



A little housekeeping before we start:

- Suicide is an intense topic for some people.
 - If you need to take a break, or step out, please do so, with one condition...
 - Let me know if you are okay, by giving me a “thumbs up.”
 - If you aren’t okay, give me a discrete “thumbs down” so I can follow up with you.
 - Resources
 - National Suicide Prevention Lifeline: 800 273 8255
 - Veterans Crisis Line: Press 1



#BeThere

CONFIDENTIAL HELP FOR VETERANS AND THEIR FAMILIES



S.A.V.E.



U.S. Department
of Veterans Affairs

VA Edition

Webinar June 2017

Overview

- Objectives
- Veterans and VA
- Facts about suicide
- Myths/realities about suicide
- The steps of S.A.V.E.
- Resources & References



Veterans and The Department of Veterans Affairs

- A **Veteran** is any person who served honorably on active duty in the Armed Forces of the United States.
- What is the **Department of Veterans Affairs**?
 - Veterans Health Administration
 - Veterans Benefits Administration
 - National Cemetery Administration
- **Suicide Prevention is VA's #1 clinical priority.**

Objectives

By participating in this training you will:

- Have a general understanding of the scope of suicide within the United States
- 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

- **More than 42,000** U.S. deaths from suicide per year among the general population^{1,2}
- Suicide is the **10th** leading cause of death in the U.S.³
- Every **12.3 minutes** someone dies by suicide



Suicide in the United States

- It is estimated that close to **one million people** make a suicide attempt each year
 - One attempt every **35 seconds**
- Gender disparities
 - Women attempt suicide **3 times** more often than men¹
 - Men die by suicide almost **4 times** more often than women¹

Facts about Veteran suicide

- **18%** of all deaths by suicide among U.S. adults were Veterans⁴
- Veterans are more likely than the general population to use **firearms** as a means for suicide⁴
- On average, **764 suicide attempts** per month among Veterans receiving recent VA health care services⁵
- **25%** of Veteran suicides have a history of previous suicide attempts⁵



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.

Typical myths vs. realities

Myth:

There are talkers and there are doers.

Typical myths vs. realities

Reality:

Most people who die by suicide have communicated some intent. Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.

Almost everyone who dies by suicide or attempts suicide has given some clue or warning. Suicide threats should never be ignored. No matter how casually or jokingly said, statements like, "You'll be sorry when I'm dead," or "I can't see any way out" may indicate serious suicidal feelings.

Typical myths vs. realities

Myth:

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

Typical myths vs. realities

Reality:

Most suicidal ideas are associated with treatable disorders. Helping someone connect with treatment can save a life. The acute risk for suicide is often time-limited. 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.

Typical myths vs. realities

Myth:

He/she really wouldn't die by suicide because...

- he just made plans for a vacation
- she has young children at home
- he made a verbal or written promise
- she knows how dearly her family loves her

Typical myths vs. realities

Reality:

The intent to die can override any rational thinking. Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate their condition and provide treatment as appropriate.



S.A.V.E.

S.A.V.E. will help you act with care & 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:

- **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

Importance of identifying warning signs

- Many Veterans may not show any signs of intent to harm or kill themselves before doing so
- There are behaviors which may be signs that a Veteran needs help
- Veterans in crisis may show behaviors that indicate a risk of harming or killing themselves

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

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

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

Asking the question

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

Asking the question

“Are you thinking about killing yourself?”



Asking the question

- Are you thinking of suicide?
- Have you had thoughts about taking your own life?
- Are you thinking about killing yourself?

Asking the question

DO ask the question if you've identified warning signs or symptoms

DO ask the question in such a way that is natural and flows with the conversation

DON'T ask the question as though you are looking for a "no" answer

- "You aren't thinking of killing yourself are you?"

DON'T wait to ask the question when he/she is halfway out the door

Things to consider 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-there are no quick solutions but help is available

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 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
 - Try to get the person to seek immediate help from his or her doctor 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

Resources

- **Mental Health**

- VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. All mental health care provided by VHA supports recovery, striving to enable a person with mental health problems to live a meaningful life in the community and achieve his or her full potential.
- For more information on VA Mental Health Services visit www.mentalhealth.va.gov

- **Vet Centers**

- Vet Centers are VA community-based centers that provide a range of counseling, outreach, and referral services.
- For more information about Vet Centers and to find the Vet Center closest to you visit www.vetcenter.va.gov

Resources

- **Make the Connection**

- MakeTheConnection.net is 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. On this site, Veterans and their families and friends can learn about available resources and support. Visit www.MakeTheConnection.net to learn more.

- **Post-Traumatic Stress Disorder (PTSD)**

- Each VA medical center has PTSD specialists who provide treatment for Veterans with PTSD. For more information about PTSD and to locate the VA PTSD program nearest you visit www.ptsd.va.gov
- PTSD Coach App: The PTSD Coach application, allows phone users to manage their symptoms, links them with local sources of support, and provides information on PTSD. Visit www.ptsd.va.gov/public/pages/PTSDCoach.asp



Resources

- **Veterans Crisis Line/Chat/Text**

- 1-800-273-8255, Press 1
- <http://www.veteranscrisisline.net/>
- Text to 838255

- **VA Suicide Prevention Coordinators**

- Each VA Medical Center has a Suicide Prevention Coordinator to make sure Veterans receive needed counseling and services
- Resource locator - <http://www.veteranscrisisline.net/>



Role play

- **Goal:** To develop a level of comfort and confidence in asking about suicide and helping a Veteran who is thinking about suicide.

Remember:

S.A.V.E.

Signs of suicidal thinking should be recognized

Ask the most important question of all

Validate the Veteran's experience

Encourage treatment and Expedite getting help

By participating in this training you have learned:

- Suicide prevention 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:
 - <http://spreadtheword.veteranscrisisline.net/materials/>

References

- ¹Suicide facts. (2016). Retrieved August 1, 2016, from SAVE Suicide Awareness Voices of Education,
http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=705D5DF4-055B-F1EC-3F66462866FCB4E6
- ²United States Suicide Injury Deaths and Rates per 100,000 in 2014. Retrieved August 2, 2016, from Centers for Disease Control and Prevention WISQARS,
<http://webappa.cdc.gov/cgi-bin/broker.exe>.
- ³Suicide Facts at a Glance. (2015). Retrieved August 1, 2016, from Centers for Disease Control and Prevention, <http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.PDF>
- ⁴U.S. Department of Veterans Affairs (2016). Suicide among Veterans and other Americans 2001-2014. Washington, DC: Office of Suicide Prevention.
<https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>
- ⁵Based on suicide/ suicide attempts reported within the VA Suicide Prevention Application Network (SPAN) during calendar year 2014.

CCTP Web Links



Community Clergy Training Program (CCTP) Website <https://www.patientcare.va.gov/chaplain/clergytraining>

CCTP Webinars: <https://www.patientcare.va.gov/chaplain/clergytraining/webinars>

CCTP Newsletters: <https://www.patientcare.va.gov/chaplain/clergytraining/newsletter>

To receive CCTP announcements, subscribe to our mailing list:

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U.S. Department of Veterans Affairs
Veterans Health Administration

Community Clergy Training to Support Rural Veterans Mental Health
*is a collaboration of the Department of Veterans Affairs
Office of Rural Health and National VA Chaplain Center*