

# 32<sup>nd</sup> Annual Maryland Suicide Prevention Conference

## VA Suicide Prevention Program



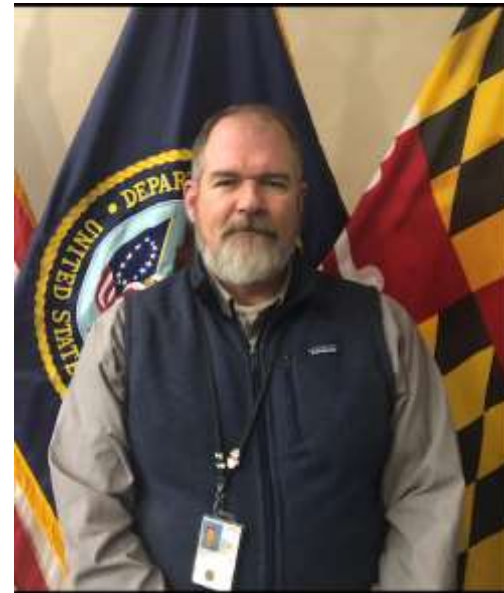
Evidence Based Strategies to Support and Protect At-Risk Veterans

# Presenters

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Peer Support Specialist



# VA's integrated approach to suicide prevention

Ready access to quality care





U.S. Department  
of Veterans Affairs

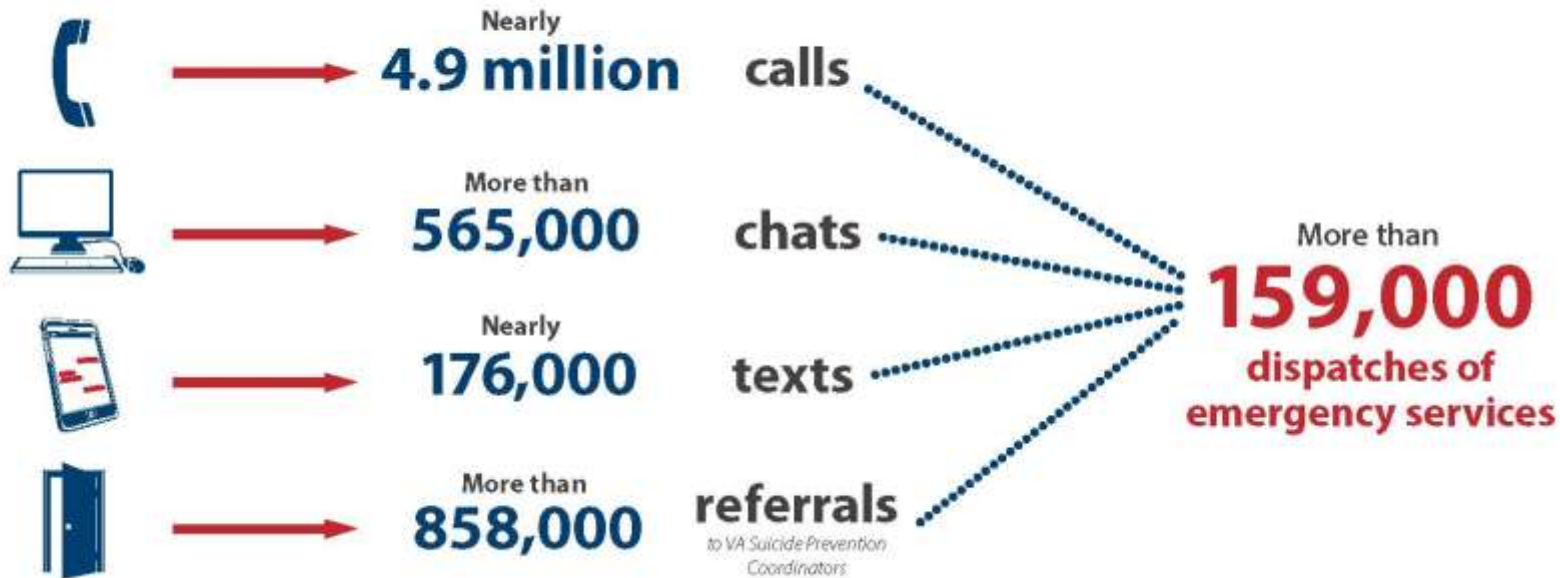
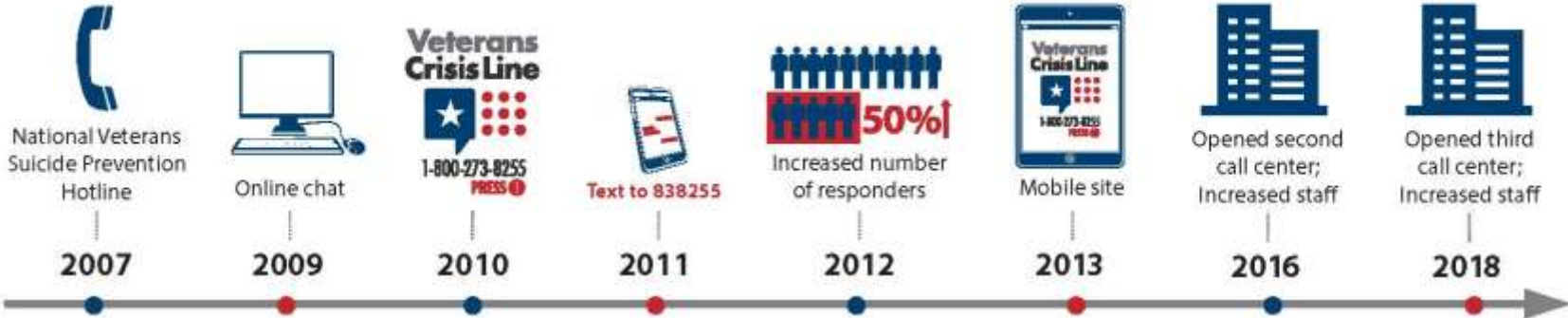


**Veterans  
Crisis Line**  
1-800-273-8255 **PRESS 1**

• • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • •



# Veterans Crisis Line: 15 years of saving lives





# Operation S.A.V.E.

A good way to be prepared to deal with somebody who is potentially suicidal is to remember the word “SAVE”. Operation S.A.V.E. breaks down the essential tasks and activities that you need to know in an easy to remember acronym.

- **S**igns of suicidal thinking
- **A**sk Questions
- **V**alidate the veteran’s experience
- **E**ncourage treatment and expedite a referral

# Suicide as a National Crisis

- In the United States, more than 45,000 people die by suicide a year.
- 10<sup>th</sup> leading cause of death in U.S.
- One person dies from suicide every 14 minutes.
- 8-25 attempted suicides per suicide death.
- 90% of people who die by suicide have a diagnosable mental illness and/or substance abuse disorder.
- 40-60% of individuals that committed suicide were seen by their Health Care Provider in the month prior to suicide.





# Risk Factors

- History of suicide attempt
- Family history of suicide or suicide attempts
- Pain, particularly unremitting
- Loneliness/Isolation
- Presence of firearm in home or vehicle
- History of sexual abuse
- Lack of social support
- Changes in financial status
- Cancer
- HIV/AIDS
- Chronic diseases
- Head injury
- Disappointed/regretful that a prior suicide attempt failed

\* New Considerations:

COVID Exposure, Loss of a Love-One to COVID, Increase Isolation due to COVID





# Veteran Specific Risk for Suicide

- Frequent deployments
- Deployments to hostile environments
- Exposure to extreme stress
- Physical/sexual assault while in the service
- Length of deployments
- Service-related injury

# Warning Signs

- Communication of Intent
- Concrete Suicide Plan
- Access to Means
- Irritable or Aggressive Outbursts
- Withdrawn/Isolated
- Increased Alcohol/Substance Use
- Giving away Personal Items
- Deliberate Self Injury
- Saying “Goodbye” Orally or Written
- Loss of Interest in Hobbies





## Thoughts

- “I feel worthless.”
- “I am a burden.”
- “It’s hopeless, things won’t get better.”
- “There is no way out but suicide.”



## Emotions

- Depressed
- Anxious
- Agitated
- Angry
- Ashamed
- Overwhelmed



## Behaviors

- Isolating
- Giving things away
- ↑ substance use
- Change in sleeping
- Risky behaviors
- Loss of appetite



# Evidence-Based Strategies

- Suicide Safety Planning
- Lethal Means Safety Counseling
- Caring Contacts (Mail Program)
- Peer Support Program



# Suicide Safety Planning

- The safety plan is NOT a “no-suicide contract.” Contracting to NOT engage in a suicidal behavior is not patient-centered and has no clinical effectiveness.
- A well constructed Safety Plan is:
  - A powerful tool enabling a Veteran to safely de-escalate a current or future crisis
  - A prioritized written list of concrete coping strategies and resources that the Veteran has created for themselves, in collaboration with the therapist, to use when distressed or suicidal, in order to maintain safety and regain equilibrium





# Suicide Safety Planning

## Patient Safety Plan Template

<b>Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</b>	
1.	_____
2.	_____
3.	_____
<b>Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</b>	
1.	_____
2.	_____
3.	_____
<b>Step 3: People and social settings that provide distraction:</b>	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Place _____	4. Place _____
<b>Step 4: People whom I can ask for help:</b>	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Name _____	Phone _____
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>	
1. Clinician Name _____	Phone _____
Clinician Pager or Emergency Contact # _____	
2. Clinician Name _____	Phone _____
Clinician Pager or Emergency Contact # _____	
3. Local Urgent Care Services _____	
Urgent Care Services Address _____	
Urgent Care Services Phone _____	
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)	
<b>Step 6: Making the environment safe:</b>	
1.	_____
2.	_____

Safety Plan Template ©2009 Barbara Stanley and Gregory R. Brown. It is printed with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their explicit written permission. You can contact the authors at bstan1@columbia.edu or gregbrown@med.miami.edu

The one thing that is most important to me and worth living for is:

\_\_\_\_\_

The Stanley & Brown (because of the research by Barbara Stanley and Gregory Brown). SAFE VET study provided Suicide Safety Plans for veterans who presented to the ED with suicidal related complaints. They also received structured follow-up. The results were that those veterans were ½ as likely to have suicidal behaviors, and more than 2x as likely to attend MH Tx during the 6 months follow up period, compared to their counterparts.



# Suicide Safety Planning

- The Safety Plan is designed to break the cycle early, providing patients with a tool to avoid entering into the suicidal state.
- Once aware that such temporary periods of distress may recur, the Veteran can proactively plan effective strategies for such periods - maintaining safety, reducing distress, and speeding recovery.



1. Triggers, Risk Factors, and Warning Signs
  - Signs that I am in crisis and that my safety plan should be used
2. Internal Coping Strategies
  - Things I can do on my own, without contacting another person, to distract myself/keep myself safe
3. Social Contacts Who May Distract From the Crisis
  - People I can contact to take my mind off my problems/help me feel better
  - Public places, groups, or social events that distract me/help me feel better
4. Family Members or Friends Who May Offer Help
  - People I can tell that I am in crisis and need support
5. Professionals and Agencies to Contact For Help
  - Mental health professionals, services, and crisis lines I can contact for help
6. Making the Environment Safe
  - Ways I can make my environment safer and protect myself from lethal means



# Lethal Means Safety Counseling

## Step 6: Making the Environment Safe

- Ask the Veteran which means he or she would consider using during a suicide crisis.
- Ask ***“Do you own a firearm, such as a gun or rifle?”*** and ***“What other means do you have access to and may use to attempt to kill yourself?”***
- Collaboratively identify ways to secure or limit access to lethal means:  
Ask ***“How can we go about developing a plan to limit your access to these means?”***
- For methods with **low lethality**, clinicians may ask Veterans to remove or restrict their access to these methods themselves.
- Restricting the Veteran’s access to a **highly lethal method**, such as firearms, should be done by a designated responsible person—usually a family member, close friend, or the police.



# Death by Suicide is Preventable

- 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.





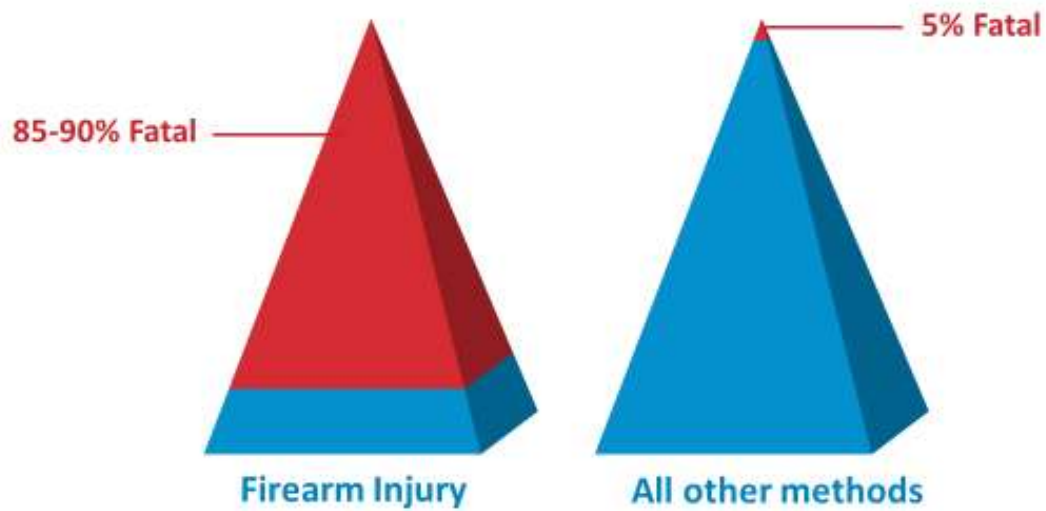
# Veterans & Guns

- Have a high degree of familiarity with firearms
- Are more likely to own firearms than those in the U.S. general population
  - 1 in 2 owns at least one firearm
  - 1 in 3 stores a firearm loaded & unlocked
- Are more likely to die from firearm-related suicide than those in the U.S. general population

Among 153 survivors of nearly fatal suicide attempts:

- **47% said it took less than 1 hour** between their decision to attempt suicide and their actual attempt
- **24 % said it took less than 5 minutes** for them to act

## Lethality of Suicide Methods

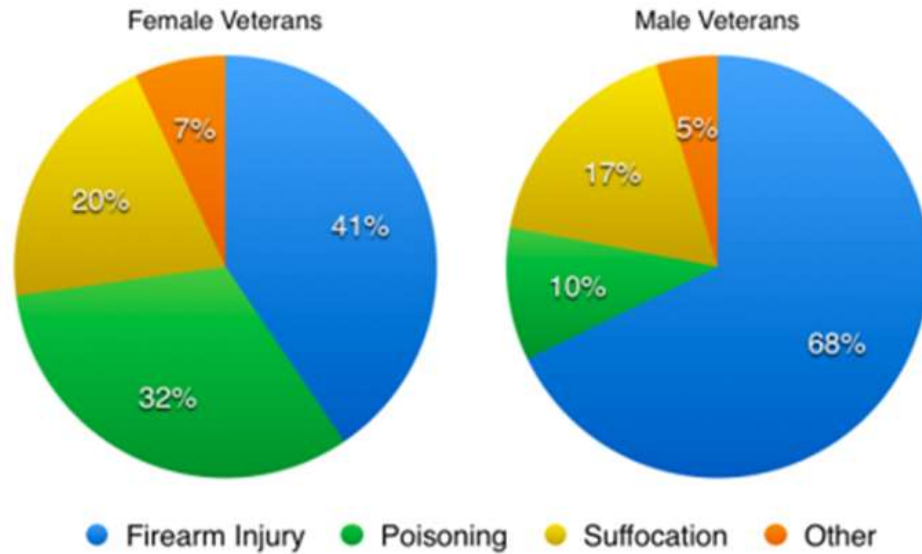


CDC WISQARS: Deaths from death certificate data; nonfatal incidents estimated from national sample of hospital emergency departments

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# U.S. Veterans & Suicide Methods - 2014



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

# Free Gun Lock Package: Materials Included

### HOW TO INSTALL CABLE LOCK INTO A FIREARM

*Micro-tilt barrel or LOCKED In/Out/Reset only*

<p><b>SEMI-AUTOMATIC PISTOLS:</b> Insert the magazine, and with the slide locked, insert the cable post through the ejection port and out of the magazine well.</p>	<p><b>SEMI-AUTOMATIC or PUMP-ACTION RIFLE BOLTS:</b> Put the bolt in the open position and insert the cable post through the ejection port and out of the loading port.</p>
<p><b>REVOLVERS:</b> Open the cylinder and insert the cable post through the barrel or through an empty chamber.</p>	<p><b>BOLT ACTION RIFLES:</b> Open the action or remove the bolt from the rifle. Then insert the magazine and insert the cable through the ejection port and out of the magazine well or the receiver assembly.</p>
<p><b>MAGAZINE-SPRING RIFLES:</b> With the charging handle and bolt locked back and the magazine removed, insert the cable through the ejection port and out of the magazine well.</p> <p><i>Fireable locks can be used with many different firearms.</i></p>	

## Gun Locks Available Here

Speak to your provider today or ask at the desk to get your lock.



**Partnering to SAVE OUR VETERANS!**



YOUR LOGO HERE



# Lethal Means Safety Counseling

- Friend or relative
  - Provided they aren't prohibited from possessing firearms
- Storage facility
  - Ammunition must be stored separately
- Police departments
  - Some police departments will store temporarily at no charge
- Pawn shops
  - Pawning the guns for a very small loan amount is reliable storage option; interest fees of ~15-20% monthly
- Gun stores or gun clubs
  - Some may offer free or inexpensive storage options for people they know





# Lethal Means Safety Counseling

- Your relationship with the Veteran
  - Your knowledge about their access to guns or lethal medications
  - Your knowledge of and comfort with guns or other means
  - Urgency of situation
  - Reasons for gun ownership or necessity of prescribed medications
  - Patient's willingness to consider recommended changes
  - Opportunity for follow up
- 
- **CALM – Counseling on Access to Lethal Means**

## Prescription Medications and Illicit Drugs

- Use a Pill Box /Lock Box
- Have a family member administer
- Dispose of unused medications
- Get a Narcan Kit in case of Opiate Overdose



Confidential help for Veterans and their families

45

1-800-273-8255 PRESS 1





# Caring Contacts (Mail Program)

- Jerome Motto in the 1970's conducted the first study on caring contacts and engagement in psychiatric treatment.
- Motto suggested that a suicidal person's sense of isolation would be reduced, and feelings of connectedness enhanced, by long-term contact with someone concerned about that person's well-being
- Studies at the VA's South Central MIRECC (Landes, et al) provided caring contacts in the Emergency Room. It involved sending patients who are suicidal brief, non-demanding expressions of care and concern for a period of over a year or more.



# Caring Contacts (Mail Program)

Dear [Mr./Ms. Name]

It was an honor to serve you in the emergency department.

We are here for you. Should you need anything, please contact us.

Lori Davis, RN and Your Emergency Department Team  
501-257-5683



Central Arkansas Veterans Healthcare System | 4300 W 7th St. 116/NLR CC | Little Rock, AR 72205

# Caring Contacts (Mail Program)





# Peer Support Program Bridge for Clinicians

- **Peers can work as a “liaison” between Clinicians and Veterans in the following areas;**
  - Helping clinicians to understand jargon, DD214, Military training and the unique challenges
- **Peers can help Veterans understand therapies and how they apply to the Military experience**
- **Peers can be helpful do to their non-clinical status**
  - Visiting with Veterans in non-clinical settings, giving rides, warm handoffs etc.
- **Peers can be helpful during Veteran’s initial engagement with caregivers**
  - By relating to Veterans through their own experiences, both in the military and with caregivers, often helping the Veteran overcome the barriers of stigma and bias



# Peer Support Program Bridge for Veterans

- **Veterans worry that seeking help will limit job opportunities;**
  - could jeopardize security clearances, etc.
- **If I seek care, people may think I am weak or broken;**
  - Military training and culture teach men and women to not be a burden on their comrades- to be an asset, not a liability.
- **Veteran may say to oneself, “Why do I need to see a doctor, I’m just having nightmares and trouble sleeping”. “The resources at the VA are for Veterans with real wounds”**
- **Being Stoic.**
  - This is a trait of military training and discipline, ie.. “I must remain strong” or “I can tough this out”.
- **Negative opinions about the VA**
  - In response to this feeling, telling Veterans all the good, modern and effective treatments and strategies that now exist at the VHA. Explain Peer Support and that the VHA is more aligned with Veteran’s needs than in the past.



# Peer Support Program





# VA Maryland Health Care System Suicide Prevention Team

Suicide Prevention Coordinator

4 Suicide Prevention Case Managers

Peer Support Specialist

Program Support Assistant



# VA Maryland Health Care System Suicide Prevention Team

- Enhanced Care for at-risk Veterans (via Telephone/VA Video Connect (VVC))
- Consultation with Providers and Veteran Families
- Outreach in the Community (S.A.V.E Trainings to Community Partners)
- Education and Training (Community, VA Staff, SMVFs)
- Access to Care for Veterans calling the Veterans Crisis Line
- Policies and Procedures at VA for Managing Risk for Suicide
- Suicide Prevention Awareness Month Events in September



# Any Questions

Please Contact:

Nikole Jones, Suicide Prevention Coordinator for any questions or to  
scheduled a S.A.V.E Training for your Organization!

(410) 642-2411 x25020



# Resources & References

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- <https://www.hsph.harvard.edu/means-matter>
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- Luxton DD, June JD, Comtois KA. Can postdischarge follow-up contacts prevent suicide and suicidal behavior? A review of the evidence. *Crisis*. 2013;34(1):32-41. doi:10.1027/0227-5910/a000158

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