

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



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

Introductions

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.

Take a moment to consider:

What are your biggest questions around suicide and talking to people in crisis?



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 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

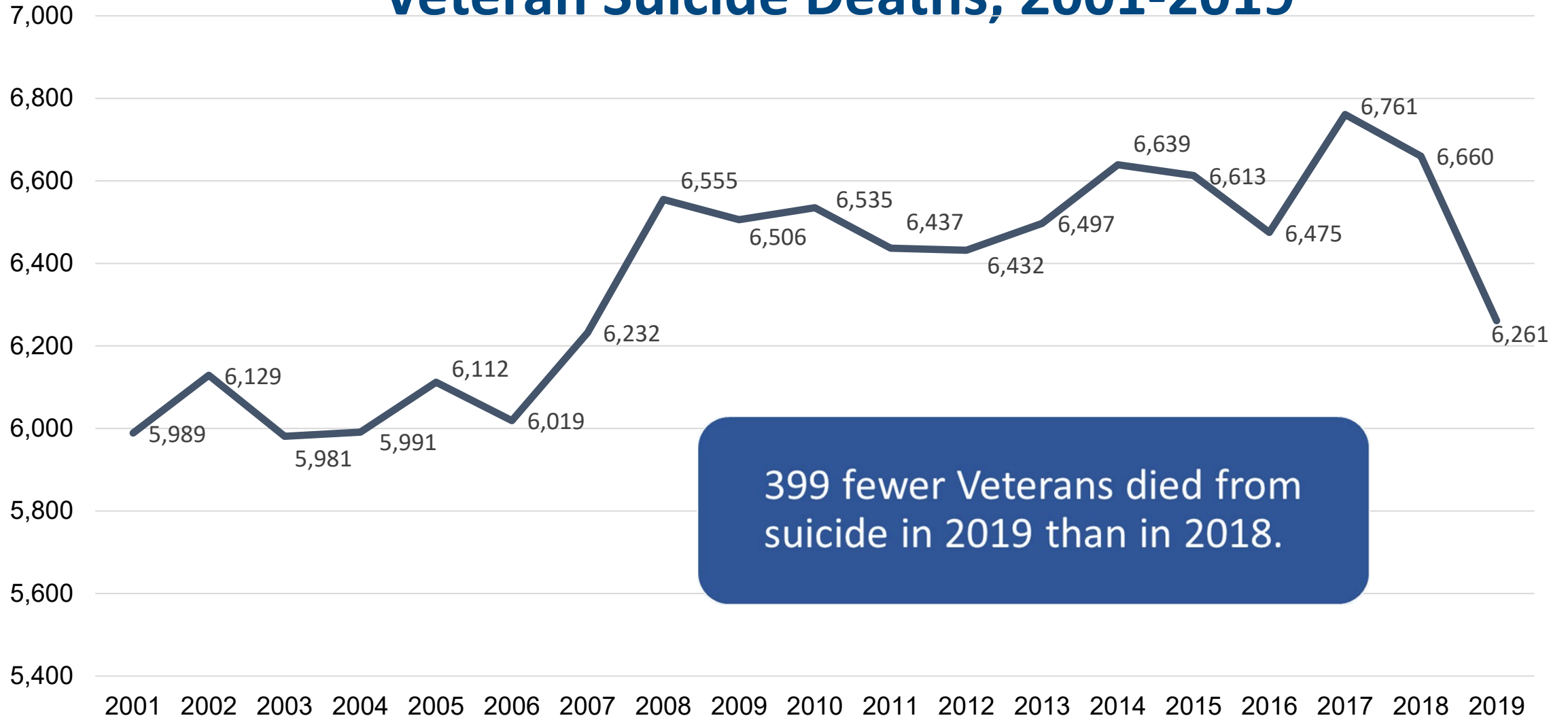
- Access to mental health care
- Sense of connectedness
- Problem-solving skills
- Sense of spirituality
- Mission or purpose
- Physical health
- Employment
- Social and emotional well-being



Goal: Minimize risk factors and boost protective factors

Key Findings:
***2021 National Veteran Suicide
Prevention Annual Report***

Veteran Suicide Deaths, 2001-2019



399 fewer Veterans died from suicide in 2019 than in 2018.

Percentage of Suicide Deaths and Methods Involved, 2019

Method	Non-Veteran U.S. Adults	Veterans	Non-Veteran Women	Veteran Women	Non-Veteran Men	Veteran Men
Firearm	47.9%	69.2%	31.3%	49.8%	53.0%	70.2%
Poisoning	13.9%	8.4%	31.0%	26.3%	8.5%	7.5%
Suffocation	29.6%	16.9%	27.7%	20.5%	30.2%	16.8%
Other	8.7%	5.4%	10.0%	3.4%	8.3%	5.5%

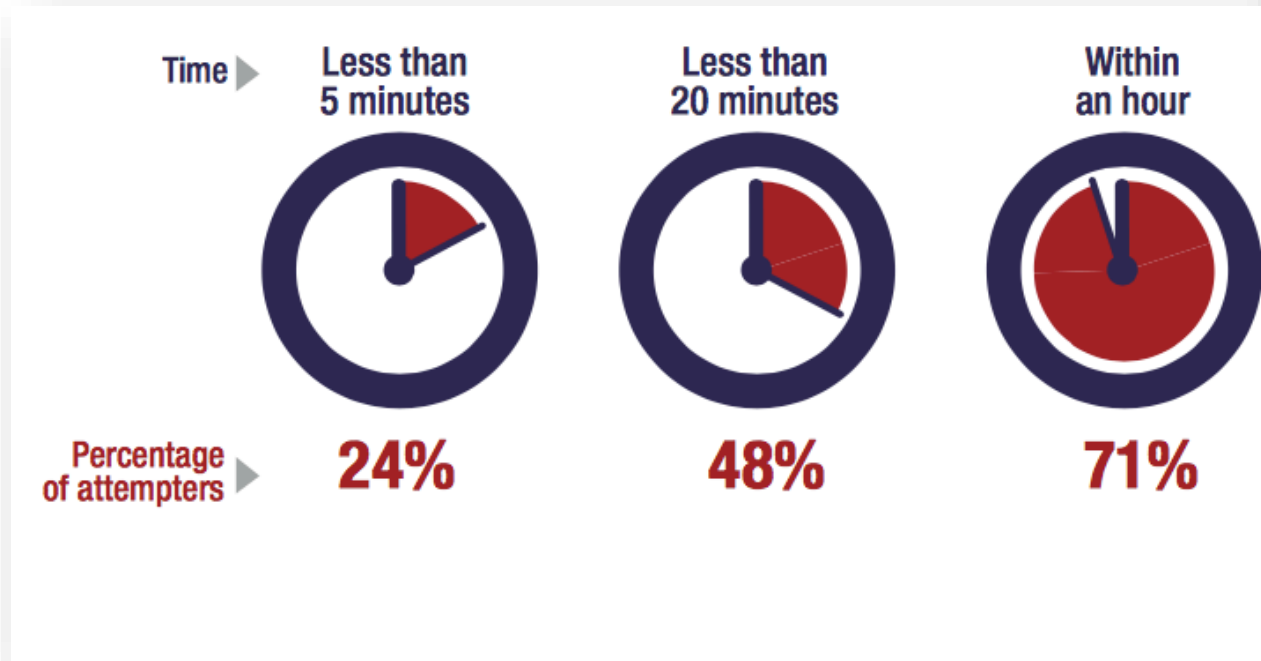
Firearms accounted for **70.2%** of male Veteran suicides in 2019 (up from 69.6% in 2018) and **49.8%** of female Veteran suicides in 2019 (up from 41.1% in 2018).

What is Lethal Means Safety?

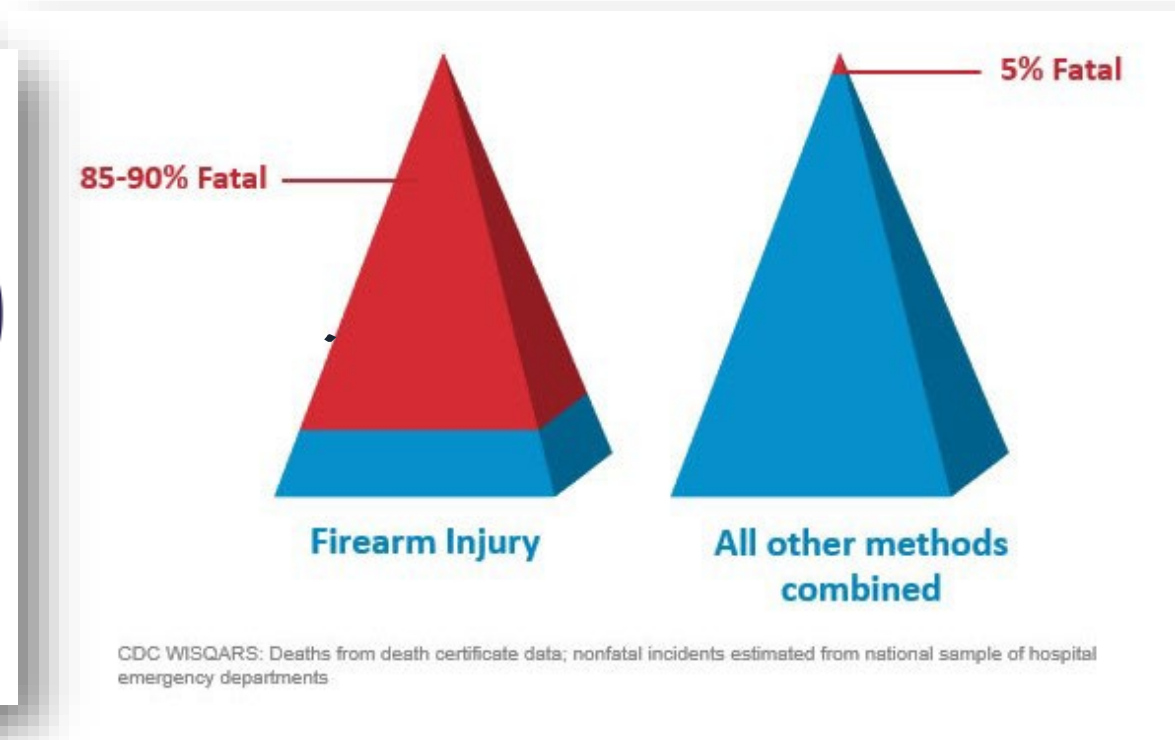
- In the context of suicide prevention, safe storage of lethal means is any action that builds in time and space between a suicidal impulse and the ability to harm oneself.
- Effective lethal means safety education and counseling is collaborative and Veteran-centered. It respects the important role that 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(sup):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**.

Anchors of Hope

- Anchor 1: From 2017 to 2018, adjusted suicide rates fell among Veterans with recent VHA care, while rising among other Veterans.
- Anchor 2: Among Veterans in VHA care, rates fell from 2005 to 2018 in those with depression, anxiety, and substance use disorders.
- Anchor 3: The Veteran suicide rate did not increase significantly between 2017 and 2018 and decreased for 2019.
- Anchor 4: There is a groundswell of support for coordinated efforts at the local, regional, and national levels to implement a public health approach to end suicide.



**Suicide
is preventable.**



Common Myths vs. Realities

Common myths vs. realities

Myth	Reality
<p data-bbox="675 699 1872 835">If somebody really wants to die by suicide, there is nothing you can do about it.</p>	

Common myths vs. realities

Myth	Reality
<p>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>	

Common myths vs. realities

Myth	Reality
<p data-bbox="723 696 1821 819">Asking about suicide may lead to someone taking his or her life.</p>	

Common myths vs. realities

Myth	Reality
	<p>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.</p>

Common myths vs. realities

Myth	Reality
<p>There are talkers, and there are doers.</p>	

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>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).
- Enlist co-workers for assistance via Instant Messaging in Teams.
- If caller disconnects, call back immediately.
If no answer, dial 911 and VCL (**1-800-273-8255 and Press 1.**).

Tip: Practice conferencing in calls at your desk with coworkers.

Real-World VBA Scenarios

Trauma and PTSD

Scenarios from the VBA

My issue is MST/PTSD Informal Conferences (IC's). I have tried to keep folks from re-living their trauma, I have tried to stress I am not a mental health therapist but almost every IC I have with MST/PTSD causes the Veteran to relive the event and I am not equipped to handle such a traumatic event. Any wisdom you can provide would be helpful.

Scenarios from the VBA

I had a situation where I was attempting to schedule an IC with a Veteran who was 100 percent for PTSD.

When I got him on the phone, I asked if he wanted to do the conference in the moment, and he had what appeared to be a panic attack about having his rep also on the phone. We had some conversation about doing a 3-way call, which kept getting the Veteran more and more wound up, and he kept repeating “they are coming to get me” and other statements which appeared to be hallucinatory.

I was able to schedule the IC but was significantly worried about the Veteran's safety and welfare, as he appeared to be in the throws of some psychotic break, or hallucinations, and I felt very uncomfortable about his welfare.

I asked my assistant coach to do a welfare check. I believe the crisis line was used to call him, with follow ups from his VA mental health teams. The subsequent IC was as equally disturbing, especially when I had to explain to the Veteran he was not entitled to the requested benefit; the POA was on the line and stayed on the line after I got off. I was left feeling pretty helpless.

Depression and Suicide Related Statements

Scenarios from the VBA

I had an IC with a Veteran who seemed to be severely depressed and possibly suicidal. He didn't seem responsive to my questions or to the opportunity to talk about his claim.

When I tried to encourage him to speak or to explain what evidence we needed for his claim, he would say things like: "What's the point?" "My wife left me, I've lost everything." "I don't even know why I'm trying." "I barely want to live anymore." "Everything I did in Afghanistan was for nothing. I killed children over there and it was all for nothing."

At one point I asked him if he wanted the number for the suicide line and he declined it. I didn't really know what else to say, so I spent over an hour on the phone with him, just trying to listen. It would be nice to know some other techniques/phrases we can use when we encounter Veterans in this state of mind. It would also be great if we had the ability to transfer them to a mental health professional or to the VA suicide hotline if we feel it's necessary.

Scenarios from the VBA

The one example that comes to mind is a Veteran who kept saying “I don’t know how long I can go on like this.” We were discussing a mental health condition in an IC. He said “I don’t know how much longer I can do this” enough times that I was concerned.

In our conversation, he had talked about his spouse, his child, and the fact he was in treatment at the VAMC. The end of the conversation went something like this: “Thank you for talking with me about your VA compensation. I need to tell you I’m concerned about the statements you made about not being about to go on. I heard you talk about your spouse and your child, and it sounds like they are supporting you and they are your motivation to keep on going, even when it’s hard. Please stick with the therapy and counseling you’re getting at the VAMC. Lots of people are pulling for you and want to see you succeed.”

He was teary but sounded better by the end of our conference. I did not feel the need to elevate the interaction, but what if I was wrong? I will always wonder about him and hope my interaction was helpful- I suppose that’s my personal impact from the situation. I’m a bit haunted by whether I did the right thing. I would love to hear from a professional how they would handle a similar situation.

Scenarios from the VBA

During a call to a Veteran to update them on claim, the Veteran expressed anger and frustration at the initial decision prior to the favorable change and the ensuing delay in receiving benefits. He shared that he was getting a divorce and living out of his car and expressed suicidal ideation

Frustration, Anger, and Distress

Scenarios from the VBA

When I spoke with the Veteran on the phone, she discussed several distressing symptoms she had been experiencing, including specific examples, as well as feelings that the VA didn't care about her or thought she was lying about the severity of her symptoms.

She said the continuation of the prior rating felt like a slap in the face, when she knew her symptoms had gotten much worse since the prior examination. I now can't recall if she specifically expressed suicidal thoughts, but she definitely was crying and was very distressed on the phone.

I made sure to acknowledge her feelings of frustration and apologized for the perception that VA didn't care. I assured her that I would take a very careful look at her claim and apply any reasonable doubt in her favor. I told her she was a good advocate for herself. I also made sure she had the VA crisis number and asked if she would call it if she felt she needed to.

By the end of the call, it seemed like she had calmed down some, and we ended the call. However, I felt very uneasy about this call and many others for mental health claims. Although it is the Veteran who is requesting this phone call, it is often a trigger for them, and they are sharing information that feels as though they expect us to have mental health therapy training.

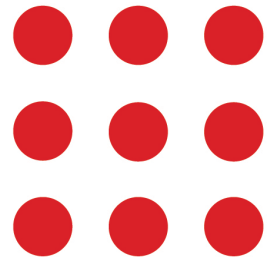
I often feel ill-equipped to deal with these situations, and I am not sure if they do any good for the Veteran. In the event that we are not able to grant service connection or an increased evaluation, I can't help but worry that this will trigger the Veteran or set them over the edge, or at the very least feel that the VA again didn't listen to them. Not every mental health informal conference is upsetting, but I always have that possibility in the back of my mind when I talk to a Veteran.

Strategies, Skills, and Perspectives

- You don't have control over the way the Veteran behaves on the phone. You do have control over your own presence.
- Being able to sit with, validate, and tolerate the distress of the caller can go a long way in terms of asking difficult questions and starting difficult conversations.
- Distress is normal in the context of bad news, but is generally temporary.
- When in doubt, ask directly about suicide. And, be prepared to transfer to the crisis line.
 - The VCL is available 24/7, 365 days a year.
- Remember to give yourself some grace when dealing with difficult situations. Remember, it's not you they are upset with.
 - It's easy to take it to heart when someone is upset or blames us. It's important to not to take it personally.
- Practice good self-care.

Resources and Summary

Free, Confidential Support 24/7/365

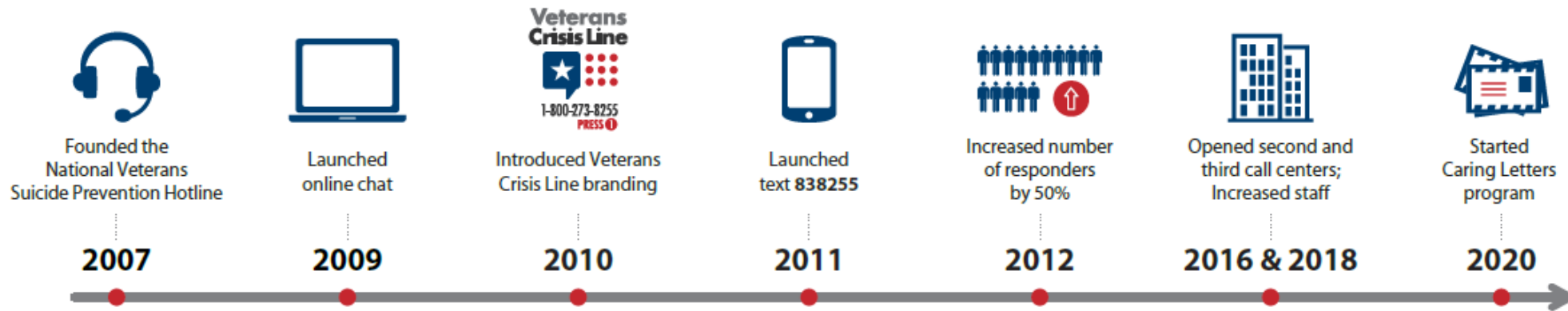


**Veterans
Crisis Line**

1-800-273-8255 PRESS 1

- 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.



More than
5.6 million
calls



More than
218,000
texts



More than
660,000
chats



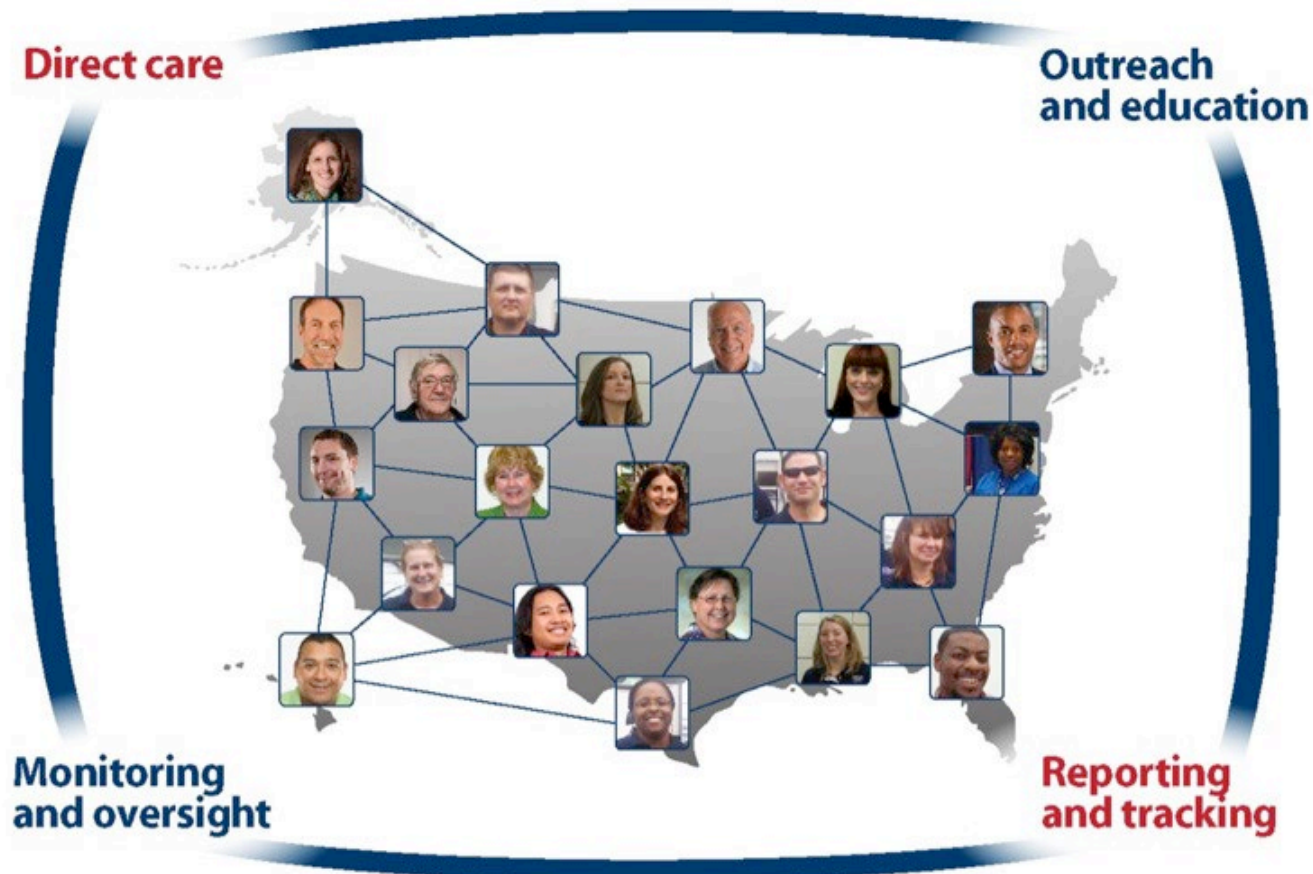
More than
1.0 million
referrals

to VA Suicide Prevention Coordinators

More than
204,000
dispatches of
emergency services

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

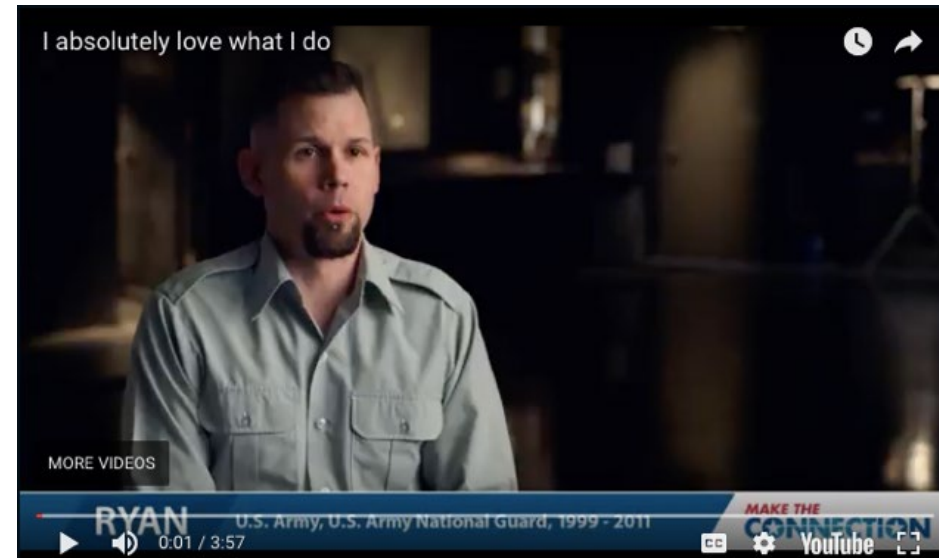
More than 400 SPCs nationwide.



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>

Practice safe storage of firearms, medications and other lethal means

- Visit www.KeepItSecure.net 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

VA » Health Care » REACH » Firearm Suicide Prevention & Lethal Means Safety

REACH

► Mental Health
► More Health Care

QUICK LINKS

Hospital Locator
Zip Code Go

Health Programs

Protect Your Health

A-Z Health Topics

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

My healthvet
My Health, My Care: 24/7 Access to VA

FIREARM SUICIDE PREVENTION & LETHAL MEANS SAFETY

KeepItSecure.net

PRACTICE SAFE STORAGE OF FIREARMS, MEDICATION & OTHER LETHAL MEANS

Lethal means are objects like guns, medications, alcohol, opioids or other substances, ropes, cords, or sharp objects that can be used during a suicidal crisis. If a Veteran is in crisis or having suicidal thoughts, these items can become deadly when they are easily accessible. For example, nearly 7 out of every 10 Veteran deaths by suicide are the result of firearm injuries (Dept. of Veteran Affairs, 2018).

Increasing the time and distance between someone in a suicidal crisis and access to lethal means can reduce suicide risk and save lives. There are simple steps you can take to protect yourself and your family. On this page, you'll find:

- How to identify and handle a suicidal crisis
- Helpful tips for storing guns, medications, and other lethal means
- Additional resources about safe storage

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)

Self-Help
These apps provide support and guidance in living with PTSD.

PTSD Coach PTSD Family Coach Beyond MST Mindfulness Coach

Treatment Companions
These apps offer additional help for PTSD treatments.

CPT Coach PE Coach CBT-i Coach ACT Coach

Related
These apps help with related issues affecting people with PTSD.

COVID Coach Couples Coach Insomnia Coach StayQuit Coach

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



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/>



Self-Help and Care Tips

- Take time to debrief and step away if needed
- Talk to your supervisor
- Use the [Employee Assistance Program \(EAP\)](#)
- Check out <https://www.vets4warriors.com>

Be Prepared

- Learn how to do **conference/three-way calls** from your telephone
- **Identify a buddy** or partner to be on stand-by when making calls
- **Review the eFolder** and systems for any flashes, notes, or flags
- Know the Veteran's **contact information**
- Remember to use **S.A.V.E.**
- Review and save the 'Crisis Call Management' Tip Sheet in TMS after this training to have quick access to resources like the Veterans Crisis Line

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Questions?
