2011 Military Health System Conference

DoD’s Response When Psychological Health is Failing: Lessons Learned from Suicide Experiences

A survivor and clinician's perspective on how suicide prevention efforts can be enhanced within the Department.

*The Quadruple Aim: Working Together, Achieving Success*

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**Report Documentation Page**

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Suicide prevention and risk reduction in military communities discussed from the perspective of military families who have lost a loved one to suicide.

- Discuss important lessons learned.
- List at least three community situations that could be the point of crisis intervention for a young adult thinking of committing suicide.
- Actions to take tomorrow.

Today's high rate of military suicide is a wake up call to all concerned. We must listen to what these deaths are telling us. Each one has it's own unique story, leading up to the action itself.

A Grieving Mother
Disclaimer

The views and assertions contained herein are those of the author and do not necessarily reflect the opinions of the Northern Regional Medical Command, the Department of the Army, or the Department of Defense.

Source: U.S. military branches (2001-09) and Centers for Disease Control and Prevention

2011 MHS Conference
COL (Dr.) George Patrin
Pediatrician – Administrator – Commander - Advocate

18 April 1987 to 7 April 2009
“He was on a superhighway toward suicide and there were many off ramps, many opportunities for something different to have happened.” Father

"If the PFC would have been admitted to the emergency room following the mental screening, it is unlikely the suicide would have occurred," the investigation concluded. Internet Article

“It's not just in the military that mental health isn't treated expertly, it's here at home, too. I asked for help…and was told I wasn't doing what I was told to do.” BLOG writer, 17 June 2010
Suicide is on people’s minds…
(sent to Dr. Patrin by family friend)

- “I need help i am very scared what do i do”
  Text note to Dr. Patrin on cell phone from Army SPC

In most of the cases commanders didn't know someone's background, his medical history, his disciplinary issues or his problems with alcohol.  News Article

The tougher challenge is changing a culture that is very much about "manning up" when things get difficult.  NPR Program

“He was so troubled that the Army took away his weapon… but not that of his room mate.” Father
Many Examples of Missed Opportunity
"Canaries in a cage?"

A Too-Painful Reminder
Arizona hits on the deepest fears of families coping with mentally ill loved ones

**Editorial**
Shooter pulled the trigger, not the political culture

There has been a lamentable tendency in American public policy discourse to dismiss incidents of violence in the wake of tragedy and to minimize the effect of political rhetoric on society. This phenomenon is often characterized by the claim that "anyone with common sense" would recognize the truth of a situation without the need for further investigation. However, such a dismissive attitude can be dangerous and harmful, as it may allow harmful rhetoric to go unchecked and lead to further harm.

In the wake of the shooting at the 2011 Arizona Republic newsroom, there was a widespread backlash against political rhetoric and a renewed focus on the importance of mental health care and the need for greater attention to the impact of political rhetoric on society. This focus led to a greater awareness of the importance of mental health care and a renewed commitment to supporting those in need.

However, there were also those who tried to downplay the role of political rhetoric in the shooting, suggesting that it was simply an isolated incident and not a result of political rhetoric. This approach is problematic, as it ignores the potential impact of political rhetoric on society and the role it can play in shaping public opinion and behavior.

Jared Loughner had never been in major trouble with the law or overtly violent, but his behavior at his community college was so disturbing that campus police gave him and his parents an ultimatum: Get a mental health evaluation or don’t come back. Loughner went away, but his deteriorating mental condition didn’t. Just more than three months later, he is charged in a horrific mass shooting that killed six people and left Arizona Rep. Gabrielle Giffords clinging to life.

For those living with mentally ill family members or friends, the tragedy plays on their deepest fears and raises a more heart-wrenching and personal question: When and how should loved ones intervene to force someone to get help?

Parents who suspect their child might have a major mental illness face an array of emotional and bureaucratic obstacles, from their own fears to strict laws that limit involuntary commitment to services. The battle for intervention and treatment is a never-ending nightmare.

"I would bet that every parent Arizona has one of the most flexible statutes for involuntary commitment and allows anyone with knowledge of the person’s behavior — a teacher, a parent, a friend, a relative — to petition for a court-ordered mental health evaluation, the first step toward involuntary treatment," said Linda L. Rahn, legislative director and chief attorney of the Treatment Advocacy Center in Washington, D.C.

"Commitment Policy"
Arizona has one of the most flexible statutes for involuntary commitment and allows anyone with knowledge of the person’s behavior — a teacher, a parent, a friend, a relative — to petition for a court-ordered mental health evaluation, the first step toward involuntary treatment.

Jared Loughner, seen in an image from MySpace, appears to have schizophrenia.

That he fell through the widening cracks in an all-too-common scenario for families who might want help with a major mental illness.

They are confronted with an overwhelming struggle — a fight that often begins with the person’s family members.

One of the key symptoms of schizophrenia is when describing the president and his allies, as if blind to the idea that Americans legitimately faced with either enemy would almost certainly take up arms." CNN political correspondent Jessica Yellin acknowledged that there was "no overt connection" between Palin and Saturday’s shootings, but, as The Washington Examiner’s Byron York pointed out, Friday’s shooting didn’t stop her, anchor Wolf Blitzer and other CNN commentators from speculating that "Loughner acted out of rage inspired by Palin and other Republicans. Conclusions were jumped to all around."

Political figures will be expected to stop playing politics with the Arizona tragedy and focus on ensuring a fair trial and just sentence for the individual(s) responsible for this horrendous crime.
Andrew’s Story
The Intervention That Never Happened

28 March - Second appt in 3 months w/ 2nd FP for depression, suicidal thoughts, sent to pharmacy for new psych med, no referral to “TRICARE” for routine mental health visit

3 Apr, Fri – Tells former girlfriend he will commit suicide, she alerts police who log “mental warrent” but do nothing, she goes home to parents

4 Apr, Sat – Calls friends detailing suicide plan, they believe “he’ll show up”

5 Apr, Sun (0200) – Email to friends detailing suicide with will, 2nd “missing person report,” insist that police look for him, weak APB sent to Nevada w/o car info

5 Apr, Sun - Stopped by security sleeping in car on private property with new shot gun & ammo in car, released after showing it’s unloaded

6 Apr, Mon (1400) - Parents learn of plan from girlfriend’s parents, alert CA PD who issue new report with car info obtained by brother

6 Apr, Mon (late PM) – Parents and CA PD call Sprint for location – “cannot give out info, get a court order”

7 Apr, 0300 - Andrew contacts family w/’last emails,’ “I’m sorry,” parents again contact PD and Sprint, plead for message origination, - “wait ‘til business hours”

7 Apr, 1400 - Sprint concedes, locates Andrew within 50 ft… too late, body and note found at 1338 in motel room with shotgun wound to the heart
Andrew’s Last Visit
Information (Facts) Available…Not Used

✓ History of 10 years of anxiety and tachycardia (cardiac negative, “stress” induced?)
✓ Stated that ADHD meds were increasing depression
✓ Depression screen (Becks) +15 (5 is ‘positive’)
✓ Prior visit in Dec 09 with same c/o (depression, suicidal thoughts) not better, but worse
✓ Healed cuts on both legs (physical exam not done as this was ‘first visit’ with this provider)
✓ Family Hx of multiple severe mental health diagnoses - depression, bipolar, schizophrenia, bulimia, alcoholism, autism
✓ Social Hx recent break-up with girlfriend, car theft, job dissatisfaction, lost court case
In order to survive, I need (at least one of) three things...

1. Being able to love.
2. A good life situation.
3. A sense of absolute truth (as engendered by a belief in God and similar things).

Last self-portrait, in hotel room

Andrew’s Cartoon
Why/ How Can This Happen?

- Group Think/ Unit Behavior
- Attribution theory, Actor/Observer Bias
- Cognitive Dissonance
- Simple Denial (Family, Battle Buddy)

Always ask – “Who’s the patient?”
(especially when the issue is mental health)
Suicide Venn Diagram Model


*Untreated depression = the leading cause of suicide...

Network (TRICARE)

The Patient

Medical Diagnosis*

Lack of Belongingness

Sense of Burdensomness (Ineffectiveness)

Lethality

Community/ Garrison Programs

2011 MHS Conference
Addresses clinical and personal realities of depression and bipolar disorder in a manner that encourages dialogue, empathy and hope.

“I have become increasingly optimistic about the possibilities of suicide prevention but deeply frustrated by the lack of public and professional awareness of the terrible toll it takes.”

National bestseller, Night Falls Fast: Understanding Suicide.

“Manic-depressive illness proved to be an enemy out of range and beyond the usual rules of engagement…it takes no hostages…the illness moved faster than (the patient’s) acceptance of it.”
Optimize Primary Care (Patient-Centered Medical Home)
Teams with integrated case management, care coordination, ‘on site’ resources (including behavioral health)

- Support continuity with provider teams - stop incentivizing ‘fee-for-service,’ ‘band-aid’ visits, value non-face-to-face visits
- Establish comprehensive administrative and medical services for Warriors and their Family Members
- Include personal crisis referral resources to mental health for Family Members
- Take depression seriously – support timely, urgent, proactive referral to mental health with ANY suicidal talk
- Universally screen all FMs for stress and monitor (like we do AD)
- Get permission from patients to tell a loved one that they are feeling this way
- Follow up ALL patients on anti-depressants, refer to BH with ANY talk of suicidal ideation
2011 MHS Conference
Community-Network Education
Military Practitioners
Non-Military Practitioners
Primary Care Teams
Continuity
Specialty Care Services
Acute-Crisis
Training/ GME Education
Timely Appointing/ Referral
Same Day Access/ Follow Up,
Care Coordination,
Case Management
The Patient (Family) in “Med Home” Center
Communication with Unit(s)
Patient-Centered ‘Service’ Approach
Inclusive and Integrated MTF-Wide!
A Collaborative Community Approach
Integrated (Virtual) Teams
Family Health Initiative
Focus is on Continuity
PCC            WTU
CBPCC PCMH
“Perfect Depression Care”

- Set overall “perfection” goal of eliminating suicide

Redesigned depression care in four domains:

1. Patient partnership with consumer advisory panel;
2. Systematic planned care evidence-based model using cognitive behavior therapy, prevention protocols;
3. Access to drop-in group appointments;
4. Improved documentation in EHR and informational Web portal for patients/family with secure e-mail communications.

Suicide rate declined 75% in 1st 4 years from 89 to 22/100,000 (pop ~200,000)

Two and a half years without a single suicide!

"Pursuing perfection is no longer a project or initiative for our team but a principle driving force embedded in the fabric of our clinical care."
Henry Ford's Perfect Depression Care Program

- Establish a consumer advisory panel to help with the design of the program.
- Establish a protocol to assign patients into one of three levels of risk for suicide, each of which requires specific intervention.
- Provide training for all psychotherapists to develop competency in Cognitive Behavior Therapy.
- Implement a protocol for having patients remove weapons from the home.
- Establish three means of access for patients: drop-in group medication appointments, advanced (same-day) access to care or support and e-mail visits.
- Develop a website for patients to educate and assist patients.
- Require staff to complete a suicide prevention course.
- Set up a system for staff members to check in on patients by phone.
- Partner and educate the patient's family members.

Actions Needed (per Survivors)
Leadership/ Accountability

1. Full transparency, accountability with surviving family members - what was done, not done (learn from them)
   - Investigate ‘clusters’ of suicides (more than 3)
   - Support an honest and transparent search for the facts after a death for both AD and NON-AD Family Member deaths

2. Educate all military leaders on how to deal with suicide issues, include family members, respect mental health diagnoses, destigmatize getting help (discipline unit leaders who brow-beat troops seeking help)

3. Ask Casualty Assistance Officers (CAO) to assist families for an entire year, offer mental health (postvention) services

4. Enhance collaboration and synergy with community (Garrison Units)
1. Educate family members, and Service Members, about PTSS/PTSD and suicide (BEFORE it happens), include family in "suicide stand downs" and prevention activities.

2. Teach children about suicide, what to watch for, it’s OK to tell someone; discuss what impending suicide looks and feels like ("permanent solution to a temporary problem").

3. Rehearse how to call when suicide and depression are apparent to get help.

4. Support passage of “Brandon’s Law” (help by cell phone companies and police departments).

5. Improve postvention treatment and support of survivors.
Suicide Prevention, Survivor’s Perspective – Bonus Take-A-Way

- From a (once suicidal) Warfighter – “It took my son’s (buddy’s) suicide to bring me down to a level where I can visualize a better way. I will trust you as a comrade and fellow Soldier if you…”
  - **Meet me where I am.** I sacrificed myself for my brothers, unit, god & country.
  - **Lead me from where I am**...where I feel safe. While effective externally, inside I am hurting, losing my personal war with life.
  - **Take me where I need to go.** Guide me to a new understanding of self. Expand my understanding. I want to live again without these heavy burdens.
Questions?

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