



**Operation S.A.V.E. Community Edition**

April 2012

**IT'S YOUR CALL**

**Veterans  
Crisis Line**



**1-800-273-8255  
PRESS 1**

**VeteransCrisisLine.net**  
or text to **838255**



**U.S. Department  
of Veterans Affairs**

**Confidential help for Veterans and their families and friends**

# Overview

- Objectives
- Who are Veterans?
- About the Department of Veterans Affairs
- Facts about suicide
- Myths/realities about suicide
- Operation S.A.V.E.
- Available resources
- Role play

# Objectives

By participating in this training you will:

- Have a general understanding of the scope of suicide within the United States
- Know how to identify a Veteran that may be at risk for suicide
- Know what to do when you identify a Veteran at risk

# Who are Veterans?

- **Federal definition:**
  - Any person who served honorably on active duty in the armed forces of the United States

# Department of Veterans Affairs

- What is the Department of Veterans Affairs?
  - Veterans Health Administration
  - Veterans Benefits Administration
  - National Cemetery Administration
- What does VA do for Veterans?
- How do Veterans know if they are eligible for care through VA?
  - VA benefits
    - <http://www.vba.va.gov/VBA/>

# Suicide in the United States

- **36,909** U.S. deaths from suicide per year among the population overall
- Suicide is the **10<sup>th</sup>** leading cause of death in the U.S.
- **16,799** U.S. deaths from homicide per year
  - Approximately 1/2 the number of annual suicides
- Homicide is the **15<sup>th</sup>** leading cause of death in the U.S

# Suicide in the United States

- Gender disparities
  - Women attempt suicide **THREE times** more than men
  - Men complete suicide at a rate of almost **FOUR times** that of women
  - For men over 65, the rate is almost **EIGHT times** greater than for women
- Every **14.2 minutes** someone dies by suicide
- It is estimated that close to **one million people** make a suicide attempt each year
  - One attempt every 34 seconds

*(Centers for Disease Control and Prevention, 2009)*

# Suicide in the United States

- Are Some Ethnic Groups or Races at Higher Risk?
  - Of every 100,000 people in each of the following ethnic/racial groups below, the following number died by suicide in 2009 (*Centers for Disease Control and Prevention, 2009*)
  - Highest rates:
    - White Male — 21.6 per 100,000
    - Native Americans — 12.3 per 100,000
    - Non-White Males — 9.2 per 100,000
    - Black Males – 8.6 per 100,00
  - Lowest rates:
    - Hispanics — 5.3 per 100,000
    - Asian and Pacific Islanders — 6.3 per 100,000

# Facts about Veteran suicide

- 20 percent of U.S. deaths from suicide are Veterans (*National Violent Death Reporting System*)
- Veterans are more likely than the general population to use firearms as a means for suicide (*National Violent Death Reporting System*)
- 950 suicide attempts per month among Veterans receiving VA health care services (*VA National Suicide Prevention Coordinator reports, October 1, 2008 – December 31, 2010*)
- Decreased suicide rates in Veterans aged 18-29 who use VA health care services (*National Violent Death Reporting System and VA Serious Mental Illness Treatment Resource and Evaluation Center*)
- 33 percent of recent Veteran suicides have a history of previous attempts (*VA National Suicide Prevention Coordinator reports, October 1, 2008 – December 31, 2010*)

# Typical myths and realities

**Myth or reality:** Asking about suicide may lead to someone to taking his or her life.

# Typical myths and 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 and realities

**Myth or reality:** There are talkers and there are doers.

# Typical myths and realities

**Reality:** Most people who die by suicide have communicated some intent. Someone who talks about suicide gives the guide and/or clinician 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.

# Typical myths and realities

**Myth or reality:** If somebody really wants to die by suicide, there is nothing you can do about it.

# Typical myths and realities

**Reality:** Most suicidal ideas are associated with treatable disorders. Helping someone find a safe environment for 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.

# Typical myths and realities

**Myth or reality:** 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

# Typical myths and 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.

# Operation S.A.V.E.

Operation S.A.V.E. will help you act with care and 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:

- 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

# Importance of identifying warning signs

- Many Veterans may not show any signs of intent to harm themselves before doing so
- There are behaviors which may be signs that a Veteran needs help
- Veterans in crisis may show behaviors that indicate a risk of harming 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

# Veteran-specific risks

- Frequent deployments
- Deployments to hostile environments
- 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...

# Asking the question

**“Are you thinking about killing yourself?”**

# Asking the question

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

# 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

# Things to consider 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-there are no quick solutions but help is available

# 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 that help is available

# Encourage treatment and Expediting 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, or
  - Call 911
- **Reassure the Veteran that help is available.**
- **Call the Veterans Crisis Line at 1-800-273-8255, Press 1**

# Encourage treatment and Expedite getting help

## Safety Issues:

- **Never** negotiate with someone who has a gun
  - Get to safety and **call 911**
- If the Veteran has taken pills, cut himself or herself or done harm to himself or herself in some way
  - Call 911
- Call the Veterans Crisis Line at 1-800-273-8255, Press 1

# 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](http://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](http://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](http://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](http://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](http://www.ptsd.va.gov/public/pages/PTSDCoach.asp)

# 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/>

# Role play

- Goal: To develop a level of comfort and confidence in asking about suicide and helping a Veteran who is thinking about suicide.

# Role play

- Remember Operation 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

# By participating in this training you have learned:

- Suicide is everyone's business
- General facts about suicide in the U.S.
- Facts about Veteran suicide
- How to identify a Veteran who may be at risk for suicide
- How to help a Veteran at risk for suicide
- How to address a crisis situation
- What resources are available and how to access them