

IT'S YOUR CALL

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VeteransCrisisLine.net or text to 838255

Confidential help for Veterans and their families and friends

Objectives

By participating in this training you will:

- Have a general understanding of some of the underlying thoughts people have when considering suicide
- Know how to identify a Veteran that may be at risk for suicide
- Know what to do when you identify a Veteran at risk

Suicide in the United States

- According to a 2012 study published in the <u>American Journal of Public Health (Vol 102, Issue S 1, p.S21-S23, 2012)</u>, suicide is the 10th leading cause of death in the US, resulting in 33,000 of all fatalities (making it a significant public health priority).
- Being in the military doubles your risk of suicide. An estimated 5,000 veterans die by suicide each year. (The above study found a significantly higher figure than the previous official military estimate; this may be a higher limit figure.)
- 5,000/365= 13.7 (14) per day— the VA says this number is closer to 22.

Suicide in the United States

- Gender disparities
 - Women attempt suicide **THREE times** more than men
 - Men complete suicide at a rate of almost FOUR times that of women
 - For men over 65, the rate is almost EIGHT times greater than for women

(Centers for Disease Control and Prevention, 2009)



Suicide Methods by Gender Suicide.org (8/30/08)

	Men		Women	
Method	Men - Percent of Total	Men – Number of Suicides (30,277)	Women - Percent of Total	Women - Number of Suicides (8,087)
Firearms	56.0%	16,962	30.0%	2,430
Hanging, strangulation, suffocation	25.1%	7,592	23.5%	1,901
Poisons	11.8%	3,573	37.4%	3,026
All other methods	7.1%	2,047	9.0%	730

Can you tell me WHY a Veteran attempts suicide??

Coping mechanisms:

- Primary Care
- Mental Health Care
- Medications/treatments
- Personal Wellness
- Community/Family Support
- Employment/Income
- Spiritual support
- Ability to see "out" of the situation.

Sources of PAIN:

- Un/Undertreated MH issues
- Substance Abuse
- Medical Issues/Chronic Pain
- Isolation/Ostracized
- Spiritual emptiness
- Unhealthy lifestyle
- Legal issues
- Perception of situation being unresolvable or unending





Myth or reality: Asking about suicide may lead to someone to taking his or her life.

Reality: Asking about suicide does not create

suicidal thoughts. The act of asking the question simply gives the veteran permission to talk about his or her thoughts or feelings.



Myth or reality: If somebody really wants to die by suicide, there is nothing you can do about it.





Reality: Most suicidal ideas are associated with treatable disorders. Helping someone find a safe environment for treatment can save a life. The acute risk for suicide is often timelimited. If you can help the person survive the immediate crisis and overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome.

Operation S.A.V.E.

Operation S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is in suicidal crisis. The acronym "S.A.V.E." helps one remember the important steps involved in suicide prevention:

- <u>Signs</u> of suicidal thinking should be recognized
- Ask the most important question of all
- <u>V</u>alidate the Veteran's experience
- <u>Encourage treatment and Expedite getting help</u>



Signs of suicidal thinking

Learn to recognize these warning signs:

- Hopelessness, feeling like there's no way out
- Anxiety, agitation, sleeplessness or mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug abuse
- Withdrawing from family and friends
- CHANGE from typical behaviors



Signs of suicidal thinking

- The presence of any of the following signs requires immediate attention:
 - Thinking about hurting or killing themselves
 - Looking for ways to die, researching it
 - Talking about death, dying or suicide
 - Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs or weapons

Veteran-specific risks

- Stigma remains which prevents some from getting help they need
- Deployments to hostile environments
- Exposure to extreme stress (friendly and hostile)
- Physical/sexual assault while in the service (not limited to women)
- Length of deployments, repeat deployments
- Service-related injury
- PRIDE– someone else needs "it" more

Asking the question

 Know how to ask the most important question of all...





Asking the question

"Are you thinking about killing yourself?"

- Are you thinking of suicide?
- Have you had thoughts about taking your own life?
- Are you planning to hurt yourself?
- I am not sure you are joking, do you mean what you say?

Assessment Guide

Suicide Inquiry: Specific questioning about thoughts, plans, behaviors, intent

- Ideation: frequency, intensity, duration--in last 48 hours
- **Plan:** timing, location, lethality, availability, preparatory acts
- **Behaviors:** past attempts, aborted attempts, rehearsals (tying noose, loading gun), vs. non-suicidal self injurious actions
- **Intent:** extent to which the person

 - (1) expects to carry out the plan and(2) believes the plan/act to be lethal vs. self-injurious
- **Explore ambivalence:** reasons to die vs. reasons to live
- **Homicide Inquiry:** when indicated



Things to consider when talking with a Veteran at risk for suicide- <u>Validate</u> their experience.

- Remain calm
- Listen more than you speak
- Maintain eye contact
- Act with confidence—be careful with promises
- Do not argue
- Use open body language
- Limit questions-let them do the talking
- Use supportive, encouraging comments to validate their concerns
- Be honest-there are no quick solutions but help is available



Encourage treatment and Expediting 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
 - Inform a staff member immediately
 - Try to get the person to seek immediate help
- Reassure the Veteran that help is available
- Call 911 if EMERGENT situation
- 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 911
- If the Veteran has taken pills, cut himself or herself or done harm to himself or herself in some way
 - Call 911
- Call the Veterans Crisis Line at 1-800-273-8255, Press 1

Protective Factors

- *******Protective factors, even if present, may not counteract significant acute risk!!!
- Internal: ability to cope with stress, religious beliefs, frustration tolerance, absence of psychosis
- External: responsibility to children or beloved pets, positive therapeutic relationships, social supports



Safety Planning

Ask the Veteran if they have a Safety Plan

- Step 1: Warning Signs
- Step 2: Internal Coping Strategies
- Step 3: Social Contacts (Safe Places)
- Step 4: Family/Friends to call or contact
- Step 5: Professionals or Agencies to contact
- Step 6: Safe Environment/Means Restriction



Resources

- Mental Health
 - VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. www.mentalhealth.va.gov
- Vet Centers
 - Vet Centers are VA community-based centers that provide a range of counseling, outreach, and referral services <u>www.vetcenter.va.gov</u>
- My HeatheVet
 - In-depth information on conditions, tips for managing symptoms, and steps for recovery. www.myhealth.va.gov







By participating in this training you have learned:

- Suicide is everyone's business
- General facts about suicide in the U.S.
- Facts about Veteran suicide
- How to identify a Veteran who may be at risk for suicide
- How to help a Veteran at risk for suicide
- How to address a crisis situation
- What resources are available and how to access them

No one can un-fire a firearm.



Watch an informational video and learn more at VeteransCrisisLine.net



To get your gun lock contact:

VA Police Services in Bldg 407 or SPC offices in Bldg 403/1321

• • • Confidential chat at **VeteransCrisisLine.net** or text to **838255**

Questions??????





