

#BeThere



S.A.V.E.

Signs
Asking
Validate
Encourage

Presented by:
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A little
housekeeping
before we
start:

Suicide is an intense topic for some people.

If you need to take a break, or step out,
please do so, with one condition...

Let me know if you are okay, by
giving me a “thumbs up.”

If you aren't okay, give me a
discreet “thumbs down” so I can
follow up with you.

Resources during this presentation and
after:

National Suicide Prevention Lifeline:
1-800-273-8255

Text MN to 741741 to be connected
to Crisis Text Line

<http://www.suicidehotlines.com/minnesota.html>

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 person who may be at risk for suicide
- ▶ Know what to do when you identify a person at risk



Suicide in the United States

- ▶ 48,344 deaths from suicide in 2018 among the general U.S. population. Which is 132.4 per day. 46,510 were adults.
1,2
- ▶ Every 10.9 minutes someone dies by suicide.
- ▶ Suicide is the 10th leading cause of death in the U.S.³
- ▶ Suicide is the 9th leading cause of death for all age groups in Minnesota.
- ▶ In 2017 there were 783 reported deaths by suicide in Minnesota.
 - ▶ 365 involved a firearm

Suicide in the United States

- ▶ It is estimated close to **1.4 million people** make a suicide attempt each year.
- ▶ One attempt every **23 seconds**
- ▶ Gender disparities:
 - ▶ Women attempt suicide 3 times more often than men.
 - ▶ Men die by suicide 3.5 times more often than women

Facts about Veteran Suicide

- ▶ There were **6,435** determined Veteran deaths by suicide in 2018. That is **17.6** Veterans a day.
- ▶ **13.8%** of all suicide deaths were Veterans. But only constituted **7.9%** of the US Population.
- ▶ Age and gender adjusted rates of suicide were 26.1/100,00 for Veterans and 17.4/100,000 for non-Veterans. Meaning rates of **1.5** times greater for Veterans.

Facts about Veteran Suicide

Firearms were the method of suicide in 69.4% of Male Veterans and 41.9% of female Veterans deaths.

In addition there were **538** suicides among never federally activated former National Guard and Reserves. As well as **541** Active-Duty member suicides.

Method of Suicide by Veterans and Non-Veterans by Gender

Method	% of Non-Veteran Adult Suicide Deaths	% of Veteran suicide deaths	% of Male Non-Veteran adult Suicide Deaths	% of Male Veteran Suicide Deaths	% of Female Non-Veteran Adult Suicide Deaths	% of Female Veteran Suicide Deaths
Firearms	48.2%	68.2%	53.5%	69.4%	31.7%	41.9%
Poisoning	13.8%	9.5%	8.5%	8.5%	30.3%	31.6%
Suffocation	29.5%	17.1%	29.8%	16.9%	28.4%	20.3%
Other	8.5%	5.2%	8.2%	5.2%	9.6%	6.2%
						(2018)

Common Myths vs. Realities

Myth

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

Common 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.

Common Myths vs. Realities

Myth

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

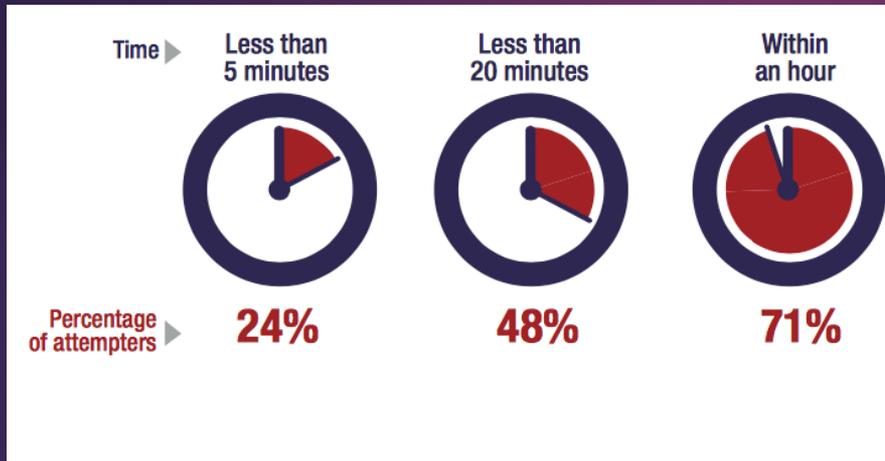
Common Myths vs. Realities

Reality

Asking about suicide does **not** create suicidal thoughts.

The act of asking the question simply gives the person permission to talk about his or her thoughts or feelings.

Time From Decision to Action is less than 1 Hour



Source: Simon, T.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M., and O'Carroll, P.W. Characteristics of Impulsive Suicide Attempts and Attempters. SLTB. 2001; 32(supp):49-59.



Source: CDC WISQARS and US Dept. of Veterans Affairs <https://www.mirecc.va.gov/lethalmeanssafety/facts/>

Risk and Protective Factors

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Goal: Minimize risk factors and boost protective factors

Risk Factors

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

Protective Factors

- 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

S | 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 use
- ▶ Withdrawing from family and friends
- ▶ Giving away important belongings

S | 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

A | Asking the question

- ▶ **Know How To Ask The Most Important Question Of All...**
- ▶ Are you thinking of suicide?
- ▶ Have you had thoughts about taking your own life?
- ▶ Are you thinking about killing yourself?

A | Asking the question

Do's

- ▶ DO ask the question if you've identified warning signs or symptoms.
- ▶ DO ask the question in a natural way that flows with the conversation.

Don'ts

- ▶ 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 someone is halfway out the door.

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 person do the talking.
- ▶ Use supportive, encouraging comments.
- ▶ Be honest — there are no quick solutions, but help is available.

V | 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.
- ▶ Be mindful of how we speak about Suicide.



E | Encourage treatment and expedite 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.
 - ▶ Reassure the person that help is available.

If the person has taken pills, cut himself or herself, or harmed himself or herself in some way call 911.

Resources for someone who is Suicidal

911

Call the National Crisis Line at 1-800-273-8255 or

Text Crisis Line – Text MN to 741741

Mobile County Crisis Team

<https://www.mirecc.va.gov/visn16/collaborative-safety-planning-manual.asp>

Providers caring for Veterans

www.mirec.va.gov/visn19

Remember:

S.A.V.E.

S

Signs of suicidal thinking should be recognized.

A

Ask the most important question of all.

V

Validate the person's experience.

E

Encourage treatment and Expedite getting help.

The Public Health Approach to Suicide Prevention

Promotes coalitions that focus on a public health approach to suicide prevention for all those at risk.

Is grounded in research and work from the Centers for Disease Control and Prevention

Is focused on community-based goals and interventions implemented by an extensive network of stakeholders

Focused Priority Areas Across CBI-SP Unifying Model



Identify Service Members, Veterans, and their Families and Screen for Suicide Risk

- Identifying Veterans — "Ask the Question" — enables culturally competent care and access to resources; allows community members, families, and community service providers to connect individuals to appropriate care
- Suicide risk screening in healthcare settings allows providers to recognize and prevent self-harm



Promote Connectedness and Improve Care Transitions

- Connectedness to others (including family members, co-workers, community organizations, and social institutions) is an important protective factor
- Providing caring contacts upon discharge from one setting to another can reduce suicide attempts and increase compliance with treatment recommendations



Increase Lethal Means Safety and Safety Planning

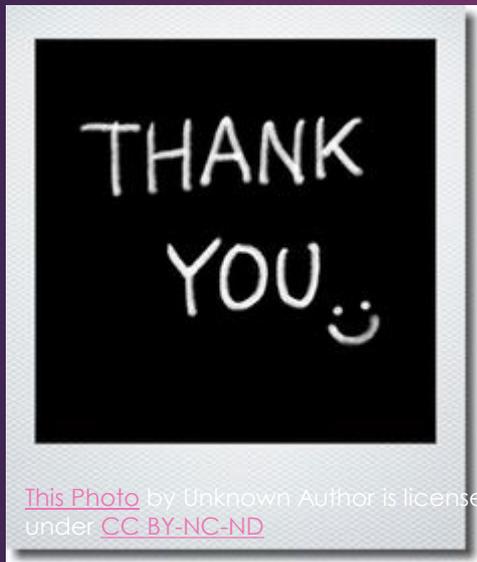
- Limiting access to lethal means during periods of crisis can make it more likely that the person will delay or survive a suicide
- Completing a personal safety plan is a clinical intervention that can help individuals manage and decrease suicidal feelings and help them stay safe when these feelings reoccur

What Can You Do ?

- ▶ Help end the stigma related to mental health
- ▶ Join a suicide prevention coalition
- ▶ Encourage others to take S.A.V. E. training
- ▶ Laura.Kunstleben@va.gov

What you have learned:

- ▶ Suicide prevention is everyone's business.
- ▶ General facts about suicide in the U.S.
- ▶ How to identify a person who may be at risk for suicide.
- ▶ How to help a person at risk for suicide.
- ▶ How to address a crisis situation.
- ▶ What resources are available and how to access them.
- <http://spreadtheword.veteranscrisisline.net/materials/>



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References

- ¹ Suicide facts. (2017). Retrieved December 31, 2018, from USA Suicide: 2017, American Association of Suicidology , <http://www.suicidology.org>
- ² United States Suicide Injury Deaths and Rates per 100,000 in 2014. Retrieved August 2, 2016, from Centers for Disease Control and Prevention WISQARS, <http://webappa.cdc.gov/cgi-bin/broker.exe>.
- ³ Suicide Facts at a Glance. (2015). Retrieved August 1, 2016, from Centers for Disease Control and Prevention, <http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.PDF>
- ⁴ U.S. Department of Veterans Affairs (2016). Suicide among Veterans and other Americans 2001-2016. Washington, DC: Office for Suicide Prevention.
- ⁵ Based on suicide/ suicide attempts reported within the VA Suicide Prevention Application Network (SPAN) during calendar year 2014.

References

<https://www.mirecc.va.gov/vsn16/collaborative-safety-planning-manual.asp>