

# Supportive Services for Veteran Families (SSVF ) National Grantee Webinar

SSVF's Annual Suicide Prevention Requirements  
& S.A.V.E. Training

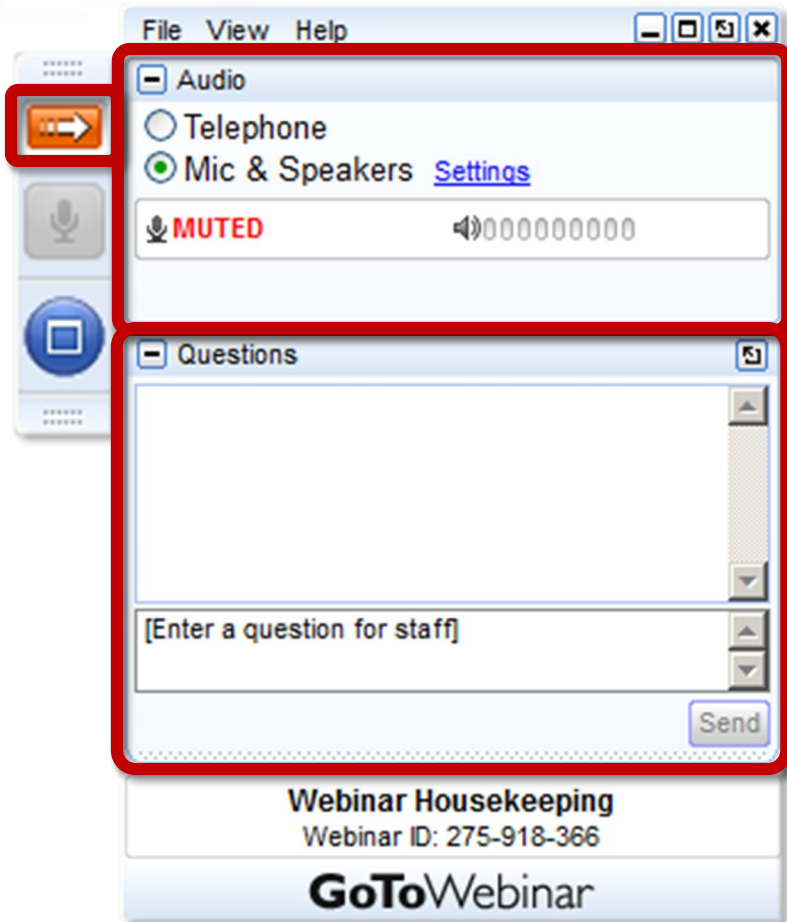
[Link to Audio](#)

December 12th, 2019

# Webinar Format

- Webinar will last approximately 1.5 hours
- Participants' phone connections are “muted” due to the high number of callers
  - **Questions can be submitted during the webinar using the Q&A function**
- Questions can also be submitted anytime to [SSVF@va.gov](mailto:SSVF@va.gov)

# Questions



## Your Questions

Submit questions and comments via the Questions panel

# Presenters & Agenda

- **SSVF's Annual S.A.V.E. Training Requirements**
  - Mike Boyd, SSVF Regional Coordinator
- **VA's Suicide Prevention Training - S.A.V.E.**
  - Shawn Liu, Program Analyst & Suicide Prevention Lead, VHA National Homeless Program Office, Clinical Operations
- **Q&A**

# Veteran Suicide - Public Health Issue

- “VA is working hard to prevent suicide among all Veterans, including those who do not, and may not ever, use VA services and benefits.” – Former Acting VA Secretary Peter O’Rourke
- “... To end Veteran suicide, we need organizations across sectors to adopt the strategy’s, framework and join us in delivering support to all Veterans.” – VA’s Secretary’s Center for Strategic Partnerships (SCSP)
- Suicide is a complex public health issue requiring a broader community coordinated approach.
- The National Strategy for Preventing Veteran Suicide reflects VA’s vision for a comprehensive approach to suicide prevention involving different sectors working together.

# SSVF's Role in Preventing Veteran Suicide

All SSVF grant recipient staff from Executive Directors to Direct Line Staff are required to receive VA Suicide Prevention Training annually in person or online:

**1**

## First Preference: In-Person S.A.V.E. Training

- Contact your local VA Medical Center's Suicide Prevention Coordinator (SPC) and request an in-person training or
- Contact the Homeless Program designated POC Certified S.A.V.E Trainer

**2**

## Second Preference: Online S.A.V.E. Training

- View this or previous recorded SSVF Suicide Prevention Webinars or
- View the S.A.V.E Training on the PsychArmor website at [www.psycharmor.org/courses/s-a-v-e/](http://www.psycharmor.org/courses/s-a-v-e/)

# SSVF's Role in Preventing Veteran Suicide

## Get the word out to your community partners:

The SSVF Program Office encourages Grantees to share VA and local suicide prevention resources with your fellow CoC stakeholders.

Consider:

- Inviting a certified S.A.V.E. trainer to a CoC meeting or other community event.
- Sharing local VA suicide prevention resources with community partners.
- Supporting the VA's suicide prevention campaign called **#BeThere** by visiting [www.bethereforveterans.com](http://www.bethereforveterans.com).



*#BeThere*



# S.A.V.E

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



U.S. Department  
of Veterans Affairs

Community Edition – August 2018



U.S. Department  
of Veterans Affairs



# A Little Housekeeping Before We Start:

- Suicide is an intense topic for some people.
  - If you need to take a break, or step away, please do so, with one condition:
    - If you aren't okay, give PM with a "thumbs down" so we can follow-up with you.
- Resources:
  - National Suicide Prevention Lifeline: 800 273 8255
  - Veterans Crisis Line: Press 1



# Overview

- Objectives
- Facts about Suicide
- Myths/Realities about Suicide
- The Steps of S.A.V.E.
- Resources & 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.



# Suicide in the United States

- **More than 42,000** deaths from suicide per year among the general U.S. population.<sup>1,2</sup>
- Suicide is the **10th** leading cause of death in the U.S.<sup>3</sup>
- 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 men.<sup>1</sup>



Men **die by suicide 4 times** more often than women.<sup>1</sup>

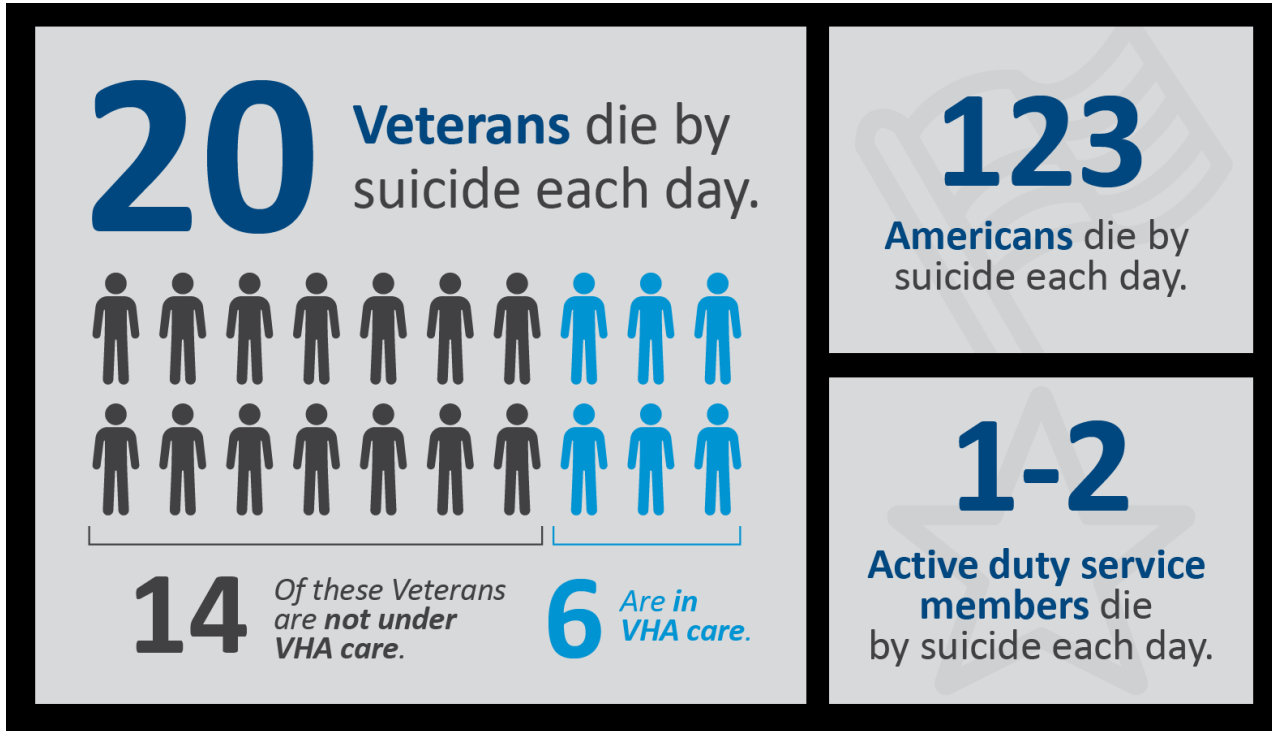


# Facts about Veteran Suicide

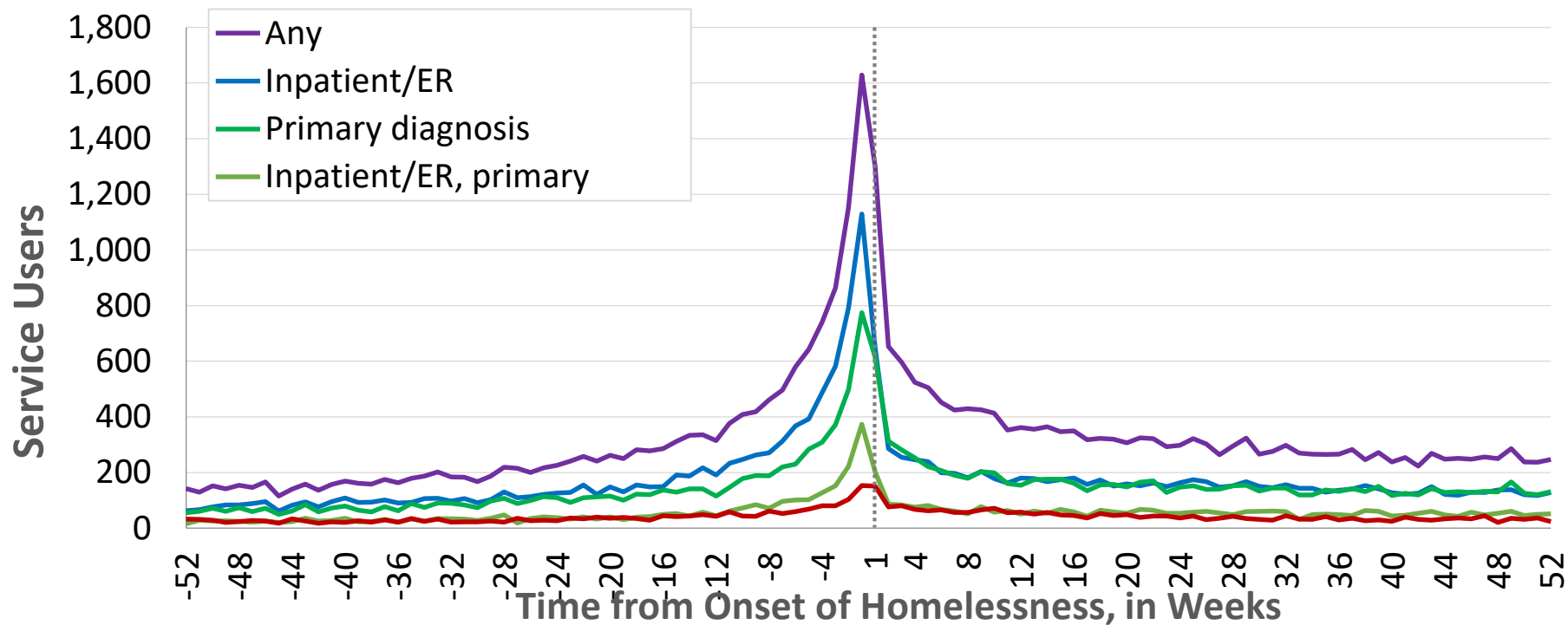
- **18%** of all deaths by suicide among U.S. adults were Veterans.<sup>4</sup>
- Veterans are more likely than the general population to use **firearms** as a means for suicide.<sup>4</sup>
- On average, there are **764 suicide attempts** per month among Veterans receiving recent VA health care services.<sup>5</sup>
- **25%** of Veterans who died by suicide had a history of previous suicide attempts.<sup>5</sup>







# Suicidality-related Service Use around Onset of Homelessness (n= 152,519 Newly Homeless Veterans)



Culhane, D., Szymkowiak, D., & Schinka, J. A. (2019). Suicidality and the onset of homelessness: evidence for a temporal association from VHA treatment records. *Psychiatric Services*. <http://doi.org/10.1176/appi.ps.201800415>



U.S. Department of Veterans Affairs

# Common Myths vs. Realities

Myth	Reality
<p data-bbox="407 705 1524 829">Asking about suicide may lead to someone taking his or her life.</p>	



# Common Myths vs. Realities

Myth	Reality
<p>Asking about suicide does <b>not</b> create suicidal thoughts. The act of asking the question simply gives the Veteran permission to talk about his or her thoughts or feelings.</p>	



# Common Myths vs. Realities

Myth	Reality
<p data-bbox="365 705 1566 843">If somebody really wants to die by suicide, there is nothing you can do about it.</p>	



## Common Myths vs. Realities

Myth	Reality
<p data-bbox="343 629 1595 919">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.</p>	





# Death by Suicide is Preventable

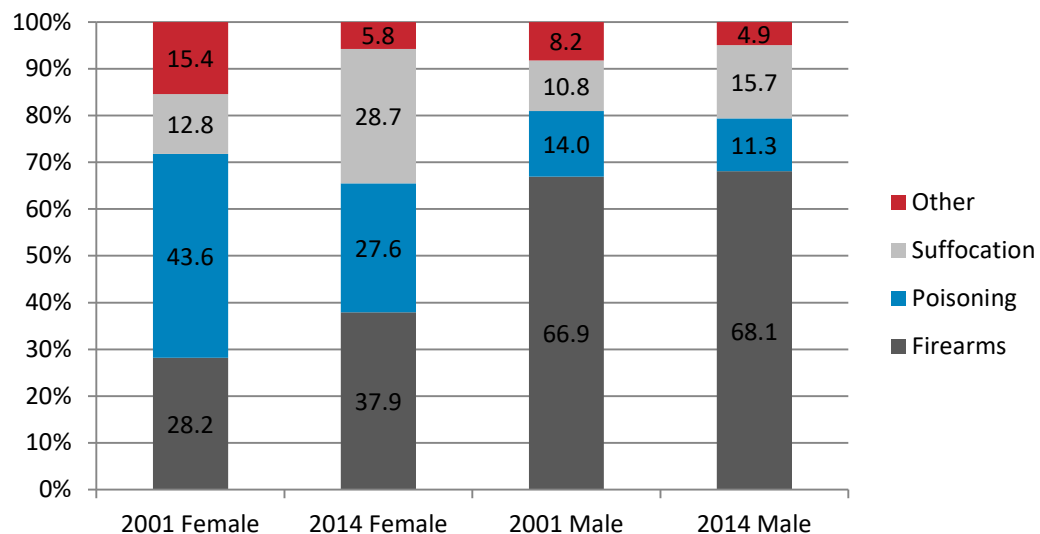
## “Lethal Means” Safety

- Safe storage of 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.



# Means of Suicide among VHA Veterans

VHA Veteran Suicide Deaths by Mechanism and Gender, 2001–2014



- The highest proportion of VHA Veteran deaths by suicide occurred by firearm.
- 90% of suicide attempts by firearm result in death.



# Common Myths vs. Realities

Myth	Reality
There are talkers, and there are doers.	



# Common Myths vs. Realities

Myth	Reality
<p>Many individuals who die by suicide or attempt suicide have given some clue or warning. Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.</p> <p>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.</p>	



# Common Myths vs. Realities

Myth	Reality
<p>If somebody really wants to die by suicide, there is nothing you can do about it.</p>	



# Common Myths vs. Realities

Myth	Reality
	<p>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.</p>





# Common Myths vs. Realities

Myth	Reality
	<p>He/she won't die by suicide because...</p> <ul style="list-style-type: none"><li>▪ He just made plans for a vacation.</li><li>▪ She has young children at home.</li><li>▪ He made a verbal or written promise.</li><li>▪ She knows how dearly her family loves her.</li></ul>



# Common Myths vs. Realities

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



# S.A.V.E.

- 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:

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.



# Importance of Identifying Warning Signs



- There are behaviors that may indicate/reveal that a Veteran needs help.
- Veterans in crisis may show behaviors that indicate a risk of harming or killing themselves.



# S 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 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

*Are you thinking of suicide?*

*Have you had thoughts about taking your own life?*



# A Asking the Question

- DO ask the question if you've identified warning signs or symptoms.
- DO ask the question in a natural way that 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 someone 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.



# 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 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.**



# E 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 harmed himself or herself in some way, call 911.
- Call the Veterans Crisis Line at 1-800-273-8255, Press 1.



# E Encourage Treatment, and Expedite Getting Help

- Remember: Provide suicide prevention information to the at-risk Veteran and his or her family.
  - Veterans Crisis Line number **1-800-273-8255 and Press 1**
  - 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](http://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](http://www.vetcenter.va.gov).







### 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 [MakeTheConnection.net](https://www.maketheconnection.net) to learn more.



# Resources (cont.)



## Veterans Crisis Line/Chat/Text

- **1-800-273-8255 and Press 1**
- [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net)
- Text to **838255**

## VA Suicide Prevention Coordinators

- Each VA Medical Center has a Suicide Prevention Coordinator (SPC) to make sure Veterans receive needed counseling and services.
- Find your local SPC at [VeteransCrisisLine.net/ResourceLocator](https://www.VeteransCrisisLine.net/ResourceLocator).



# 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.



# 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

- <sup>1</sup> Suicide 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](http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=705D5DF4-055B-F1EC-3F66462866FCB4E6)
- <sup>2</sup> United 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>.
- <sup>3</sup> Suicide 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>
- <sup>4</sup> U.S. Department of Veterans Affairs (2016). Suicide among Veterans and other Americans 2001-2014. Washington, DC: Office for Suicide Prevention.
- <sup>5</sup> Based on suicide/ suicide attempts reported within the VA Suicide Prevention Application Network (SPAN) during calendar year 2014.



# QUESTIONS?

- **Q&A Shawn & Mike**
  - SSVF Suicide Prevention Requirements
  - S.A.V.E. Suicide Prevention