EVH S1EP17: Reducing the Risk for Suicide among Homeless Veterans

Shawn Liu: [00:00:00] Content warning at the start. This month, we're talking about suicide and important, but sensitive and potentially intense topic. If you feel like you need to take a break while listening, please do so. If you feel like this episode will be too much, go ahead and skip it. We'll be back next month ready for you with new content. And if you need someone to talk, to call the Veterans Crisis Line. Just dial 988 on your phone and press 1 for Veterans. Take care of yourself.

Kenneth Bruemmer: I think that homelessness prevention and housing resources are upstream suicide prevention. I can think of few things more stressful than being without a place to live for an extended period of time. The amount of stress that we can reduce by helping people get housed and stay housed surely reduces their suicide risk. So, I absolutely believe that housing assistance is suicide prevention in its own right.

Shawn Liu: Welcome to Ending Veteran Homelessness, your firsthand look into our nation's efforts to ensure [00:01:00] that every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs Homeless Programs Office. I'm your host, Shawn Liu.

If you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week that number again is 877-424-3838.

Here in VA, September is always an important and solemn month because September is Suicide Prevention Awareness Month. Suicide is a national issue with significantly rising rates of suicide in the general population over the last 20 years. Additionally suicide rates have been historically higher and generally rose faster among Veterans than among non Veteran adults. Societal factors such as economic disparities, social [00:02:00] disconnection and isolation, health, and wellbeing, and unsurprisingly homelessness, play additional roles in increasing a person's risk for suicide. And you don't need me to tell you about the additional strain that the COVID-19 pandemic has put on individuals and communities.

With every death by suicide, our communities, or nation grieves. Indeed, it's estimated that for every death by suicide, approximately 135 individuals are impacted. With that grief, it's easy to fall into despair. But the antidote to despair is action. And at VA, that action comes in the form of our collective tireless pursuit of evidence-based clinical interventions and community prevention strategies. And we have reason for hope that these strategies might be working.

According to VA's 2022 National Veterans Suicide Prevention Annual Report, there were 343 fewer Veterans who died from suicide in 2020 than in 2019. Although through [00:03:00] 2001 through 2018, the number of Veterans suicides increased on average by 47 deaths per year, from 2019 to 2020, there were consecutive reductions, an unprecedented decrease since 2001. 2020 had the lowest number of Veterans suicides in the last 14 years. The age-adjusted suicide rate for women Veterans in 2020 was the lowest since 2013. And the age-adjusted suicide rate for Veteran men was the lowest since 2016. Veteran suicide rates by race show decreases from 2019 to 2020 for all groups.

Still, one Veteran dying by suicide will always be one to many. There'll be no mission accomplished banners, no spiking of footballs and no celebrations, because we still have so much more work to do.

But what about America's most vulnerable Veterans? Those experiencing homelessness and housing instability. We already noted that homelessness itself is a risk factor for suicide. What are we doing for them? And are there ways in which we have to tailor our [00:04:00] suicide prevention efforts to be more effective for homeless Veterans?

Those are really great questions. So to help us learn more about how VA is working to reduce and ultimately eliminate the risk of suicide among homeless Veterans, I could think of no one better to talk to than our next two guests.

First, we've brought him back, Dr. Ryan Holliday, research psychologist at the Rocky Mountain, Mental Illness, Research Education, and Clinical Center, or MIRECC for Suicide Prevention. He's also an assistant professor at the University of Colorado Anschutz Medical Campus.

And today he's joined by Kenneth Bruemmer, program analyst for Homeless Patient aligned Care teams here in the Homeless Programs Office, where he supports our national efforts to tailor primary care for homeless Veterans, and also serves as our operational lead for suicide prevention.

Ryan, Kenny. Welcome to the show.

Ryan Holliday: Well, thanks so much for having me back again. You know, I love being here and chatting about this topic and how we can help these Veterans.

Kenneth Bruemmer: Thanks, Shawn, happy to be here.

Shawn Liu: Great to have you both here.

Admittedly, and you heard it at the top, this is going to be a pretty heavy topic [00:05:00] and we're going to try to keep things action oriented, focused on what we know and what we can do about it.

Again, just as a reminder for folks, especially if you struggle with suicide, suicidal ideation, suicidal thoughts, if you've been impacted by a death of a loved one, 988 is the Crisis Line, and if you're a Veteran, press 1.

Okay. We're gonna go ahead and dive on in.

Ryan, we got to know you in one of our earlier episodes last year on military sexual trauma. You in VA seem to be like the intersectionality guy. Like, your research seems to touch on two or three or four different, uh, subpopulations, and how the interplay of those group characteristics may increase or decrease a person's risk for negative health outcomes.

What's your role at the Rocky Mountain MIRECC in leading a lot of this research?

Ryan Holliday: I'm passionate about and interested in, and the role I'm serving in at the Rocky Mountain MIREC C is how can we use research to, just like you said, Shawn, understand the [00:06:00] intersection of all these factors. When it comes to suicide, I know we'll be talking a lot about this today, it's really complex.

And I know that's easy to say. I know that we hear that all the time in presentations and podcasts, but the truth of the matter is there really isn't just one factor. And so what I'm so passionate about both clinically and researchwise is how can we understand the interplay of all these factor especially among our Veterans who are experiencing a lot of these social determinants like homelessness and criminal justice involvement and how that relates to mental health.

When we can start to understand how all these factors interplay, that's how we can not only best understand risk, but also how we can best tailor a lot of our evidence-based practices to really meet the needs of these Veterans.

Shawn Liu: The one size fits all approach doesn't always work for a lot of the Veterans who might be the most vulnerable, so I'm really excited to dive into this discussion with you.

Joining you today is one of our new members of our Homeless Programs Office, probably not new, I think you've probably been here almost a year now, correct me if I'm wrong, Kenny, but [00:07:00] we're really excited to have you, Kenny.

A new member of the Homeless Patient Aligned Care Team. We actually had your boss, Dr. Jillian Weber. She was on our very first episode to talk about the work that we've been doing during the pandemic to take care of Veterans.

Kenny, you're kind of inhabiting two hats today.

Like your day job is with the Homeless Patient Aligned Care Team program, but you're also basically taking over for me as our office lead for suicide prevention. That was a role that I had, but when I slotted into communications, you graciously took over. So tell us a little bit, what are your different, multiple hats that you're inhabiting or wearing in the Homeless Programs Office?

Kenneth Bruemmer: In my primary job, I've been in it for about a year and a half now, as a Program Analyst for the Homeless Patient Aligned Care Team Program Office, what we do is we help provide primary care, social services, and mental health care to homeless Veterans. We have 62 different locations. HPACT is not located at every VA medical center, but currently 62.

So, we have these specialty primary care teams that try to make receiving primary care as [00:08:00] easy as possible for Veterans who are homeless or Veterans who are at risk of homelessness. I think we all know that consuming medical care can be cumbersome and difficult, and the more barriers that are in place, the less likely it is that a homeless Veteran is going to be able to successfully access care.

So, we have these streamlined teams that try to provide a one stop shop where homeless Veterans can get easy access to the care that they need and referral to housing services and any other sort of social service assistance that they need. So, that's my primary day job.

But then as the lead for suicide prevention in the Homeless Programs Office, my role is to help coordinate between the Suicide Prevention Program, the MIRECC, and the Homeless Programs Office to make sure that staff in the homeless programs have access to all of the updated training and policy to make sure that they can carry out suicide prevention to the best of their ability.

Shawn Liu: For many Veterans, homeless program staff are the actual gatekeepers, the very first [00:09:00] VA clinicians, VA staff that they may encounter in the greater, not only Veterans Health Administration, but like, all of VA. So making sure that our staff know all of the different ins and outs, all of the nooks and crannies, all of the really important things that a Veteran may need care for, that they're able to, at a minimum, identify them and then get them connected to the other parts of VA to actually have those care needs addressed. Really, really important stuff.

Ryan, I want to come back over to you.

You mentioned that when we think about risk factors for suicide, that the landscape is pretty complex.

Now, I want to acknowledge for our listeners, I, I use the word complex a lot on these podcasts, and I fear that a lot of listeners may think, "well, Shawn, you're just using complex because you can't, like, speak clearly about a thing and just give us a very simple answer."

Sometimes that's true, but other times it's also because the picture is very messy and has a lot of different factors that interplay. And [00:10:00] despite our desire, our cravings to be able to simplify it, like maybe it's just the PTSD, right? Or is it the drugs? Is it the anger issues? It's really important for us to recognize all of these different risk factors and how they intermingle.

So Ryan, as best we can for our general audience here, can you tell us what are some of those risk factors, the common risk factors for suicide generally, and then if you can share a little bit more about how those risk factors may change when Veterans have a history of homelessness and housing instability.

Ryan Holliday: You hit the nail on the head with it, right? Like, I think a lot of times we do say complex when it comes to suicide risk and prevention, because there really isn't a simple answer, and there really isn't a way of stating it succinctly.

It's not just a mental health problem. It's not just a single factor problem, right? It's not because people are experiencing just depression, right? It's a lot of times this confluence of factors. And so a different way of viewing it or a different lens that we can take it from is [00:11:00] that Veterans who are experiencing or at risk for homelessness are often experiencing a lot of the same risk factors that we often talk about when we think about suicide, right? We think about a lot of the mental health concerns, things like PTSD, depression. I know you already mentioned things like substance use, as well as a lot of these chronic medical conditions, or histories of factors. Things like military sexual trauma or traumatic brain injury. When we're talking about this population, we're really thinking about a population who often experiences these diagnoses, these health conditions with increased propensity.

It's also important for us to take it from the lens and the context that we're talking about a population that really has differing needs and different experiences as they're going through the world.

If we want to use something as basic as Maslow's Hierarchy of Need, right? We're talking about a population that struggles to get to appointments, that struggles to find stable housing. When you put all these factors in the same equation, but then you add on [00:12:00] top of it, that these individuals are experiencing the additional hardship of accessing and engaging in care, I think we really can start to see why this is a population that's at heightened risk for suicide.

Shawn Liu: Yeah, those are really great points, and I know you and I have done a lot of presentations talking about this particular intersectionality of suicide prevention and homelessness. And whenever we've done so, we also talk about the different ways in which you do a risk assessment. And Kenny, I know we're going to talk about that a little bit, but I just want to acknowledge that a lot of the general risk factors that we want members of the public to know about, right? So if somebody has a prior suicide attempt, if they have medical, mental health or substance issues that are chronic in nature, if they have access to lethal means, I hope we're going to talk a little bit about lethal means safety, right? So access to guns or opioid medication. If they've experienced recent loss or financial challenges, whether they be relational or roles in life, I know employment has a lot to do with people feeling connected, and of course, [00:13:00] homelessness.

But when we think about assessments for risk, the other thing that I think has been so important to talk about is that people not only have risk factors, and we focus on the negative, but many folks have protective factors too. And you

touched on this a little bit, right? The things that can offset risk. And a lot of that can be access and engagement in healthcare, VA healthcare, especially mental healthcare for those mental health needs, things like a sense of connectedness, belonging, roles in life. Social and financial stability, a sense of spirituality. When we think about the things that we as clinicians or providers or folks who are focused on public health, our goal for individuals and probably members of the community is to minimize the risk factors as much as possible while boosting as much as possible all of those protective factors.

And for a lot of our clinicians, it means increasing access to care, but I think for a lot of our members of the community, it's all of those other kind of like social determinants that you mentioned, like employment, spirituality, having a role in life, [00:14:00] having strong, emotional and relational connections.

A lot of this has been focused on like general risk of suicide. Ryan, in your research, are there specific things about homelessness and housing instability that further increase a Veteran's risk for suicide?

Ryan Holliday: Shawn, I think you're stealing my notes that I wrote down on this, because I literally had written down the follow up, I know, I know. I'd written down, follow up with protective factors.

I'm so glad that you touched upon this. Often when we think about mental health and suicide prevention, we focus so much on the negative, right? And I think it is important, right, things you're talking about in terms of like, hey, if a Veteran has PTSD, getting them into our great evidence-based treatments like cognitive process aiding therapy, prolonged exposure therapy, we know that can help people not just in terms of their PTSD, but also reducing their risk for suicide.

When we think about Veterans who are homeless or at risk for it, some of the things that come to mind are really some of the factors you already touched upon. I'd really even like to take it a step further when we're talking about this connectedness, because this is a [00:15:00] population that, because sometimes they don't have those cemented roots of stable housing, whether it means that they're living in an emergency shelter, whether it means they're in transitional housing.

When we talk to these Veterans, a lot of times they're saying, " Hey, I built this community, and I'm so glad that you got me into this more stable arrangement where it's easier for me to get access to care, and I've lost all my friends," right?

And when we think about suicide, we know connectedness is such a protective factor.

When we also talk to these individuals who are accessing care, who do take those steps to come in, whether it's into a triage-based setting, something like an emergency department or urgent care, or even things like, Health Care for Homeless Veterans, or mental health, there tends to be this underlying sentiment of feeling stigma, feeling as if the provider is judging them. Thinking, "Hey, this individual is looking at me, and they know I'm homeless". That brings this feeling of, " I'm different than the other people who are in this waiting room. I'm different than the other people that this individual sees [00:16:00] sometimes." And they sometimes feel as if they're not provided the same level of care.

There's just so many things that we do great in the VA and that we can continue to do to really meet the needs of these Veterans. Because the last thing we want to do is have someone sitting in front of us, seeking help, and not meet them where they're at with what they need.

Shawn Liu: I'm really glad you brought up stigma. Stigma is a theme that keeps coming up on this podcast so often.

Kenny, I wanna come over to you. So we've talked a lot about what those risk factors are, how they might be unique for homeless Veterans. One of the things that's really important for us is recognizing that because Veterans with a history of homelessness or are currently homeless are at increased risk of suicide, and acknowledging that VA homeless program staff are oftentimes, like, the first person that a Veteran sees, it's really important for us to be able to identify when Veterans, in the moment, when we're actually talking to them, when we're actually assessing them and getting them connected to resources, that we identify that [00:17:00] Veterans are actively, acutely at risk for suicide, that we get them connected to the right care.

Kenny, how are we going about doing that in homeless programs?

Kenneth Bruemmer: Homeless programs staff generally follow the same procedures as office based VA staff that you would find at a VA medical center or an outpatient clinic for suicide risk screening and evaluation.

What makes it more complicated is that often homeless programs staff are operating out in the field. They're seeing Veterans in public, maybe in a coffee shop, or a fast food restaurant, or hotel lobby, or on a sidewalk. So they have to

conduct the screenings that most folks are used to conducting in a medical office, in any given setting in the public, you know, privacy permitting, and with the Veteran's willingness to participate.

Also, they have to be able to intervene while they're in the field, so you have to be able to do the screening and the intervention, and as you said, there are Veterans who may only get care through the homeless program or haven't been seen by the VA in a long time. So the VA homeless program staff are getting this screening out to Veterans who may not be screened for suicide risk because they're not [00:18:00] presenting to other VA care settings.

Broadly, there's three layers to the screening process. One is the universal screening requirement. VA policy requires that all Veterans who receive VA care be screened annually or offered a screening annually for suicide risk. It's built into the VA medical record as something called a clinical reminder. It's essentially a survey that pops up

Just to sort of demystify what is that screening, what are the questions, there are seven questions. And the first two are, "Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?"

Question two is, "Over the past month, have you had any actual thoughts of killing yourself?" And there's a series of questions that go on to clarify a person's intent or plan to carry out some sort of self harm.

Shawn Liu: If I understand correctly, when we think about universal screen, it's this idea that at a minimum, we basically just need to screen everybody because, especially Ryan, you brought up the issue of stigma. There are a lot of Veterans who are experiencing homelessness or housing [00:19:00] instability that like, for lack of a better term, pass pretty well as if they were housed or not experiencing significant crisis. For many Veterans who are going through intense crisis, they don't look like they're going through a crisis.

Like they may keep their face and their appearance together, their clothes together. So you obviously just can't judge a book by its cover, whether or not somebody is at high risk. And so, at VA, we just want to make sure to be thorough, we screen everybody, because, just because you don't look like you're in a crisis, doesn't mean you're not in desperate need of a lot of care and support.

Kenneth Bruemmer: Absolutely, yes, and the same could be true for Veterans who are housed and maybe financially stable. They could appear that they're

doing well, but actually be at risk for suicide. So that is why it's policy in VA that all Veterans are screened yearly for suicide risk.

I think it's also important to acknowledge that Veterans do have the right to decline the screening if they don't want to participate in it.

Shawn Liu: I really appreciate you actually providing the questions that are asked during these screenings, because I can [00:20:00] imagine for many of our listeners, those are very on the nose and potentially intense. If done in a certain way could bring up a lot of emotions and tension.

Kenneth Bruemmer: What prepares our providers best for giving good care in the moment is training and practice. These are difficult conversations to have. And when people are new to this profession and they haven't done it a lot, it can be awkward, it can be difficult, it can be stressful. So I think the best things that we can do to prepare staff to do this well in the moment, especially in the field in high stress environments where you may not have backup or another VA staff member with you, is practice and mentorship and receiving good training through VA.

The MIRECC where Ryan works offers ongoing weekly training for all VA staff. They have a weekly technical assistance call where they present new content on suicide prevention. And staff can call in with questions and concerns from the field. They can call in with real life examples. So it's not just a matter of giving the initial training so that people understand [00:21:00] the policy and the procedures, but giving ongoing training based on feedback and real life scenarios that staff encounter so that they can get input and consultation and really build up their comfort and their skill. So that when it comes time to have that face to face encounter with a Veteran who is suicidal and needs some level of intervention, whether that be, just referral to outpatient mental health treatment for support or immediate hospitalization because of acute suicide risk, we want our staff to feel as comfortable and as confident as possible.

Shawn Liu: What I'm getting from you is that, in order for everybody to have a good experience so that we can best support the Veterans in probably the worst moments of their life, it's really important and incumbent upon all of us to bring our kind of best, most competent, most trained selves to that environment, because they are literally Veterans lives at stake, so I'm really, really excited to hear.

You mentioned other parts of the screening. I know we kind of took a little bit of a digression to talk about the universal component, but you mentioned there are other parts of [00:22:00] screening Veterans to identify risk for suicide?

Kenneth Bruemmer: Yes. So, aside from the annual universal screening that should be offered to all Veterans getting VA care, there's two other layers of screening.

One is called setting specific screening requirement, which means that in addition to the annual screen, if Veterans are getting care in certain other settings like outpatient mental health or homeless programs, they should be screened upon entry to those programs, regardless of if their yearly screen was recently done.

So, for instance, with homeless Veterans, as Ryan mentioned earlier, homeless individuals are at higher risk for suicide. So, even if they were screened within the last year when they enter a homeless program, We want our staff to screen them again to make sure that if they are recently suicidal upon entry to a homeless program, that we can get them connected with the appropriate level of care to support them.

So, that's another layer of screening that's offered through the homeless programs.

And then the last layer of screening is what we call when clinically indicated, which is just medical jargon, meaning[00:23:00] that if a VA health provider sees a risk factor in front of them in the moment in the Veteran, that they should screen that Veteran.

So, some examples of risk factors that are notable are if a Veteran has suicidal ideation and they state that they have intent to die by suicide, if they appear unable to maintain safety independently, if they have a recent attempt or ongoing preparatory behaviors. Also access to lethal means, and acute stressors like a job loss, relationship loss, or relapse on substance use.

So, in the moment, regardless of whether the annual screening is due, regardless of whether it's a setting specific screening requirement, if a VA clinician sees those warning signs in a Veteran, they should use their clinical judgment to determine if screening is warranted.

Shawn Liu: So, universal screening, making sure that we're just asking the question for everybody, because you never know. Setting specific screening so

that if you're coming to us for a specific type of services, by definition of you coming for those [00:24:00] services, you're already at heightened risk. And then indicated where, like, hey, it's, like, alarm bells are going off, let's go ahead and kind of take care of things for you.

Really, really important stuff.

Ryan, I want to come back over to you. Kenny just provided a lot of really, really great information on how we identify Veterans who are at risk. Once we do... What, what's, what's next? Like, okay, great, we've identified that someone's at risk for suicide. The most important thing is the support, the intervention, the care.

What are the ways in which VA does that for Veterans at risk of suicide?

Ryan Holliday: So one of the things I love the most about our system in the Department of Veterans Affairs is that we have the presence of both health and social services, right? So a lot of times when individuals are experiencing some of these factors, they have to access multiple different entities to get their needs met.

Just like Kenny was kind of saying earlier, we have these systems of care in place within the VA to really help identify how can we make this a one stop shop for the [00:25:00] Veteran. In terms of mental health, I know I talked about earlier some of our evidence-based treatments for PTSD. We also have some treatments that we're disseminating with really strong evidence for preventing suicide.

In particular, one we talk a lot about is cognitive behavioral therapy for suicide prevention, in addition to other things like medication management, which can be really helpful. However, I think it's also important when we're thinking about suicide prevention, especially among this population, that we don't discount that we can concurrently address some of these social factors.

I know you brought employment up earlier. We have things like vocational rehabilitation, as well as things like transitional housing. Another thing we haven't talked a ton about is the fact that we're also talking about a population that frequently is reentering society from places like prison, and we have things like Veterans Justice Outreach and Healthcare for Reentry Veterans. A lot of these services that work in an interdisciplinary capacity to think about all of these factors at the same time and [00:26:00] so we can create treatment plans

that are pragmatic in nature but can give the best therapeutic response to the Veteran.

Shawn Liu: What I'm hearing you saying is much of the public may think like, "Oh, there's gotta be some like specific mental health intervention for suicide." And what you're bringing up is that a lot of the ways that we address suicide is this all hands on deck approach touching on all of the different risk factors for any given Veteran.

So whether it's substance addiction, or a mental health condition, or employment, or family connectedness, that we actually have a lot of interventions and services and programs that can just start checking off all of those different risk factors one by one by one. And then, holistically, reducing a Veteran's risk for suicide. That it's not just the mental health treatment or the pharmacotherapy like the medications.

Kenny, I want to come back over to you. Ryan just gave us a nice, broad picture of the VA system as a whole and how we're supporting Veterans. One of the things that I've been inspired by, over the years, whenever I read [00:27:00] research, whether it's done by Ryan or other researchers on the intersections of homelessness and suicide prevention, is this growing awareness that VA homeless programs, the work that we do to house homeless Veterans, can be thought of as a suicide prevention intervention. Like, because you're addressing housing instability, and when you get them housed, and they're stable, that risk factor falls away. And so, I'm, I'm really kind of jazzed and proud of the work that the staff do across the country, because in many ways, helping Veterans get housed lowers their suicide risk. But I'd love to get your take on that, but also if you can touch on some of the other things that you've been working on since taking over the lead role and some of the things we've done historically, especially around lethal means safety and other ways to support Veterans who might be participating in our homeless programs.

Kenneth Bruemmer: I absolutely agree with you, and I might be stealing this phrase from you, but I think that homelessness prevention and housing resources are upstream suicide prevention. I can think of few things more stressful than being without a place to [00:28:00] live for an extended period of time. The amount of stress that we can reduce by helping people get housed and stay housed surely reduces their suicide risk. So, I absolutely believe that housing assistance is suicide prevention in its own right.

The way that we're supporting homeless program staff to support Veterans who may be suicidal is through a number of methods.

So, one is ongoing training. We've had a handful full of updated trainings this year for homeless program staff. Periodically, VA updates and revises its suicide prevention policy and procedures, so we have to make sure that our staff stay up to date on that.

Also, in the last year, we developed a toolkit for homeless program staff. There is a ton of suicide prevention content available within VA. And for people who are new to the system, or even people who've been around, if you go to the source for that content, it could be overwhelming how much there is. So we put together a toolkit specifically for homeless programs staff so that they can find the most relevant resources to learn about suicide prevention and [00:29:00] improve their practice.

We've also been continuously working to connect homeless programs staff with the existing training resources available through the MIRECC. So the MIRECC has this excellent community of practice that serves all of the VA different service areas, regardless of if it's mental health or medical care or homeless programs.

And so, rather than rebuilding some sort of wheel of having a suicide prevention training arm specifically for homeless program staff, we've been working to plug them into the existing community of training that exists within the MIRECC.

When it comes to lethal means safety, that factors into what we call safety planning. So when homeless program staff or any VA staff member have a Veteran screen positive for suicide risk, they conduct a Comprehensive Suicide Risk Evaluation where they get more detailed information on the individual's suicide risk.

And part of a Comprehensive Suicide Risk Evaluation sometimes is offering a safety plan if the Veteran is willing to engage in it. And so that covers protective factors and also how to stay [00:30:00] safe. One of the ways to stay safe is by limiting lethal means. Homeless program staff and all VA staff have access to gun locks through their local suicide prevention coordinators, so that's something that's readily available, and staff are trained to offer that resource to Veterans when it's needed.

Also, safe medication management is important. Part of the questions involved in a Comprehensive Suicide Risk Evaluation cover whether an individual has stockpiled medication or any other lethal means and there's training available to homeless program staff on how to counsel Veterans on reducing lethal means

available in their environment which could mean safely storing medication or removing it from the environment, if that's appropriate.

Shawn Liu: I'm really glad you touched on the different components of lethal means safety, especially like gun locks, safe medication storage. One of the things that has been a really important component of suicide prevention is that lethal means safety, right?

Like, there's a lot of research that suggests that if you can put literal, [00:31:00] actual time and space between the moment that somebody has an idea to die by suicide, and the action to do it, so physically, like, moving the guns in a different room, or putting a physical lock on it so it actually takes longer to get access to it, or stowing the medication somewhere and the key somewhere else, so you have to go down the hall to get the key and then unlock it, all of that time and space causes a delay that really reduces, because in many ways, a lot of suicide attempts are impulsive acts, so if you put all these actual nuisance barriers, they actually create a really, really big difference and save a lot of lives. And for many of the Veterans in homeless programs, they're in their own places right now, and so can absolutely benefit from things like gun locks and safe medication storage.

Ryan, as we start bringing this episode to a close, for members of the public who are listening to all this stuff and may feel relief that VA is doing a lot of things, but who may also feel disempowered that, "Well, [00:32:00] I'm not a, I'm not a counselor, I'm not a clinician, I'm not a social worker, I'm not a doctor, I'm not a psychiatrist, there's nothing for me to do to help." So they might feel disempowered.

And I'm not a public health expert, but my understanding about VA's public health approach to suicide prevention is really mobilizing everybody else outside of the walls of VA, right? Like general members of the public, my neighbor next door, the business owner down the street, different communities, because in many ways, those members of the public have way more encounters, way more interactions with Veterans experiencing crises than we at VA, so we have to kind of like mobilize them.

So for those members of the public who are interested in being part of this work to reduce and end Veteran suicide, but who may feel disempowered, how can they help?

Ryan Holliday: It really harkens back to a lot of the things that Kenneth was talking about. It's integral that we identify those who are at risk. And it's very

rare that people are [00:33:00] coming in when they're at risk and seeing a social worker, seeing a counselor, seeing a psychologist, or a psychiatrist.

In fact, where they're presenting a lot of times, is community-based organizations or organizations that are providing general care. Because of that, I think it's also really important to discuss things like S.A.V.E. Training and PsychArmor which really are focused on how we can train individuals who maybe their explicit role isn't to be someone who's providing cognitive behavioral therapy for suicide prevention or dialectical behavior therapy, but rather to think about how can we all work together to see some of these really common warning signs, things like depression, hopelessness, and to think about, "Hey, I can be that critical intercept that identifies someone in need and gets them connected to the care that they might not already be engaged in."

Shawn Liu: I'm glad you brought up S.A.V.E. Training as well. A couple years ago, VA partnered with a group called PsychArmor to create a free online training module, not for us, but for you as members of the public, so that you can identify the signs of [00:34:00] suicide, know how to ask Veterans if they are feeling suicidal, how to validate their experience, and get them connected to VA for help. We're gonna put a link to that PsychArmor training. It's only about 25 minutes. It's free. We encourage you all to listen to it, to watch it, because there might be a day, I guarantee you there's going to be a day, you're going to be walking out in the public, you're going to meet a Veteran, they're going to be really, really despairful, and that could be a great opportunity to help them out.

As we bring this episode to a close, we're gonna close out with our tradition, we're gonna close with why.

Now, Ryan, we got to hear your amazing why when you were on with us last year for the episode on Military Sexual Trauma. So Kenny, I wanna give you the opportunity, as we close out the episode for this month, what's your why for this work?

Now, folks who've been listening in know that I'm not a Veteran. Because I'm not a Veteran, it's really important for me to communicate that this is not just another job for me, I'm not just collecting a paycheck, that I'm here for the mission, that I'm here for them.

So for [00:35:00] somebody who's very similar like me, who's really, really passionate about this work, who's doing amazing things in the Homeless Patient Aligned care teams and with suicide prevention, for the Veterans listening in, what's your why for this work?

Kenneth Bruemmer: It's a couple things.

I think mental health struggles and homelessness are so detrimental to people's overall well being and life satisfaction. I find it really important and I get a lot of satisfaction from working in a system where we provide services to help people get back on their feet. I think sometimes if you're struggling with mental health or homelessness, you can really fall into a rut that it's hard to get out of on your own.

And having the services like what we have in VA really can help people get their life back, and I'm just really thrilled to be a part of a system like that.

More specifically, both of my grandfathers were World War II Navy Veterans, and I know that their military service took a toll on them personally, and has had ripple effects throughout the family and the generations. I really think it's important and I take pride in [00:36:00] helping to create a system that helps Veterans and their families have a better quality of life.

Shawn Liu: Dr. Ryan Holliday is a clinical research psychologist at the Rocky Mountain MIRECC for Suicide Prevention. And Kenny Bruemmer is the program analyst for Homeless Patient Aligned Care Teams here in the Homeless Programs Office.

Ryan, Kenny. Thank you so much for the gifts of your time.

Ryan Holliday: Thanks again for having me.

Kenneth Bruemmer: Thanks, Shawn.

Shawn Liu: If you want to know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us online at www.va.gov/Homeless. And if you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number again is 877-424-3939.

That's all for this month. We've hope that you've found this time to be valuable and that you feel empowered. And our collective work to ensure that every [00:37:00] Veteran has a safe and stable place to call home.

Take care. [00:38:00]