

North Dakota County VSO Conference October 15, 2018



SUICIDE PREVENTION PROGRAM



2- Coordinators
1- Case Manager
1- Outreach & Education Specialist
1- Advanced Medical Support Assistant

Harold Lindsay, LICSW, Sarah Kemp Tabbut, LCSW, Nicole Veselka, RN, Cathy Huff, AMSA, Tammy Monsebroten, LICSW

SUICIDE PREVENTION IS



- EVERYONE'S BUSINESS
- <https://www.youtube.com/watch?v=U1I020QoWBs>
- 123 PEOPLE DIE **A DAY** IN OUR COUNTRY FROM SUICIDE
- WHO IS AT **MOST** RISK?
 - PEOPLE OVER **AGE 50**.
 - **FEMALE VETERANS**
 - PERIODS OF TRANSITION
 - EXPOSURE TO SUICIDE
 - **ACCESS TO LETHAL MEANS**

WHAT I HOPE YOU TAKE AWAY



- Have knowledge of what the Fargo VA is doing to address Veterans Suicide.
- Better understand who is most at risk for suicide.
- Learn what Lethal Means Safety is.
- Know that you can use the Veterans Crisis Line as a County VSO, Tribal VSO or Community member.
- Know that Suicide is Preventable.
- Gain knowledge on the Public Health Approach.

WHAT DO YOU WANT TO KNOW ABOUT SUICIDE PREVENTION?



- What is the Fargo VA doing to address Suicide Prevention?
- What is the public health approach?
- In reach and Outreach?
- What does it mean to “Enhance a Veterans Care?”

VA'S PUBLIC HEALTH APPROACH TO SUICIDE PREVENTION



- Suicide Prevention is the VA's highest clinical Priority.
- We want to connect Veterans with life saving support if they are experiencing an emotional or mental health crisis.
- VA's goal is to reduce suicide and suicidal behavior among Veterans.
- VA is working to reduce suicide among all Veterans, Whether they are enrolled in VA healthcare or not.
- Suicide prevention requires a combination of universal, selective and indicated strategies.
- VA is taking a comprehensive, multi-faceted approach that reaches across sectors.
- VA has made great strides in Veteran suicide prevention, especially in crisis intervention.

PUBLIC HEALTH APPROACH



- Public Health Approach incorporates and involves peers, family members and the community in preventing suicide.
- The Public Health approach encompasses organized efforts to promote health, prevent disease and prolong life.
- Research shows that the public health approach is most likely to produce significant sustained reduction in the suicide rate.
- VA cannot do it alone. We need the support of partners across all sectors to reach our veterans in the communities where they live and can thrive.
- By using the public health approach VA and its partners can deliver resources and support to veterans earlier, before they reach a crisis point.

SUICIDE PREVENTION SERVICES OFFERED



- V-tel for case management services
- HRF (Enhance a veterans care)
- REACH Vet (Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment)
- Suicide Behavior Reports. (SBR's)
- Answering Veterans Crisis Line Consults.
- Lethal Means Safety and Community Education.
- Outreach and Education to community partners, organizations etc...

FARGO VA MH SERVICES



- **Psychiatry**
- **Psychology**
- **Social Work**
- **MHICM RANGE**
- **CWT-Compensated Work Therapy**
- **Pharmacy**
- **Substance Abuse**
- **Nursing Services**
- **Peer Support Specialists**
- **PCMHI**

NATIONAL/STATE STATISTICS



In ND, 55% of suicide fatalities are by firearm.

Nationally, 68% of male Veteran suicides and 41% of female Veteran suicides are by firearm.

Of all attempts by firearm, 85-95% are lethal whereas only 5% of any other method is lethal.

Reducing access to lethal means has been shown to positively impact the number of suicide in at least two studies.

<https://www.youtube.com/watch?v=M3q4IxBnh4w>



U.S. Department
of Veterans Affairs

No one can un-fire a firearm.



For someone in crisis, a locked firearm can mean the difference between a tragic outcome and a life saved.

Watch an informational video and learn more at VeteransCrisisLine.net

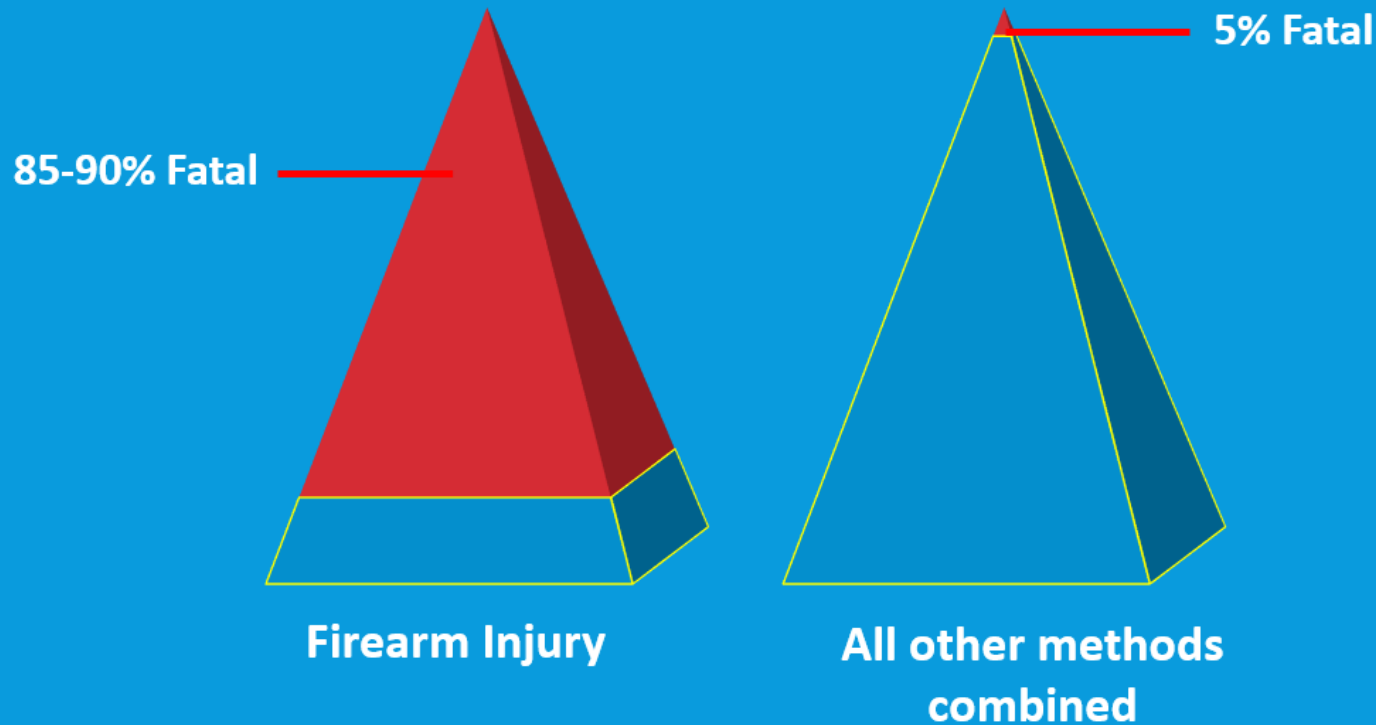


For Outreach materials please contact: Cathy Huff 701-239-3700 ext.3566

cathleen.huff@va.gov

■ ■ ■ Confidential chat at VeteransCrisisLine.net or text to 838255 ■ ■ ■

LETHAL VS. NON-LETHAL ATTEMPTS

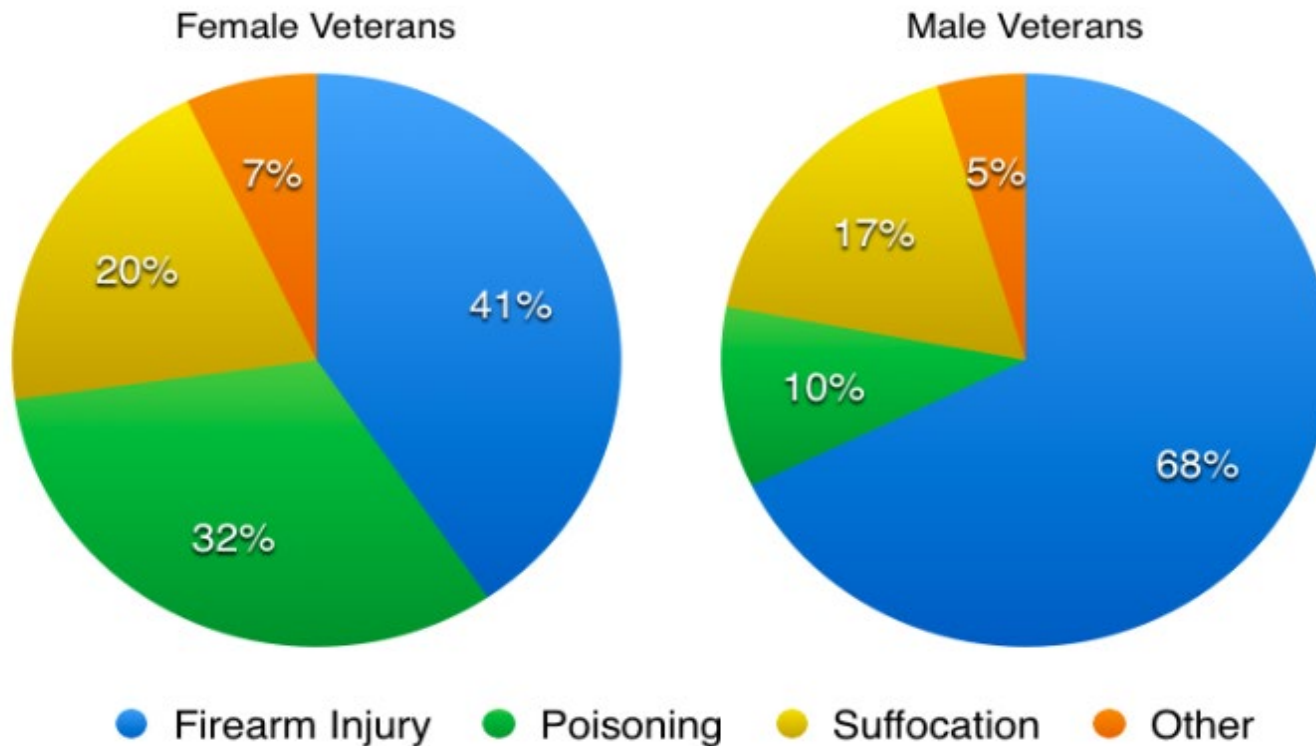


CDC WISQARS: Deaths from death certificate data; nonfatal incidents estimated from national sample of hospital emergency departments

NATIONAL AND STATE STATS



VETERAN FATALITIES/MEANS FOR SUICIDE

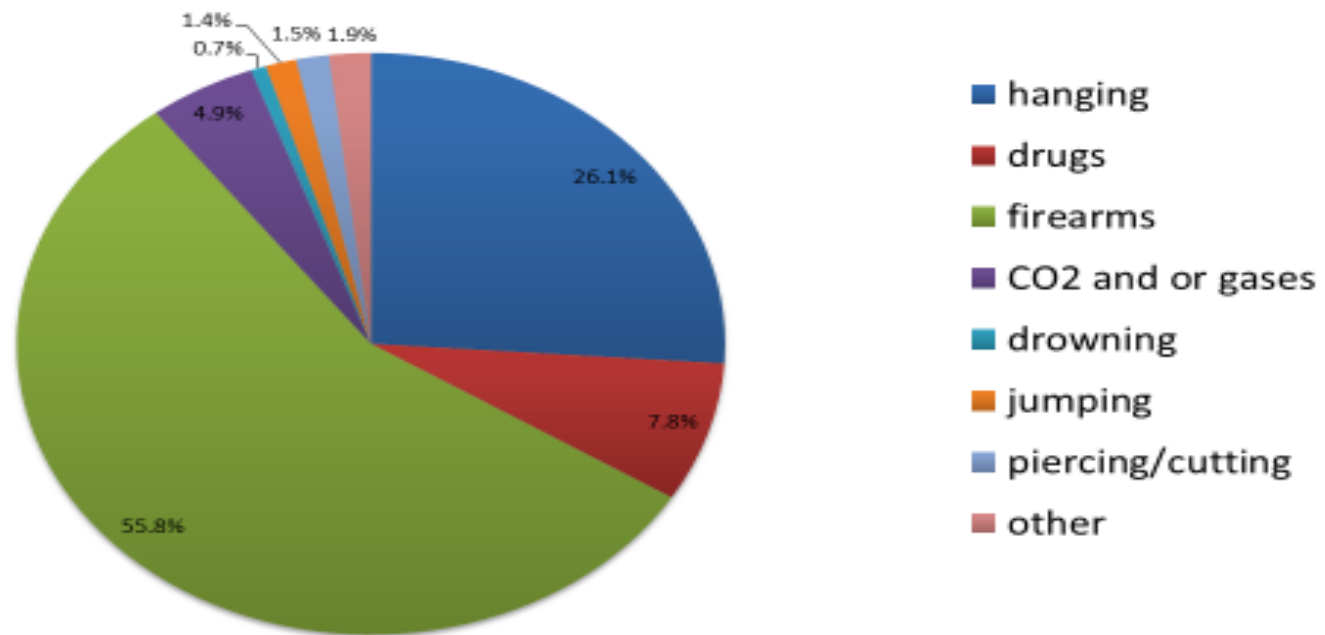


“Suicide among veterans and other Americans 2001-2014,” VHA Office of Suicide Prevention, August 3 2016, page 16, Fig 8

LETHAL MEANS SAFETY

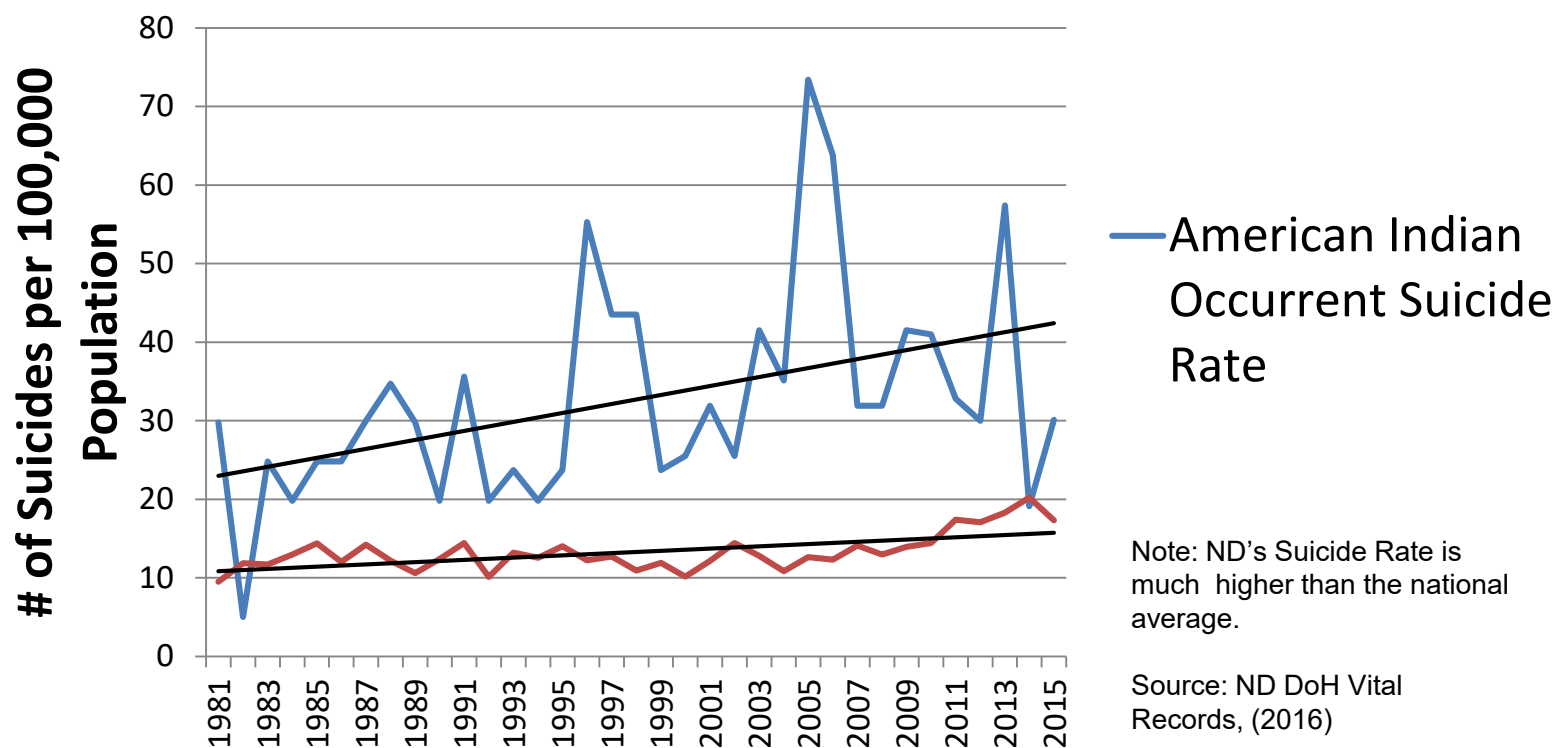


Total Combined Suicide Fatalities in North Dakota from 1980 to 2015



Source: ND DoH Vital Records, (2016)

ND American Indian and Non-native ND Crude Suicide Mortality from 1980 to 2015

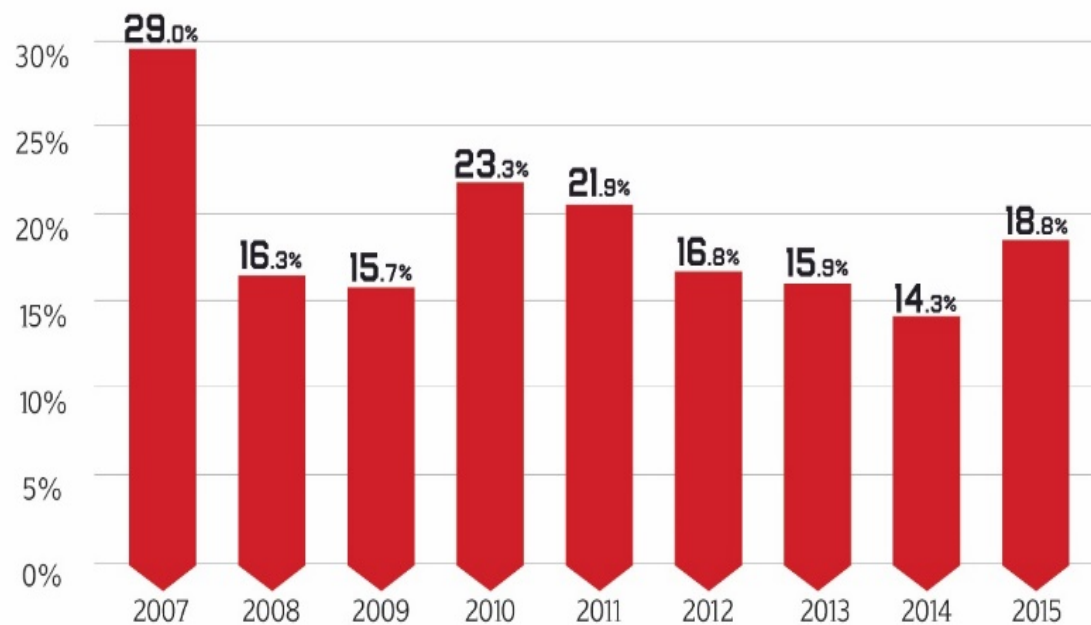


VA Tracking of Rural / Urban Location of suicides.

- “The VA claims that 14 of the 20 Veterans who commit suicide do not/ have not reached out to the VA for help. Is this really a true statement? YES, Does the lack of services provided to Veterans living in highly rural areas contribute to the reason of not reaching out to the VA for help? Or in some cases does living in a highly rural area where no VA services are available prevent a Veteran from seeking help?”
 - I believe the reasons that contribute to a veteran dying by suicide is as high as the number of suicides that occur. So many reason's so many variables/factors. I would think that rural to urban is a barrier. However even for Urban suicides there are barriers.

Percent of Total Suicide Deaths by Veterans

ND INDIVIDUALS WHO LOST THEIR LIVES TO
SUICIDE WHO WERE OF VETERAN STATUS

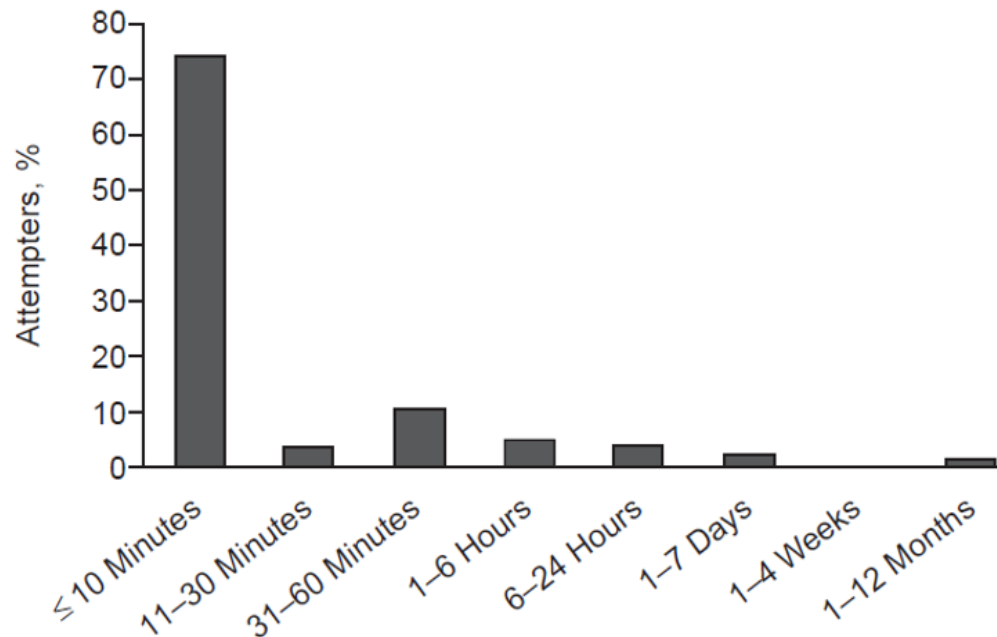


SUICIDAL CRISIS IS OFTEN BRIEF



- Suicidal Crises are often brief

Time Between Thoughts of Suicide and Suicidal Behavior



Deisenhammer et al. 2009. Journal of Clinical Psychiatry, 70(1):19-24.

VETERANS CRISIS LINE

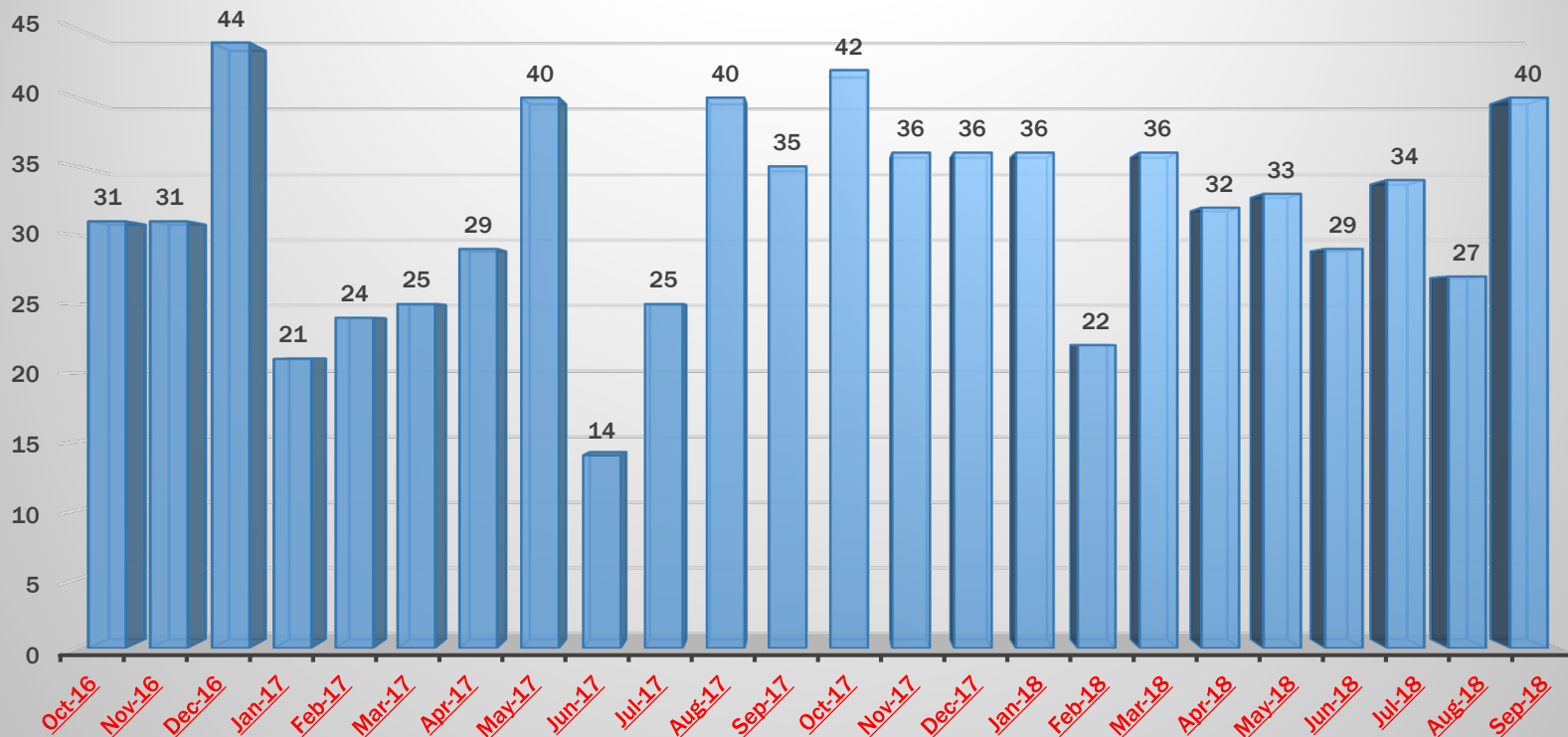


VETERANS CRISIS LINE



- What happens when you use the crisis line information
- Number of Crisis Line Calls Fargo has received

VCL Calls Answered by Fargo SP Program





U.S. Department
of Veterans Affairs



TALKING WITH A VETERAN IN CRISIS

You don't have to be an expert to ask if someone is going through a difficult time or having thoughts of suicide. If you notice changes in a Veteran's behavior or moods and you think they might be in crisis, it's time to respond. The simple act of having a conversation can help save a life.

Here are some ways to approach a conversation with a Veteran who may be suicidal.

First, assess the situation to determine if the Veteran may be in **imminent danger**. Check to see if there are any harmful objects in the area, such as firearms, sharp objects, or lethal drugs. Those at the highest risk for suicide often have a specific suicide plan, the means to carry out the plan, a time set for doing it, and an intention of following through with it.

Asking whether a Veteran is having thoughts of self-harm or suicide may seem extreme, but it is important. Although many people may not show clear signs of intent to harm themselves before doing so, they will likely answer direct questions about their intentions when asked. **Remember, asking if someone is having suicidal thoughts will not give them the idea or increase their risk.**

However, some of those who are at risk may not admit it.

Safety Issues:

If you believe a Veteran is at high risk and has already harmed himself or herself, you need to call local emergency services at 911.

- **Never** negotiate with someone who has a gun. Get to safety and **call 911**.
- If the Veteran has taken pills or harmed himself or herself in some way, **call 911**.

Veterans who are in emotional distress and are showing warning signs for suicide can be connected to the 24-hour **Veterans Crisis Line**: Call **1-800-273-8255** and **Press 1**, use the **online chat**, or **text to 838255**. Caring, specially trained responders are available to provide free, **confidential support 24 hours a day, 7 days a week, 365 days a year**. Responders are available to speak to Veterans and their caregivers, family members, or friends.

Warning Signs of Imminent Suicide Risk

Acting recklessly or engaging in risky activities that could lead to death, such as driving fast or running red lights — seemingly without thinking

Showing violent behavior such as punching holes in walls, getting into fights, or engaging in self-destructive violence; feeling rage or uncontrolled anger; or seeking revenge

Giving away prized possessions, putting affairs in order, tying up loose ends, and/or making out a will

Seeking access to firearms, pills, or other means of harming oneself

If you and/or the Veteran are not in imminent danger, start a conversation to help the Veteran open up and to find out how you might be able to help. You can ask questions such as:

- "When did you first start feeling like this?"
- "Did something happen that made you begin to feel this way?"

When responding to answers from a Veteran, remember that simple, encouraging feedback goes a long way in showing support and encouraging help-seeking:

- "You're not alone, even if you feel like you are. I'm here for you, and I want to help you in any way I can."
- "It may not seem possible right now, but the way you're feeling will change."
- "I might not be able to understand exactly what you're going through or how you feel, but I care about you and want to help."

Even for Veterans who do not appear to be suicidal, it is important to direct them to resources to help them face mental health challenges and more.

For more information about the Veterans Crisis Line, visit [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net)

For more information about VA's mental health resources, visit

www.mentalhealth.va.gov

For access to more than 400 stories of strength and recovery from Veterans and their family members, visit MyVeteranConnection.net



U.S. Department
of Veterans Affairs



ANSWERING THE CALL

The simple act of talking with a Veteran by phone can help save a life. For a Veteran in crisis — whose emotional struggles and health challenges may lead to thoughts of suicide — these conversations can mean the difference between a tragic outcome and a life saved. When talking to a Veteran, listen for signs of distress or other clues that might indicate that they need help.

Determine if the caller is in distress.

1. Remain **calm** and **listen**.

2. **Ask the question:** "Sometimes when people are (upset/angry/in pain/etc.) they think about you thinking about killing yourself or someone else?"

NO
NOT
suicidal,
homicidal,
or in crisis

Signs of Distress:

- Emotional (crying, loud, yelling)
- Making concerning statements like:
 - My family would be better off if I wasn't here.
 - I can't go on like this.
 - No one can help me.

YES

Suicidal, homicidal, or in crisis

3. Route caller to appropriate local resources.

You can find resources in your area, including local Suicide Prevention Coordinators and crisis centers, using our Resource Locator here: [VeteransCrisisLine.net/ResourceLocator](https://www.veteranscrisisline.net/ResourceLocator)

3. Assess whether the Veteran is at **imminent risk**, and determine if he or she has already inflicted self-harm or injured others or has an immediate plan to do so, with access to means.

If you are a staff member of a Veterans Service Organization, suicide prevention organization, or another type of support group:

- Notify your supervisor (or other staff) of the situation.
- Try to obtain the Veteran's phone number, name, and location.
- Have your supervisor (or other staff) immediately contact 911 for a safety check.
- Remain on the phone with the caller until emergency personnel arrive.

If you work for a support organization or you are a friend, family member, or acquaintance of the Veteran:

- Try to find out where the Veteran is located and whether anyone else is nearby.
- Verify the Veteran's phone number and, if possible, the last four digits of their Social Security number.
- Explain** that you will conference a Veterans Crisis Line staff member into the call.
- Call 1-800-273-8255, Press 1.**
- Complete a warm transfer:** When the VCL responder answers, identify yourself, explain what is going on, and provide the Veteran's information.
- Inform the Veteran** that you will hang up and he or she is in good hands with the VCL responder.
- Make sure the Veteran is on the call with the VCL responder** before hanging up.
- If you work for a VSO, a suicide prevention organization, or similar, notify your supervisor per facility procedure or protocol.

For more information about the Veterans Crisis Line, visit [VeteransCrisisLine.net](https://www.veteranscrisisline.net)

For more information about VA's mental health resources, visit www.mentalhealth.va.gov

For access to more than 400 stories of strength and recovery from Veterans and their family members, visit

[MakeTheConnection.net](https://www.maketheconnection.net)

PARTNERSHIPS



- Vet Center
- ND State Suicide Prevention
- County VSO's
- Tribal VSO's
- Colleges & Universities
- Elks Organization
- Office of Tribal Government Relations
- Faith based organizations
- National Service Organizations
- Community Providers
- Motorcycle Clubs
- Stand Downs
- Community Events
- Law Enforcement

EDUCATION SUICIDE PREVENTION CAN OFFER



- **S.A.V.E :** this class focuses on how to identify the warning signs and risk factors of suicide, how to ask a person if they are suicidal, how to validate a veterans thoughts/feelings of suicide ideation and where to refer them for further professional help.
- **Lethal Means Safety:** this class focuses on educating on items/materials (i.e., medications, firearms, sharp objects) that can be used to engage in suicidal self-directed violence, including suicide attempts. Facility lethal means safety is an essential component of effective suicide prevention.
- **First Responders Training:** goal of this class is to improve first responders' engagement with veterans in crisis by learning about post deployment issues. Learn the warning signs and strategies for prevention. As well as services the Fargo VA offers.

QUESTIONS???



<https://www.youtube.com/channel/UCaW28mX6gCpTuWYJyPfWd-Q>



#BeThere