



*Confidential chat at
VeteransCrisisLine.net
or text to 838255*

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1 QUESTION

*can open the door **TO SUPPORT***



U.S. Department
of Veterans Affairs

 **Veterans
Crisis Line**
1-800-273-8255 PRESS **1**

Suicide Prevention & Risk Management in Cancer Care
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Objectives

- Define general suicide risk factors and warning signs
- Identify suicide risk factors specific to older adults and adults with a cancer diagnosis
- Discuss opportunities to respond to someone who may be at risk of suicide
- Review available consultation and resources



Suicide Risk Factors & Warning Signs

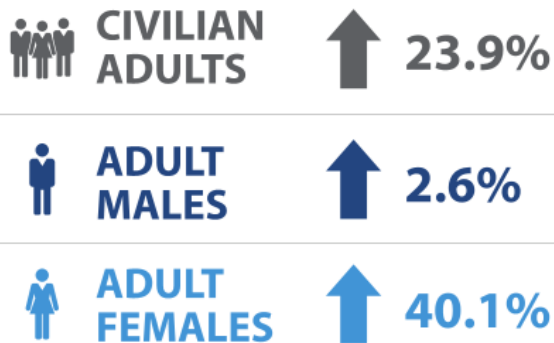
- **Suicide is complex**; no single event or factor leads to suicidal behavior
 - **Transition points** and major life events can increase risk
 - Divorce or relationship discord
 - Job loss, financial issues, or legal issues
 - Death of a loved one including history of being a survivor of suicide
- Pay attention to signs including:
 - **Hopelessness, worthlessness, and despair**
 - Found to be very strong predictors of suicidal ideation and behavior
 - Anxiety, agitation, sleeplessness, or mood swings
 - Feeling like there is no reason to live
 - Impulsively, engaging in risky activities
 - Increasing alcohol or drug abuse
 - Withdrawing from family or friends
 - **Lack of social connectedness**



Suicide in Civilian Population vs. Veteran Population

VA examined 50+ million Veteran records from 1979 to 2014 from every state in the nation.

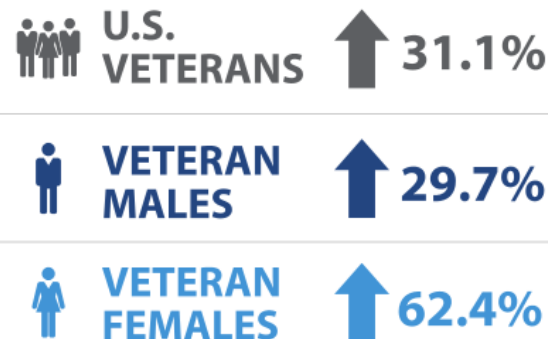
Between 2001 and 2014, the age-adjusted rates of suicide in the U.S. civilian population have increased.



Slide - 1

VA's largest analysis of suicide data informs prevention strategies for high-risk Veterans.

Between 2001 and 2014, the age-adjusted rates of suicide have increased.



Slide - 2



Veteran Suicide Statistics for 2014

65%

of Veteran suicides are among
people age 50 or older

67%

of Veteran suicides are a
result of firearm injury





Risk Factors Associated with Older Adults

- History of prior suicide attempt
- History of Mood disorder
- Co-morbid general medical conditions
- Dementia (especially in 1st 3mos after Dx) ⁷
- Cognitive deficits in decision making, problem solving ⁷
- Chronic pain
- Isolation and/or perception of dependency/burden on others
- History of rigid coping style
- Access to potentially lethal means
- Transition times are especially risky (retirement, care facility)



Risks Associated with Older Adults

Mental Health Diagnosis

- Less contact with mental health services - are less likely to report suicidal ideation
- Higher rates of suicide than other segments of the population
- More likely to engage in planful and determined preparatory self-directed violence
- Suicidal behavior is more lethal in later life due to fragility

Comorbidity and Suicide Risk

- Estimated relative risk of suicide increases with number of illnesses
- Higher levels of functional impairment and disability

Limited Social Supports

- More likely to live alone, have fewer social activities or hobbies
- More likely to be experiencing episodes of bereavement
- More likely to be isolated than younger people – decreases chances for life saving intervention in acute crisis
- Increased perception of dependency/burden on others



Risk of Suicide in Cancer Patients

- Suicidal ideation occurs in almost 9 percent of people with cancer
 - Even when treatment is working
 - Even when someone is in full remission from cancer
- Suicide is most common in the first three months after someone is diagnosed with cancer
- Suicide is a significant cause of mortality among cancer patients
 - Rate of suicide in cancer patients is twice that of the baseline rate in the general population



Risk Factors for Suicide in People with Cancer

Age

- People with cancer over the age of 65 are more likely to die from suicide than those under the age of 65
 - An exception is that women with ovarian cancer are more at risk if they are younger than older

Sex

- Men with cancer are more likely to die from suicide than women with cancer

Cancer Type

- Suicide is most common among people with lung cancer and more common among people with prostate, pancreatic, esophageal, stomach, and head and neck cancers

Prognosis

- People who have a cancer that carries a poor prognosis and lower life expectancy have higher rates of suicidal ideation
- Metastatic disease is associated with a higher risk of suicide



Risk Factors for Suicide in People with Cancer

Pain

- Inadequately controlled pain is associated with a higher risk for suicide

History of mental health disorders

- People with a history of depression, anxiety or post traumatic stress disorder in addition to cancer have high rates of suicidal ideation
- Depression and hopelessness are the strongest predictors of suicidal ideation in terminally ill cancer patients

Inability to work

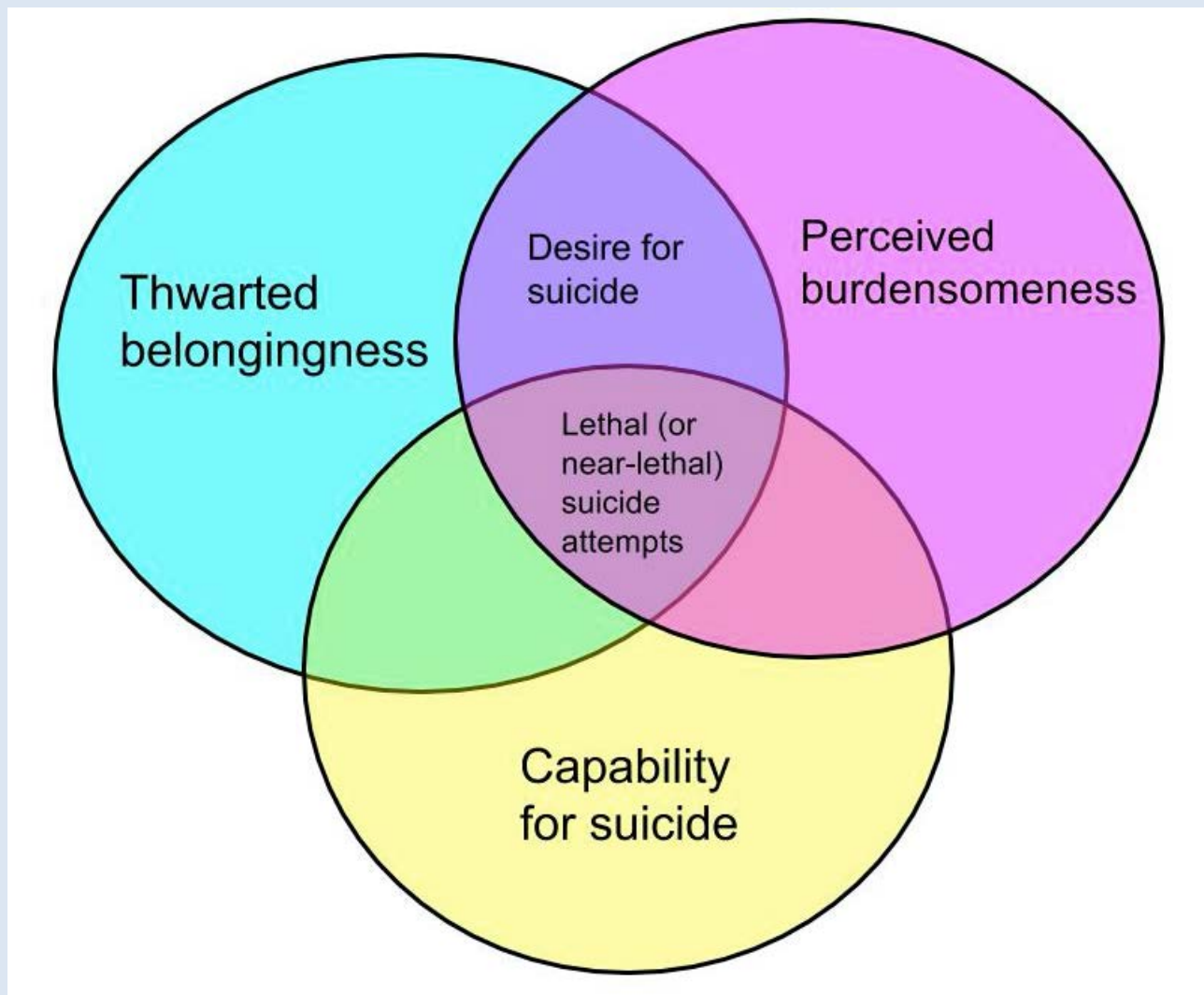
- Suicidal ideation is six times more common in people who are unable to perform at work

Social factors

- People who aren't married are more likely to attempt suicide
- People who report no spiritual affiliation are more likely to report suicidal ideation



Joiner's Interpersonal Theory of Suicide





Protective Factors

May **decrease** the risk for suicide

- Positive social support
- Spirituality
- Sense of responsibility to family
- Children in the home
- Life satisfaction
- Reality testing ability
- Positive coping skills
- Positive problem solving skills
- Positive therapeutic relationship
- Fear of death and/or suicide



Responding to Suicide Risk

- In older populations
 - Interventions must be more immediate and assertive
 - With more focused and early screening
 - Evaluation and assessment of changes in mental health condition including effects of changes in physical health and/or function
 - Exploration of current and effective coping skills and problem solving ability
 - Assessment of access to social supports
 - Identification of emerging mental health disorder or undertreated mental health disorder



Responding to Suicide Risk

- Screening tools indicated for Veterans as well as older populations
 - [Patient Health Questionnaire -9 \(PHQ-9\)](#)
 - [Columbia Suicide Severity Rating Scale](#)
 - [Therapeutic Risk Management](#)
- Screening tools indicated for Veterans with a diagnosis of cancer
 - 3 item Beck Hopelessness Scale
 - In the future, I expect to succeed in what concerns me the most
 - All I can see ahead of me is unpleasantness rather than pleasantness
 - It is very unlikely that I will get any real satisfaction in the future



Responding to Suicide Risk

Opportunities to decrease likelihood of a suicide attempt in Veterans with cancer

- Increase awareness among healthcare providers
- Early identification of and intervention with Veterans at risk for suicide
 - Pharmacology and psychological interventions
 - Follow-up care
 - Reduce access to lethal means
- Referral to Palliative Care



Responding to Suicide Risk

Palliative Care interventions promote

- Therapeutic alliance with staff
- Sense of self-efficacy and reduction of feelings of helplessness
- Exploration of unmet spiritual needs
- Improvement of identification and utilization of social supports
- Reduction of physical distress
- Addressing fears of ravages of cancer and/or death

In one study, Veterans with a diagnosis of lung cancer who had at least one palliative care visit after diagnosis were 81 percent less likely to die by suicide.



Suicidal Ideation and Plan

Understand what elicits suicidal thoughts and the context of suicidal ideation, hopelessness, or feelings of worthlessness

- How much time does the Veteran think about suicide
- What is the onset, intensity, duration and frequency of suicidal thoughts and feelings
 - What makes those thoughts better or worse
- If resolved, what future events or situations might cause thoughts of suicide, hopelessness, or worthlessness to return



Suicidal Ideation and Plan

The presence of a suicide plan indicates that the individual has some intent to attempt suicide and has begun preparing to act on suicidal thoughts

- Know whether the individual has begun to enact the plan
 - Rehearsal, preparation, hoarding of medications, gaining access to firearm, ammunition, or other lethal means. Writing a suicide note, organizing assets and/or funeral arrangements, giving away possessions, arranging for care of loved ones and/or pets.



Responding to Suicide Risk: Assessment and Follow-up

- Any reference to suicidal ideation, intent, or plans mandates a mental health assessment
- Individuals contemplating suicide often don't believe that they can be helped, so you may have to be active and persistent in reinforcing that help is available, accessible, and is effective
- **Veterans who report a suicide attempt or behavior should also be referred to the Suicide Prevention Coordinator by completing a Suicide Behavior Report**
 - Chart will be flagged high risk for suicide and Veteran will be offered enhanced mental health care for the duration of the flag
 - Veteran will be offered weekly follow-up appointments with mental health treatment team and linked with resources
 - Monthly caring letter



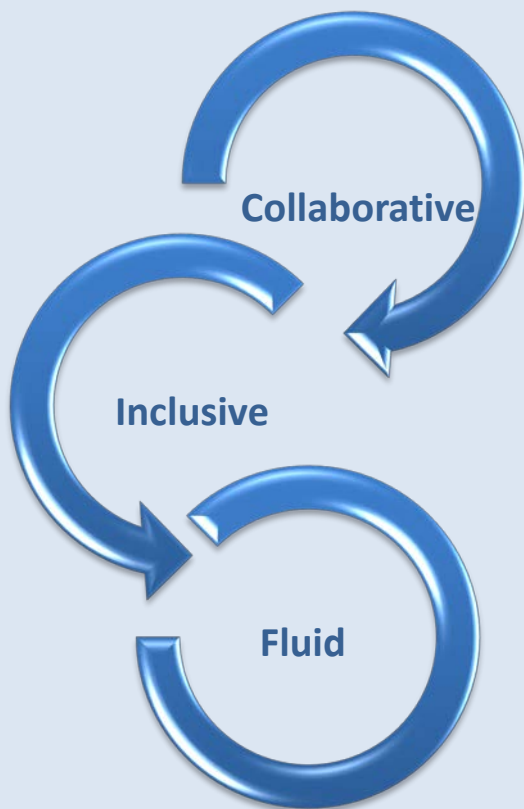
Examples of High Risk

Veteran has been assessed with **high risk for suicide: reported suicidal self-directed violence (SDV) within past three months and/or persistent suicidal ideation with warning signs, risk factors, and limited protective factors**

- SDV: Behavior that is self-directed and deliberately results in injury or has the potential for injury to oneself. Evidence, whether implicit or explicit of suicidal intent.
 - **Suicide attempt, without injury**
 - Ex. Veteran gathered prescription medication and ingested it believing it would be fatal in overdose. He fell asleep hoping to die and woke up the next morning. He did not seek medical attention.
 - **Suicide attempt, without injury, interrupted by self or other**
 - Ex. Veteran obtained rope, located an anchor point, hung a noose, and placed his head through the noose. He stopped the behavior because the phone rang. The same day, he presented as a walk-in to mental health.
 - **Suicide attempt, with injury, interrupted by other**
 - Ex. Veteran texted a suicide note to friend, obtained a knife, and lacerated her wrist. Her friend called the VCL who initiated rescue with local police and EMS.
- **Preparatory behavior within past three months**
 - Preparation towards engaging in SDV. Includes anything beyond a verbalization or thought, such as assembling a method or preparing for one's death by suicide
 - Ex. Hoarding medication, obtaining a firearm, researching means, giving away possessions



Suicide Prevention Plan



- *Recognizing warning signs*
- *Using internal coping strategies*
- *Utilizing social contacts that can serve as a distraction and/or support*
- *Contacting family/friends to assist with crisis management*
- *Contacting professionals and agencies*
- *Reducing the potential for use of lethal means – lethal means safety*

- **Collaborative Safety Planning For Older Adults Guide** (South Central MIRECC)
- Accompanying Wallet Card

SAFETY PLANNING	
COPING:	
PEOPLE/PLACES:	
SAFETY:	

FOR EMERGENCIES:	
FRIENDSHIP LINE: 800.971.0016	
SUICIDE PREVENTION HOTLINE:	
800.273.TALK (8255) Press "1" for Veterans	
YOUR VA HOSPITAL EMERGENCY DEPARTMENT:	
911	



Lethal Means Safety

Most Suicidal Crises are brief

- Among 153 survivors of nearly fatal suicide attempts:
 - **47% said it took less than 1 hour** between their decision to attempt suicide and their actual attempt
 - **24 % said it took less than 5 minutes** for them to act

For a Veteran in crisis, lethal means safety during a critical period can make all the difference

- Lethality varies greatly by method
 - **90% of firearm-related attempts result in death**
 - **5% of all other attempts combined result in death**

90% of those who survive a suicide attempt do not go on to die by suicide



Lethal Means Safety

- Focus group interviews with Veteran mental health patients, their families, along with their VHA clinicians and peer specialists found
 - Veterans agreed that VHA providers have a role to play in addressing gun access with Veterans at risk for suicide
 - Most participants suggested that family and friends be involved in discussions about firearm safety
- Firearm retailers are partnering with suicide prevention programs nationally to promote lethal means safety among at-risk customers
 - [New Hampshire Firearm Safety Coalition's Gun Shop Project](#)
- Many advocates for gun ownership recognize that mental health concerns are relevant to gun safety (e.g., National Shooting Sports Foundation, Maryland Licensed Firearm Dealers Association)
- [Rocky Mountain MIRECC Lethal Means Safety](#) recommendations, research, resources
- Harvard's www.meansmatter.org also has [Recommendations for Clinicians](#)



Current Perceptions about Suicide Prevention

A 2018 survey assessed perceptions of suicide and mental health among more than 2,000 U.S. adults. The survey found the following:

- 94 percent of adults say they would do something if someone close to them was contemplating suicide
- Nearly 4 in 5 adults are interested in learning more about how they might be able to play a role in helping someone who may be suicidal
- More than 9 in 10 adults think suicide can be prevented sometimes/often/all the time
- 73 percent of adults would tell someone if they were having thoughts of suicide
 - Reinforces the importance of having non-judgmental conversations
- When it comes to their own health, 4 in 5 U.S. adults say mental health and physical health are equally important. In our current health care system, however, 55 percent of adults say physical health is prioritized over mental health.
- Almost half of those who have spoken with others about suicide say it makes them feel better
 - Demonstrates that talking about suicide does help



Consultation

- I'm worried...this is a difficult case...the level of risk is changing...s/he is refusing mental health care referral...I'm not sure the Veteran is being honest...other clinicians see the case differently...I'm not confident that I've adequately assessed risk or developed clinically sound interventions to reduce risk...now what?
- [Suicide Prevention Coordinators are available for consultation](#)
- [VA Suicide Risk Management Consultation Service](#)
 - Call (866) 948-78880
 - Email srmconsult@va.gov



How you can connect with VA



Crisis support for Veterans, their friends & families.

Phone: **1-800-273-8255, Press 1**

Text: **838255**

Live Chat: www.veteranscrisisline.net



VA community based centers that provide a range of counseling, outreach and referral services.

Phone: **1-877-WAR-VETS (927-8387)**

www.vetcenter.va.gov



A free, confidential “coaching” service provided by VA that helps Veterans’ family and friends to recognize when their Veteran needs support and connect them with local resources.

Phone: **1-888-823-7458**

<https://www.mirecc.va.gov/coaching/>



Coping and Symptom Management Apps

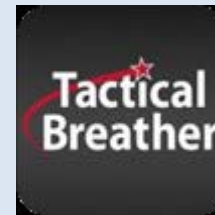
<https://mobile.va.gov/appstore>

www.t2health.dcoe.mil/products/mobile-apps

[Mobile Apps Handout](#)



Problem solving
skills for stress



Manage physical &
emotional stress



Safety plan &
support during crisis



Monitor & manage
PTSD symptoms



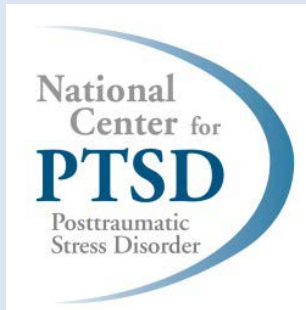
Tools for coping,
relaxation, distraction
& positive thinking



Enhance sleep
quality & duration



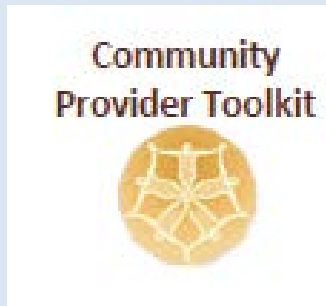
Additional Resources



VA's center of excellence for research and education on the prevention, understanding and treatment of PTSD.

Phone: **1-802-296-6300**

www.ptsd.va.gov



Information on VA services and resources, understanding military culture and experience, and tools for working with a variety of mental health conditions.

www.mentalhealth.va.gov/communityproviders/



One-on-one consultation at no charge for VA Providers with general or specific questions about Suicide Risk Management.

Phone: **1-866- 948-7880**

<https://www.mirecc.va.gov/visn19/consult/index.asp>