

Recent Efforts
in Suicide
Prevention

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Objectives

- Have a general understanding of suicide in the United States
- Have a general understanding of the scope of Veteran suicide within the United States.
- Know how to identify if someone may be at risk for suicide.
- Be able to identify current strategies for decreasing suicide risk
- Know what to do when you identify if someone is at at risk.

2021 data

Per the Centers for Disease Control and Prevention,


- In 2021, 48,183 people died by suicide in the United States
 - 1 death every 11 minutes
- 12.3 Million adults seriously thought about suicide
- 3.5 Million adults made a plan
- 1.7 Million Adults attempted suicide



2021 data

Suicide mortality increased for Veterans and non-Veteran U.S. adults from 2020 to 2021

In 2021, suicide was among the top 9 leading causes of death for people ages 10-64. Suicide was the second leading cause of death for people ages 10-14 and 20-34.



2021 data

The suicide rate for males was approximately four times higher than the rate among females. Males make up 50% of the population but nearly 80% of suicides.

The highest U.S. age-adjusted suicide rate was among Whites (15.65) and the second highest rate was among American Indians and Alaskan Natives (16.74).

Lower rates were found among Black or African Americans (8.34) and Asians and Pacific Islanders (6.86). However, the rates for Black or African Americans has *been increasing* the last several years.



Veteran data

In 2021, 6,392 Veterans died by suicide.

The age-and sex-adjusted suicide rate for Veterans rose 11.6% from 2020 to 2021, and for non-Veteran U.S. adults, the adjusted rate rose 4.5%.

Heavily impacted groups in 2021

- Women Veterans saw a 24.1% percent increase in the age-adjusted suicide rate.
- American Indian/Alaska Native Veterans saw a 51.8% increase in the unadjusted suicide rate from 2020-2021.
- The rate for Veterans that are experiencing homelessness was 186.5% greater than for those not homeless.
- Justice involved Veterans suicide rate increased 10.2% from 2020.



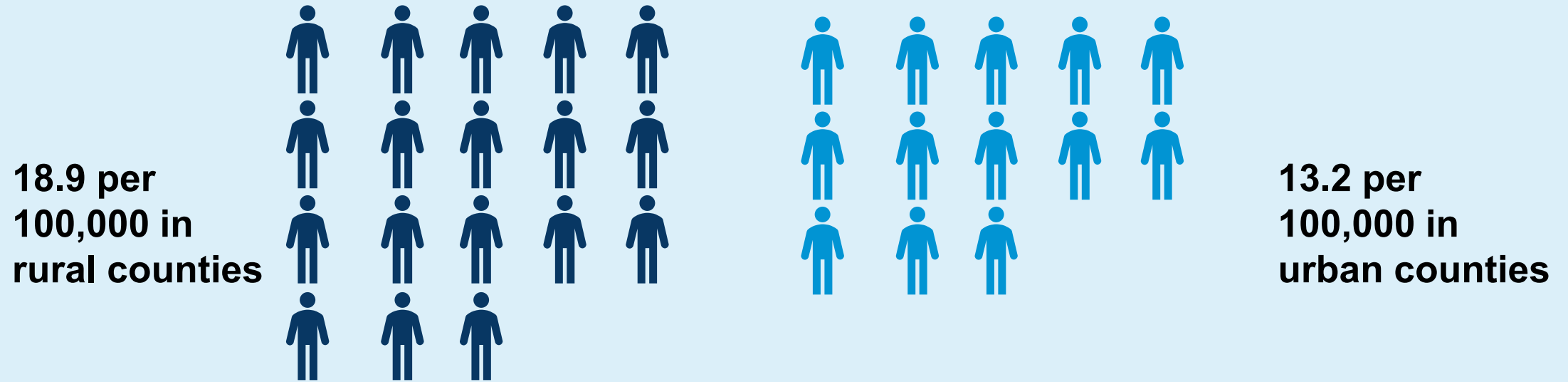
Risk and Protective Factors

- Prior suicide attempt
- Mental health issues
- Substance abuse
- Access to lethal means
- Recent loss
- Legal or financial challenges
- Relationship issues
- Unemployment
- Homelessness
- 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

Rurality

Rates of death by suicide are higher among people living in rural areas.^{1,2,4}

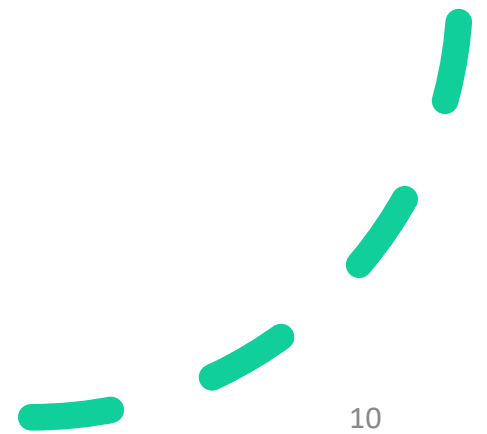
4.7 million (24%) Veterans live in rural areas.⁵



Age-adjusted Suicide Rates in 2019

Myths versus Reality

If somebody really wants to die by suicide,
they will find a way to do it

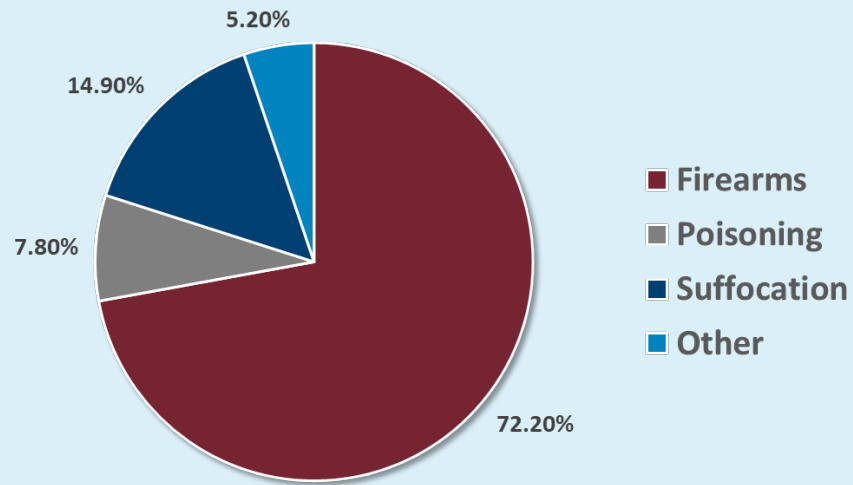


Reality

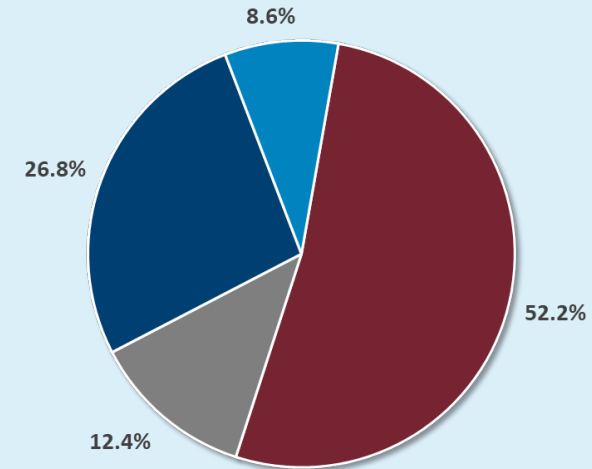
Making one form of suicide less convenient does not usually lead people to find another method. Some people will, but the overwhelming majority will not.

U.S. Veterans and suicide methods

VETERANS

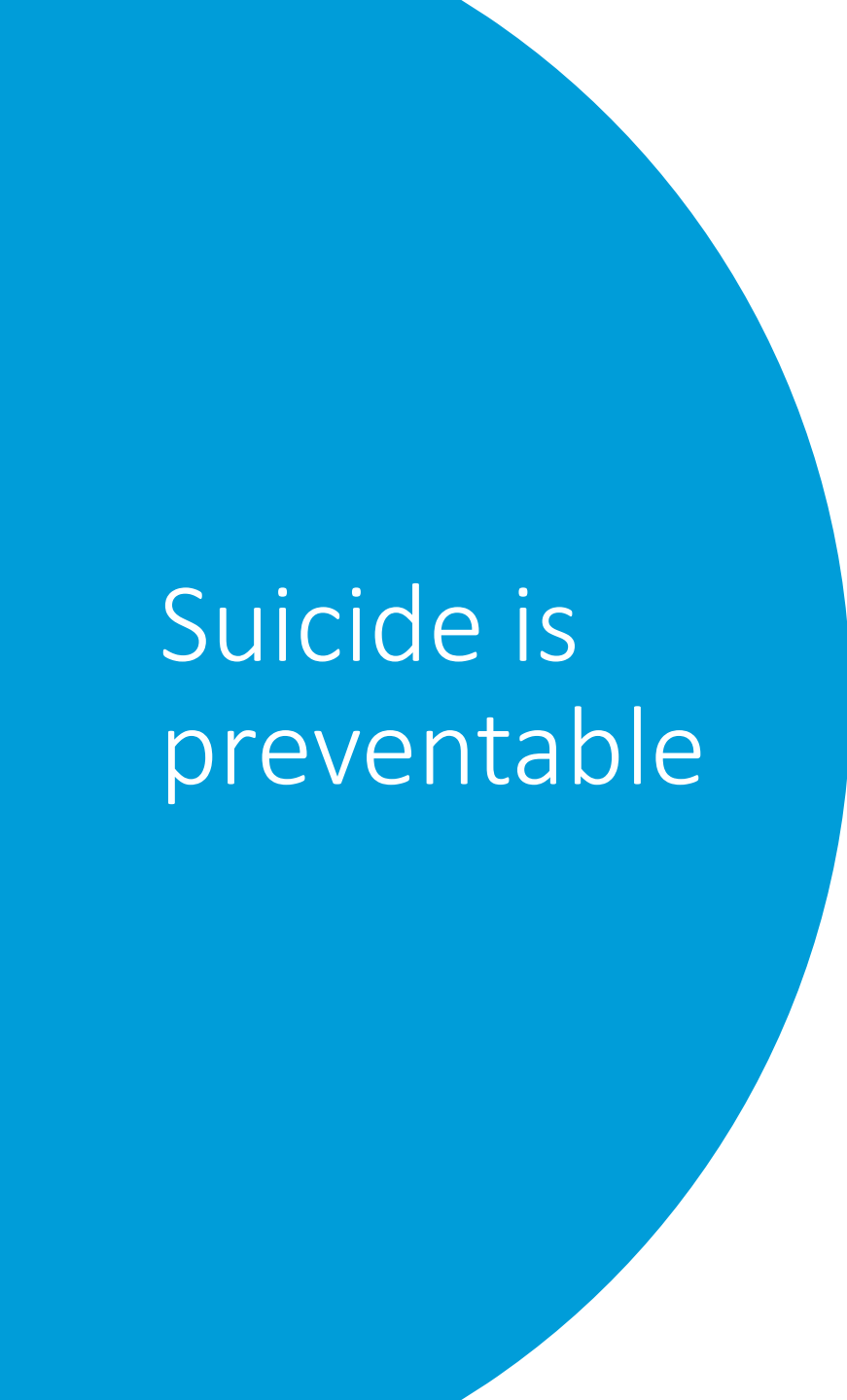


NON-VETERANS US ADULTS



What is Lethal Means Safety?

- In the context of suicide prevention, safe storage of lethal means is any action that builds in time and space between a person with thoughts of suicide and a suicide method.
- Effective lethal means safety education and counseling is collaborative and Veteran-centered. It respects the important role that firearms and medications may play in Veterans' lives and is consistent with their values and priorities.



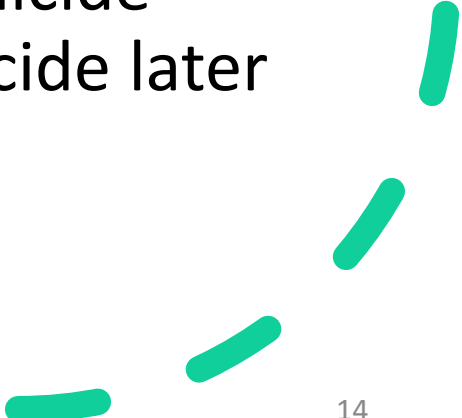
Suicide is
preventable

Most suicides are impulsive acts³

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.

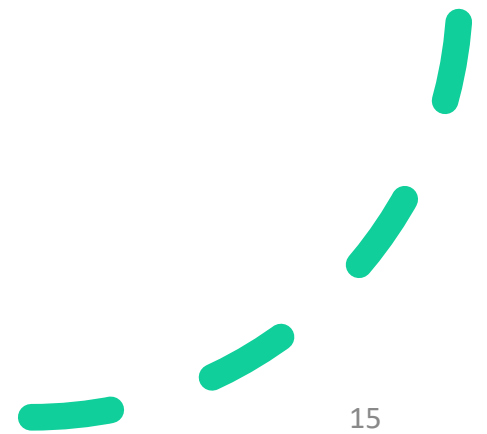
85-90% of people who survive a suicide attempt do not go on to die by suicide later





Myth versus reality

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



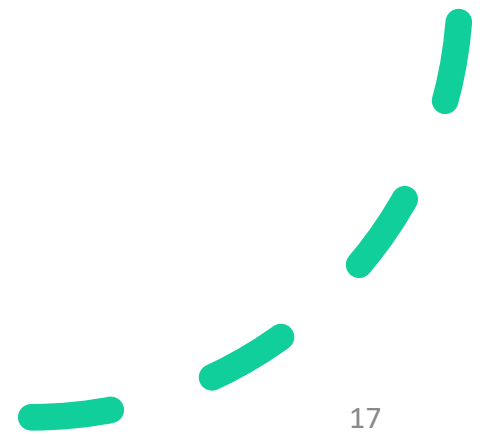
Reality

Asking about suicide does not create suicidal thoughts. The act of asking the question simply gives a person permission to talk about his or her thoughts or feelings.



Myth versus Reality

The only one who can really help someone who is suicidal is a mental health counselor or therapist.





Reality

Special training is not required to safely raise the subject of suicide. Helping someone feel included and showing genuine, heartfelt support can also make a big difference during a challenging time



Myth Vs 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

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.

VA S.A.V.E

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

Signs

Someone in crisis may show behaviors that indicate a risk of harming or killing themselves

Warning signs

- Hopelessness, feeling trapped
- Anxiety and/or agitation
- Difficulty Sleeping or Sleeping all the time
- Dramatic changes in their mood
- Feeling like there is no reason to live
- Rage or anger
- Giving away possessions
- 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:

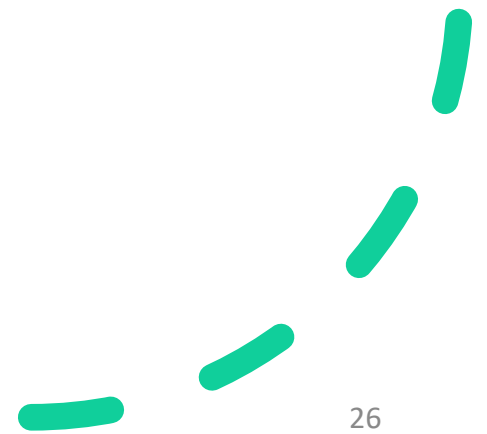
- Thinking about hurting or killing themselves
- Looking for ways to die, seeking access
- Talking about death, dying, or suicide
- Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs or weapons

Veteran-specific risks

- Frequent Deployments 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
- Other than honorable discharge


Asking the question

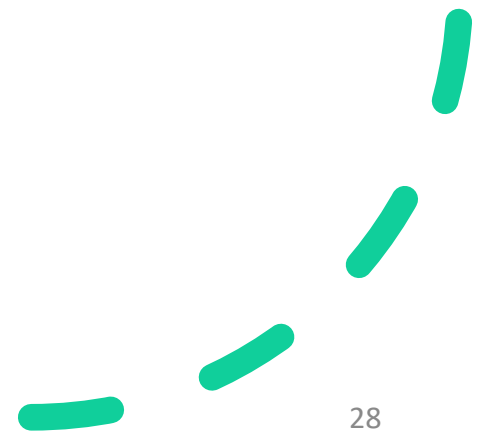
Know how to ask the most important question?



“Are you thinking about killing yourself?”



- 
- Are you having any thoughts of killing yourself?
 - Are you having thoughts of taking your life?



Asking the Question

DO NOT ask the question as if you are hoping they will answer no. “You aren’t thinking of killing yourself are you?”

If yes...

- When was the last time you thought about it?
- Do you have a plan of how you would do it?
- Have you ever tried to kill yourself in the past?
- Are you feeling hopeless about the present and/or the future?

Things to remember...

- Remain calm
- Listen more than you speak
- Maintain eye contact
- Act with confidence
- Do not argue
- Do not pass judgment
- Limit questions-let them do the talking
- Use supportive, encouraging comments
- Be honest-there are no quick solutions but help is available

Things to remember...

- Focus on their feelings and the trigger for the thought of suicide
- Talk openly about the finality of death
- Explore what is meaningful to the individual
- Try to buy time
- Ask them what actions they have already taken to put plan into action

Validate the Person's experience

- Talk openly about suicide. Be willing to listen and allow the Person to express his or her feelings.
- Recognize that the situation is serious
- Do not pass judgment
- Reassure that help is available

**Encourage
treatment
and Expedite
getting help**

What should I do if I think someone is suicidal?

- Don't keep the person's suicidal behavior a secret
- Do not leave him or her alone
- Try to get the person immediate help from his or her doctor or the nearest hospital emergency room, or

Reassure the person that help is available

Call the Suicide and Crisis Life Line at 988

Press 1 at Prompt for the Veteran Crisis Line

Veterans Crisis Line



Veterans Crisis Line: A free, anonymous, confidential resource available to Veterans in crisis, as well as concerned family members and friends.

Dial 988 then Press 1

Chat at **VeteransCrisisLine.net/Chat**

Text to **838255**.

Resources

- **Make the Connection-** VA's premier mental health literacy and anti-stigma website highlights Veterans' real, inspiring stories of recovery and connects Veterans and their family members and friends with local resources.
www.maketheconnection.net
- **Reach Out-** Get support designed specifically for you. Family members or friends can find resources that are designed for the Veterans in your life.
www.va.gov/REACH/
- **Safety Planning-** Information on safety planning and a template for developing a safety plan. A safety plan is a written list of coping strategies and sources of support that at-risk Veterans can use before or during a suicidal crisis.
starttheconversation.veteranscrisisline.net/pdf/what-is-a-safety-plan/

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