

SUICIDE PREVENTION PROCESSES : HOW CAN WE BEST KEEP OUR VETERANS SAFE?

PRESENTATION FOR THE JEWISH WAR VETERANS OF AMERICA NATIONAL CONFERENCE

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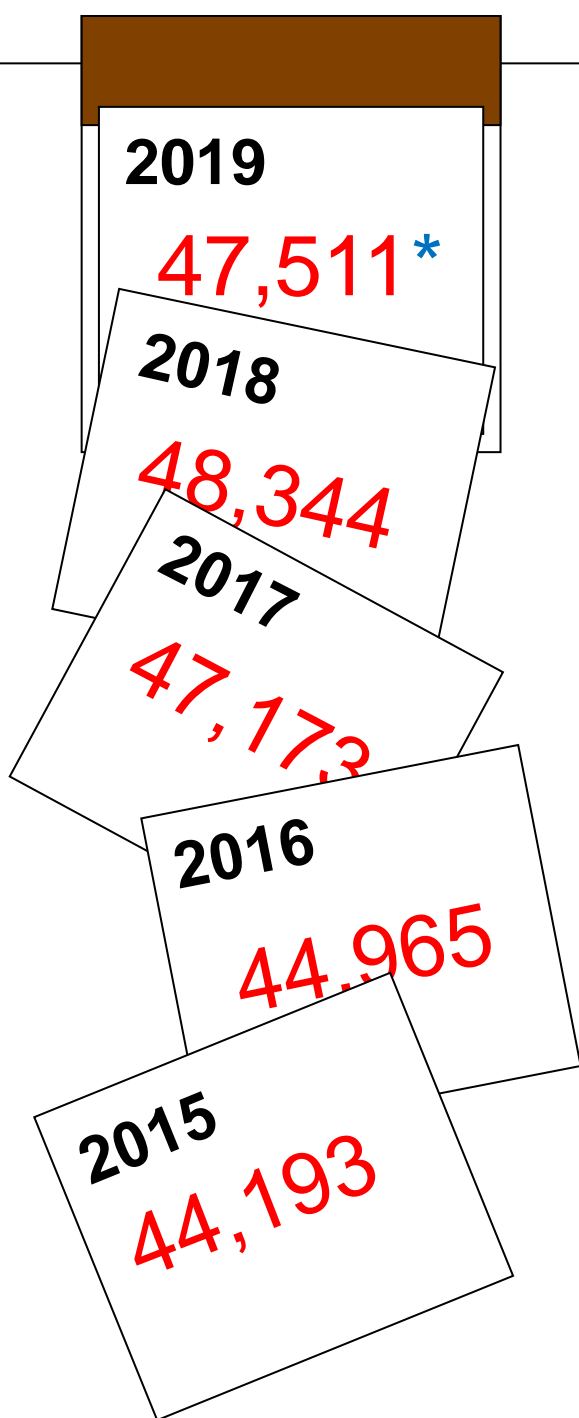
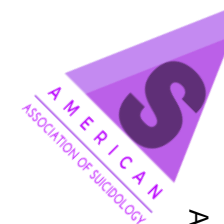
SCOPE OF THE PROBLEM
GENERAL INFORMATION AND TRENDS
FOR U.S. SUICIDES

Suicide in the USA: Statistics



2019 data

Version: February 2021



Annual Number of USA Suicides

over

47,000

currently

* 1st yr-to-yr decline in number of suicides since 2003 - but still higher than any year except 2018

2019 data

Suicide - Leading Cause of Death

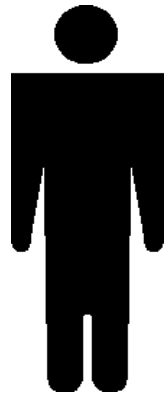
Rank	Cause of Death	Rate	Deaths
1	Diseases of the heart (heart disease)	200.8	659,041
2	Malignant Neoplasms (cancer)	182.7	599,601
3	Accidents (unintentional injuries)	52.7	173,040
4	Chronic lower respiratory diseases	47.8	156,979
5	Cerebrovascular diseases (stroke)	45.7	150,005
6	Alzheimer's disease	37.0	121,499
7	Diabetes mellitus (diabetes)	26.7	87,647
8	Nephritis, nephrosis (kidney disease)	15.7	51,565
9	Influenza and pneumonia	15.2	49,783
10	<i>Suicide (intentional self-harm)</i>	14.5	47,511

10th ranking cause

Rate= 869.7

2,854,838 Total Deaths

Sex/Gender & Suicide Methods



Firearms the leading method for **Men**.
Women historically have used poisons most,
 then firearms, but in 2019* firearms 1st and
 suffocation 2nd, ahead of poisons



	<u>Men</u>		<u>Women</u>	
Firearms	55.6%	20,725	31.4%	3,216
Suffocation <small>incl. hanging, strangulation</small>	28.4%	10,592	30.0%	3,079
Poisoning <small>(solid and liquid and gas)</small>	8.2%	3,046	29.0%	2,971
All Other Methods	7.8%	2,893	9.6%	989
Total Number		37,256		10,255

47,511 total suicides in 2019

* And in 2018

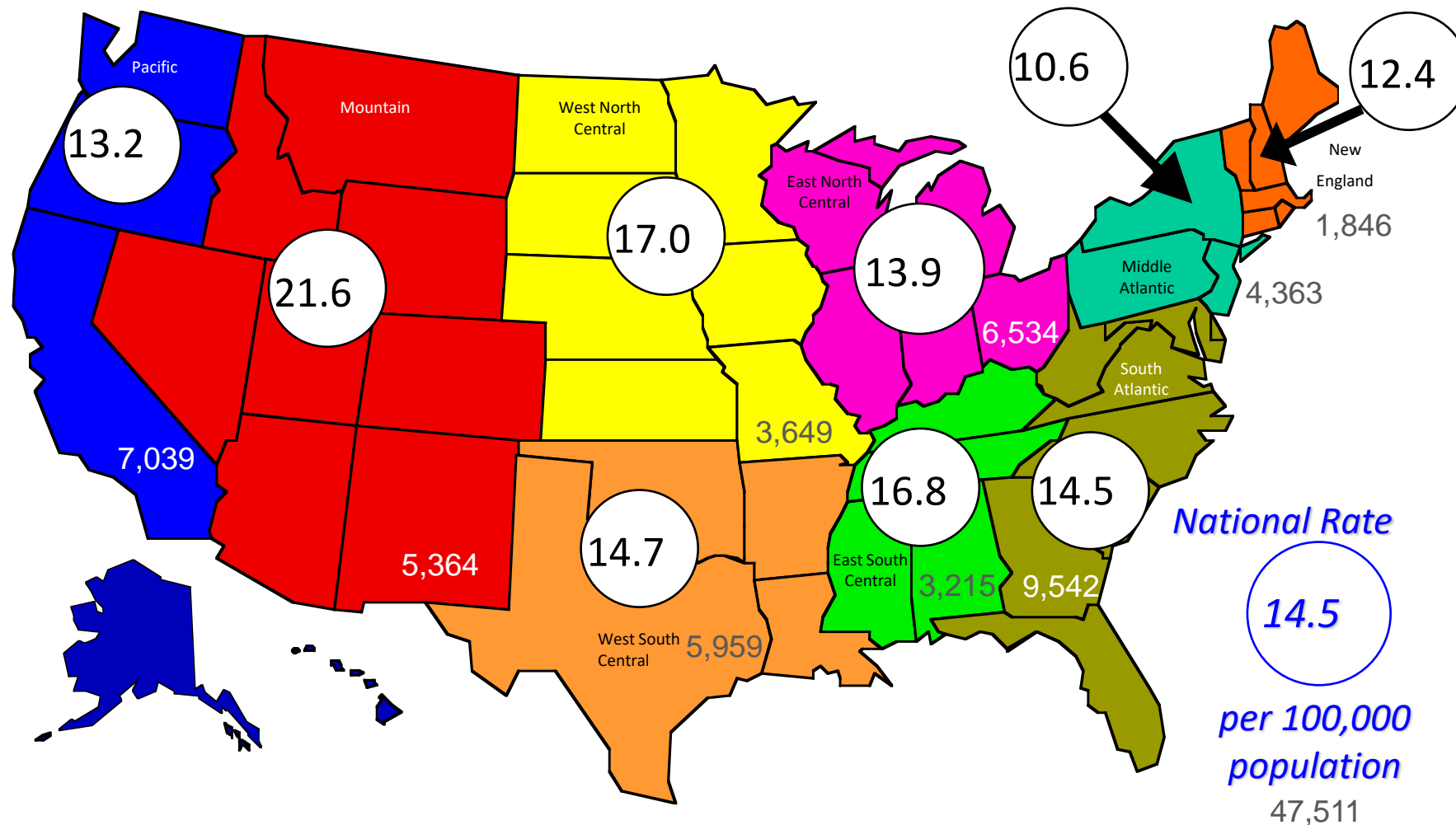
Note: Totals may not equal 100% due to rounding





Divisional Differences in USA Suicide

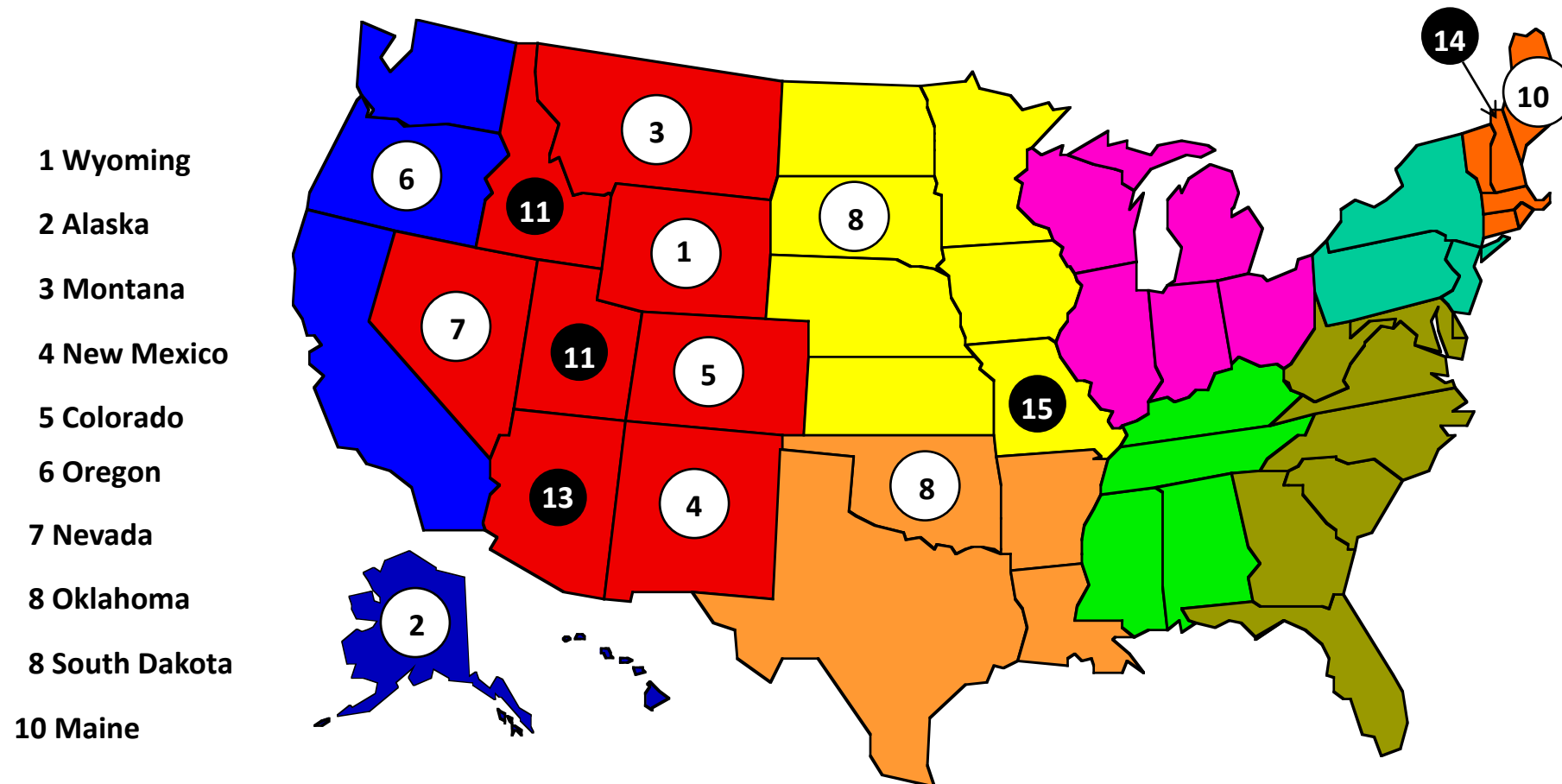
Suicide highest in the Mountain States

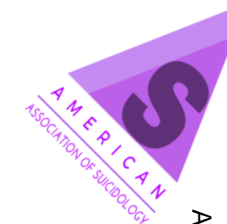




USA State Suicide Rates

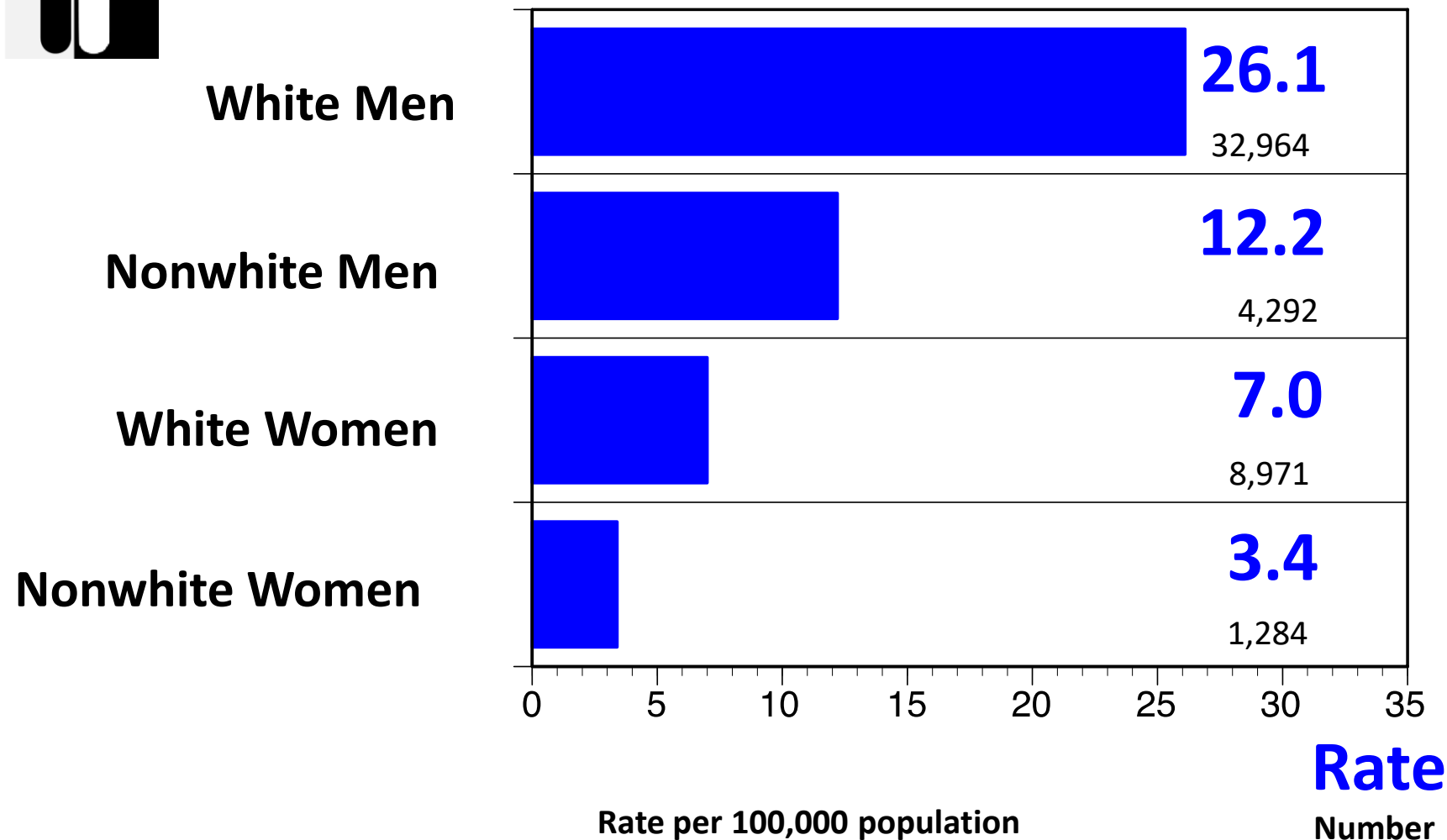
Ranking of Top States





USA Suicide by Race & Sex

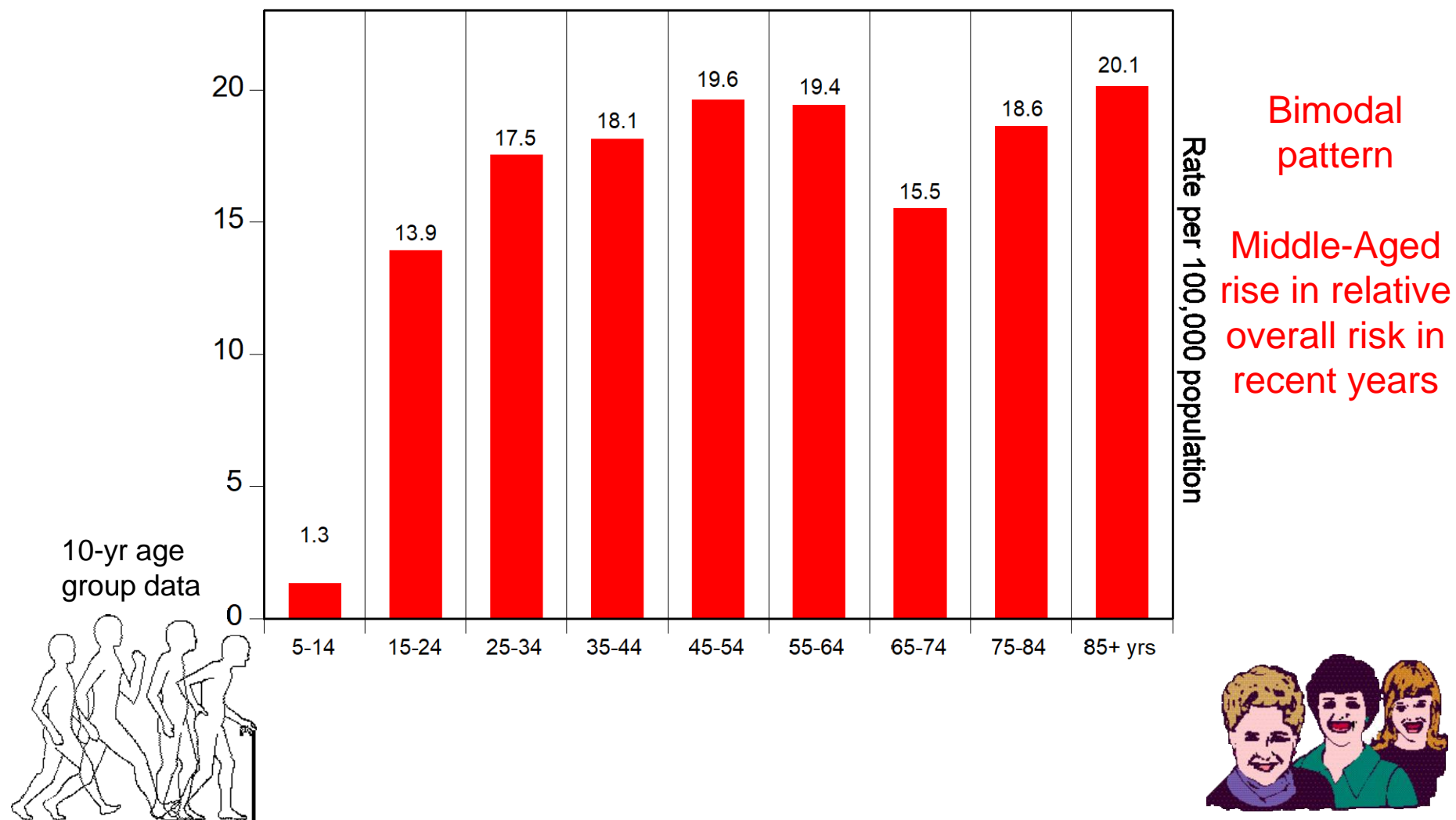
White men have highest rates





USA Suicide by Age

Rates generally increase with age



Suicidal Behavior Estimates

2019 SAMHSA (2020) study suggests:

In the past year:

• 1.4 million American adults attempted suicide (0.6% of adults)

• 3.5 million adults made a plan (1.4% of adults)

• 12.0 million adults had serious thoughts (4.8% of adults)



Adults = ages 18 and above

Survey Year
2019 data

National Survey on Drug Use
and Health (NSDUH)

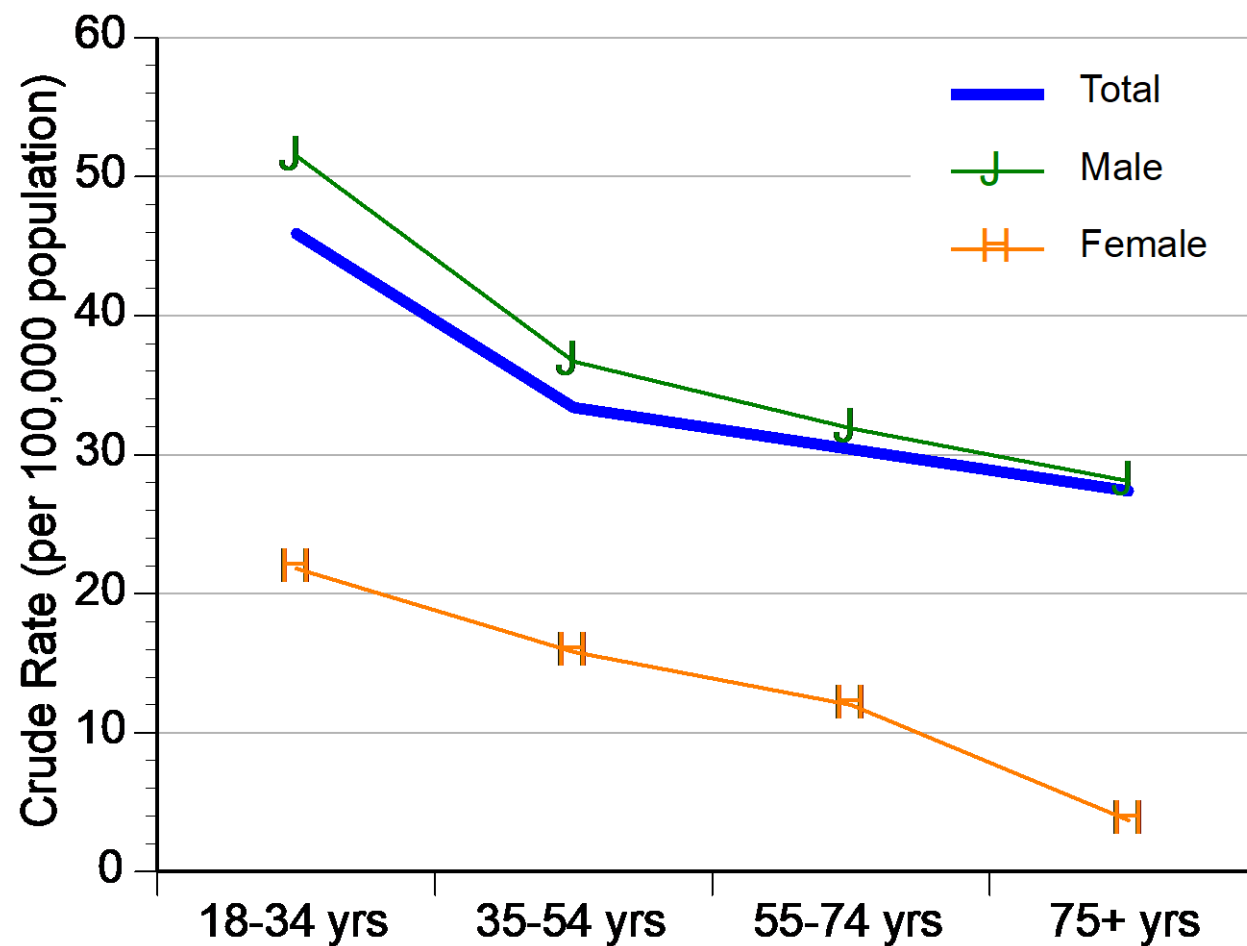


Veteran Suicides:

Veteran Suicide Rates by Sex and Age



Veteran suicide rates highest among those 18-34 years



Source: U.S. Department of Veteran Affairs (2021), 2020 National Veteran Suicide Prevention Annual Report

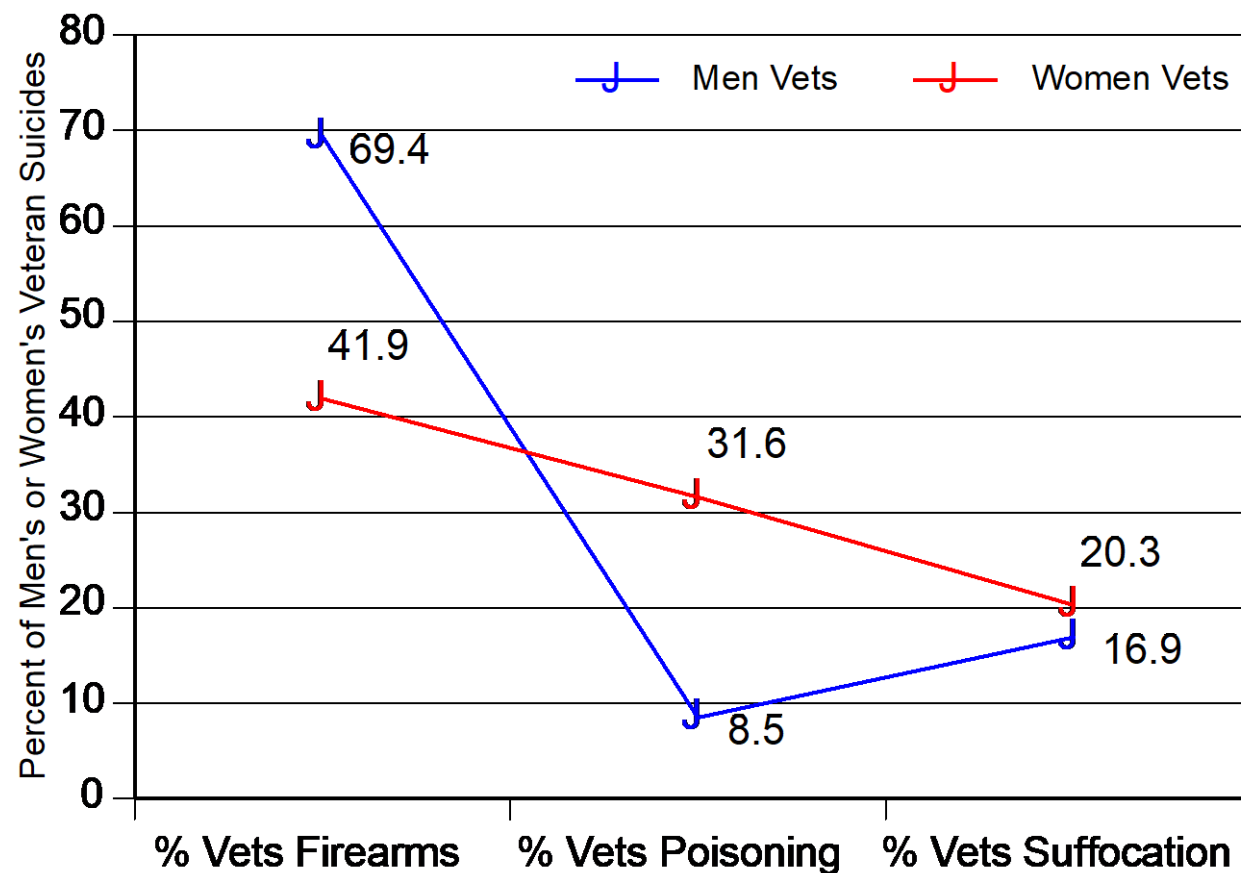


Veteran Suicides:

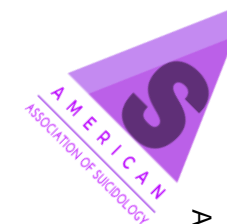
Percent of Veteran Suicides by Method



Veteran suicides are most often by firearms



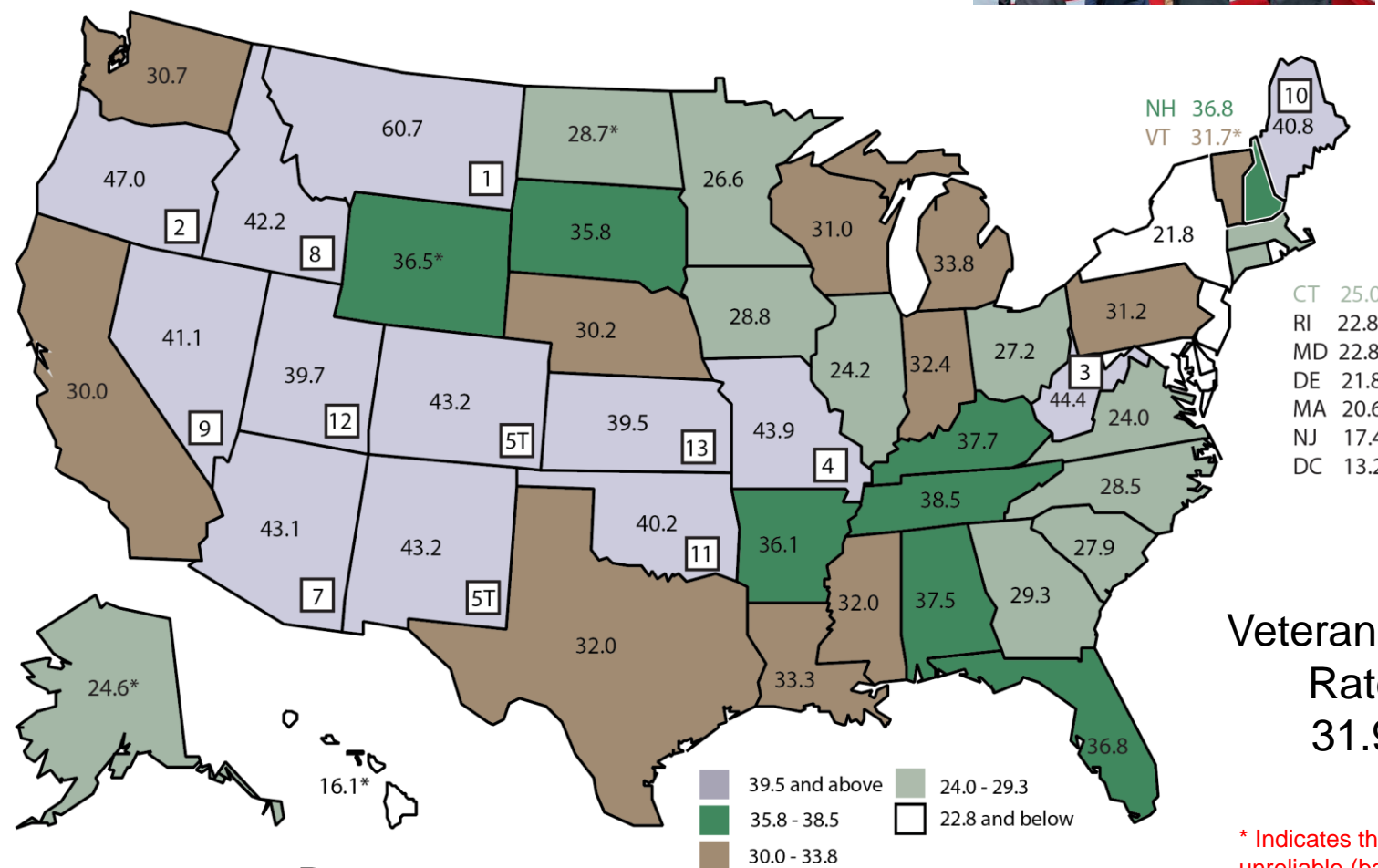
Source: U.S. Department of Veteran Affairs (2021), 2020 National Veteran Suicide Prevention Annual Report



Veteran Suicides: State Rates



State rates calculated by Chris Drapeau using Department of Veteran Affairs population figures.



**Veteran Total
Rate
31.9**

* Indicates that rates are unreliable (based on less than 20 deaths).

Rates per
100,000
population

Source: Data at U.S. Department of Veteran Affairs (2021),
https://www.mentalhealth.va.gov/suicide_prevention/data.asp



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We Are Progressing and Yet More Work Is Needed With All of You

Estimated Impact of the Anchors of Hope



- 91 Veteran souls with Depression alive in 2018
- 146 Veteran souls with Anxiety alive in 2018
- 36 Veteran souls with Mental Health/Substance Use Disorder alive in 2018
- 13 female Veteran souls alive in 2018
- 56 Veteran souls in VHA care alive in 2018
- 49,000 projected lives spared from exposure to suicide

*While we are heartened by the Anchors of Hope,
we are simultaneously burdened by the loss of every Veteran to suicide.
We recognize the work yet needing to be done.
We welcome your partnership and collaboration in this Mission.*

Suicide is preventable. Each of us has a role to play in suicide prevention.

VA



U.S. Department
of Veterans Affairs

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="690 665 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.

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...**



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>

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.

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.

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.

VA



U.S. Department
of Veterans Affairs

Debrief

- Any other thoughts, feelings, questions?

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

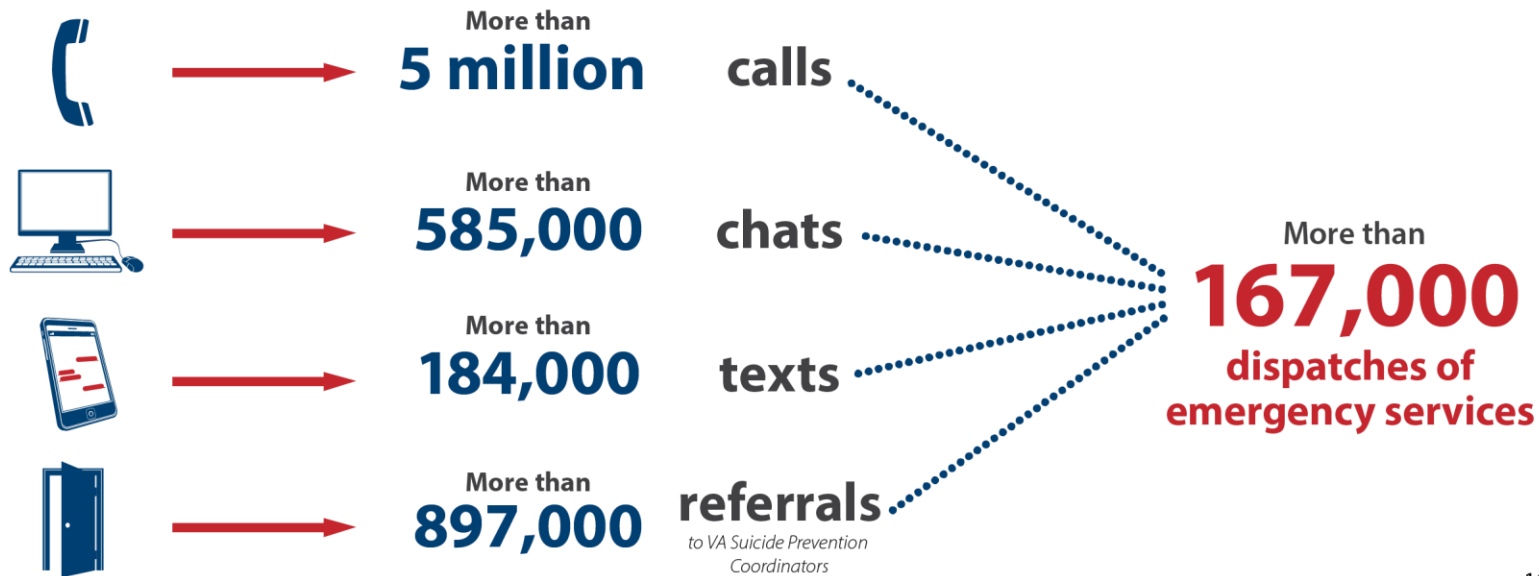
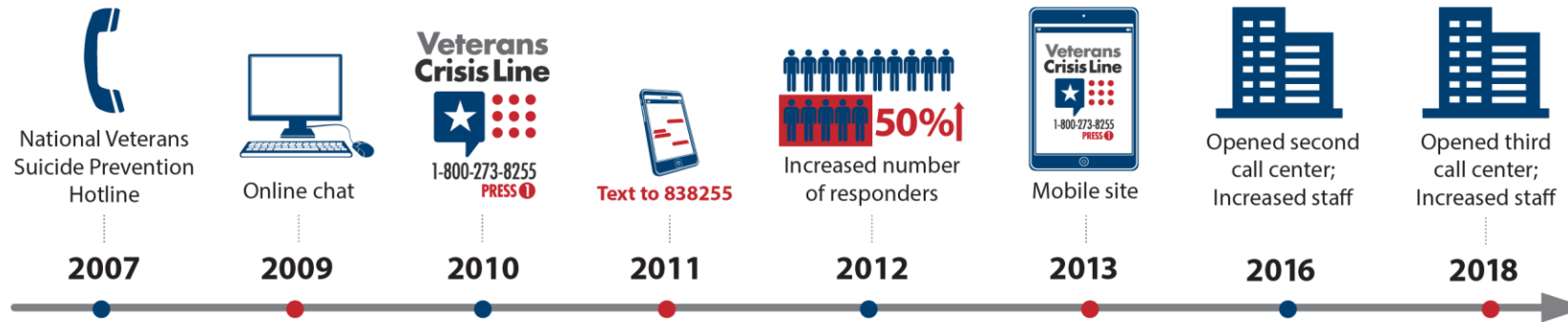


1-800-273-8255 **PRESS 1**

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

- Veterans
- Family members
- Service members
- Friends

Veterans and Military Crisis Line

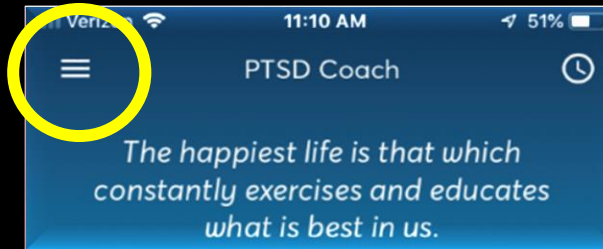


Safety Plan now in PTSD Coach!



To access the Safety Plan:

1. Download* and open PTSD Coach
2. Tap the lateral menu
3. Tap Safety Plan



*If you have previously downloaded PTSD Coach, you may need to update it from the App Store/Google Play. For some, it may update automatically.

National Center for PTSD website:

https://www.ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp

Questions?

MobileMentalHealth@va.gov

COVID COACH

For managing stress related to the COVID-19 pandemic

Uses:

- Learn ways to improve your well-being during this global pandemic
- Use trackers for mental health and personal goals
- Find tools for coping and self-care
- Follow links to additional resources



Learn more at the National Center for PTSD website:
https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp



OTHER TOOLS

- Hope Box
 - A collection of items that make one feel proud, happy, encouraged, comforted, or inspired
 - Can be done in a shoebox literally or on a Smartphone “Virtual Hope Box”
 - Research evidence from the Military Suicide Research Consortium supports this intervention as effective
- Means Restriction
 - Should come up in Safety Plan
 - Removal of all reasonable methods for suicide (gun, poisons, ligatures, cutting tools, medications that could be used for OD, etc.)
 - Key for firearm safety – we aren’t attempting to take firearm away or restrict rights, we want to ensure Veteran is safe by having someone else take gun, removing all ammo from home, using gun locks, dismantling firearm, etc

QUESTIONS???

- Feel free to email, Skype, or call Dr. DeBrule for future issues with these programs. Dr. Hill and the SPC team are also always available when on tour. Main SPC Number: 504-507-7885
- Trainer: Dr. Daniel DeBrule, Ph.D., SPC, Daniel.DeBrule@va.gov , 504-390-6139
- SPC Team Leader: Dr. Ron Hill, Psy.D., William.Hill6@va.gov, 504-616-6294