



Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

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# Communiqué

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## RESEARCH TO PRACTICE

### Identification and Understanding of Suicide Risks (Part 1)

By Kathy L. Henderson, M.D.

*Editor's Note: This article is the first in a two part series about new research on suicide risks.*

We have seen multiple reports and media headlines in recent years regarding the high suicide rates in active duty soldiers and Veterans. The Army has reported that the suicide rates in soldiers almost doubled between 2005 and 2009. There have been increasing rates in the U.S. population, especially in middle-aged men and women. And, there have been increased suicide rates in Veterans. But, what population of Veterans is at greater risk when considering age, gender, location of residence, VHA service use, and deployment? And, can we identify the Veterans that are at



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### PACERS Delivers Education about Cognitive Disorders to Rural Families and Staff

By Ali Asghar-Ali, M.D. and Geri Adler, Ph.D.  
Houston VA Medical Center

Cognitive disorder is the umbrella term for changes that occur in the brain that cause decline in a person's cognitive function. Dementia (or "major neurocognitive disorder" per the DSM-5) is considered to be abnormal cognition with marked deterioration in a person's functional abilities. Mild Cognitive Impairment (or "mild neurocognitive disorder" per DSM-5) is abnormal cognition without marked deterioration in a person's functional status. There are several forms of dementia (distinguished primarily by the cause of the changes), with Alzheimer's disease being the most common followed by vascular dementia and Dementia of Lewy Bodies.

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## RESEARCH (continued from page 1)

the greatest risk for suicide?

These questions are addressed in several seminal articles published in the last several months regarding the identification and understanding of suicide risk factors in Veterans. I thought it was important to discuss in this column because several of these articles are published in journals that mental health providers typically don't see or read.

The first article by Han Kang, et al., in the *Annals of Epidemiology*, February 2015, describes a large population study of 1.3 million Veterans who were on active duty during the Iraq and Afghanistan wars from 2001 to 2007. The purpose of the study was to determine the post-service suicide risk of recent wartime Veterans compared to the US population, and whether the risk of suicide was similar between Veterans who were deployed versus not deployed during this time period. Study highlights for clinicians:

- Among nondeployed Veterans, overall mortality risk (all causes) was 24% lower but suicide risk was 61% higher than the U.S. population
- Among deployed Veterans, overall mortality risk was 25% lower but suicide risk was 41% higher than the U.S. population
- Deployed Veterans had a lower suicide risk than nondeployed Veterans
- Suicide risk was higher among younger, white, unmarried, enlisted, Army/Marine Corps Veterans, regardless of gender



- In both deployed and nondeployed Veterans, the suicide rate was highest during the first 3 years after military service discharge
- Suicide risk was not different between those deployed once and those deployed multiple times

The second article by Claire Hoffmire, Jan Kemp, and Rob Bossarte in *Psychiatric Services in Advance*, May 2015, describes another large population study of 173,969 suicides reported by 23 states from 2000-2010. The purpose of the study was to compare Veteran to non-Veteran suicide risk, and differentiate suicide risk for Veterans with and without a history of VHA service use. Study highlights for clinicians:

- Twenty-five percent of states' reported suicides were Veterans
- The number of Veteran suicides was 20% higher than expected in 2000 and over 60% higher than

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### **Attribution: Acknowledgement of MIRECC Research Support/Employment**

SC MIRECC researchers and educators have a responsibility to ensure SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit SC MIRECC if they receive either direct or indirect SC MIRECC support. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education and Clinical Center." If you receive salary support from SC MIRECC, you should list SC MIRECC as an affiliation.

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expected in 2010

- Veteran suicide rates increased by approximately 25%
- Non-Veteran suicide rates increased by approximately 12%
- Female Veteran suicide rates increased by 40%
- Non-Veteran female rates increased by 13%
- Suicide rates among Veterans utilizing VHA services declined during the study period and, by 2010, was lower than the rate among Veterans not utilizing services
- Veterans without a history of VHA service use are at particularly high risk of suicide

Next month, this Research to Practice column will present part 2 in this series, describing the predictive modeling that VHA has developed to identify patients at risk for suicide and its implications for preventive

interventions. Then, we will review what we have learned, so stay tuned.

These articles above may be viewed at <http://www.ncbi.nlm.nih.gov/pubmed/25533155> (Kang) and <http://www.ncbi.nlm.nih.gov/pubmed/?term=25930036> (Hoffmire).

#### Citations

Hoffmire, C. A., Kemp J. E., & Bossarte, R. M. (2015). Changes in suicide mortality for Veterans and nonVeterans by gender and history of VHA service use, 2000-2010. *Psychiatric Services*. Advance online publication.

Kang, H. K., Bullman, T. A., Smolenski, D. J., Skopp, N. A., Gahm, G. A., & Reger, M. A. (2015). Suicide risk among 1.3 million Veterans who were on active duty during the Iraq and Afghanistan wars. *Annals of Epidemiology*, 25(2), 96-100. ♦

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# CBOC Mental Health Rounds

## *Sponsored by the South Central MIRECC*

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled **“When You are the Only Show in Town: Treatment of Comorbid Traumatic Brain Injury (TBI) and PTSD in a CBOC Setting”** on Wednesday, June 10 at 8:00-9:00 a.m. CT and Thursday, June 11 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Kelly S. Petska, Ph.D., L.P. At the conclusion of this educational program, learners will be able to:

1. Identify TBI/postconcussive symptoms, classification and natural course progression;
2. Describe recommendations for the treatment of TBI and PTSD; and
3. Cite approaches to treatment of comorbid TBI and PTSD in a CBOC setting.

Call 1-800-767-1750 and use access code 37009# to participate. Email [Ashley.McDaniel@va.gov](mailto:Ashley.McDaniel@va.gov) or call (501) 257-1223 for registration and continuing education credit information.

**Upcoming CBOC Mental Health Rounds**  
**Second Wednesdays**  
**(8:00-9:00 am CT)**  
**and**  
**Thursdays**  
**(11:00-12:00 am CT)**  
**Monthly**  
**(800) 767-1750; 37009#**

August 12 & 13, 2015  
*Ethics of Advocacy*

September 9 & 10, 2015  
*Native American Mental Health Needs*

## PACERS (continued from page 1)

Cognitive disorders gradually affect a person's ability to take care of him or herself, first with instrumental activities of daily living such as shopping, maintaining finances, and driving and later with activities of daily living such as grooming and feeding. In rural communities, because of the limited availability of sub-specialty care, primary care providers often need to provide care to people with declining function and increasing needs. Additionally, social services may not be as developed in rural areas, making it more difficult to provide resources for Veterans and their families. The larger distances in rural settings can also make it challenging to provide those services that are available.

Providing care for people with dementia can be intellectually and emotionally demanding. As the abilities of individuals with dementia change, so do their needs and the needs of their caregivers. Addressing these changing needs takes patience and creativity on the part of providers. Collaboration is key and not limited to clinical staff; it should also include family, friends and community resources.

To assist providers who are caring for patients with cognitive disorders in rural communities and also improve outcomes for Veterans and their caregivers, we created PACERS (Program for Advancing Cognitive Disorders Education for Rural Staff) after conducting a needs assessment of VA community-based outpatient clinic (CBOC) staff in 2013. The needs assessment was funded by the VA Office of Rural Health (ORH). Based on the results of the needs assessment, we were able to apply for an additional ORH grant to implement this program, which is now in its second year.

While we continue to develop materials for further training, we have delivered dementia-related education to providers and caregivers through a variety of modalities. We presented a live module, "Walking in Our Shoes," at Houston-area CBOCs. We introduced participants to the impact of dementia on individuals with the illness and their caregivers using the documentary "Complaints of a Dutiful



Daughter" as a part of the presentation. We have created several web-based modules that will be available in the VA Talent Management System for continuing education credit. These self-study modules include case studies and links to resources for managing cognitive disorders. We also created a video that educates providers and caregivers about driving and dementia. Recently, we collaborated with the Alzheimer's Association for a community caregiver resources presentation at local rural CBOCs.

We will announce PACERS products in the *Communique* as they become available. Currently, the PowerPoint slides and materials we used for our live module are available by request. The "Driving and Dementia" videos can be viewed at <http://bcove.me/h9wlj6vg> (for VA providers) and <http://bcove.me/oe7rusxw> (for caregivers). Our web-based modules are under review for accreditation. In addition, we have a manuscript that is under review that describes the needs assessment we conducted prior to the PACERS project. To learn more about PACERS, contact the project directors at [Ali.Asghar-Ali@va.gov](mailto:Ali.Asghar-Ali@va.gov) or [Geri.Adler@va.gov](mailto:Geri.Adler@va.gov). ♦

# SC MIRECC ANNOUNCEMENTS

## FY2016 Clinical Educator Grants Program Call for Applications

Don't miss your chance to submit a proposal for the fiscal year 2016 SC MIRECC Clinical Educator Grants program. We designed these small grants (up to \$10,000 for multi-site projects) to help VISN 16 clinicians develop innovative clinical education tools that benefit the mental healthcare of rural and other under-served Veterans. We are especially interested in funding projects that involve collaborations between medical centers and community-based outpatient clinics.

Examples of past projects include a manual for conducting brief cognitive behavioral therapy in primary care clinics; a manual to conduct psychoeducational workshops for returning Iraq and Afghanistan Veterans and their families about readjustment issues; and a DVD of ex-Prisoners of War telling their stories about internment and their struggle with PTSD symptoms and how they have managed to survive and thrive in their lives. The Clinical Educator Grants program has produced more than 30 excellent education products that are available to clinicians and consumers free of charge. Download or request products at <http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp>.

If you have an idea for an educational tool to improve care delivery, this may be the opportunity for you! **The deadline for submitting a proposal is August 7, 2015.** For more information about the Clinical Educator Grants program, contact Dr. Geri Adler at [Geri.Adler@va.gov](mailto:Geri.Adler@va.gov).

- Download Application at [http://www.mirecc.va.gov/VISN16/docs/CEG\\_Application.pdf](http://www.mirecc.va.gov/VISN16/docs/CEG_Application.pdf).
- Download Example Application 1 at [http://www.mirecc.va.gov/VISN16/docs/Sample\\_application\\_I.pdf](http://www.mirecc.va.gov/VISN16/docs/Sample_application_I.pdf).
- Download Example Application 2 at [http://www.mirecc.va.gov/VISN16/docs/Sample\\_application\\_II.pdf](http://www.mirecc.va.gov/VISN16/docs/Sample_application_II.pdf).

## SC MIRECC Welcomes New Employees

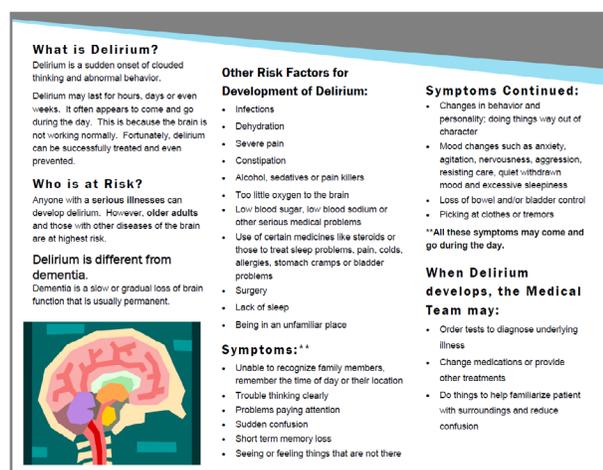
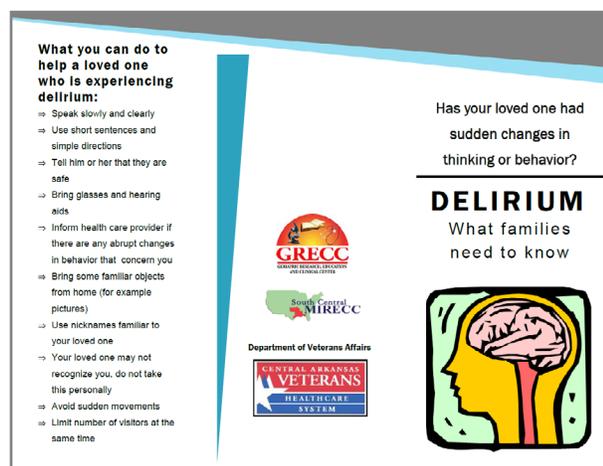
**Montrell Gibson** is a New Orleans native currently living in Gretna, Louisiana. She received a bachelor's degree in pre-physical therapy/public health from Dillard University in 2004 and a master's degree in executive health care management from the University of New Orleans in 2007. She is a program site assistant for the SC MIRECC New Orleans anchor site. She is eager to work with her new colleagues and is learning about research, including research policy, committee reviews, the application process, and funding mechanisms. Montrell is the founder of the Gibson-Goins Organization, which provides clothing and food to families in need. She enjoys singing, teaching others how to sing, and encouraging others as a motivational speaker. She is married with two children, one a high school sophomore and the other a college junior.

**Diana Nelson** is a native of Shreveport, Louisiana and grew up in the Galveston-Houston area. She has an associate's degree in liberal arts. She is a proud Veteran of the U.S. Air Force and a military retiree. Diana and her family enjoyed being stationed in different locations while she was active-duty, including four years in England. She held many exciting jobs while in the Air Force, including working as an air traffic controller and serving on the Joint Staff at the Pentagon. Another interesting job experience she had was working for IBM, where she provided administrative support to the team that wrote the computer programs for the first space shuttle, "Enterprise." She has one son and three daughters, the youngest of which is a junior in college. Diana is a secretary for SC MIRECC headquarters in Houston. The thing

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## New Brochure Available to Help Families Understand Delirium

"Delirium: What Families Need to Know" is intended to help families and caregivers of Veterans understand and manage sudden changes in thinking or behavior in loved ones. This brochure explores the definition of delirium, risk factors for developing delirium, symptoms, how clinicians manage delirium when it develops, and tips for helping loved ones who are experiencing delirium. This brochure was developed by investigators at the Geriatric Research Education and Clinical Center at Central Arkansas Veterans Healthcare System and the SC MIRECC. Download the brochure for free at <http://www.mirecc.va.gov/visn16/clinicalEducationProducts.asp>.



she likes most about her job is sending the MIRECC education products out all over the world. As a Veteran, it makes her feel good to know that these products are being used to help military members deal with the mental health issues related to their service. Her hobbies include singing and acting. She is a member of her church choir and has performed in community theater productions.



**Mark Peters** is from Bryant, Arkansas and currently lives in Bauxite, Arkansas. He retired from the Marine Corps in August 2013 and has lived all over the

country, most recently Michigan, where his two daughters (16 and 6) still live. Mark is a program site assistant for the SC MIRECC North Little Rock anchor site. He really enjoys being back in Arkansas, which he considers to be a beautiful state with lots to do. He enjoys drawing and painting, but is also an avid reader—mainly timeless classics. ♦

