

Live Whole Health.

Telehealth Delivery for Multimodal Complementary and Integrative Health Interventions for Suicide Prevention

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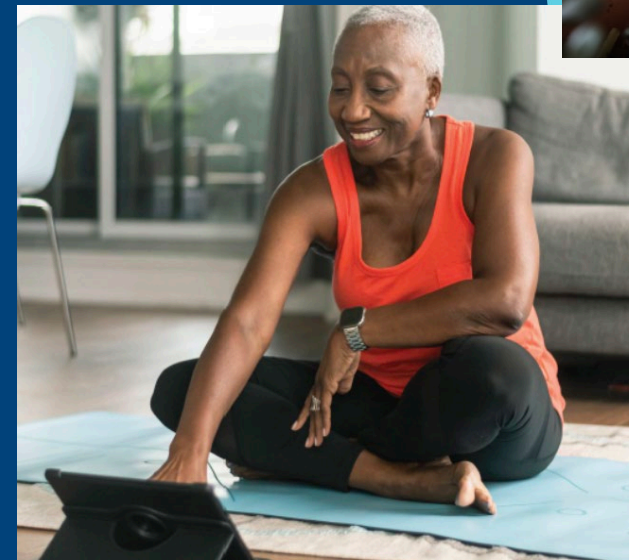
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VA



U.S. Department of Veterans Affairs
Veterans Health Administration

Poll Question #1

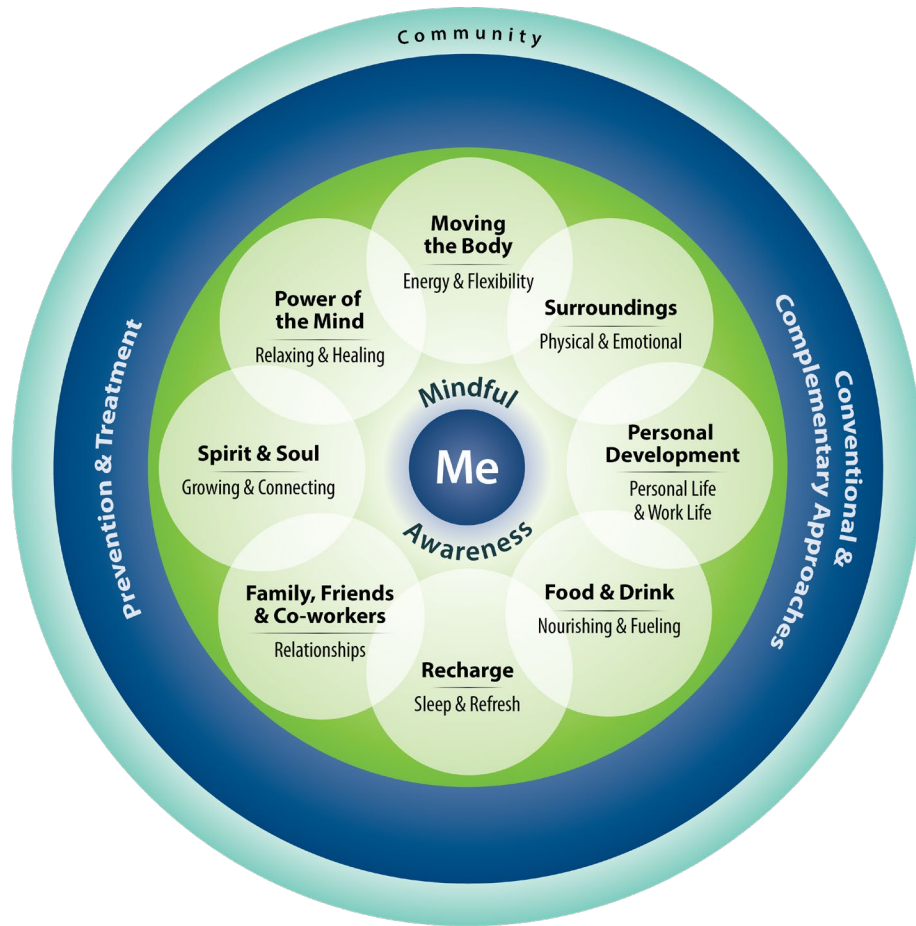
- What is your profession? (Check all that apply)
 - Psychiatrist
 - Psychologist
 - CIH practitioner (e.g. yoga, Reiki, etc.)
 - Nurse: NP, RN, LPN
 - MD/DO
 - Social worker
 - Researcher
 - Other

Background

- **Suicide is a major public health problem, specifically for Veterans**
- **Existing psychotherapeutic approaches for suicide prevention and comorbid psychiatric conditions have high attrition rates**
- **Increased use of CIH among Veterans**
 - Since 2017, 193% increase in utilization of CIH for Veterans with chronic pain, 211% increase among Veterans with mental health diagnoses, and 272% increase among Veterans with chronic conditions (Whole Health System of Care Evaluation, 2020)

Can we keep Veterans more engaged in their health by tapping into an interest in CIH, thus improving mental health and reducing suicide risk factors?

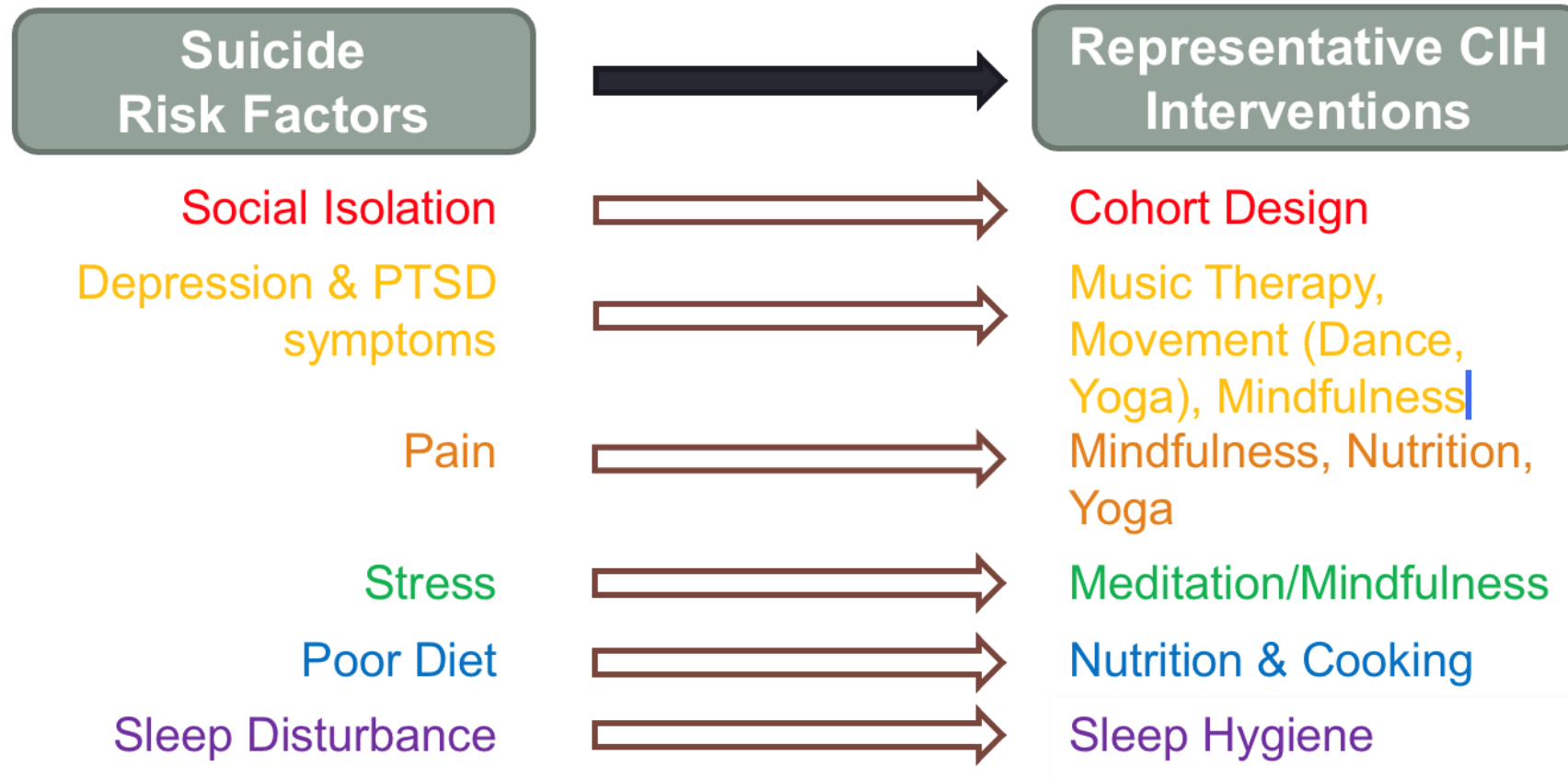
The Whole Health Transformation



Whole Health
is an approach to health care that *empowers and equips* Veterans to take charge of their health and well-being, and live their life to the fullest.

Live Whole Health.

Targeted Multimodal CIH Interventions Towards Suicide Prevention



Poll Question #2

What CIH interventions do you practice PERSONALLY? (Check all that apply)

- Acupuncture
- Yoga
- Meditation/Mindfulness
- Aromatherapy
- Massage Therapy
- Music Therapy
- Horticultural Therapy
- Reiki
- Biofeedback
- Hypnotherapy
- Other:

Poll Question #3

What CIH interventions do you practice PROFESSIONALLY? (Check all that apply)

- Acupuncture
- Yoga
- Meditation/Mindfulness
- Aromatherapy
- Massage Therapy
- Music Therapy
- Horticultural Therapy
- Reiki
- Biofeedback
- Hypnotherapy
- Other:



The Resilience & Wellness Center

A 4-week outpatient program for Veterans who are having difficulties coping with their emotional problems, and would benefit from Complementary & Integrative classes meditation, nutrition, exercise, music therapy, and horticultural therapy, etc.

PROVIDERS:

if you have a potential program candidate...

Please submit a consult to:

**RESILIENCE AND WELLNESS (R&W)
CENTER
(under Outpatient Consults)**



INDICATIONS FOR REFERRAL:

(one or more)

- ✓ Veteran is isolated
- ✓ Veteran is experiencing ongoing environmental stressors
- ✓ Veteran would like to learn new coping strategies
- ✓ Veteran would like to make significant lifestyle changes

In-Person Program Data

THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE
Volume 27, Supplement 1, 2021, pp. S14–S27
Mary Ann Liebert, Inc.
DOI: 10.1089/acm.2020.0245

JACM

ORIGINAL RESEARCH

Effectiveness of Complementary and Integrative Approaches in Promoting Engagement and Overall Wellness Toward Suicide Prevention in Veterans

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COVID-19 Pandemic

- Quickly pivoted to an online delivery in June 2020

Barriers:

- No digital device or internet access, discomfort with technology
- Increased pandemic stress —> impaired memory (schedule)



Unforeseen benefits:

- Were able to reach some of the most severely depressed and anxious
- Could continue to serve Veterans who moved out of the city

Transition to Virtual: Getting over the Bridge



Program management staff:

- 3 classes/day → 2 classes/day
- VVC links for each class → 1 VVC Link/day → 1 Zoom link for the entire month
- Daily morning email reminder with link
- Daily patient outreach required to ensure participation (usually just 1st week)

Instructors:

- Converting curriculum to virtual delivery (ex: Narrative Therapy: writing → storytelling)

Patients:

- Telehealth on-call assistance
- Digital Divide Consults

Weekly Classes (2 classes/day)



Horticulture
Therapy



Exercise
(Dance &
Cardio)



Spirituality



Mindfulness



Chair Yoga



Sleep
Hygiene



Narrative
Therapy



Cooking &
Nutrition



Music
Therapy

THRIVE: HT Intervention (Virtual)

- NYBG supplied all materials and shipped directly to Veterans' homes prior to virtual HT Intervention
- Materials were provided for each of the 4 HT sessions as well as graduation

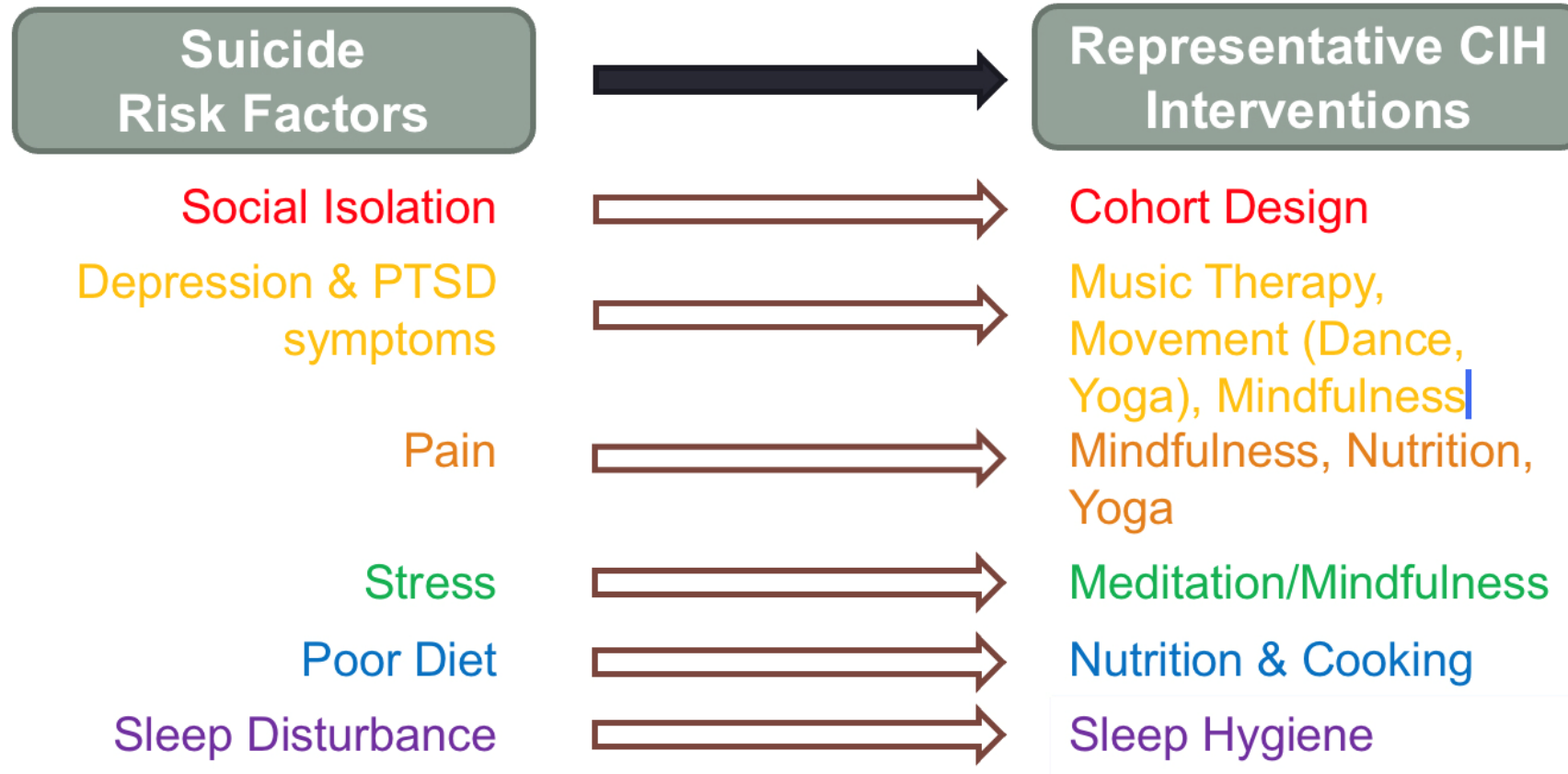


Poll Question #4

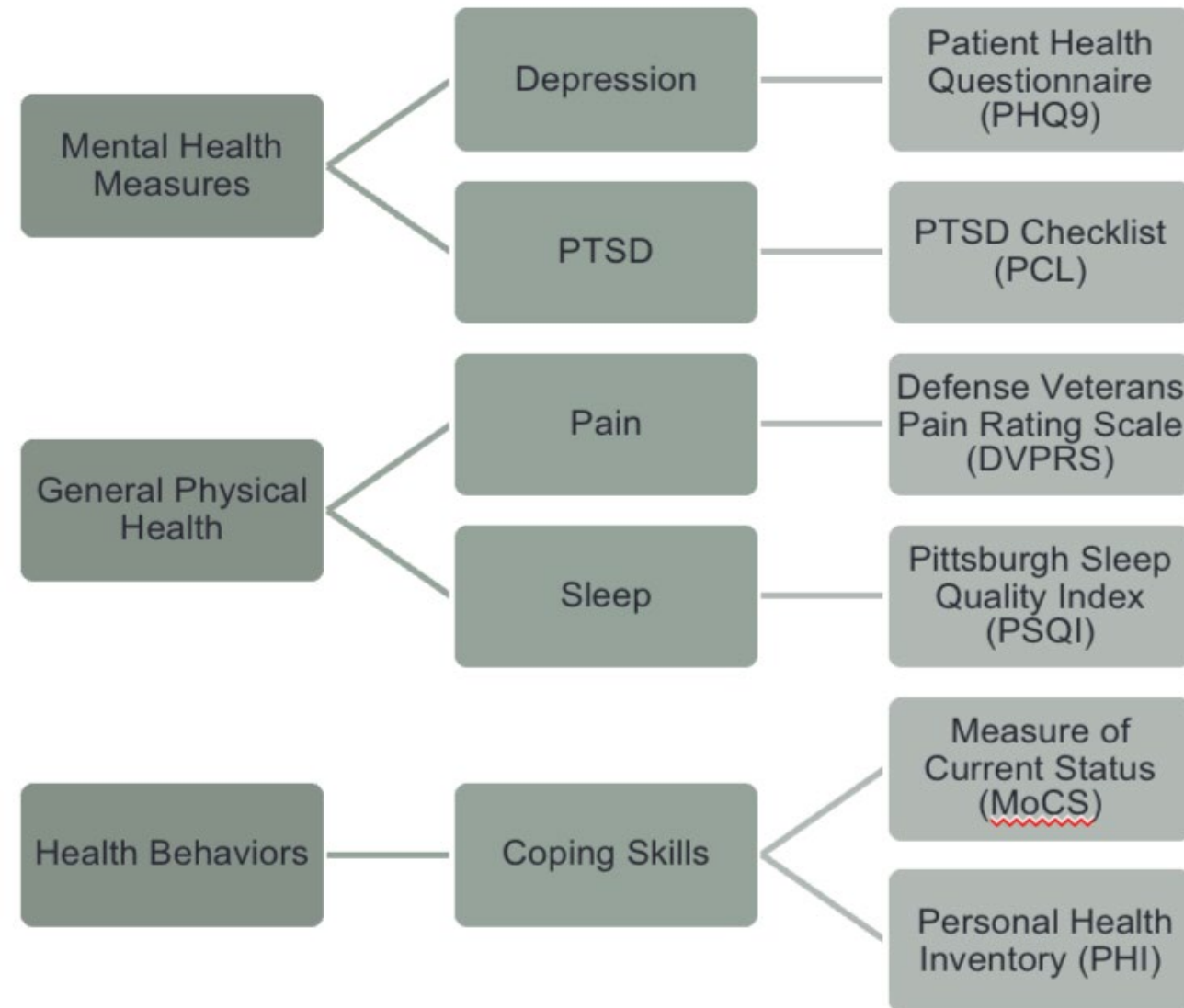
Do you have experience in delivering telehealth CIH interventions?

- Yes
- No

Efficacy of Telehealth CIH Interventions Towards Suicide Prevention



Assessing the Impact of Telehealth CIH Interventions



- Identify validated measurement tools to evaluate effectiveness
- Use these validated tools to assess Veterans' status at baseline and following completion of RWC using a virtual survey platform (QualtricsXM)
- 93% completed the virtual program
- Of 121 Veterans completing the program, pre-post assessment data available on 60 Veterans

Assessing Outcomes Virtually

Pre and Post Program Surveys:

- In-Person completion not possible
- Mailed hard copy → Secure Messaging with fillable PDF → Qualtrics virtual survey via text and/or email
- Safety & Suicide Flags
 - 24-hour review
 - Qualtrics: automated alert email to program staff
 - Program Manager outreach



Poll Question #5

Have you incorporated outcome assessments in your CIH practice, either in quality improvement or in research capacity?

- Yes
- No

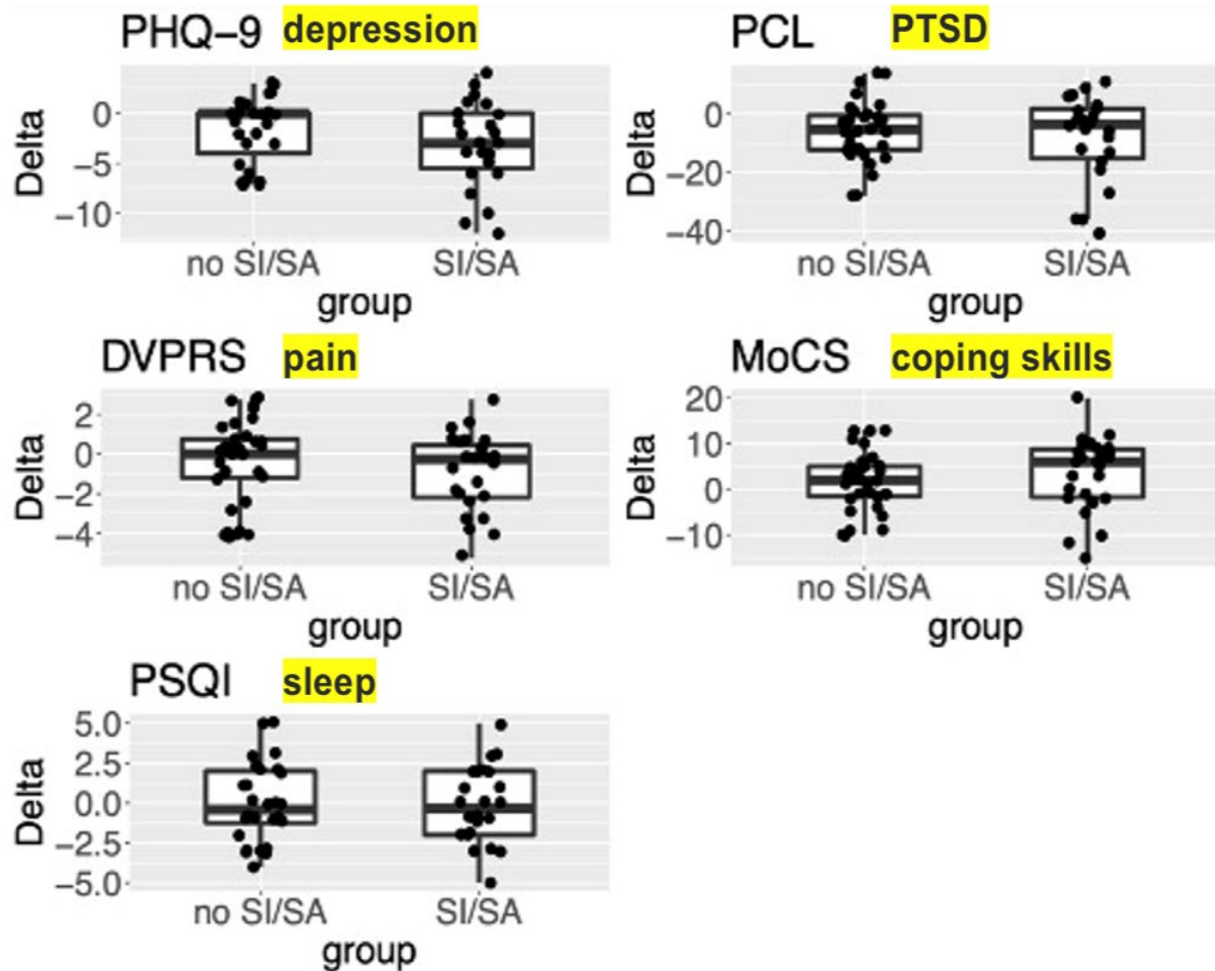
- We are excited to hear about your experience during Q&A or offline!

Demographics Data

	Total n=121	No SI/SA n=75 (62%)	SI/SA n=46 (38%)	P value
Age (years)	55.03±13.49	56.80±13.22	52.15±13.57	0.0656
Sex (Female)	47 (39%)	26 (35%)	21 (46%)	0.3118
Ethnicity (Hispanic/Latino)^a	40 (33%)	24 (32%)	16 (35%)	0.988
Race^b				
Black/African American	72 (60%)	44 (59%)	28 (61%)	0.9446
White	36 (30%)	21 (28%)	15 (33%)	
American Indian/Alaska	1 (1%)	1 (1%)	0 (0%)	
Asian	2 (2%)	1 (1%)	1 (2%)	
Native Hawaiian/Pacific Islander	1 (1%)	1 (1%)	0 (0%)	
Depression (yes)	109 (90%)	66 (88%)	43 (93%)	0.5323
PTSD (yes)	97 (80%)	55 (73%)	42 (91%)	0.0299
Substance use (yes)	52 (43%)	26 (35%)	26 (57%)	0.0301
Military Sexual Trauma (yes)^c	31 (26%)	15 (20%)	16 (35%)	0.1208

****Only significant differences observed for PTSD and Substance use status between No SI/SA and SI/SA Group**

Telehealth RWC Program Effectiveness

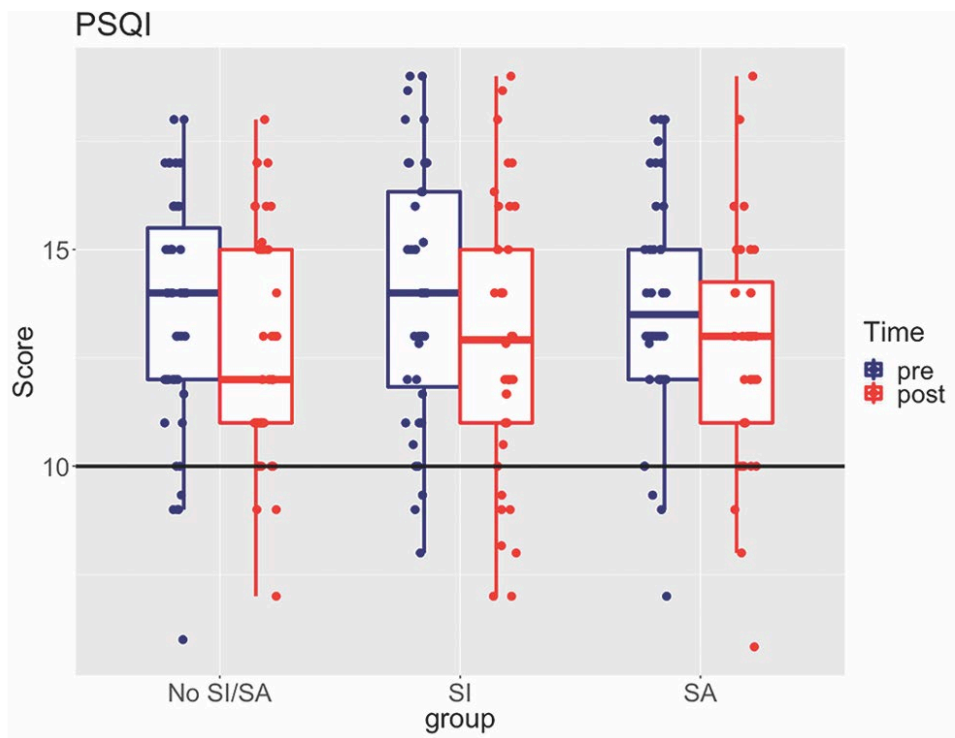


Test	Group	N	Mean	SD	t	p	d	BH p
PHQ-9	no SI/SA	27	-1.7	3.3	-2.68	0.0063	-0.52	0.0063
	SI/SA	23	-3.09	4.34	-3.41	0.0012	-0.71	0.0025
PCL	no SI/SA	31	-5.7	10.38	-3.06	0.0023	-0.55	0.0038
	SI/SA	26	-8.86	15.58	-2.9	0.0038	-0.57	0.0038
DVPRS	no SI/SA	34	-0.38	2.16	-1.01	0.1599	-0.17	0.1599
	SI/SA	26	-0.86	1.94	-2.25	0.0169	-0.44	0.0337
MoCS	no SI/SA	33	1.62	6.45	1.44	0.0793	0.25	0.0793
	SI/SA	26	3.51	8.01	2.23	0.0174	0.44	0.0348
PSQI	no SI/SA	28	-0.05	2.42	-0.1	0.4589	-0.02	0.4589
	SI/SA	24	-0.19	2.39	-0.4	0.3470	-0.08	0.4589

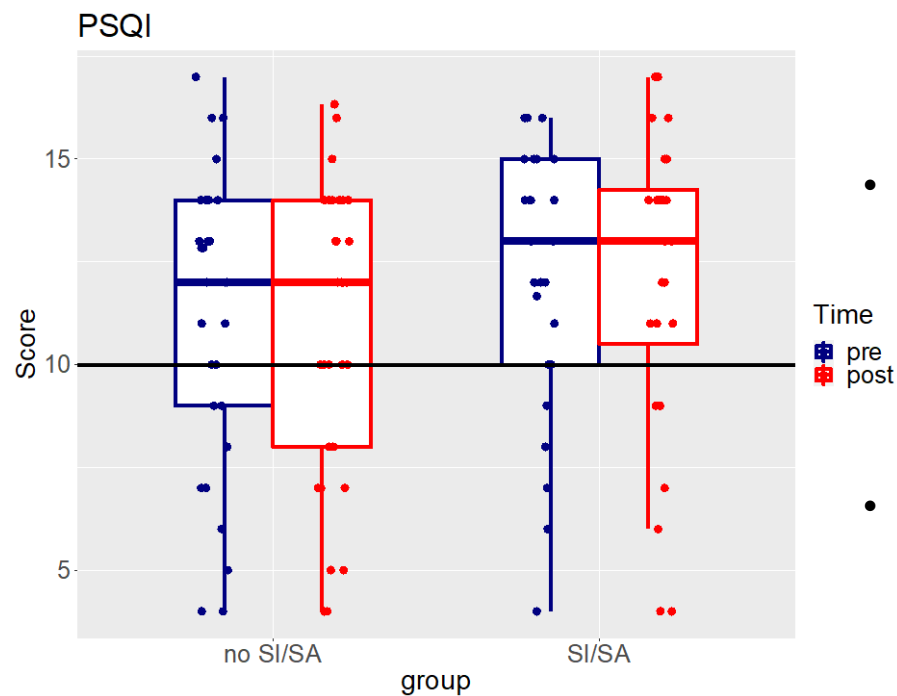
Program Outcomes by suicidal status. Outcome measures with pre vs. post differences are shown as mean delta scores by group. P values from one sided t test were reported together with adjusted p values using Benjamini-Hochberg method and effect size measured by Cohen's d.

Sleep Quality Measured via PSQI

A. RWC in-person

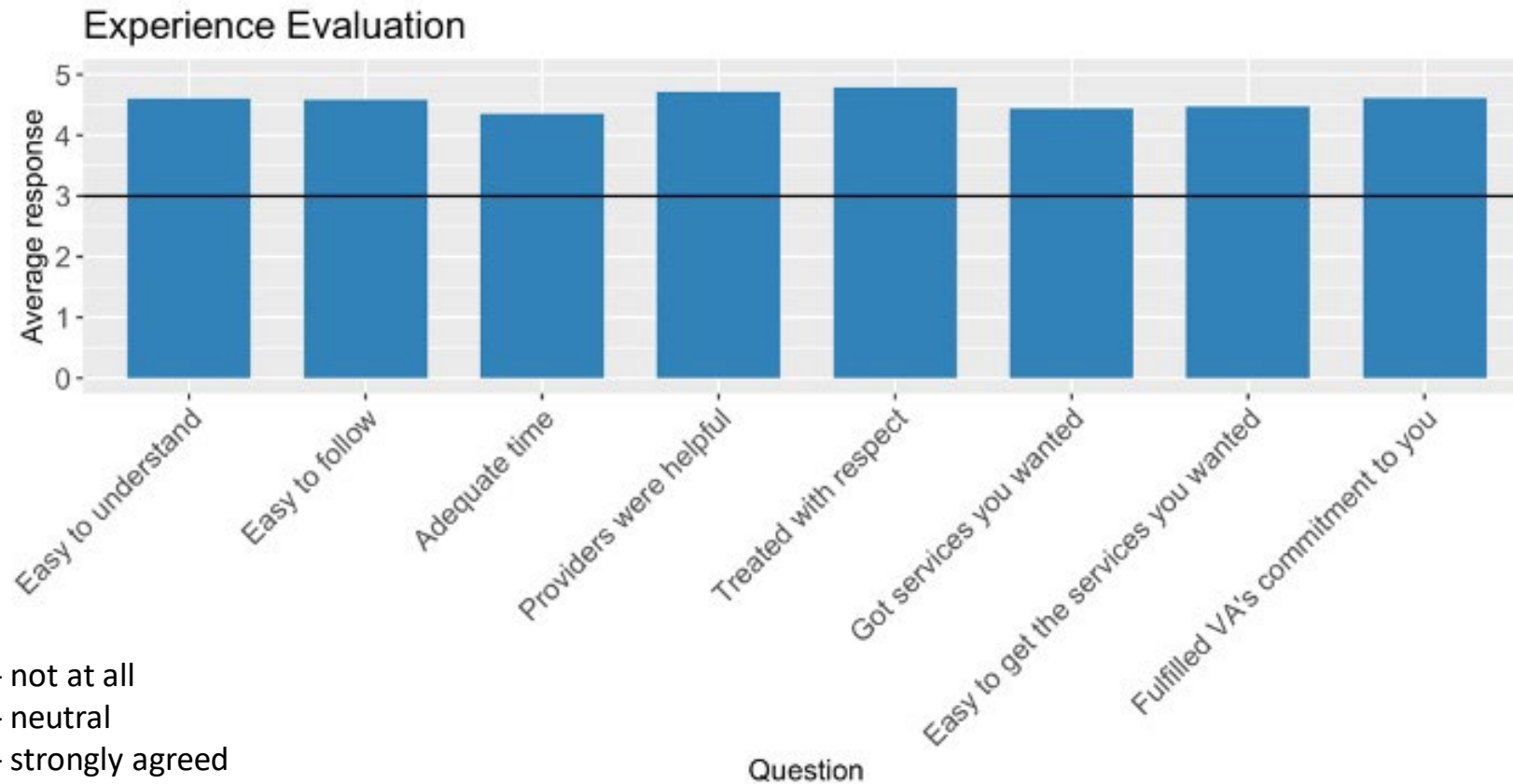


B. RWC Telehealth



- Pittsburgh Sleep Quality Index, (PSQI)→10 represents clinically significant sleep problems observed for majority of Veterans.
- PSQI scores shown by group via boxplots with unwinsorized scores pre vs. post RWC program completion for both in-person (A) and telehealth delivery (B).
- Consider referral of Veterans for insomnia treatment (e.g., clinician administered CBT-I, VA Insomnia Coach App).

Participant Program Evaluation



- Program experience evaluation for total of 55 participants reported. More than 87% of participants either agreed (4) or strongly agreed (5)

Takeaways & Summary of Findings

- **Successful delivery of CIH intervention to 319 Veterans to date**
- **Telehealth CIH intervention (via virtual RWC) showed high Veteran completion rate, with improvements in mental health and pain symptoms**
- **Veterans continued to stay engaged in virtual Whole Health**
- **Telehealth programming requires increased staff time for timely attendance and completion of pre-post surveys**

Future Directions:

- **Expansion of RWC model to other VAs**
- **Evaluation efficacy of RWC intervention in future RCTs in target populations:**
 - **Veterans with MST**
 - **Female Veterans**
 - **Substance Abuse/Addiction**
 - **Geriatric**

Poll Question #6

- HAVE WE CONVINCED YOU?
 - Yes
 - No
 - I need more data

Acknowledgements:

- *Participating Veterans*
- *RWC Instructors*
- *VAMC Services: Mental Health, Physical Medicine & Rehabilitation, Research, Nutrition, & Chaplaincy*
- *Key Contributors: Dr. Fatemeh Haghighi, Nithya Ganesh, Shengnan Sun, Dr. Hanga Galfalvy, Dr. Evan Podolak, Ann Feder, Dr. Rachel Yehuda*