

**VA**



U.S. Department  
of Veterans Affairs

# **VA S.A.V.E. Training Lethal Means Safety Veterans Service Office Conference Tuesday, Oct 3<sup>rd</sup>, 2023 Mandan, North Dakota**

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*VA Office of Mental Health and Suicide Prevention (OMHSP)*

*With Credit To: CALM America, Elaine Frank*

*Fargo VA Suicide Prevention Program*

*Tammy Monsebroten, LCSW Suicide Prevention Coordinator*

*Sarah Kemp Tabbut, LCSW Community Education and Partnerships Coordinator*

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

# Agenda

- VA S.A.V.E. (Signs, Ask, Validate, Encourage)
  - Statistics
  - Myths and Realities
  - Risk and Protective Factors
  - Steps of S.A.V.E.
  - COMPACT act
  - Resources
- Lethal Means Safety Education
  - Statistics
  - Studies/Research
  - Steve's Story
- Discussion, ideas, questions

# 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.
- Understand the importance of lethal means safety when it comes to suicide.

## 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 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



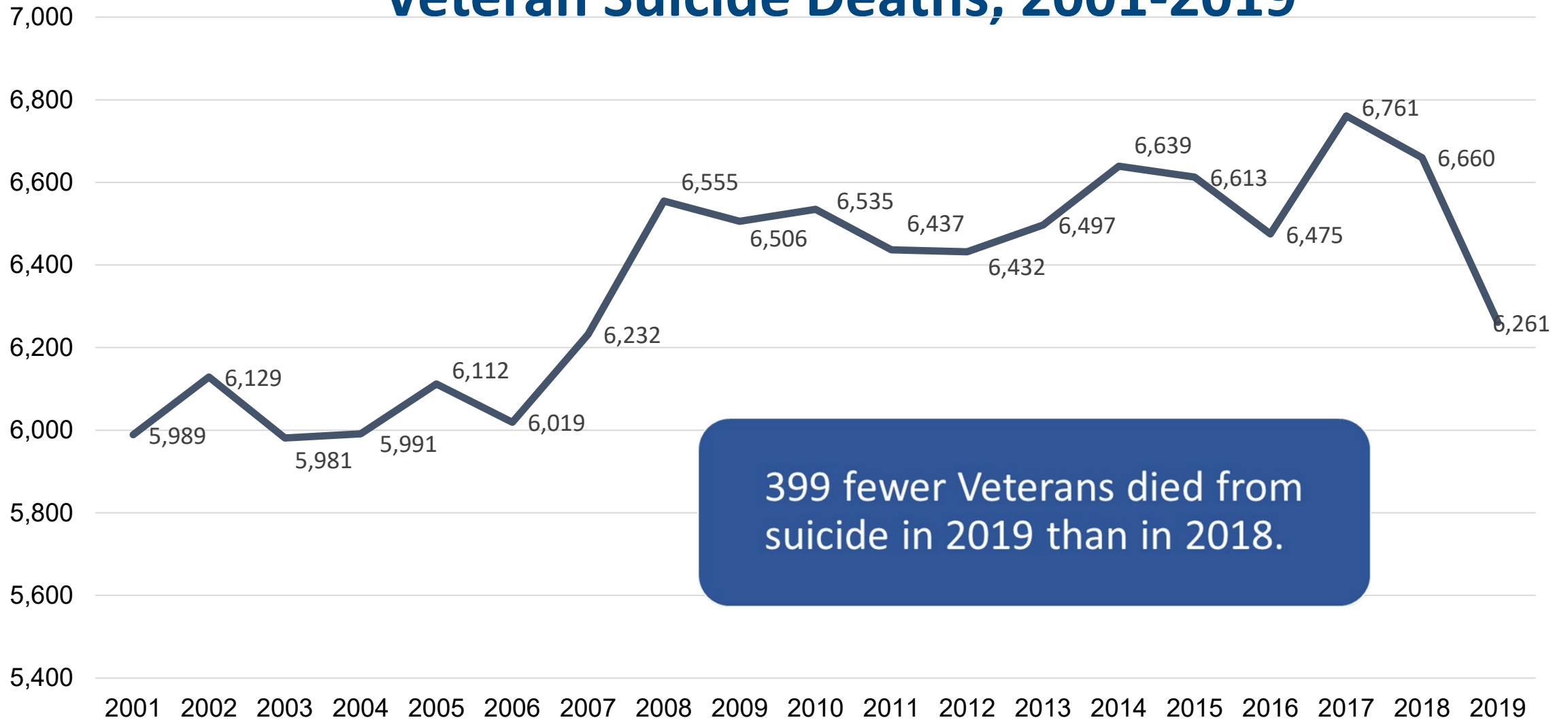
**Goal:** Minimize risk factors and boost protective factors



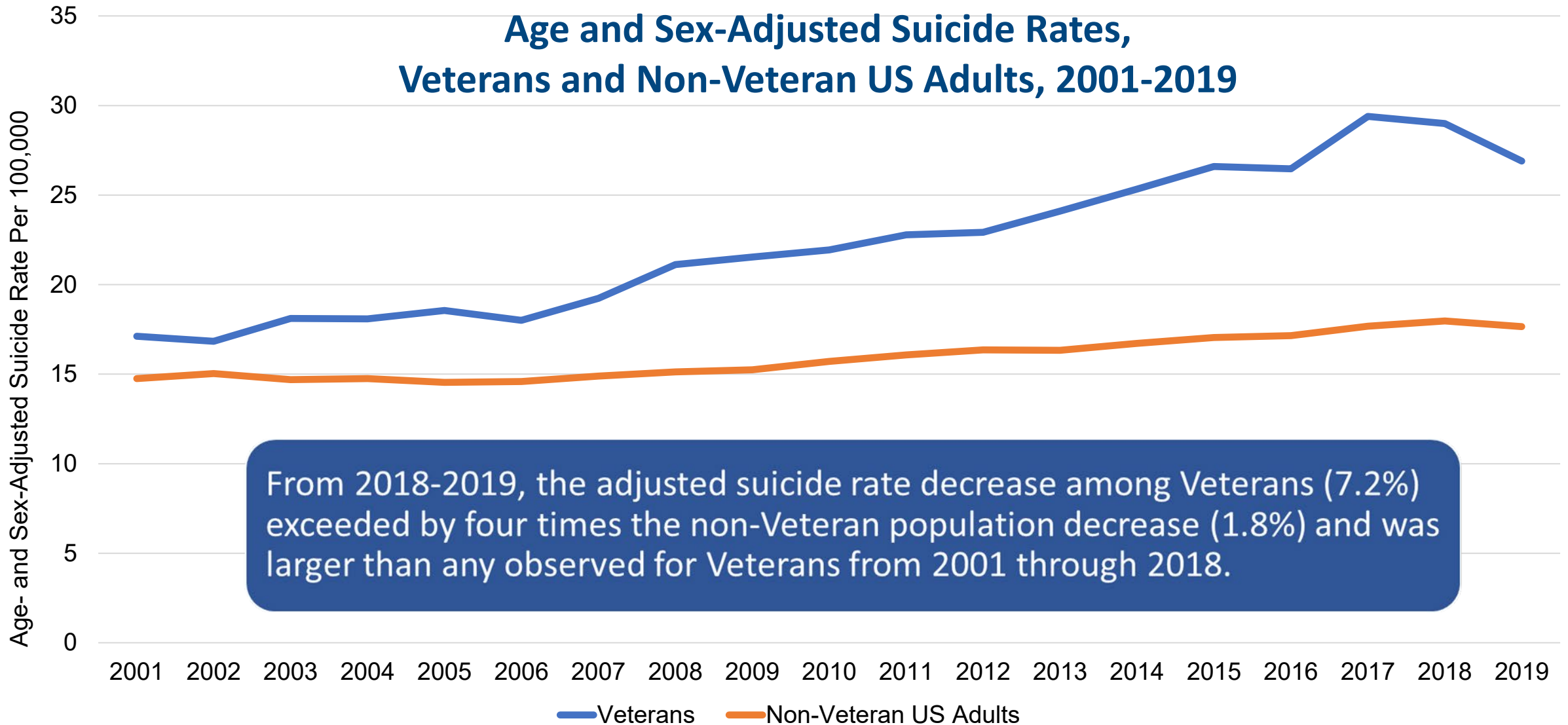
# Key Findings:

## *2021 National Veteran Suicide Prevention Annual Report*

# Veteran Suicide Deaths, 2001-2019

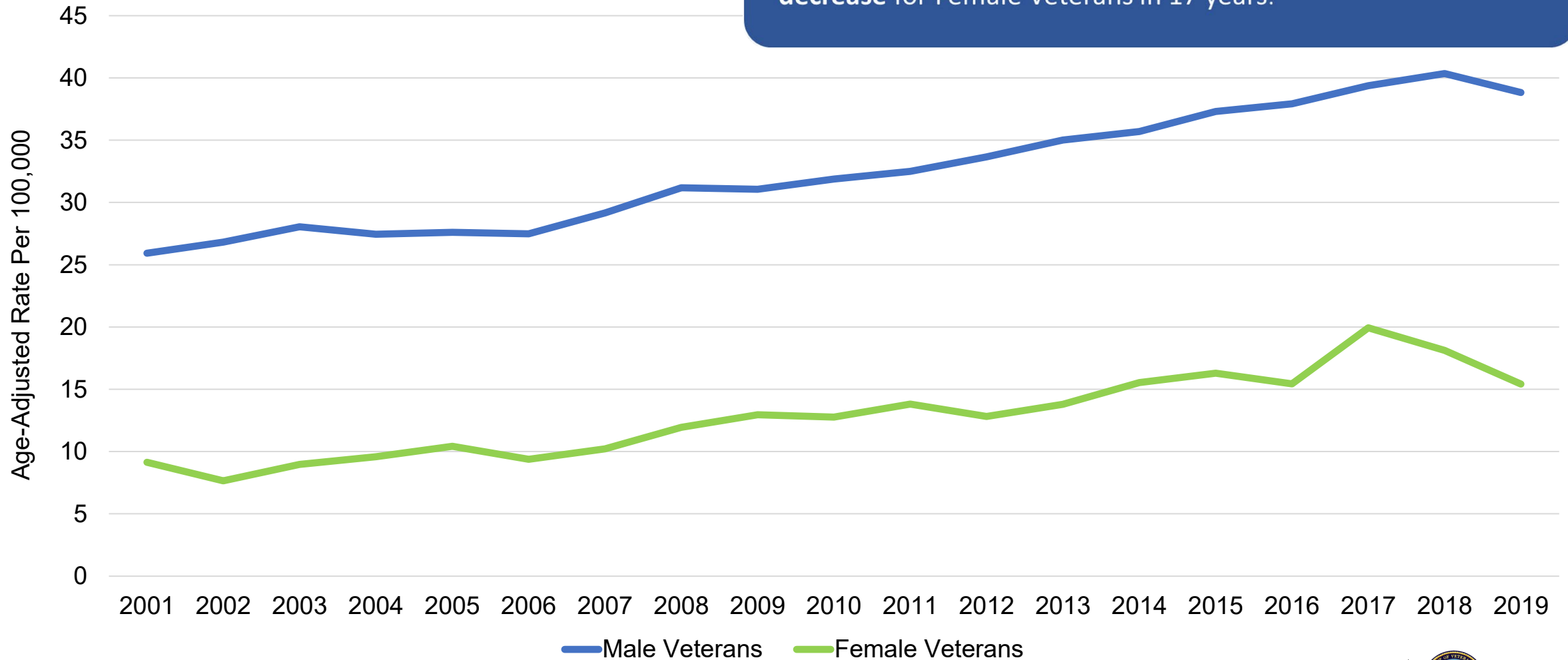


## Age and Sex-Adjusted Suicide Rates, Veterans and Non-Veteran US Adults, 2001-2019



## Age-Adjusted Suicide Rate Per 100,000, Male and Female Veterans, 2001-2019

In 2019, there was a nearly 13% one-year (unadjusted) rate **decrease** for Female Veterans, which represents the largest rate **decrease** for Female Veterans in 17 years.



# 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.



## 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

# Common Myths vs. Realities

Myth	Reality
<p data-bbox="690 665 1857 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>

# 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

Do's	Don'ts
<b>DO</b> ask the question if you've identified warning signs or symptoms.	<b>DON'T</b> ask the question as though you are looking for a "no" answer. <ul style="list-style-type: none"><li>• "You aren't thinking of killing yourself, are you?"</li></ul>
<b>DO</b> ask the question in a natural way that flows with the conversation.	<b>DON'T</b> wait to ask the question when someone is halfway out the door.

# **A** Asking the Question: Check-In & Practice

- What are your thoughts about “Asking the question”?
- What initial concerns do you have?
- Let me demonstrate a few ways of asking the question — both good and bad — and you can tell me which ones you think are most effective and direct.
- Now, turn to a neighbor and practice asking the question with one of ways you feel would be most effective.

# **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.



# 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 **988 and Press 1**.

# When to Encourage and When to Expedite

## Encourage when...

- Veteran is struggling and is going through a hard time
- Veteran is experiencing symptoms of mental and physical health that need attention
- Veteran is not imminently suicidal

## Expedite when...

- Veteran is currently suicidal
- Veteran has expressed thought of suicide or has demonstrated suicidal behavior
- Veteran has a plan to die by suicide



# 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.

**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.

## Resources to Consider

- At VAMC: Urgent Care, ER, Mental Health Walk-In, Inpatient and Outpatient Behavioral Health
- Community Resources: Local ER, Urgent Care, Mental Health Clinic, Churches, Police and Fire Stations, EMS. CALL 911 or Bring to closest ER
- **Veterans Crisis Line: 988, Press 1**

# COMPACT Act, Section 201 BLUF



Section 201 of [COMPACT Act](#) states VA will provide, pay for and reimburse for emergent suicide care for eligible individuals at VA medical facilities and at non-Department facilities.



Eligible individuals include all Veterans regardless of eligibility for VHA health care benefits (includes OTH discharges).



Emergent suicide care includes inpatient or crisis residential care for no more than 30 days and/or outpatient medical and mental healthcare for no more than 90 days. If the individual remains in acute suicidal crisis, extensions may be provided. Each **new** crisis is a new episode of eligibility.



VA will ensure eligible Veterans are not financially responsible for costs associated with emergent suicide care, including emergency transportation.

## **COMPACT Act, Section 201 Impact:**

- VA providing cost-free mental health and medical emergent suicide care removes the cost barrier
- By extending eligibility and access to acute and follow up suicide care, the net of protection VA will provide to prevent suicide increases dramatically
- **COMPACT 201 benefit potentially increases eligibility to an additional 9 million unenrolled Veterans, potentially doubling the needed services**

# Emergency Suicide Care and Treatment

Veterans in suicidal crisis can go to any health care facility, at VA or in the community, for free emergency health care – including ambulance transportation and related prescription costs – inpatient or crisis residential care for up to 30 days, and outpatient care for up to 90 days, including social work.

During a medical or mental health emergency, you should immediately seek care at the nearest emergency department and let staff know you are a Veteran. If you believe your life or health is in danger, call 911 or go to the nearest emergency department right away. If possible, you should also take steps to safely store personally-owned weapons or ask a trusted individual to assist with securing them, when you believe you are in a mental health crisis.

# Who Is Covered?

You are covered if you were discharged from the military under a condition that is other than dishonorable and served more than 24 months of active service or more than 100 days under a combat exclusion or in support of a contingency operation either directly or by operating an unmanned aerial vehicle from another location. Former members of the armed forces who were the victim of a physical assault of a sexual nature, a battery of a sexual nature, or sexual harassment while serving in the armed forces are also eligible. The individual must also be determined to be in acute suicidal crisis by a health care provider or first responder to be clinically eligible for COMPACT.



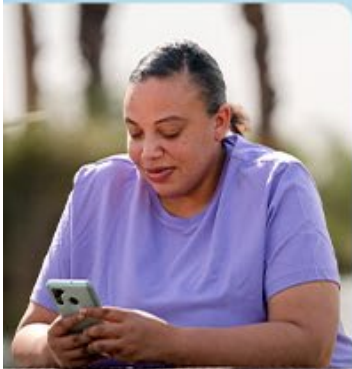
**CALL**

Dial 988 then Press 1



**CHAT**

[VeteransCrisisLine.net/Chat](https://VeteransCrisisLine.net/Chat)



**TEXT**

838255



**VA**

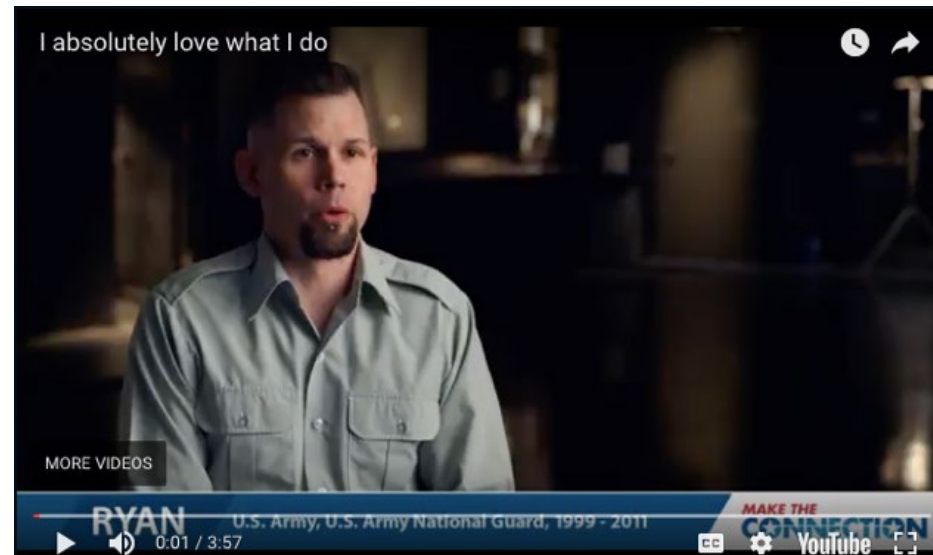


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# Other VA Mental Health Resources



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





# Other VA Mental Health Resources



Program for families and loved ones of Veterans, helping them encourage the Veteran in their lives to seek support.

**CALL 888-823-7458**



# Suicide Prevention Gatekeeper Training

## 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/>



# Postvention Resources



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

# Debrief

- Thought, feelings, or questions?

## Disclaimer

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Any views expressed are my own  
and do not necessarily reflect the  
views of the Department of  
Veterans Affairs.

# Lethal Means Safety vs CALM

## Lethal Means Safety

- About one hour
- Can be adjusted for general public and other professionals
- Information from within VA OMHSP
- Education
- Awareness
- How to talk about Lethal Means
  - Firearms, medications, other methods

## Counseling on Access to Lethal Means

- About three hours
- Specific to health care providers
- Education
- Awareness
- Patient specific scenarios
- Authored by Elaine Frank and CALM America
  - Training avenues include Suicide Prevention Resource Center (SPRC)
  - Harvard Injury Control Research Center and the Means Matter Campaign

# VA Resources for Safety

**VA**



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**American  
Foundation  
for Suicide  
Prevention**



## Suicide Prevention is Everyone's Business: A Toolkit for Safe Firearm Storage in Your Community ([va.gov](http://va.gov))

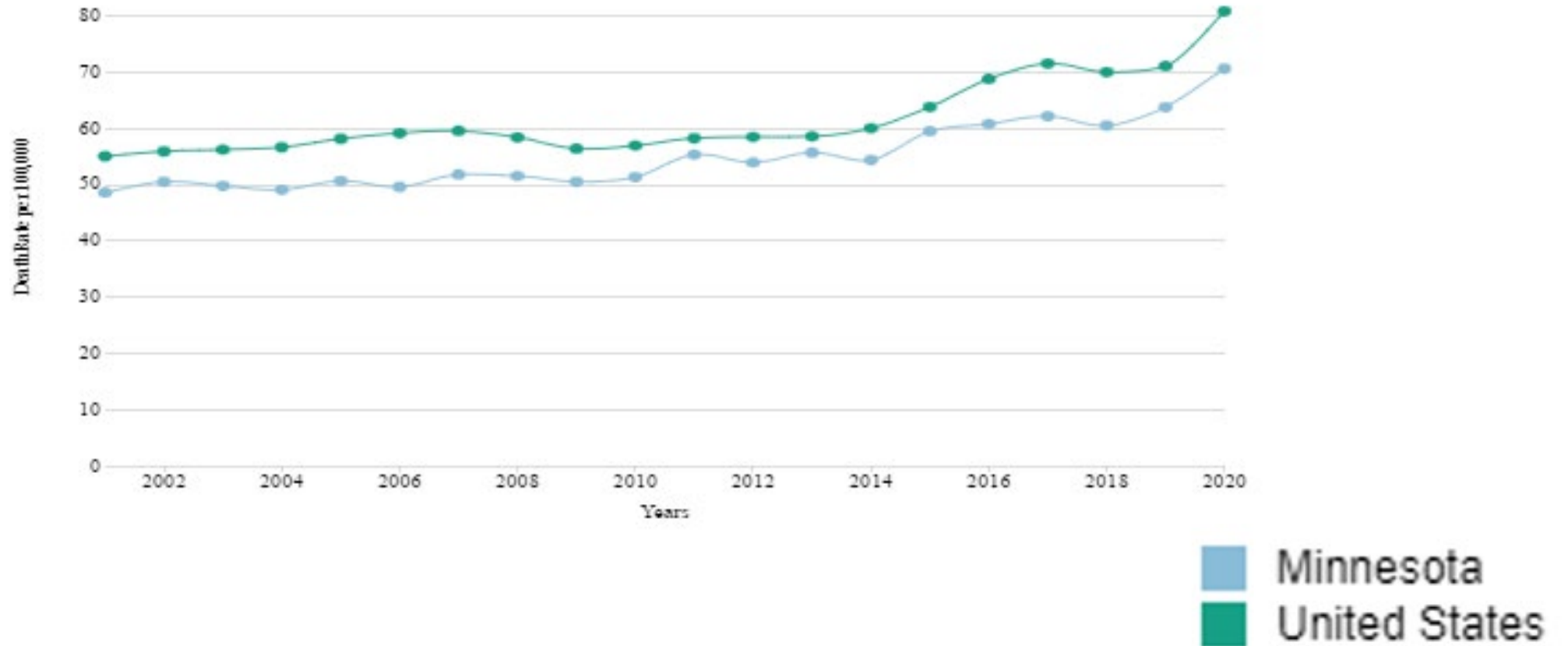
- Effective methods for safe firearm storage
- Addressing barriers to safe storage
- Developing and maintaining a community coalition
- Spreading the word

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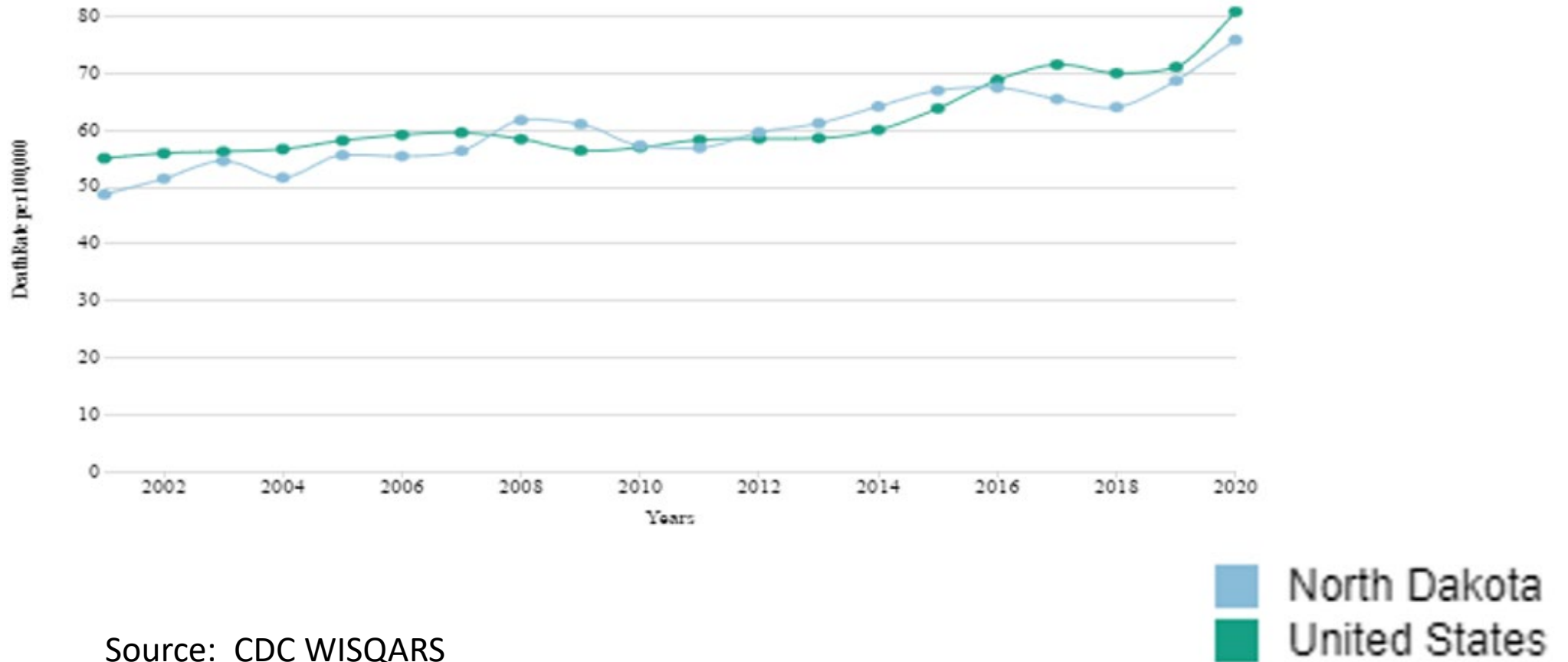
# MN vs. US Age-Adjusted Suicide Rates



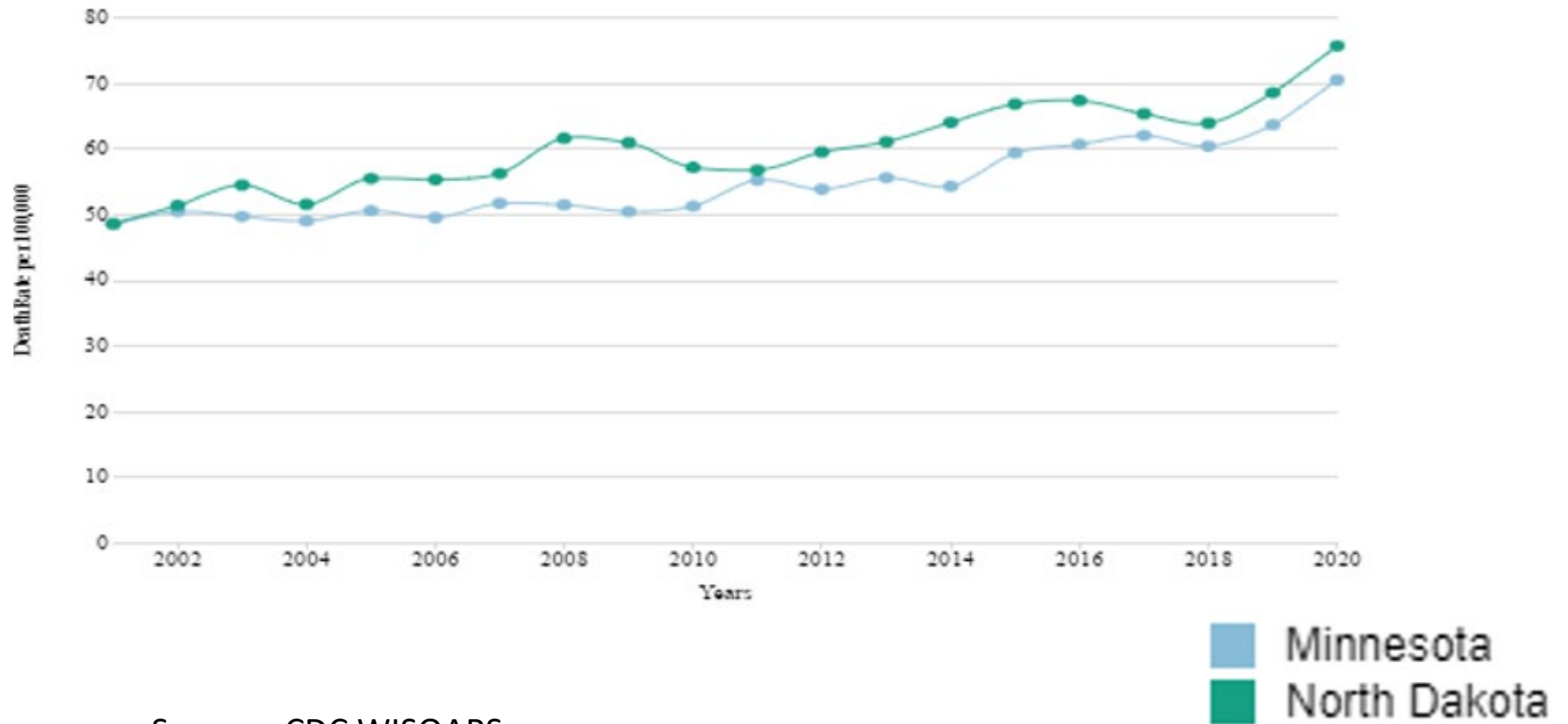
Source: CDC WISQARS



# ND vs. US Age-Adjusted Suicide Rates

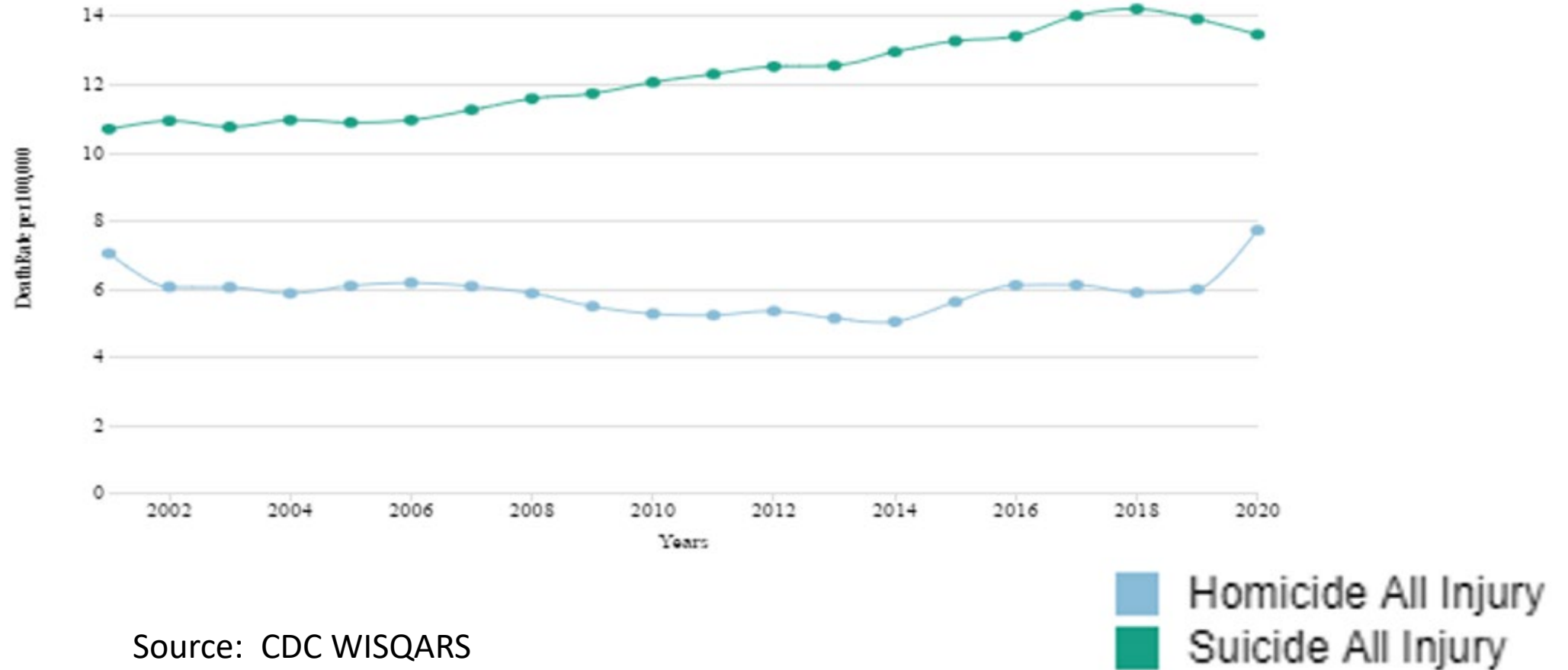


# ND vs. MN Age-Adjusted Suicide Rates

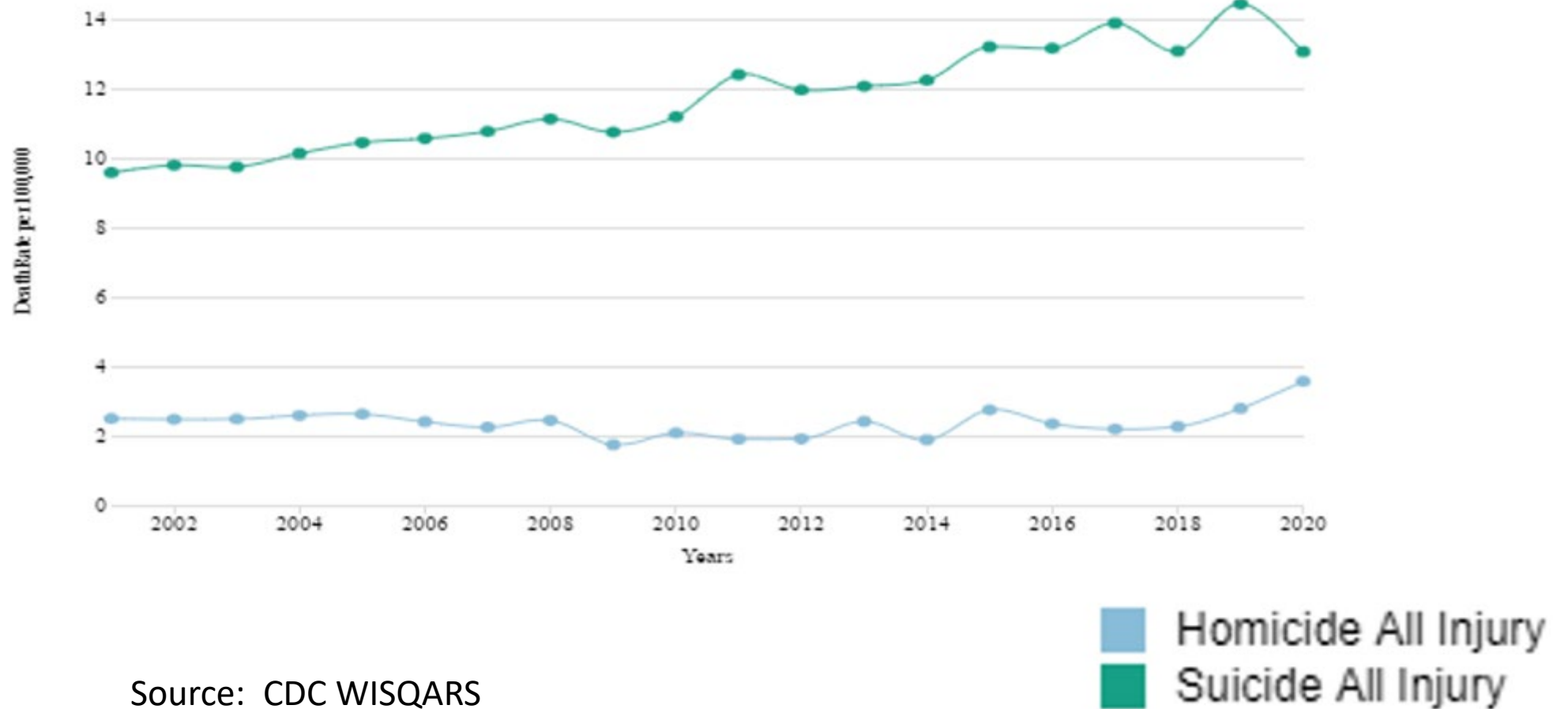


Source: CDC WISQARS

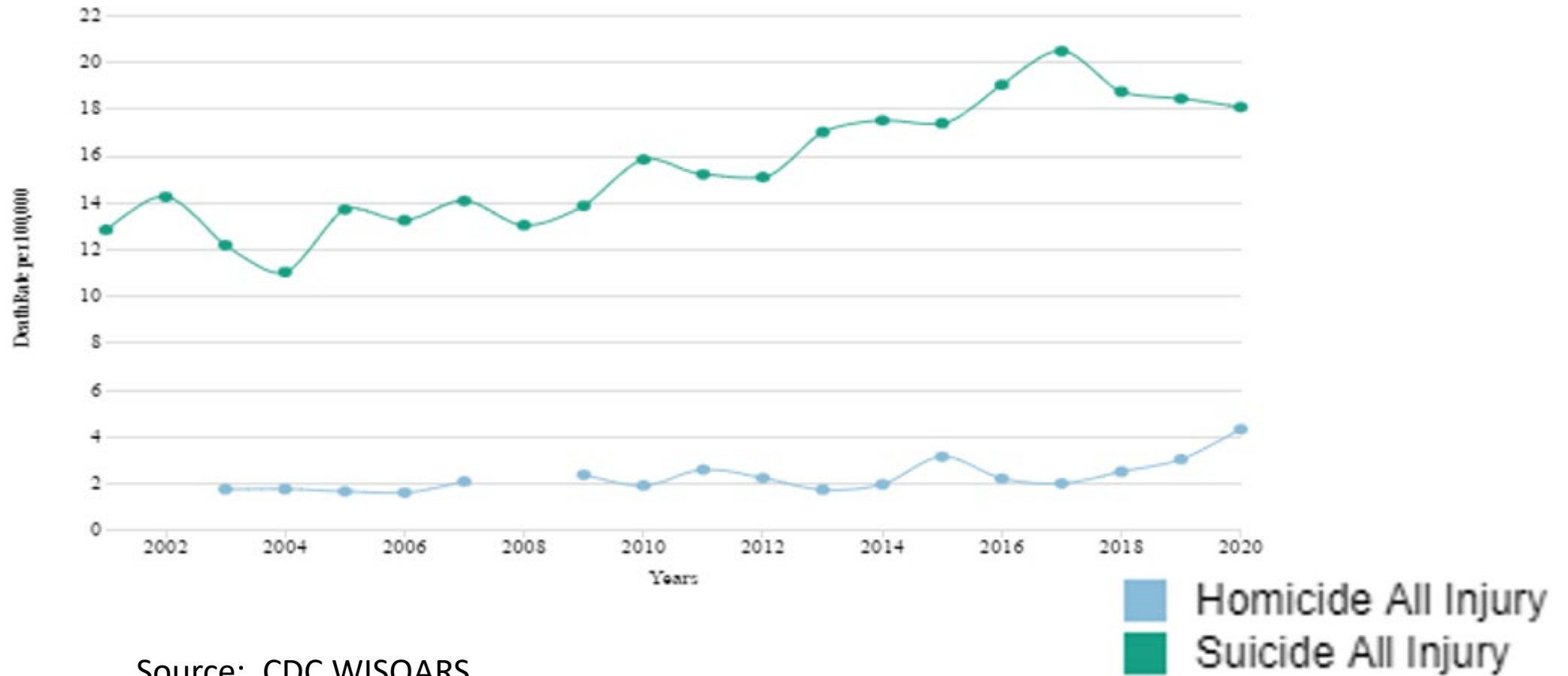
# US Homicide vs. Suicide Rates



# MN Homicide vs. Suicide Rates



# ND Homicide vs. Suicide Rates



Source: CDC WISQARS

# Access to Firearms

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- 31.9% of adults owns firearms (81.4 million Americans aged 18 or over)
- 56.2% of gun owners say they carry a handgun for self-defense in at least some circumstances
- Average gun owner owns 5 firearms (handguns most common)
- 42.2% of female and 57.8% are male

[2021 National Firearms Survey](#)



*Much of the focus in suicide prevention is on why a person attempts suicide.  
We seek to relieve the mental distress that leads to a suicide attempt.*





*But how a person attempts plays a crucial role in whether they live or die.*



# Pesticides and Sri Lanka

- Sri Lanka had one of the world's highest suicide rates in mid-1990s; pesticides were the leading method. Why?
- The most highly human-toxic pesticides were restricted in the mid- to late-'90s.
- Suicide rate dropped 50% from 1996 to 2005, saving 20,000 lives.
- The drop was driven by a decline in pesticide suicides.
- Suicides by other methods did not drop. Nor did nonfatal pesticide attempts.
- The *behavior* (trying to die) didn't appear to change.
- What changed was the lethality of that behavior.

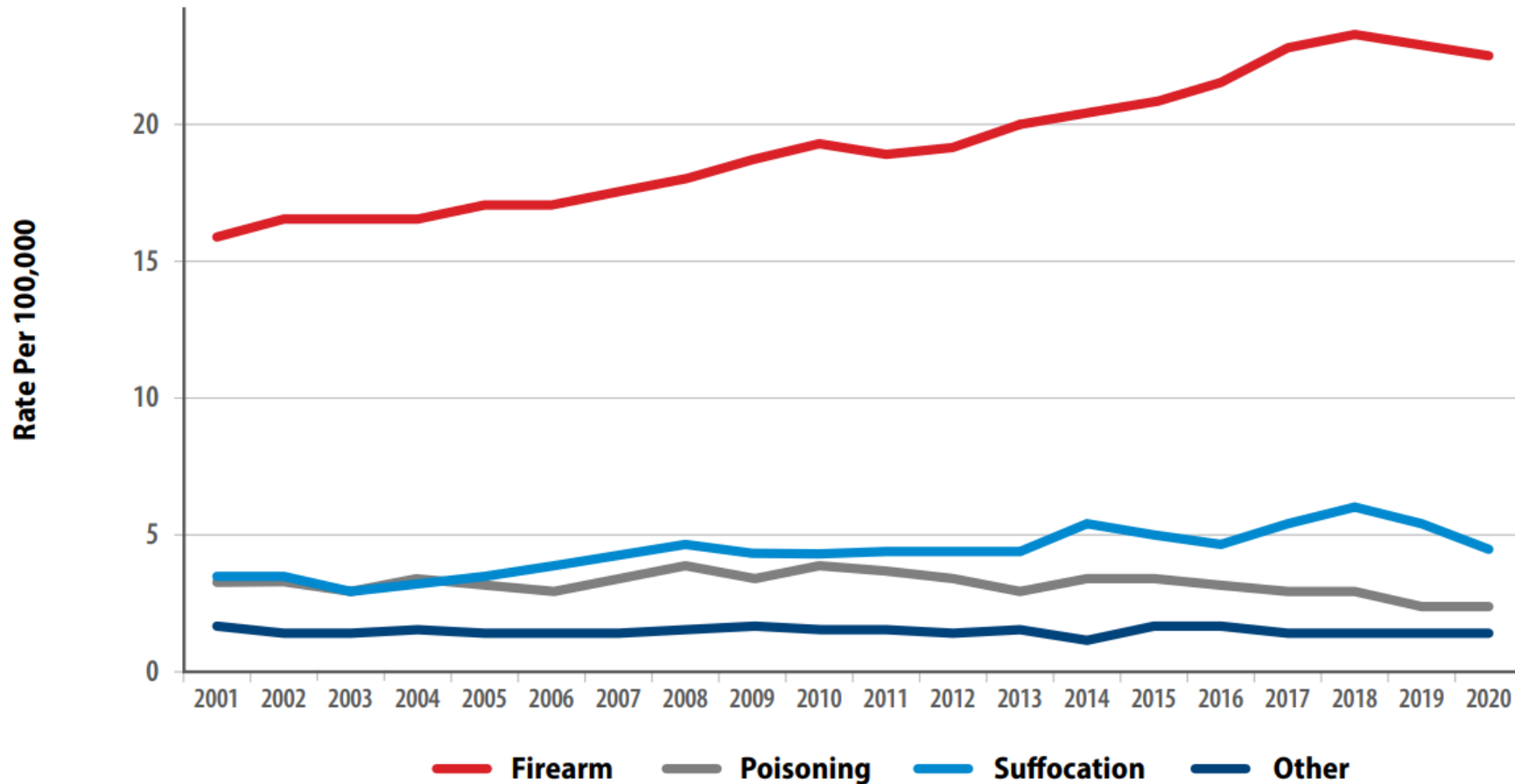


# Firearms and Israeli Defense Force (IDF)

- In the early 2000s, IDF focused on preventing suicides—most of which were by firearm, many on weekends while soldiers were on leave.
- In 2006, IDF required soldiers to leave weapons on base during weekend leaves.
- The suicide rate decreased by 40%.
- Weekend suicides dropped significantly.
- Weekday suicides did not.



# Veteran Suicide Methods



[2022 National Veteran Suicide Prevention Annual Report, VA Suicide Prevention, Office of Mental Health and Suicide Prevention, September 2022](#)



Steve is a 23 year old recently separated veteran struggling with a painful breakup. Lately he has been missing work, withdrawing from friends, and drinking more. His roommate urged him to call the Veterans Crisis Line but he refused.

Two days later, he called his girlfriend, hoping to get back together, but she wouldn't speak to him. Feeling desperate, he went to the gun safe.....



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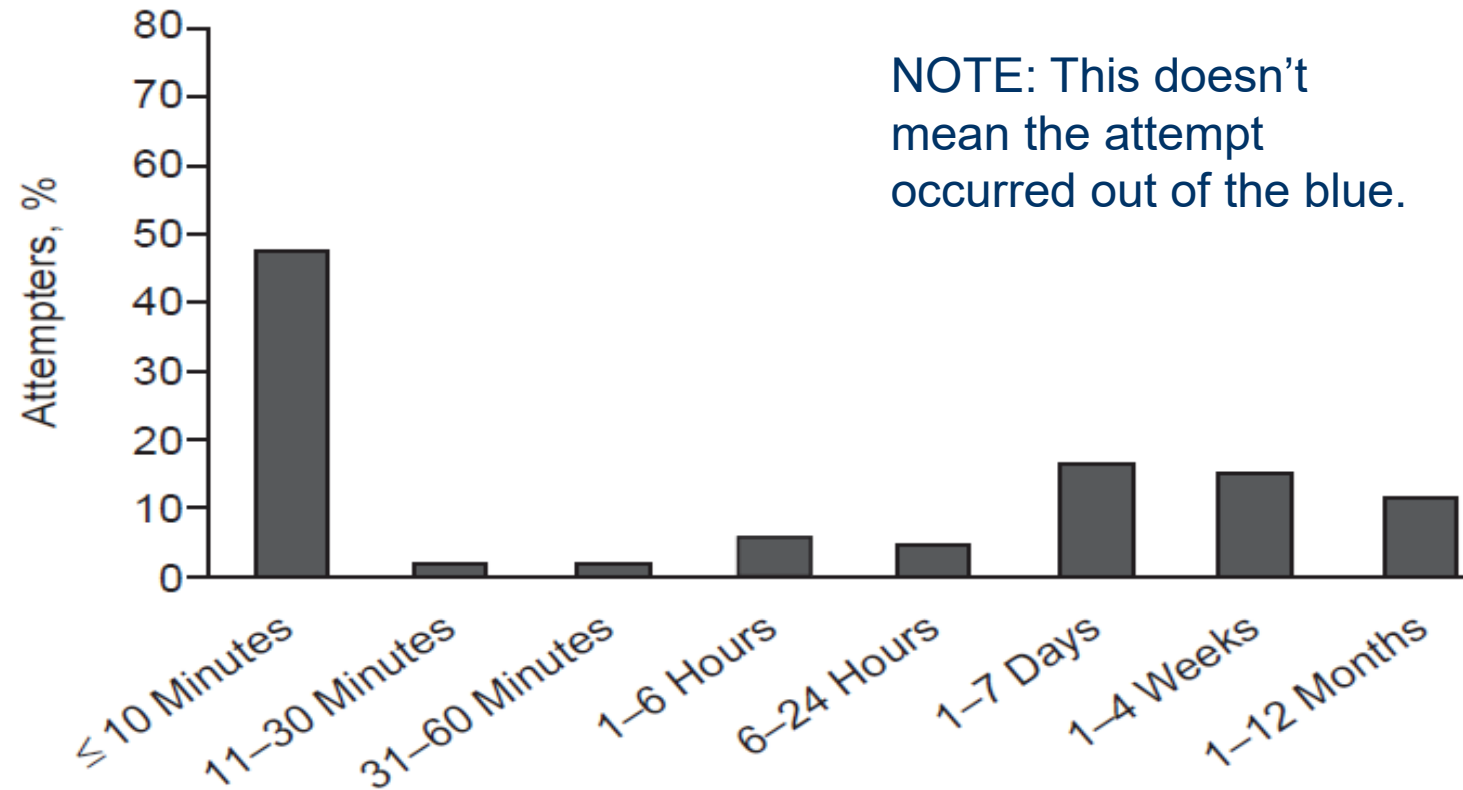
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- Frustrated, Steve drove to a friend's house to borrow a gun.
- By the time he got there he had calmed down.
- He was still miserable, but no longer acutely suicidal.

# Why did Steve survive?

# Suicidal Crises

48% said within **10 minutes of the attempt.**







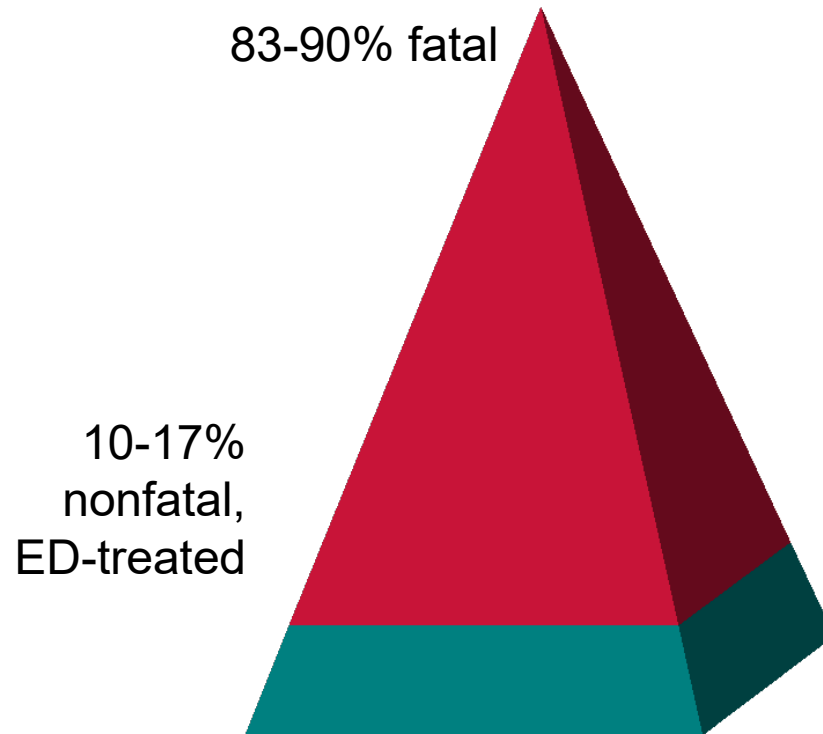
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- He cut his wrists.
- His roommate found him and took him to the hospital where he was treated and released.

# Why did Steve survive?

# Lethality of Suicide Methods

NOTE: We caution against informing your patients about the very low fatality for sharps and overdose. The perception that these methods are more lethal than they usually are may save lives.



Firearms



Sharps & Overdose

Are all of these suicide attempts?

# Relative Lethality of Suicide Methods

**HIGH  
Lethality**

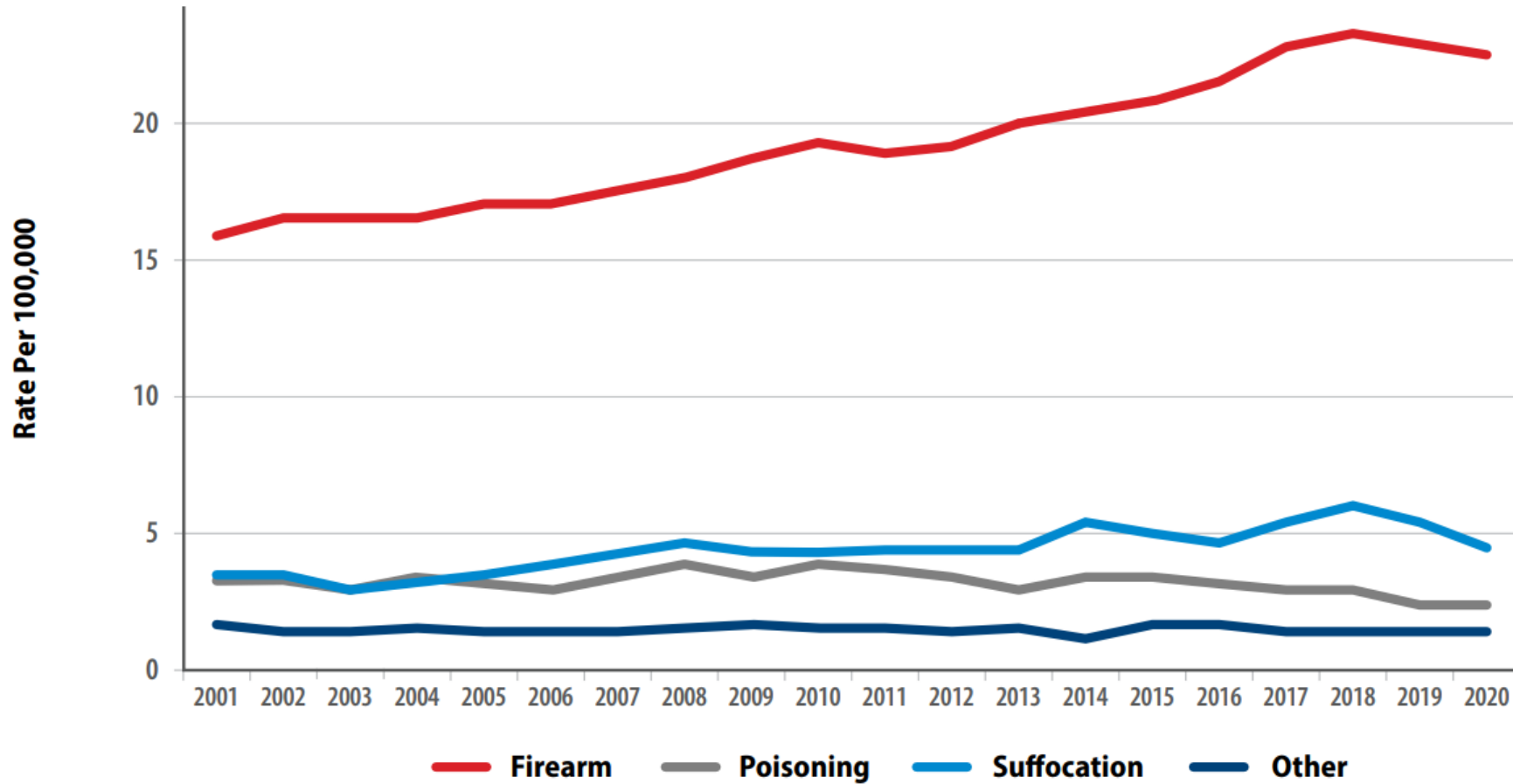
- Firearm
- Jump from very great height

**LOW  
Lethality**

- Carbon monoxide
- Hanging/suffocation
- Overdose/poisoning
- Cutting

MeansMatter

# REMINDER: Veteran Suicide Methods



[2022 National Veteran Suicide Prevention Annual Report, VA Suicide Prevention, Office of Mental Health and Suicide Prevention, September 2022](#)

# Lethality Matters

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- Lethality of the method used is one of the biggest factors determining whether the person lives or dies.
- Intent matters; but **means also matter.**
- **Ready access** to a lethal method is particularly important when attempts occur rapidly with little or no planning, as was the case for Steve .



Steve is a 23 year old recently separated veteran struggling with a painful breakup. Lately he has been missing work, withdrawing from friends, and drinking more. . His roommate urged him to call the Veterans Crisis Line but he refused. Two days later, he called his girlfriend, hoping to get back together, but she wouldn't speak to him. Feeling desperate, he went to the gun safe but the guns were gone. He cut his wrists.

- As the minutes passed, he realized he didn't want to die and called 911.
- He was treated for his injuries and went on to get help.
- His road to recovery was difficult, but he has made no more suicide attempts.

Over 90% of people who attempt suicide and survive do NOT go on to die by suicide.

...A life saved in the short run is usually a **life saved**.



## Summary: Why Means Matter

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1. Suicidal crises are often brief.
2. Some methods, especially guns, are far more lethal than others.
3. >90% of those who attempt and survive do not go on to die by suicide.
4. Many people who are suicidal are ambivalent.

***Putting time and distance between a suicidal person and a highly lethal means –especially a gun–can save a life.***

# Why Firearms Matter Most

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- They are the leading method among veterans
- They are highly lethal
- They are highly accessible in many homes
- They are fast and irreversible

***Putting time and distance between a suicidal person and a highly lethal means—especially a gun—can save a life.***



## What made the difference for Steve?

Steve's roommate called the Veteran's Crisis Line when Steve refused. The clinician reviewed treatment options and ways to support his friend. **She also suggested that he store guns away from home while Steve is in crisis.** She helped him develop a plan for temporarily moving the guns to a friend's house across town.

# Firearms: In Home Safe Storage



- If patients are unwilling or unable to store guns away from home, or until they do, advise them to...
- Lock guns unloaded in a gun safe or lock box.
- Keep ammunition out of the home for now or locked separately.
- Discuss self-defense gun separately
- Trigger locks, cable locks, and clamshell locks aren't as safe as locking in a secure gun safe—but are better than not locking at all and can be used inside a gun safe for extra protection.
- Ask the patient to enlist a trusted person to change the combination or hold onto the keys for now.



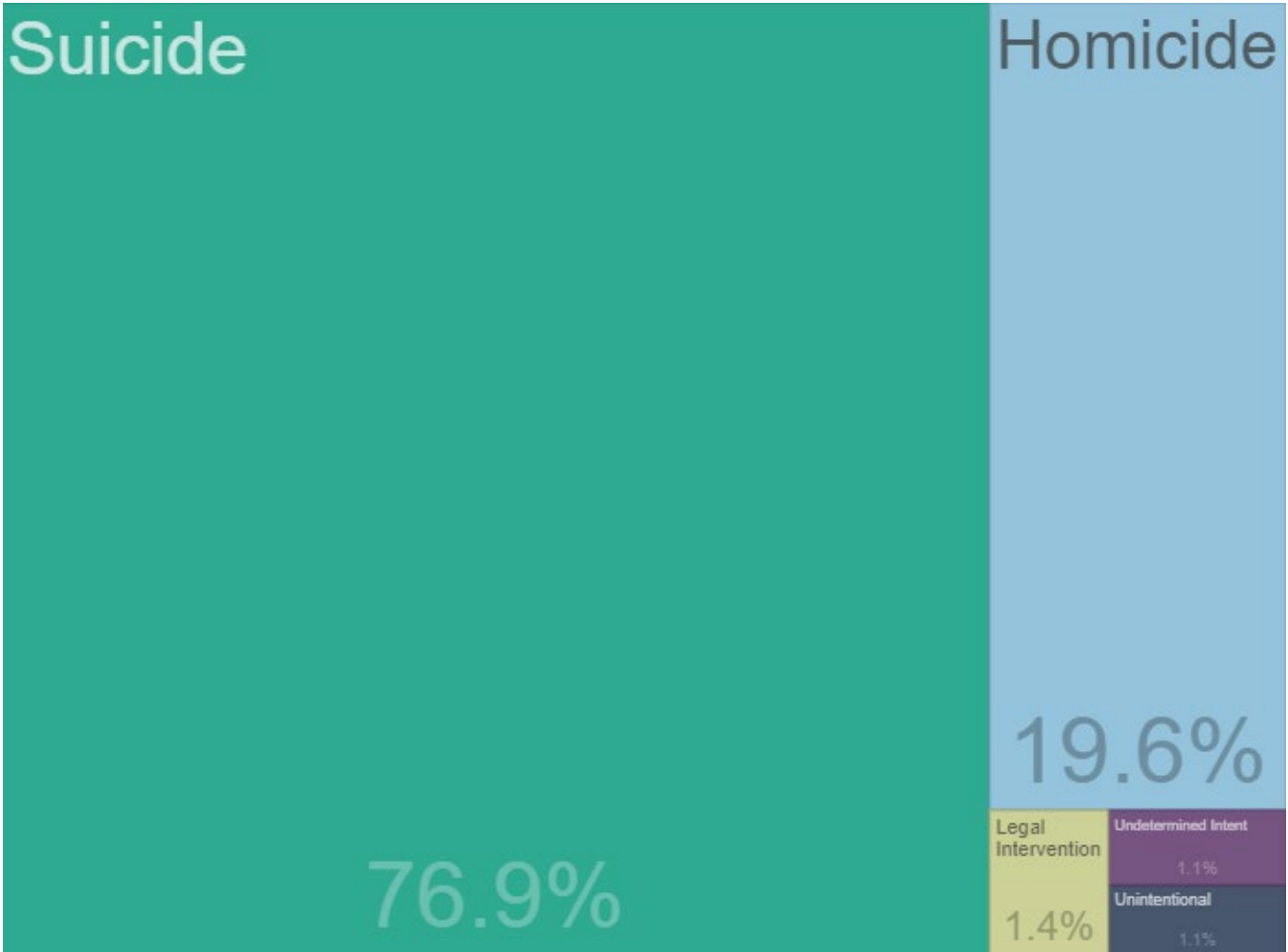
# What about a Self-Defense Gun?

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**Discussion and ideas**

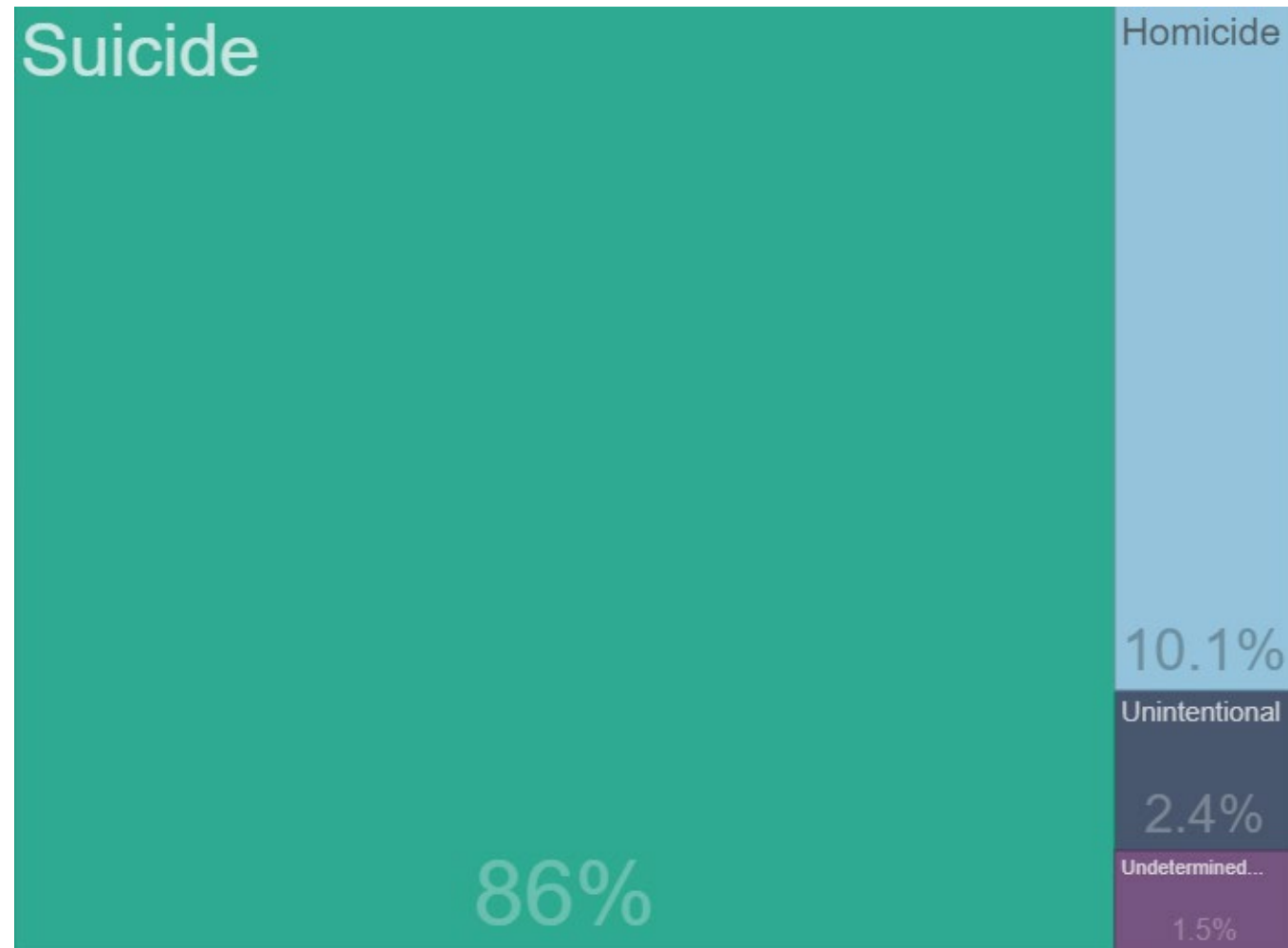
# Firearm Deaths by State - MN

CDC WISQARS 2001-2020



# Firearm Deaths by State - ND

CDC WISQARS 2001-2020



# Language Matters

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## Collaborative

“How can we safely store these guns and meds?”

“Let’s make a plan to keep you safer until things improve.”

## Confrontational

“You need to get rid of the weapons.”

“I don’t trust you to be responsible with medications right now.”



# Reintroducing Lethal Means

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When is it OK to bring lethal means back into the home?

- Case-by-case decision, but some signs can be:
  - No suicidal ideation for several months
  - Able to cope effectively with stressors
  - Development of a relapse prevention plan

Continue to encourage safe storage and limited access

- Firearms are locked
- Medications are limited to what is needed

# Medications

Medication overdose is the **most common method** of suicide **attempt**. Overdose is not often fatal; however, some medications are more dangerous than others, especially in combination (**like opioids, benzodiazepines, and alcohol**).

Finding lethal combinations on the internet is easy.



# Medications: Reducing Access

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While overdose is usually not fatal, because there are hundreds of thousands of overdose attempts, it is the 3rd-leading method of suicide death.

If you prescribe meds or work with prescribers, minimize overdose risk for at-risk patients:

- Use lower toxicity medications where possible
- Limit quantities to non-lethal doses, even if taken all at once
- Consider use of bubble packs or weekly dispensing
- Take into account drug interactions & substance use/misuse
- For help on safe quantities, ask a pharmacist or the Poison Control Hotline 1-800-222-1222



# Medications: Reducing Access

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Advise the following steps:

- Properly dispose of unneeded/expired medications.
- Keep only non-lethal quantities on hand.
- Lock up abuse-prone and dangerous drugs (e.g., opioids, anti-anxiety medications, amphetamines, sedatives/tranquilizers).
- Local health departments may distribute lockboxes
- Pharmacists can advise on safe quantities. A support person—not the patient—should talk with them.
- Obtain NARCAN and know how to use it if opioids are an issue



## Other Methods

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If the patient's ideation focuses on a method other than medications or firearms, work with them to reduce access to that method **in addition to guns and meds**, *particularly if that method is highly lethal.*

For example, if ideation focuses on motor vehicle crash, MV exhaust, or driving to a jump site, it may be unwise for the patient to have access to the car keys for now.....other ideas?



*But how a person attempts plays a crucial role in whether they live or die.*