

Suicide Prevention 101- What You Need to Know to Help S.A.V.E. Lives

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Overview

- Objectives
 - Identifying the risk factors for at-risk individuals
 - Understanding the scope of suicide in the United States
 - Knowing what to do when you identify someone at risk

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Suicide in the United States

- **More than 48,000** 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

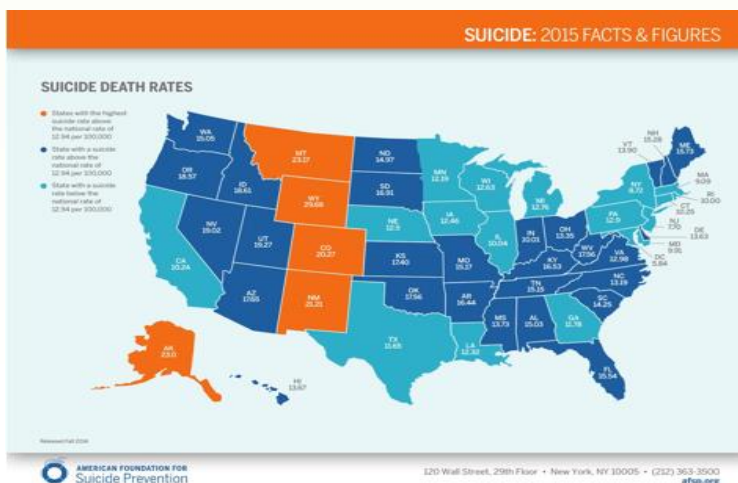
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Suicide in the United States



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Suicide in the United States

- It is estimated that close to **one and a half million people** make a suicide attempt each year
 - One attempt every **35 seconds**
- Gender disparities
 - Women attempt suicide **3 times** more often than men¹
 - Men die by suicide almost **4 times** more often than women¹

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Facts about Veteran suicide

- **18%** of all deaths by suicide among U.S. adults were Veterans⁴
- Veterans are more likely than the general population to use **firearms** as a means for suicide⁴
 - 70% of all Veteran suicide deaths are by firearms
 - Lethal means restriction
- **25%** of Veteran suicides have a history of previous suicide attempts⁵

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Common Reactions to Death

Suicide: anger, aggression, abandonment, rejection

Violent death: trauma, invulnerability

Unexpected death: shock, sense of unreality

Universal bereavement: sorrow, pain, yearning

Jordan & McIntosh, 2011

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Reactions to Suicide

Suicide may prompt different emotions for different people.

- Many reactions are normal and perhaps expected, such as sadness, numbness, disbelief, worry, and shock.
- Other reactions are also common but may feel more unexpected or surprising. These include feelings of anger, shame, confusion, guilt, relief, and fear.
- You may find yourself feeling every emotion, some emotions, or even no emotion.



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Common myths vs. realities

Myth	Reality
<p>If somebody really wants to die by suicide, they will find a way to do it.</p>	

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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>	

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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.
- How did we figure this out?
 - e.g., Coal gas in the UK, placement of lethal items behind counters, fencing off bridges
- 85-90% of people who survive a suicide attempt do not go on to die by suicide later.

Typical myths vs. realities

Myth:

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

Typical myths vs. realities

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.

Typical myths vs. realities

Myth:

There are talkers and there are doers.

Typical myths vs. realities

Reality:

Most people who die by suicide have communicated some intent. Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.

Almost everyone who dies by suicide or attempts suicide has given some clue or warning. 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.

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Typical myths vs. realities

Myth:

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

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Typical myths vs. realities

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.

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Typical myths vs. realities

Myth:

He/she really wouldn't die by suicide because...

- he just made plans for a vacation
- she has young children at home
- he made a verbal or written promise
- she knows how dearly her family loves her

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Typical myths vs. realities

Reality:

The intent to die can override any rational thinking. Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate their condition and provide treatment as appropriate.

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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 persons experience
- **E**ncourage treatment and **E**xpedite getting help

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Importance of identifying warning signs

- Many people may not show any signs of intent to harm or kill themselves before doing so
- There are behaviors which may be signs that a person needs help
- People 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

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Signs of suicidal thinking and risk factors

TALK

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

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Signs of suicidal thinking and risk factors

Behavior

Behaviors that may signal risk, especially if related to a painful event, loss or change:

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue

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Signs of suicidal thinking and risk factors

MOOD

People who are considering suicide often display one or more of the following moods:

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden Improvement

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Signs of suicidal thinking and risk factors

HEALTH FACTORS

- Mental health conditions
 - Depression
 - Substance use problems
 - Bipolar disorder
 - Schizophrenia
 - Personality traits of aggression, mood changes and poor relationships
 - Conduct disorder
 - Anxiety disorders
- Serious physical health conditions including pain
- Traumatic brain injury

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Signs of suicidal thinking and risk factors

ENVIRONMENTAL FACTORS

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

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Signs of suicidal thinking and risk factors

HISTORICAL FACTORS

- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect or trauma

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What leads to suicide?

- There's no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety and substance problems, especially when unaddressed, increase risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions go on to engage in life.

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Protective factors

- Protective factors buffer individuals from suicidal thoughts and behavior. Identifying and understanding protective factors are, however, equally as important as researching risk factors.
 - Effective clinical care for mental, physical, and substance abuse disorders
 - Easy access to a variety of clinical interventions and support for help seeking
 - Family and community support (connectedness)
 - Support from ongoing medical and mental health care relationships
 - Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
 - Cultural and religious beliefs that discourage suicide and support instincts for self-preservation ⁽¹³⁾

Veteran-specific risks

- Frequent Deployments to hostile environments (though deployment to combat does not necessarily increase risk).
- Exposure to extreme stress
- Physical/sexual assault while in the service (not limited to women)
- Length of deployments
- Service-related injury

Asking the question

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

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Asking the question

“Are you thinking about killing yourself?”

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Asking the question

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

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Asking the question

DO ask the question if you've identified warning signs or symptoms

DO ask the question in such a way that is natural and flows with the conversation

DON'T ask the question as though you are looking for a "no" answer

- "You aren't thinking of killing yourself are you?"

DON'T wait to ask the question when he/she is halfway out the door

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Things to consider when talking with a person 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

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Validate the 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

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Encourage treatment and Expediting getting help

- **What should I do if I think someone is suicidal?**
 - Don't keep the 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 that help is available**
- **Call the Suicide Prevention Lifeline/Veterans Crisis Line at 1-800-273-8255, Press 1**

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Encourage treatment and Expedite getting help

Safety Issues:

- **Never** negotiate with someone who has a gun
 - Get to safety and call police, security, or 911
- If the person has taken pills, cut himself or herself or done harm to himself or herself in some way
 - Call police, security, or 911

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Postvention

Suicide postvention refers to activities that reduce risk and promote healing after a suicide death. Postvention activities may:

- Focus on support for the family and friends of loved ones who died by suicide.
- Begin the healing process for individuals who are dealing with the grief and distress after a suicide loss.
- Mitigate other negative effects of exposure to suicide.
- Prevent suicide among people who are at an elevated risk due to exposure to suicide.

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

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Resources

- **Veterans Crisis Line/Chat/Text**

- 1-800-273-8255, Press 1
- <http://www.veteranscrisisline.net/>
- Text to 838255

- **VA Suicide Prevention Coordinators**

- Each VA Medical Center has a Suicide Prevention Coordinator to make sure Veterans receive needed counseling and services
- Resource locator - <http://www.veteranscrisisline.net/>

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Remember:

S.A.V.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

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