

Recognizing and Managing Depression and Suicidality in Your Patients

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Multiple Sclerosis Centers of Excellence



**National
Multiple Sclerosis
Society**



Welcome

- Q & A Instructions
- House Keeping
- Claiming Your CME/CE



VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Multiple Sclerosis Centers of Excellence

Introduction



Rosalind Kalb, PhD, is a clinical psychologist who has specialized in MS care and education for close to 40 years. After receiving her doctorate from Fordham University in 1977, she began her career in MS, providing individual, group, and family therapy at the Medical Rehabilitation Research and Training Center for MS at the Albert Einstein College of Medicine and then at the MS Comprehensive Care Center in White Plains, NY. Dr. Kalb joined the National MS Society in 2000, creating online resources and educational materials for individuals and families living with MS and healthcare professionals until 2017. She continues her resource development work for the Society as a consultant and also serves as Senior Programs Consultant for Can Do Multiple Sclerosis. Dr. Kalb is senior author of *Multiple Sclerosis for Dummies* (2nd ed.), and co-author of *Multiple Sclerosis: Understanding the Cognitive Challenges*. In addition, Dr. Kalb has edited two books—*Multiple Sclerosis: The Questions You Have; The Answers You Need*, now in its 5th edition, and *Multiple Sclerosis: A Guide for Families*, now in its 3rd edition.



Margaret Kazmierski, MSW, LCSW-C, CCM, graduated from the University of Maryland School of Social Work, Baltimore, MD, with a concentration in Mental Health and Aging in 2001. She started her clinical social work career in geropsychiatry serving both inpatient and day hospital patients at the University of Maryland Medical Center. Ms. Kazmierski gained further clinical experience with anticipatory grief, narrative therapy, and end of life care at Gilchrist Hospice. She worked in operations as Director of Services for National MS Society as well as Director of Adult Day Care services at Keswick Multi-Care Center. Ms. Kazmierski began working at the VA Maryland Health System in 2010 as Senior Social Worker for the MS Center of Excellence-East and Spinal Cord Injury Clinic Program Coordinator. Ms. Kazmierski has been teaching as a part-time adjunct professor at the University of Maryland School of Social Work since 2016, concentrating in teaching the Clinical Social Work with Aging and Families course in the Fall semesters and the Social Work with Military, Veterans and Families course in the Spring Semesters. Recently, she became the recipient of the UMB School of Social Work Dean’s Teaching Award for Spring 2018 class-Social Work with Military, Veterans and Families. She has served as a Field Instructor for MSW interns from UMB, Salisbury University, and Morgan State University for over 10 yrs.

Ms. Kazmierski presented nationally at both the Consortium of MS Centers Annual Conferences and the Paralyzed Veterans of America Annual Summits. Her presentations have centered on the topics of best social work practices with chronic illness, caregiving and caregiving support, as well as identifying effective resources and tools for clinicians working with older Veterans with chronic illness.



National
Multiple Sclerosis
Society



U.S. Department of Veterans Affairs
Veterans Health Administration
Multiple Sclerosis Centers of Excellence

Place holder for polling Q1

- Please tell us who you are
 - Physician
 - NP or PA
 - Nurse
 - Rehabilitation Professional
 - Mental Health Professional
 - Other

Frank – 68yo Married Veteran with SPMS

- Vietnam Era combatant – non-service connected, diagnosed 20 yrs ago
 - Past history of alcohol abuse and rehab
- Recently needing more assistance with ADL's and IADL's
- Wife, Laura, works F/T – commutes 1.5 hours each way 2 days/wk
- One child still lives at home, but works nights/sleeps days
- Laura concerned about Frank's deteriorating mood and cognitive status
 - Increasingly isolated from friends and activities
 - Stays home more, despite his adaptive van
- Frank tells his care team that he “just doesn't see much point...”
- Laura is feeling overwhelmed, overburdened and concerned
- Tensions are high and communication is almost nil



Claire – Support Partner for Rick, dx 10 yrs ago

- A home-based financial analyst – worried about her job
 - Assists Rick with eating, toileting, getting up after a fall
- Experiencing significant back and neck pain related to transfers and helping Rick get up from falls
- Has gained 25 lbs. and her BP is elevated
- Has begun drinking alcohol to help her sleep at night
- Urged by their two adult children to hire outside help – but Rick won't have strangers in the house.
- Has become increasingly irritable and worried about the future; feels she is failing in every area of her life
- Claire and Rick aren't talking about his care or her concerns because they don't want to upset one another



What We Know about Depression in MS

- **Incidence in MS: 979 per 100,000 – equal to the combined prevalence of anxiety, bipolar affective disorder and psychosis (Marrie et al., 2015)**
 - Up to 50% of MS patients will develop a major depression in their lifetime (Minden & Schiffer, 1990)
- **Impact of depression on individuals and families (Marrie et al., 2012); Feinstein et al., 2014)**
 - Reduces quality of life
 - Makes other MS symptoms feel worse
 - Disrupts communication, relationships, partnerships
 - Interferes with functioning at work and home
 - Compromises self-care, wellness activities
 - Increases the risk of suicide

Etiology of Depression in MS

- Associations with brain lesion volume, atrophy, subtle changes in normal-appearing brain tissue account for about 40% of the variance in explaining depression (Feinstein et al., 2004)
- Functional MRI shows abnormal prefrontal-subcortical network connectivity in depressed as well as euthymic MS patients who are challenged with emotion-laden stimuli (Passamonti et al., 2009)
- Abnormalities in the immune system (Feinstein et al., 2010)
- Psychosocial factors (poor coping strategies, uncertainty, loss of hope) account for 40% of the variance (Lynch et al., 2001)

Depression is a common symptom of MS

Diagnosing Depression in MS – The Challenges

- “Don’t ask/don’t tell” – Depression in MS patients is overlooked and undertreated (Feinstein, 2011)
 - Overlap of MS and depression symptoms
 - Fatigue
 - Physical and cognitive slowing
 - Sadness
 - Sleep disruption
 - Weight gain or loss
 - Differentiating normal grieving from clinical depression
 - **Note: The National MS Society recommends baseline screening and periodic screening thereafter**
-



Treatment Options

- Antidepressant medication
- Cognitive behavior therapy
- Exercise

Note: Self-help groups, peer support, stress management and other strategies can be useful adjuncts to treatment but are not sufficient in and of themselves

Feinstein et al., 2014; Feinstein, 2011



What We Know about Suicidality in MS

- Suicidal thoughts/thoughts of self-harm are common in people with MS (Viner et al., 2014; Turner et al., 2006)
- In one study using structured interviews, major depression, anxiety disorders, co-morbid depression and anxiety disorders and alcohol use disorder were all associated with suicidal thinking, along with living alone, family history of mental illness (Feinstein, 2002)
 - One-third of these patients had received no psychological help and two-thirds with major depression and suicidal intent were not receiving therapy

Feinstein & Pavisian, 2017

Placeholder for Polling Q2

- Have you treated a patient who expressed suicidal ideation or intent?
 - Yes
 - No

Placeholder for Polling Q3

- Have you had a patient die by suicide?
 - Yes
 - No

Suicide Rate in MS

- Using the standardized mortality ratio (the ratio of the observed number of deaths in people with MS over a given period to the number of deaths in the general population, factoring in an age correction), the suicide rate in MS is about twice that in the general population (Manouchehrinia et al., 2016)

Risk Factors for Suicide

- Women are more likely to attempt suicide; men are more likely to complete it (Brenner et al., 2016)
- One study suggests that the first year after diagnosis is the period of greatest risk, particularly in young males (Bronnum-Hansen et al., 2005)
- Other studies extend this risk period to five years (Sumalahti et L, 2010; Fredrikson et al, 2003; Stenager & Stenager, 1992)



Recognizing the Warning Signs

- Positive depression screen
- Abrupt changes in health and/or behavior (stopping exercise, being less socially active, putting affairs in order, increasing intake of alcohol or other substances)
- Statements of hopelessness or worthlessness
- Worry about being a burden
- Inadequate support system
- Engaging in risky activities impulsively

Kalb et al., 2019

Taking Action in the Comprehensive Care Setting

- Have a full protocol in place with adequate training
- Assess patient's safety and environment
- Reinforce the therapeutic relationship
 - Schedule more frequent visits, including family/friends when possible
 - Limit refills on potentially harmful medications
 - Refer promptly for mental health services
- Ask specific and direct questions
 - Current/past thoughts of self-harm;
 - Access to means

Kalb et al., 2019

Taking Action in the Private Practice, Non-Mental Health Setting

- Use a depression screening tool with all patients
 - PHQ-9, PHQ-2 (Kroenke & Spitzer, 2002; Kroenke et al., 2003)
- Be familiar with HIPAA and state law compliance rules
- Include the ‘requirement to report’ in your Notice of Privacy Practices
- Be prepared for unexpected conversations
- Be familiar with community and professional resources that can assist you and to whom you can make referrals
 - Mental health colleagues, local law enforcement, local EMS responders

Veteran-Specific Risks

- Frequent deployments to hostile environments (though deployment to combat does not necessarily increase risk)
- Exposure to extreme stress
- Physical/sexual assault while in the service (not limited to women)
- Length of deployments
- Service-related injury



Placeholder for Polling Q4

- As a provider, what is your biggest challenge in integrating suicide assessment into your practice?
 - Not sure how to do it
 - Lack of time
 - Not sure what to do if my patient is experiencing suicidal ideation
 - Not able to hand the patient off to appropriate person if needed
 - Other

VA Data Suicide Data Points *



- Rate of Suicide is 1.8 times **higher** among Female Veterans compared with non-Veteran adult women
- Rate of Suicide is 1.4 times **higher** among Male Veterans compared with non-Veteran adult men
- Male Veterans ages 18-34 experienced higher **rates** of suicide
- Male Veterans over age 55 had the higher **count** of suicide

- ***69% of all Veteran suicide deaths resulted from a firearm injury***

*Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention. Veteran Suicide Data Report, 2005–2016. September 2018. https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508-compliant.pdf



Suicide Prevention – Need for Expanded Reach



**Essential for the VA to work together with community partners to reach all Veterans*



S.A.V.E.: Teaching Communities How to Help Veterans at Risk for Suicide

S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is in suicidal crisis.

S.A.V.E. training video: Watch a free online suicide prevention training video at:

<https://psycharmor.org/courses/s-a-v-e/>

- **S**igns of suicidal thinking should be recognized.
- **A**sk the most important question of all.
- **V**alidate the Veteran's experience.
- **E**ncourage treatment and Expedite getting help.

Asking the question

- “Are you thinking about killing yourself?”



Validate the Veteran's experience

- Talk openly about suicide. Be willing to listen and allow the Veteran to express his or her feelings.
- Recognize that the situation is serious.
- Do not pass judgment.
- Reassure that help is available.



Encourage treatment and Expedite getting help

- **What should I do if I think someone is suicidal?**
 - Don't keep the Veteran's suicidal behavior a secret
 - Do not leave him or her alone
 - Try to get the person to seek immediate help from his or her healthcare provider or the nearest hospital emergency room, or
 - Call 911
- **Reassure the Veteran that help is available**
- **Call the Veterans Crisis Line at 1-800-273-8255, Press 1**

Encourage treatment and Expedite getting help

Safety Issues:

- **Never negotiate with someone who has a gun**
 - Get to safety and call VA police, security, or 911
- **If the Veteran has taken pills, cut himself or herself or done harm to himself or herself in some way**
 - Call VA police, security, or 911
- **Call the Veterans Crisis Line at 1-800-273-8255, Press 1**



Encourage treatment and Expedite getting help

- **Remember: When a Veteran at risk for suicide leaves your facility, provide suicide prevention information to the Veteran and his or her family**
 - **Veterans Crisis Line number 1-800-273-8255 Press 1 for Veterans**
 - Veterans Crisis Line brochures and wallet cards



Frank – 68yo Married Vet with SPMS

- Vietnam Era combatant – non-service connected, diagnosed 20 yrs ago
 - Past history of alcohol abuse and rehab
- Recently needing more assistance with ADL's and IADL's
- Wife, Laura, works F/T – commutes 1.5 hours each way 2 days/wk
- One child still lives at home, but works nights/sleeps days
- Laura concerned about Frank's deteriorating mood and cognitive status
 - Increasingly isolated from friends and activities
 - Stays home more, despite his adaptive van
- Frank tells his care team that he “just doesn't see much point...”
- Laura is feeling overwhelmed, overburdened and concerned
- Tensions are high and communication is almost nil



Claire – Support Partner for Rick, dx 10 yrs ago

- A home-based financial analyst – worried about her job
 - Assists Rick with eating, toileting, getting up after a fall
- Experiencing significant back and neck pain related to transfers and helping Rick get up from falls
- Has gained 25 lbs. and her BP is elevated
- Has begun drinking alcohol to help her sleep at night
- Urged by their two adult children to hire outside help – but Rick won't have strangers in the house.
- Has become increasingly irritable and worried about the future; feels she is failing in every area of her life
- Claire and Rick aren't talking about his care or her concerns because they don't want to upset one another



VA Resources for Veterans and Families FAMILIES

- **Suicide Prevention Coordinators**

Each VA medical center has a Suicide Prevention Coordinator to provide Veterans with the counseling and services they need. As appropriate, callers to the Veterans Crisis Line are referred to their local Suicide Prevention Coordinator.

- **MakeTheConnection.net**

Visit ***MakeTheConnection.net*** to hear Veterans' candid descriptions of dealing with suicidal thoughts and behaviors. A variety of Veterans — men and women, younger and older — talk about their emotions, actions, symptoms, and what they did to get on a path to recovery.

- **[Coaching Into Care](#)**

Family members and friends who are seeking care or services for a Veteran can call VA's Coaching Into Care national telephone service at **888-823-7458**. Licensed psychologists and social workers help each caller find appropriate services at a local VA facility or elsewhere in the community.



VA Resources for Veterans and Families

- **Information and Support After a Suicide Attempt: A VA Resource Guide for Family Members of Veterans ([English/Spanish](#))**
This guide provides Veterans and their families with informational and support resources. It contains information on self-care, care for others (particularly children), and care for the suicide attempt survivor. *(Developed by the [Rocky Mountain MIRECC](#))*
- **[VA ACE Card](#) and [VA ACE Brochure](#)**
ACE (“Ask,” “Care,” “Escort”) summarizes the steps that Veterans and their family members and friends can follow to take an active role in suicide prevention. The VA ACE card is a pocket guide supported by the VA ACE brochure, which provides more in-depth information. *(Developed by the [Rocky Mountain MIRECC](#))*
- **[Suicide Prevention: A Guide for Military and Veteran Families](#)**
Family members are often able to tell when a loved one is in crisis because they know that person best. If you think a loved one is suicidal, you may be feeling scared and helpless — but there are ways you can help. This guide will help you recognize when someone is at risk for suicide and understand the actions you can take to help. *(Developed by the [Rocky Mountain MIRECC](#))*



Free Cable Gun Locks

- We have given out over 7,000 free gun locks since 2010:
 - Veterans and the Families of Veterans enrolled in VA Care
 - Community partners and stakeholders to share with Veterans they serve in the community



Other Important Resources

- **National MS Society MS Navigator® services (800-344-4867):**
 - Information, referral, support
 - Crisis intervention
 - Case Management
- **Can Do Multiple Sclerosis (www.CanDo-MS.org)**
 - In-person and online wellness education programs
 - Webinars, podcasts, Ask-the-Can-Do Team

RESOURCES for PROVIDERS

- **From Science to Practice**
A literature review series to help clinicians put suicide prevention research into action. The series translates evidence-based research into informative and practical steps that health care providers can use to help support their Veteran patients. The “From Science to Practice” series describes a number of suicide risk and protective factors. No single risk or protective factor on its own causes or protects against suicide. Topics include:
 - Loneliness – A Risk Factor for Suicide
 - Premilitary Risk Factors Associated With Suicide Among Veterans
 - Military Sexual Trauma – A Risk Factor for Suicide



Resources for Providers

- [Opioid Use and Suicide Risk](#)
 - [Improving the Safety of Lethal Means Prevents Suicide](#)
 - [Help With Readjustment and Social Support Needed for Veterans Transitioning From Military Service](#)
 - [Veterans Ages 18-34 May Require More Intensive Clinical Assessment to Prevent Suicide](#)
 - [Suicide Among Women Veterans: Risk Factors Associated with Mental Health and Emotional Well-Being](#)
 - [How Women's Reproductive Cycles and Sexual Health Affect Their Suicide Risk](#)
 - [Heightened Risk for Suicide Among Veterans Who Have Experienced Homelessness](#)
 - [Social Support and Belongingness as Protective Factors](#)
-

RESOURCES for PROVIDERS

- **Community Provider Toolkit**
<https://www.mentalhealth.va.gov/communityproviders/index.asp>
This toolkit supports the behavioral health and wellness of Veterans receiving services outside the VA health care system.
- **Suicide Risk Management Consultation Program**
VA providers and community providers who work with Veterans can receive free, one-on-one consultation to enhance their therapeutic practice. To get started, email SRMconsult@va.gov. The administrative staff will set you up with the consultant who can best answer your questions. (*Developed by the Rocky Mountain MIRECC*)

References

- Brenner et al. Multiple sclerosis and risk of attempted and completed suicide – a cohort study. *Eur J Neurol*. 2016;23(8):1329-36.
- Bronnum-Hansen et al. Suicide among Danes with multiple sclerosis. *J Neurol Neurosurg Psychiatry*. 2005;76(10): 1457-9.
- Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention. *Veteran Suicide Data Report, 2005–2016*. September 2018. https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508-compliant.pdf
- Feinstein A. An examination of suicidal intent in patients with multiple sclerosis. *Neurology*. 2002;59(5):674-8.
- Feinstein A, Pavisian B. Multiple sclerosis and suicide. A topical review. *Mult Scler*. 2017;23(7):923-7.

References, cont'd

- Feinstein et al. The link between multiple sclerosis and depression. *Nat Rev Neurol*. 2014;10(9):507-17.
- Feinstein et al. Structural brain abnormalities in multiple sclerosis patients with major depression, *Neurology*. 2004;62(4):586-90.
- Feinstein et al. Diffusion tensor imaging abnormalities in depressed multiple sclerosis patients. *Mult Scler*. 2010;6(2): 189-96.
- Fredrikson et al. Elevated suicide risk among patients with multiple sclerosis in Sweden. *Neuroepidemiol*. 2003;22(2):146-52.
- Kalb R et al. Depression and Suicidality in Multiple Sclerosis: Red Flags, Management Strategies, and Ethical Considerations. *Current Neurology and Neuroscience Reports* (2019) 19:77
- <https://doi.org/10.1007/s11910-019-0992-1> Open Access
- Kemp, J., & Bossarte, R. M. (2012). Surveillance of suicide and suicide attempts among veterans: addressing a national imperative. *American journal of public health*, 102 Suppl 1(Suppl 1), e4–e5. doi:10.2105/AJPH.2012.300652

References, cont'd

- Kroenke K, Spitzer RL. The PHQ-9: A new depression and diagnostic severity measure. *Psychiatric Annals*. 2003;32:509-521).
 - Kroenke K, Spitzer RL, Williams, JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Medical Care*. 2003;41:1284-92.
 - Lynch et al. The relationship between disability and depression in multiple sclerosis: the role of uncertainty, coping and hope. *Mult Scler*. 2001;7(6):411-16.
 - Manouchehrinia et al. Mortality in multiple sclerosis: meta-analysis of standardized mortality ratios. *J Neurol Neurosurg Psychiatry*. 2016;87(3):324-31.
 - Marrie et al. Differences in the burden of psychiatric comorbidity in MS vs. the general population. *Neurology*. 2015;85(22):1972-9.
-

References, cont'd

- Marrie et al. Cumulative impact of comorbidity on quality of life in MS. *Acta Neurol Scand.* 2012;125(3):180-186.
- Minden S, Schiffer R. Affective disorders in multiple sclerosis. Review and recommendations for clinical research. *Arch Neurol.* 1990;47(1):98-104.
- Passamonti et al. Neurobiological mechanisms underlying emotional processing in relapsing-remitting multiple sclerosis. *Brain.* 2009; 132(Pt 12):3380-91.
- Stenager EN, Stenager E. Suicide and patients with neurologic diseases: Methodologic problems. *Arch Neurol.* 1992;49(12):1296-1303.
- Sumalahti et al. Causes of death among patients with multiple sclerosis. *Mult Scler.* 2010;16(12):1437-42.
- Viner et al. Prevalence and risk factors for suicidal ideation in a multiple sclerosis population. *J Psychosom Res.* 2014;76(4):312-16.

Claim CME/CE Certificates

Complete the program evaluation

<https://www.surveymonkey.com/r/recognizingdepression>

Link to brief post test and certificate -

<https://www.classmarker.com/online-test/start/?quiz=tp45d712833307d0>