Getting Upstream in Addressing Suicide Prevention: Considerations for Clergy and Collaboration with Mental Health

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MENTAL HEALTH AND CHAPLAINCY

Objectives

1. Describe "upstream" targets for suicide prevention, especially those relevant for attention from clergy.

2. Articulate how clergy can make use of certain evidence-based principles to address primary prevention of suicide.

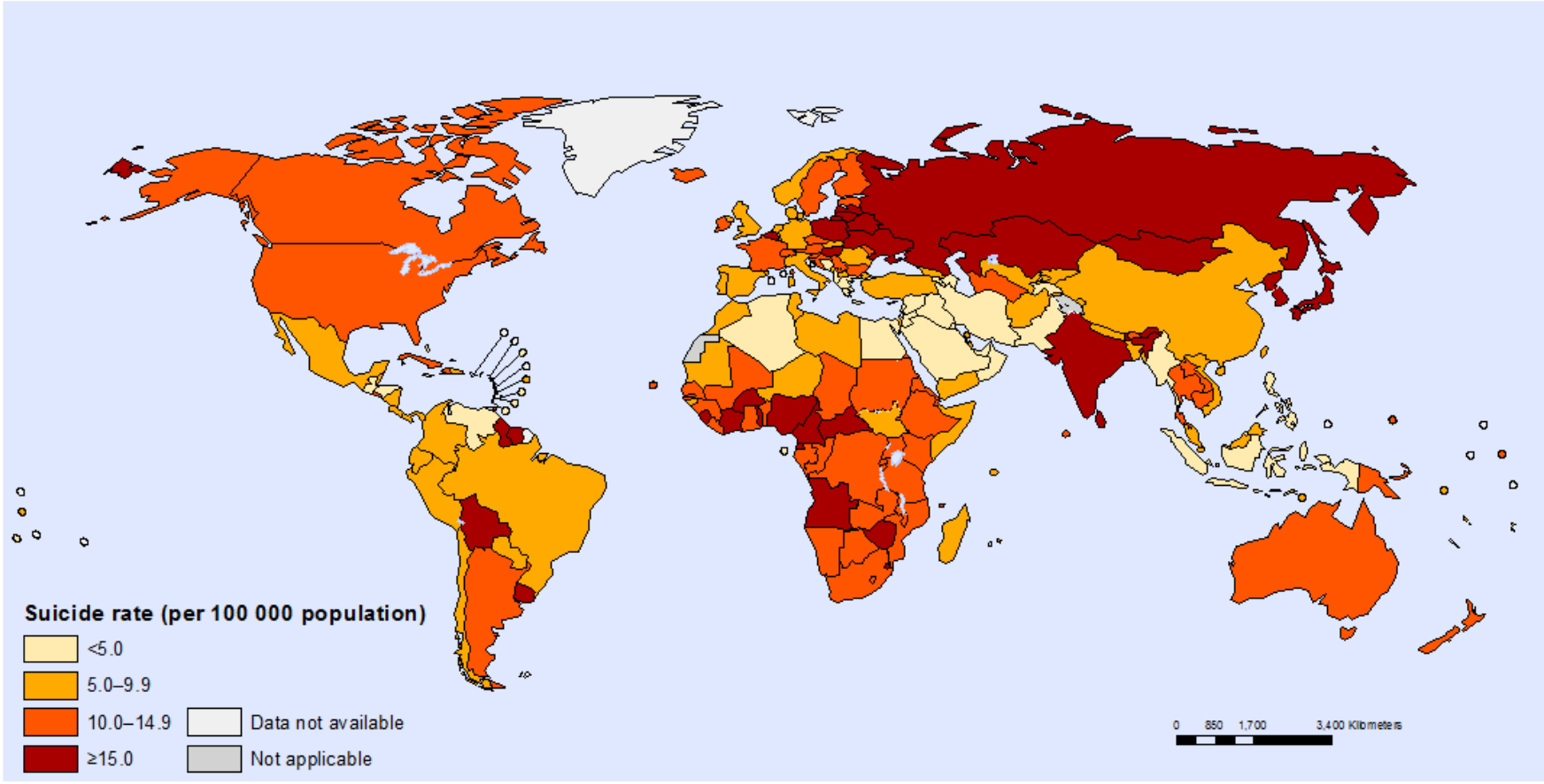
3. Pursue engagement with mental health professionals in providing care for Veterans and Service members at varying degrees of risk for suicidality.

4. Critically evaluate and describe the complexities in understanding how sociocultural factors may intersect with suicide rates among Veteran and Service member populations as well as the general population.

Key Colleagues: Suicide Prevention & Clergy

- Dr. Keith Meador
- Chaplain Bill Cantrell
- Dr. Jen Wortmann
- Chaplain Keith Ethridge
- Dr. Marek Kopacz
- Chaplain Steve Sullivan
- Numerous chaplains across VA & DoD

Global Suicide Rates*

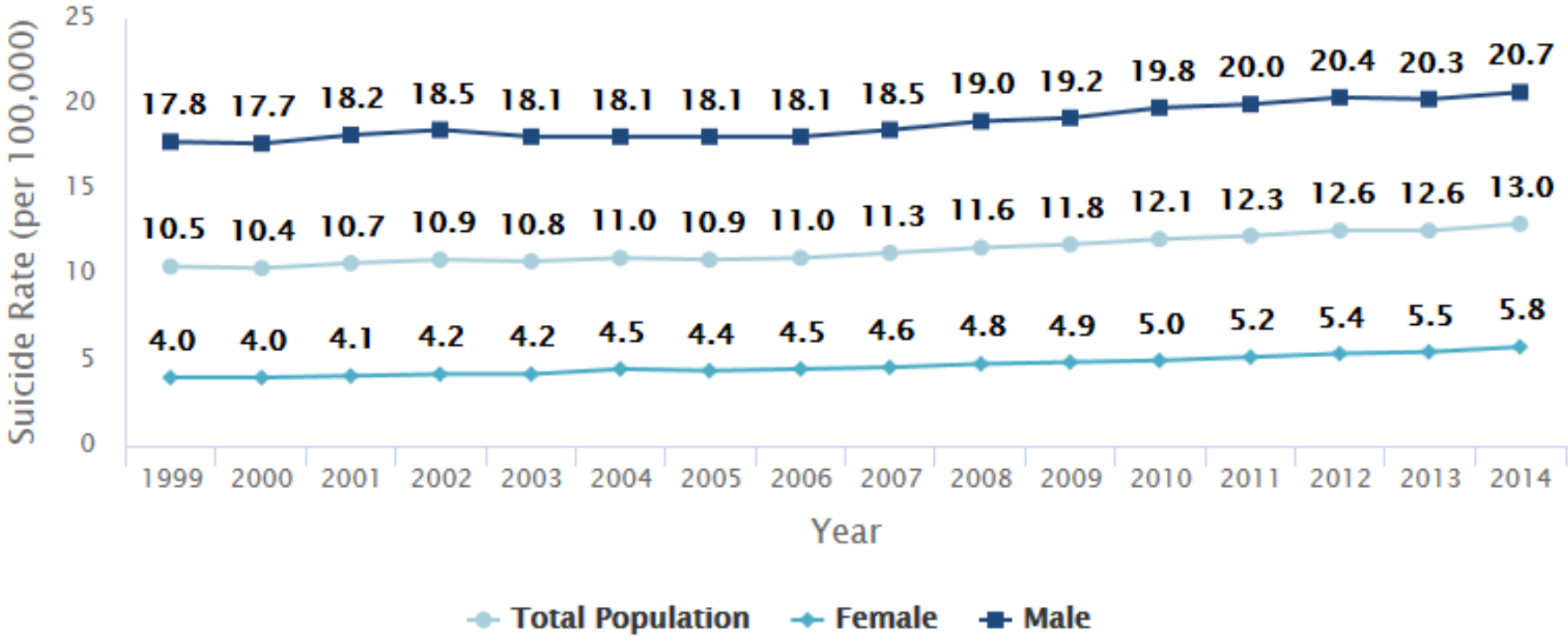


Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

World Health Organization

* Age-standardized, both sexes, 2015.

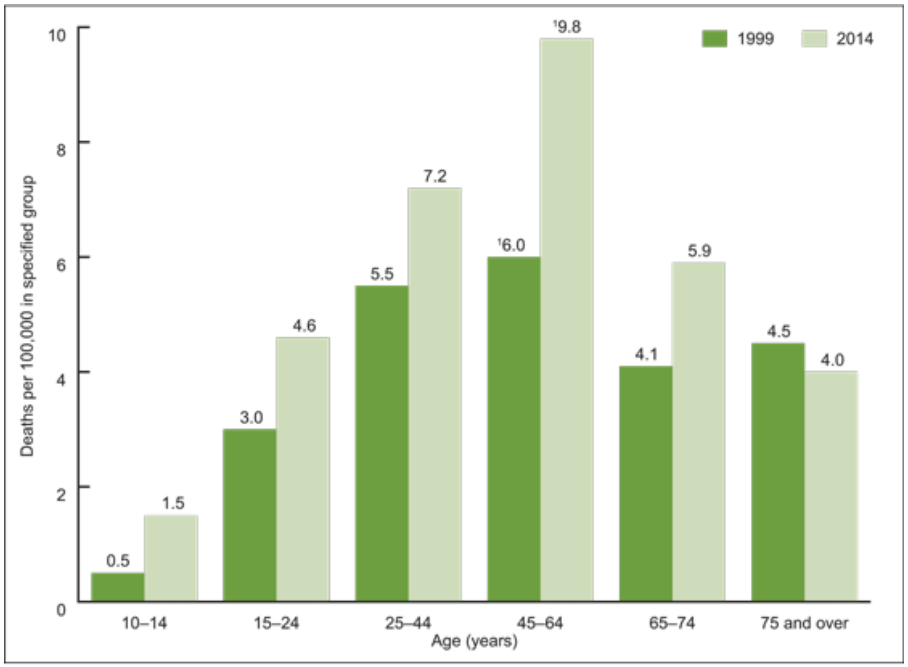
U.S. Suicide Rates Over Time*



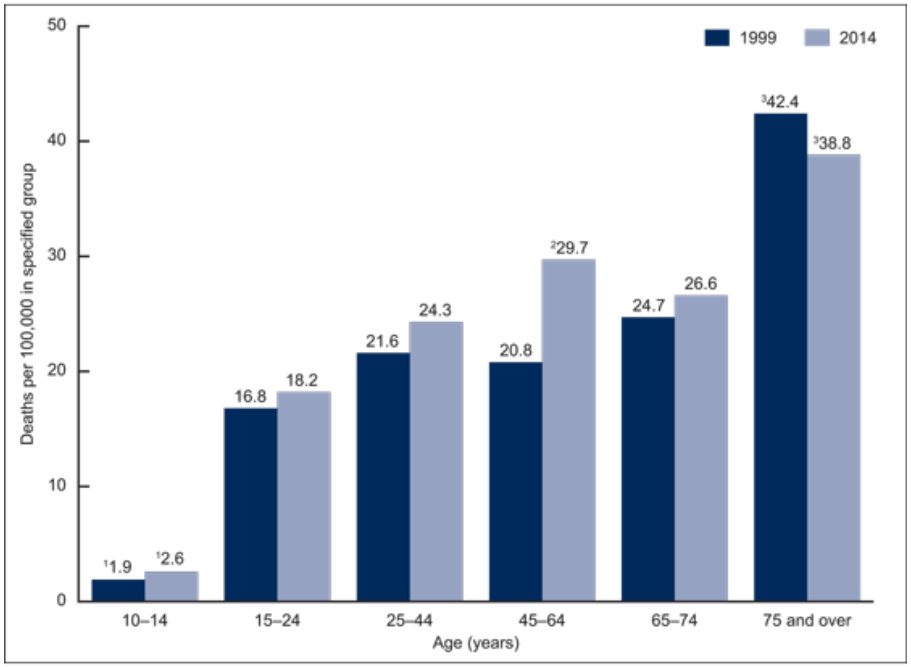
* Age-adjusted. Curtin, S.C., Warner, M., & Hedegaard, H. (April 2016). Increase in suicide in the United States, 1999-2014. NCHS Data Brief No. 241. Access at: https://www.cdc.gov/nchs/products/databriefs/db241.htm

Suicide Rates by Sex: 1999 & 2014

Females



Males



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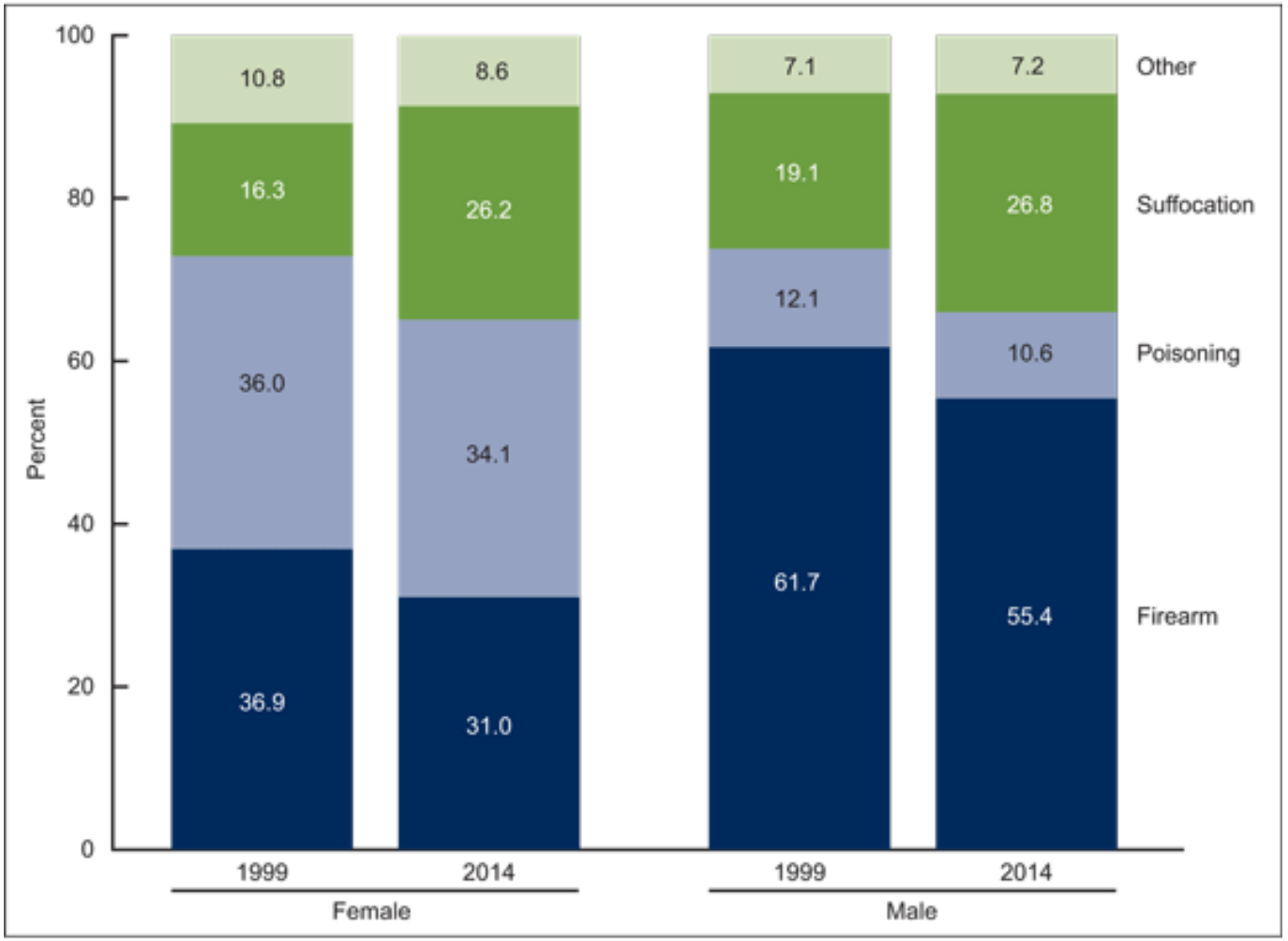
Suicide Rates by Method & Sex, 1999 & 2014



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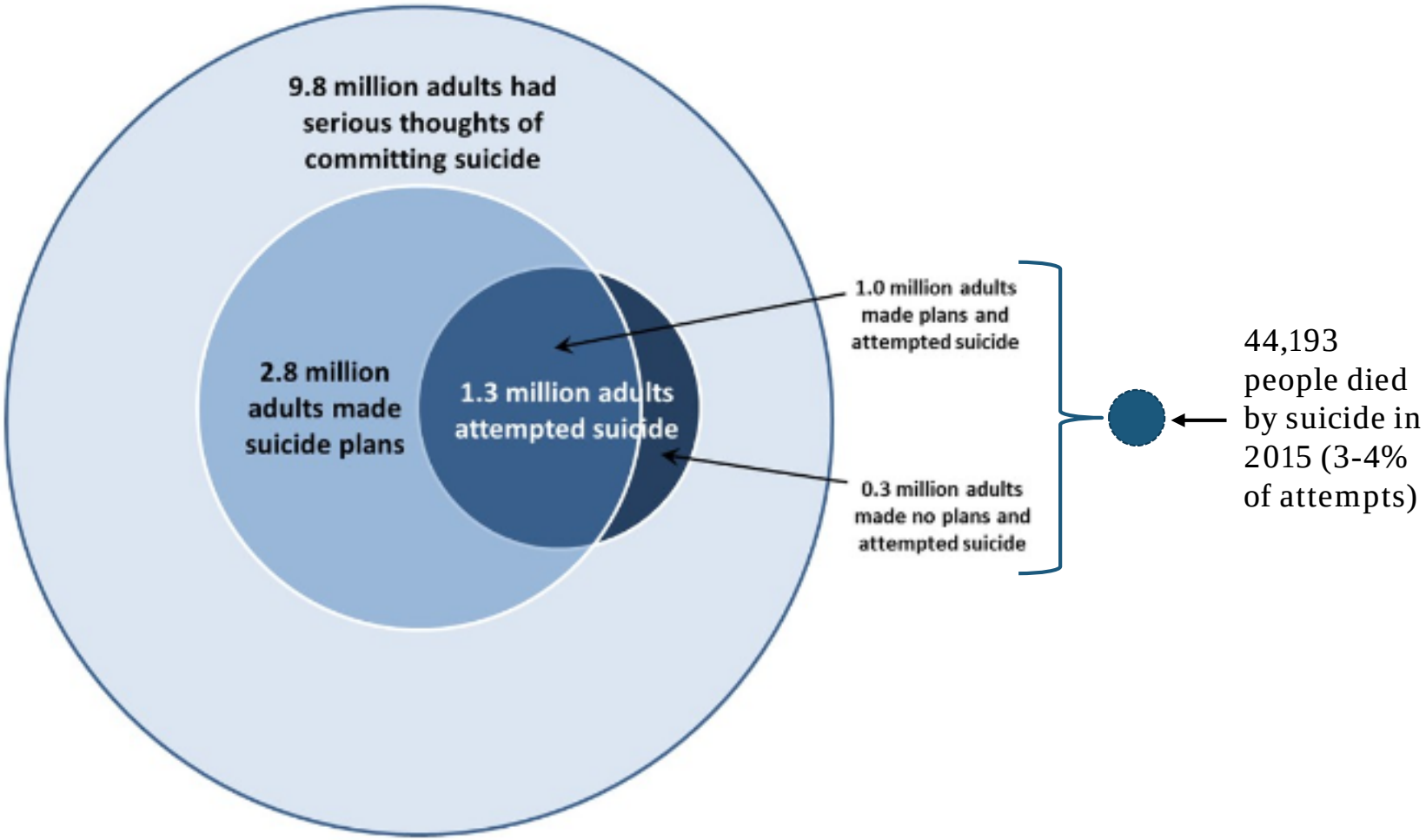
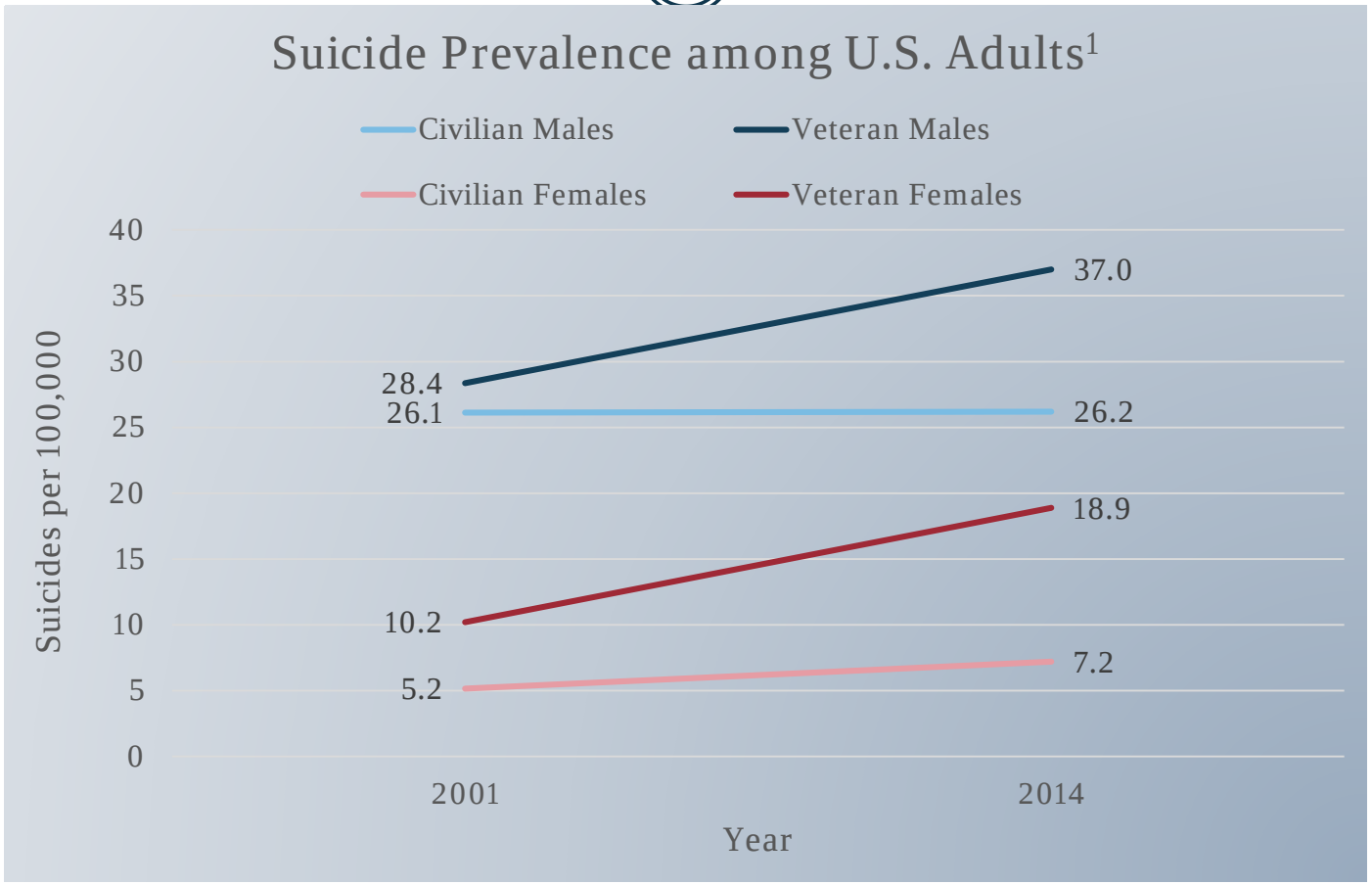
Suicidal Ideation, Attempts, & Death



https://www.nimh.nih.gov/health/statistics/suicide.shtml

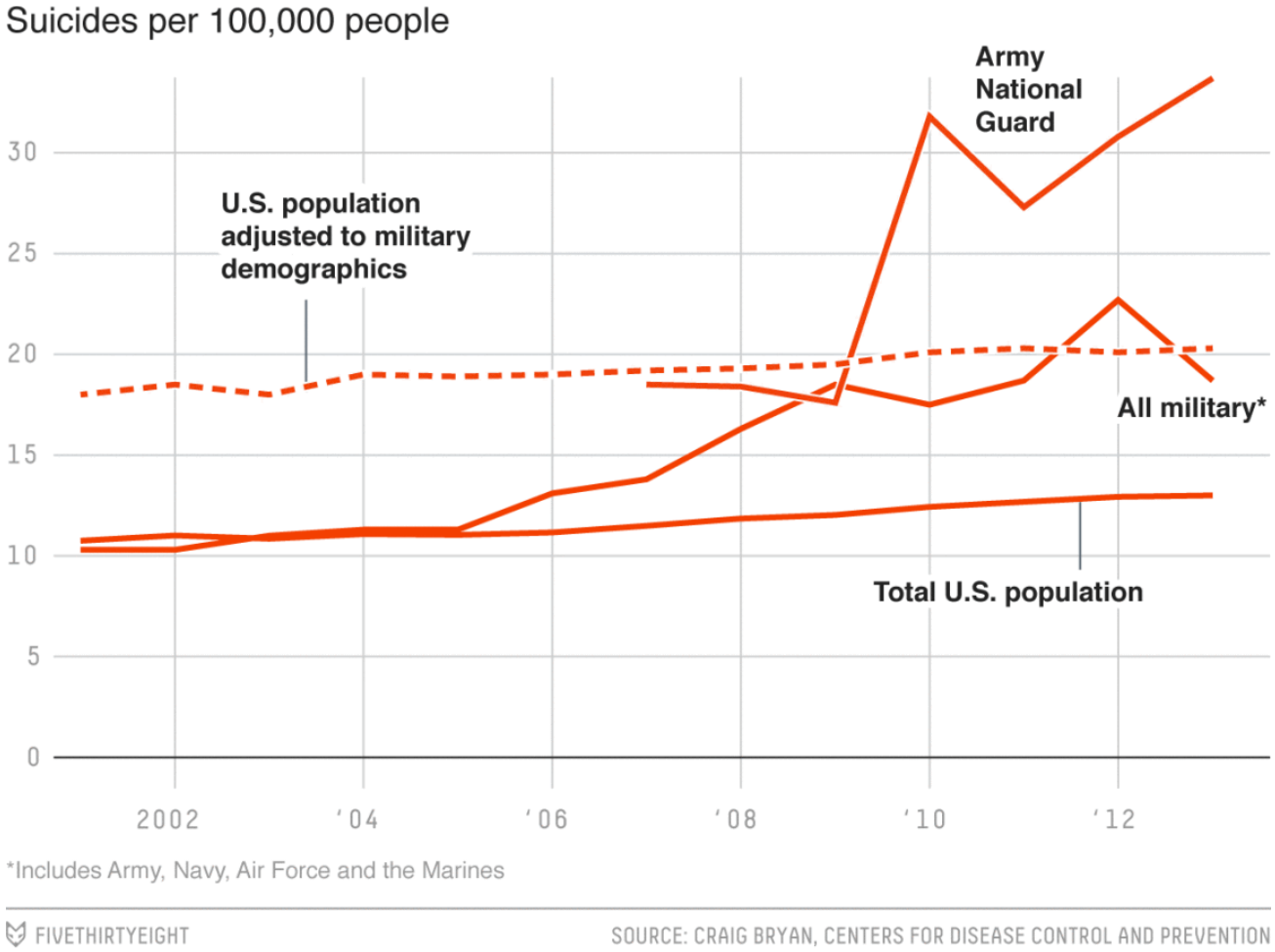
Suicide among Veterans



- Approximately 20 Veterans per day die by suicide.[1]
- 2/3 of veteran suicides are: individuals 50 y/o or older; from firearms.[1]

1. VA Suicide Prevention Program (July 2016). *Facts about Veteran Suicide.* https://www.va.gov/opa/publications/factsheets/suicide_prevention_factsheet_new_va_stats_070616_1400.pdf

Military vs. ***Demographically-Adjusted*** Civilian Suicide Rate



What is going on?

Suicide rates have been rising in the U.S. throughout the 21st century...

especially among females and among veterans.

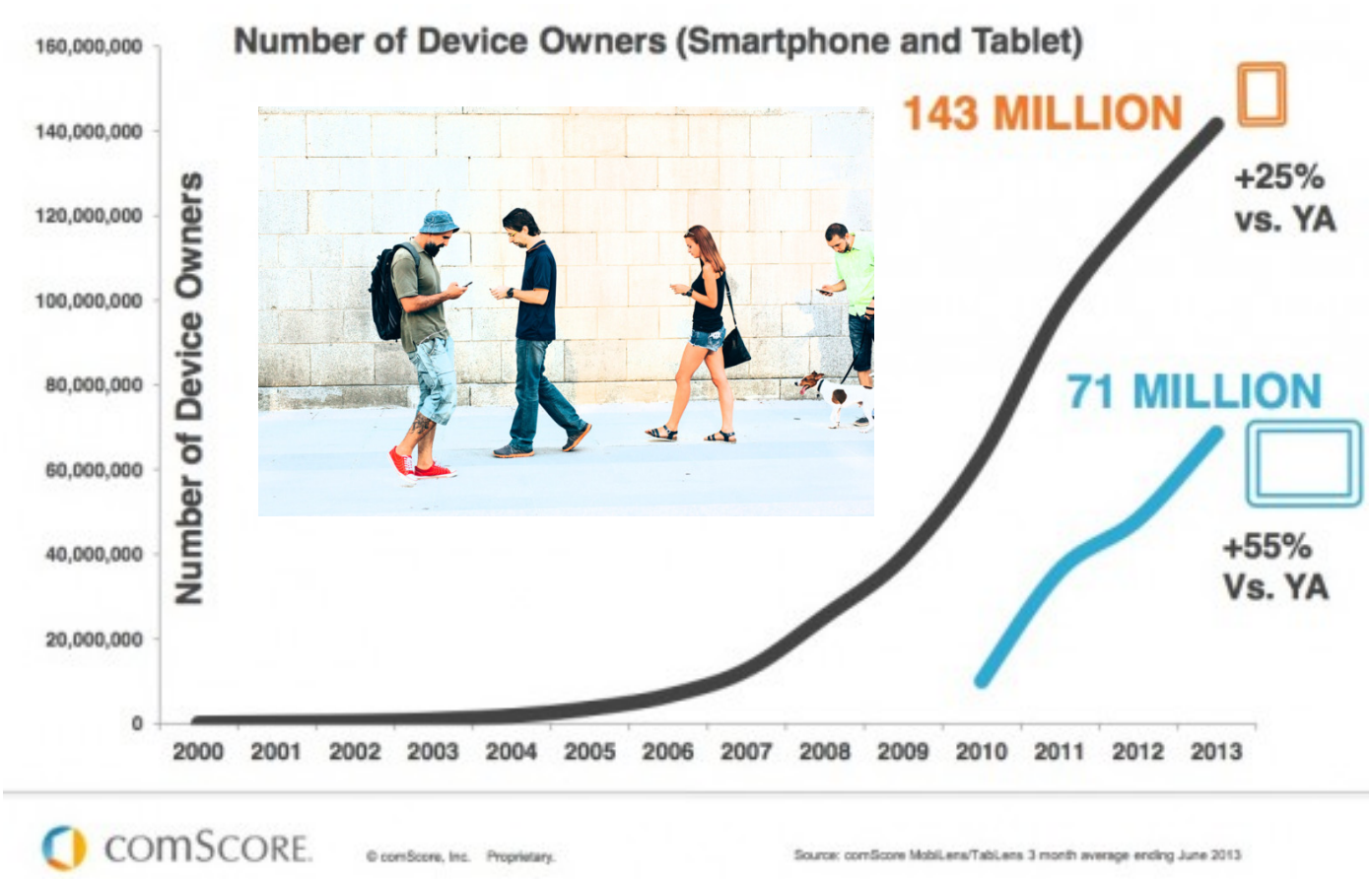
Why?

"Suicide is an important public health issue involving psychological, biological, and societal factors."[1]

1. Curtin, S.C., Warner, M., & Hedegaard, H. (April 2016). Increase in suicide in the United States, 1999-2014. NCHS Data Brief No. 241. Access at: https://www.cdc.gov/nchs/products/databriefs/db241.htm

What else has been happening in 21st century U.S.?

- Technological revolutions.



What else has been happening in 21st century U.S.?

- Technological revolutions.
- Diminished social capital.

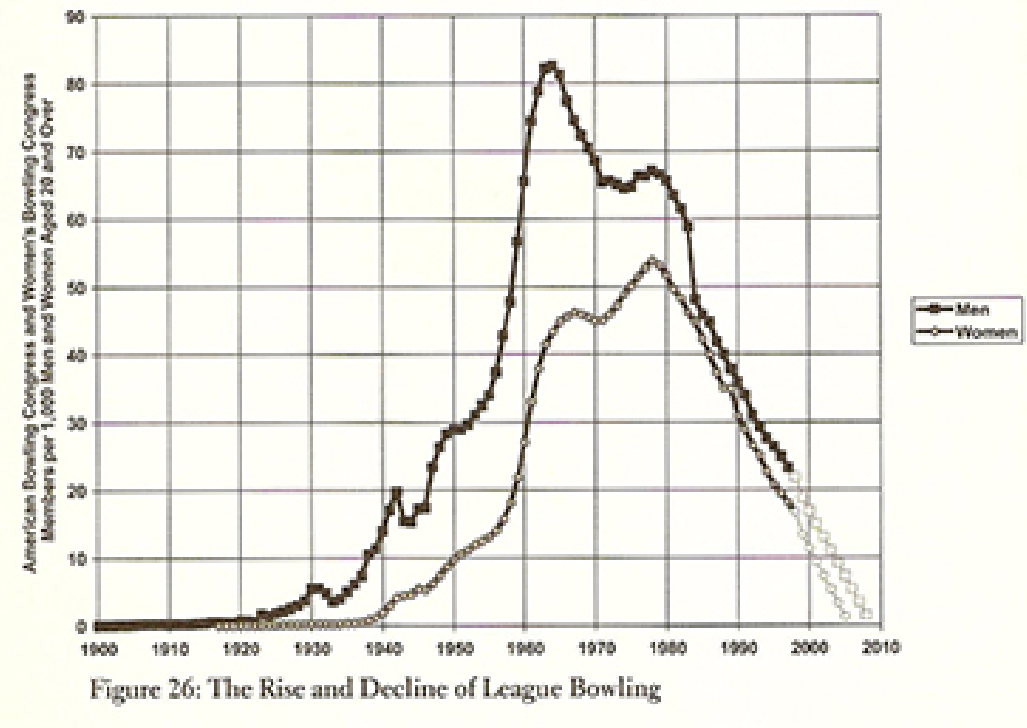
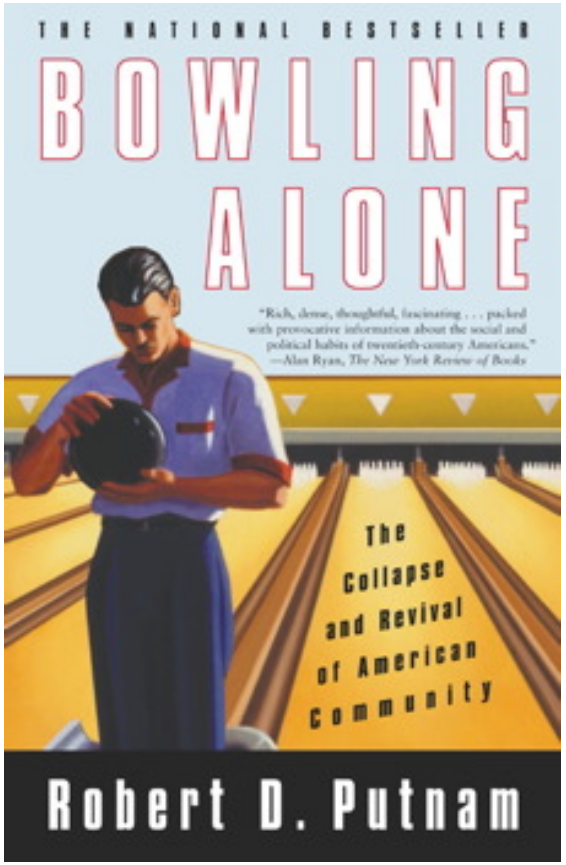


Figure 26: The Rise and Decline of League Bowling



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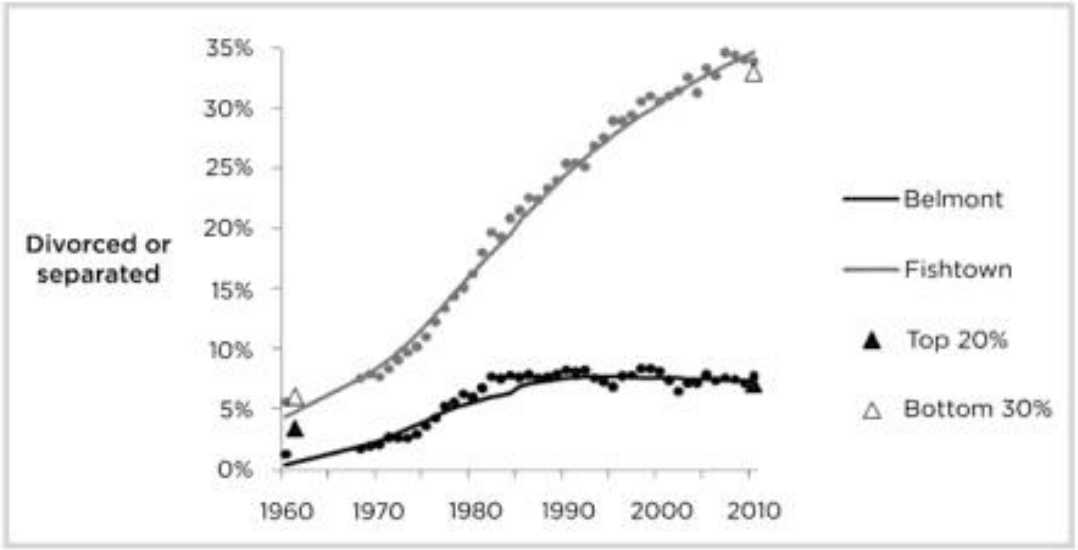
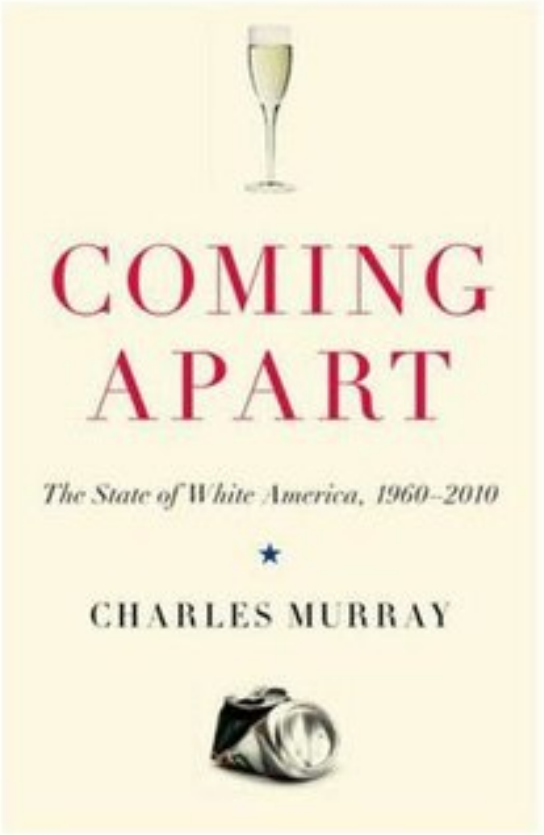
- Technological revolutions.
- Diminished social capital.
- Growing class divides.

FIGURE 8.5. **DIVORCE**



Source: IPUMS. Sample limited to whites ages 30–49 who have married and are not widowed.



What else has been happening in 21st century U.S.?

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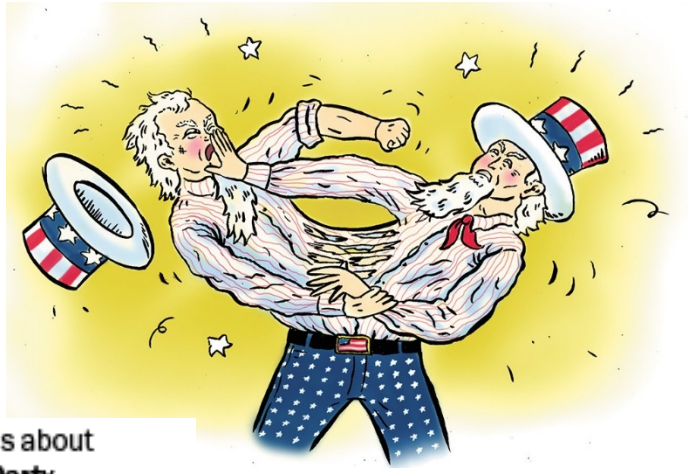
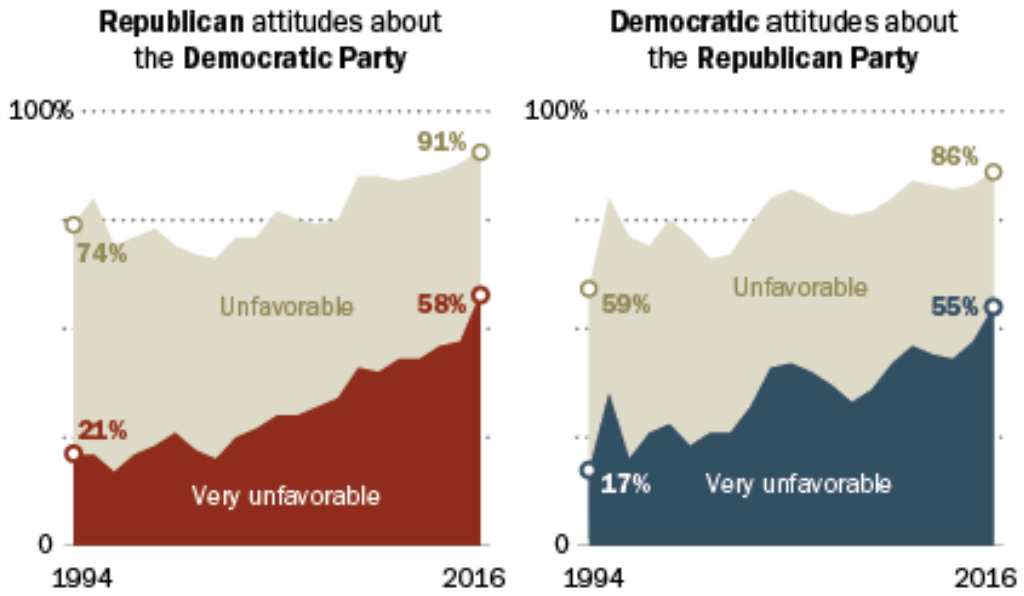
- Growing class divides.
- Divisive partisanship.





Pew Research Center (June 2016). Partisanship and political animosity in 2016. Access at: http://www.people-press.org/2016/06/22/1-feelings-about-partisans-and-the-parties/

What else has been happening in 21st century U.S.?

- Technological revolutions.
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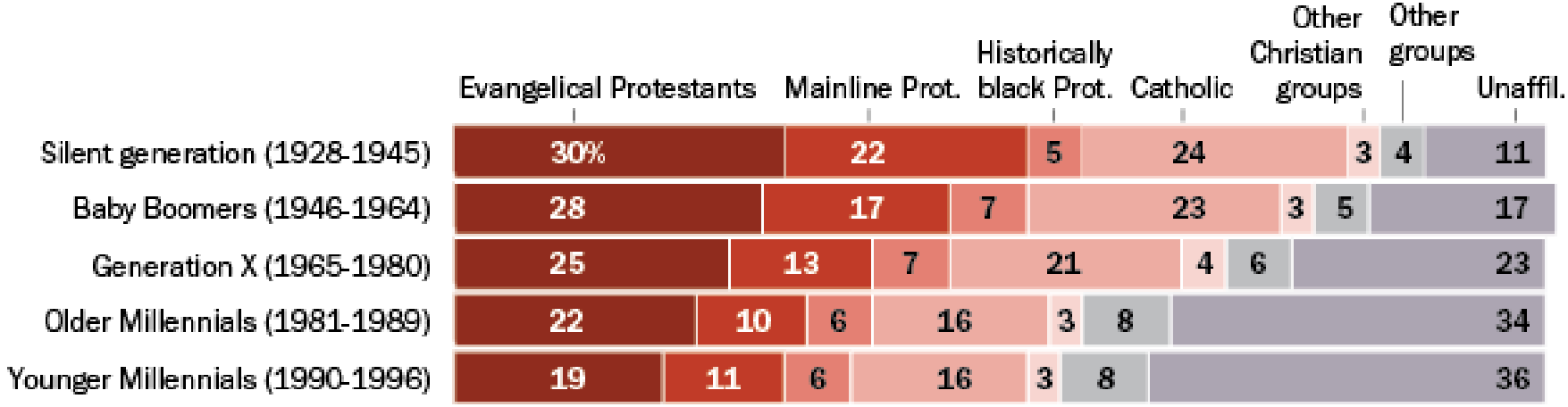
- Growing class divides.
- Divisive partisanship.
- Decrease in religious affiliation.



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- Technological revolutions.
- Diminished social capital.
- Growing class divides.
- Divisive partisanship.
- Decrease in religious affiliation.

- New England Patriot Super Bowls.

(Beware spurious correlations! Ice cream sales and murder rates are also correlated.)

So why the increase in suicide rates?

Not entirely clear

...but...

sociocultural context clearly matters

...especially for...

persons faced with transition challenges.

Common transitions for Veterans/Service Members:

- Readjustment to civilian life
- Relationship/family changes
- Employment changes
- Identity transitions

DoD: Suicide Prevention Guidelines

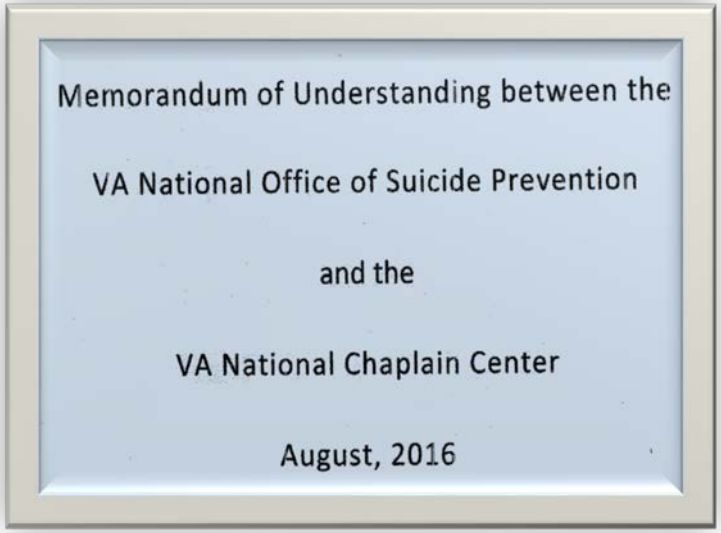
Recommendations Pertaining to Chaplains from the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces	
Recommendation #17	Promote values that encourage seeking the assistance of ***chaplains***, health care, and behavioral health care professionals to enhance spiritual, physical, and psychological fitness.
Recommendation #43	Encourage Service members to have annual face-to-face "conferences" with ***chaplains*** for the purpose of resolving questions of guilt and to obtain referrals to appropriate caregivers for other concerns beyond the ***chaplain's*** scope of expertise and experience.
Recommendation #61	Train all military health care providers (including behavioral health providers) and ***chaplains*** on evidence-informed suicide risk assessment, management, and treatment planning. Create and provide continuing education tailored to their specialty and area of expertise.
Recommendation #63	Train first responders, ***chaplains***, casualty notification officers, and family interviewers on how to best respond to suicide and suicide-related events when working with families or next of kin.

Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces. (2010). *The challenge and the promise: Strengthening the force, preventing suicide and saving lives: Final report of the Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces*. Washington, DC.

VA: Suicide Prevention MOU

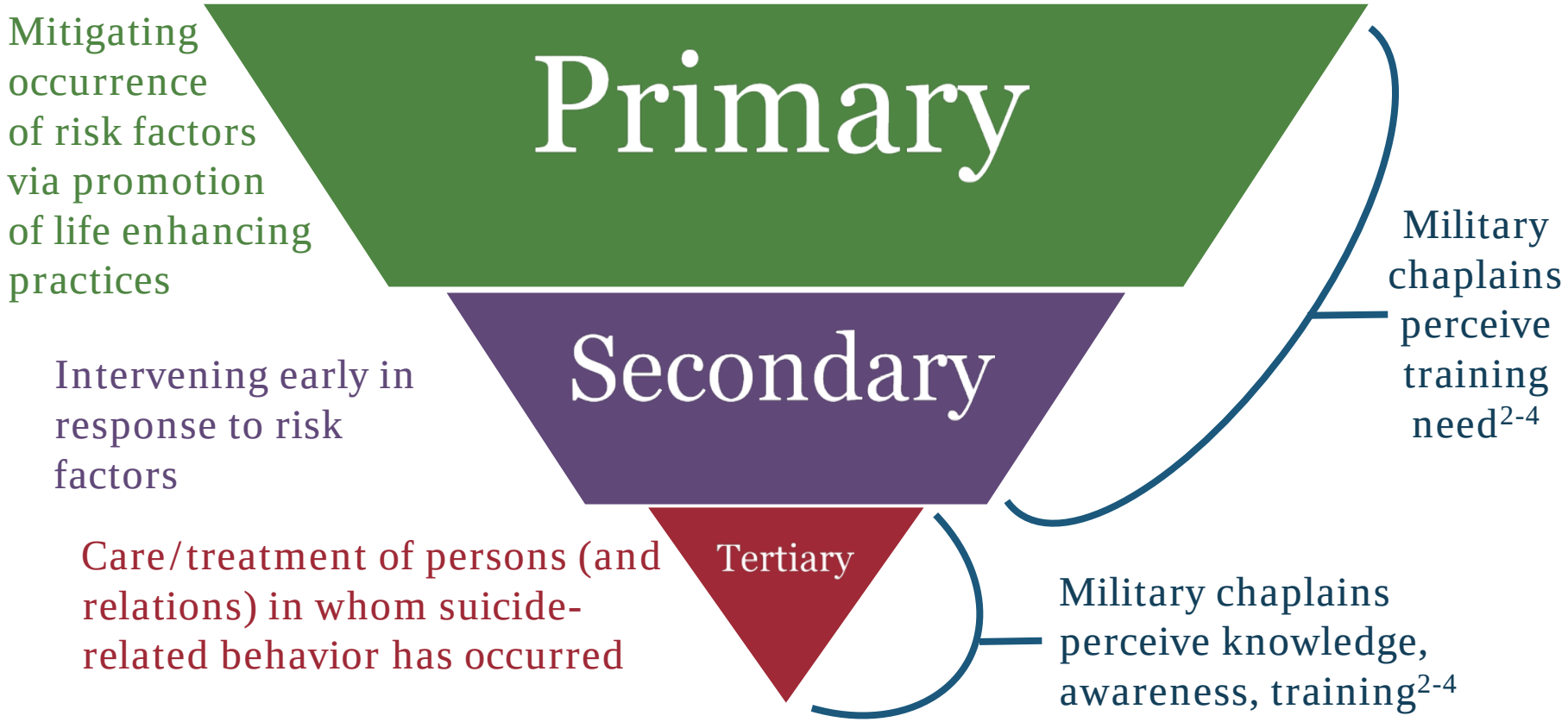
VA NCC & Office of Suicide Prevention MOU (2016):[1,2]

1. Standardize communication between chaplains and suicide prevention coordinators (SPCs)
2. Encourage chaplains to notify SPCs about at risk Veterans
3. Evidence-based curricula for chaplains
4. Educational materials for SPCs & chaplains describing collaboration
5. Encourage MH to include chaplains on interdisciplinary teams and committees, facilitating protective potential of spiritual care provision



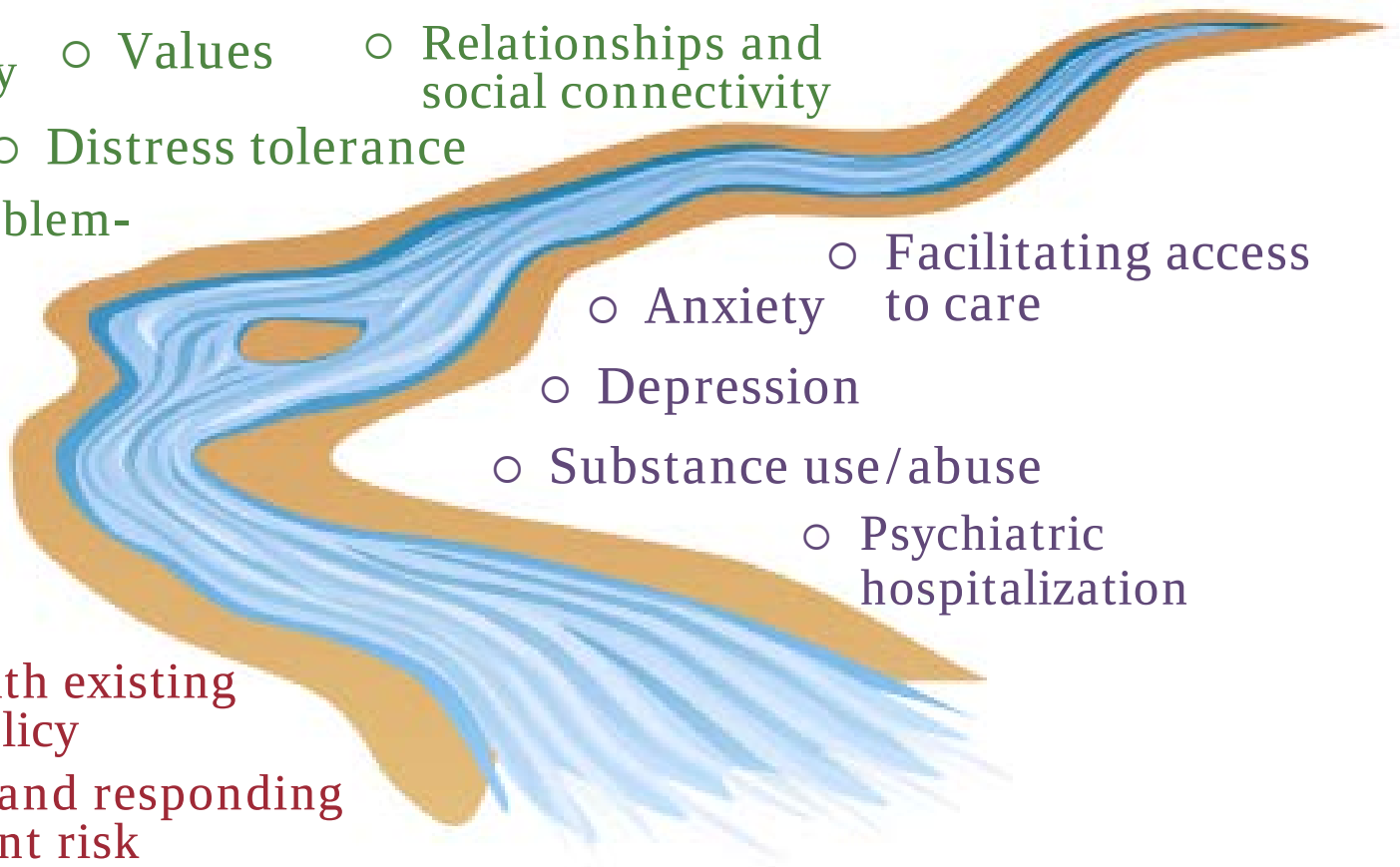
1. Memorandum of Understanding between the VA National Office of Suicide Prevention and the VA National Chaplain Center (August, 2016).
2. Kopacz, M.S., Nieuwsma, J.A., & Meador, K.G. (2017). A next step in suicide prevention. *Psychiatric Services, 68*, 422.

Prevention Continuum[1]



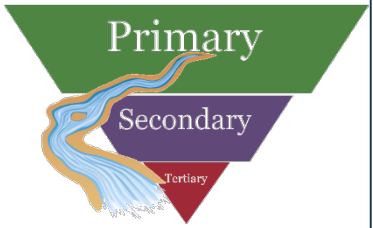
1. Caldwell, D. (2008). The suicide prevention continuum. *Pimatisiwim, 6(2)*, 145-153.
2. Ramchand, R., Ayer, L., Geyer, L., & Kofner, A. (2015). Army chaplains' perceptions about identifying, intervening, and referring soldiers at risk of suicide. *Spirituality in Clinical Practice*, *2*(1), 36–47.
3. Nieuwsma, J. A., Rhodes, Jeffrey E., Cantrell, W. C., Jackson, G. L., Lane, M. B., Milsten, G., ... Meador, K. G. (2013). *The intersection of chaplaincy and mental health care in VA and DoD: Expanded report on VA / DoD Integrated Mental Health Strategy, Strategic Action #23.* Washington, DC: Department of Veterans Affairs and Department of Defense.
4. Kopacz, M. S., Nieuwsma, J. A., Jackson, G. L., Rhodes, J. E., Cantrell, W. C., Bates, M. J., & Meador, K. G. (2016). Chaplains' Engagement with Suicidality among Their Service Users: Findings from the VA/DoD Integrated Mental Health Strategy. *Suicide and Life-Threatening Behavior*, *46*(2), 206–212.

Getting Upstream in Suicide Prevention: Primary / Secondary / Tertiary Prevention



- Identity
- Meaning and purpose
- Religion / Spirituality
- Values
- Relationships and social connectivity
- Distress tolerance
- Effective problem-solving
- Facilitating access to care
- Anxiety
- Depression
- Substance use/abuse
- Psychiatric hospitalization
- Intersecting with existing programs & policy
- Assessing and responding to imminent risk
- Postvention care

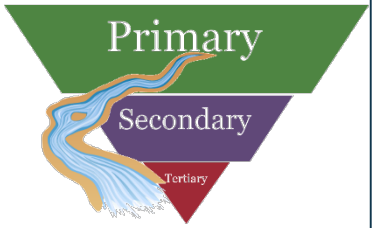
Downstream:
Tertiary Prevention



- Examples:
  - Operation S.A.V.E.
    - **S**igns of suicidal thinking
    - **A**sk questions
    - **V**alidate the person's experience
    - **E**ncourage treatment and **E**xpedite getting help
  - Reducing access to lethal means
  - Psychotherapy, pharmacotherapy, & other interventions

- Resources:
  - Operation S.A.V.E.:
    - https://www.mentalhealth.va.gov/docs/suicide_prevention_community_edition-shortened_version.pdf
  - Suicide Awareness Voices of Education (SAVE):
    - https://save.org/
  - VA Mental Health Suicide Prevention:
    - https://www.mentalhealth.va.gov/suicide_prevention/
  - National Suicide Prevention Lifeline:
    - https://suicidepreventionlifeline.org/
  - **Crisis Line: 1-800-273-8255 (1-800-273-TALK)**
    - **Press "1" for veterans.**

Further Upstream:
Secondary Prevention



Numerous potential pathways:

Clergy/chaplain engagement:

- Direct care provision
- Care within the context of faith communities
- Collaboration with mental health care

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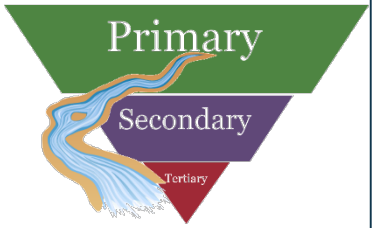
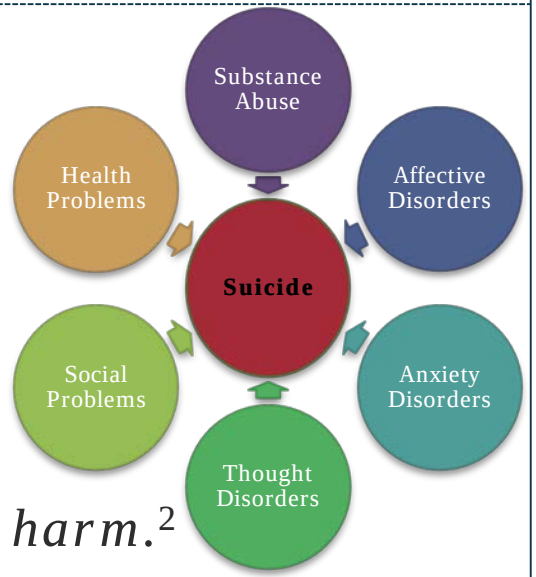
www.mirecc.va.gov/MIRECC/mentalhealthandchaplaincy/

Upstream:
Primary Prevention



A possible transdiagnostic process:

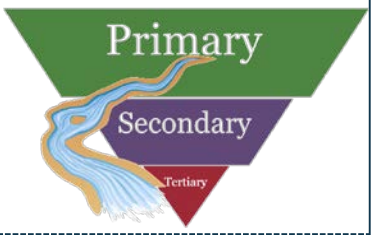


Experiential Avoidance:[1]

- Defined: *The tendency to escape or avoid unwanted thoughts, emotions, memories, and sensations, even when doing so is futile or causes harm.*[2]
- A key construct and target within Acceptance and Commitment Therapy (ACT; an evidence-based practice)
- Close overlap / association with concepts tied to suicidal behavior
- Suicide as most extreme expression
- Majority of suicide notes cite reason as escape from emotional pain[3]
- Mindfulness / ACT can reduce experiential avoidance[4]

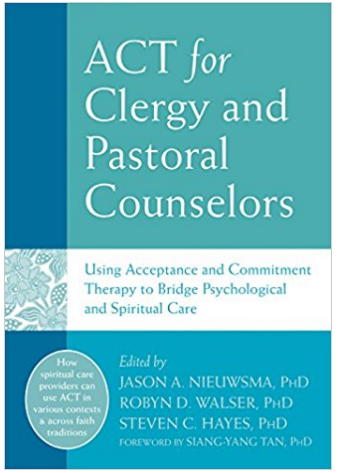
1. Luoma, J. B., & Villatte, J. L. (2012). Mindfulness in the Treatment of Suicidal Individuals. *Cognitive and Behavioral Practice*, *19*(2), 265–276.
2. Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experimental avoidance and behavioral disorders: a functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology*, *64*(6), 1152–1168.
3. Baumeister, R. F. (1990). Suicide as escape from self. *Psychological Review*, *97*(1), 90–113.
4. Hayes, Steven C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, *44*(1), 1–25.

Upstream:
Primary Prevention



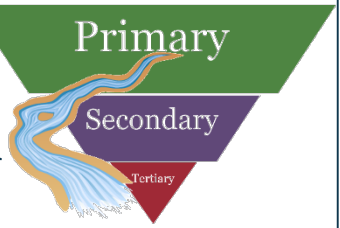
Clergy & Chaplain Engagement

- Experiential avoidance & pastoral presence[1]
  - Individual-level willingness to be present
  - Social/pastoral-level willingness to share presence
  - Willing to be present (to distress)… for a reason (values)
- Values clarification[1]
- Promotion of healthy behaviors
- Facilitating social & relational support
- Religious / spiritual practices & resources



1. Nieuwsma, J.A., Walser, R.D., & Hayes, S.C. (Eds.). (2016). *ACT for clergy and pastoral counselors: Using acceptance and commitment therapy to bridge psychological and spiritual care*. Oakland, CA: Context Press / New Harbinger Publications.

Getting Upstream:
Clergy/Mental Health Collaboration



- It's a two-way street, but you can only drive your car.

- Developing an elevator pitch for mental health:
  - Have a brief version.
  - Translate it for the local dialect.
  - Anticipate potential barriers.
  - Tailor it for your particulars.
  - Mention concrete offerings.
  - Be ready with a relevant anecdote.

"I've got an elevator pitch, an escalator pitch, and, just to be safe, a stairway pitch."

MENTAL HEALTH AND CHAPLAINCY

Resources: Online Video Products

- *Bridging Mental Health and Chaplaincy* (≈ 1 hour each)
  1. "Why do it?"
  2. "Knowing Our Stories"
  3. "Opening a Dialogue"

- *Learning Collaborative* (≈ 1 hour each)
  1. "Establishing Awareness"
  2. "Communicating and Coordinating Care"
  3. "Formalizing Systematic Processes"

- *Clergy & Faith Communities*
  - Clergy (≈ 1 hour each)
    1. "Signposts Toward Collaboration"
    2. "Abiding with Those Who Suffer"
  - Faith Communities (≈ 20 minutes each)
    1. "Partners in Care"
    2. "Trauma"
    3. "Moral Injury"
    4. "Belonging"

Videos available on program website: www.mirecc.va.gov/MIRECC/mentalhealthandchaplaincy/

Contact Information

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