

# The Suicide Prevention Research Impact NeTwork (SPRINT) and Office of Mental Health and Suicide Prevention present



*Suicide Prevention Research:  
Moving us Forward*

**July 10<sup>th</sup>, 2020 | 10:00 am – 2:00 pm (PDT)**

# Today's Objectives

- Discuss and problem-solve around barriers and facilitators to conducting suicide prevention intervention research along the continuum from clinical care to community, *and* in the context of COVID-19
- Promote new and enhance existing collaborations among researchers and operations leads to facilitate development of new suicide prevention research along the continuum.

# Who is in the audience?

- What would you consider your *primary* role:
  - Researcher
  - Clinician
  - Administrator
  - Other



# Experiences, Barriers and Facilitators to conducting Suicide Prevention Research in the context of COVID:

## Panel Discussion

# Presenters

- **Wilfred Pigeon, PhD**, Director, Center of Excellence for Suicide Prevention, VHA
- **Joseph Geraci PhD**, Co-Director, Transitioning Servicemember/Veteran and Suicide Prevention Center, VA VISN 2 MIRECC
- **Sean M. Barnes PhD**, Clinical Research Psychologist, RM MIRECC for Suicide Prevention

# Discussant

- **David Atkins MD, MPH**, Director VA HSR&D



**VA**



U.S. Department  
of Veterans Affairs



# **Suicide Prevention Research Impact NeTwork (SPRINT) Conference, July 9-10, 2020**

**Conducting Merit Award “Improving Sleep as a Strategy to Reduce  
Suicide Risk Among at-Risk Veterans: A Real World Clinical Trial” .. in  
the New Real World**

**Wilfred Pigeon, PhD (Presenter, MPI)**

VISN 2 Center of Excellence for Suicide Prevention (CoE), Canandaigua NY  
Professor of Psychiatry & Public Health Sciences, University of Rochester Medical Center

**Jennifer Funderburk, PhD (MPI)**

VA Center for Integrated Healthcare (CIH), Syracuse, NY

# Acknowledgements & Disclosures

## Grant Funding Support:

- Dept of Veterans Affairs Office of Research & Development
  - **Current Award:** I01 HX002183
  - **Prior Pilot award:** I21 HX001616 \*

## Administrative Support:

- VA Center of Excellence for Suicide Prevention (COE)
- VA Center for Integrated Healthcare (CIH)

## Study Coordinator: Jennie Tapio

## Disclaimer:

The views or opinions expressed in this talk do not represent those of the Department of Veterans Affairs or the U.S. Govt.

# Merit Award Design

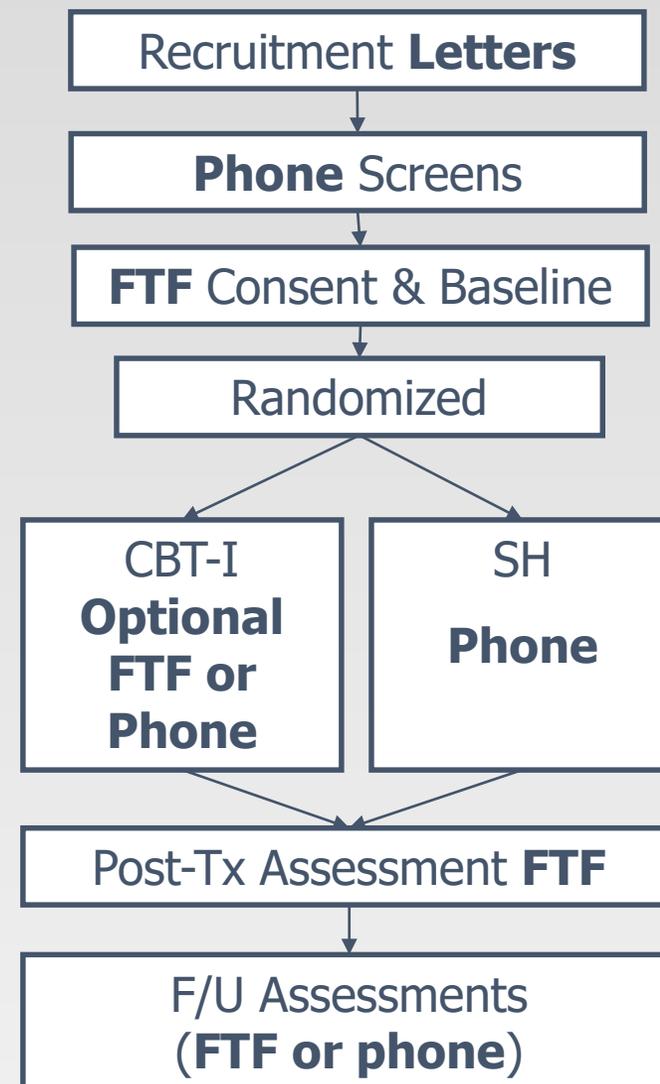
An RCT of Brief CBT-I vs. Sleep Hygiene

## Main Eligibility Criteria

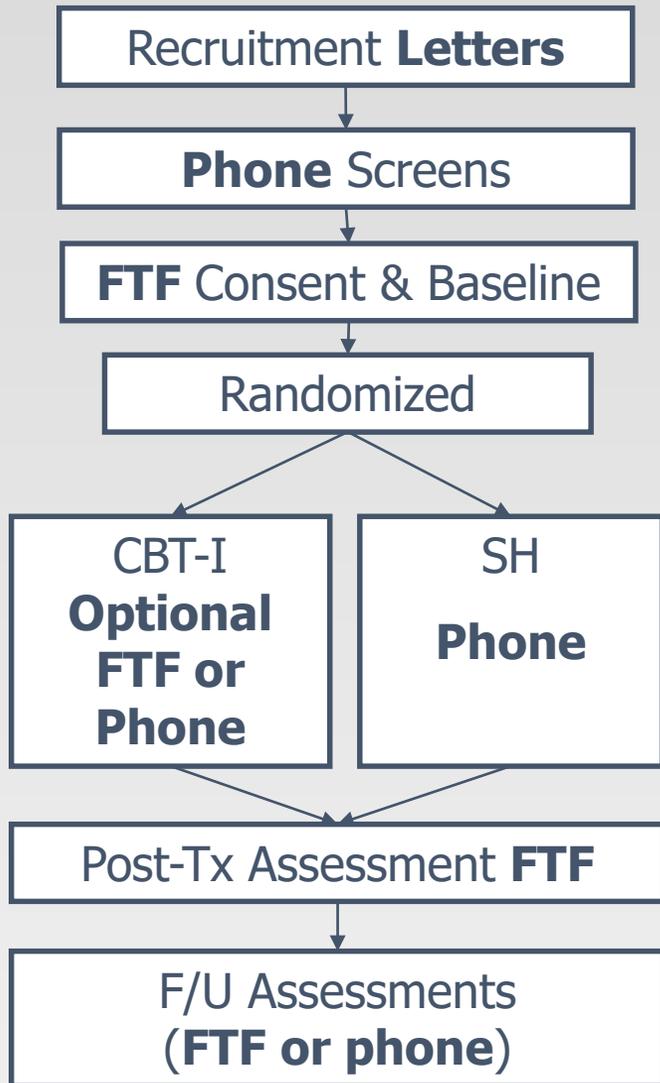
- Veteran in VHA care
- Endorsing SI (without intent)
- Depressive Disorder and/or PTSD
- Insomnia Disorder

## Primary Outcome Measures

- Insomnia Severity Index
- Patient Health Questionnaire
- PTSD SX Checklist-Military Version
- Scale for Suicidal Ideation

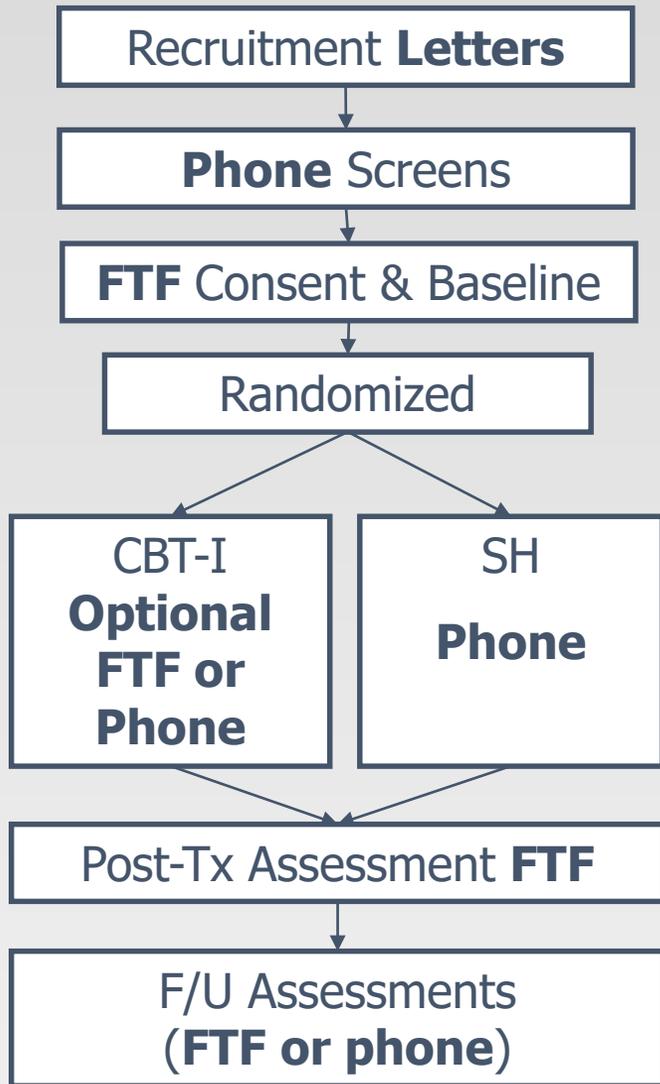


# Covid-related Re-Design (Timeline)



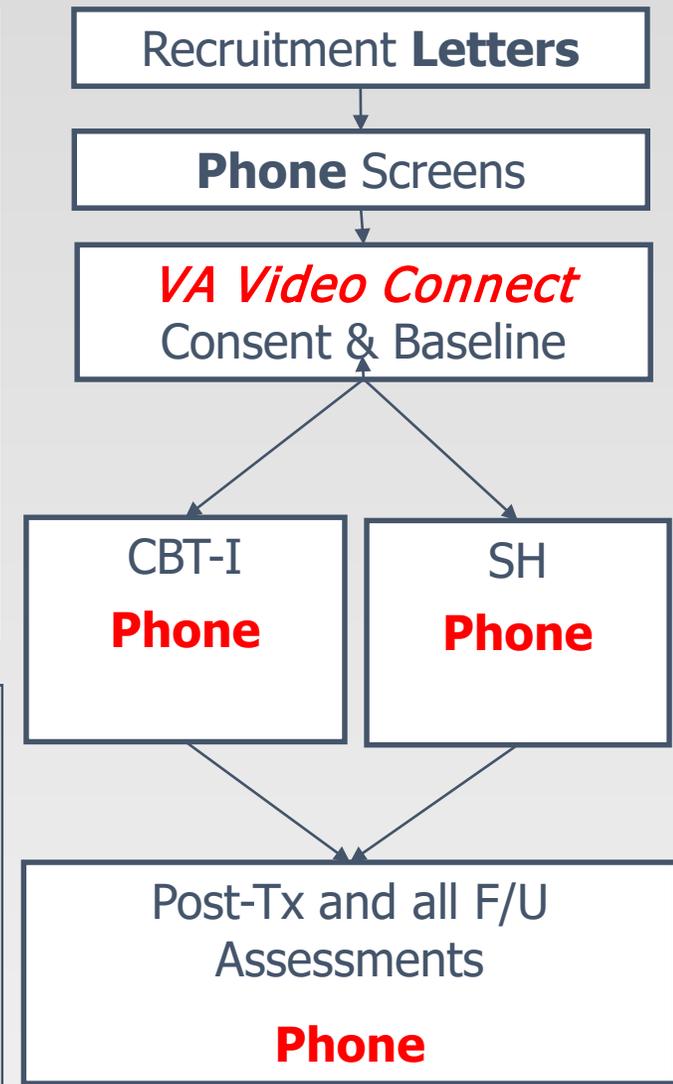
- March:
  - ✓ Notices to IRB and to ORD
  - ✓ Suspension of all recruitment and all FTF activities
  - ✓ Continuation of all phone-based activities
- March/April:
  - ✓ Amendment(s) to modify and re-open all study activities
- June:
  - ✓ First full month of study being re-open in amended form

# Covid-related Re-Design (Changes)

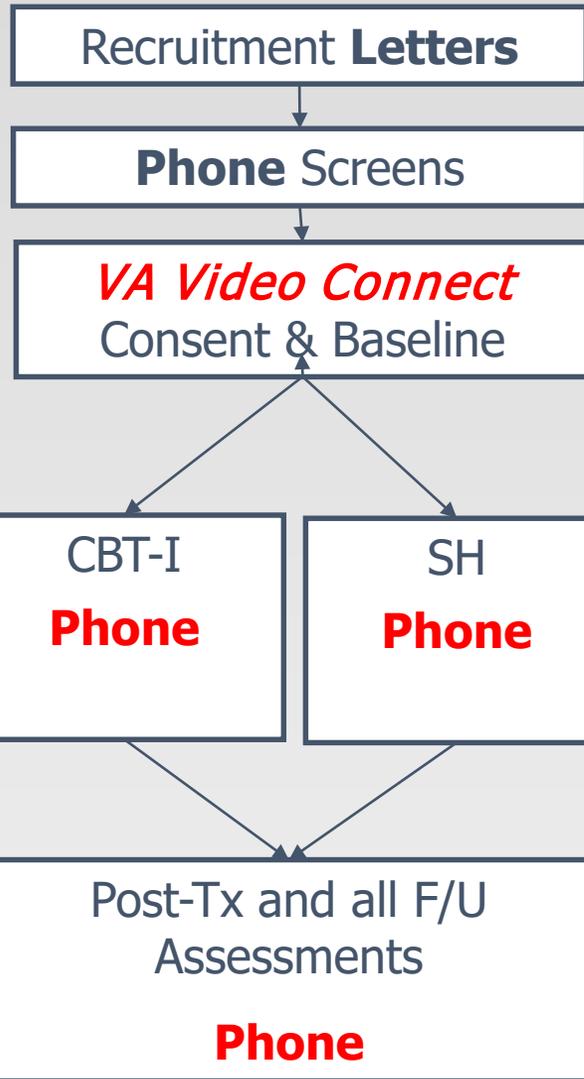


- Added Covid precautions info at study contacts
- Added a Covid Questionnaire at each Assessment
- Mailed to participants:
  - ✓ Consent & HIPAA forms
  - ✓ hard-copy measures
  - ✓ List of Resources (e.g., VCL #)

- At phone screen, set up participants to use VA Video Connect
- Video Connect for consent/baseline
- All therapy sessions by phone
- All assessment sessions by phone



# Covid-related Re-Design (Effects to Date)



- Fewer technology bumps than expected
- No perceivable difference in suicide risk of participants
- Anecdotal reports by study staff of more Veterans wanting to 'chat'

	<u>Monthly Avg</u> <u>03/19-02/20</u>	<u>June 2020</u>
Phone Screens	48	30
Baselines	5.7	10
Randomized	2.9	7
Drop-Outs	1.0	1

# Thank You.... (and a couple questions to ponder)

- Are covid items enough to use as a covariate/control for Covid effects ?
- Split sample into pre and post covid cohorts?
- What about participants who completed tx pre-covid, but completed f/u assessments in covid era?



**VA**



**U.S. Department of Veterans Affairs**

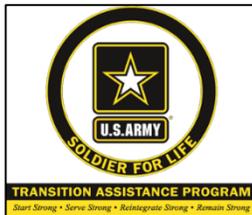
Veterans Health Administration  
VISN 2 MIRECC  
*Transitioning Servicemember/Veteran  
And Suicide Prevention Center (TASC)*



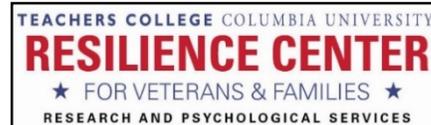
**ETS Sponsorship:**  
*Public Health Approach to Suicide Prevention  
& Modifications Due to COVID-19*  
**July 10, 2020**  
Dr. Joseph Geraci  
US Army (LTC, IN, Retired)  
[joseph.geraci@va.gov](mailto:joseph.geraci@va.gov)



**DoD Partners**



**Academia**



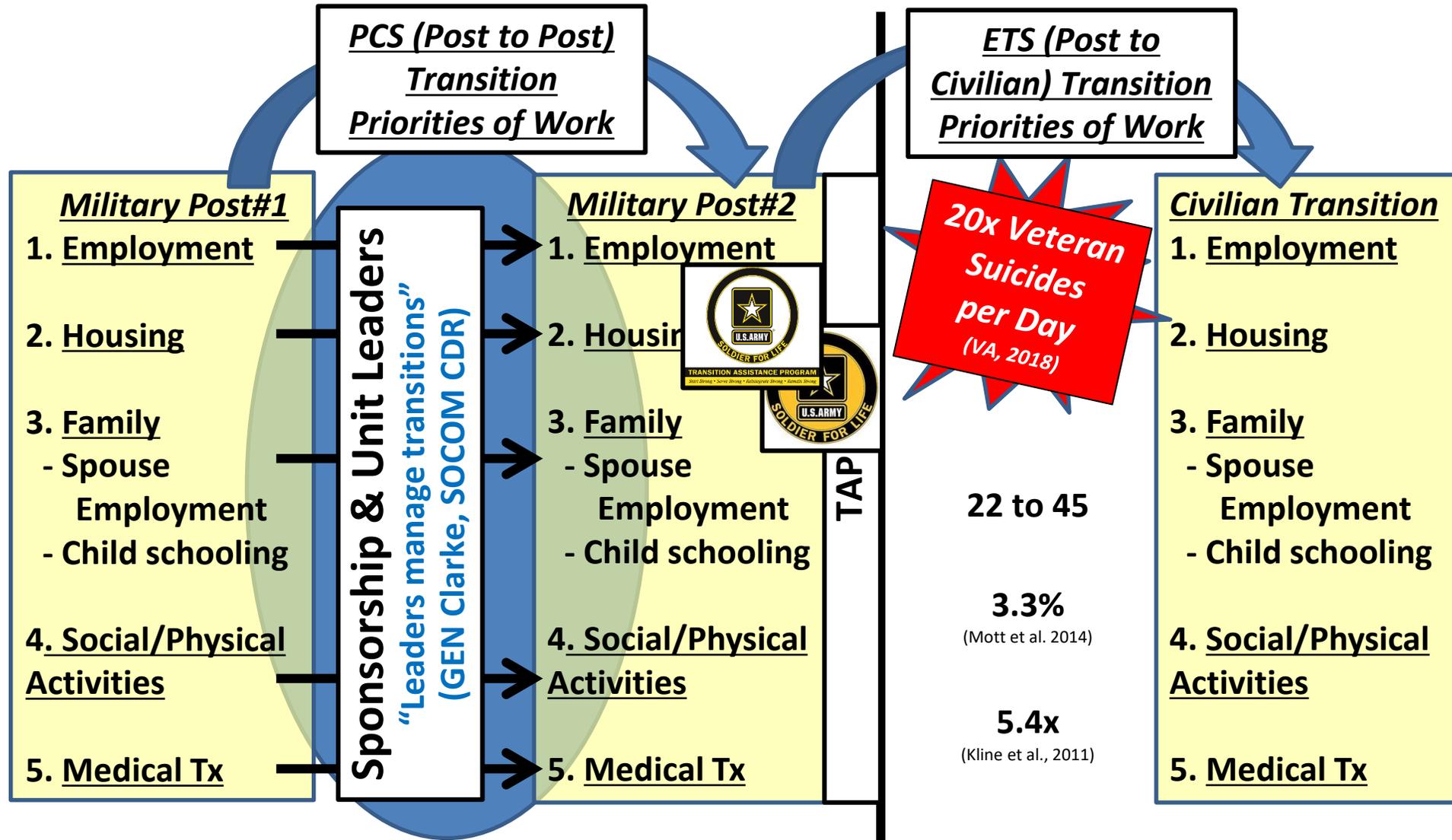
**Sponsorship Programs**



**Community 'Leaders'**



# Problem- The Deadly Gap



Choose VA

VA



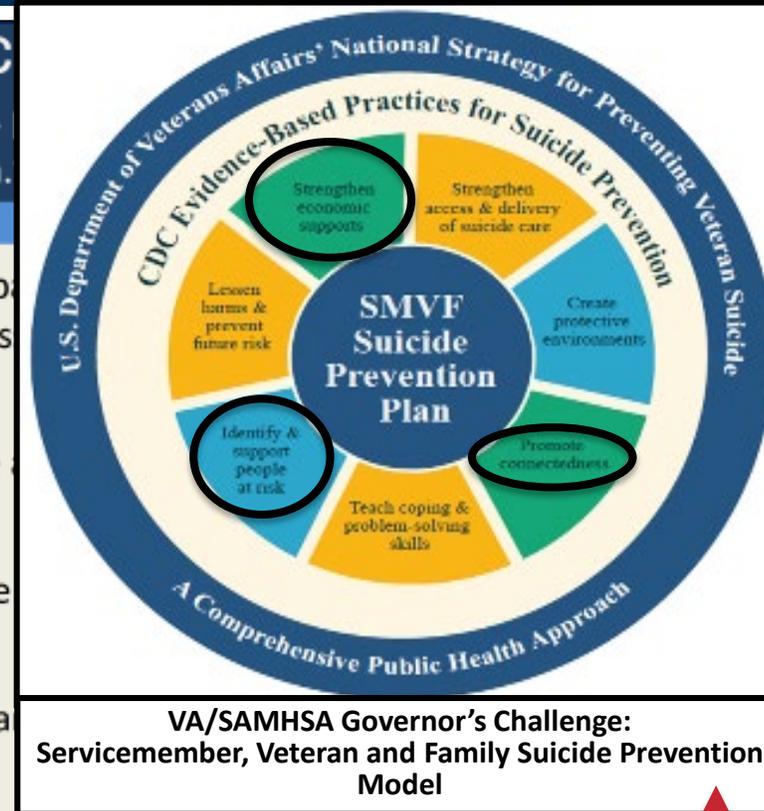
U.S. Department of Veterans Affairs

# Aligned with VA Priorities

 **VA FY2018 – 2024 STRATEGIC MISSION STATEMENT:** To fulfill President Lincoln's borne the battle and for his widow, and his orphan.

**VA PRIORITIES**

-  **CUSTOMER SERVICE:** We will be driven by customer feedback characterized by a customer-centric mindset to make access and emotionally resonant for our Veterans.
-  **MISSION Act:** VA is committed to ensuring Veterans have well-being.
-  **Electronic Health Record:** This new system will enable the and Servicemembers' sensitive health information.
-  **Business Systems Transformation:** Modernized systems and the quality of the care and services Veterans deserve.
-  **Suicide Prevention:** Suicide prevention is VA's top clinical priority; it is a national health crisis and requires all of Government, along with public-private partnerships, to address.



**Indicated (Few):** High-risk, prior suicide attempt (In-patient Treatment; REACH Vet)

**Selective (Some):** Low to Moderate suicide risk, depression/PTSD, (Evidence-based treatments, Crisis Line)

**Universal (All):** Early prevention for entire population (SFL-TAP, ETS Sponsorship)



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## ***Mission:***

ETS Sponsorship is a public-private partnership that successfully transitions Servicemembers/Veterans to their post-military hometowns in order to prepare them for their next 'mission'



Choose **VA**

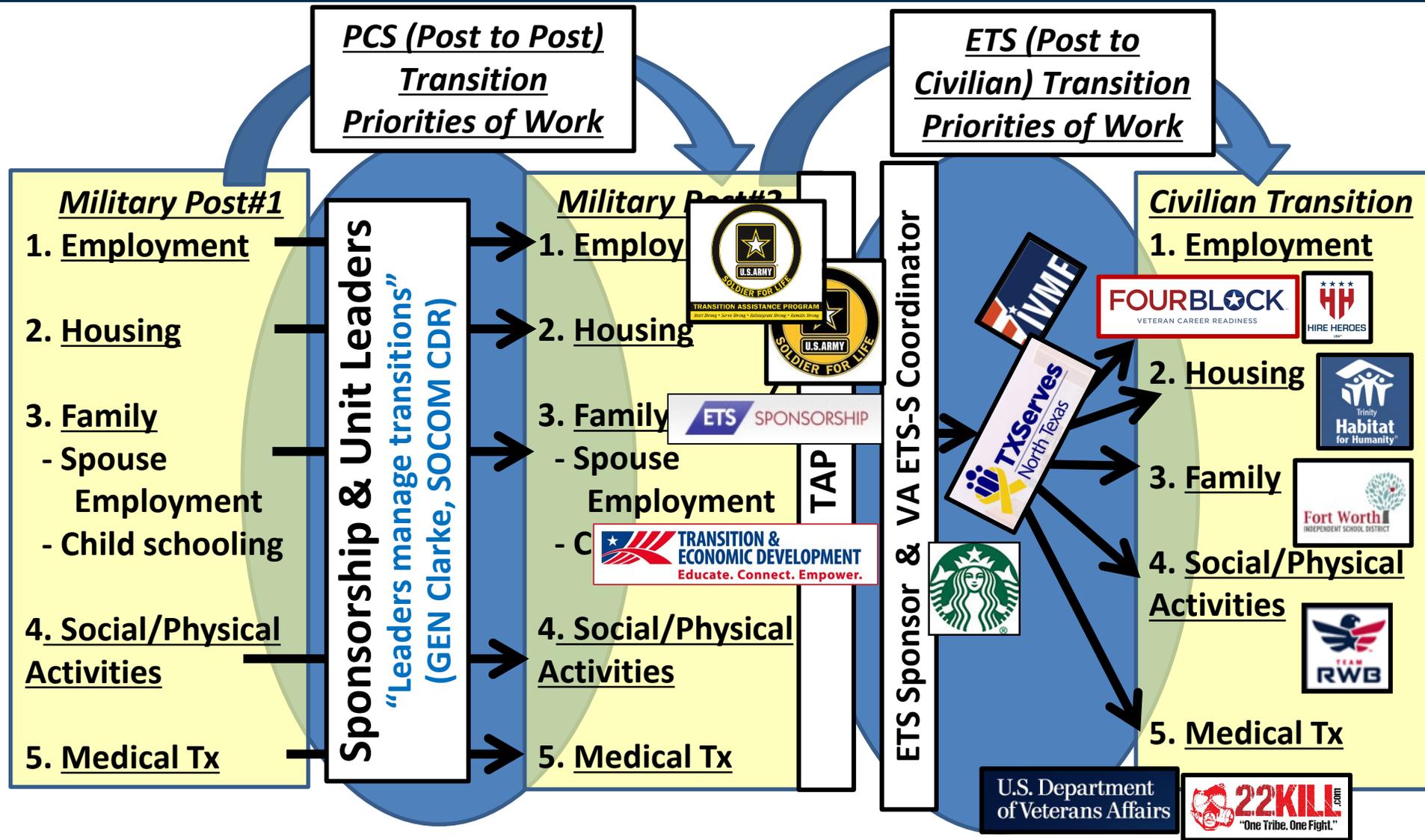
**VA**



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Developed by Intelligent Strategy Partners, LLC

# To Bridge the Deadly Gap: ETS Sponsorship & Local Community



Choose VA

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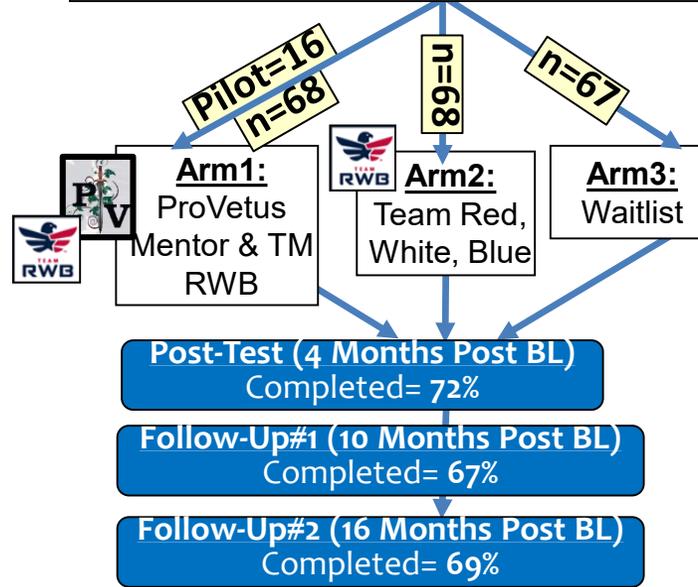


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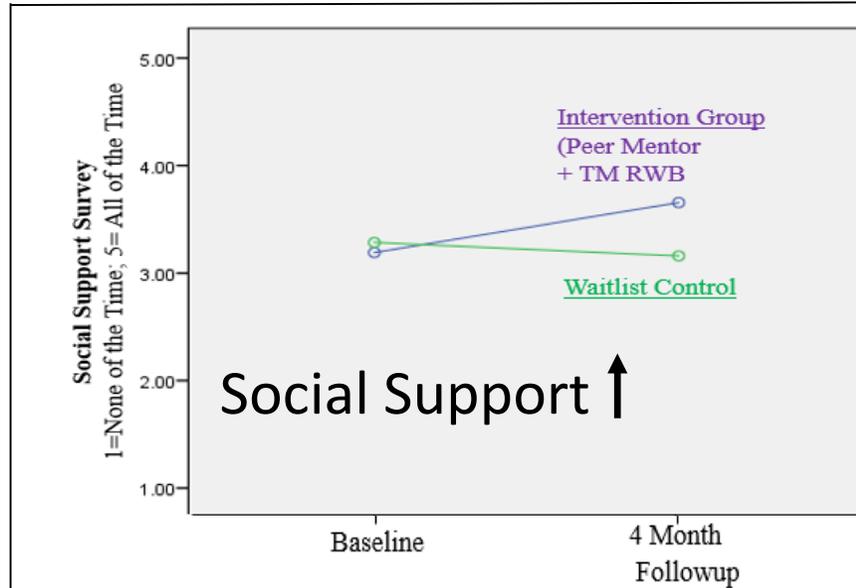
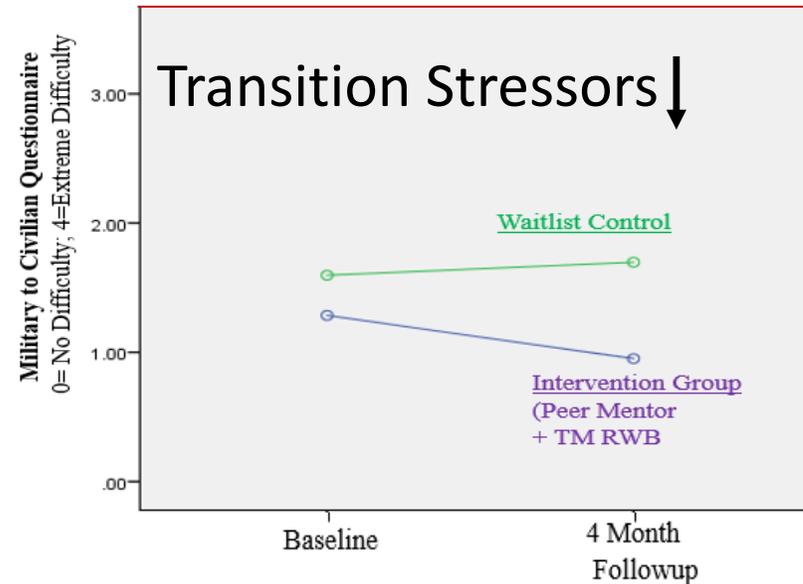
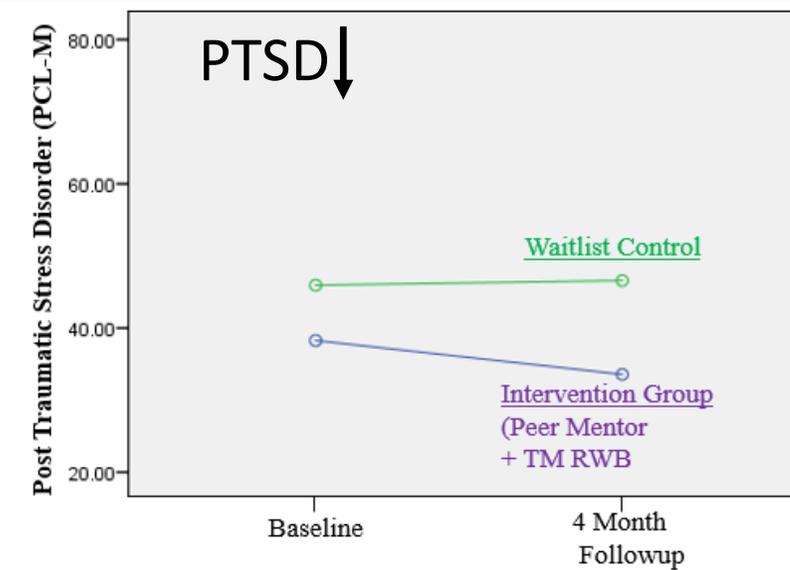
# Pilot Results (Preliminary): Sponsorship RCT Study in NYC with post 9/11 Veterans

Complete: Columbia University IRB# 14-225 (2015-2018)

**Baseline (BL) Survey (n=219)**  
 Years since ETS:  $x=3.79$ ,  $sd=3.41$   
 PTSD (PCL-M):  $\pm=35\%$   
 Alcohol (AUDIT-C):  $\pm=45\%$   
 Crime= 30% arrested or restraining order

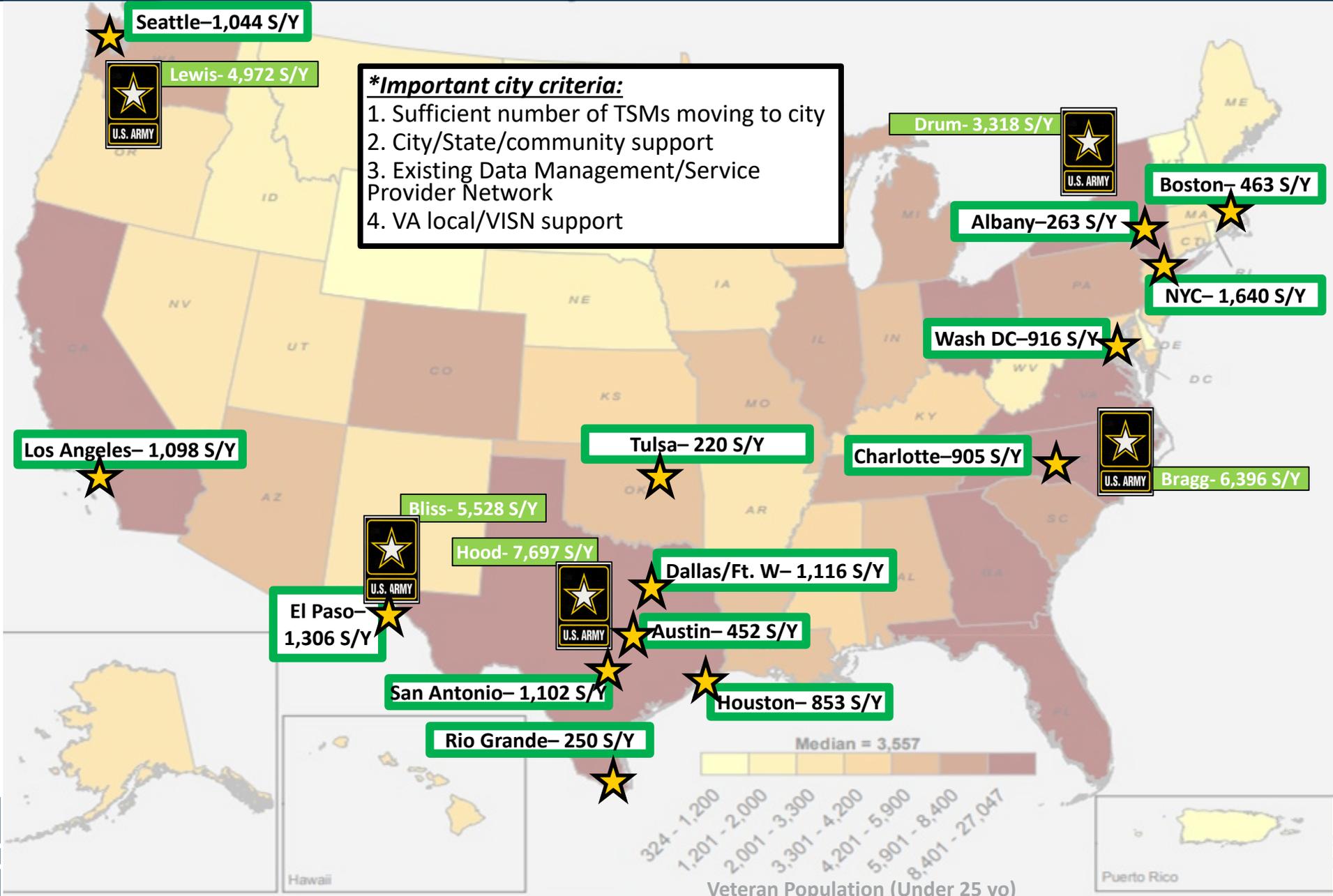


## Preliminary Results



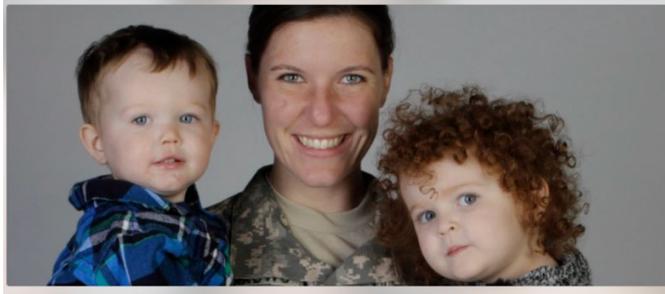
Two-way repeated measures ANOVA. The interaction between group and time was significant for transition stressors, assessed on Military to Civilian Questionnaire ( $F(1,56)=4.09$ ,  $p=.048$ , partial  $\eta^2=.07$ -small); Social Support ( $F(1,61)=6.21$ ),  $p=.02$ , partial  $\eta^2=.09$ -medium); and PTSD ( $F(1,61)=4.13$ ,  $p=.046$ , partial  $\eta^2=.06$ -small).

# ETS Sponsorship Expansion Plan



# Helping to Transition ALL Servicemembers

## Optimal Transition (Kelly)



### SFC Kelly Wells

Hi! I'm Kelly and I'm coming home to San Antonio! My military occupational specialty is 93E, Army Meteorological Observer. My children are Beth and Skyler. They will be 5 and 4 when I arrive in December.

#### Employment

- Field of Meteorology; Interested in technical sales

#### Family

- Pre-school information for children ages 4-5
- Play groups

#### Social

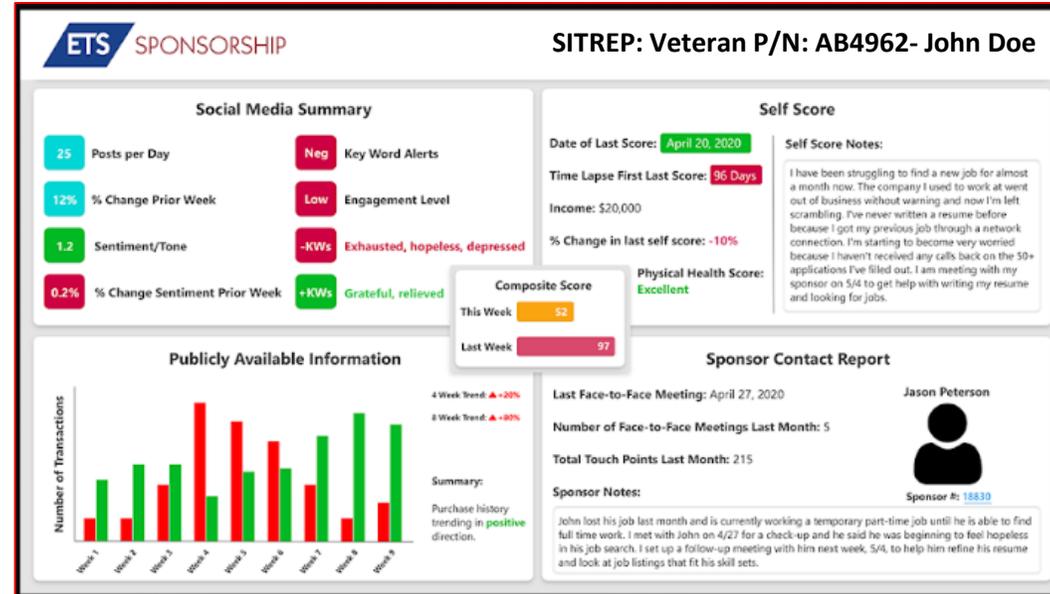
- Church softball leagues

#### Action Plan Progress

- Fast track Veterans ID package ✓
- Disability Rating submitted ✓
- VA Home Loan Letter submitted ✓
- GI Bill package submitted ✓
- Regular meetings with sponsor ✓
- Connected to TXServes-San Antonio ✓
- Welcome packet sent by Texas Veterans Commission ✓

Vs.

## Difficult Transition (John)



\*A shared analytics and AI platform supports data-informed decision-making focused on reducing Veteran suicide

\* About 2/3rds of Veterans that died by suicide did not recently receive VA care (VA, 2018)



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Here is a recent situation:

June 19, 2020: SGT T Engaged with ETS Sponsorship

- SGT T is a **26 yo SGT** who served his country for **7 years**
- SGT T was in **Afghanistan in 2019**; He ETSed from the Army on **May 22, 2020**
- SGT T is **unemployed and living on the sofa at his brother's house. He isn't connected to the VA and currently has no VA benefits, though he is eligible for benefits**
- The **US Army will have to pay his unemployment** until he finds employment or is enrolled in school
- SGT T: ***"ETS'ing during Covid19 was a nightmare."***

June 24, 2020:

- His sponsor already connected him to:
  - Ken (Veterans Career Advisor, Department of Labor and Economic Opportunity)**. Ken stated he would "love to have an initial conversation with SGT T to get things started". Ken was an E5 himself, in the 82nd Airborne.
  - Deborah (VA Transition Care Management Team)** responded right away and assigned SGT T a case manager to connect him to the benefits he needs/deserves
- SGT T's response to his sponsor- ***"Seriously thank you so much"***

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-There are **30,940 US Army Retired Soldiers in SGT T's state**. I imagine almost none of them knew that SGT T was arriving

-His county has a **Veteran Service Officer who participates in AWP's referral network**. We assume that his VSO was unaware that SGT T arrived and needed so much assistance.

-There are **4 VA Transition Care Management teams (TCM, old OIF/OEF/OND program) within a 2 hour radius of where SGT T now lives**. They did not know that SGT T was arriving

-There is a **US Army Civilian Aide to Secretary of the Army within SGT T's state** and I am sure they were unaware that SGT T arrived

# Impact of COVID

	Pre-COVID	During COVID
<p><b><u>Soldier for Life-TAP</u></b></p> 	<p>-In-person small-group classes (MOS Crosswalk, DOL, Financial Planning)</p>	<p>-All training online or virtual</p>
<p><b><u>VBA (VA TAP)</u></b></p> 	<p>-In-person VA TAP class by VBA Advisor</p>	<p>-All training online (no virtual)</p>
<p><b><u>Sponsor Recruiting/Training</u></b></p> 	<p>-Targeted regional recruiting -In-person manualized training (one trainer)</p>	<p>-US Army Retirement Service Office (Echoes)/Open Recruiting -Virtual manualized training (5 trainers); Starbucks grant</p>
<p><b><u>Transitioning SM Sign Up</u></b></p> 	<p>-In-person presence at military installations (SFL-TAP building) -New partnership with USO</p>	<p>-Informational video shown during SFL-TAP virtual class -Facebook advertising</p>



# Questions



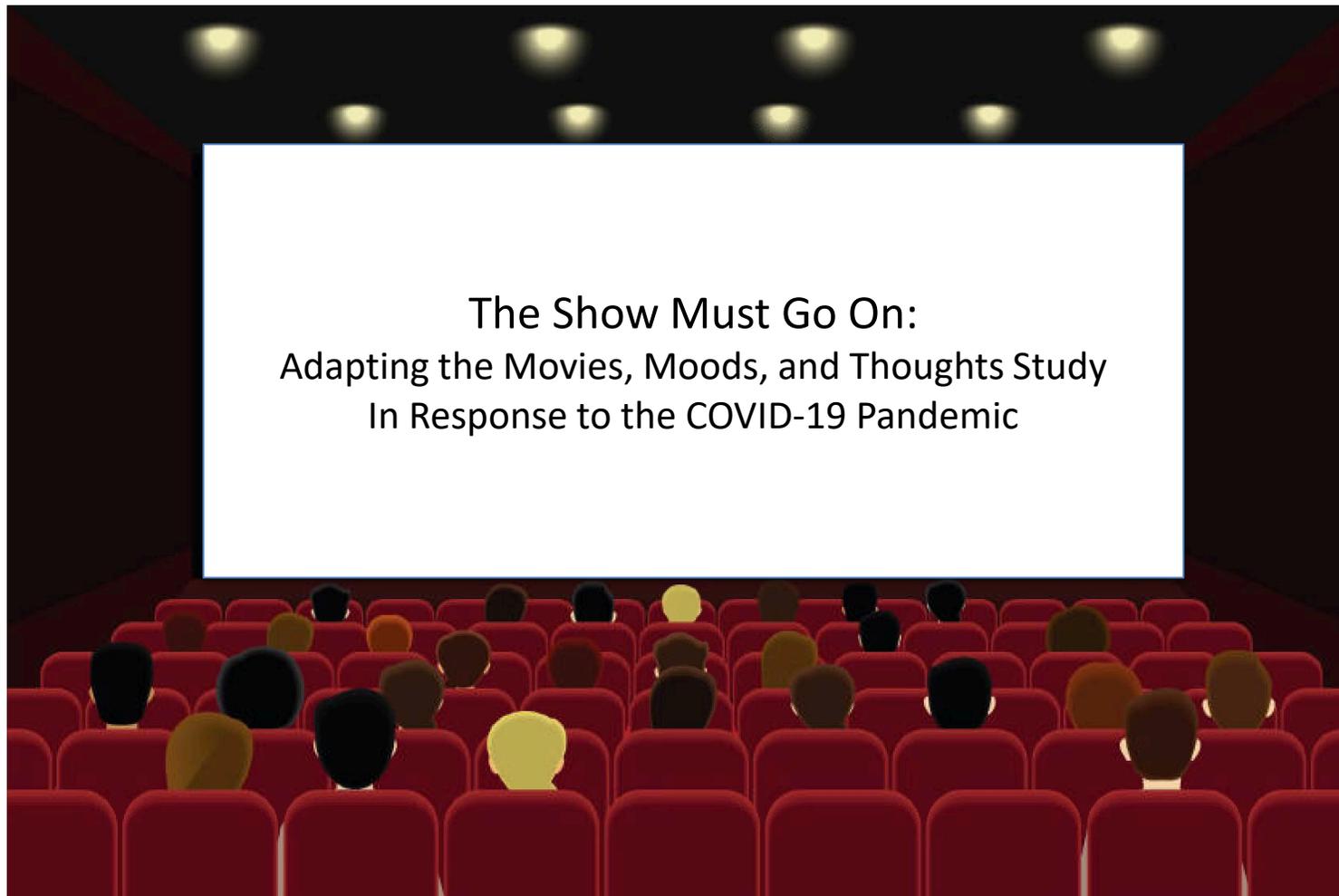
VA



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of Veterans Affairs



The Show Must Go On:  
Adapting the Movies, Moods, and Thoughts Study  
In Response to the COVID-19 Pandemic



## Movies Study Team



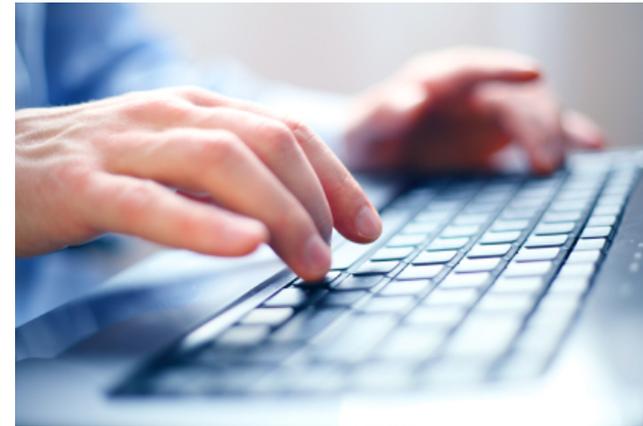
Sean M. Barnes, Sarra Nazem, Jeri E. Forster, Lauren M. Borges, Maura Gissen,  
William Cole Lawson, Trisha Hostetter, & Nazanin H. Bahraini

## Funding Acknowledgment

Clinical Science Research and Development Merit Grant CX001303

## What is the Movies, Moods, and Thoughts Study?

- Experimental study designed to investigate mood-activated behavioral markers of suicide risk
  - Enrolling two types of participants: (1) those with a past-year suicide attempt, (2) those who have never seriously considered suicide
  - Baseline and six-month follow-up
  - Participants complete computerized measures of suicide-related cognitive processes before and after a suicide-specific mood induction.

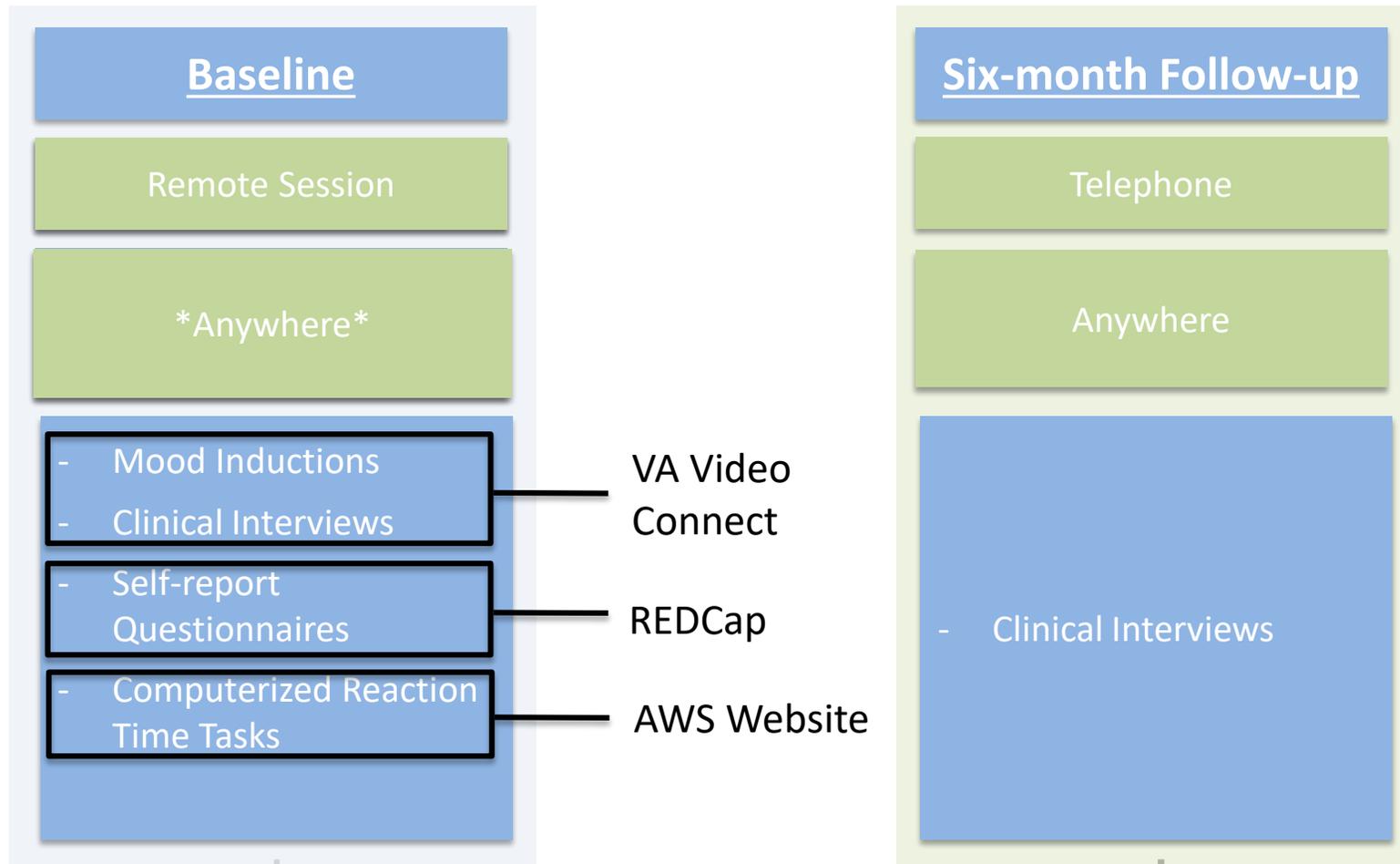


- Suicide-specific mood induction involves watching a part of the suicide scene in the *Dead Poet's Society*, while trying to *get into the feeling of the movie as intensely as possible and imagining what it would be like to be in the character's situation*

## Study Aims

- Aim 1: Using objective computerized measures of suicide-related cognitive processes (Death/Life Implicit Association Test and Suicide Stroop) we aim to test whether dysphoric moods activate suicidal ways of thinking among Veterans with a history of a suicide attempt (Suicide Group), but not among Veterans without a history of suicidal behavior or serious suicidal ideation (No Suicide Group).
- Aim 2: To test whether inducing a dysphoric mood prior to the completion of the objective measures of suicide-related cognitive processes improves the measures' ability to predict suicidal behavior during a six month follow-up period relative to when the measures are completed without the mood induction.

## Current Procedure



# Consent

- Mailing hard copy consent & HIPAA forms and colored tape for Suicide Stroop
- Tech Set Up and Consent Session Prior to Baseline

Department of Veterans Affairs		Informed Consent Form
Valid Through:	R&D Stamp:	COMIRB Approval Stamp/Date:
Version Date:		
Subject Name: _____		Date: _____
Title of Study: <u>Movies, Moods, &amp; Thoughts Study</u>		
Principal Investigator: <u>Sean M. Barnes, Ph.D.</u>		VAMC: <u>554</u>
VA Investigator: <u>Sean M. Barnes, Ph.D.</u>		COMIRB# <u>17-0603</u>

You are being asked to be in a research study. This form provides you with information about the study. A member of the research team will describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part.

### Why is this study being done?

This study plans to learn more about the emotional and thought processes of Veterans with current or past mood, anxiety, and/or trauma-related disorders by examining reactions to situations captured in short movie clips. You are being asked to be in this research study because you are a Veteran and have, or have had, a mood, anxiety, and/or trauma-related disorder.



VA Video Connect allows Veterans and their caregivers to quickly and easily meet with VA health care providers through live video on any computer, tablet, or mobile device with an internet connection.

**Need Help?** VA can help you get set up or troubleshoot technical problems. Call the VA National Telehealth Technology Help Desk at **866-651-3180** or **703-234-4483**, Monday through Sunday, **24/7/365**.



The screenshot displays the VA Video Connect interface. On the left, a sidebar shows the 'Video Connect' header with the VA logo, followed by participant roles: 'Provider Host' and 'Patient Guest'. Below this is a 'Chat room' section with a timestamp of 2:18 PM. The chat history shows a message from the Provider: 'Hello! Great to see you today.' and a response from the Patient: 'Hi! Excited to get started.' At the bottom of the sidebar is a 'Write a message' input field. The main area of the interface is a video call window. It features a large video feed of the Provider, a smaller inset video feed of the Patient, and a control bar at the bottom with icons for back, mute, video, and settings.

# Self-Report Questionnaires Administered Using REDCap



You are here: Home

## REDCap Overview

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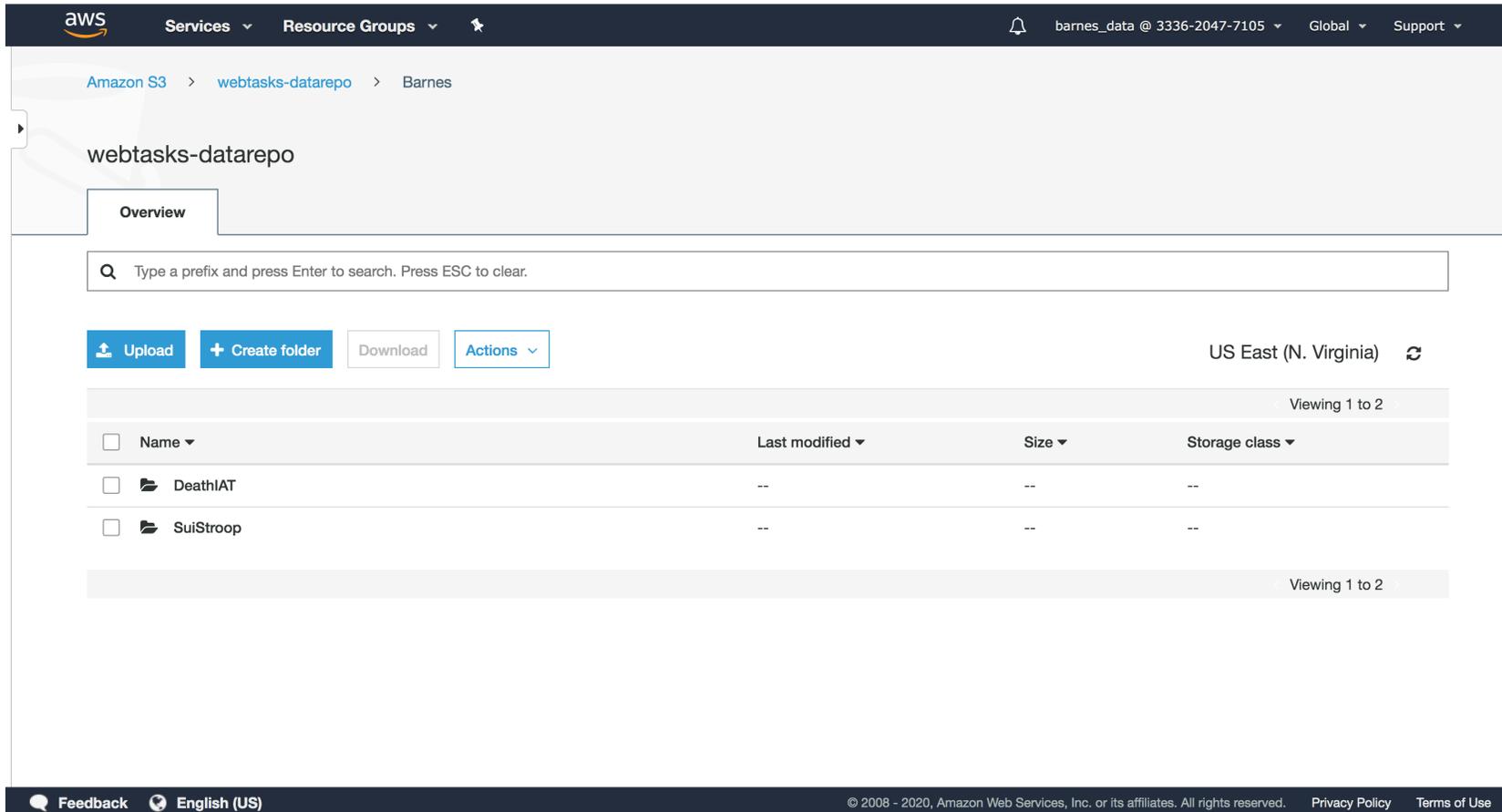
This website provides information about UC Denver and CHCO REDCaps, such as policies for use, training, and other resources. If you are looking for the UC Denver REDCap login page, please go here: <https://redcap.ucdenver.edu/>. The link to CHCO REDCap is on the My Children's Colorado Quicklinks.

REDCap (Research Electronic Data Capture) is a secure, HIPAA-compliant web-based application designed for data collection for research studies. REDCap provides:

1. An easy-to-use data entry system, with data validation;
2. The ability to import data from external sources;
3. Automated exports to the most common statistical packages (SPSS, SAS, R, and Stata);
4. Audit trails for tracking data changes and exports;
5. Branching logic, calculations, and answer piping to increase functionality and personalization; and
6. A sophisticated survey tool for building and managing online surveys.

REDCap is also supported by the REDCap Consortium. More information about the REDCap Consortium can be found [here](#).

## Reaction Time Tasks Administered Using Amazon Web Services



aws Services Resource Groups barnes\_data @ 3336-2047-7105 Global Support

Amazon S3 > webtasks-datarepo > Barnes

webtasks-datarepo

Overview

🔍 Type a prefix and press Enter to search. Press ESC to clear.

📁 Upload + Create folder 📄 Download ⚙️ Actions

US East (N. Virginia) 🔄

Viewing 1 to 2

<input type="checkbox"/> Name	Last modified	Size	Storage class
<input type="checkbox"/> 📁 DeathIAT	--	--	--
<input type="checkbox"/> 📁 SuiStroop	--	--	--

Viewing 1 to 2

Feedback English (US) © 2008 - 2020, Amazon Web Services, Inc. or its affiliates. All rights reserved. Privacy Policy Terms of Use

No PHI Collected



Video Connect



BARNES, SEAN

Host



Maura Gissen

Guest



Chat room



BARNES, SEAN

Please click on link to open the survey:

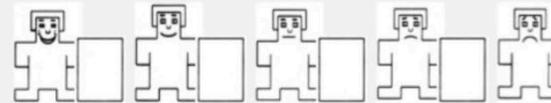
<https://redcap.ucdenver.edu/surveys/?sq=44UAaPIsmB>

Write a message

Presenter: Maura Gissen

SAM

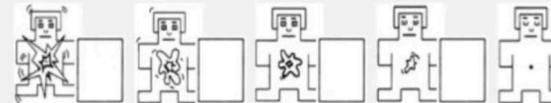
Survey Queue



Valence:



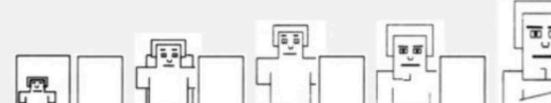
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Arousal:



reset



Dominance:



reset

Presentation Quality: Normal



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Like a Burden	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Guilty	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
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Agitated	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
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Confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Unsupported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset





Press E for:  
**Me**

Press I for:  
**Not Me**

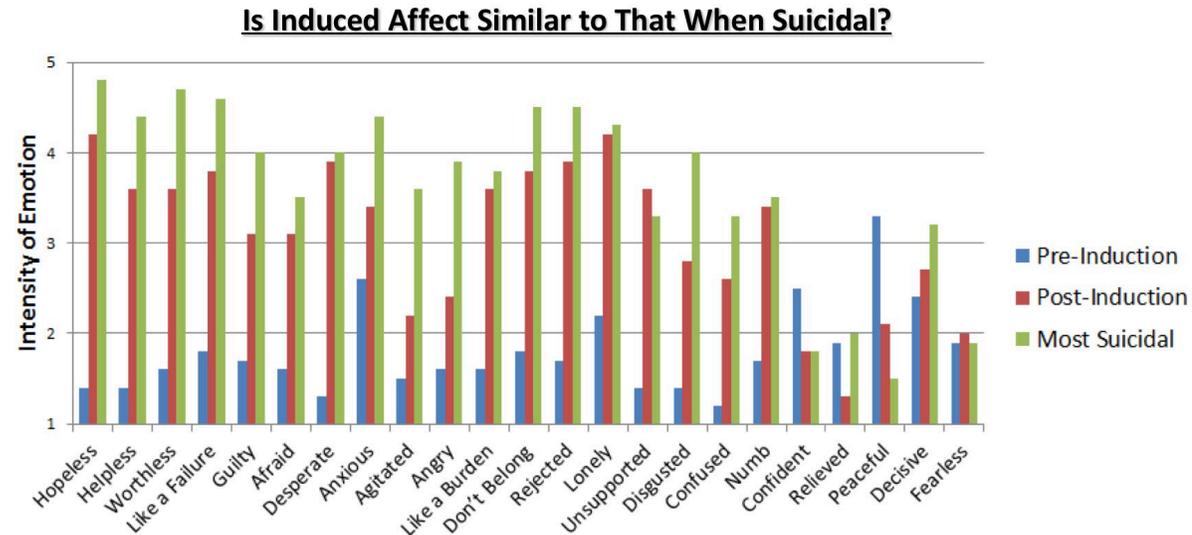
I

If you press the wrong key, a red X will appear. Press the other key to continue

Presentation Quality: Normal

## Safety

- Over 150 participants have safely completed experimental procedure in person



- Monitor acute suicide risk using the University of Washington Risk Assessment Protocol over VA Video Connect
  - MIRECC Manager on Duty can join for further risk assessment
- Utilizing National Emergency Procedures for VA Video Connect
- VA Video Connect E911 call function

## Other Logistics

- Consulted with Data Safety Monitoring Committee and Study Consultant
- Consulted with CSRD Program Manager
  - Applied for project modification
- Applied for IRB and VA R&D protocol amendment



## Questions/Suggestions

Sean.Barnes2@va.gov

# Discussant

David Atkins MD, MPH, Director VA HSR&D

# COVID Effects on Research on Mental Health

- Direct COVID effects of research outcomes (i.e. anxiety, social isolation, etc.)
- Indirect effects of move to virtual care
  - Does it affect the intervention being tested (is virtual intervention = F2F)?
- How does COVID affect recruitment to research?
  - Virtual recruitment/consent, Acceptability of research
  - Efficiency of research processes
  - Are we keeping representative samples?
- What should research measure re COVID impact as effect modifiers?
- What adaptations are worth keeping post-COVID



# Evaluating Suicide Risk using OMHSP Data sources

# Presenters

- **Rani Hoff PhD MPH**, Director, NEPEC, Office of Mental Health and Suicide Prevention
- **Brady Stephens MS**, Center of Excellence for Suicide Prevention and Director, Data and Analysis and Suicide Prevention Program, Data & Surveillance
- **John F. McCarthy PhD MPH**, Director, Data and Surveillance, Suicide Prevention and Director, SMITREC





DEPARTMENT OF VETERANS AFFAIRS

# Office of Mental Health and Suicide Prevention

## Data Related Resources

Rani Hoff, Brady Stephens, John McCarthy



# Overview

1. Office of Mental Health and Suicide Prevention      Rani Hoff  
**Program Evaluation Centers**  
    Shared work and areas of special focus, resources  
**DUA process**
2. VA/DOD Mortality Data Repository                      Brady Stephens  
**Establishment**  
**Implementation**  
**Board of Governance Reviews, Application process**
3. OMHSP Suicide Data and Surveillance                  John McCarthy  
**Overview and Activities**  
**Resources for Research**



## OMHSP Program Evaluation Centers

- NEPEC**      **North East Program Evaluation Center**  
PTSD, VHA vocational services, ICMHR, PRRC, RRTP, inpatient, women's health, general mental health system performance, Veteran Satisfaction Survey (VSS), Veterans Outcomes Assessment, Measurement Based Care (MBC) Initiative, SP 2.0
- PERC**      **Program Evaluation Resource Center**  
Overdose prevention, Staffing, Mental Health Management System, SAIL, Clinical Support, STORM, CRYSTL, REACH VET, predictive modeling, suicide prevention performance measures
- SMITREC**      **Serious Mental Illness Treatment Resource and Evaluation Center**  
PCMHI, Suicide Surveillance, SMI Re-Engage, National Psychosis Registry, Aging Mental Health, REACH VET, predictive modeling, MBC



## PEC Data sets available (not exhaustive)

### Facility level

1. Mental Health Management System data--key performance indicators reviewed quarterly by VISN
2. Mental Health Information System (MHIS)—dozens of performance measures of mental health care calculated quarterly by facility for the past 10 years
3. Psychosis Registry Reports

### Program Level

1. NEPEC annual report data for most mental health specialty programs going back as far as the 1990's
2. PCMHI program evaluation data

### Veteran level

1. Veteran Satisfaction Survey data (10,000 surveys per year X 5 years)
2. Veterans Outcome Assessment data (10,000 pairs of surveys per year for 3 years)
3. IMF—summary data on demographics, diagnoses and healthcare utilization on every VHA user, calculated quarterly for the past 8 years



# OMHSP Data Use Agreement Protocols

## **When are they required?**

Any time a researcher wants to use a data set that is “owned” by OMHSP. This means any data collected, collated, curated, or calculated by a group within the Office—this does NOT cover raw CDW data on mental health. Currently data included cover all PEC data (e.g., RRTP data, PTSD, TSES, MHICM, PRRC, PCMHI, etc.), EBP data, VCL data, mental health performance measures, Psychotropic Drug Safety Initiative (PDSI), MBC Initiative dashboard data, SPAN, Behavioral Health Autopsy Program, VSS, VOA, and others.

## **Who can get one?**

Any VA researcher who is at least 5/8ths VA. If you are a non-VA investigator you will need to collaborate with a VA investigator to access data.

## **How do I get one?**

Contact Robert. [Secondi@va.gov](mailto:Secondi@va.gov) for a copy of the policy and forms, or go to the NEPEC Portal web site to find copies.

## **What if I’m not sure whether I need one?**

Contact [Rani.hoff@va.gov](mailto:Rani.hoff@va.gov) and cc [Robert.Secondi@va.gov](mailto:Robert.Secondi@va.gov) for questions.



## OMHSP DUA Protocols--process

1. Get IRB approvals or exemptions from review before submitting a DUA
2. Submit a completed DUA form along with the IRB protocol, the IRB approval letter, and any needed extra information to allow the committee to review the request
3. An initial review will determine that all needed documentation is in place
4. The request goes to the data owner first to ensure that the owner is aware of the request and has no concerns about releasing the data—if there are any concerns these will be addressed before the DUA Committee reviews it
5. DUA Committee reviews it and makes recommendation to the Executive Director of OMHSP—the Committee consists of Rani Hoff and data owners from each PEC, SPP, VCL, and the EBP program
6. Director signs DUA and it is in effect for three years
7. Important requirement: all papers or presentations written with the released data must be submitted to the Committee for review prior to submission
8. If a data request is to expand an existing request to further time points, this can be done with an amendment
9. If the data are needed beyond three years the DUA must be renewed
10. Data cannot be shared or used for other purposes without approval



## VA / DoD Mortality Data Repository

- Mortality Data Repository (MDR) is most comprehensive resource regarding Veteran and former Service member mortality
- Based on VA/DoD joint searches of National Center for Health Statistics' National Death Index (NDI)
  - Based on State death certificates that NDI receives through agreement with states
  - Considered gold standard in U.S. mortality
- The MDR includes records for over 17 million deaths from 1979 through 2017.
- To date, MDR have been provided to over 160 projects across a continuum of VA health services



## Mortality Data Repository, Details

- Currently contains Veteran mortality records from 1979-2017
- From vital statistics systems in all 50 U.S. states, Puerto Rico, and Washington D.C.
  - With latest release of 2017 data, also includes U.S. territories
- Available information includes:
  - Vital status
  - Date of death
  - State of death
  - Cause of death
- Additional information about how VA uses MDR for suicide surveillance available at: [https://www.mentalhealth.va.gov/MENTALHEALTH/suicide\\_prevention/index.asp](https://www.mentalhealth.va.gov/MENTALHEALTH/suicide_prevention/index.asp)



## How to Access MDR Data

- Research Requestor Needs:
  - VA appointment, including a Without Compensation (WOC)
  - Access to VA IT environment
  - VA IRB and R&D approval
  - Approved VA/DoD MDR Board of Governors (BOG) approved application
    - As of July, FY2020 has surpassed the total number of approved requests for all of FY2019
    - This year, average time from initial MDR application submission to approval is about 5-6 weeks, an over 85% decrease from 2014
    - For more information and assistance with the BOG application process, email: [VHACANMDRDataRequests@va.gov](mailto:VHACANMDRDataRequests@va.gov)



## MDR Data Permitted Use

- Utilization of search results within DoD and VA are subject to contractual limitations specific to the NDI.
- VA researchers can request access for statistical purposes in medical and health research.
- All data must be securely stored with the VA IT infrastructure
- Require suppression of counts or rates based on fewer than 10 deaths, and mandate periodic reporting to CDC.
- Access to data from the MDR is limited to VA and DoD studies and requires application approval from the joint VA/DoD Board of Governors.
- All applications must include NDI confidentiality agreement, signed by the project PI.



## **VA Suicide Prevention: Data and Surveillance**

Includes:

Daily requests (e.g., VHA, legislative, media)

Risk assessment (e.g., predictive modeling)

Analytics, reporting, resource development

Mortality Data Repository

Annual suicide report

Suicide reviews (e.g., Behavioral Health Autopsy Program)

# Public Health Surveillance

Ongoing and systematic data collection, analysis, interpretation, and dissemination for use in public health action.<sup>1</sup>

- **Ongoing and systematic data collection**
  - Mortality Data Repository
  - Issue Briefs
  - VHA, VBA data
  - SPAN, SBOR
  - High Risk Flags
  - DoD data
  - Screens
  - REACH VET Strata
  - CMS
- **Analysis**
  - Counts, Rates
  - Rate Ratios, Hazard Ratios
  - Trends, Hotspots, Outliers
- **Interpretation**
  - Briefings, Reviews
  - Coordination with SMEs, Partners, Leads
  - Recommendations
- **Dissemination**
  - Reports, Talks, Papers
  - Executive Briefings
  - Annual VA Suicide Data Reports
  - Dashboards
  - Memos to the field
  - Pulse, Social Media
- **Action**
  - Memos, Policies, Directives
  - Resource development (e.g., REACH VET)
  - Outreach, Partnerships

1. Crosby A, Ortega L, Melanson A. 2011. Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 1.0. Atlanta (GA): CDC, National Center for Injury Prevention and Control.



# Suicide Prevention: Surveillance Content

## **Adverse events, outcomes**

Suicide deaths, attempts, ideation, high risk list, REACH VET strata, undetermined cause of death and non-fatal self-harm, suicide-related health care utilization, method-specific suicide fatality rates

## **Analytics**

Design, conduct and report analyses (e.g., assessment of association between risk factors and suicide risk; assessment of hot spots, trends, and high risk subgroups)

Review and enhancement of analytic tools (e.g., predictive modeling)

## **Tracking Services and Resources Relevant for Suicide Prevention**

VHA activity (e.g., SPC staffing, activity; VCL call activity; evidence based care; outreach and follow-up; screening and follow-up after positive screens)

Non-VHA community care (e.g., coordination, evidence based practices, suicide surveillance)

Communities and other institutions

## **Understanding Populations, Risk and Protective Factors, Contexts**

Veteran population and subgroups

Social, economic, experience, clinical, contextual factors

Community factors, resources



# Suicide Analytics

## Area

- Health Services
- Operations, QI
- Program Evaluation
- Epidemiology

## Examples

- Does access affect suicide risk?
- Does MH staffing affect risk?
- How do rates vary by VISN, site?
- Which patients are at highest risk?
- How do risks vary over time?
- How do suicide risks among Veteran VHA patients who call the Veterans Crisis Line?
- Do Suicide Prevention programs make a difference?
- Rates, Veterans vs. non-Veterans
- Rates by population subgroups



# Data Sources

Attempts, Non-Fatal  
Suicide Behavior Summary Report

Ideation  
Risk Screens

Mortality  
VA/DoD Mortality Data Repository  
VA Mortality Records (e.g., VSF, MVI)

REACH VET (predictive modeling)  
Risk Tiers  
Measures for modeling advances

Risk Factors  
Corporate Data Warehouse  
e.g., Diagnoses, Encounters,  
Medications, Chart Notes

Risk Following Service Separation  
VA/DoD Data (e.g., VADIR)

Site Reports  
Suicide Prevention Coordinators  
Issue Briefs

USVETS

Veterans Benefits Administration  
Benefits applications, receipt

Veterans Outcomes Assessment

VetPop Model



# Variables Included in REACH VET Model

## Demographics

Age >= 80

Male

Currently married

Region (West)

Race/ethnicity (White)

(Non-white)

Service Connected (SC) Disability Status

SC > 30%

SC > 70%

## Prior Suicide Attempts

Any suicide attempt in prior 1 month

in prior 6 months

in prior 18 months

## Diagnoses

Arthritis (prior 12 months)

(prior 24 months)

Bipolar I (prior 24 months)

Head and neck cancer (prior 12 months)

(prior 24 months)

Chronic pain (prior 24 months)

Depression (prior 12 months)

(prior 24 months)

Diabetes mellitus (prior 12 months)

Systemic lupus erythematosus (prior 24 months)

Substance Use Disorder (prior 24 months)

Homelessness or services (prior 24 months)

## VHA utilization

Emergency Dept visit (prior month)

(prior 2 months)

Psychiatric Discharge (prior month)

(prior 6 months)

(prior 12 months)

(prior 24 months)

Any mental health (MH) tx (prior 12 months)

(prior 24 months)

Days of Use (0-30) in the 13th month prior

in the 7th month prior

Emergency Dept visits (prior month)

(prior 24 months)

First Use in Prior 5 Years was in the Prior Year

Days of Inpatient MH (0-30) in 7th month prior

Squared

Days of Outpatient (0-30) in 7th month prior

in 8th month prior

in 15th month prior

in 23rd month prior

Days with outpt MH use in prior month, squared

## Medications

Alprazolam (prior 24 months)

Antidepressant (prior 24 months)

Antipsychotic (prior 12 months)

Clonazepam (prior 12 months)

(prior 24 months)

Lorazepam (prior 12 months)

Mirtazapine (prior 12 months)

(prior 24 months)

Mood stabilizers (prior 12 months)

Opioids (prior 12 months)

Sedatives or anxiolytics (prior 12 months)

(prior 24 months)

Statins (prior 12 months)

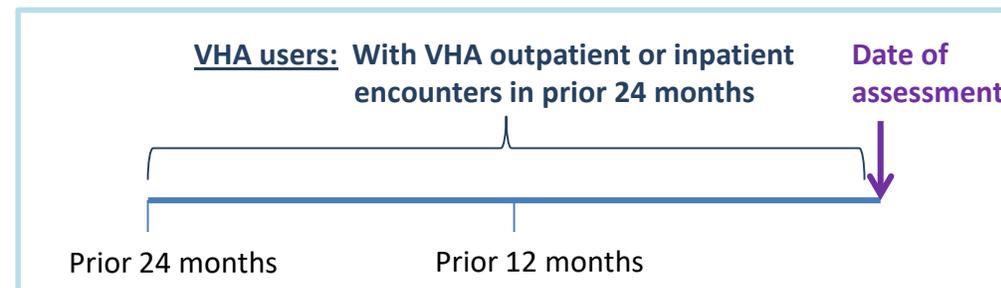
Zolpidem (prior 24 months)

## Interactions

- Between Other anxiety disorder (prior 24 months) and Personality disorder (prior 24 months)

- Interaction between Divorced and Male

- Interaction between Widowed and Male



# Suicide Mortality Dashboard for Veteran VHA Users

Applies comprehensive information from US death certificate records (CDC National Death Index) to monitor suicide deaths and rates nationally and by VISN and administrative parent facility.

Within VHA, go to:

[http://vaww.smitrec.va.gov/Suicide\\_Monitoring\\_and-Evaluation.asp](http://vaww.smitrec.va.gov/Suicide_Monitoring_and-Evaluation.asp)

- These represent the definitive VA source regarding suicide mortality.
- Information is presented by year and 5-year periods.
- Internal VHA resource on VHA intranet.
- Reports for cohorts of recent Veteran VHA users (Veterans with VHA inpatient or outpatient encounter in the year of interest or prior year and alive at start of year of interest)
- Includes:
  - Annual and Five-Year Counts and Rates of Suicide, and Method Information
  - Appendix with Yearly Facility Rates, Links to VA Suicide Reports
  - Map of Five Year Suicide Rates by VISN, 2013-2017



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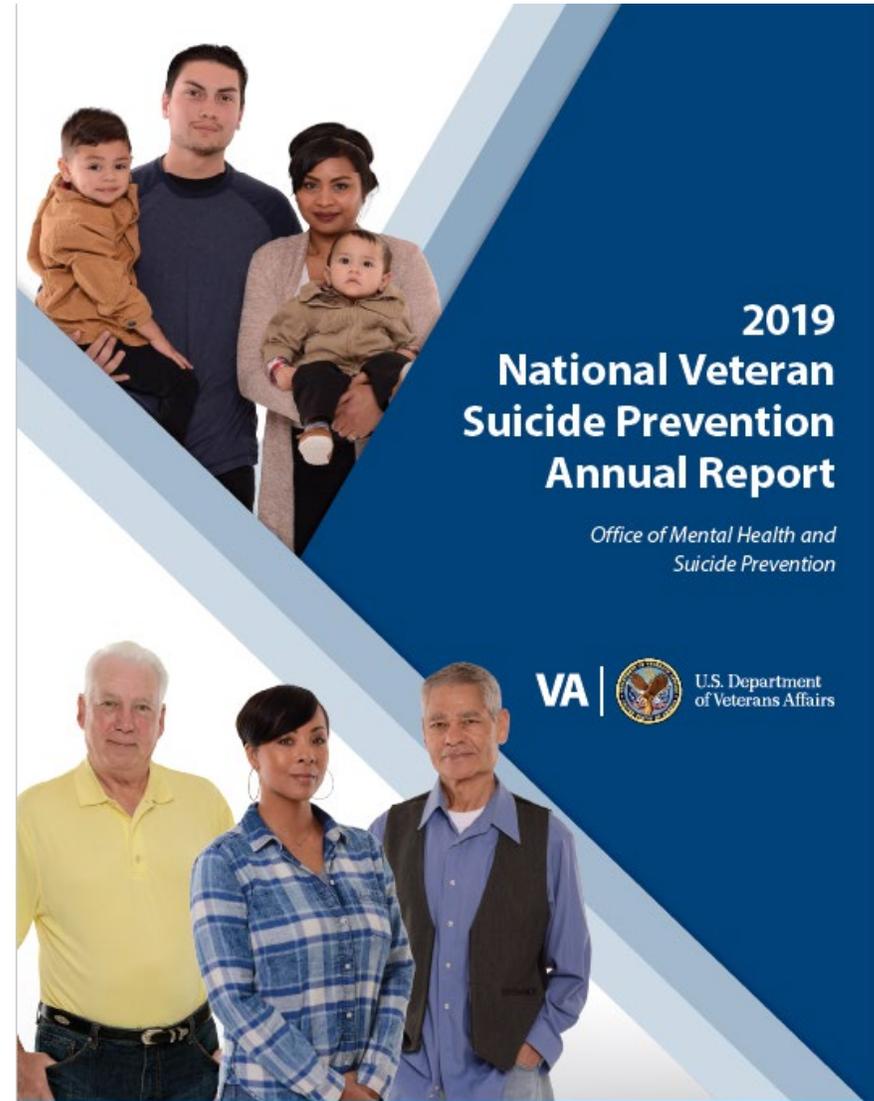
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# 2019 National Veteran Suicide Prevention Annual Report

Most recent Veteran suicide data, 2005 to 2017.

[www.mentalhealth.va.gov/suicide\\_prevention/data.asp](http://www.mentalhealth.va.gov/suicide_prevention/data.asp)

Please contact [VASPDataRequest@va.gov](mailto:VASPDataRequest@va.gov) if you are interested in learning more.



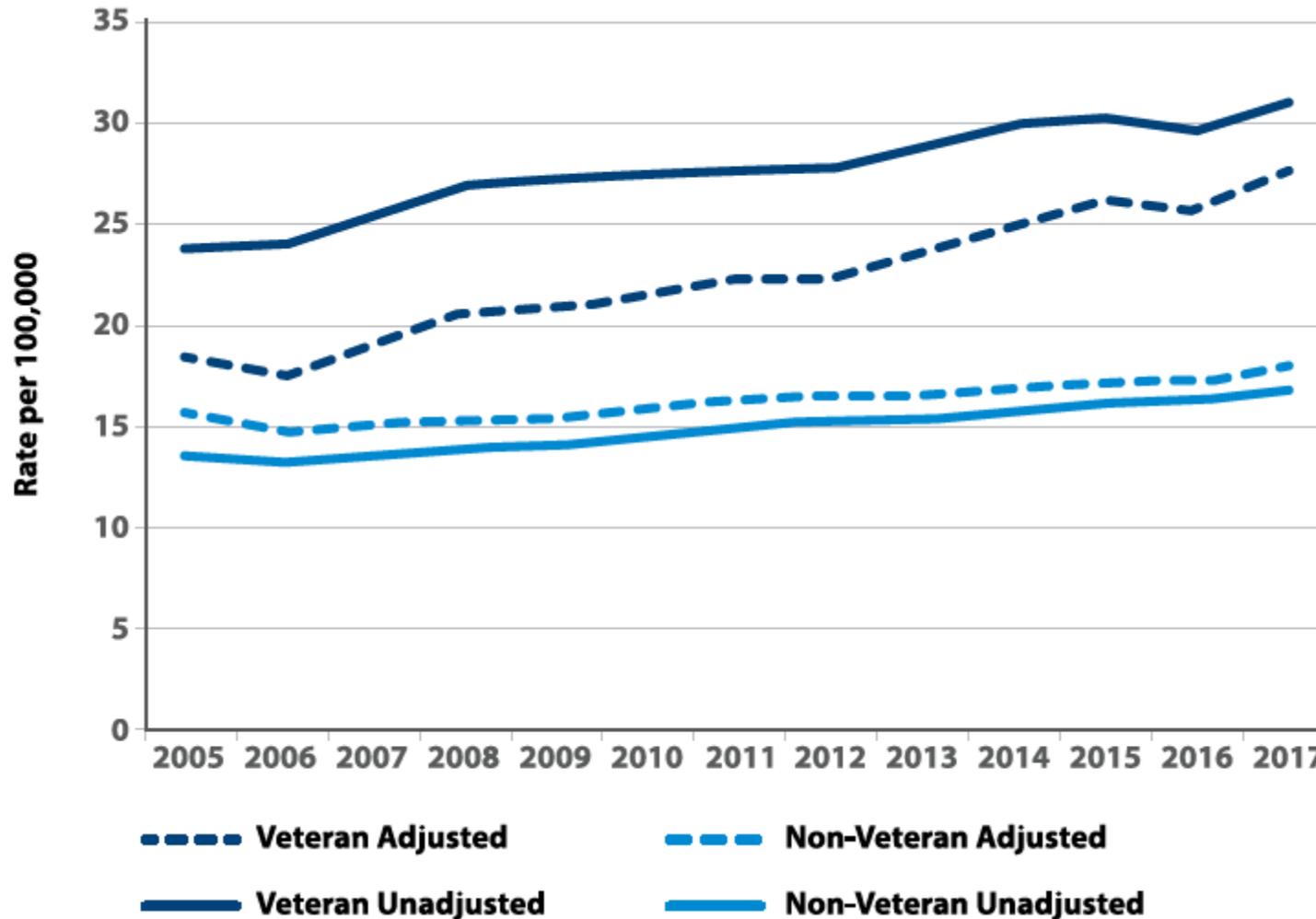
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# Suicide Surveillance: Unadjusted and Age- and Sex-Adjusted Rates, Veteran and Non-Veteran Adults, 2005-2017



Suicide rate was **1.5 times greater** for Veterans, adjusting for age and sex

[https://www.mentalhealth.va.gov/mentalhealth/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp)



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# VA Annual Report Data

[https://www.mentalhealth.va.gov/MENTALHEALTH/suicide\\_prevention/index.asp](https://www.mentalhealth.va.gov/MENTALHEALTH/suicide_prevention/index.asp)

## National Veteran Suicide Data and Reporting

The VA conducts the largest national analysis of Veteran suicide rates each year. Findings are made available to the public in an [Annual Report](#) .

[Data Appendix](#) 

[Report FAQs](#) 

Contact the VA Suicide Prevention Program at [VASPDataRequest@va.gov](mailto:VASPDataRequest@va.gov) if you are interested in learning more about requesting data access.

## State-Level Veteran Suicide Data: 2017 Update

2017 state level suicide findings are now available as part of the 2019 National Veteran Suicide Prevention Annual Report release. The state data sheets are a critical tool to help VA and state-level partners design and execute the most effective suicide prevention strategies. View and download the state data sheets below.

**View Individual State Data Sheets**

[View Individual State Data Sheets](#) 



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## 2005-2017 National Suicide Data Appendix

Data presented herein is intended to accompany the **2019 National Veteran Suicide Prevention Annual Report**.

Suicide rates presented are the number of suicide deaths in each year divided by the estimated population, multiplied by 100,000. Veteran suicide data was obtained from the joint VA/DoD Suicide Data Repository (SDR) and counts of suicide among the general U.S. population were obtained from CDC Wide-ranging ONline Data for Epidemiologic Research (WONDER). Veteran suicide rates are calculated using the Veteran Population Projection Model 2016 (VetPop2016) population estimates. The U.S. Census Bureau American Community Survey (ACS) one-year estimates are used to estimate the U.S. adult population. Non-Veteran numbers are estimated by subtracting the Veteran counts from the general U.S. adult population numbers.

Age-specific counts may not sum to the total counts because a small number of deaths with unavailable age information are included in the total counts and rates, but are not included in age-specific counts, age-specific rates, or age-adjusted rates.

Counts and rates are suppressed when based on fewer than 10 deaths. Rates are marked with an asterisk (\*) when the rate is calculated based on fewer than 20 deaths. Rates based on small numbers of deaths are considered unreliable, and a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons of age-adjusted rates with underlying age-specific rates with less than 20 suicide deaths should be interpreted with caution.

When accessing this data, users agree to use this data for health statistical reporting and analysis only, to make no attempt to learn the identity of any person or establishment included in this data, and to not present or publish death counts or death rates based on counts of nine or fewer.

Recent Veteran VHA user is defined as a Veteran with a VHA medical encounter in the year of his or her death or the year prior.

Non-recent Veteran VHA user is defined as a Veteran without a VHA medical encounter in the year of his or her death or the year prior.

This file was prepared by the Department of Veterans Affairs Office of Mental Health and Suicide Prevention. With questions, please contact: [VASPDataRequest@VA.gov](mailto:VASPDataRequest@VA.gov)

◀ ▶ **Note** Veteran Non-Veteran Recent Veteran VHA User Non-Recent Veteran VHA User US Adult



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# For example...

*All Veteran Deaths by Suicide, Crude and Age Adjusted Rates, by Sex, 2005-2017*

Year of Death	Veteran Suicide Deaths	Veteran Population Estimate	Veteran Crude Rate per 100,000	Veteran Age Adjusted Rate per 100,000	Male Veteran Suicide Deaths	Male Veteran Population Estimate	Male Veteran Crude Rate per 100,000	Male Veteran Age Adjusted Rate per 100,000
2005	5,787	24,240,000	23.9	25.5	5,610	22,501,000	24.9	27.3
2006	5,688	23,731,000	24.0	24.8	5,527	21,992,000	25.1	26.8
2007	5,893	23,291,000	25.3	26.5	5,724	21,588,000	26.5	28.7
2008	6,216	22,996,000	27.0	28.4	6,024	21,322,000	28.3	30.8
2009	6,172	22,603,000	27.3	28.3	5,968	20,917,000	28.5	30.4
2010	6,158	22,411,000	27.5	28.9	5,943	20,697,000	28.7	31.3
2011	6,116	22,061,000	27.7	29.8	5,889	20,326,000	29.0	32.3
2012	6,065	21,765,000	27.9	30.3	5,846	20,017,000	29.2	33.1
2013	6,132	21,415,000	28.6	31.7	5,901	19,640,000	30.0	34.7
2014	6,272	21,029,000	29.8	32.6	5,998	19,234,000	31.2	35.4
2015	6,227	20,560,000	30.3	34.3	5,946	18,756,000	31.7	37.5
2016	6,010	20,170,000	29.8	34.3	5,756	18,348,000	31.4	37.9
2017	6,139	19,803,000	31.0	35.8	5,843	17,951,000	32.5	39.1

◀ ▶
Note
**Veteran**
Non-Veteran
Recent Veteran VHA User
Non-Recent Veteran VHA User
US Adult
+



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# State Data Sheets

## State-Level Veteran Suicide Data: 2017 Update

2017 state level suicide findings are now available as part of the 2019 National Veteran Suicide Prevention Annual Report release. The state data sheets are a critical tool to help VA and state-level partners design and execute the most effective suicide prevention strategies. View and download the state data sheets below.

**View Individual State Data Sheets**

[View Individual State Data Sheets](#) ▼



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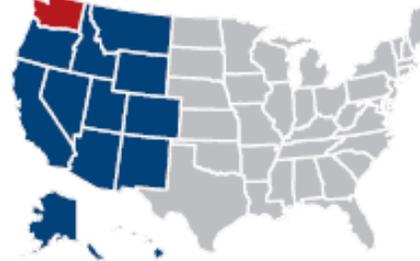
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# Washington

## Veteran Suicide Data Sheet, 2017



The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2017 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.<sup>a</sup> This data sheet includes information about Washington Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

### Western Region

- Alaska
- Arizona
- California
- Colorado
- Hawaii
- Idaho
- Montana
- Nevada
- New Mexico
- Oregon
- Utah
- Washington
- Wyoming

After accounting for age differences,<sup>b</sup> the Veteran suicide rate in Washington:

- Was not significantly different from the national Veteran suicide rate
- Was significantly higher than the national suicide rate

### Washington Veteran Suicide Deaths, 2017

Sex	Veteran Suicides
Total	176
Male	164
Female	12

### Washington, Western Region, and National Veteran Suicide Deaths by Age Group, 2017<sup>c</sup>

Age Group	Washington Veteran Suicides	Western Region Veteran Suicides	National Veteran Suicides	Washington Veteran Suicide Rate	Western Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	176	1,610	6,139	31.3	36.5	31.0
18-34	26	216	864	46.4	47.1	44.5
35-54	40	419	1,708	27.4	39.7	35.1
55-74	77	635	2,319	30.7	33.5	27.1
75+	33	339	1,242	30.3	34.0	27.9

### Washington Veteran and Total Washington, Western Region, and National Suicide Deaths by Age Group, 2017<sup>c</sup>

Age Group	Washington Veteran Suicides	Washington Total Suicides	Western Region Total Suicides	National Total Suicides	Washington Veteran Suicide Rate	Washington Suicide Rate	Western Region Suicide Rate	National Suicide Rate
Total	176	1,248	11,539	45,390	31.3	21.9	19.5	18.1
18-34	26	348	3,363	12,944	46.4	20.2	18.1	17.3
35-54	40	419	3,853	15,896	27.4	21.9	19.4	19.1
55-74	77	354	3,211	12,602	30.7	21.6	19.8	17.6
75+	33	127	1,112	3,948	30.3	29.3	24.2	18.7



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# VA OMHSP Suicide Prevention National Tools & Metrics

Catherine Barry, PhD, Liam Mina, MSW  
Program Evaluation Resource Center (PERC), OMHSP

## National Suicide Prevention-related Clinical Decision-Support Dashboards

- [Safety Planning in the ED/UCC \(SPED\) Dashboard](#) (patient-and aggregate-level, updated nightly)
- [Depression/PTSD Screening-Associated Suicide Risk Identification Fallouts](#) – Ambulatory Care (patient-level, updated nightly)
- [Suicide Prevention Risk Identification & Tracking for Exigencies \(SPPRITE\) Dashboard](#) (patient level, updated nightly)
- [High Risk Flag \(HRF\) Dashboard](#) (patient level, updated nightly)
- [Post-Discharge Engagement \(PDE\) Dashboard](#) (patient-level, updated nightly)
- [REACH VET Dashboard](#) (patient-level, patient list updated monthly and medical record data updated nightly)
- [CRISTAL Patient Lookup Report](#) (patient-level, updated nightly)
- [STORM SSN Lookup](#) (patient-level, updated nightly)

[Suicide Prevention Application Network](#) (patient- and aggregate-level; phasing out for some purposes, updated daily)



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# Toolkit Contents

## National Metrics Dashboards

- Annual Performance Goal (APG) Targeted Risk Intervention for Suicide & Overdose Prevention Metric (TRI1)\*\* (aggregate national level, updated monthly, \*\*in future will be added to the Mental Health Information Summary (MHIS))
- [External Peer Review Performance \(EPRP\) Risk ID Screening Metrics \(SUI2, SUI40, SUI51\)](#) (aggregate-level, updated quarterly)
- [EPRP Risk ID Strategy CSRE Metrics \(CSRA1, CSRA2, CSRA3, CSRA4\)](#) (aggregate-level, updated quarterly)
- Mental Health Information Summary (MHIS) Metrics dashboard (aggregate-level at national, VISN & facility level):
  - [Psychotropic Drug Safety Initiative Domain Data-based Risk Review for Opioid Safety Implementation Metrics \(STRM1, STRM2\)](#) (only national & facility level data available, updated quarterly)
  - [Suicide Prevention Domain Electronic Risk ID Metrics \(SRS 1, 2, 3\)](#) – pilot (updated quarterly)
  - [Suicide Prevention Domain Safety Plans Lethal Means Follow-up Metrics](#) (SPFUG1, SPFUG2, SPFUG3) – pilot
  - [HRF1-6; HRF7](#) (HRF7 is also part of MH SAIL dashboard, updated quarterly)
- [Opioid Education & Naloxone Distribution Metric \(OEND1\)\\*\\*](#) (aggregate level, updated nightly; \*\*will be added to MHIS in future)
- [REACH VET Historic Summary Metrics Dashboard](#) (aggregate-level at national, facility & VISN level, updated monthly)
- [Suicide Behavior Summary Report\\*](#) (\*displays at patient-level but its main purpose is to sum to aggregate counts of suicides & attempts for facility-level reporting, updated nightly)
- [SPED Metrics\\*\\*](#) (aggregate-level national, VISN & facility; currently embedded in SPED; \*\*will be added to MHIS in future)



# Toolkit Contents

## National Note Templates & Screening Tools

- [Suicide Prevention Safety Plan Note](#)
- [Tools related to the Suicide Risk Identification Strategy Initiative:](#)
  - [Suicide Risk Screeners](#)
    - [Emergency Department/Urgent Care Center \(ED/UCC\) Triage Note](#) (with C-SSRS Suicide Risk Screener embedded; in FY19 and early FY20 I9 and C-SSRS had been embedded)
  - [Comprehensive Suicide Risk Evaluation Note](#)
- [Suicide Behavior and Overdose Report Note](#)
- [REACH Vet Coordinator Note](#)
- [REACH Vet Provider Note](#)
- [SPED Note \(in development\)](#)
- [Naloxone Use Note](#)



## Summary

The Office of Mental Health and Suicide Prevention has developed resources to inform VA policy, enhance services, and support Veteran suicide prevention.

This includes work in Data and Surveillance, Research and Program Evaluation, Operations, Policy, Innovations, Education and Training.

Research has a key role in informing VA care and suicide prevention.

Please reach out at any time! VA's investment in suicide prevention has facilitated VA research on suicide and on other causes of mortality.



# Thank you!

[Rani.Hoff@va.gov](mailto:Rani.Hoff@va.gov)  
[Brady.Stephens@va.gov](mailto:Brady.Stephens@va.gov)  
[John.McCarthy2@va.gov](mailto:John.McCarthy2@va.gov)



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# Introduction to Breakouts

- **Goal**: Consider the critical barriers to doing research in these high priority topic areas, identify potential solutions and potential next steps for tackling barriers. Ideas you send in for discussion have been distributed to the facilitators.
- **Process**: Each group will have a facilitator, technical support person, and note-taker to help fill out a template to be shared with larger group during the report out.
- **Plan**: Breakouts will start at 12:30pm PDT and go until report out at 1:15pm (45min)
- **Report outs**: Each group will have no more than about 5 minutes for presentation. Report outs should include any plans or recommendations for SPRINT and for research/operations leadership to consider/take further
- **Key Logistics**:
  - You will automatically be placed into the breakout room to which you were assigned
  - Please mute yourself when you are not speaking
  - At end, you will receive a 5-minute verbal warning, then 30 second warning, then room will close
  - *Use the chat function to request technical assistance. Note: All participants will see message.*



-Break until 12:30 PDT

-Breakouts from 12:30pm to 1:15pm

-Return “here” promptly at 1:15pm for  
report out session

# Report outs

Topic 1: Lethal Means safety

Topic 2: Innovations in Risk/Screening and assessment (incl. medical populations)

Topic 3: Community and Engagement; incl. Veterans not, or previously treated in VA

Topic 4: Other interventions (including psychotherapies; telehealth)

Topic 5: Implementation research in suicide prevention

# *Perspective*

**Stephen S. O'Connor, Ph.D.**

Chief, Suicide Prevention Research Program  
Treatment and Preventive Intervention Research Branch  
Division of Services and Intervention Research  
National Institute of Mental Health



# Close of Meeting



Slides will be available next week



Post-meeting survey



We will be sending out a summary of ideas and recommendations that come out of this meeting and sharing and discussing with Leadership



If you are not yet a member of the SPRINT network, and would like to receive regular updates, please reach out to us at [SuicidePreventionRes@va.gov](mailto:SuicidePreventionRes@va.gov)

# Thank you!

- Presenters and Discussants
- Gloria Workman and Office of Mental Health and Suicide Prevention
- Molly Kessner, SPRINT Project Manager
- Additional members of the Program Planning Committee:
  - Lauren Denneson
  - Lindsey Monteith
  - Teresa Hudson
- Bob O'Brien and HSR&D
- Mark Ilgen and the other members of the SPRINT Core Team

