

VA



U.S. Department
of Veterans Affairs

VA S.A.V.E. Training

*VA Office of Mental Health and Suicide Prevention
(OMHSP)*

Suicide Prevention Program

Contact Information

- Rhonda Hart, MSW, LCSW
 - Community Engagement & Partnership Coordinator with Suicide Prevention
 - Corporal Michael J Crescenz VA Medical Center
 - Rhonda.hart@va.gov/ 267-596-0980
- CMCVAMC Suicide Prevention Team
 - Iris Roundtree Suicide Prevention Coordinator
 - 215 -823-4534
- Veterans Crisis Line
 - 1-800-273-8255 Select Option 1 for veterans
 - Resource Locator: This online resource helps Veterans easily find VA resources in their area including Suicide Prevention Coordinators, crisis centers, VAMCs, outpatient clinics, Veterans Benefits Administration offices, and Vet Centers. www.veteranscrisisline.net/ResourceLocator.



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.
 - Immediate Resources:
 - National Suicide Prevention Lifeline: 1-800-273-8255
 - Service members and Veterans should press 1 to connect with the Veterans Crisis Line.
 - INSERT IMMEDIATE LOCAL RESOURCE, If present (e.g., EAP, Community Partners, Counselor Onsite, etc.)

Overview

- Objectives
- Facts about Suicide
- Common Myths vs. Realities
- The Steps of VA S.A.V.E.
- Resources and References

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 who may be at risk for suicide.
- Know what to do when you identify a Veteran at risk.

Before We Continue

What is your biggest question around suicide and talking to people in crisis?

Facts About Suicide

Suicide as a National Problem

- Suicide is a national issue, with rising rates of suicide in the general population. In addition, suicide rates are higher, and are rising faster, among Veterans than among non-Veteran adults.
 - Societal factors, such as economic disparities, race/ethnicity/LGBT disparities, homelessness, social connection and isolation, and health and well-being, play additional roles in suicide.
 - Coronavirus Disease 2019 (COVID-19) pandemic has also placed additional strain on our Nation and on individuals and communities
- One suicide is heartbreaking, notably affecting an estimated 135 surviving individuals for each death by suicide.
- Our nation grieves with each suicide, necessarily prompting the collective tireless pursuit of evidence-based clinical interventions and community prevention strategies, critical to the implementation of VA's National Strategy for Preventing Veteran Suicide.

2021 National Veteran Suicide Prevention Annual Report

- **Annual Report**
 - Reports on trends in Veteran suicide deaths from 2001-2019
 - Focuses on suicide counts and rates among various Veteran subpopulations
- **State Data Sheets**
 - Examines state-level Veteran suicide deaths and compares 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:

www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp

Anchors of Hope



Anchor 1: 399 fewer Veterans died from suicide in 2019 than in 2018.

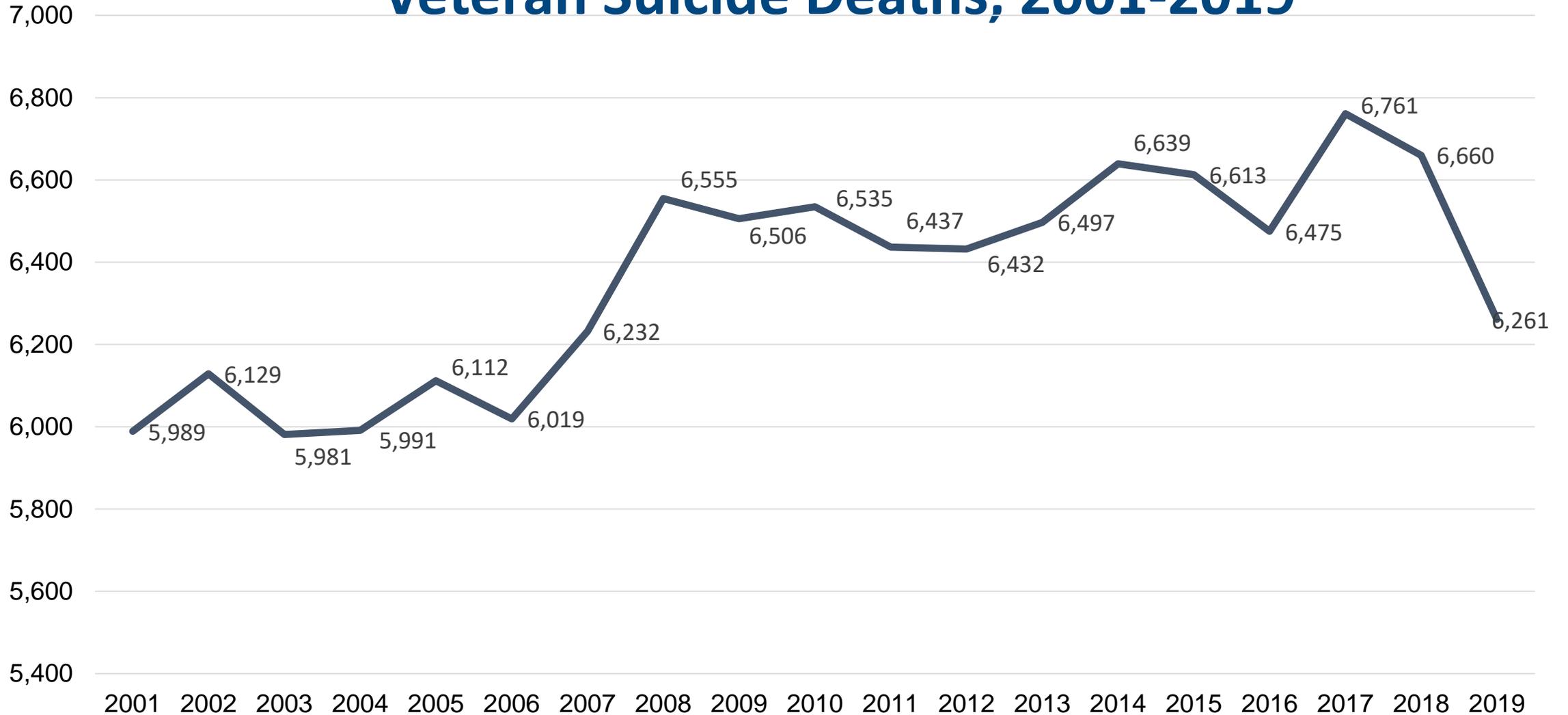
Anchor 2: From 2005 to 2018, identified Veteran suicides increased on average by 48 deaths per year. A reversal totaling 399 lives within one year is unprecedented, dating back to 2001.

Anchor 3: Decrease in the adjusted suicide rate for Veterans from 2018 to 2019 (7%) was larger than any observed for Veterans 2001 through 2018. Veteran rate of decrease (7.2%) exceeded by four times the non-Veteran population decrease (1.8%)

Anchor 4: There was a nearly 13% one-year (unadjusted) rate decrease for female Veterans, which represents the largest rate decrease for Women Veterans in 17 years.

Anchor 5: COVID-19-related data continues to emerge and clarify, but data thus far does not indicate an increase in Veteran suicide-related behaviors.

Veteran Suicide Deaths, 2001-2019

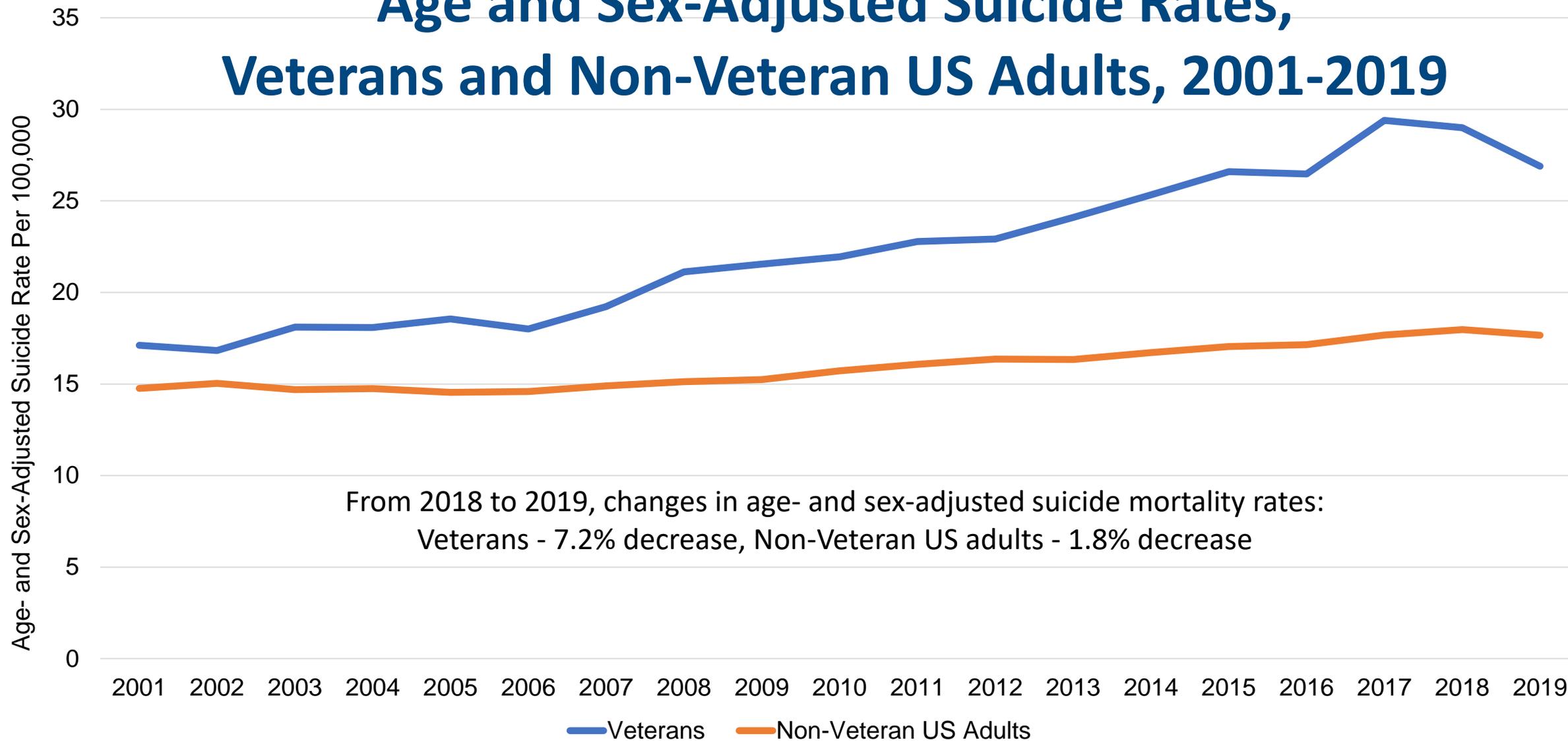


In 2019, the number of Veteran suicides (6,261) was the lowest since 2007.



U.S. Department of Veterans Affairs

Age and Sex-Adjusted Suicide Rates, Veterans and Non-Veteran US Adults, 2001-2019

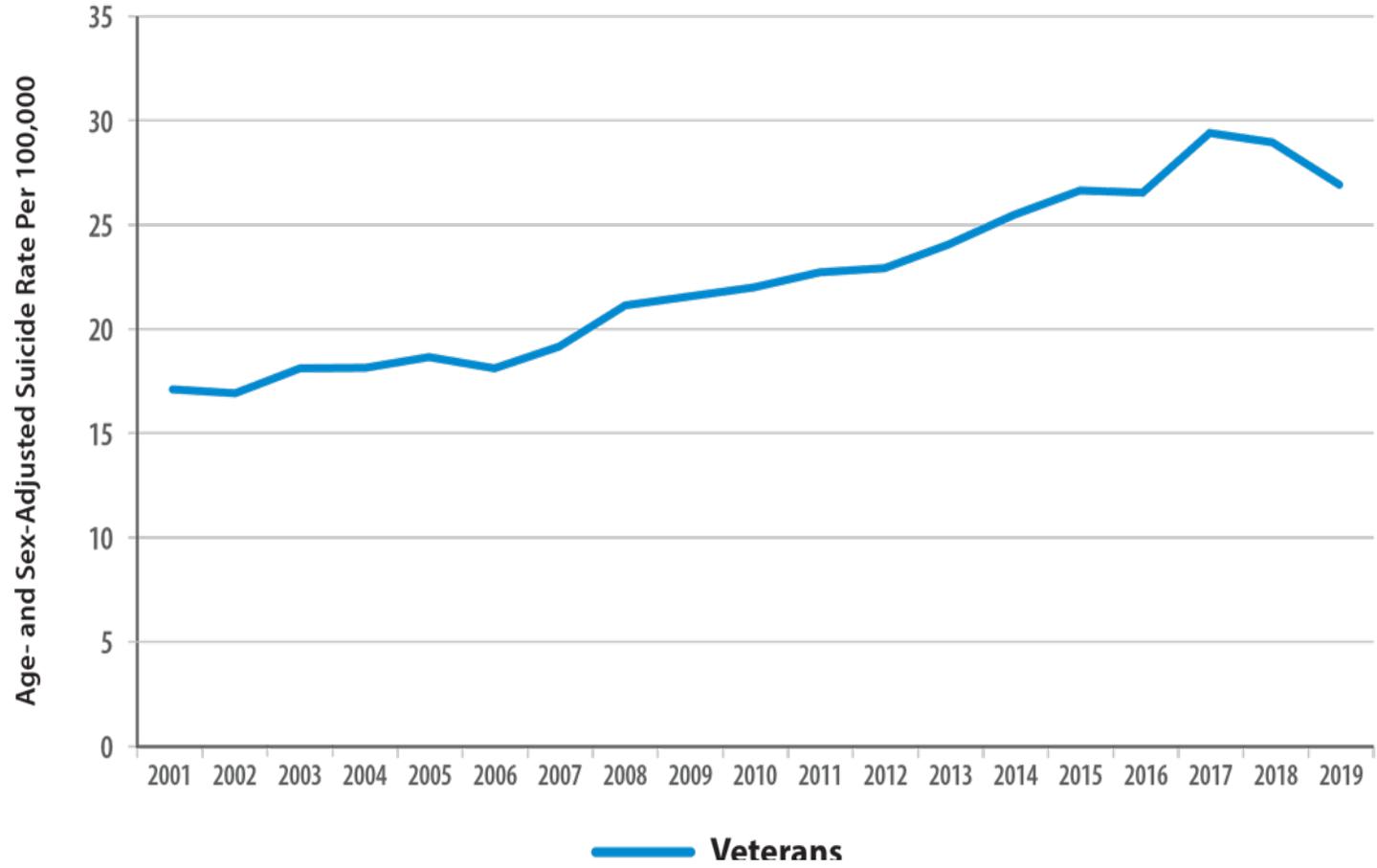


From 2001 through 2019, adjusted suicide rates among Veterans were greater and rose faster than for non-Veteran US adults.

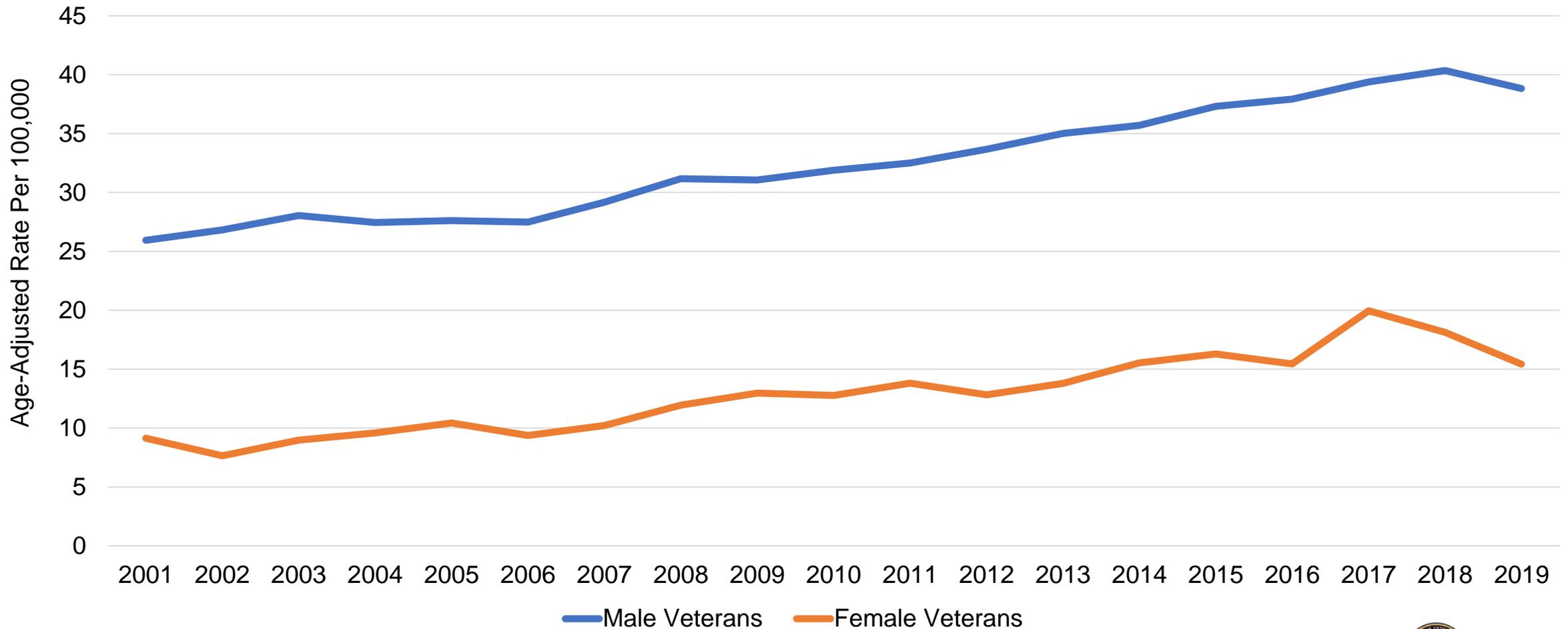
Veteran-Specific Age- and Sex-Adjusted Suicide Rates, 2001-2019

- The Age and Sex-Adjusted Suicide Rate decreased 7.2% percent in 2019 compared to 2018
- This is a decrease from 29.0 Veteran suicides per 100,000 in 2018 to 26.9 Veteran suicides per 100,000 in 2019.

Age- and Sex-Adjusted Suicide Rates, Veterans, 2001–2019

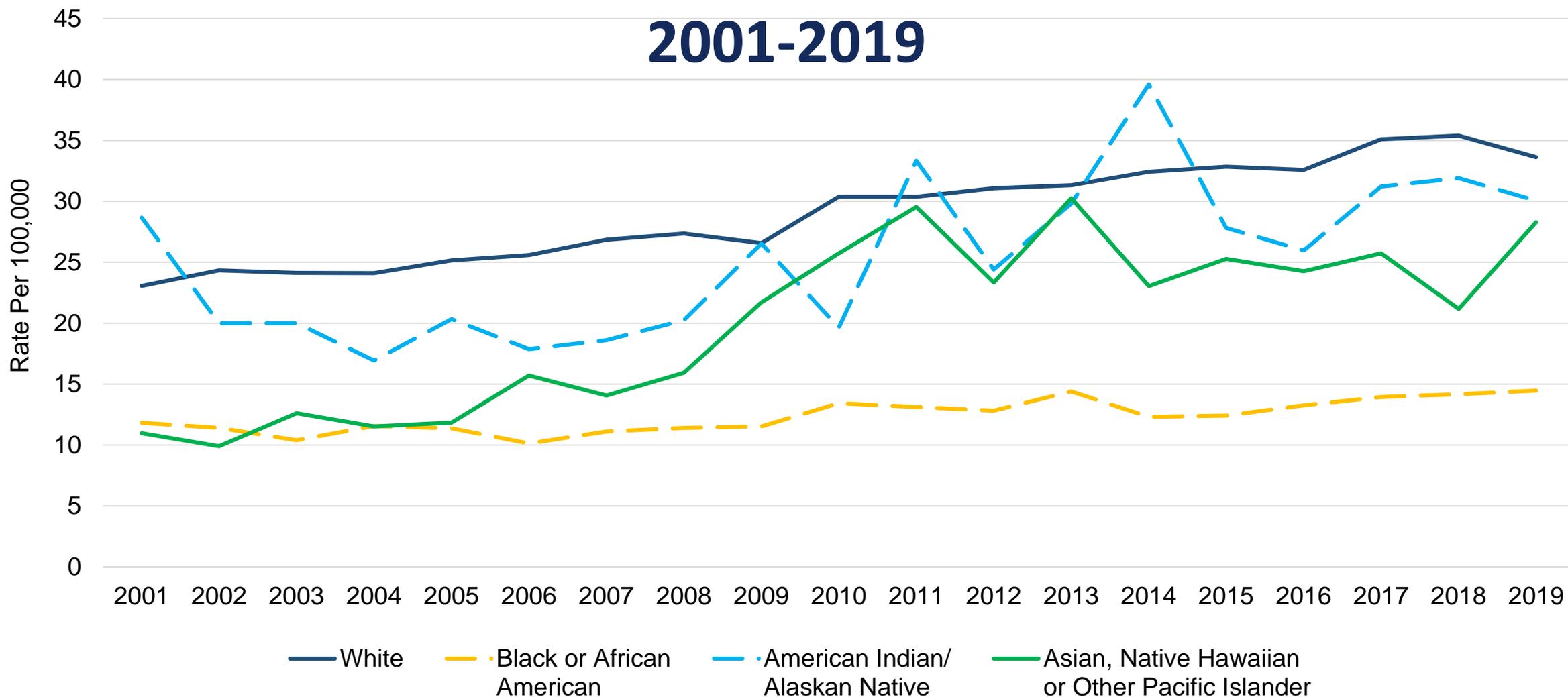


Age-Adjusted Suicide Rate Per 100,000, Male and Female Veterans, 2001-2019



In 2019, adjusted suicide rates were 152% greater for Veteran men than Veteran women.

Unadjusted Suicide Rates, Veterans, by Race, 2001-2019

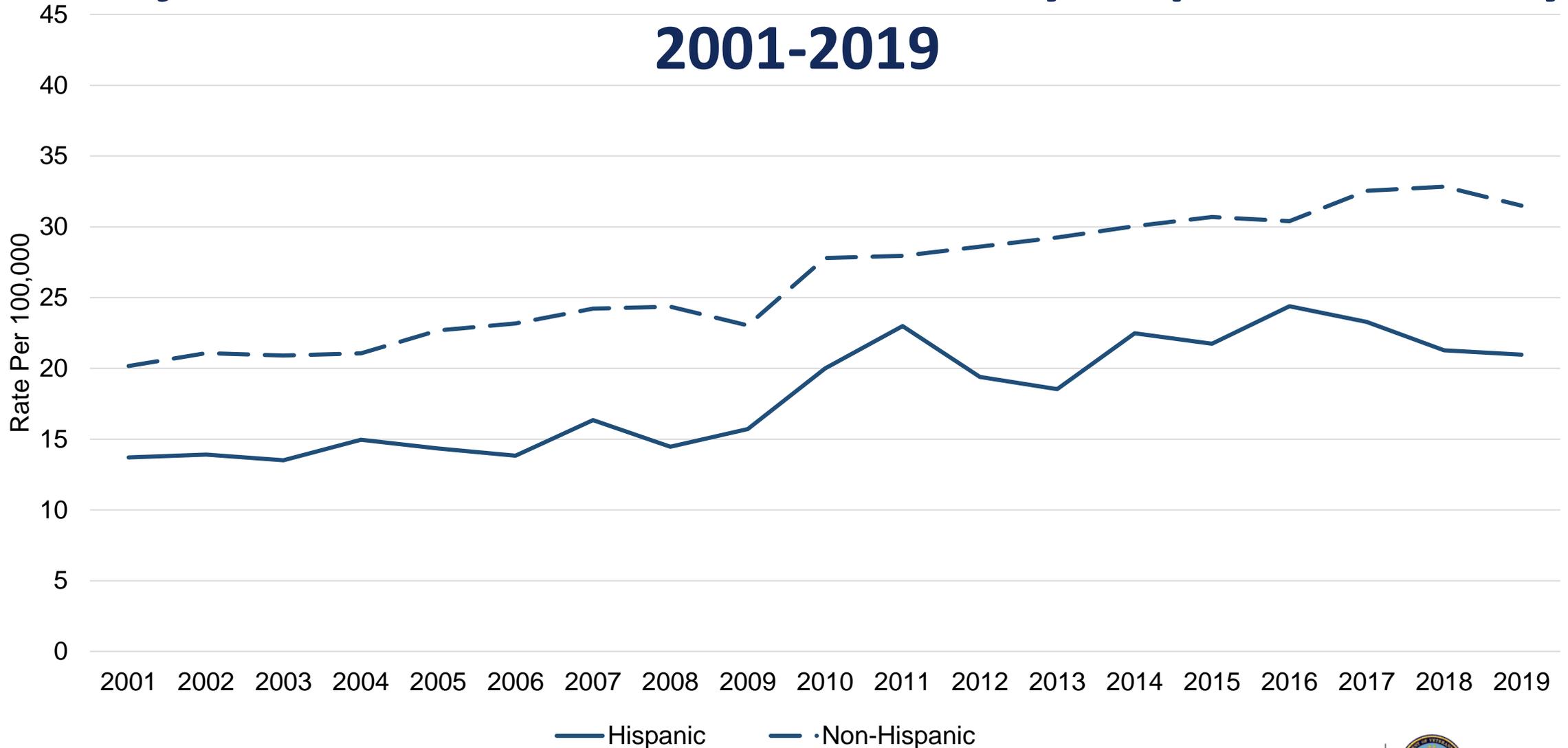


In 2019, suicide rates were highest among Veterans who were White and lowest among Veterans who were Black or African American.



U.S. Department of Veterans Affairs

Unadjusted Suicide Rates, Veterans, by Hispanic Ethnicity, 2001-2019



In 2019, suicide rates were greater among Non-Hispanic Veterans than among Hispanic Veterans.

Suicide Deaths, Methods Involved, 2019 and Change from 2001

	Non-Veteran		Veterans		Non-Veteran		Veteran		Non-Veteran		Veteran	
	U.S. Adults				Women		Women		Men		Men	
	2019	Change*	2019	Change*	2019	Change*	2019	Change*	2019	Change*	2019	Change*
Firearms	47.9%	(-4.8%)	69.2%	(+2.7%)	31.3%	(-4.2%)	49.8%	(+12.8%)	53.0%	(-5.0%)	70.2%	(+2.9%)
Poisoning	13.9%	(-4.5%)	8.4%	(-4.8%)	31.0%	(-7.1%)	26.3%	(-16.6%)	8.5%	(-3.8%)	7.5%	(-4.9%)
Suffocation	29.6%	(+8.8%)	16.9%	(+2.9%)	27.7%	(+12.0%)	20.5%	(+10.1%)	30.2%	(+7.9%)	16.8%	(+2.7%)
Other	8.7%	(+0.6%)	5.4%	(-0.9%)	10.0%	(-0.7%)	3.4%	(-6.3%)	8.3%	(+1.0%)	5.5%	(-0.8%)

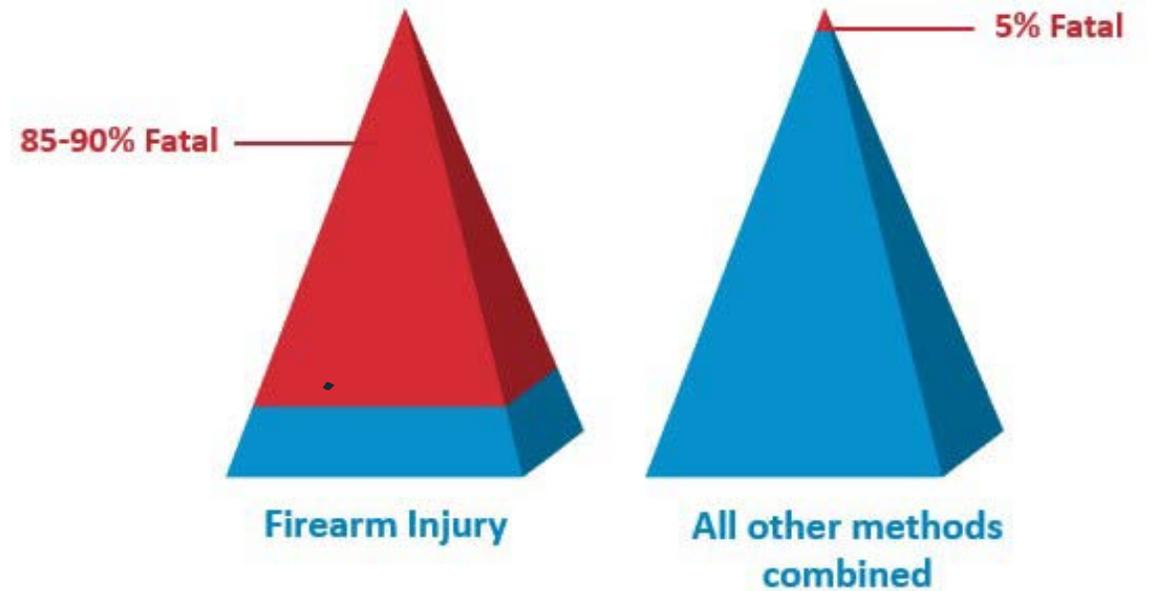
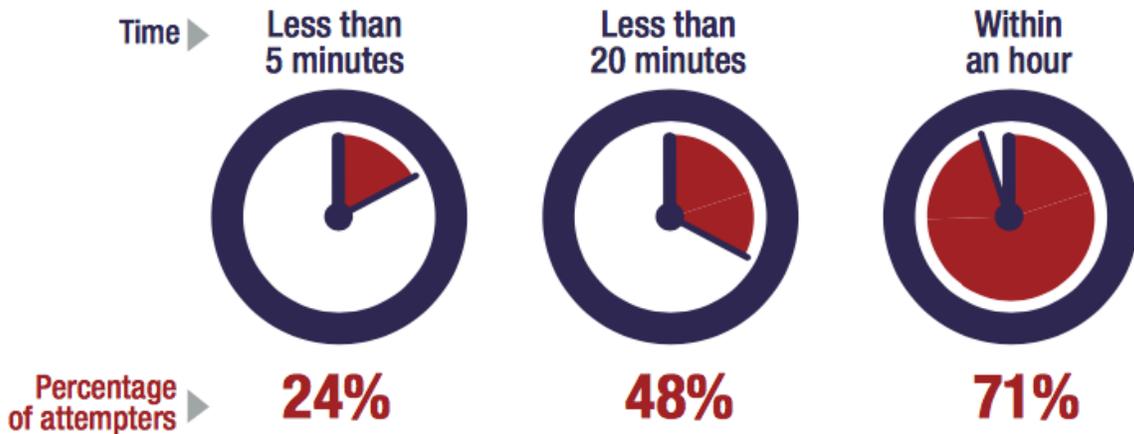
* Change Versus Among Suicide Decedents in 2001

Veteran suicides were more likely to involve firearms.¹⁷ This difference increased from 2001 to 2019.

Suicide Prevention is Everyone's Business



Time From Decision to Action < 1 Hour



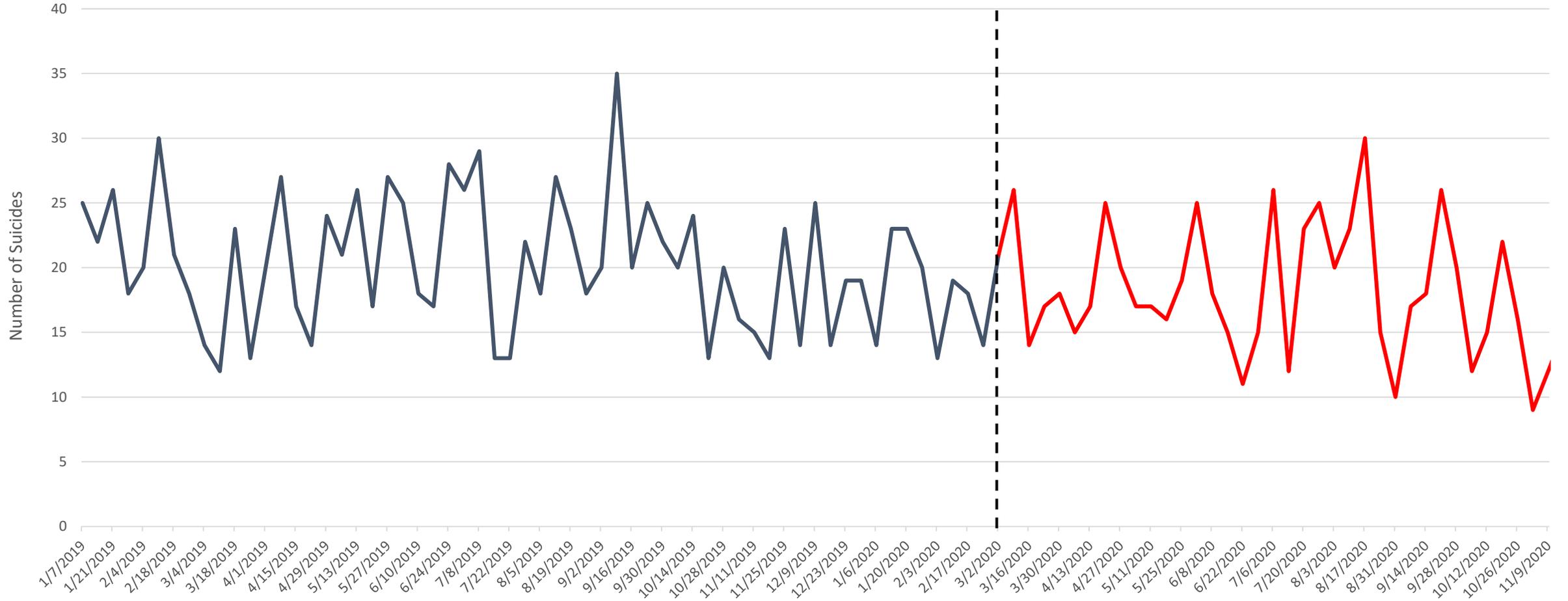
CDC WISQARS: Deaths from death certificate data; nonfatal incidents estimated from national sample of hospital emergency departments

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.

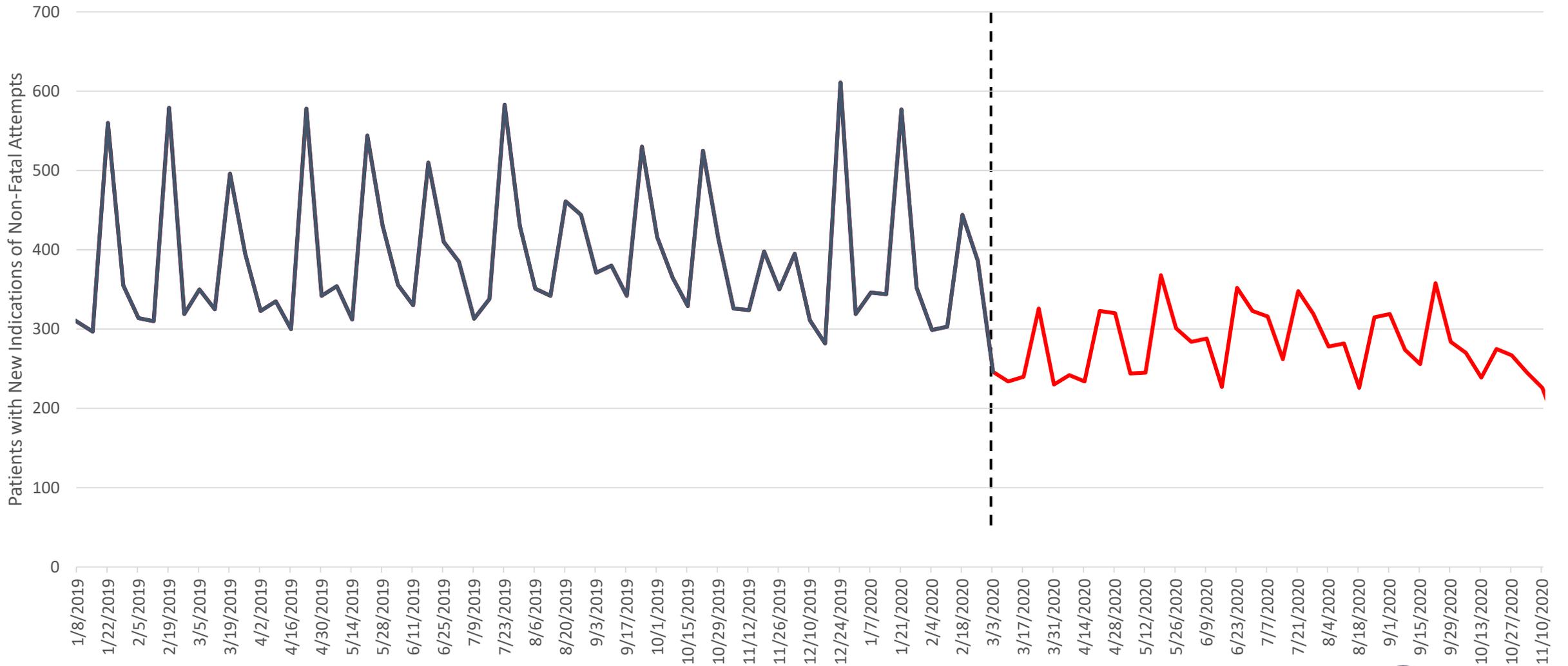
Source: CDC WISQARS and US Dept. of Veterans Affairs <https://www.mirecc.va.gov/lethalsafety/facts/>

COVID-19: VHA Site Reported Veteran Suicides, by Week

VHA Suicide Prevention Coordinator Reported Suicide Deaths, by Week, 1/7/2019 – 11/9/2020



COVID-19: VHA Documented New Suicide Attempters (Non-Fatal), by Week



Anchors of Hope



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Suicide is a Complex Issue with No Single Cause

- There is no single cause of suicide.
- Suicide is often the result of a complex interaction of risk and protective factors at the individual, community, and societal levels.
- Risk factors are characteristics that are associated with an increased likelihood of suicidal behaviors. Protective factors can help offset risk factors.
- To prevent Veteran suicide, we must maximize protective factors while minimizing risk factors at all levels, throughout communities nationwide.

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
is preventable.**



Common Myths vs. Realities

Common Myths vs. Realities

Myth	Reality
<p data-bbox="690 668 1854 843">People who talk about suicide are just seeking attention.</p>	

Common Myths vs. Realities

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

Common Myths vs. Realities

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

Common Myths vs. Realities

Myth	Reality
<p>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.</p>	

The Steps of VA S.A.V.E.

VA S.A.V.E.: Teaching Communities How to Help Veterans at Risk for Suicide

VA 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.



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
<p>DO ask the question if you've identified warning signs or symptoms.</p>	<p>DON'T ask the question as though you are looking for a "no" answer.</p> <ul style="list-style-type: none">• "You aren't thinking of killing yourself, are you?"
<p>DO ask the question in a natural way that flows with the conversation.</p>	<p>DON'T wait to ask the question when someone is halfway out the door.</p>

A

Asking the Question: Check-In & Practice

- What are your thoughts about “Asking the question”?
- What initial concerns do you have?
- Let me demonstrate a few ways of asking the question — both good and bad — and you can tell me which ones you think are most effective and direct.
- Now, turn to a neighbor and practice asking the question with one of ways you feel would be most effective.



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.





V Validate the Veteran's Experience: Check-In & Practice

- Who can share with me a validating statement?
- Turn to a partner and practice the following:
 - In response to an “invitation statement” such as, “Everything is so hard. I feel like a drag on my friends.”
 - Start by telling your partner, “Everything will be fine.” (Partner should respond.)
 - Shift instead to a statement that validates their feelings. (Partner should respond.)
- What did you notice?

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.

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.

Practice Sessions

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



Practice Sessions

Imagine that you are talking to a friend, family member, or co-worker whom you know well. You also know this person has been having a lot of personal problems lately and seems to be withdrawing from activities, and overall seems “down” much of the time. They mention that everything feels “hopeless.”

- **Step 1:** As you begin your conversation with them, listen for the problems that they believe suicide would solve and listen for a **sign** — an invitation statement. When you hear a warning sign, find a way to **ask** the question, e.g., “You seem very overwhelmed right now. Are you thinking about suicide?”
- **Step 2:** As you listen, make sure to **validate** their experience or feelings. Continue to listen and try to **expedite** them to the appropriate level of care.
- Switch roles.

Remember

VA 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.

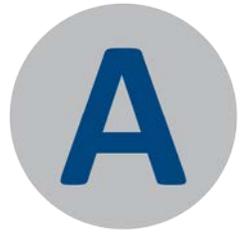
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S Signs of Suicidal Thinking

What signs did you pick up on?



Asking the Question

What did you notice about your “ask”?



Validate the Veteran's Experience

What did your partner do or say that was validating?



Encourage Treatment and Expedite Getting Help

What did you do to expedite getting help?
How comfortable would you be recommending
resources?

Debrief

- Any other thoughts, feelings, questions?

Resources and References

VA S.A.V.E. Training: Online

- A PsychArmor course developed in collaboration with the Department of Veterans Affairs and presented by Dr. Megan McCarthy, Former Deputy Director, Suicide Prevention
- After taking this 25-minute course, you will:
 - Develop a general understanding of the problem of suicide in the United States.
 - Understand how to identify a Veteran who may be at risk for suicide.
 - Know what to do if you identify a Veteran at risk.



www.PsychArmorInstitute.org

Free, Confidential Support 24/7/365

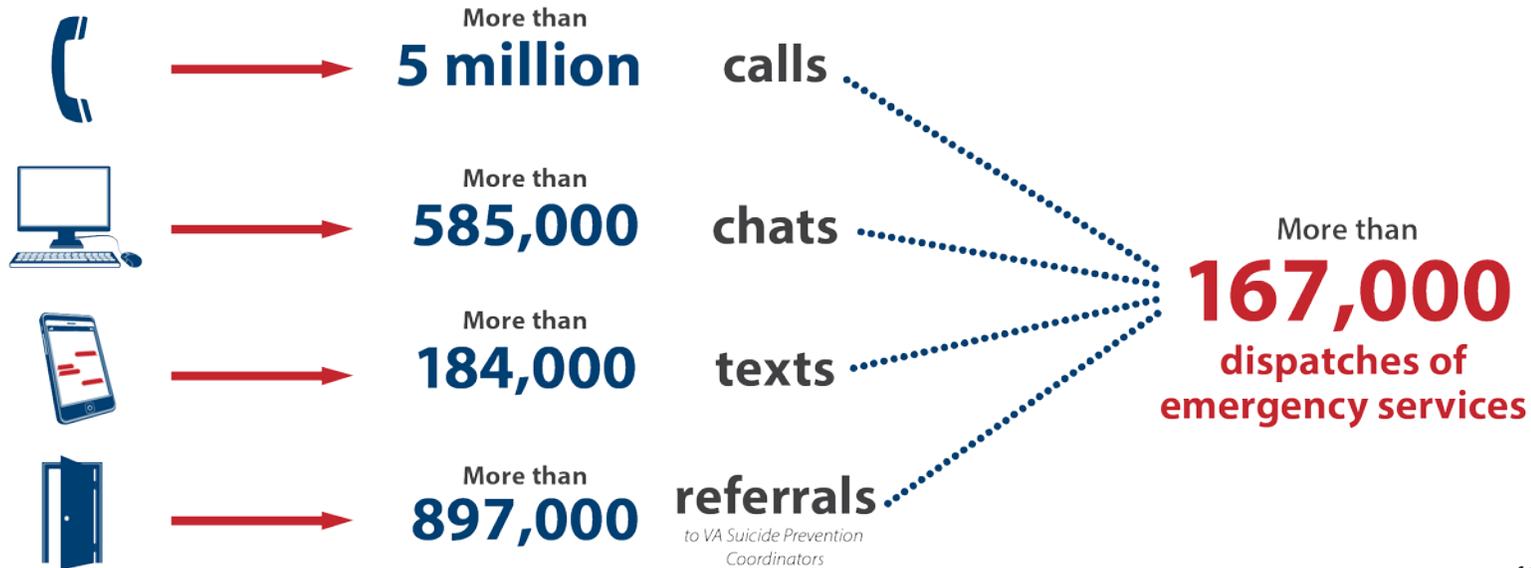
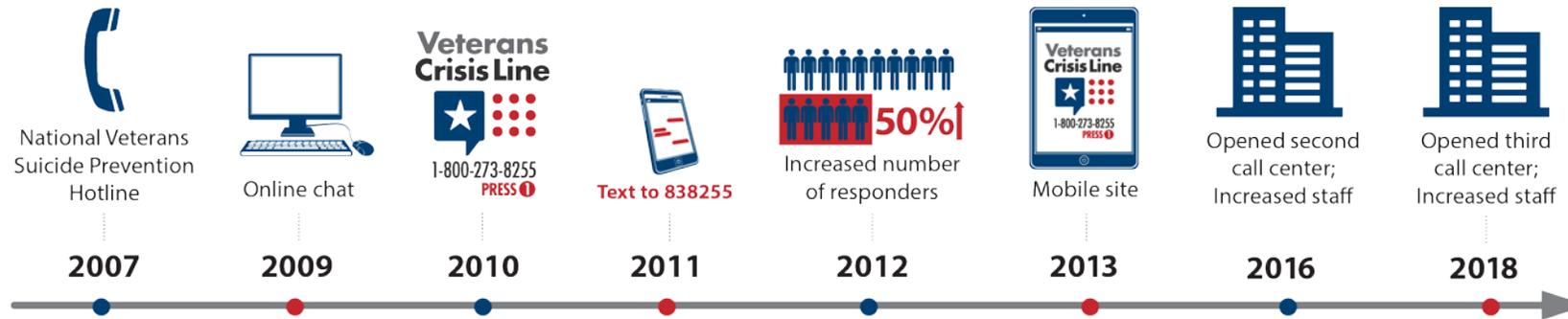


1-800-273-8255 **PRESS 1**

• • • Confidential chat at [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net) or text to **838255** • • •

- Veterans
- Family members
- Service members
- Friends

Veterans and Military Crisis Line



#BeThere Prevention Initiative



#BeThere
with a text or call to show you care.

BeThereForVeterans.com

 **Veterans Crisis Line**
1-800-273-8255 **PRESS 1**

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https://www.youtube.com/watch?time_continue=60&v=MCSZ7FjTq5I

Make the Connection

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

**MAKE THE
CONNECTION**



<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.

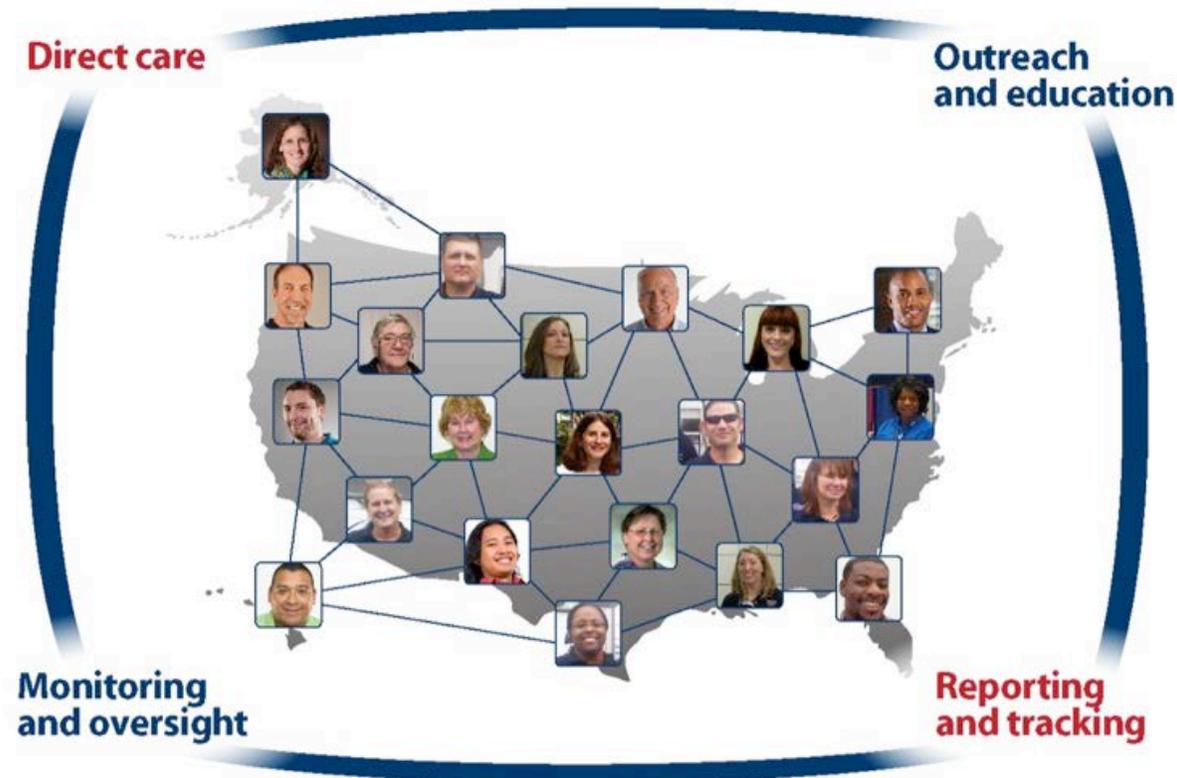


CALL 888-823-7458



Find a Local VA SPC at [VeteransCrisisLine.net/ResourceLocator](https://www.veteranscrisisline.net/ResourceLocator)

More than 400 SPCs nationwide.



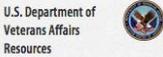
VeteransCrisisLine.net/ResourceLocator

Resource Locator

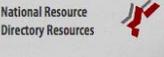
Locate Information and Resources

No matter what you are experiencing, there is support for getting your life on a better track. To find the Veteran resources most helpful for you, fill in your ZIP code or state below and check the boxes of the programs or topics you are interested in. You can also select the National Resource Directory or the SAMHSA Behavioral Health tab to find additional services.

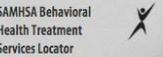




U.S. Department of Veterans Affairs Resources



National Resource Directory Resources



SAMHSA Behavioral Health Treatment Services Locator

1 Select a Resource

Suicide Prevention Coordinators
Specially trained Suicide Prevention Coordinators or teams are available at all VA Medical Centers across the country.

Crisis Centers
Search for community-based crisis centers in your area.

VA Medical Centers
VA Medical Centers offer a range of acute care and community-based outpatient services, including mental health care, diagnostics, homeless and alcohol/drug abuse programs, nursing home and respite care.

Outpatient Clinics
Community Based Outpatient Clinics (CBOCs) are local VA locations that provide primary care, counseling, laboratory analysis, prescriptions and radiology services.

Veterans Benefits Administration Offices
Veterans Benefits Administration Offices provide services to Veterans seeking benefits related to compensation, pension, vocational rehabilitation, home loans, death benefits, employment, and disability.

Vet Centers
Vet Centers provide readjustment counseling and outreach services to all Veterans who have served in any combat zone, as well as their family members.

All
See all VA and community-based services in your area.

2 Choose Location

Search by Zip Code OR



2 Choose Location

Search by Zip Code OR

Results for **Suicide Prevention Coordinators** in state **ND**

Monsebroten, Tammy
 Fargo, ND 58102
 P: 701-239-3700x93556
 F: 701-237-2642
tammy.monsebroten@va.gov;
raae.bickett@va.gov

Results for **Crisis Centers** in state **ND**

FirstLink HotLine
 Fargo, ND 58103
 P: 701-293-6462
 F: 701-235-2476
[visit website](#)

--Standing Rock Line--
 Fargo, ND 58103

Results for **VA Medical Centers** in state **ND**

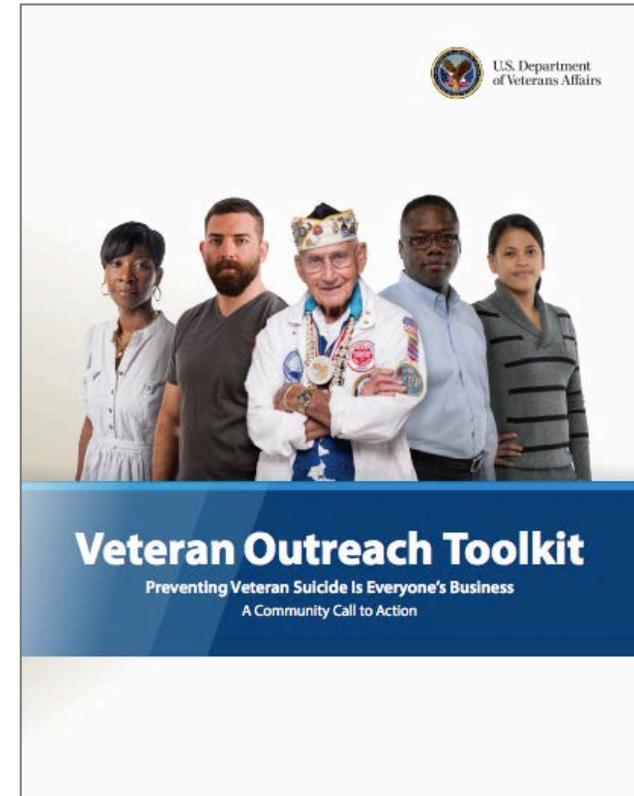
Fargo VA Health Care System
 2101 Elm Street N.
 Fargo, ND 58102
 P: 701-232-3241 Or 701-232-3241
[visit website](#)



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

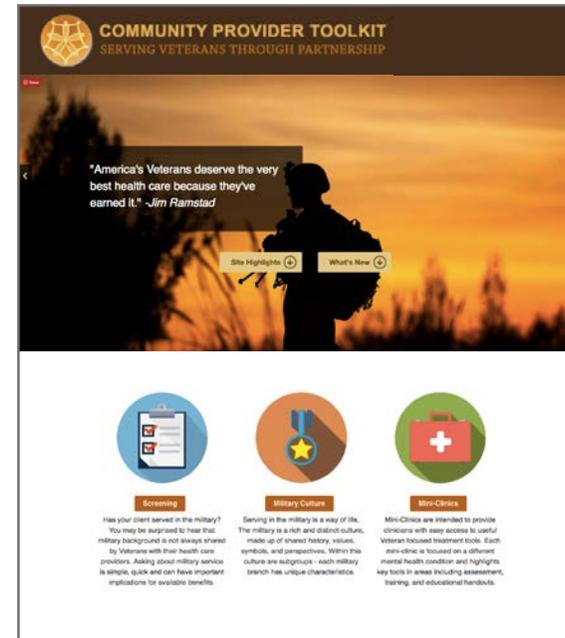


Access the toolkit online:

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

www.mirecc.va.gov/visn19/consult

ROCKY MOUNTAIN
MIRECC

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