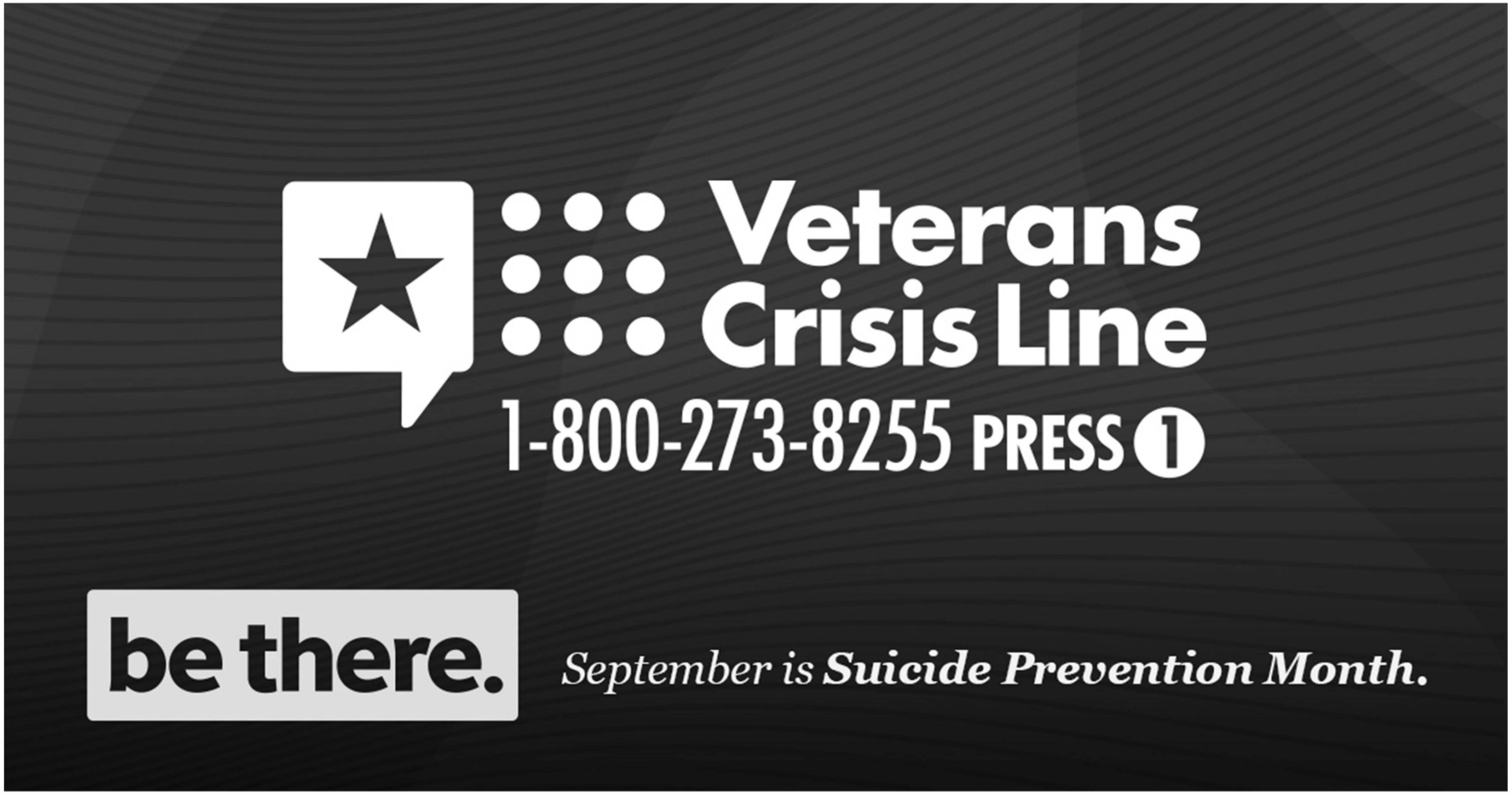
Updates on Suicide Prevention in the VA

Karin Fowler, Psy.D.


Veterans
Crisis Line
1-800-273-8255 PRESS 1
be there.
September is Suicide Prevention Month.

Facts About Suicide

2019 National Veteran Suicide Prevention Annual Report

- **Annual Report**
  - Reports on trends in Veteran suicide deaths from 2005–2017
  - Focuses on suicide counts and rates among various Veteran subpopulations
- **State Data Sheets**
  - Examined state level Veteran suicide deaths and compared to national and regional trends
  - 53 data sheets available for all 50 states, D.C., Puerto Rico, and U.S. Territories

Access the reports online:
https://www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp

Data: Suicide in the U.S.

- **National public health problem (as defined by CDC)**
  - Over 45,000 Americans died by suicide in 2017, including 6,139 Veterans.
- **Service member and Veteran issue**
  - In 2017, the suicide rate for Veterans was 1.5 times the rate for non-Veteran adults.
- **Veteran populations at risk**
  - Younger Veterans
  - Women Veterans
  - Veterans in a period of transition
  - Veterans with exposure to suicide
  - Veterans with access to lethal means

10 Leading Causes of Death by Age Group, United States – 2016

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 4,816	Unintentional Injury 1,261	Unintentional Injury 787	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118	Heart Disease 635,260
2	Short Gestation 3,927	Congenital Anomalies 433	Malignant Neoplasms 449	Suicide 436	Suicide 5,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927	Malignant Neoplasms 598,038
3	SIDS 1,500	Malignant Neoplasms 377	Congenital Anomalies 203	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	Chronic Low. Respiratory Disease 131,002	Unintentional Injury 161,374
4	Maternal Pregnancy Comp. 1,402	Homicide 339	Homicide 139	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	Chronic Low. Respiratory Disease 17,810	Cerebro-vascular 121,630	Chronic Low. Respiratory Disease 154,596
5	Unintentional Injury 1,219	Heart Disease 118	Heart Disease 77	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883	Cerebro-vascular 142,142
6	Placenta Cord. Membranes 841	Influenza & Pneumonia 103	Chronic Low. Respiratory Disease 68	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Diabetes Mellitus 56,452	Alzheimer's Disease 116,103
7	Bacterial Sepsis 583	Septicemia 70	Influenza & Pneumonia 48	Chronic Low Respiratory Disease 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebro-vascular 5,353	Cerebro-vascular 12,310	Unintentional Injury 53,141	Diabetes Mellitus 80,058
8	Respiratory Distress 488	Perinatal Period 60	Septicemia 40	Cerebro-vascular 50	Chronic Low Respiratory Disease 206	Cerebro-vascular 575	Cerebro-vascular 1,851	Chronic Low. Respiratory Disease 4,307	Suicide 7,759	Influenza & Pneumonia 42,479	Influenza & Pneumonia 51,537
9	Circulatory System Disease 460	Cerebro-vascular 55	Cerebro-vascular 38	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095	Nephritis 50,046
10	Neonatal Hemorrhage 398	Chronic Low Respiratory Disease 51	Benign Neoplasms 31	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicemia 30,405	Suicide 44,965

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

2019 VA Suicide Data Report

- The number of Veteran suicides exceeded 6,000 each year from 2008 to 2017.
- Among U.S. adults, the average number of suicides per day rose from 86.6 in 2005 to 124.4 in 2017. These numbers included 15.9 Veteran suicides per day in 2005 and 16.8 in 2017.
- In 2017, the suicide rate for Veterans was 1.5 times the rate for non-Veteran adults, after adjusting for population differences in age and sex.
- Firearms were the method of suicide in 70.7% of male Veteran suicide deaths and 43.2% of female Veteran suicide deaths in 2017.
- For each year, from 2005 to 2017, Veterans with recent VHA use had higher suicide rates than other Veterans. However, over these years, suicide rates among Veterans with recent VHA use increased at a slower pace than for other Veterans.

Key Data Points

2017 Key Data Points

The rate of suicide was

2.2 ***times higher*** *among female Veterans*

compared with non-Veteran adult women.

** after accounting for differences in age*

The rate of suicide was

1.3 ***times higher*** *among male Veterans*

compared with non-Veteran adult men.

** after accounting for differences in age*

Male Veterans ages

18–34

*experienced the **highest rates** of suicide.*

Male Veterans ages

55 and older

*experienced the **highest count** of suicide.*

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

Risk and Protective Factors

Risk

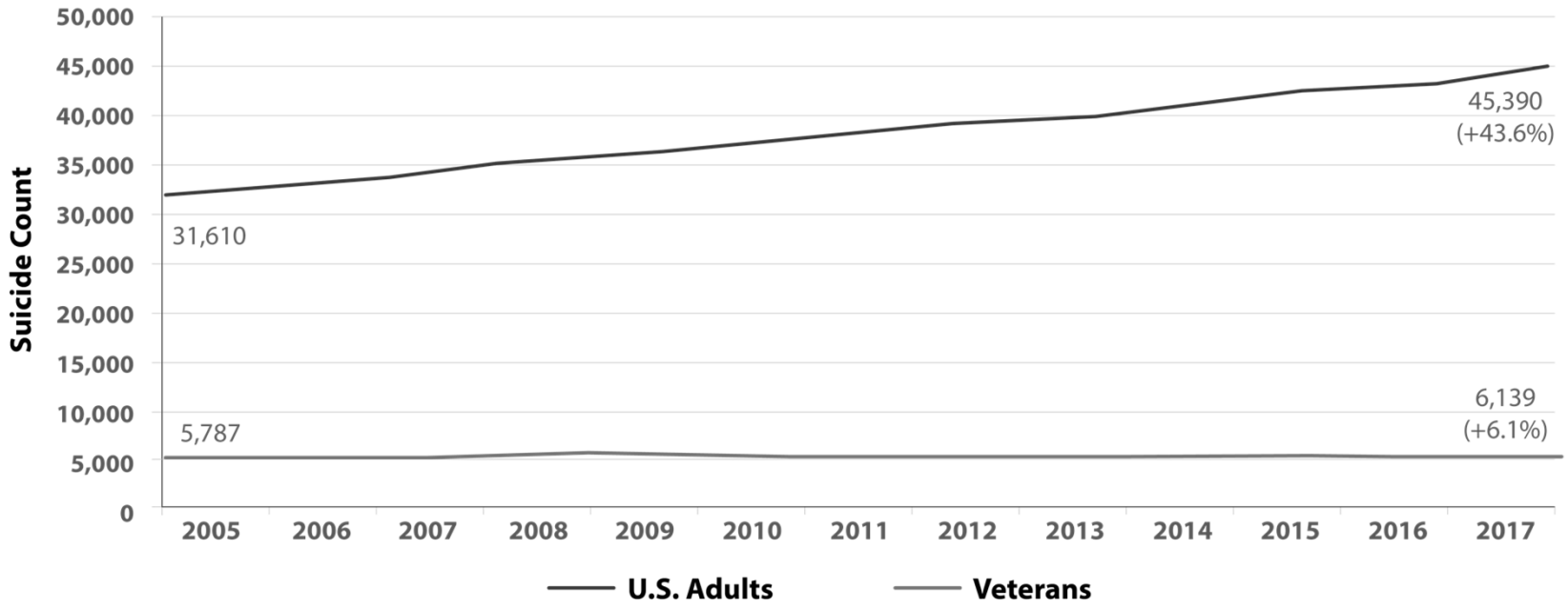
- Prior suicide attempt
- Mental health issues
- Substance abuse
- Access to lethal means
- Recent loss
- Legal or financial challenges
- Relationship issues
- Unemployment
- Homelessness

Protective

- Access to mental health care
- Sense of connectedness
- Problem-solving skills
- Sense of spirituality
- Mission or purpose
- Physical health
- Employment
- Social and emotional well-being

Goal: Minimize risk factors and boost protective factors

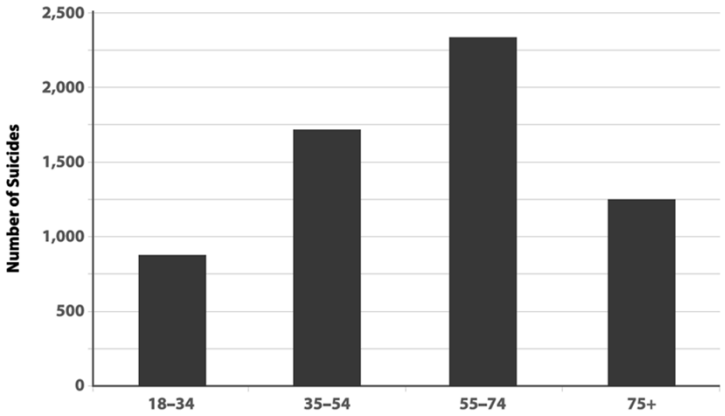
Suicide Count, U.S. Adult and Veteran Populations (2005–2017)



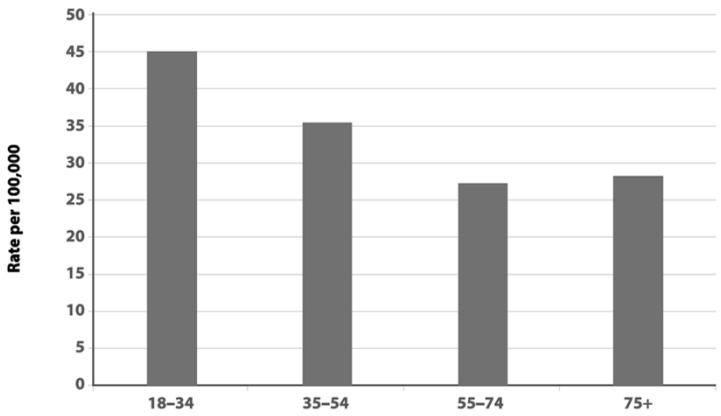
From 2005 to 2017, there was a 43.6% increase in the number of suicide deaths in the general population and a 6.1% increase in the number of suicide deaths in the Veteran population.

Veteran Suicide Deaths: Count vs. Rate

Veteran Suicide Deaths in 2017

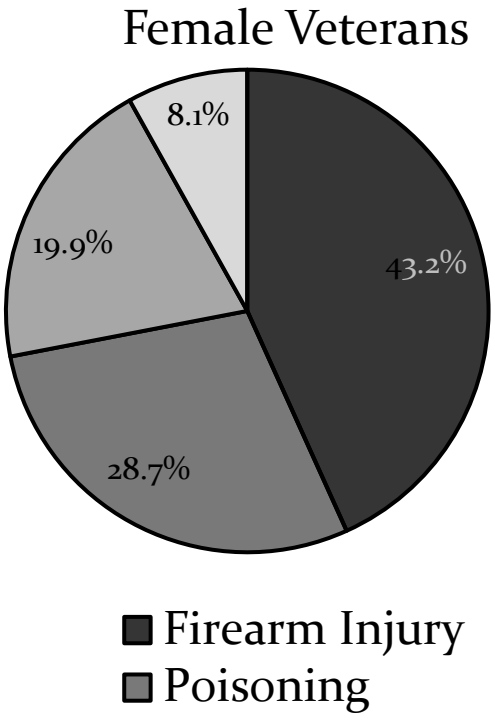


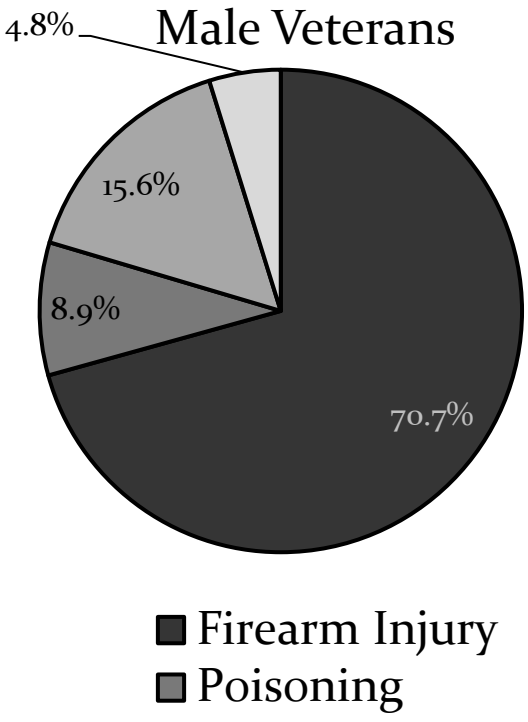
The absolute number of suicides was highest among Veterans ages 55–74.



Veterans ages 18–34 had the highest suicide rate.

U.S. Veterans and Suicide Methods (2017)



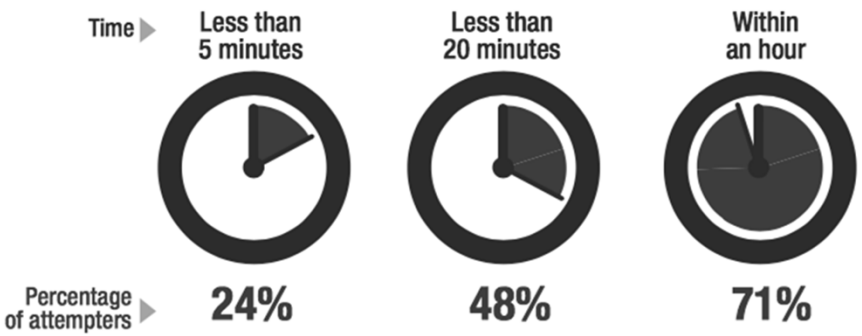


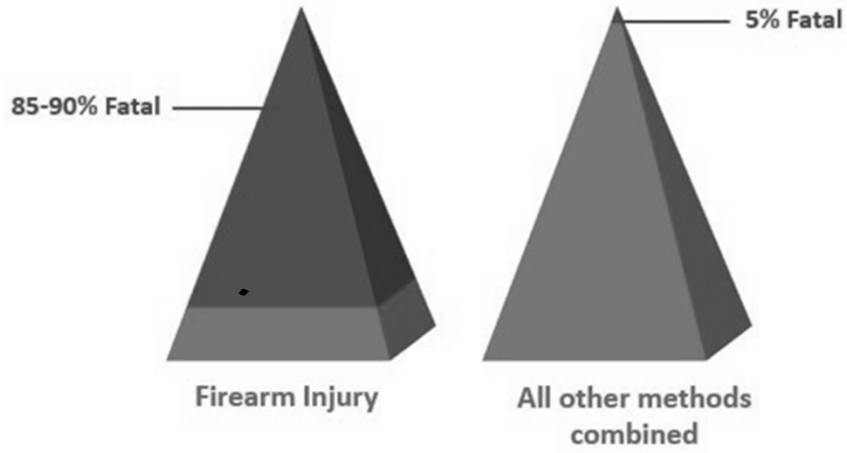
Method of Suicide Among Veteran and Non-Veteran Adults Who Died by Suicide (2017)

Method	Percentage of Non-Veteran Adult Suicide Deaths	Percentage of Veteran Suicide Deaths	Percentage of Male Non-Veteran Adult Suicide Deaths	Percentage of Male Veteran Suicide Deaths	Percentage of Female Non-Veteran Adult Suicide Deaths	Percentage of Female Veteran Suicide Deaths
Firearm	48.1%	69.4%	53.5%	70.7%	31.3%	43.2%
Poisoning	14.9%	9.9%	9.2%	8.9%	32.3%	28.7%
Suffocation	28.7%	15.8%	29.3%	15.6%	26.6%	19.9%
Other	8.4%	5.0%	7.9%	4.8%	9.8%	8.1%

In 2017, 69.4% of Veteran suicide deaths were due to a self-inflicted firearm injury.

Time From Decision to Action < 1 Hour





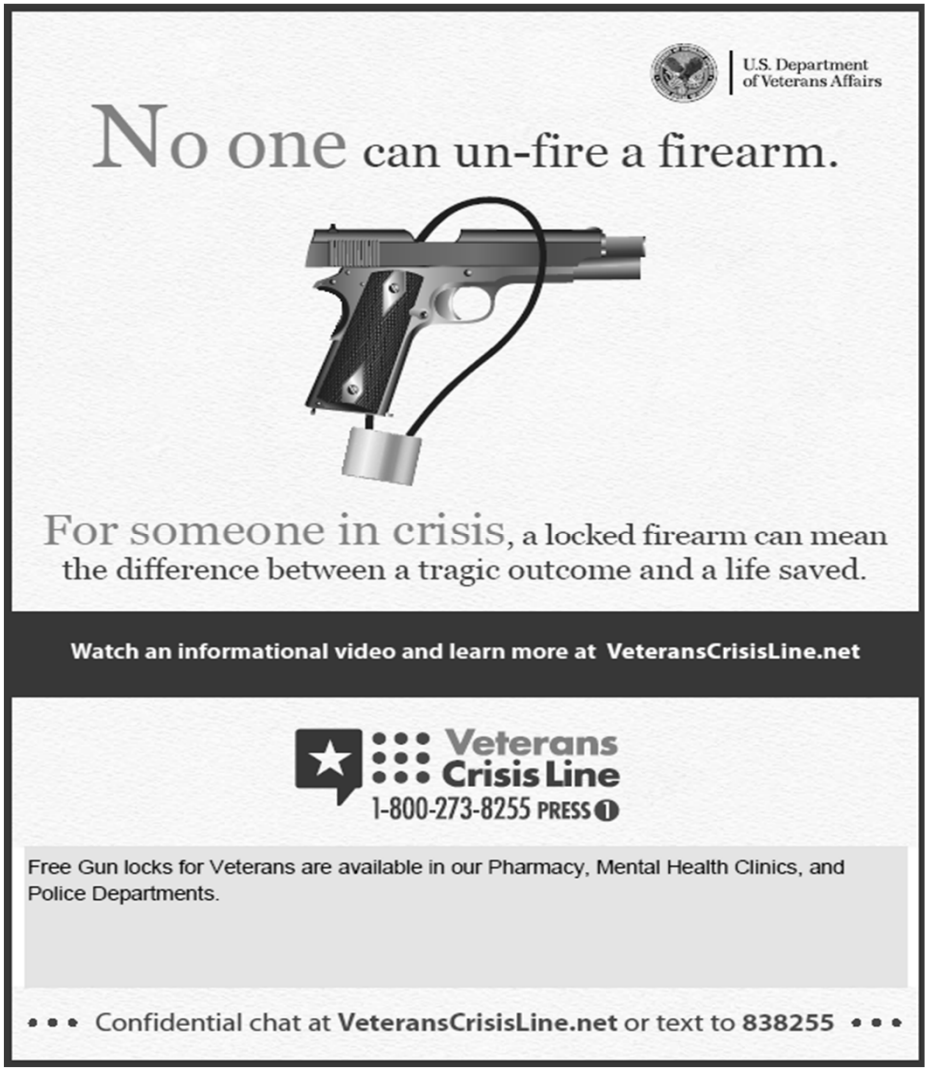
CDC WISQARS: Deaths from death certificate data; nonfatal incidents estimated from national sample of hospital emergency departments

Source: Simon, T.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M., and O'Carroll, P.W. Characteristics of Impulsive Suicide Attempts and Attempters. SLTB. 2001; 32(supp):49-59.

Source: CDC WISQARS and US Dept. of Veterans Affairs https://www.mirecc.va.gov/lethalmeanssafety/facts/

EDC Education Development Center

Gun Locks


U.S. Department of Veterans Affairs
No one can un-fire a firearm.
For someone in crisis, a locked firearm can mean the difference between a tragic outcome and a life saved.
Watch an informational video and learn more at VeteransCrisisLine.net
Veterans Crisis Line
1-800-273-8255 PRESS 1
Free Gun locks for Veterans are available in our Pharmacy, Mental Health Clinics, and Police Departments.
Confidential chat at VeteransCrisisLine.net or text to 838255

Mail Back Envelope Marketing

Suicide Has Many Contributors

- There is:
  - No all-encompassing explanation for suicide
  - No single path to suicide
  - No single path away from suicide
  - No single medical cause, etiology, or treatment or prevention strategy
- Instead, suicide involves dynamic and individual interactions between the following domains:
  - International (e.g., war, the global economy)
  - National (e.g., economic disparities, media portrayals and accounts, policies pertaining to lethal means access, policies pertaining to health care access)
  - Community (e.g., health care access, employment rates, level of community services and connectedness, homelessness rates)
  - Family and relationship (e.g., level of social support)
  - Individual (e.g., health and well being)

Interpersonal theory of suicidality (Thomas Joiner)

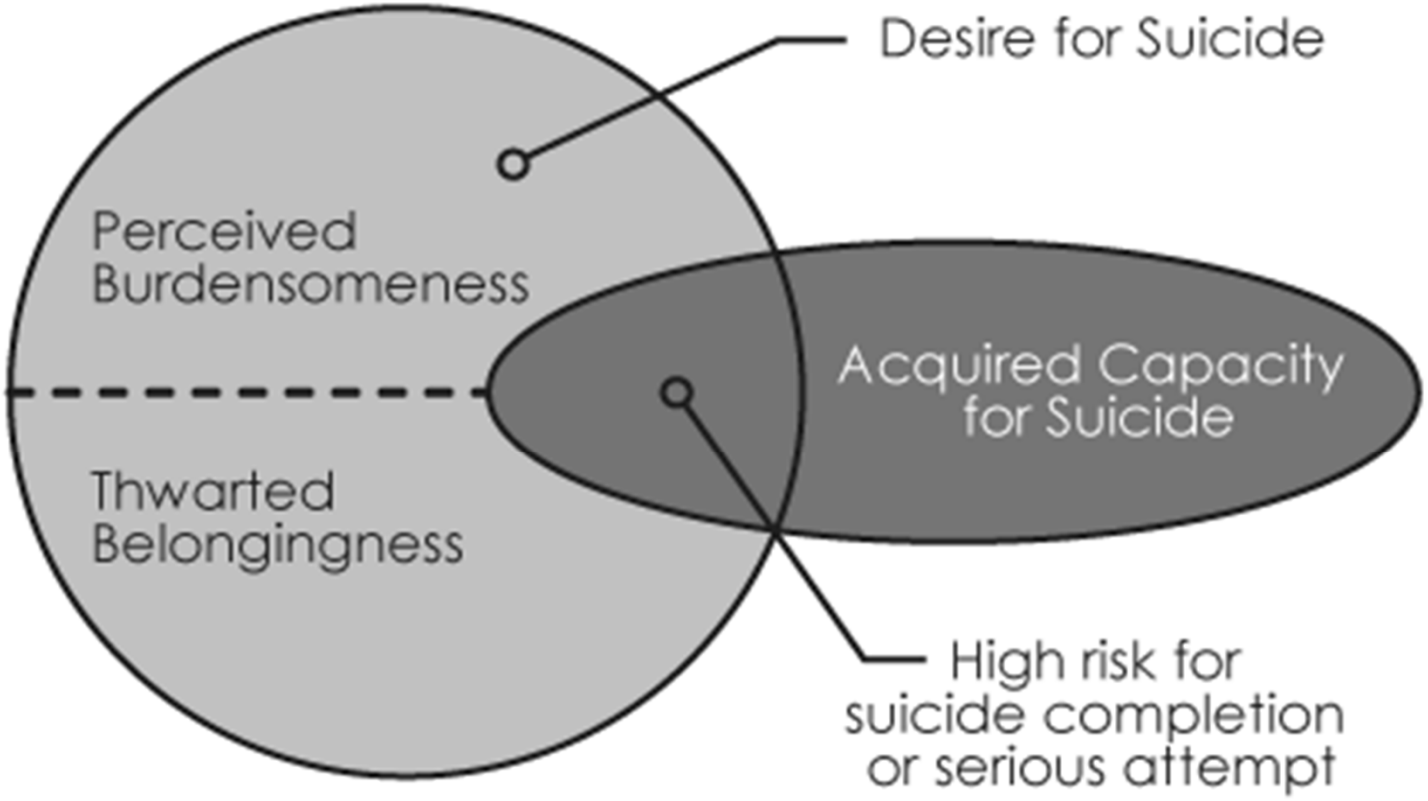


Figure 1: Thomas Joiner's model of suicide risk, 2006

Common Myths vs. Realities

Common Myths vs. Realities

Myth	Reality
People who talk about suicide are just seeking attention.	

Common Myths vs. Realities

Myth	Reality
No matter how casually or jokingly said, suicide threats should never be ignored and may indicate serious suicidal feelings. Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.	

Common Myths vs. Realities

Myth	Reality
The only one who can really help someone who is suicidal is a mental health counselor or therapist.	

Common Myths vs. Realities

Myth	Reality
Special training is not required to safely raise the subject of suicide. Helping someone feel included and showing genuine, heartfelt support can also make a big difference during a challenging time.	

Common myths vs. realities

Myth	Reality
If somebody really wants to die by suicide, they will find a way to do it.	

Common myths vs. realities

Myth	Reality
Making one form of suicide less convenient does not usually lead people to find another method. Some people will, but the overwhelming majority will not.	

Death by Suicide is Preventable

Lethal Means Reduction

- Limiting access to lethal means reduces suicide
  -- e.g., Firearms, abundance of analgesic doses per bottle, etc.

- How did we figure this out?
  -- e.g., Coal gas in the UK, placement of lethal items behind counters, fencing off bridges

- 85-90% of people who survive a suicide attempt do not go on to die by suicide later.

Typical myths vs. realities

Myth:

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

Typical myths vs. realities

Reality:

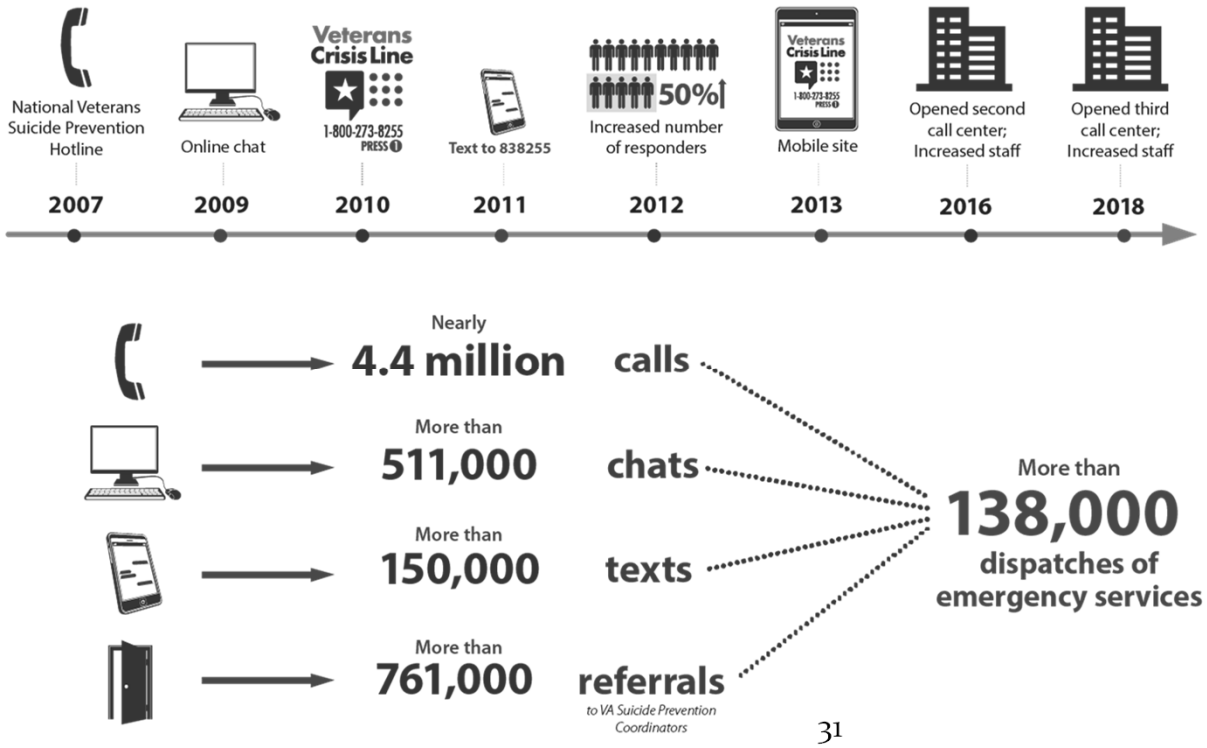
Asking about suicide does not create suicidal thoughts. The act of asking the question simply gives the Veteran permission to talk about his or her thoughts or feelings.

Helping Veterans at Risk for Suicide

Suicide Prevention Program

- Three suicide prevention coordinators plus program analysts/ support
- Assesses every suicidal behavior
- Track all high risk patients and ensure provision of enhanced treatment and monitoring for this group
- Ensure providers comply with all suicide prevention protocols
- Follow up with at-risk veterans when they "no-show" for any appointment to ensure safety
- Follow up with callers to Veterans Crisis Line
- Collaborate with providers
- Record all suicidal behaviors in national database
- Provide staff training and community education and outreach

Veterans and Military Crisis Line



What to Do if a Veteran Expresses Suicidal Ideation During a Phone Call

- Keep the caller on the line (do not hang up or transfer).
- Remain calm.
- Obtain identifying information on the caller (name, phone number, and current location).
- Conference call to VCL (don't hang up until VCL responder has the call).
- Solicit co-workers for assistance via Skype, etc.
- If caller disconnects, dial 911 and VCL (**1-800-273-8255 and Press 1**.).

Tip: Practice conferencing in calls at your desk with coworkers.

The Steps of S.A.V.E.

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**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 **E**xpedite getting help.

S Signs of Suicidal Thinking

Learn to recognize these warning signs:

- Hopelessness, feeling like there is 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 use
- Withdrawing from family and friends

S 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
- Talking about death, dying, or suicide
- Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs, or weapons

A Asking the Question

Know how to ask

the most important question of all…

A Asking the Question

"Are you thinking about killing yourself?"

A Asking the Question

Do's	Don'ts
DO ask the question if you've identified warning signs or symptoms.	**DON'T** ask the question as though you are looking for a "no" answer. • "You aren't thinking of killing yourself, are you?"
DO ask the question in a natural way that flows with the conversation.	**DON'T** wait to ask the question when someone is halfway out the door.

V 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 the Veteran that help is available.

E 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 doctor or the nearest hospital emergency room.
  - Call 911.
- Reassure the Veteran that help is available.
- Call the Veterans Crisis Line at **1-800-273-8255 and Press 1**.

When Talking with a Veteran at Risk for Suicide

- Remain calm.
- Listen more than you speak.
- Maintain eye contact.
- Act with confidence.
- Do not argue.
- Use open body language.
- Limit questions — let the Veteran do the talking.
- Use supportive, encouraging comments.
- Be honest — let the Veteran know that there are no quick solutions, but help is available.

Remember

S.A.V.E.

S	Signs of suicidal thinking should be recognized.
A	Ask the most important question of all.
V	Validate the Veteran's experience.
E	Encourage treatment and Expedite getting help.

Suicide Prevention Safety Planning

What is a Safety Plan?

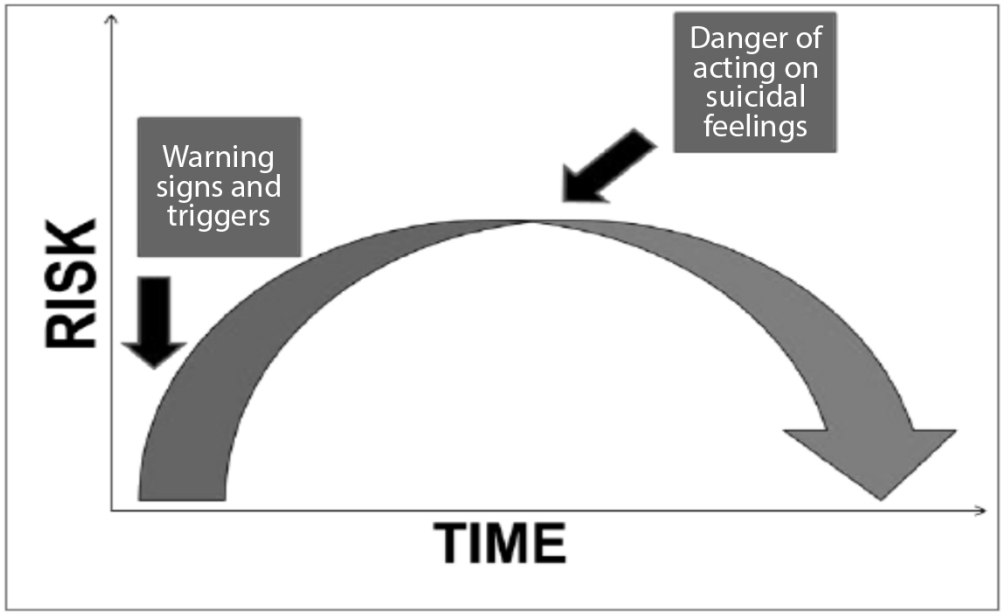
- A Safety Plan is: written by the Veteran to themselves when they are well to use when they are in distress
- A prioritized list of coping strategies that veterans when they are in middle of a crisis situation
- BRIEF, written in the VETERAN'S OWN WORDS and EASY to understand
- NOT a no-suicide contract

Taken from Suicide Safety Planning webinar

Suicide Prevention Safety Planning

Why is Safety Planning Useful?

Suicide Risk Curve



VA Safety Planning Intervention Manual: Veteran Version, Brown & Stanley 2018

Taken from Suicide Safety Planning webinar

Suicide Prevention Safety Plan

Steps of the Safety Plan

1- Warning signs/triggers

2- Internal coping strategies

3- People and places who can provide distraction

4- Family and friends who can provide help and support

5- Professional help

6- Making the environment safer

Taken from Suicide Safety Planning webinar

SAFETY PLAN

Step 1: Warning signs:

1. Suicidal thoughts and feeling worthless and hopeless
2. Urges to drink
3. Intense arguing with girlfriend

Step 2: Internal coping strategies - Things I can do to distract myself without contacting anyone:

1. Play the guitar
2. Watch sports on television
3. Work out

Step 3: Social situations and people that can help to distract me:

1. AA Meeting
2. Joe Smith (cousin)
3. Local Coffee Shop

Step 4: People who I can ask for help:

1. Name Mother Phone 333-8666
2. Name AA Sponsor (Frank) Phone 333-7215

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name Dr John Jones Phone 333-7000
   Clinician Pager or Emergency Contact # 555 822-9999
2. Clinician Name _____ Phone _____
   Clinician Pager or Emergency Contact # _____
3. Local Hospital ED City Hospital Center
   Local Hospital ED Address 222 Main St
   Local Hospital ED Phone 333-9000
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK

Making the environment safe:

1. Keep only a small amount of pills in home
2. Don't keep alcohol in home
3. _____

Suicide Prevention Safety Plan

- Suggestions for using safety plans during the pandemic with Veterans:
  - Explore warning signs and triggers that may be associated with the pandemic, including thoughts, feelings and behaviors
  - Be creative in identifying people and places that Veteran can spend time with while keeping themselves safe
  - Remind them to connect with family and friends to reduce isolation
  - Encourage them to use available telephone and video connect options to connect with their providers
  - Include tips for taking care of their health

References and Resources

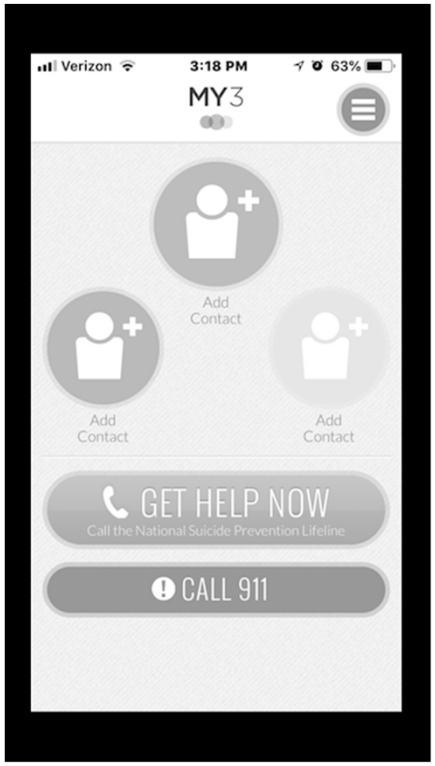
Safety Planning Apps

My 3 App

Create your support system by adding the contact information of the 3 people you feel you would like to talk to during a crisis.

Customize your safety plan by identifying your personal warning signs, coping strategies, distractions, personal networks, ways of keeping yourself safe and reasons to live.

Pick the resources that best support you at the VA or the community.



Safety Planning Apps

Virtual Hope Box

The VHB provides help with emotional regulation and coping with stress via personalized supportive audio, video, pictures, games, mindfulness exercises, positive messages and activity planning, inspirational quotes, coping statements, and other tools.

COVID Coach Phone App

COVID Coach

The COVID Coach app was created for everyone, including Veterans and Service members, to support self-care and overall mental health during the coronavirus (COVID-19) pandemic.

Resources

- **Veterans Crisis Line/Chat/Text**
  - 1-800-273-8255, Press 1
  - http://www.veteranscrisisline.net/
  - Text to 838255
- **Local VA Suicide Prevention Coordinators (SPC)**
  - Ensures that Veterans receive needed counseling and services
  - https://www.veteranscrisisline.net/get-help/local-resources
- **Mental Health Services**
  - www.mentalhealth.va.gov

Resources

- **Vet Centers**
  - Vet Centers are VA community-based centers that provide a range of counseling, outreach, and referral services.
  - http://www.vetcenter.va.gov/

- **Make the Connection**
  - a one-stop resource where Veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions
  - http://www.maketheconnection.net

Make the Connection

- Online resource featuring hundreds of Veterans telling their stories about overcoming mental health challenges.

MAKE THE CONNECTION

www.MakeTheConnection.net

https://maketheconnection.net/conditions/suicide

Coaching into Care

Program for families and loved ones of Veterans, helping them encourage the Veteran in their lives to seek support.

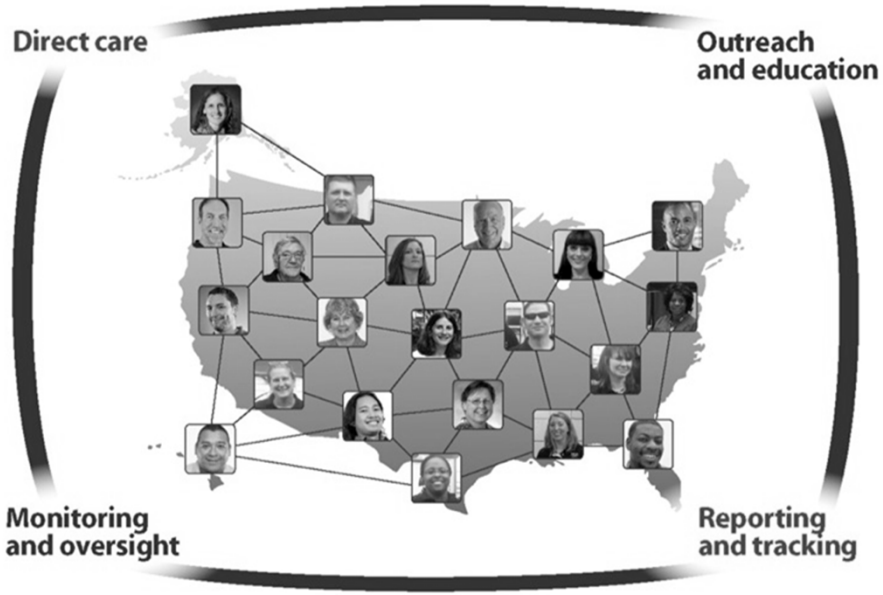
Coaching into Care

CALL 888-823-7458

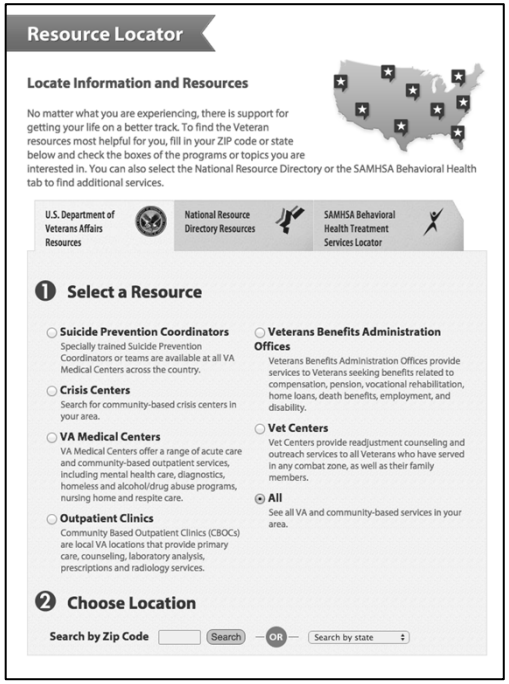
Find a Local VA SPC at

VeteransCrisisLine.net/ResourceLocator

More than 400 SPCs nationwide.



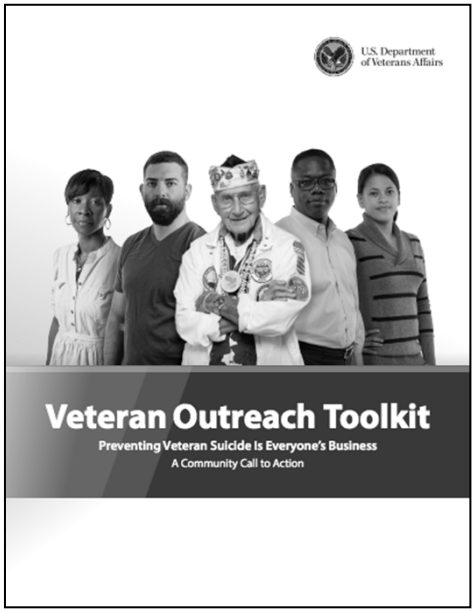
VeteransCrisisLine.net/ResourceLocator



Veteran Outreach Toolkit

Includes facts and myths about suicide, as well as information on:

- Establishing a suicide prevention council
- Talking to Veterans about their military service
- Assessing suicide risk
- Developing a suicide prevention safety plan
- Helping Veterans feel more connected to others
- Joining public-private partnerships



Access the toolkit online:
https://go.usa.gov/xnwbz

Community Provider Toolkit

- Free online training on Veteran issues, including military culture, for health care providers.
- Includes tips for screening clients for military service.
- Military culture training can count for continuing education credits (CEUs): https://www.mentalhealth.va.gov/communityproviders/military.asp.

Access the toolkit online:
www.mentalhealth.va.gov/communityproviders

Suicide Risk Management Consultation Program

SUICIDE RISK MANAGEMENT Consultation Program

FOR PROVIDERS WHO SERVE VETERANS

Why worry alone?

The Suicide Risk Management Consultation Program provides free consultation for any provider, community or VA, who serves Veterans at risk for suicide.

Common consultation topics include:

- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

#NeverWorryAlone

To initiate a consult email:
SRMconsult@va.gov

ROCKY MOUNTAIN MIRECC

www.mirecc.va.gov/visn19/consult

Resources

- American Foundation for Suicide Prevention: Provider Resources
- **Provider Resilience App**
- MIRECC "Short Take" podcast: "Bouts with Burnout: Managing Work-related Stress Across the Suicide Prevention Field"