

# Suicide Prevention



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# Suicide Prevention

## Introduction

### Objectives:

- The scope and importance of suicide prevention
- The negative impact of myths and misinformation
- How to identify a person at risk-signs symptoms
- How to effectively communicate with a suicidal person
- How to gain information to help the person
- How to refer a person for evaluation and treatment

# Suicide Prevention

## Brief overview

### Suicide in the U.S.

- 13.5 % of all Americans reported a history of suicidal ideation or thinking
- 3.9 % actually made a suicide plan that included a definite time, place and method
- 4.6 % reported actual suicide attempts
- 50 % of those who attempted suicide made a "serious" attempt

# Suicide Prevention

## Brief overview

### Suicide in the veteran population

- Male veterans are twice as likely as civilians of either gender to commit suicide
- 1000 suicides occur per year among veterans receiving VA care
- 5000 suicides occur per year among all living veterans

# Suicide Prevention

## Brief overview

### What do the statistics mean?

- Veterans may be at higher risk for suicide.
- We need to do more to reduce risk.
- Suicides are preventable in most cases.

# Suicide Prevention

## Program approaches

### VA National Initiatives

- Research
- Best practices in identification and treatment
- Educating employees at every level
- Partnering with community based organizations and the armed forces
- Veterans Suicide Hotline

# Suicide Prevention

## Myths and Misinformation

- **Myth:** Asking about suicide will plant the idea in a person's head.
- **Reality:** Asking a person about suicide does not create suicidal thoughts any more than asking about chest pain causes angina. The act of asking the question simply gives the person permission to talk about his or her thoughts or feelings.

# Suicide Prevention

## Myths and Misinformation

- **Myth:** There are talkers and there are doers.
- **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.



# Suicide Prevention

## Myths and Misinformation

- **Myth:** If somebody really wants to die by suicide, there is nothing you can do about it.
- **Reality:** Most suicidal ideas are associated with the presence of underlying treatable disorders. Providing a safe environment for treatment of the underlying cause 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.

# Suicide Prevention

## Myths and Misinformation

- **Myth:** He/she really wouldn't commit 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. "No Harm" or "No Suicide" contracts have been shown to be ineffective from a clinical and management perspective. A person 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.

# **Suicide Prevention**

## **Operation S.A.V.E.**

Operation S. A. V. E. will help you act with care and compassion if you encounter a person who is suicidal.

The acronym "SAVE" summarizes the steps needed to take an active and valuable role in suicide prevention.

- **S**igns of suicidal thinking
- **A**sk questions
- **V**alidate the person's experience
- **E**ncourage treatment and **E**xpedite getting help

# Suicide Prevention

## Operation S.A.V.E.

### Importance of identification

- Suicidal individuals are not always easy to identify.
- There is no single profile to guide recognition.
- There are a number of warning signs and symptoms.
  - Some of the signs of suicidality are obvious, but others are not.
- Signs and symptoms do not always mean the person is suicidal but:
  - When you recognize signs, it is important to ask the person how they are doing because they may mean that they are in trouble.

# Suicide Prevention

## Signs of suicidal thinking

Signs and Symptoms:

- Threatening to hurt or kill self
- Looking for ways to kill self
- Seeking access to pills, weapons or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger
- Seeking revenge
- Acting reckless or engaging in risky activities

# Suicide Prevention

## Signs of suicidal thinking

- Feeling trapped
- Increasing drug or alcohol abuse
- Withdrawing from friends, family and society
- Anxiety, agitation
- Dramatic changes in mood
- No reason for living, no sense of purpose in life
- Difficulty sleeping or sleeping all the time
- Giving away possessions
- Increase or decrease in spirituality

# Suicide Prevention

## Ask questions

To effectively determine if a person is suicidal, one needs to interact in a manner that communicates concern and understanding. As well, one needs to know how to manage personal discomfort (i.e., anxiety, fear, frustration, personal, cultural or religious values) in order to directly address the issue.

### Know how to ask the most important question

The most difficult **S. A. V. E.** step is asking the most important question of all –

***“Are you thinking of killing yourself.”***

# Suicide Prevention

## Ask questions

How DO I ask the question?

- DO ask the question after you have enough information to reasonably believe the person is suicidal.
- 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?"



# Suicide Prevention

## Ask questions

Things to consider when you talk with the person:

Remain calm

Listen more than you speak

Maintain eye contact

Act with confidence

Do not argue

Use open body language

Limit questions to gathering information casually

Use supportive and encouraging comments

Be as honest and "up front" as possible

# Suicide Prevention

## Validate the veteran's experience

Validation means:

- Show the person that you are following what they are saying
- Accept their situation for what it is
- You are not passing judgment
- Let them know that their situation is serious and deserving of attention
- Acknowledge their feelings
- Let him or her know you are there to help

# Suicide Prevention

## **E**ncourage treatment and **E**xpedite getting help

For the cooperative person:

Tips for encouraging treatment:

1. Explain that there are trained professionals available to help them.
2. Explain that treatment works.
3. Explain that getting help for this kind of problem is no different than seeing a specialist for other medical problems.
4. Tell them that getting treatment is his or her right.
5. If they tell you that they have had treatment before and it has not worked, try asking: "What if this is the time it does work?"

# Suicide Prevention

## Encourage treatment and Expedite getting help

Tips for expediting a referral:

1. Assist the person in getting to a care facility by personally taking them or arranging for transportation.
2. Call the VA Suicide Hotline number with the veteran to get a referral started. 1-800-273-TALK – push "1".
3. Call the local facility Suicide Prevention Coordinator – you make access this person from the information desk at any VA.

# Suicide Prevention

## Encourage treatment and Expedite getting help

For uncooperative people or those in immediate crisis:

As you encourage the person to seek help, some situations may involve people who are hostile and aggressive.

*Here are some useful safety guidelines for working with seriously and acutely distressed people:*

[These rules are both for the person's safety and yours.]

- If you are not in face-to-face contact but are speaking over the phone with a person who expresses intent to harm self or others - **call 911 for assistance.**

# Suicide Prevention

## Encourage treatment and Expedite getting help

- Any time a person has a weapon or object that can be used as a weapon – **call for help**.
- If a person tells you that they have overdosed on pills or other drugs or there are signs of physical injury – **call for help**.
- In addition to calling for help, if you are confronted with a hostile or armed person, leave the area and attempt to isolate the person. If the person leaves your area, attempt to observe his or her direction of movement from a safe distance and report your observations as soon as authorities arrive on scene.

# Suicide Prevention

## *Operation S. A. V. E.*

### ***SUMMARY***

Operation **S. A. V. E.** can save lives by helping you become aware of:

**S***igns of suicidal behavior and giving you the skills to:*

**A***sk questions*

**V***alidate the person's experience and to*

**E***ncourage treatment and* **E***xpedite getting help*

# Suicide Prevention

## *Operation S. A. V. E.*

By participating in this training you have learned:

- The scope of the problem of suicides among the veteran population
- The importance of suicide prevention
- The negative impact of myths and misinformation
- How to identify a person who may be at risk
- Some of the signs and symptoms of suicidal thinking
- How to effectively communicate with a suicidal person
- How to gain information to help the person
- How to refer someone for evaluation and treatment



# Suicide Prevention

## *Operation S. A. V. E.*

There are plenty of resources available to someone who is suicidal but we need you to partner with us in identifying the suicidal person and getting them into treatment.



**IT  
TAKES  
THE  
COURAGE AND STRENGTH  
OF A WARRIOR  
TO ASK FOR HELP.....**

**If you're in an emotional crisis  
call 1-800-273-TALK "Press 1 for Veterans"**

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

