



Veteran Suicide Prevention S.A.V.E. Training

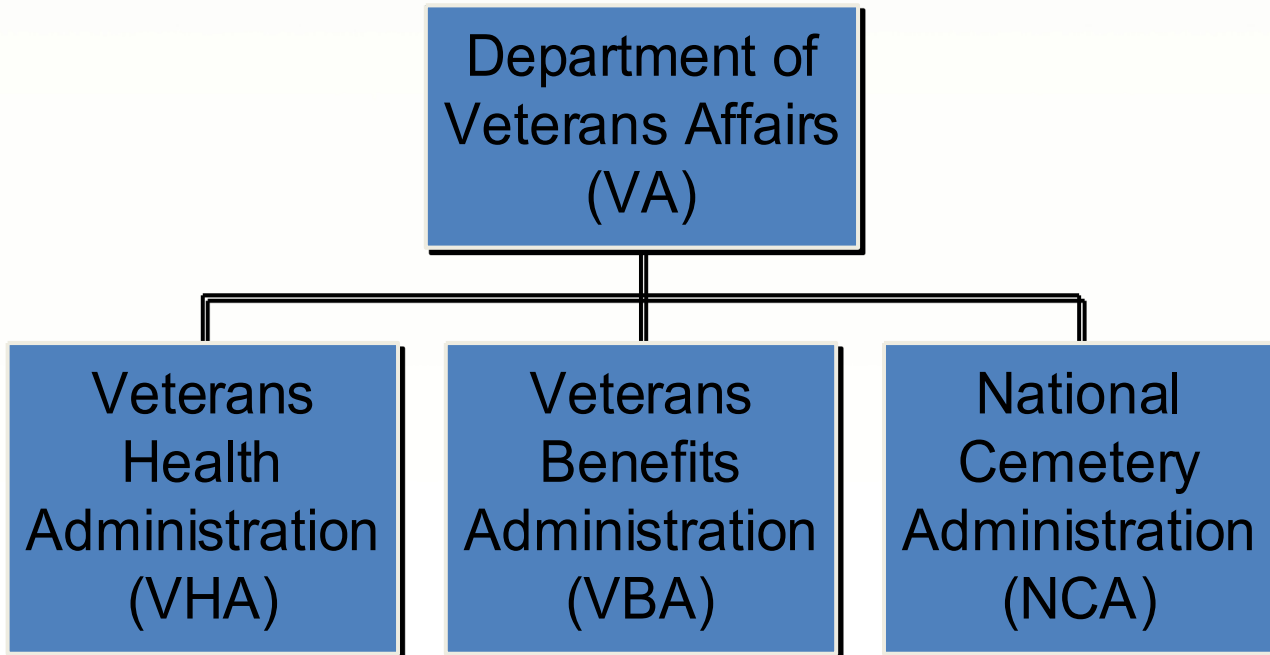
2019 Battlemind to Home Summit

Indianapolis VA Suicide Prevention Program

DEPARTMENT OF
VETERANS AFFAIRS

TO CARE FOR HIM WHO SHALL
HAVE BORNE THE BATTLE AND
FOR HIS WIDOW, AND HIS ORPHAN
A. LINCOLN

Organizational Structure of VA



What if a Veteran you're serving says....

- *“I wish I could just go to sleep and not wake up.”*
- *“If I weren't here, my family would be better off.”*
- *“If my claim doesn't go through, I'm done!”*
- *“If I can't get this pain to go away, I might as well just shoot myself”*

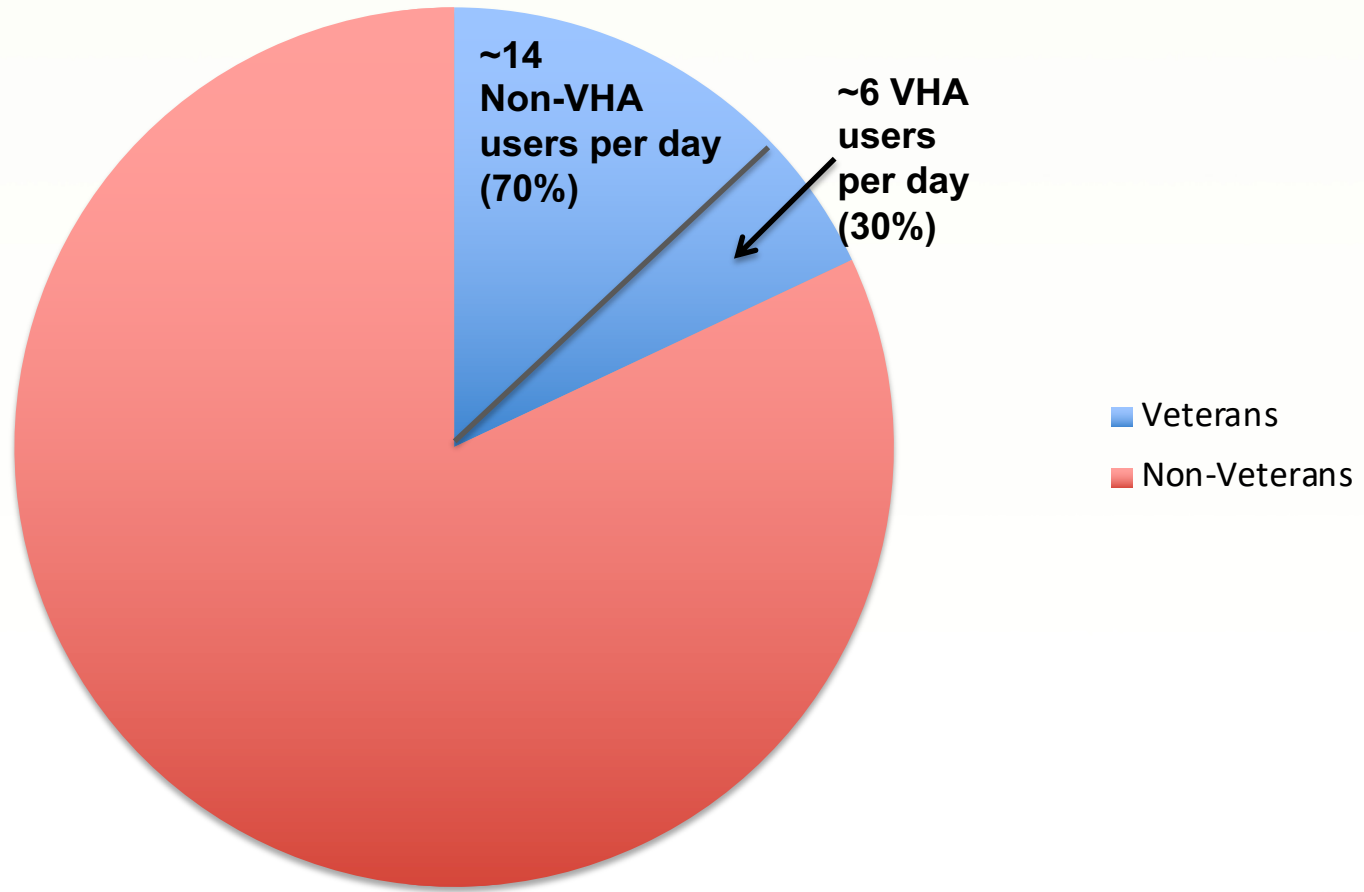
What tools are in your tool belt?

- Do you ask questions to probe into a Veterans emotional pain?
- Do you feel equipped to respond to these kind of statements, and screen for suicide?
- For someone in an emotional crisis, do you feel confident on how to do a “warm handoff” to a clinical provider and connect that Veteran to Suicide Prevention support and resources?

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

Veterans accounted for 18% of U.S. Adult Suicides in 2016 = ~20 per day



Indiana, Midwestern Region, and National Veteran Suicide Deaths by Age Group, 2016^c

Age Group	Indiana Veteran Suicides	Midwestern Region Veteran Suicides	National Veteran Suicides	Indiana Veteran Suicide Rate	Midwestern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	70	1,202	6,079	16.7	28.0	30.1
18-34	11	179	893	26.8*	45.2	45.0
35-54	12	333	1,648	11.5*	33.4	33.1
55-74	32	448	2,259	17.1	23.6	25.9
75+	15	242	1,274	17.0*	24.2	28.3

Indiana Veteran and Total Indiana, Midwestern Region, and National Suicide Deaths by Age Group, 2016^c

Age Group	Indiana Veteran Suicides	Indiana Total Suicides	Midwestern Region Total Suicides	National Total Suicides	Indiana Veteran Suicide Rate	Indiana Suicide Rate	Midwestern Region Suicide Rate	National Suicide Rate
Total	70	1,001	9,422	43,427	16.7	19.8	18.0	17.5
18-34	11	286	2,759	11,997	26.8*	18.8	17.9	16.1
35-54	12	380	3,445	15,467	11.5*	22.7	20.1	18.6
55-74	32	263	2,473	12,162	17.1	18.2	16.3	17.3
75+	15	72	745	3,801	17.0*	17.4	16.5	18.5

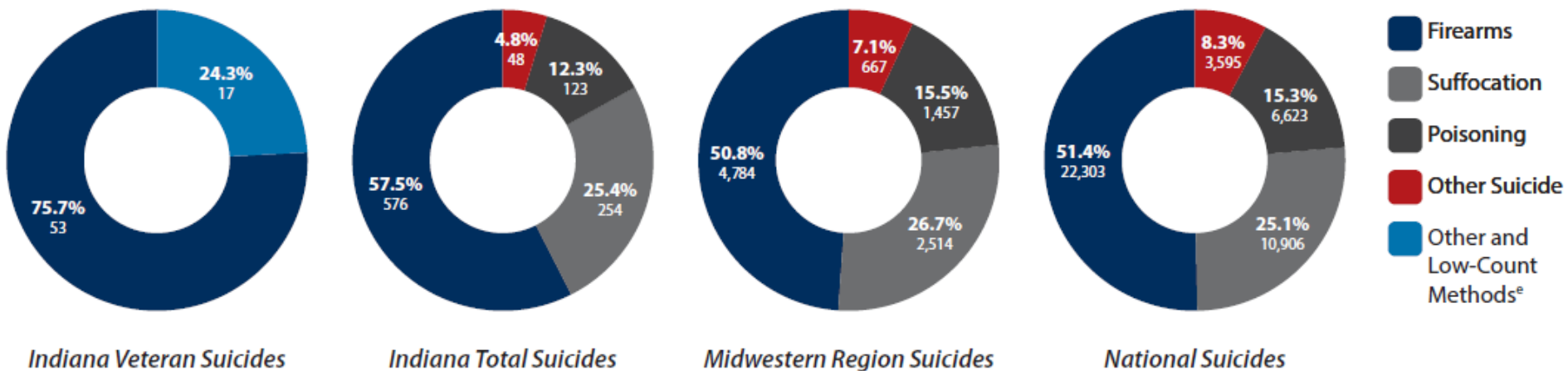
* Rates calculated from suicide counts lower than 20 are considered unreliable.

Veteran Suicide Data Sheet, 2016

Indy VA SPC summary notes:

- **Indiana** Veterans age 18-34 have **higher** rates of suicide (26.8) than 18-34 Non-Veterans in the Midwest Region (17.9) and Non-Veterans Nationally (16.1).
- **Indiana** Veterans age 18-34 have **higher** rate of suicide (26.8) than 18-34 Non-Veterans in **Indiana** (18.8).
- In 2016 the suicide rate was 1.5 times greater for Veterans than for non-Veteran adults, after adjusting for age and gender.
- In 2016, the suicide rate for women Veterans was 1.8 times greater than the suicide rate for non-Veteran women.
- In 2016, 71% of male Veteran suicides (nationally) resulted from firearm injury, compared to 41% of female Veteran suicides.
- In **Indiana**, 75.7% of Veteran suicides were by firearm injury.

Indiana Veteran and Total Indiana, Midwestern Region, and National Suicide Deaths by Method,^d 2016



VA SUICIDE PREVENTION – CRISIS INTERVENTION AND PROGRAMMING

VA Suicide Prevention – Universal Strategies

- Veterans Crisis Line
- Community outreach and education
 - Advertising
 - Public service announcements
 - Community events
 - arranged by Suicide Prevention Coordinators
- S.A.V.E. suicide awareness training
 - VA Staff (clinical and non-clinical)
 - Community organizations
- Screening for Mental Health and Substance Use Disorder conditions
- Promoting lethal means safety (i.e., free gunlocks)
- Collecting and reporting attempt & completion data

VA Suicide Prevention – Basic Strategy

- Suicide prevention requires ready access to high quality mental health services
 - Supplemented by Programs designed
 - To help individuals or families engage in care
 - To address suicide prevention in high risk patients

VA Suicide Prevention Program

- Provide Enhanced Care in response to identified “high risk” suicidal behavior:
 - Maintain a “high risk” list (High Risk Suicide Flag)
 - Assign Suicide Prevention Case Manager for 90 days
 - Personal contacts—phone calls, letters, in-person as needed
 - Consultation with providers and clinical treatment teams
 - Suicide Risk Assessment and Safety Planning
 - Tracking appointments, follow up with missed appointments
 - Individualized strategies for treatment and lethal means safety
 - Coordinating referrals & services within the facility, other VA facilities, Vet Centers, or community agencies

VA Suicide Prevention Program (cont.)

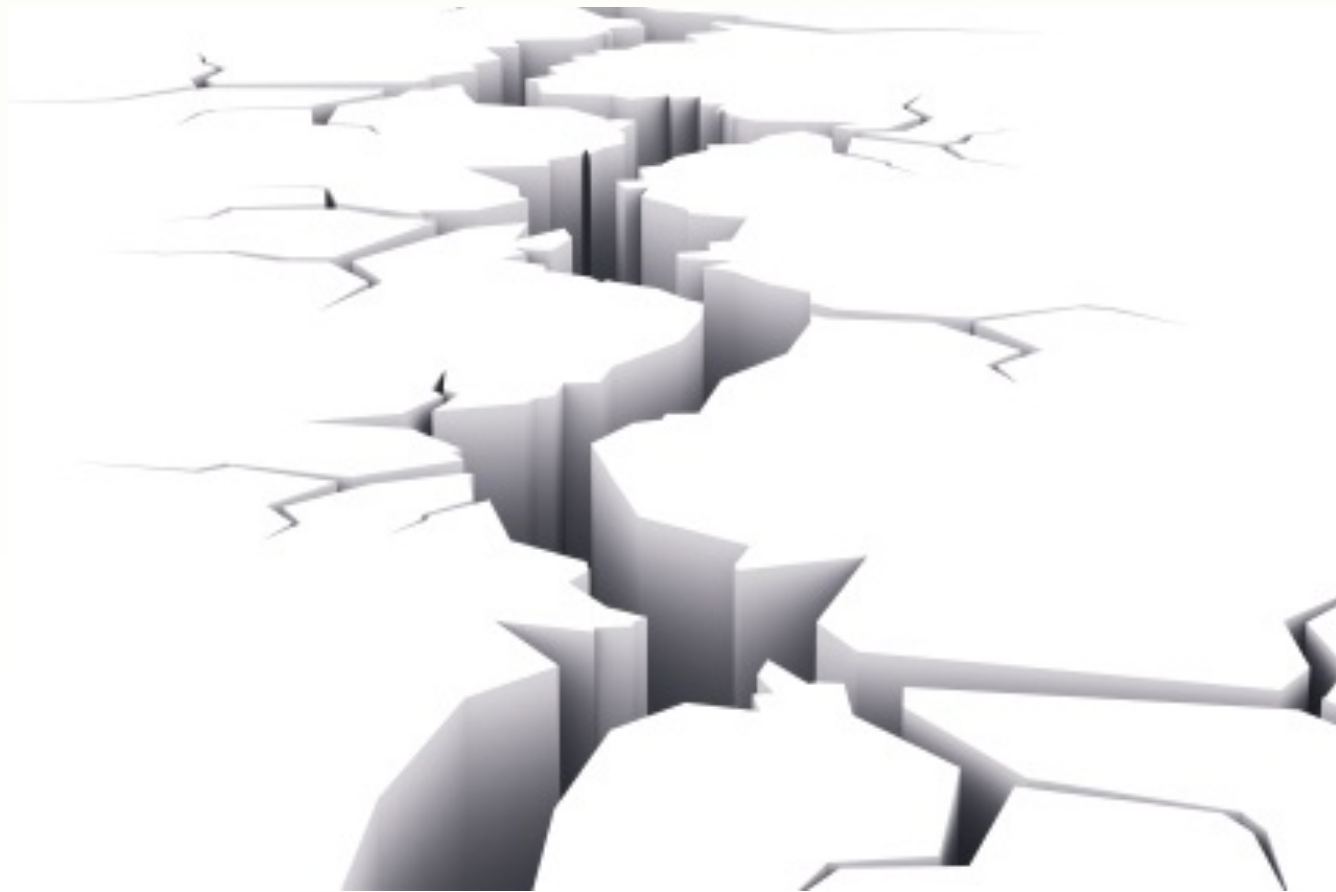
- Multi-disciplinary communication: between Mental Health, Primary Care, Pharmacy, & Case Manager
- Restrict medication orders to 14 day supply
 - at Indy VAMC
- Mail Program—7 letters over 15 months
- *Overall goal of Veteran engagement in most appropriate Outpatient mental health services*
- Postvention

Indy VA Suicide Prevention Team

- **Travis Field, LCSW** – Lead Suicide Prevention Coordinator/ Supervisor, Psychiatry Outreach/Consultation Section
- **Ashley Maynard, LCSW** – Suicide Prevention Coordinator
- **Craig Lewis, LCSW** – Suicide Prevention Case Manager/ REACH VET Coordinator
- **Christa Sutton, LCSW**- Suicide Prevention Case Manager/Community Outreach Specialist
- **Brad Claypool** – Half-time SP MSA (admin support)
- **Trisha Smith-Peck, LCSW** – VA Homeless Services, Coordinated Entry Specialist,
25% dedicated to Suicide Prevention Program

- **Clinical approach** – facility’s “high risk” list, responding to Veterans Crisis Line referrals, case consultation
- **Public Health approach** – involved in at least five (5) community outreach events per month
- **Training/Education** – in-services throughout the VA system and in the community

Help us identify Veterans at risk





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

Common myths vs. realities

Myth

Reality

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

Common myths vs. realities

Myth

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.

Common myths vs. realities

Myth

Reality

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

Common myths vs. realities

Myth

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.

Common myths vs. realities

Myth

Reality

There are talkers, and there are doers.

Common myths vs. realities

Myth

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.

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.

Reality

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

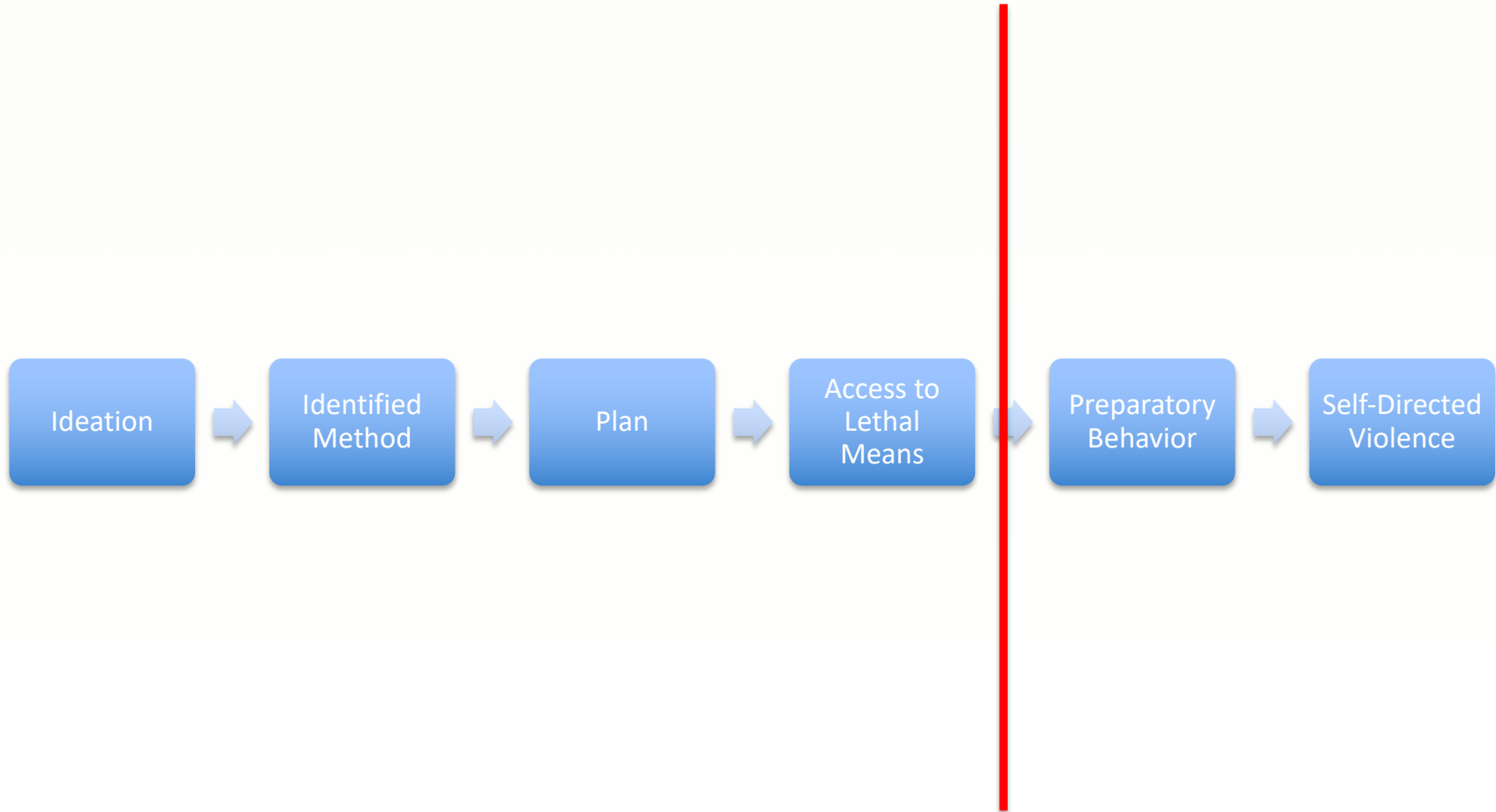
Signs of suicidal thinking

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



Asking the question

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

Asking the question

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

DON'T ask the question as though you are looking for a “no” answer....

- “You aren’t thinking of killing yourself are you?”

Asking the question – also consider asking:

- *Have you wished you were dead or wished you could go to sleep and not wake up?
- *Have you actually had any thoughts of killing yourself?
- *Have you ever done anything, started to do anything, or prepared to do anything to end your life?

*questions taken from the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener

Columbia Suicide Severity Rating Scale (C-SSRS)

Screenener

Over the past month....

1. Have you wished you were dead or wished you could go to sleep and not wake up?
2. Have you had any actual thoughts of killing yourself?
3. Have you been thinking about how you might do this?
4. Have you had these thoughts and had some intention of acting on them?
5. Have you started to work out or worked out the details of how to kill yourself?
6. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?

(e.g., collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump, etc.)

- If YES, was this within the past 3 months?

“If my claim doesn ’t go through I ’m done!”

- Example response:
 - So what do you mean by *done*?
 - I mean, I’m done....I’ve got nothing to live for
 - Have you wished you were dead or wished you could go to sleep and not wake up?
 - All the time
 - Have you actually had any thoughts of killing yourself?
 - Well, no, I’m not going to do anything like that.

“If I can ’t get this pain to go away, I might as well just shoot myself”

- Example response:
 - Have you actually had any thoughts of killing yourself?
 - Yes
 - Have you been thinking about how you might kill yourself?
 - I just told you, I’ve thought about just shooting myself
 - Have you started to work out the details....do you intend to carry out this plan?
 - I don’t know, I just don’t want to be in pain anymore
 - Have you ever done anything, started to do anything, or prepared to do anything to end your life?
 - I have a gun at home....and I loaded it the other day thinking I would just get it over with, but I stopped and put it away when my wife came home from the store.

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

Responding to a +Screen

+SI =

1:1 =

Warm-handoff for Suicide Risk
Assessment with a clinical
provider

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**

Veterans Crisis Line



1-800-273-8255

PRESS 1

NATIONAL

SUICIDE

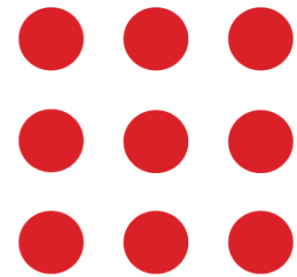
PREVENTION

LIFELINE

1-800-273-TALK (8255)TM

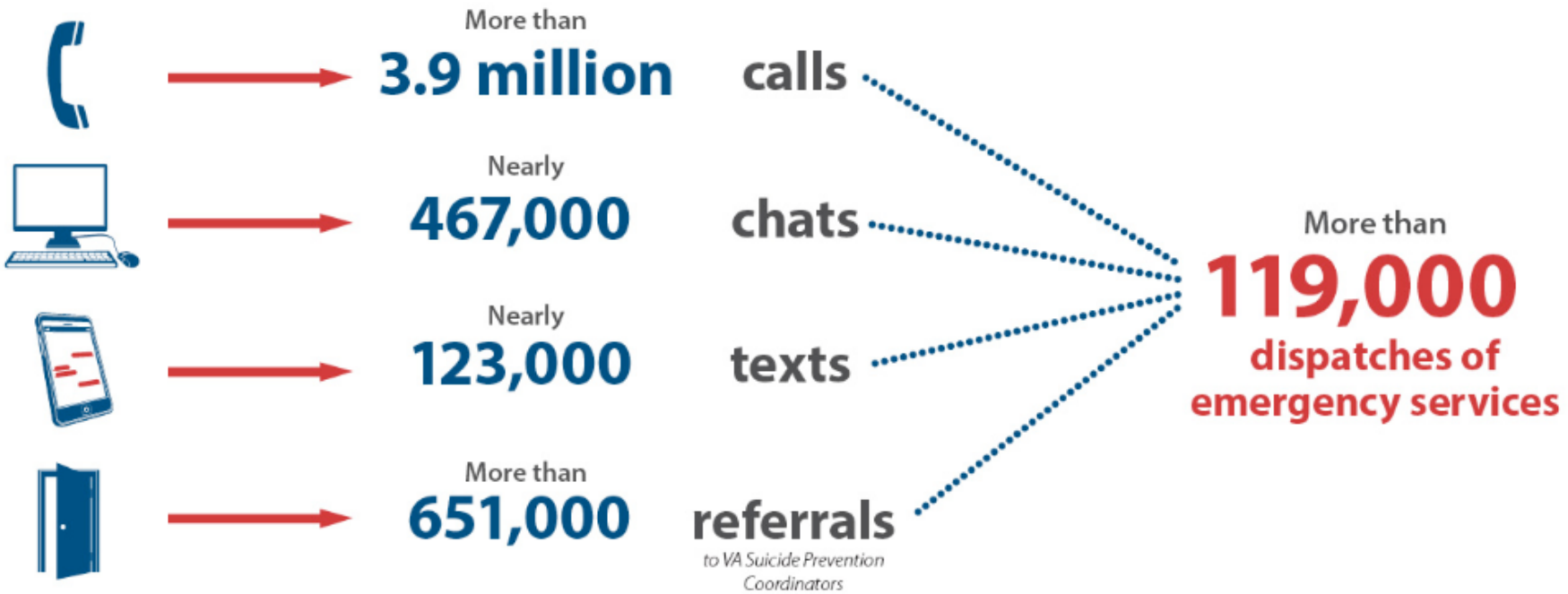
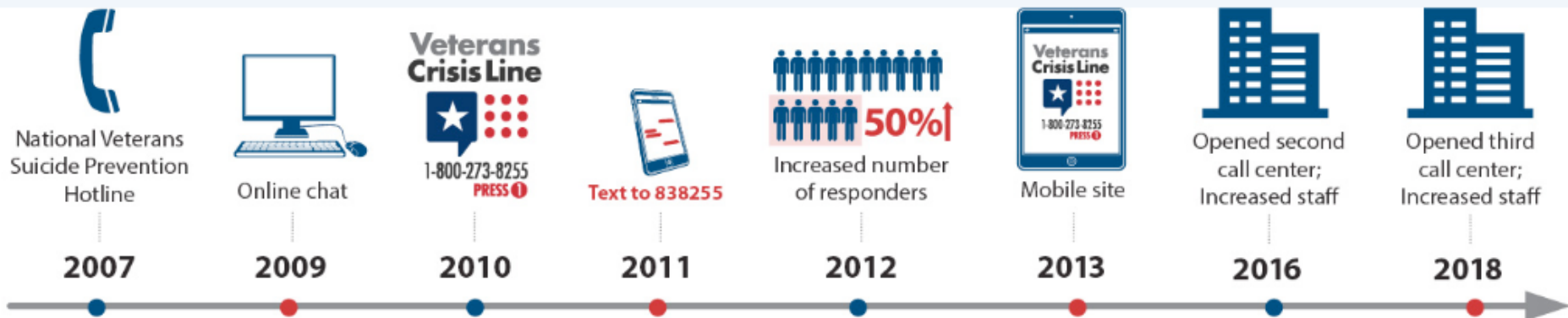
suicidepreventionlifeline.org

Veterans Crisis Line



1-800-273-8255

PRESS 1



Immediate
24/7/365 crisis
response

Indy VA response,
within 24 business
day hours

Indy VA same-day
access, if clinically
indicated

**Veterans
Crisis Line**



1-800-273-8255
PRESS 1

Local SPC
follow-up
outreach

Link to
Mental
Health
services

Encourage treatment and Expediting getting help

Always Remember:

- Use the **Veterans Crisis Line** – call them for guidance
- **Same day, walk-in Mental Health access** is available at the VA
 - Monday-Friday during regular business hours – non-emergent walk-in
 - 24/7 Mental Health professionals in the VA Emergency Room
- If you ever have to **call 911** when a Veteran is in a crisis, **ask for a CIT trained officer**, and **ALSO call the Veterans Crisis Line** to inform them → they can notify the VA Suicide Prevention Coordinator who can also reach out to the Veteran
- Know your local **VA Suicide Prevention Coordinator** – use as a VA Mental Health point of contact

Encourage treatment and Expediting getting help

Transferring Crisis Calls

- Obtain:** name of Veteran, last 4 of SSN, address, phone number and reason for call
- Warm-transfer call to the Veterans Crisis Line via 3-way conference call:
- Provide VCL with caller information
- Hang up and Document

Encourage treatment and Expediting getting help

Transferring Crisis Calls – recommended backup procedures

- If warm transfer to the *Veterans Crisis Line* fails:
 - 1) Attempt to call the veteran back immediately
 - 2) Call the *Veterans Crisis Line* and provide them with the call information obtained
- If needed, contact your local VA Suicide Prevention Coordinator during weekday business hours, for follow up consultation.

Reporting Your Knowledge of Veteran Suicidal Behavior

- Please communicate to your local VA Suicide Prevention Coordinator (SPC)....
 - If you learn about a Veteran suicide (or suspect a death could be suicide).
 - If you learn about a non-fatal Veteran suicide attempt or preparatory behavior.
 - If a Veteran goes to a Non-VA hospital due to suicidal thoughts or behavior.

Veterans Crisis Line


The screenshot shows the homepage of the Veterans Crisis Line website. At the top, there is a navigation bar with links for 'SuicidePreventionLifeline.org', 'Get Help', 'Materials', 'Get Involved', 'Crisis Centers', 'Newsroom', and 'About'. The main header features the 'Veterans Crisis Line' logo with the phone number '1-800-273-8255 PRESS 1'. Below the logo are buttons for 'Dial 1-800-273-8255 PRESS 1', 'Text to 838255', and 'Confidential Veterans Chat'. A secondary navigation bar includes 'I am Veteran', 'I am Active Duty/Reserve and Guard', and 'I am Family/Friend'. A blue banner below the navigation bar reads 'Confidential Help for Veterans and Their Families' and 'The Power of 1 Signs of Crisis Resources Get Help About'. The main content area is divided into several sections: a 'Welcome to the Veterans Crisis Line Website' section with a video player for '#ThePowerOf1 MOVEMENT' and a 'SHOW YOUR SUPPORT' button; an 'Are You a Veteran or Concerned About One?' section with an 'Act Now' button and links to 'Confidential Veterans Chat', 'Text to 838255 to Get Help NOW', 'Take a Self-Check Quiz', 'Confidential Homeless Veterans Chat', and 'Support for Deaf and Hard of Hearing'; a 'Learn Now' section with links to 'Identify the Warning Signs', 'Concerned About a Veteran? You Can Help', 'Suicide and Crisis Resources', and 'About the Veterans Crisis Line'; a 'Resource Locator' section with a map of the United States and a link to find a facility; and a 'Spread the Word' section with a download button for logos and materials. A large blue arrow points from the 'Act Now' section towards the 'Resource Locator' and 'Spread the Word' sections.

Resource Locator


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 Search by state



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**

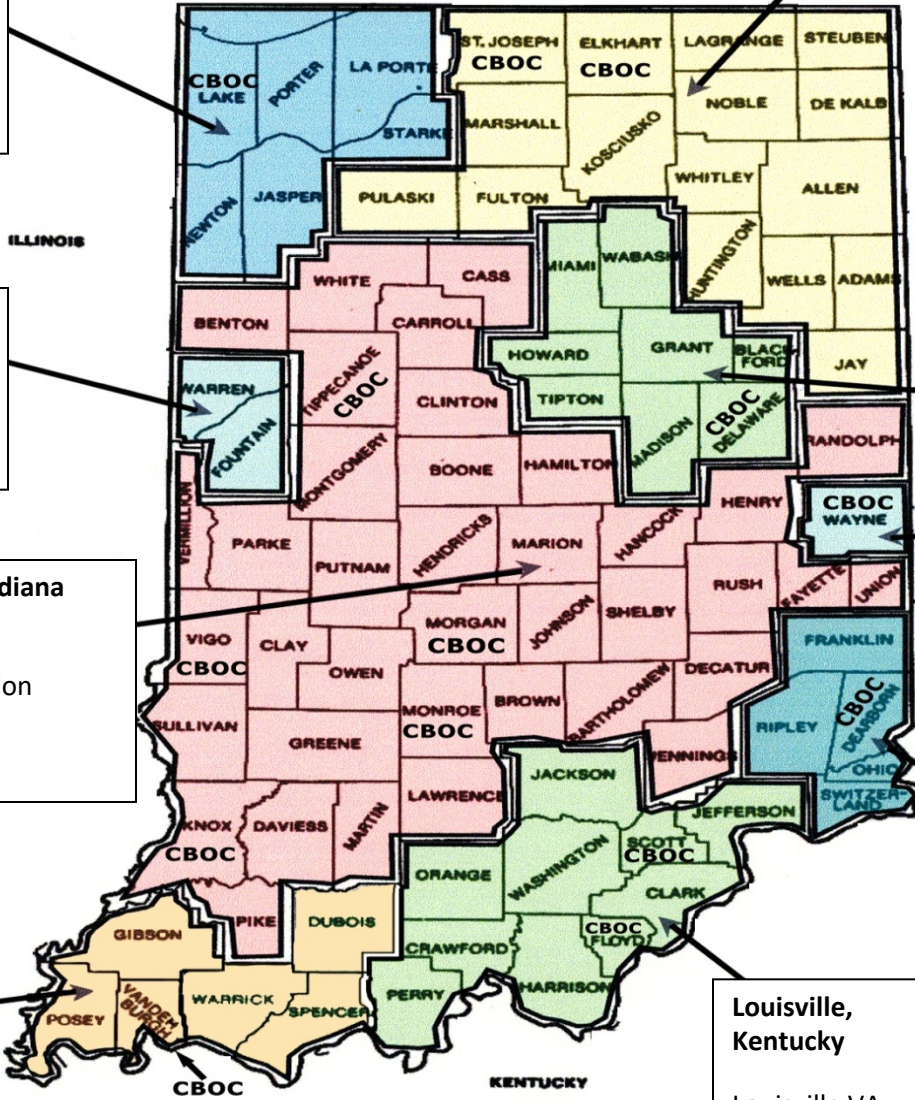
Fargo VA Health Care System
2101 Elm Street N.
Fargo, ND 58102
P: 701-232-3241 Or 701-232-3241
[visit website](#)

Chicago, Illinois
Jesse Brown VA
Suicide Prevention
Coordinator

Danville, Illinois
Danville VA
Suicide Prevention
Coordinator

Indianapolis, Indiana
Indianapolis VA
Suicide Prevention
Coordinator
317-988-3213

Marion, Illinois
Marion (IL) VA
Suicide Prevention
Coordinator



Ft. Wayne & Marion, Indiana
Northern Indiana
Healthcare System –
Ft. Wayne & Marion
VA campuses
Suicide Prevention
Coordinator

Dayton, Ohio
Dayton VA
Suicide Prevention
Coordinator

Cincinnati, Ohio
Cincinnati VA
Suicide Prevention
Coordinator

Louisville, Kentucky
Louisville VA
Suicide Prevention
Coordinator

Handout:

Indiana Veteran and Military Suicide Prevention and Mental Health Access: Quick Reference

For questions, or for a supply of Suicide Prevention Crisis Materials to distribute in your community

Contact:

Travis Field, MA, MSW, LCSW
Lead Suicide Prevention Coordinator

- Office: 317-988-3213

Ashley Maynard, MSW, LCSW
Suicide Prevention Coordinator

- Office: 317-988-4327

Craig Lewis, MSW, LCSW
Suicide Prevention Case Manager/
REACH VET Coordinator

- Office: 317-988-3365

Christa Sutton, MSW, LCSW
Suicide Prevention Case Manager/
Community Outreach Specialist

- Cell: 317-997-2476

Brad Claypool
Suicide Prevention MSA
Available 12-4PM

- Office: 317-988-3451



**AMERICA'S
WARRIOR
PARTNERSHIP**
OPERATION DEEP DIVE

Operation Deep Dive

ABOUT OUR COMMUNITY ACTION TEAM:

We lead local efforts for Operation Deep Dive. The team consists of local medical examiners, coroners, veteran-serving organizations, community leaders and veterans and their families. Your participation will help make sure we understand what veteran suicide looks like in your community and how to better prevent it. Researchers analyze the information gathered by our team.

ABOUT OPERATION DEEP DIVE:

America's Warrior Partnership, University of Alabama researchers and the Bristol-Myers Squibb Foundation have partnered on a community-based suicide prevention study that will examine the factors and potential causes involved in suicides and early mortality due to self-harm among military veterans. The study is the first of its kind and is taking place in 14 communities across the country.



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

QUESTIONS?