acceptance of it."

Community-Wide Patient-Famly Centered
Culture Change Required

Optimize Primary Care (Patient-Centered Medical Home) Teams with integrated case management, care coordination, 'on site' resources (including behavioral health)

- Support continuity with provider teams - stop incentivizing 'fee-for-service,' 'band-aid' visits, value non-face-to-face visits
- Establish comprehensive administrative and medical services for Warriors and their Family Members
- Include personal crisis referral resources to mental health for Family Members
- Take depression seriously – support timely, urgent, proactive referral to mental health with ANY suicidal talk
- Universally screen all FMs for stress and monitor (like we do AD)
- Get permission from patients to tell a loved one that they are feeling this way
- Follow up ALL patients on anti-depressants, refer to BH with ANY talk of suicidal ideation

Patient-Centered 'Service' Approach
Inclusive and Integrated MTF-Wide!

PCC WTU CBPCC PCMH

NAVY MEDICINE
World Class Care…Anytime, Anywhere

U.S. AIR FORCE
Family Health Initiative
Focus is on Continuity

Communication with Unit(s)

The Patient (Family)
in "Med Home" Center

Training/ GME Education

Military Practitioners

Non-Military Practitioners

Primary Care Teams Continuity

Specialty Care Services Acute-Crisis

Timely Appointing/ Referral
Same Day Access/ Follow Up,
Care Coordination,
Case Management

Community-Network Education

A Collaborative Community Approach
Integrated (Virtual) Teams

HS Conferenc

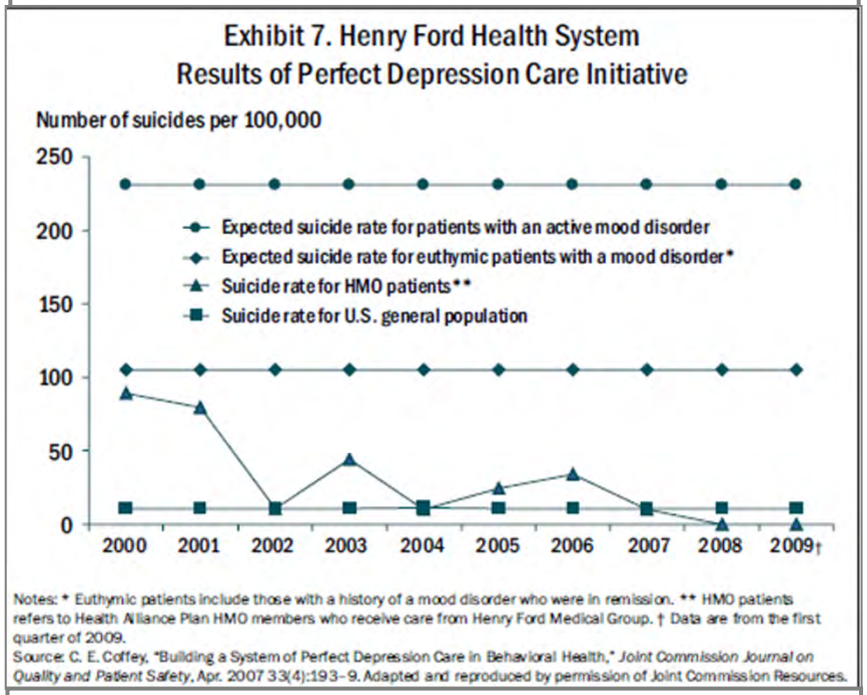
2001 – Henry Ford Medical Group - "Blues Busters"

Robert Wood Johnson Foundation's Pursuing Perfect Care initiative

"Perfect Depression Care"

- ***Set overall "perfection" goal of eliminating suicide***

Suicide rate declined 75% in 1st 4 years from 89 to 22/100,000 (pop = ~200,000)



Two and a half years without a single suicide!

Redesigned depression care in four domains:

1. Patient partnership with consumer advisory panel;
2. Systematic planned care evidence-based model using cognitive behavior therapy, prevention protocols;
3. Access to drop-in group appointments;
4. Improved documentation in EHR and informational Web portal for patients/ family with secure e-mail communications.

"Pursuing perfection is no longer a project or initiative for our team but a principle driving force embedded in the fabric of our clinical care."

Henry Ford's Perfect Depression Care Program

- ✓ Establish a consumer advisory panel to help with the design of the program.
- ✓ Establish a protocol to assign patients into one of three levels of risk for suicide, each of which requires specific intervention.
- ✓ Provide training for all psychotherapists to develop competency in Cognitive Behavior Therapy.
- ✓ Implement a protocol for having patients remove weapons from the home.
- ✓ Establish three means of access for patients: drop-in group medication appointments, advanced (same-day) access to care or support and e-mail visits.
- ✓ Develop a website for patients to educate and assist patients.
- ✓ Require staff to complete a suicide prevention course.
- ✓ Set up a system for staff members to check in on patients by phone.
- ✓ Partner and educate the patient's family members.

T. Hampton. **Depression Care Effort Brings Dramatic Drop in Large HMO Population's Suicide Rate**. *JAMA: The Journal of the American Medical Association*, 2010; 303 (19): 1903 DOI: 10.1001/jama.2010.595

Actions Needed (per Survivors) Leadership/ Accountability

1. Full transparency, accountability with surviving family members - what was done, not done (learn from them)
   - Investigate ‘clusters’ of suicides (more than 3)
   - Support an honest and transparent search for the facts after a death for both AD and NON-AD Family Member deaths
2. Educate all military leaders on how to deal with suicide issues, include family members, respect mental health diagnoses, destigmatize getting help (discipline unit leaders who brow-beat troops seeking help)
3. Ask Casualty Assistance Officers (CAO) to assist families for an entire year, offer mental health (postvention) services
4. Enhance collaboration and synergy with community (Garrison Units)

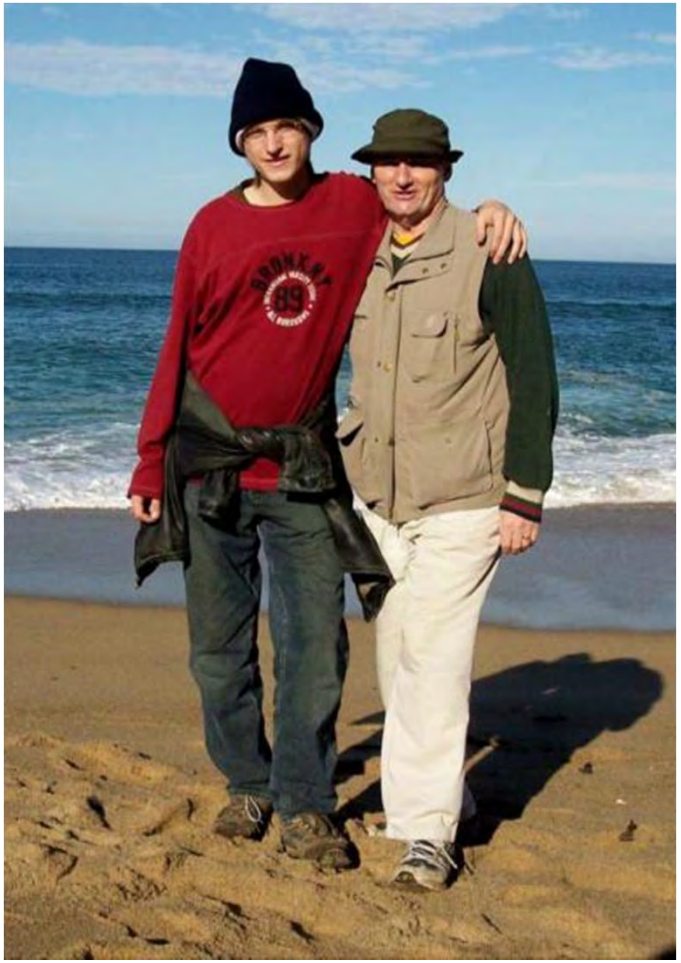
Actions Needed (per Survivors)
Education

1. Educate family members, and Service Members, about PTSS/ PTSD and suicide (BEFORE it happens), include family in "suicide stand downs" and prevention activities
2. Teach children about suicide, what to watch for, it’s OK to tell someone; discuss what impending suicide looks and feels like (“permanent solution to a temporary problem”)
3. Rehearse how to call when suicide and depression are apparent to get help
4. Support passage of “Brandon’s Law” (help by cell phone companies and police departments)
5. Improve postvention treatment and support of survivors

Suicide Prevention, Survivor's Perspective – Bonus Take-A-Way

- From a (once suicidal) Warfighter – "It took my son's (buddy's) suicide to bring me down to a level where I can visualize a better way. I will trust you as a comrade and fellow Soldier if you…"
  - **Meet me where I am.** I sacrificed myself for my brothers, unit, god & country.
  - **Lead me from where I am…**where I feel safe. While effective externally, inside I am hurting, losing my personal war with life.
  - **Take me where I need to go.** Guide me to a new understanding of self. Expand my understanding. I want to live again without these heavy burdens.

Questions?



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Patient-Centered Primary Care COLLABORATIVE