Enhancing Social Connectedness Among Veterans at High Risk for Suicide through Community Engagement

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Conflicts of Interest & Required Statements

- Our team has no conflicts of interest associated with the findings described in this presentation.

- The views expressed in this talk are those of the authors and do not necessarily reflect the position or policy of the U.S. Department of Veterans Affairs, the National Institutes of Health, or the United States government.

Funding Sources

Poll Question #1

- What made you interested in attending this Cyberseminar today?
  - Suicide prevention research
  - Community partnerships
  - Clinical application
  - Learning about Career Development Awards
  - Other

Poll Question #2

- How often do you interact with community organizations in a given month?
  - Not at all
  - Rarely
  - Sometimes
  - Often
  - Very Often

Agenda

- Introductions
- Study Overview
- Preliminary Results
- Lessons Learned
- Next Steps

Introductions

WHO IS AT RISK?

High Risk Populations

HOW DO WE HELP THEM?

Community Prevention

Peer Support Interventions

WHAT GETS IN THE WAY?

ADAPT & OVERCOME

Barriers to Implementation

CDA Boots on the Ground Team

- Principal Investigator: Jason Chen, PhD

- Study Coordinator: Avery Laliberte, BA

- Additional Research Assistant Support:

  - Brandon Roth

  - Katie McDonald, BS

Center to Improve Veteran Involvement in Care (CIVIC)

- Health Services Research and Development Center of Innovation

- Located within the VA Portland Health Care System in Oregon.

- Focus on understanding the Veteran experience to improve health services
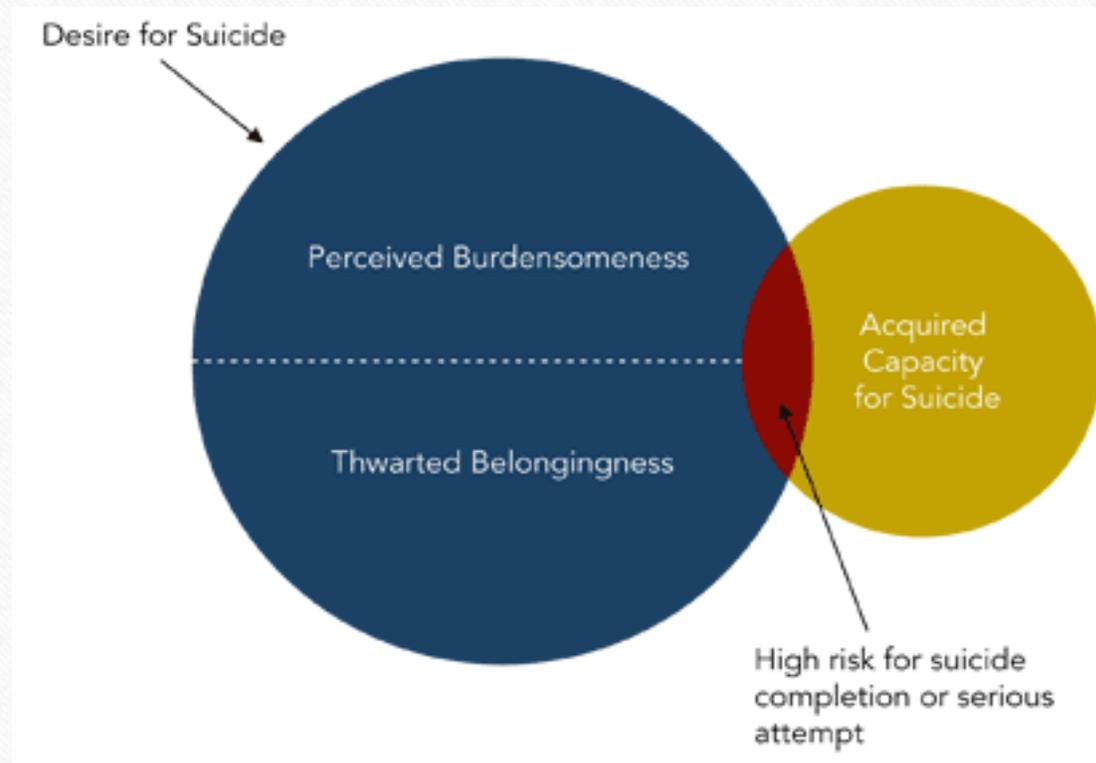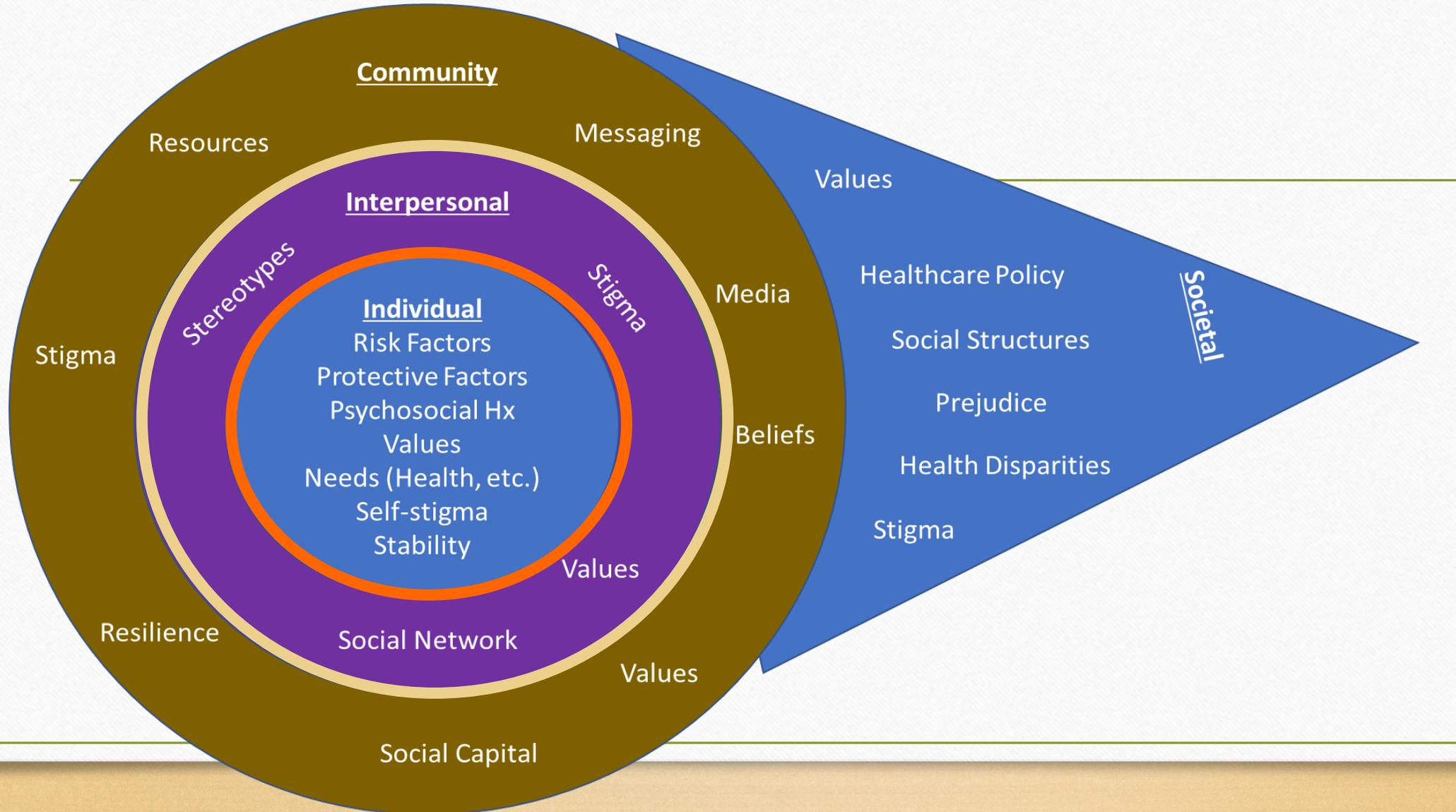
Study Overview

Background

- Recently psychiatrically hospitalized Veterans are at elevated risk of suicide within 3 months post-discharge (568 per 100,000; Valenstein et al., 2009).

  - 80% of suicide deaths occur within four days of discharge.

  - 50% of suicide deaths happen prior to the first follow-up appointment.

- Recently psychiatrically hospitalized Veterans report low levels of social connectedness.

Interpersonal Psychological Theory of Suicide (Joiner, 2005)

Desire for Suicide

Perceived Burdensomeness

Thwarted Belongingness

Acquired Capacity for Suicide

High risk for suicide completion or serious attempt

Socioecological Model

Community

Resources

Messaging

Stigma

Resilience

Social Network

Social Capital

Interpersonal

Stereotypes

Stigma

Media

Beliefs

Values

Individual
Risk Factors
Protective Factors
Psychosocial Hx
Values
Needs (Health, etc.)
Self-stigma
Stability

Societal

Values

Healthcare Policy

Social Structures

Prejudice

Health Disparities

Stigma

Background

- Limited evidence base for current suicide interventions.

- Current suicide interventions have limited focus on social connectedness challenges.

- Systematic review research suggests supported community engagement is associated with positive mental health outcomes.

- Veterans report difficulty engaging with the community.

Poll Question #3

- How often do you interact with peer support specialists in a given month?
  - Not at all
  - Rarely
  - Sometimes
  - Often
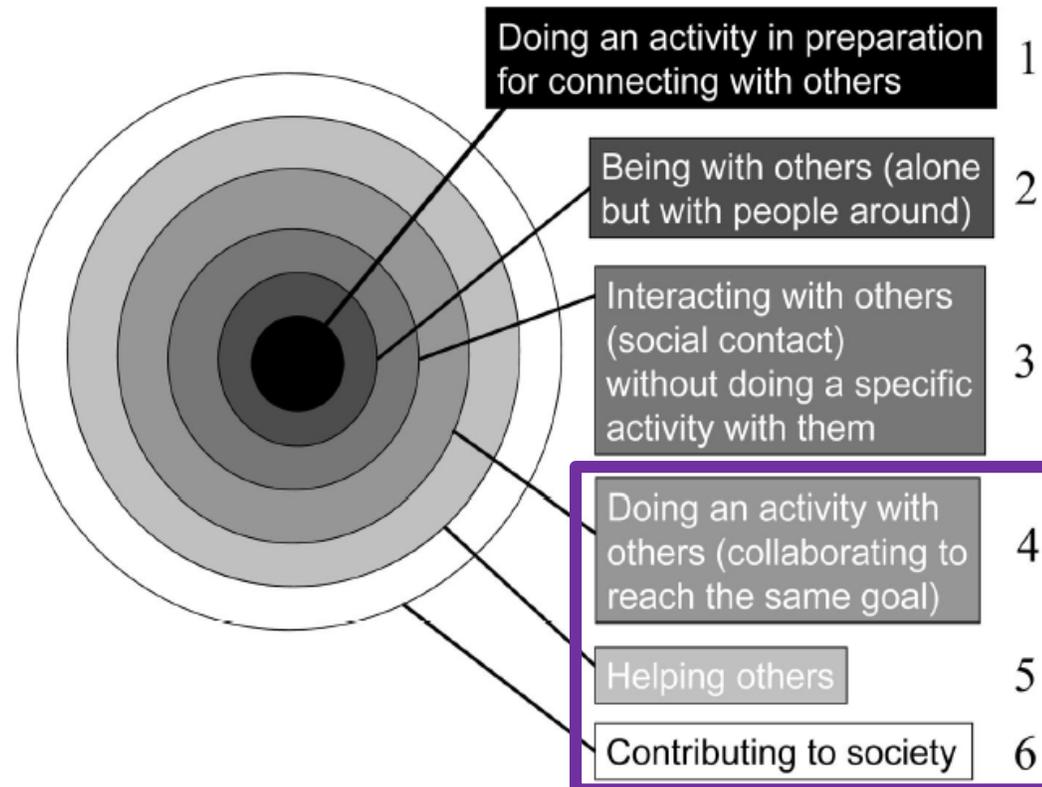 - Very Often

Background

- Peer support specialists may be a natural facilitator for community connections.

  - Meta-synthesis supports peer services are generally well-received.

  - Veterans report interest in additional support from peer services for community engagement.

  - However, peer support specialists report challenges to promoting community engagement.
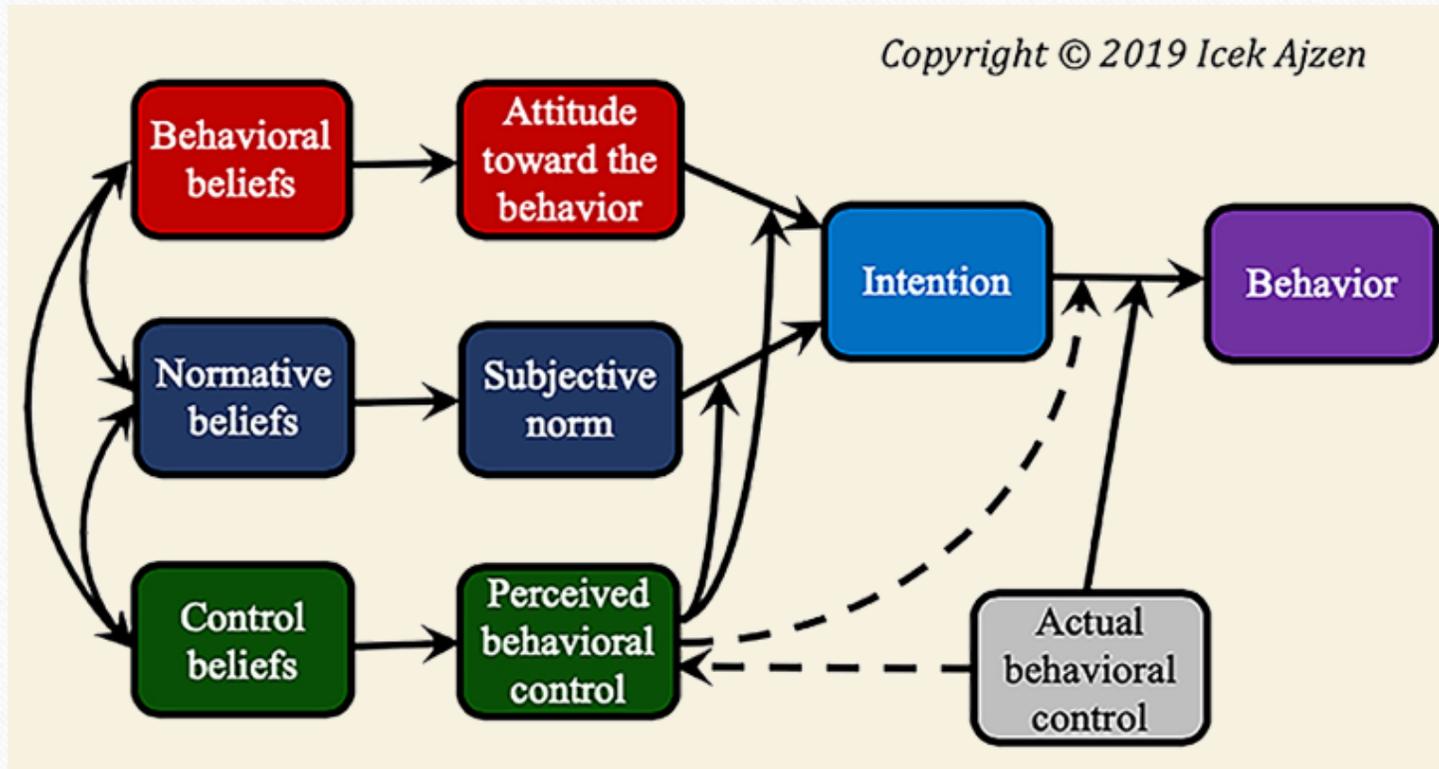
Why Peers?
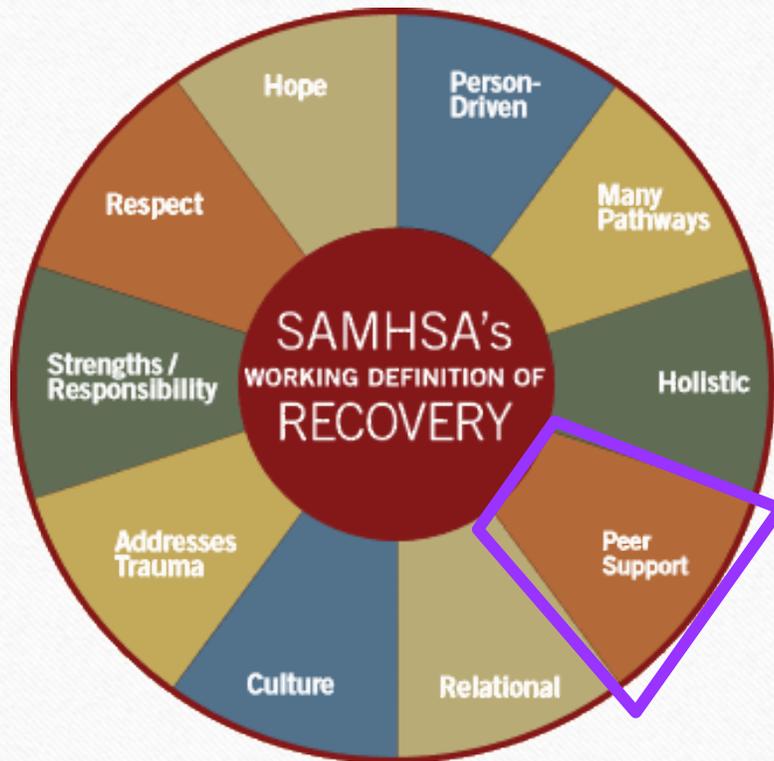
- Scope
- Lived experience
- Common background
- Ability to go beyond our walls
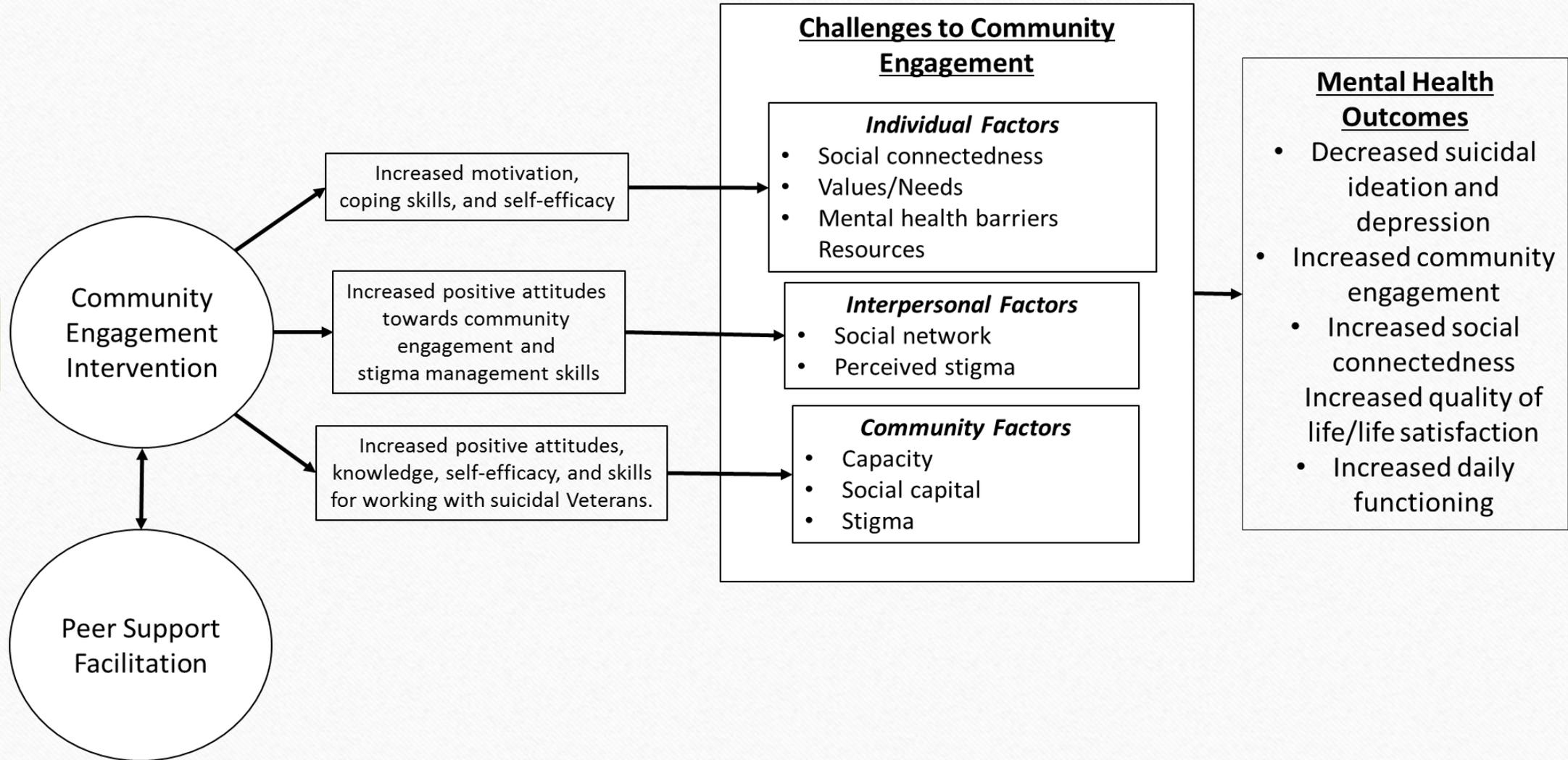- Supervision/support need

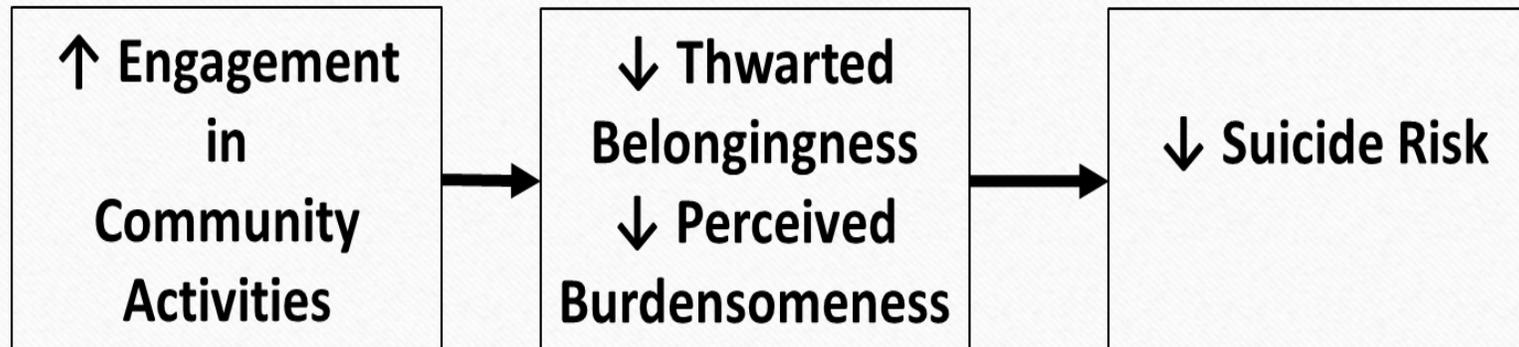# Different Types of Social Activities (Levasseur et al., 2010)

Doing an activity in preparation for connecting with others — 1

Being with others (alone but with people around) — 2

Interacting with others (social contact) without doing a specific activity with them — 3

Doing an activity with others (collaborating to reach the same goal) — 4

Helping others — 5

Contributing to society — 6

Theory of Planned Behavior (Ajzen, 2019)

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Conceptual Model

Proposed Intervention Relationships

| ↑ Engagement in Community Activities | → | ↓ Thwarted Belongingness ↓ Perceived Burdensomeness | → | ↓ Suicide Risk |

Feedback from VEG

- Active outreach is needed.

- Make activities "fun".

- Incorporate them into discharge planning.

- Unclear on challenges to making new social connections.

- Limited awareness of confidentiality.

Community Partners Feedback

- Difficulty connecting with Veterans

- Diversity of community partner needs

- Sovereignty

- Limited awareness of VA resources

- VA bureaucracy concerns

CDA Aims

Aim 1: Identify current needs, barriers, and facilitators to Veteran community engagement following psychiatric hospitalization

- Aim 2: Identify VHA staff and community stakeholder perceptions and perceived needs related to Veteran community engagement following psychiatric hospitalization

- Aim 3: Develop and pilot a multicomponent intervention for increasing community engagement among recently hospitalized Veterans

Aim 1

- Veterans are being interviewed about their discharge planning experiences and community engagement:
  - Within one week of inpatient psychiatric hospitalization
  - Within one month of discharge

Aim 1: Domains of Interest

- Community activities
  - Attitudes
  - Current behaviors
  - Confidence
- Thwarted Belongingness/Perceived Burdensomeness
- Current needs and preferred resources

Aim 1

- Example Questions:
  - Tell me a bit about who you consider to be your community?
  - How do you feel your current day-to-day activities impact your community?
  - Thinking about yourself or other Veterans you know, what might be some reasons a Veteran would include community activities as part of their discharge plan?

Aim 1

- Planned Sample Size: 30 complete interview sets
- Analysis: Modified Grounded Theory Approach

Progress So Far

- 27 out of 30 first interviews completed.

- 11 follow-up interviews completed.

- One accepted conference abstract.

- Interim feedback session with CIVIC Veterans Engagement Group.

Preliminary Results

Self-stigma
dynamics
experiences
Stigma civilians Time
Hands-on
support
relationship
Limited Trust
Group gender positive
Resources
combat/non-combat
knowledge Perceived

Preliminary Results: Community

"I always try and surround myself with other Veterans for support there as well."

"Yeah, I've been going to church for years … community there, and I've participated in– I played music."

Preliminary Results: Community

"I stay at home. I'm a hermit. Me and my dog and my roommates, and that's it."

"I guess immediately it would be my peers, the other, you know homeless community."

Preliminary Results: Logistical Barriers

"The yoga, the Tai Chi, the acupuncture, the massage. All of those things that were suggested as an option ... However, I'm not sure how to access it."

"Travel, costs, all of that accessibility. Or just being more transparent in how they access those things exactly."

Preliminary Results: Care Barriers

"Have they tried to engage here—the doctors here—have they tried to do anything with community with you, like tell you what resources are out there?"

"Nope."

Preliminary Results: Stigma

"Well, I've kind of described it this way. I don't know why it is, but … the community at large, to me, in my world, it's not like getting a broken arm, and everybody signs your cast. When you, quote, have a mental issue going on—people get all—it's just a scary thing for them."

"Yeah. I don't know if it's a good idea to be involved with– It's just a personal thing. When you get out of here you don't really want to deal with it. Especially right after you get out of here."

Preliminary Results: VA Needs

"More hands-on. Cause a guy can get tons and tons of pamphlets. Sure, collect them and collect them and have a folder full of pamphlets, and when he gets out, those might end up straight in the trash can …."

"Some of the best information I've gotten from help with the VA and other Veteran services- some of the best help I've gotten was from other Veterans."

Preliminary Results: Community Needs

"I mean I've seen people lead a group … who were very good with people. They loved people, you could tell. And it just put people at rest."

"You know, it would be interesting to have a booth there from either the VA, DAV."

Lessons Learned So Far

- Research
  - Need for community engagement support
  - Completing follow-ups is challenging
  - Interview guide additions:
    - Exploring social connection processes
    - Historical experiences

Lessons Learned So Far

- Process
  - Regular feedback to clinical, research, and community stakeholders
  - Organizational complexities
  - Adaptability
  - VA resources

VEG Results Feedback: Barriers

- Lack of information (knowledge, getting to try things out)

- Stigma (Perceived, Self-stigma)

- Time/Resources (Logistics)

- Limited positive relationship experiences

- Distrust

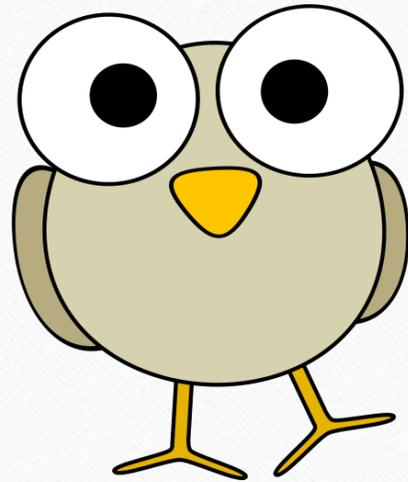- Group dynamics (gender, combat/non-combat, civilians)

Community Partners Results Feedback

- "We try to be open and welcoming with every student. We are aware that veterans can have additional concerns and personal issues especially space."

- "The class will be taught by a veteran with combat experience. There will be additional instructors and assistants available to allow for more one on one practice. Some of these people will also be veterans, some may not have combat experiences, and there will also be female instructors present at every class."

- "Because our society has numerous classes throughout the week there will be opportunities for the veterans to transition into a regular class upon completion of this class. At no time will they be pressured to do so."

Next Steps

- Complete data collection for Aim 1

- Continue analysis of Aim 1 data

- Draft research and clinical products from Aim 1

- Prepare for Aim 2 interviews in Spring 2020

Questions