

Mental Health Care and Suicide Prevention Through Expert Panel Recommendations

An Independent Evaluation of the Department of Veterans Affairs (VA) Integration of Best Practice Care



Aptive HTG serves as an independent evaluator for VA to identify new and emerging best practices in Veteran suicide prevention initiatives, including convening and facilitating a Subject Matter Expert (SME) panel, interviewing experts within the realms of mental health and suicide prevention, and review of VA's efforts and progress towards implementing the recommended best practices.

Benefits of a Best Practice Panel

Aptive HTG leads a process of identifying and implementing best practice care at VA. Utilizing annual panels and conducting interviews with mental health and suicide prevention experts who bring clinical, research, and systems-oriented perspectives encourages the translation of mental health and suicide prevention best care innovations into policy and programs.

Aptive HTG presents an important perspective on utilizing a panel of mental health and suicide prevention experts, both internal and external to VA, who bring clinical, research, and systems-oriented experience to translate innovative best practice care into policy and programs. This helps ensure VA constantly has a finger on the pulse of new and emerging mental health and suicide prevention treatments in a variety of focus areas, including:

- Treatment Resistant Depression (TRD)
- Post-Traumatic Stress Disorder (PTSD)
- Virtual Care in the context of Covid-19
- Diversity, Inclusion, and Health Equity (Marginalized and Minority Groups)
- Increases in ETOH-related Mortality
- Department of Defense (DoD) to VA Transition

AUTHORS

Kristin Washington, PsyD, PMP

Asia Huggins, MS

Lauren Shaw, BBA

Katherine Gorman, LCSW

Expert Panel Review: Best Practice Selection Process

The best practice interviews yielded 35 recommendations that met the criteria of being a best practice. These best practices included clinical, organizational, and implementational recommendations. Associated documentation (e.g., articles, publications, presentations, scientific literature) provided by the interviewee as evidence of that recommendation was also collected and organized with its respective best practice.

The Expert Panel scores best practice recommendations based on 1) the level of evidence, 2) the applicability and feasibility to VA, and 3) the level of innovation of the recommendation. The Panel reviews this evidence along with the VA's summary of progress on the previous recommendations.

Aptive HTG then provides the Panel with a rating spreadsheet to help them indicate their independent ratings based on a four (4) point Likert scale applied to each candidate's best practice on:

- Evidence of outcomes
- Applicability of the recommended best practice to VA mental health and suicide prevention programs
- Level of innovation

The rating sheet goes on to ask: Should this best practice be combined with another identified best practice in this list? If the expert reviewer answers "Yes," they were asked to name the best practices that should be combined.

Finally, the Panel is asked to select their top 3 priority best practices using the abovementioned characteristics.

Final recommendations are chosen based on an overall assessment of whether the recommendation is a high-priority, high-impact best practice that can be recommended to the Veteran Health Administration (VHA)?

The Aptive team is committed to assisting VA with the early identification and implementation of best practices, and will continue to improve treatment outcomes through the use of empirically supported practices.



Best Practices at Work

Brief Cognitive Behavioral Therapy (BCBT) for Suicide Prevention:

BCBT for suicide prevention is a recommended best practice within the DoD clinical practice guidelines based on its efficacy demonstrated among active-duty U.S. military personnel and nonmilitary populations and across gender and race differences.

As part of the Suicide Prevention 2.0 Clinical initiative, VA has trained 87 therapists in the 12-session Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) treatment (recommended by the 2019 Clinical Practice Guidelines for the Assessment and Management of Patients at Risk for Suicide). To date, 994 Veterans have had one or more CBT-SP therapy sessions.

Somatic Treatment with Ketamine and Esketamine:

The field of interventional psychiatry has expanded dramatically in the past decade, and somatic treatments have been identified that can help Veterans living with Treatment-Resistant Depression (TRD) by alleviating symptoms and increasing their ability to function independently.

The availability of ketamine infusion and esketamine at VA facilities and the utilization of these medications by Veterans with treatment-resistant depression (TRD) continues to increase. In FY 2021, 78 facilities (55.3%). 696 Veterans were treated with ketamine infusion in FY21, and 245 were treated with esketamine. Since FY15, the number of facilities offering any form of ketamine more than doubled. Similarly, the number of patients treated with ketamine increased from 77 in FY15 to 941 in FY21, a 9-fold increase for ketamine infusion over six years and a near doubling in esketamine utilization since esketamine was approved for TRD in 2019.

Repetitive Transcranial Magnetic Stimulation (rTMS):

Many people who experience major depressive disorder do not respond to traditional pharmacology treatment. For those individuals, rTMS has been shown to alleviate symptoms of depression (Kaster, 2019). The treatment is non-invasive and given on an outpatient basis.

In FY21, 110 VA facilities (78.0%) offered rTMS, treating 1,703 Veterans with the modality. Since FY15, the number of VA facilities making rTMS available increased by 25, and those with onsite clinical programs increased almost 3-fold from 16 in FY15 to 42 in FY22. Similarly, the number of Veterans utilizing rTMS tripled from 463 in FY15. A robust community of practice has facilitated this increase in the availability and utilization of rTMS.

Expanding Linguistics and Culturally Competent Mental Health Materials:

VA has expanded their linguistically and culturally appropriate suicide prevention materials for mental health care providers, interpreters, and patients. These materials are prepared not only with language translation but take into account the religious, cultural, and interpersonal styles of individuals who identify with particular groups.

VA's Suicide Prevention 2.0 Clinical Initiative has implemented a two-pronged approach to facilitate the development of linguistically and culturally appropriate mental health care materials as well as culturally responsive delivery of evidence-based psychotherapies (EBPs) for suicide prevention, including Problem Solving Therapy for Suicide Prevention (PST-SP), Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) and Dialectical Behavioral Therapy for Suicide Prevention (DBT-SP).