

VA S.A.V.E. Training

VA Office of Mental Health and Suicide Prevention (OMHSP)

Suicide Prevention Program

Before We Begin:

- 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 or 988
 - Service members and Veterans: Press 1 to connect with the Veterans Crisis Line.



Overview

- Objectives
- Facts about Veteran Suicide
- Common Myths vs. Realities
- VA S.A.V.E. Steps
- Resources



Objectives

By participating in this training, you will:

- Have a general understanding of the scope of Veteran 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.



Facts About Veteran Suicide



Suicide is a National Public Health Problem

 Suicide is a national issue, with rising rates of suicide in the general population.

 For every death by suicide, approximately 135 individuals are impacted.



Suicide is a Complex Issue with No Single Cause

- 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 Factors

Psychological

- •Current suicidal ideation and the availability of means of selfharm, e.g., firearms
- Prior suicide attempt(s)
- •Current mental health conditions, e.g., mood disorders and substance use disorders
- Current mental health symptoms, e.g., agitation, hopelessness, insomnia
- •Prior mental health hospitalizations

Social

- •Stressful life events, e.g., loss of a relationship, illness of a family member, death of a loved one
- •Financial problems, e.g., unemployment, excessive debt, unstable housing
- •Legal problems, e.g., criminal charges
- Lack of social support, e.g., geographic isolation, poor interpersonal relationships

Biological

- Traumatic Brain Injury
- Chronic pain
- New diagnosis of a major illness
- Worsening medical illness/Increased functional limitation



Goal: Minimize risk factors and boost protective factors



Protective Factors

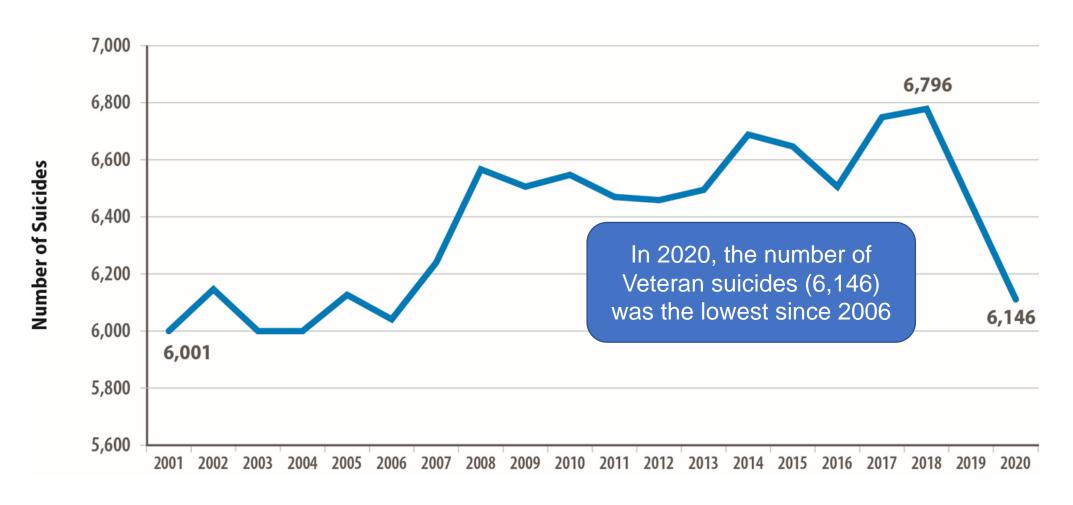
- Access to mental health care
- Sense of connectedness
 - Perceived social support
- Problem-solving skills
- Sense of spirituality or religiosity
- Mission or purpose
 - Responsibilities to family, children, animals
- Physical health
- Employment
- Social and emotional well-being
- Future oriented



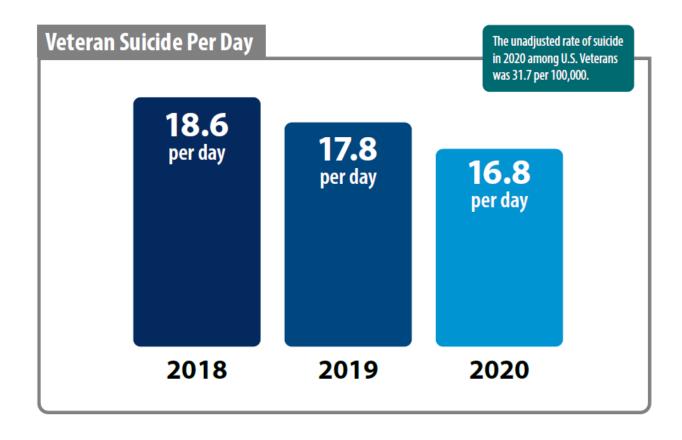
2022 National Veteran Suicide Prevention Annual Report Data



Veteran Suicide Deaths, 2001-2020

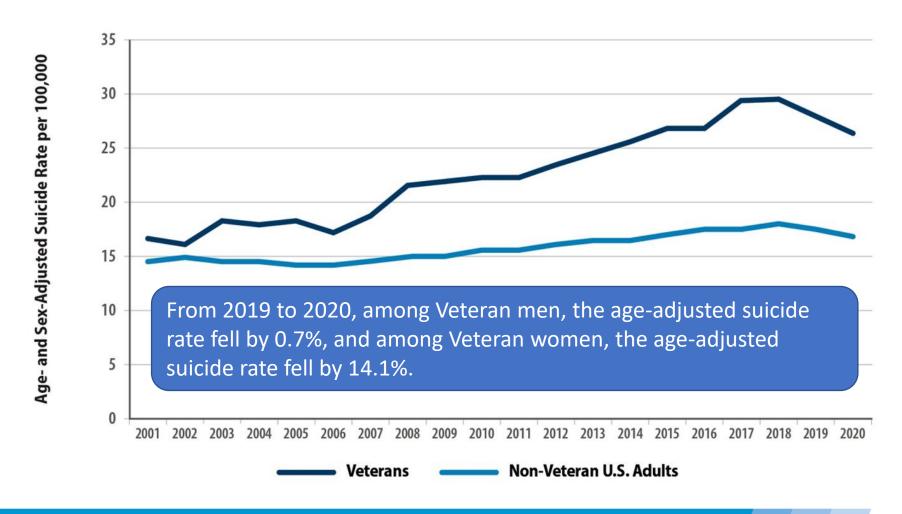


Veteran Suicide Per Day 2018-2020





Age and Sex-Adjusted Suicide Rates, Veterans and Non-Veteran US Adults, 2001-2020

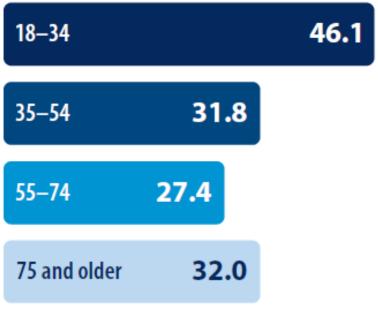


Unadjusted Veteran Suicide Rates, By Race and Age, 2001-2020

Unadjusted Veteran Suicide Rate by Race *Per 100,000 White 34.2 Asian, Native Hawaiian, 30.2 or Pacific Islander **American Indian** 29.8 or Alaska Native Black or 14.2 African American

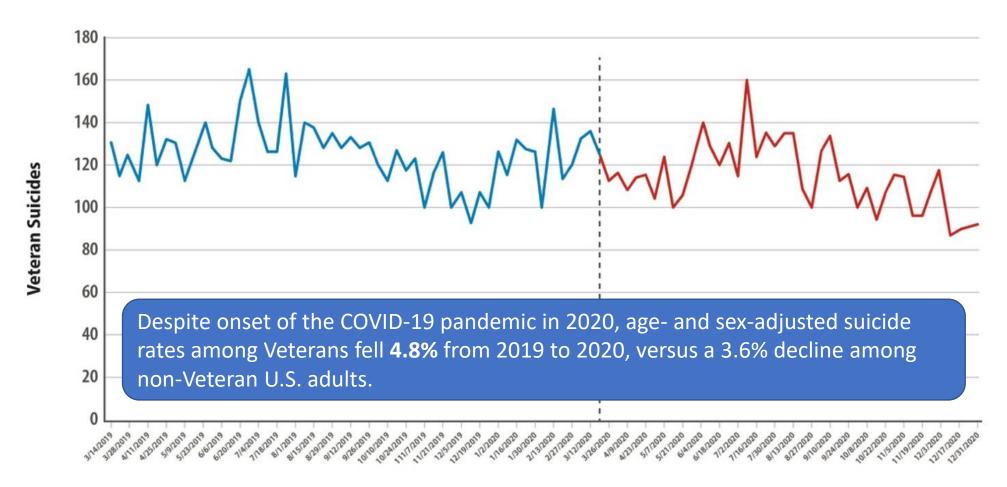
Suicide rates were highest for younger Veterans.

Undjusted Suicide Rate by Age Group, 2020*



*Per 100,000

Veteran Suicide Deaths, By Week, 12 Month Prior to Onset of the COVID-19 Pandemic, Through 2020



Anchors of Hope

While we embrace these **anchors of hope**, hope must be transformed into action with each of you.



343 fewer

Veterans died from suicide in 2020 than in 2019.



Number of
Veteran suicides
decreased in 2019
and 2020, with
the lowest
number of
Veteran suicides
since 2006.



Age-adjusted suicide rates in 2020 were the lowest since 2016 for Veteran men and the lowest since 2013 for Veteran women.



From 2018 through 2020, adjusted rates for Veterans fell by 9.7%, as compared to a 5.5% decline for non-Veteran U.S. adults.



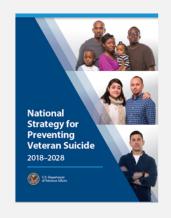
Despite onset of the COVID-19 pandemic in 2020, age- and sexadjusted suicide rates among Veterans fell 4.8% from 2019 to 2020, versus a 3.6% decline among non-Veteran U.S. adults.

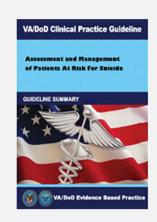


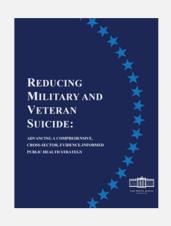
Key Points: Strategic Direction-Public Health Approach

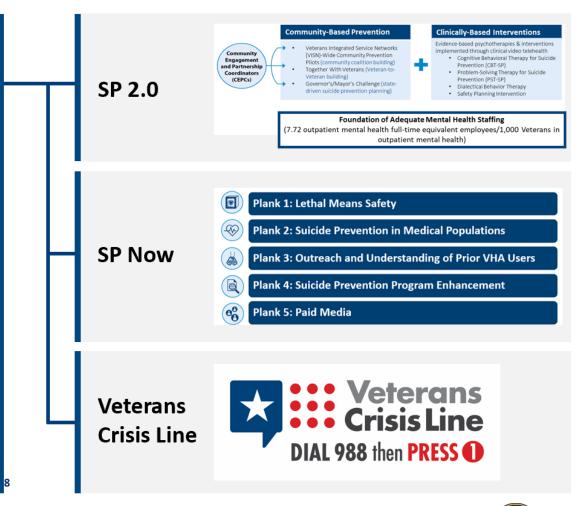
VA's Top Clinical Priority: Suicide Prevention

Data from the *National Veteran Suicide Prevention*Annual Report informs VA's strategic efforts, which are guided by the National Strategy for Preventing Veteran Suicide (2018), VA/DoD Clinical Practice Guideline (2019), and White House Strategy on Reducing Military and Veteran Suicide (2021).











Suicide Deaths, Methods Involved 2020 and Difference From 2001

	Suicide Decedents, Methods Involved											
	Non-Veteran U.S. Adults		Veterans		Non-Veteran Men		Veteran Men		Non-Veteran Women		Veteran Women	
	2020	Change*	2020	Change*	2020	Change*	2020	Change*	2020	Change*	2020	Change*
Firearms	50.3%	-2.3%	71.0%	+4.5%	55.3%	-2.7%	72.1%	+4.8%	33.3%	-2.1%	48.2%	+11.2%
Poisoning	12.8%	-5.6%	8.4%	-4.8%	8.0%	-4.3%	7.5%	-4.9%	29.3%	-8.7%	26.8%	-16.0%
Suffocation	28.4%	+7.6%	14.9%	+0.9%	28.6%	+6.2%	14.7%	+0.6%	27.7%	+12.0%	19.2%	+8.8%
Other	8.4%	+0.3%	5.8%	-0.6%	8.1%	+0.8%	5.8%	-0.5%	9.6%	-1.1%	5.8%	-3.9%

Percentage of Veteran suicides involving firearms and Suffocation increased where as percentage of Veteran suicides involving poisoning decreased. This is reflective among Veteran men and women.



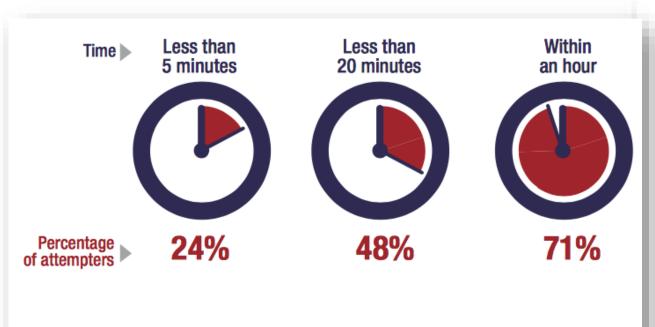
What is Lethal Means Safety?

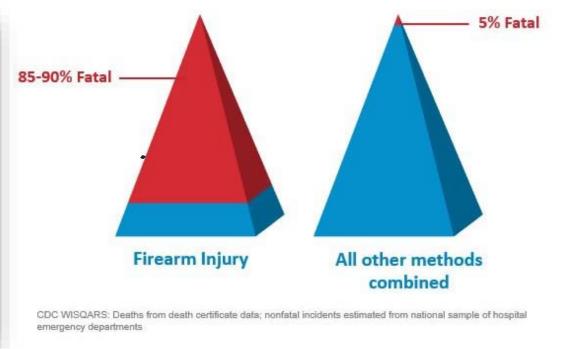
• In the context of suicide prevention, safe storage of lethal means is any action that builds in time and space between a suicidal impulse and the ability to harm oneself.

• Effective lethal means safety education and counseling is collaborative and Veteran-centered. It respects the important role that firearms and medications may play in Veterans' lives and is consistent with their values and priorities.



Most Suicidal Crises are Brief Time from Decision to Action < 1 hour





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/lethalmeanssafety/facts/



Lethal Means Safety Works

- Reducing access to lethal suicide methods is one of the few population level interventions that has been shown to decrease suicide rates.
- About 90 percent of people who survive a suicide attempt do not go on to die by suicide.
- If we can collaborate with Veterans ahead of time to help them survive a suicidal crisis, we have likely prevented suicide for the rest of their lives.



Suicide is preventable.





Myth Reality

People who talk about suicide are just seeking attention.



Myth Reality

No matter how casually or jokingly said, suicide threats should never be ignored and may indicate serious suicidal feelings.

Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.



Myth Reality

The only one who can really help someone who is suicidal is a mental health counselor or therapist.



Myth Reality

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.



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.

- 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.



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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



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





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



Asking the Question

"Are you thinking about killing yourself?"



Asking the Question

Do's	Don'ts
DO ask the question if you've identified warning signs or symptoms.	DON'T ask the question as though you are looking for a "no" answer."You aren't thinking of killing yourself, are you?"
DO ask the question in a natural way that flows with the conversation.	DON'T wait to ask the question when someone is halfway out the door.





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 or 988 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.



Remember

VA S.A.V.E.

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.

Resources

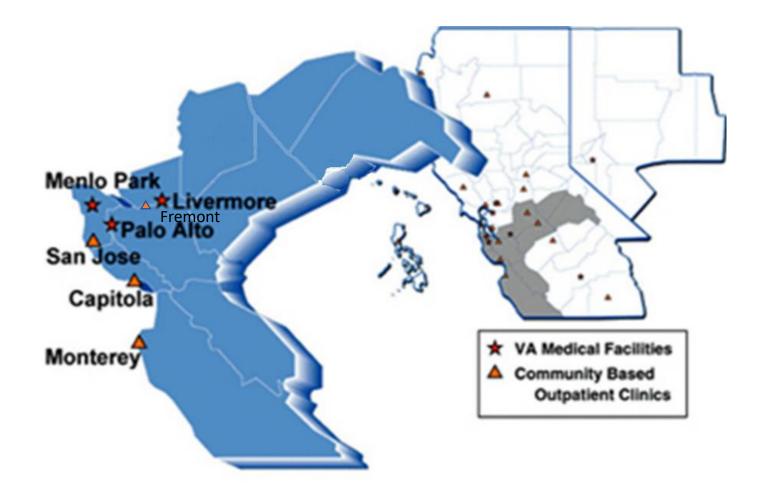


VA Services: Who is Eligible?

- A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA health care benefits.
- Minimum Duty Requirements: Veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible.
- Combat Veterans discharged from active duty on or after Jan. 28, 2003, are eligible for enhanced enrollment placement into Priority Group 6 for five years post discharge
- Starting January 17, 2023, Veterans in acute suicidal crisis can go to a VA or community health care facility to
 receive free emergency health care including ambulance transportation costs and be eligible for
 inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days, including social
 work. This change was made possible by the Veterans COMPACT Act of 2020.
 - Please reach out to <u>Member Services</u> if you have questions about COMPACT ACT



VAPAHCS





VA Palo Alto Medical Facilities

Palo Alto Main Hospital Campus (PAD)

3801 Miranda Avenue

Palo Alto, CA 94304

 Main Number (650) 493- 5000 (all staff at all locations can be reached by name through operator)



VA Palo Alto Medical Facilities and Community Based Outpatient Clinic

Palo Alto VA Medical Center- Menlo Park (MPD)

795 Willow Road Menlo Park, CA Phone: 650-614-9997 x22234

Palo Alto VA Medical Center- Livermore (LVD)

4951 Arroyo Road Livermore, CA 94550 Phone: 925-3734700 x35396

Major General William H. Gourley VA-DoD Outpatient Clinic (MON)

201 9th St, Marina, CA 93933 Phone: (831) 884-1000

Fremont VA Clinic (FRC)

39199 Liberty Street Building B Fremont, CA 94538

Phone: 510-791-4000 x84125

San Jose VA Clinic (SJ)

5855 Silver Creek Valley Place San Jose, CA

Phone: 408-547-9100

Finding the closest VA Clinic: https://www.va.gov/find-

locations/



Vet Centers

Peninsula Vet Center

795 Willow Road Building 324 Wing B

Menlo Park, CA 94025

Main number: <u>650-614-9825</u>

San Jose Vet Center

5855 Silver Creek Valley Place

Third Floor 3A

San Jose, CA 95138

Main number: <u>408-574-9200</u>

Santa Cruz County Vet Center

1350 41st Avenue

Suite 104

Capitola, CA 95010

Main number: 831-464-4575

Concord Vet Center

1333 Willow Pass Road

Suite 106

Concord, CA 94520-7931

Main number: <u>925-680-4526</u>

San Francisco Vet Center

505 Polk Street

San Francisco, CA 94102

Main number: <u>415-441-5051</u>

Oakland Vet Center

7700 Edgewater Drive

Suite 125

Oakland, CA 94621

Main number: <u>510-562-7906</u>



VHA Offers A Range of Services

- Three 20 Bed acute inpatient psychiatry units
- General Mental Health Care
- Addiction Treatment Services
- PTSD Clinical Teams (PCT)
- Veterans Recovery Center
- Mental Health Intensive Case Management (MHICM)
- Compensated Work Therapy/Supportive Employment
- Woman's Counseling Center
- Suicide Prevention Coordinators
- Telemental Health



Outpatient Mental Health

- Outpatient Mental Health Services are available at Menlo Park, San Jose, Monterey, Fremont and Livermore clinics.
- Veteran is assigned a Mental Health Treatment Coordinator (MHTC) who can then refer Veteran to other services.



Addiction Treatment Services

- Outpatient Treatment Options:
 - There are outpatient groups available at the VA Palo Alto and VA Menlo Park as well as Livermore, Monterey and San Jose Clinics.
 - Self-referral line: (650) 493 5000 1-1-60050

- Intensive Outpatient Treatment Options (Approximately 9 groups/week plus case management):
 - Palo Alto VA: Requires ACT consult and assessment for consideration



Addiction Treatment Services

Residential Treatment Options:

- Foundations of Recovery:
 - 28-day program that helps newly recovering veterans and veterans with cooccurring psychiatric and medical disorders learn the basics of early recovery.

Domiciliary

- Domiciliary RRTP at Menlo Park now operates as one joint program with two tracks. The previously named HVRP program now operates as the Dom Housing Track and the previously named First Step program now operates as the Dom Recovery Track. The joint program uses a "university model" with a core curriculum and electives depending on the track.
- Veterans can self-refer through self-referral screening line by calling 800-848-7254



PTSD Clinical Team

Outpatient

- PTSD Clinical Team (PCT)
 - Every VHA has an associated PCT and they provide outpatient treatment for PTSD.

Inpatient

- Trauma Recovery Program (TRP)
 - The available inpatient TRP programs address trauma and PTSD issues for men and women and is located at the Menlo Park VA. If you are interested in any of these programs, contact the (MHC) or your local provider for more information and a referral.



Homeless Programs

24/7 National Call Center for Homeless Veterans:

1-877-424-3838- counselors provide immediate triage and shelter information.

Calls to the center produce a referral to local VA housing coordinators.

Grant Per Diem liaisons provide case-management and placement for Veterans in one of our shelters providing dedicated beds for this program.



Veterans Justice Outreach (VJO) and Health Care For Reentry Veterans (HCRV)

- The purpose of the **Veteran Justice Outreach (VJO)** Initiative is to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VA Mental Health and Substance Use Disorder ser-vices when clinically indicated, and other VA ser-vices and benefits as appropriate. VJO Specialists visit local Jails and courts in the VAPAHCS catchment area.
- The VA has developed HCRV to assist with a successful transition for Veterans leaving prison. A
 Reentry Specialist from HCRV goes to each correctional facility several times each year to meet
 with Veterans before their release. Once enrolled with the VA, the Reentry Specialist will meet
 Veterans individually when they are approximately six months away from their earliest possible
 release date.





Spread the word—
the Veterans Crisis Line has
a new number.

Dial 988 then Press 1





Free, Confidential Support 24/7/365

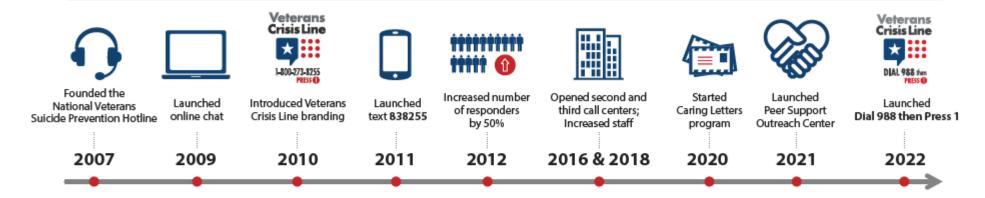


Veterans

- Family members
- Service members
 Friends



The Veterans Crisis Line is a free, confidential resource available to any Veteran, even if they are not enrolled in VA health care or registered with VA. Care does not end when the conversation is over. The Veterans Crisis Line can connect Veterans to their local suicide prevention coordinators, who will follow up and coordinate care.





6.8 million calls



More than 299,000 texts



More than 821,000 chats



1.3 million referrals

to VA Suicide Prevention Coordinators

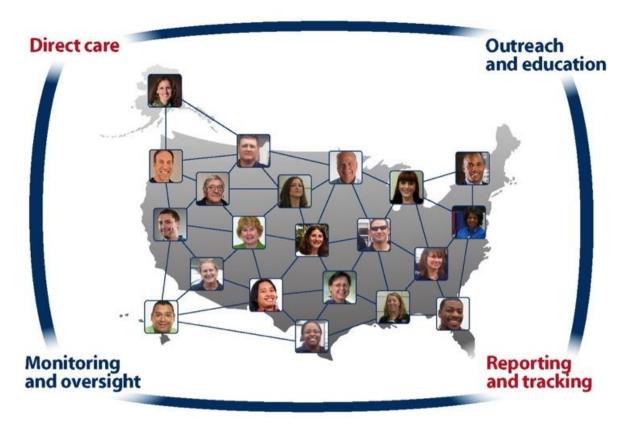
More than

269,000 dispatches of emergency services

03/2023

Find a Local VA SPC

More than 400 SPCs nationwide.



<u>Local Resources (veteranscrisisline.net)</u>



VeteransCrisisLine.net/ResourceLocator





Local Resources (veteranscrisisline.net)







Make the Connection

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





https://maketheconnection.net/conditions/suicide



Practice safe storage of firearms, medications and other lethal means

- Visit <u>www.keepitsecure.net</u> to learn more about the importance of firearm and other lethal means safety.
- Nearly half of all Veterans own a firearm, and most Veteran firearm owners are dedicated to firearm safety.
- Firearm injuries in the home can be prevented by making sure firearms are unloaded, locked, and secured when not in use, with ammunition stored in a separate location
- There are several effective ways to safely secure firearms. Learn more and find the option that works best for you and your family from the National Shooting Sports Foundation at www.nssf.org/safety





New Lethal Means Safety Resources



Reducing Firearm & Other
Household Safety Risks Brochure

provides best practices for safely storing firearms and medications along with advice for loved ones on how to talk to the Veteran in their life about safe storage. U.S. Department of Veterans Affairs
Office of Mental Health and Suicide Prevention

Reducing Firearm & Other Household Safety Risks for Veterans and Their Families



Firearm safety is an important public health issue that can affect your health and your family's well-being.

If you own a firearm, or live in a household where there are firearms, the following information can help keep you and those around you safe. Similarly, reducing access to other household risks, like medications, can help ensure your family's safety.



Mental Health Mobil Apps. Mobile Apps - PTSD: National Center for PTSD (va.gov)



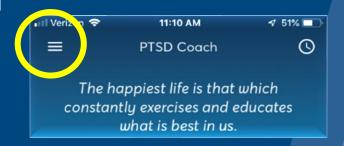


Safety Plan now in PTSD Coach!



To access the Safety Plan:

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



National Center for PTSD website:

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



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







Supporting Providers Who Serve Veterans



Provider support after a suicide loss (Postvention)



Risk assessment



Lethal means safety counseling



Conceptualization of suicide risk



Best practices for documentation



Strategies for how to engage Veterans at high risk

Free consultation and resources for any provider in the community or VA who serves Veterans at risk for suicide.

Request a consult: srmconsult@va.gov #NeverWorryAlone

www.mirecc.va.gov/visn19/consult



Postvention Resources



Uniting for Suicide Postvention (USPV): https://www.mirecc.va.gov/visn19/postvention/



VA S.A.V.E. Training

This free suicide prevention training video is less than 25 minutes long and available to everyone, 24/7. It's offered in collaboration with the PsychArmor Institute.



Available online for free: https://psycharmor.org/courses/s-a-v-e/



VA Tools and Resources for Veterans and Supporters

Make the Connection: VA's mental health literacy and anti-stigma website highlights Veterans' real, inspiring stories of recovery and connects Veterans and their family members and friends with local resources.

Reach Out: Get support designed specifically for you. Family members or friends can find resources that are designed for the Veterans in your life.

<u>Safety Planning</u>: Information on safety planning and a template for developing a safety plan. A safety plan is a written list of coping strategies and sources of support that at-risk Veterans can use before or during a suicidal crisis.

<u>VA Mental Health</u>: VA's repository of mental health resources, information, and data materials.

VA Tools and Resources for Veterans and Supporters

<u>VA S.A.V.E. Training</u>: Training designed to teach anyone who interacts with Veterans how to recognize warning signs of crisis and what to do to help a Veteran who may be at risk.

<u>VA Suicide Prevention</u>: Explore suicide prevention resources to build networks of support among community-based organizations, Veterans Service Organizations, health care providers, and other members of your community that strengthen protective factors for Veterans.

<u>VA Resource Locator</u>: This tool can help Veterans find local mental health and suicide prevention resources, including their local suicide prevention coordinator.

<u>Veterans Crisis Line</u>: A free, anonymous, confidential resource available to Veterans in crisis, as well as concerned family members and friends. **Dial 988 then Press 1**, chat at <u>VeteransCrisisLine.net/Chat</u>, or text **838255**.

Stay Connected

Follow us on social media to stay up to date on our programs and initiatives.



@deptvetaffairs

@veteransmtc



U.S. Department of Veterans Affairs

Veterans Health Administration

Make the Connection



@DeptVetAffairs

<u>@veteranshealth</u>



Questions?