

Introduction to Suicide Prevention Research Impact NeTwork (SPRINT)



A VA Consortium of Research (CORE)

March 9, 2020

SPRINT Mission: To accelerate VA suicide prevention research that will improve care and reduce suicidal thoughts and behaviors among Veterans.

- Main Goals
 - Serve as an inclusive and collaborative network of VHA and non-VHA researchers and SP centers of excellence dedicated to conducting high-quality, high-priority, and high impact SP research.
 - Maintain a “state of the science” inventory of information about VHA and non-VHA health services SP research activities, VHA operations-funded SP projects, and the evidence-base for SP interventions.
 - In collaboration with stakeholders including operations partners, use the inventory to create a focused SP research agenda; and facilitate development of team-science efforts to address the agenda.
 - Support innovation and development of methodological and content expertise, and high impact projects that create, test and implement potential solutions.

SPRINT Functional Domains



SPRINT Hubs

- Communications/Organization
 - HSRD Center to Improve Veteran Involvement in Care (CIVIC), VA Portland Health Care System
 - Led by Steve Dobscha MD
- Implementation
 - HSRD Center for Mental Healthcare and Outcomes Research (CeMHOR), Central Arkansas Veterans Health Care System
 - Led by Teresa Hudson PharmD, PhD
- Data/Methods
 - HSRD Center for Clinical Management Research (CCMR), VA Ann Arbor Health Care System
 - Led by Mark Ilgen PhD

Requests



Photo taken on
September 5, 2019 at
SPRINT Data Review
Meeting, Portland OR

- Please send us an email (SuicidePreventionRes@va.gov) to let us know if you are interested in participating, helping to plan, or are already involved in:
 - A Community of Research (e.g. WHRN SP group)
 - Potential workgroups (e.g., to address a particular barrier)
- Please email us to obtain information or consultation, or provide suggestions
- Please visit our evolving website: <https://www.hsrdr.research.va.gov/centers/core/sprint.cfm>
- Please also feel free to invite others to send us an email so they can join the SPRINT Network

Adapting and Implementing Caring Contacts for Suicide Prevention in VA

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Caring
Contacts



Sending Veterans Support



Choose **VA**

Funding Acknowledgement & Disclaimer

- This work is supported by Department of Veterans Affairs Quality Enhancement Research Initiative (QUERI) Partnered Implementation Initiative grants (PII 18-195, Landes; PII 19-462, Landes).
- Disclaimer: The views expressed in this presentation are those of the author and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States Government.



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Partnerships

- VISN Leadership from
 - VISN 5
 - VISN 6
 - VISN 10
 - VISN 12
 - VISN 17
 - VISN 19
 - VISN 22
 - VISN 23
- Rocky Mountain MIRECC
- South Central MIRECC



Objectives

- Describe Caring Contacts, an effective suicide prevention intervention
- Describe how it has been adapted for implementation in VA emergency department settings
- Highlight ongoing work in VA to evaluate and implement Caring Contacts

Improving Suicide Prevention

- Transitions in care (e.g., discharge from the hospital) are critical time periods for suicide prevention
- The majority of suicides occur within 30 days after discharge from the hospital or emergency department (ED), with most occurring within one week
- Providers need something straightforward and effective to improve care during the critical transition following ED discharge

Caring Contacts

- Sending patients who are suicidal brief, non-demanding expressions of care and concern at specified intervals over a year or more
- Straightforward and effective suicide prevention approach
 - One of only 2 non-pharmacological interventions shown to have reduced death by suicide in randomized controlled trials



Straightforward & Effective

- The goal of the messages is to provide non-demanding caring support
- The theory behind Caring Contacts' effectiveness is that the contacts serve as a way to make people feel connected to others
- Studies that have included self-help tips and encouragement to attend appointments have not been effective

Data on Caring Contacts

- Significant reductions in suicide deaths^{1,2}, suicide attempts, and suicide ideation at one and two-year follow-up^{3,4,5}
- Feasible and acceptable with military and veteran populations^{6,7}
- Helpful with active duty military populations⁸
- Cost effective in a simulation study⁹

Hunter Area Toxicology Service



Dear «FirstName»

It has been a short time since you were here at the Newcastle Mater Hospital, and we hope things are going well for you.

If you wish to drop us a note we would be happy to hear from you.

Best wishes,

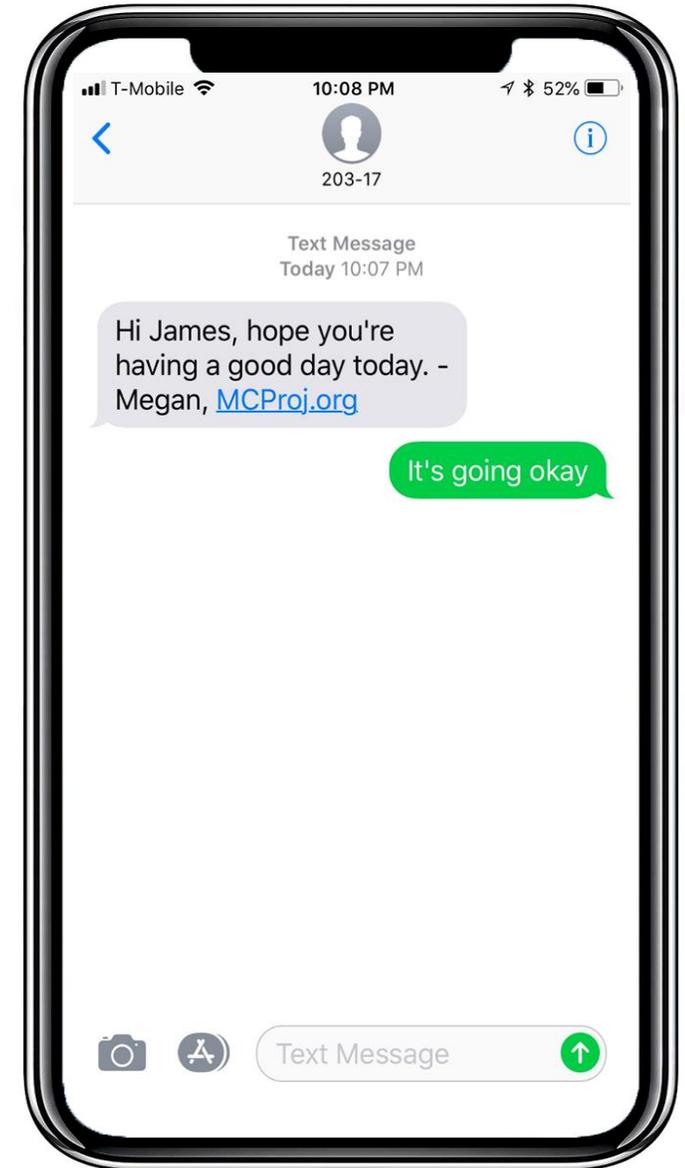
Dr Andrew Dawson



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Carter et al., 2005



Comtois et al., 2019

Comtois et al., 2019

- Caring Contacts via text message with active duty Soldier and Marines (N=657)
- Sent as an adjunct to outpatient mental health
- Did not significantly impact primary outcomes (e.g., current suicidal ideation)
- Did reduce the odds of having any suicidal ideation and making a suicide attempt
- These results should be considered in the context of providing Caring Contacts as an adjunct to therapy
 - As opposed to other studies where Caring Contacts was the only intervention

VA Recommendations

- VA/DOD clinical practice guidelines for assessment and management of patients at risk for suicide¹⁰ suggest sending CC:
 - to address barriers to follow-up or
 - for those who refuse care
- Caring Contacts was included in the most recent VA Evidence-based Synthesis Program review for suicide prevention¹¹
 - Described as an intervention “designed to bolster protective factors such as psychological resilience, meaningful life, grit, gratitude, and social support” (p. 22)

So there's effectiveness data,
but no studies of how to
implement Caring Contacts.

Caring
Contacts



Pilot to Adapt and Implement

- Partnered with VISN 16 and Central Arkansas Veterans Healthcare System
- VA QUERI Partnered Implementation Initiative (PII) to implement and evaluate Caring Contacts in the emergency department
 - 1 year pilot & planning

Figure 1. Rates of self-directed violence per 100,000 enrolled Veterans by VHA submarket in VISN 16, October 2016-Dec 2017.

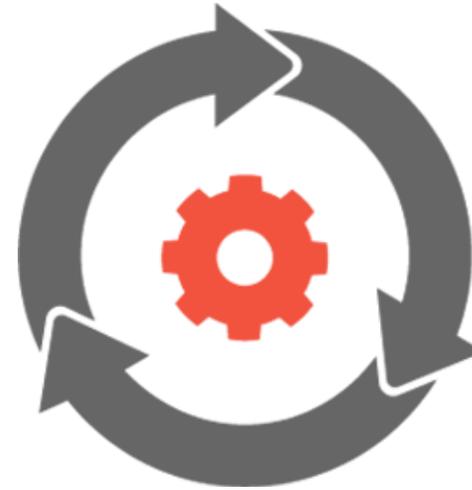




Qualitative
Interviews



Advisory
Board



Implementation
Pilot



Implementation
Toolkit



Qualitative Interviews
with Stakeholders
N=11

I'm a Veteran. I feel like that would be a wonderful thing to let people to know that is not just from a large organization, but there are people here who actually care about you.

Wording suggestion: 'It was an honor to serve you.'

Feedback on schedule for sending:
Send 1st card within the first week & add a contact on Veterans Day



Veteran Perspective

Veterans overwhelmingly thought that Caring Contacts could be helpful to Veterans who are suicidal (83%)

63% indicated that a postcard sent in a private envelope was their first or second choice

25% endorsed text messages as their first or second choice

They didn't care for the image of the dog and instead preferred a patriotic themed image



Advisory Board

- Lori Davis, ED Nurse Manager
- Jeff Holloman, ED Health Tech & Veteran
- Sharon Morrison, ED Social Worker
- Lori Haller, ED Nurse
- Laura Watlington, Lead Suicide Prevention Coordinator
- Hannah Davidson, Suicide Prevention Coordinator
- Jennifer Middleton, Psychiatrist
- Ché Reed, Associate Nurse Executive for Research
- Ken Collins, Health System Specialist for Innovations
- Salena Wright-Brown, Associate Director of Patient Care Services
- Irving Kuo, VISN 16 Mental Health Lead
- Bridget Matarazzo, Director for Clinical Services, Rocky Mountain MIRECC
- JoAnn Kirchner, Implementation expert
- Kate Comtois, Caring Contacts expert
- Nyssa Curtis, Veteran

Caring Contacts in the Emergency Department Implementation Planning Worksheet

Site: Central Arkansas Veterans Healthcare System Emergency Department

Identified Lead: Sara Landes

Roles/Tasks	Actionable Items/Examples*	Current Status/Potential Barriers/Notes	Plan (including timeframe)	Who's in Charge?	Metrics and How you define success for each item
A. Identify Participating Staff	<ul style="list-style-type: none"> • Identify Local Lead • See supporting document on choosing a Local Lead aka Internal Champion • Determine staff to participate: e.g., physicians, nurses, social workers, health techs, admin support staff, etc. 	<p>Union involvement</p>	<p><i>We strongly encourage participation of as many providers as possible.</i></p> <p>ED nurse manager will be the local lead.</p> <p>Need to work with union and ED union steward regarding provider participation</p>	<p>Lori Davis</p>	
B. Determine Content of Caring Contacts	<ul style="list-style-type: none"> • Identify what will be included in the CC. • Message details • Author or signature of CC <ul style="list-style-type: none"> ○ ED provider who conducted screen for suicide ○ Nurse ○ Social worker ○ Physician ○ SPC ○ Care team ○ Combination ○ Other • Local contact information/phone numbers <ul style="list-style-type: none"> ○ ED ○ SPC ○ Other 	<p>Kate's concerns</p> <ul style="list-style-type: none"> • Personal connection to author is important • What if it was someone they had a negative interaction with? • Will seem too systematized if coming from people they don't know 	<p>Message details:</p> <ul style="list-style-type: none"> • Kind, caring response is key • Message: we're thinking of you • No appointment reminders • Different messages for each CC <p>Author/signatory</p> <ul style="list-style-type: none"> • Lori Davis, RN (ED nurse manager) • Name of nurse who did scree <ul style="list-style-type: none"> ○ With or without last name • Name of nurse who did screen + SPC • Name of nurse who did screen + Lori • Lori + SPC • ED care team • Pilot all options <p>Local contact number</p> <ul style="list-style-type: none"> • Main ED line 257-5072 <ul style="list-style-type: none"> ○ MSA answers the phone ○ 12a-730am nurse answers 		



Implementation
Pilot

A positive primary suicide screen triggers Caring Contacts

Veterans who screen positive in the ED will receive a different card for each time point below:

- First week after discharge
- Months 1, 2, 3, 4, 6, 8, 10, 12
- Veterans Day
- Birthday

Once a week, admin staff pull the list of primary screens to send Caring Contacts & document in CPRS

Caring Contact – Week 1

Dear Mr. Smith,

It was an honor to serve you in the emergency department.

We are here if you need us. Should you need anything, please contact us.

Lori Davis, RN and Your Emergency Department Team
501-257-5683



Dear Ms. Squirrel

*"Who kept the faith and fought the fight,
the glory theirs and the duty ours."*

-Wallace Bruce

We value your health and are honored to serve you in the

Lori Davis, RN and Your Emergency Department Team

501-257-5683



Central Arkansas Veterans Healthcare System | 4300 W 7th St. 116/NLR CC | Little Rock, AR 72205

Dear Ms. Squirrel

All of us at CAVHS Emergency
Department wish you a happy birthday
and good health in the years to come!

Lori Davis, RN and Your Emergency
Department Team

501-257-5683



Central Arkansas Veterans Healthcare System | 4300 W 7th St. 116/NLR CC | Little Rock, AR 72205

Sally Squirrel
55 Main Street
Anytown, Arkansas 72222

1



Department of Veterans Affairs
Central Arkansas Veterans Healthcare System
4300 West Seventh Street 118/LR CC
Little Rock, AR 72205

Evaluation

Process/Outcome Metric	Definition
Reach	Number and % of veterans receiving CC per facility
Adoption	Number and % of ED providers who identify patients as appropriate for CC per facility
Implementation Fidelity	Content of CC Date sent and alignment with schedule Responses to veteran replies consistent with protocol
Maintenance	Not included in the pilot

Process/Outcome Metric	Definition
Effectiveness: Suicide-Related Behavior	Self-directed violence rate Injury rate Fatality rate
Effectiveness: Service Utilization	Outpatient mental health encounters Outpatient health/other encounters Emergency services for mental health Inpatient services for mental health Emergency services for health/other
Effectiveness: Mental Health SAIL Metric	PMED1 (% of patients with a mental health diagnosis who have a mental health evaluation and management encounter)

Process/Outcome Metric	Definition
Cost	Cost of implementing CC Cost of providing CC Downstream healthcare utilization costs
Staff Perspective	Key informant interviews focused on staff perspective of CC
Veteran Perspective	Key informant interviews focused on Veteran perspective of CC

Pilot Outcomes to Date

Caring
Contacts



Veterans Screened & CC Sent Over 8 Months

	#
Positive Primary Screens for Suicide	487
Excluded, Homeless or no mailing address	40
Excluded, Paranoia or other reason	7
Excluded, Repeat positive screen (i.e., already receiving CC)	104
Veterans Receiving Caring Contacts	336

Of the 383 unique Veterans with positive screens, 336 (88%) are being mailed Caring Contacts

Qualitative Interviews with Veterans Mailed Caring Contacts for 6 Months

- Largely enthusiastic about the intervention
- Most had better recollection of how the messages made them *feel* than specifics about message content or how many they had received
- Few negative impacts/perceptions
 - Impersonal (“computer generated”)
 - Confused about purpose (thank you cards?)
- Numerous positive impacts/perceptions
 - Enhanced sense of connection to VA
 - Mitigated negative perceptions of VA
 - Could fill a gap for socially isolated Veterans
- Nearly all recommended continuing to send them (9/10)



Qualitative Interviews
Veterans Receiving CC
N=10

“I felt like my life matters to ‘em, you know?”

“It made me feel like I wasn’t a number. Like it was more personable and seems like they really took the time out to care...”

“I appreciate them sending the cards out though to check on me because, you know, I have several suicidal attempts. That made me feel good, that hey, I’m being thought about.”



Qualitative Interviews
Veterans Receiving CC
N=10

“But if you’re not in any program if you just live out here in the real world... Around the holidays, I get kind of left out because I live alone, you know.”

“It was nice to get something [...] I’m an older person and a lot of people in my family have passed on and I’ve lost some close friends and stuff so...your support circle starts to shrink.”

“It made me feel really important. Like I belonged to the VA.”

Implementation Toolkit

- Informed by AHRQ guidelines and UC Berkeley Social Work Education Center guides for creating toolkits, as well as VA's Diffusion of Excellence Marketplace
- Contents include
 - Implementation planning guide
 - Standard operating procedure (SOP)
 - Briefing documents (one pagers)
 - Research summaries
 - FAQ
 - Tools relevant to CC (e.g., templates, tracking logs)
 - Educational materials (presentation slides, posters)
 - Link to video and podcast about the intervention
 - Pdfs of primary articles



Implementation Toolkit

<http://vaww.mirecc.va.gov/caringcontacts/index.asp>



The screenshot shows the MIRECC Intranet website. At the top, there is a navigation bar with the VA logo and the text 'UNITED STATES DEPARTMENT OF VETERANS AFFAIRS INTRANET'. Below this is a search bar and a menu with options like 'VA Intranet Home', 'About VA', 'Organizations', 'Locations', and 'Employee Resources'. The main content area features a large blue banner with the text 'Getting Started | Caring Contacts' and a large 'Caring Contacts' logo with an envelope icon. A sidebar on the left contains a list of navigation links: 'MIRECC Intranet Home', 'Caring Contacts Home', 'Overview', 'Getting Started', 'Steps & Tools', 'Education & Training', 'Data', 'FAQ', 'Research', and 'Site Search'. Below the banner, there is a breadcrumb trail: 'Home | Overview | Getting Started | Steps & Tools | Education & Training | Data | FAQ | Research'. The page is dated 'Page updated: May 7, 2019' and includes a 'WEBSITE IN DEVELOPMENT' notice. The main heading is 'Introduction to Implementation Planning', followed by a paragraph: 'To start implementation planning at your site, you will need to identify a champion to lead the planning, engage leadership, and identify key stakeholders. Establish an implementation planning team that will work through the implementation planning guide below.'

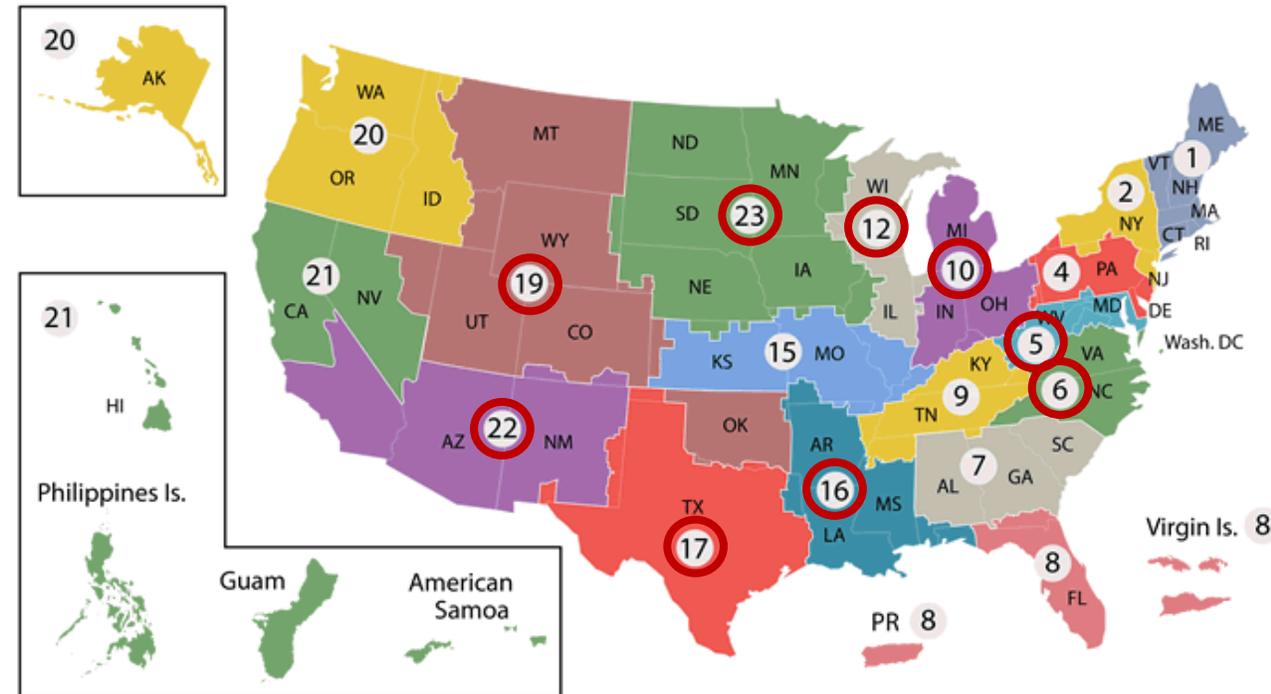
What's next? Spreading
to other facilities!

Caring
Contacts



Implement & Evaluate at 26 Facilities

- VA QUERI Partnered Implementation Initiative (PII) to implement and evaluate Caring Contacts in the emergency department
 - 3 years to spread & evaluate
- 26 sites in 9 VISNs



Supporting Implementation

- To support implementation and spread of Caring Contacts, we will use the implementation strategy of facilitation

Months	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21-22	23-24
Wave 1	Facilitation		Stepdown									
Wave 2	Waiting Period		Facilitation			Stepdown						
Wave 3	Waiting Period				Facilitation			Stepdown				
Wave 4	Waiting Period					Facilitation			Stepdown			

What is required of participating sites?

- Identify a champion to lead implementation at the site and work with the external facilitators
 - 10-25% of their time protected for 6 months
- Provide ongoing time for a MSA/PSA in the ED/UCC to carry out the tasks of printing, mailing, and tracking the Caring Contacts
 - 20-50% of their time depending on size of facility

What happens during implementation?

- We expect implementation to last 6 months
- Our external facilitators will support site champions in implementation
 - This includes an in-person visit to the facility for implementation planning
- Creation of an implementation planning group of key stakeholders to work through the implementation planning guide for the site

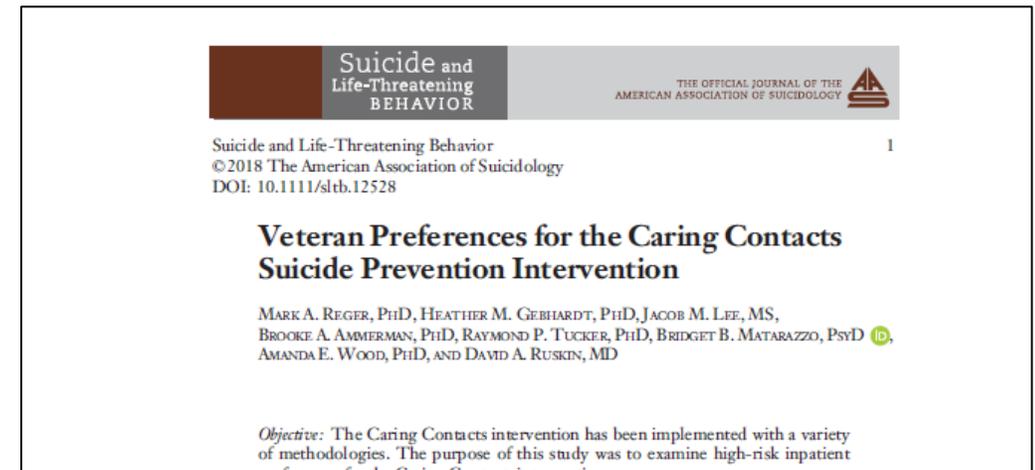
Other Caring Contacts Projects in VA

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Contacts



Veteran Preferences for Caring Contacts

- PI: Mark Reger
- Method: Questionnaire distributed to high-risk Veterans on a psychiatric inpatient unit
- Status: Two papers published to date
 - [Reger et al, 2018](#)
 - [Ammerman et al., 2019](#)



Increasing use of Caring Contacts in REACH VET

- Project Leads: Mark Reger, Sara Landes
- Method: Two site QI project with quantitative and qualitative (e.g., key stakeholder interview) analyses
- Centralizing the work of Caring Contacts with an administrative team to examine impact on use
- Status: Completing first year of implementation

A Pilot Study of the Use of Veteran Peers to Write Caring Letters

- PI: Mark Reger
- Method: Small “open label” trial testing feasibility and acceptability
- Volunteers from the American Legion attend a workshop to write 6-months of Caring Letters to Veterans discharging from a VA psychiatric inpatient unit
- Status: In data analysis



Caring Contacts for Veterans Crisis Line (VCL) Callers

- PI: Mark Reger; VCL Lead: Aaron Eagan
- Method: Randomized effectiveness-implementation hybrid type I
- Sending Caring Contacts to ~90,000 Veteran callers per year
- Testing two signatories (Adapted Traditional Provider approach or Peer Veteran)
- Status: Pre-implementation



Related Information

Caring
Contacts



Opportunities

- American Association of Suicidology (AAS) conference
 - Caring Contacts panel: Effective Adaptation of Suicide Prevention Interventions for Diverse Settings and Populations: Systematic Strategies, April 24 at 2pm
 - SPRINT Special Interest Group meeting, April 24 at 7am
- Postdoctoral research fellowship position for Fall 2020
 - South Central MIRECC in Little Rock
 - <https://www.mirecc.va.gov/VISN16/little-rock-fellowship.asp>



Questions?



Contact Information



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Toolkit: <http://vaww.mirecc.va.gov/caringcontacts/index.asp>

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Contacts



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11. Peterson K, Anderson J, Bourne, D. Evidence Brief: Suicide Prevention in Veterans. VA ESP Project #09-199; 2018.