

*RMIRECC Short Takes on Suicide Prevention*

Insomnia, Treatment, and Finding a Path to Better Sleep with Drs. Carolyn Greene and Andrew Moon

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(Text Transcript Follows)

[00:00:00] Music

**[00:00:11] OPENING MONOLOGUE:**

**Dr. Sarra Nazem (SN):** Hi, everyone. Thank you so much for joining us for today's Rocky Mountain MIRECC Short Takes on Suicide Prevention podcast. My name is Sarra Nazem, and I'm a clinical research psychologist at the Rocky Mountain MIRECC. I'm joined by two guests today, Dr. Carolyn Greene and Dr. Andrew Moon, who will be helping us better understand the relationship between insomnia and risk for suicide, a critical topic when thinking about suicide prevention in the Veteran population. I'm already getting excited about our content. But, before I get too far in, I wanted to say hello to our two experts.

**[00:00:42] Interview:**

**Dr. Carolyn Greene (CG):** Hi, Sarra, thank you for having us here today.

**Dr. Andrew Moon (AM):** Hi Sarra, yeah, thanks for having us.

**(SN):** Definitely, thanks to you both. Uhm, before I get back into that content that I'm super excited about, I wanted to just have the two of you briefly introduce yourselves, and, kind of where you're working and some of your expertise. I'll start with you, Dr. Greene.

**(CG):** Hi, uhm, I'm Carolyn Greene. And, I am the National Program Manager for Web-based self-help in VA's Office of Mental Health and Suicide Prevention. Uhm, I'm a clinical psychologist by training, and, before my current job, I worked at the National Center for PTSD. And that's where I started, uhm, doing some work using video conferencing and other kinds of technology

to expand access to care, mental health, uhm, services. And, my current role, uhm, I develop a web-based portfolio of sort of online educational programs to deliver mental health care to Veterans, and I'll be talking a lot today, I think, about paths to better sleep, which is our most recent offering, and that is delivering an- an intervention that's specifically for insomnia.

(SN): Great, so happy to have you. Uhm, Dr. Moon, would you mind introducing yourself?

(AM): Sure. Uhm, I'm Andrew Moon. Uh, I'm the Associate Director of Education and Training in VA's Office of Mental Health and Suicide Prevention. Uh, I'm also a clinical psychologist by training with a subsp- subspecialty in PTSD and trauma work. Uh, before I joined the VA team, I actually worked with the Peace Corps as their Chief of Clinical Operations in their counseling and outreach program. Uhm, and I'm just joining the suicide prevention team after working at the Washington, DC VA Medical Center. Uh, at the Office of Mental Health and Suicide Prevention, one of my main goals and my role is actually to establish a training curriculum that is current, innovative, and evidence-informed and allows the field to serve multiple audiences at multiple levels and various roles.

(SN): Fantastic. So, we've got three clinical psychologists on the line, but I promise—

(CG): [Laughter]

(SN): it will definitely be engaging and worth your time. Uh, thank you both, again, for joining us. We've got, uh, some great experts with us today. So, I can't wait to dig in, uh, with both of you. But I wanted to start off this podcast by thinking big picture first, on the importance of sleep. So many of us know that sleep is important, especially when we've experienced the effects of bad sleep. But there's likely even more impact that sleep has than what we might regularly think of. So, I wanted to start there, with you, Dr. Greene. What are some of the benefits of a healthy sleep routine?

(CG): Sarra, I'm so glad that you asked. Uhm, because, sometimes, you know, people think of sleep as wasted time, or sort of a luxury to indulge in. But sleep is really essential to our well-being. And it- it's pretty critical in maintaining both our physical and mental

health. And, if you're not getting enough sleep, or if you're getting poor quality sleep, it can have a really harmful effect on many aspects of health. It's bad for your immune system and your endocrine system, and your cardiovascular health, and your brain function. And, you know, your overall quality of life, right? That, uhm, and so, on the flipside, when you do have a healthy sleep routine, when you are getting enough sleep, that improves your concentration, your productivity, your mood. It really contributes to your ability to perform physical activities and to, sort of enjoy interpersonal relationships. And what the research is showing, is that having a healthy sleep routine can actually help prevent mental health conditions, such as, uhm, depression, anxiety. And relevant to what we're talking about today, insomnia treatment has been shown to reduce a risk for suicide and thoughts of suicide. So, we, overall, just having healthy sleep, and treating any kind of a sleep difficulty can be, you know, really important for you.

(SN):

Yeah, it's so true. I think, you really showed there how sleep plays a role in everything we do, even beyond probably what we're thinking about on a day to day basis. So, we know that there are many different individual, and environmental factors that can contribute to people experiencing difficulty with sleep. So, lots of things kind of play into when we have trouble, or we have difficulty. I'm curious, Dr. Greene, what some of the most common sleep disorders are?

(CG):

Well, uhm, sleep apnea and insomnia are the most common sleep disorders among Veterans. And I should say that both of those are pretty common in the general population, as well. Uhm, you know, there are a lot of articles about, saying that we have, you know, sort of a sleep epidemic in the United States. And, there are a lot of sort of lifestyle reasons, uhm, why that might be. But, uhm, but- but in our Veteran population, sleep apnea and Insomnia, you know, are really highly prevalent. And, uhm, for those of you not familiar with sleep apnea, it involves a collapse of the airway during sleep. And, it, uhm, it actually is a risk factor for the development of insomnia, and insomnia is, I think, common enough that most people know, you know, know what that is. But, uhm, between six and ten percent of all US adults have Insomnia, and 50 percent of Veterans enrolling in VA health care

have, uhm, clinically significant insomnia. Uhm, just a- a- outline some symptoms of insomnia. Uhm, can be difficulty falling asleep, staying awake, or waking earlier than you want to. And, the daytime consequences, you know, include feeling tired, or just feeling worn out all day, feeling anxious, depressed, or- or irritable. Uhm, but, you know, I think that, as I mentioned earlier how important, uh, good, healthy sleep is, insomnia disorder, you know, is associated with a wide range of medical conditions. And, uhm, even if the insomnia is initially caused by some kind of a stressful life event, or some kind of a particular situation, you know, what happens is that once you develop chronic insomnia, or insomnia disorder, uhm, you know, that initial stressor may have gone away, but all of the different habits that you get into when you can't sleep remain. And then, it just kind of perpetuates itself. It becomes a very vicious cycle. And, uhm, and the insomnia itself needs to be treated.

(SN): Right, and I think some people may be wondering, is insomnia just a symptom of another condition, can it be- standalone by itself, can it be present along with things like depression or PTSD?

(CG): It's- it's interesting that you ask that, because I think for many of us, and, we have three clinical psychologists on the- on the- on the podcast today. And, I think if we took a poll among psychologists, or among medical professionals in general, you know, a lot of people would- you know, would say that they think of insomnia as being a symptom of something else, because that's how we were trained. But, uhm, you know, for those of us who are a little older, you know, uhm, the research has changed, and the- in the intervening years. And now we know that insomnia in and of itself can be a disorder. And, as I was, you know, alluding to that, uhm, that there could be, let's say an element of depression or anxiety that has insomnia as a symptom. But even if you treat the initial disorder, you might still have insomnia. The things that you're doing to manage that insomnia can actually just perpetuate it in and of itself. And then people can just have insomnia as a sort of primary diagnosis. And when that happens, it puts you at risk for some of these other disorders. And so, it's- it's really complicated. And- and just to lay it out there, insomnia can be, uhm, you know, can be a cause of a problem, it can be the

result of a problem, but either way, once you have significant insomnia, it really needs to be addressed in and of itself.

(SN):

Yeah, I think that's so helpful, uhm, for anybody that's listening. I think we may have potentially misconceptions, or just certain thoughts about what insomnia looks like, or what it hangs around with in terms of other types of symptoms. But it's so true that it can precede other symptoms, it can exacerbate, uhm, [inaudible] or symptoms that are present at the same time, and even some research is showing, too, that even after individuals receive successful treatment for things like depression or PTSD, if insomnia is still there, it can still kind of meaningfully impact people even after resolution of like depression and PTSD. So, along those lines, since we're kind of taking this new look at insomnia, uhm, I wanted to switch gears a bit and start thinking about why it might be the case that Veterans may be especially at risk for insomnia and how common insomnia is for Veterans and military service members.

(CG):

It's a pretty complex issue. I think there are a lot of contributing factors. Uhm, you know, one- one aspect of it might be, uhm, that while people are in military service, they're often required to do, you know, really difficult work that may prevent them from getting a good night's sleep. And, you know, you have- you know, depending on what your, uhm, what your- what your duties are, you might have to forego sleep in order to be alert to things that are happening at night. And, you know, after years of having an irregular sleep schedule, your bodies, you know, kind of get trained to be able to stay up and to, you know, pay attention, and to be really vigilant, uhm, during the night. And then, once you're discharged, from, uhm, from the military, you need to retrain your body to sleep on, you know, a- a more standard schedule. And, a lot of people don't have that retraining. And so, their body didn't really relearn how to sleep, you know, properly and, uhm, you know, sleep solidly through the night, and, uhm, and just kind of go back to the- the normal sort of rhythm of sleeping. So, I think, you know I think that- that the work that people do in military service, definitely, you know, can play a role in it. Uhm, but as you were talking about, uhm, insomnia is sometimes a symptom of other disorders that are pretty, uhm, prevalent within the Veteran population, and, you know, it's- it's linked to so many different

things. So, I think that, uhm, that altogether it's a pretty complex situation, uhm, that we have to address because, you know, we're saying, you know, the estimates we're seeing is that, you know, 41 percent of, you know, military and Veterans get less than 5 hours of sleep each night. And, that's just- that's just not enough sleep for most people.

(SN):

Great. So, I think that helps us really understand how significant the problem is for the Veteran, military population. Uhm, next, since this is the focus of our podcast today, love to hear more about why insomnia may increase risk for suicide. It's another where it's, what do we know about the relationship between insomnia and suicide? I'm gonna turn it over to Dr. Moon now. Finally give him a chance to kind of chime in here with this question.

(AM):

Sure, sure. And I think complex is kind of a good theme for our discussion today because we know suicide in a broader sense is often the result of a complex interaction of risk and protective factors at the individual, community, and societal levels. In other words, there are a ton of things going on at every moment that can increase or decrease a person's chance of dying by suicide. So, insomnia, specifically, can contribute to suicide risks because it affects many aspects of a person's wellbeing as Dr. Greene was discussing. Their physical health, their mental health, their ability to main- maintain employment. Uhm, their interactions with their peers. If you aren't sleeping well, it's just impacting you across the board. So, for example, you're not sleeping well, you fall asleep on the job and you get fired, and your unemployment status increases your risk for suicide. Uhm, so it all kind of plays a role and it all is an interaction of risk and protective factors. In addition, those who experience insomnia may be at increased risk for developing mental health con- health conditions as Dr. Greene was referencing. Anxiety, depression, and then, you add on the perceived stigma around mental health care, which may prevent the Veteran from seeking treatment as a whole.

(SN):

Yeah, exactly. I think as you first started out there, that idea of complexity. So, we know suicide is a result of a complex interaction of several factors. And then with insomnia playing such a key role across many aspects of our day to day experience that you heard Dr. Greene talk about, it makes a lot of sense that

insomnia can impact many of those multiple factors that contribute to something like suicidal desire or having suicidal thoughts. So, my next question, then, for you Dr. Moon, is how can addressing sleep problems early actually help to prevent later thoughts of suicide or suicidal behaviors?

(AM):

That is a great question. Uhm, and I want to do a little bit of a connection to our top priority. So, as many of you know, suicide is- uh, suicide prevention is a top priority for VA. And we've adopted what we call a comprehensive public health approach to suicide prevention that looks beyond the individual to involve peers, family and the community. And part of that public health approach to suicide prevention is what we call primary prevention or preventing suicidal behavior before it occurs. We're focused on reaching Veterans with early intervention and community-based programs well before the point of crisis to prevent the events that could bring on suicidal thoughts and behaviors. We know there's no single cause of suicide and therefore there's no single solution. Research shows that treating sleep disorders, including insomnia, reduces suicidal ideation and improves mental health outcomes. If we can work with Veterans to address their sleep problems before they become chronic or more significantly affecting their lives, we can remove sleep problems as a risk factor and actually turn healthy sleep into a protective factor against suicide.

(SN):

Yeah, it's great. So, catching sleep problems early is a critical piece. Those shared kind of underlying mechanisms of risk that we know can, for some people, contribute to suicidal thoughts or desire. What I think is so amazing about this particular area, is that, uhm, we have really good news. That we have treatments that work, so things that we know from decades of research really help make a difference. So, Dr. Greene, I was hoping you could tell us a little bit about one of those treatments and- and what that looks like.

(CG):

Sure. Uhm, but before I talk about treatment for insomnia, uhm, or before I talk about effective treatment for insomnia, I want to just, uh, set the stage a little bit and explain how, uhm, often times people get confused and think that sleep hygiene is the same as insomnia treatment. And, that's actually kind of a big risk factor, because, uhm, people are- are doing these things, you know, the sleep hygiene types of tips and tools that, uhm, that are

recommended to you to uhm- you know, the different, uhm, you know, kind of things that are often on the internet or on handouts of, you know, healthy sleep habits. Uhm, those are necessary for getting good sleep, but, uhm, it's not sufficient, and if you have insomnia, you really need a much more robust kind of intervention. And, so, the, uhm, you know, the clinical guidelines from all the sleep experts recommend cognitive behavioral therapy for insomnia, or CBTI, being the first line treatment for chronic insomnia. And, medications can be really helpful short-term. And it can help- medications can help you fall asleep and stay asleep, but if you have chronic, on-going insomnia, you really need to change your thoughts and behaviors that reinforce that cycle of insomnia, and that's what CBTI does. So, it's not just, uhm, you know, a list of strategies, it's really targeting the underlying behaviors and thoughts and emotions that perpetuate the condition. And, you know, it requires tracking your sleep, and, uhm very carefully recognizing what exactly you're doing relative to sleep, optimizing that sleep schedule and challenging your negative thoughts. Uhm, you know, and, so a real package of- of retraining yourself, and, uhm, as a result, it can, uhm, you know, it can lead to really substantial improvements in sleep quality.

(SN):

Great, thank you. I think that's so important to highlight that piece about sleep hygiene not being the same thing as CBTI. I- I do think that's true, where many individuals have access to information about sleep- sleep hygiene, uhm, try some of those things out, and as you said, if you have a- a chronic course of insomnia, those will likely not be enough to change the picture. So, people can feel frustrated, like, "I- I've tried sleep hygiene, that didn't work!" And so, that's definitely not the same thing as CBTI. And I- I also think it's so critical that you noted there that CBTI has been found to be as effective as medications in the short-term for treatment of insomnia. Uh, but the key piece being that CBTI is, uhm, more effective in the long-term, uh, than sleep medication. So, great treatment option out there. Uhm, I'm- I'm curious about how Veterans can access this type of care.

(CG):

Sure. You know, most people, including Veterans, visit, uhm, primary care providers as the first step in treating sleep disorders. And, normally you have, uh, if your sleep disorder is really complex, your primary care provider might refer you to a sleep



specialist, uhm, if it seems like it's pretty straight forward insomnia, they may, uh, they may refer you to, uhm, a therapist that is specifically trained in delivering CBTI. Uhm, but there're also a lot of self-directed options for people. And, there's been good research on it. Because CBTI has been around for so long, there've been studies showing that people can, uhm, can learn it from a workbook, they can learn it from an audiotape, they can learn it from a website. All sorts of different self-help modalities exist and have been found to be very effective. And so, our Path to Better Sleep that we developed at VA, specifically for Veterans, is an online version that, uhm, anyone can use on their own. Uhm, if they are seeing a therapist or seeing any kind of provider who wants to help kind of coach them along with it, that's even better. But if someone wants to just do it on their own, uhm, because, for whatever reason, uhm, they're not able to make it into the clinic, uhm, Path to Better Sleep is an option that I highly recommend. It, uhm, it has a sleep checkup tool that people can use to ensure that insomnia really is the primary problem. It has a sleep diary so that you can track and modify your sleep, and all sorts of, you know, videos from real Veterans who've been through this that can tell you about the experience and- and help, you know, keep you motivated to, uhm, to- to do the work it takes to really retrain yourself on sleeping well. So, uhm, so we're really excited about this, and we, you know, we wanted to develop a course that was specifically with Veterans in mind. So, we- we did lots of interviews with lots of Veterans who've been through CBTI and have had other sleep problems. Uhm, and it- you know, it really helps to, uhm, to reinforce the key messages of, you know, that it's a lifestyle change. It's really getting to the, you know, the underlying actions and- and thoughts and feelings, uhm, around sleep. You know, retraining that is the key to- to treating your chronic insomnia.

(SN):

Great. And I'm wondering, uh, Dr. Moon, do you have any thoughts, uhm, from your perspective, especially thinking about that suicide prevention public health model that you talked about before, why Path to Better Sleep may be a really nice, uh, treatment option for Veterans?

(AM):

Absolutely. One of the great things about Path to Better Sleep is that it reaches the Veterans where they are. We know that many

Veterans do not and may never receive care at a VHA facility. They may never walk through our doors. And so, to reduce the suicide rate among all Veterans, VA is really pursuing strategies to serve Veterans outside of our system. Path to Better Sleep is an innovative way that Veterans can receive evidence-based care from the comfort of their homes.

(SN): Yeah. That's outstanding. And even aside from insomnia specific treatment, I know that we have many resources that are available to help Veterans, uhm, who might need support or may be experiencing a crisis. Could you tell us a little bit more about some of those resources?

(AM): Sure. Uhm, and I'm sure many of you out there have heard of some of these resources. Uhm, our really important go-to resource is the Veterans Crisis Line, which is available to connect Veterans in crisis, and their family and friends with qualified, caring VA responders through a confidential, toll-free hotline, or online chat or even text. So, Veterans and their loved ones can call 1-800-273-8255 and press 1. Or, send a text message to 838-255 or chat online at [veteranscrisisline.net/chat](https://www.veteranscrisisline.net/chat) [Link: <https://www.veteranscrisisline.net/get-help/chat>] to receive confidential support, 24 hours a day, 7 days a week, 365 days a year. Uh, we also have, uh, Veterans- our VA's online resource, uh, resource locator, which helps Veterans easily find VA resources in their area, including suicide prevention coordinators, crisis centers, our VA medical centers who are outpatient clinics. Uh, the benefits office, as well as Vet centers. And, more information for that is available at [veteranscrisisline.net/resourcelocator](https://www.veteranscrisisline.net/resourcelocator) [Link: <https://www.veteranscrisisline.net/resourcelocator>]. I'd also offer- there are two great resources out there, uhm, for those of you who want to learn a little bit more, understand a little bit more about suicide and what you can do in terms of prevention. Uhm, and that would be, there's a website called [maketheconnection.net](https://maketheconnection.net/) [Link: <https://maketheconnection.net/>] that has, uh, wonderful resources for you, for your loved ones, for people in your life, as well as if you wanna do a little research on hashtag #bethere, which is our campaign, making sure that we have, uh, resources available, as well as caring support for our Veterans.

(SN): Alright, thank you so much, Dr. Moon for those different resources, and just a reminder to our listeners that we'll have a resource section that's part- so, if you didn't get a chance to write down all those links, or all those great resources, please know that you can visit back to that resource section to learn a little bit more. Also wanted to give Dr. Greene a chance to talk about a couple additional resources that, uhm, she'd like to highlight.

(CG): Thank you, and, uhm, Dr. Moon did a great job in, uhm, presenting many of the excellent resources that are available to Veterans. Uhm, I do have a couple more, though. And, one of them is called Treatment Works for Vets. And, it's an online resource that provides, you know, evidence-based support in the form of videos, interactive exercises, and informational guides. You know, it really is a good source for Veterans or their caregivers or their family members to learn more about some of the different, uhm, common disorders, and what kind of treatments are available. Uhm, it- the website is [www.treatmentworksforvets.org](http://www.treatmentworksforvets.org) [Link] and, uhm, I highly recommend that. And, I also just wanted to remind folks about the Veteran Training Portal, which is where Path to Better Sleep lives. And that's [www.veterantraining.va.gov](http://www.veterantraining.va.gov) [Link]. And, everything on the site is free, anonymous, and designed to be used on your own, or in conjunction with a provider. And, you know, we have some different programs on there. So, in addition to the insomnia program, we also have one for anger management, one for parenting skills, and one for problem-solving skills, and links to lots of other resources. Uhm, again, that's [www.veterantraining.va.gov](http://www.veterantraining.va.gov).

(SN): That's fantastic. I- I love both of those resources. Uhm, because folks can go to those websites, kind of check out what you all have to offer, learn a little bit more, uhm, and either if they like, to independently engage in some of the self-help resources that are available, uhm, and/or use it in combination with the provider that they're seeing. So, it can be incredibly powerful, uhm, as a Veteran to kind of check in to some of these resources, and then bring it back in as a potential topic for conversation for your provider to kind of help you out with in terms of next steps and what's the best match for you, so I love those resources. Well, thank you both so much for all this information during today's

podcast, uh, before we finish up, I would love to turn it back over one last time to see if you guys have parting words, kind of message, a summary statement that would be helpful to leave our listeners with. Uh, Dr. Greene, I'll start with you.

(CG): Okay. Well, first, I- I really wanna thank you for having us. I think this is an important topic, and I'm glad that this resource will be available to people. And again, just, uhm, you know, I'm really happy to say that we- we have good treatments for sleep disorders, and it's exciting that- that we have free, available ways to access it. So, thank you for giving me the opportunity to discuss it.

(SN): Absolutely. Thank you. And how about Dr. Moon? Any last words on your side?

(AM): Uh, sure. Yes, thank you so much for this opportunity to highlight this connection between sleep concerns and, uh, suicidality, suicidal ideation. I think what I would highlight is- is the word that we've used a few times in this podcast which is complexity. Uhm, suicidality is a complex issue with many factors, uhm, from, uh, spiritual health to social health to mental health, to physical health. And, the best way that we are going to assist people struggling is to really approach them from that whole health approach, understanding that there's complexity in each- each aspect of the identity, each aspect of the person's health needs to be looked at. And prevention is possible, and- and there's hope out there.

(SN): Wonderful. Thank you both, again for your time and coming on to this podcast. Uh, thank you to our listeners who joined us today. Just a reminder that the Rocky Mountain MIRECC Short Takes on Suicide Prevention podcast series has many more podcasts available if you'd like to check out other areas of interest. A couple other podcasts also talk about sleep. Uh, specifically insomnia, so feel free to check those out. And we hope that you join us again for another podcast coming soon. Thank you.

[00:26:10] Music

### **[00:26:12] Closing Monologue:**

**Female Speaker:** Thanks for joining us today on the Short Takes on Suicide Prevention podcast. The podcast is made possible by the

generous support of the Rocky Mountain MIRECC for Veteran Suicide Prevention. Out of the Rocky Mountain Regional VA Medical Center in Colorado. Be sure to visit our website at [www.mirecc.va.gov/visn19](http://www.mirecc.va.gov/visn19) [Link]. While you're at it, if you found value in this episode, head over to your favorite podcasting app to subscribe and give us a rating, and spread the word, tell a friend about the show. Be sure to tune in every other Tuesday for new episodes. Our mission is to end Veteran and all suicide, and when you listen to our show you see the possibilities.

[00:26:54] Music

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