

**National Veterans' Technical Assistance Center (NVTAC)  
Homeless Veterans' Reintegration Program (HVRP) Community of Practice (CoP)  
Veteran Suicide Awareness and Prevention – VA S.A.V.E.  
Thursday, September 26, 2024, 3 – 4 p.m. ET**

### **NVTAC Staff**

Sarah Chung, NVTAC Coach  
Temitope Fagbemi, NVTAC Coach  
Chris Taylor, NVTAC Coach  
Mirand Moffat, NVTAC Outreach Coach  
Justin Venneri, Senior Analyst  
Jenn Steigerwald, Project Manager

### **Guest Presenter**

Matthew Raad, Community Engagement and Partnership Coordinator, U.S. Department of Veterans Affairs (VA) Ann Arbor Healthcare System

### **Key Points**

- **Introduction**
  - NVTAC staff introduced the topic and purpose of today's COP: veteran suicide awareness and resources to help prevent veteran suicide. NVTAC also introduced the guest presenter, Matthew Raad of the Ann Arbor, Michigan (MI) VA Healthcare System, and reminded participants that any best practices shared during the training should be discussed with their Grant Officer Technical Representatives (GOTR) prior to implementation to ensure the activity is an allowable cost or will require amendments to their grants.
- **Compact Act of 2023**
  - The Compact Act of 2023 provides access to acute suicidal crisis care for approximately nine million veterans. It offers inpatient and residential care for up to 30 days and up to 90 days of outpatient treatment. The benefits also include transportation costs, resulting in no out-of-pocket expenses for eligible veterans.
- **Suicide Statistics (2021 data)**
  - In 2021, there were 6,392 recorded successful veteran suicides, which is approximately double the rate of successful suicides among non-veterans in the United States. Some of the most heavily impacted groups of veterans include:
    - Women veterans (24 percent increase from 2020)
    - American Indian and Alaska Native veterans (51 percent increase from 2020)
    - Veterans experiencing homelessness (38 percent increase from 2020)
    - Justice-involved veterans (percentage increase data not provided)
- **Understanding Suicide Risk and Prevention**
  - Risk Factors

- Prior suicide attempts are the strongest predictor if a person is likely to attempt suicide again. Mental health conditions and acutely stressful life events, such as job loss, divorce, or legal issues, are also strong factors. Lethal means access, a history of alcohol or substance addiction, and exposure to external suicidal behavior in others could also lead to an increased likelihood of suicide attempts.
  - Protective/Preventative Factors
    - Having a strong support network, both socially and personally, is crucial to identifying warning signs. However, it is also important for the person who is struggling to have connectivity within their family and in their social lives.
    - Having a sense of purpose outside of themselves, such as a meaningful career or function within their community, can reduce suicidal ideations.
    - Having access to mental health care, building and practicing strong resilience and coping skills, and having cultural or religious beliefs that discourage suicide can also help prevent individuals from attempting to end their own lives.
- **Lethal Means Safety**
  - “Lethal means safety” refers to anything that builds time and space between suicidal thoughts and access to the means to carry out an attempt of suicide.
  - Importance
    - To understand the importance of lethal means safety, we must look at the statistics between when people have suicidal thoughts and when they act on them. On average, 24 percent of people act on suicidal thoughts within the first five minutes of having them, whereas 71 percent act within one hour of suicidal thoughts. Separating people from immediate means can have a significant impact on the likelihood that someone will attempt suicide.
  - Firearm statistics
    - Comparing veteran suicides to civilians, 72 percent of veteran suicides involve firearms versus 52 percent of non-veteran suicides.
    - Firearm-involved suicide attempts result in a 90 percent fatality rate, compared to only 5 percent fatality rate among all other methods combined.
  - Key fact: 90 percent of people who survive one suicide attempt do not go on to die by suicide later in life.
- **Common Myths and Facts**
  - Myth
    - People who talk about suicide are just seeking attention.
  - Fact
    - All mentions of suicide should be taken seriously. Someone discussing suicide could be the final attempt to avoid suicide by reaching out.

- Myth
  - Only mental health professionals can help someone who is struggling with thoughts of suicide.
- Fact
  - Anyone can help by recognizing the signs of someone in crisis and taking the appropriate actions to intervene.
- **Intervention Strategies – The SAVE Approach**
  - S – Signs of suicidal thinking
    - Recognizing the signs that someone might be considering suicide is the first step in prevention. Some of the warning signs include (but are not limited to):
      - Hopelessness or feeling trapped
      - Anxiety, agitation, sleeplessness, or mood swings
      - Feelings of having no sense of purpose or feeling like a burden to others
      - Increased levels of anger or rage
      - Social withdrawal and isolation
      - Increased use of alcohol or drugs
      - Reckless behaviors
  - A – Ask the question
    - Asking someone if they are considering suicide is not going to lead someone to attempt suicide. Chances are that asking the question can lead to the person opening up.
    - Direct questions to use:
      - Are you thinking about killing yourself?
      - Are you having thoughts about taking your life?
      - Do you feel like you'd be better off dead?
    - Avoid indirect questions, such as:
      - Are you thinking of hurting yourself?
      - You're not thinking of killing yourself are you?
    - Ask about suicidal thoughts and plans in a private, respectful setting that allows for candid conversation and offers a more comfortable environment for open dialogue.
  - V – Validate their experience
    - Letting a person know that their feelings are justified can lead to feelings of validation and relief, knowing that other people would likely feel similarly in a similar situation. Listen to them speak without judgment and use validating statements, such as:
      - That sounds really difficult.
      - I can see why you're overwhelmed.
      - Anyone going through that would struggle.
      - That can be extremely frustrating.

- E – Encourage treatment and expedite getting help
  - Make sure to promote the importance of seeking treatment and helping the person make the right calls is essential to preventing attempts of suicide.
    - Do not leave the person alone if your safety is not at risk.
    - Consider calling 988, the Suicide & Crisis Lifeline through the Substance Abuse and Mental Health Services Administration (SAMHSA) with the individual (press 1 for veterans) to talk to a professional.
    - Help connect the person to other professional supports, such as:
      - Their primary care doctor
      - An urgent care or emergency room
      - VA healthcare services
      - Local crisis services in their community
- **Resources**
  - National Suicide Prevention Lifeline: 988 (press 1 for veterans, or listen to the menu for non-veterans)
  - Veterans Crisis Chat: [veteranscrisisline.net/chat](https://veteranscrisisline.net/chat)
  - PsychArmor training for military cultural awareness
- **Remember:**
  - Anyone can help prevent a suicide by recognizing the signs, asking directly about suicidal thoughts, validating experiences, and connecting individuals with appropriate support.
- **Questions**
  - Question: There seems to be a contradiction between two statements: that prior suicide attempts are a risk factor for future attempts, but also that most people who attempt suicide do not die by suicide later.
  - Answer: While a prior suicide attempt is the strongest predictor of a future attempt, it does not mean it will definitely happen. 90 percent of people who attempt suicide do not go on to die by suicide later in life. These statistics can coexist – prior attempts increase risk, but most attempters still do not ultimately die by suicide.
  - Question: How does a provider address their organization if they lose a client to suicide, and how do we engage with the organization and other external community providers in such a situation?
  - Answer: Seek out local resources, particularly county mental health response teams, that can provide debriefings and support. Contact human resources or employee assistance programs for immediate support within the organization. It is important to acknowledge the loss and provide opportunities for people to grieve together and access resources. Coordinate with county mental health services if the organization does not have a way to address the situation effectively.

## Conclusion

The loss of any life to suicide is a tragedy. Veteran suicide is a topic that veteran service providers must engage in regularly with staff, community partners, and their clients to help reduce the likelihood of suicide attempts. One death by suicide is too many, and it is imperative that providers and loved ones of veterans become comfortable having uncomfortable conversations with veterans regarding thoughts of suicide.

## Resources

- [988 Suicide & Crisis Lifeline | SAMHSA](#)
- [Chat | Veterans Crisis Line](#)
- [Local Resources | Veterans Crisis Line](#)
- [What are the warning signs of suicide? Support for Veterans \(maketheconnection.net\)](#)
- [Firearm Suicide Prevention & Lethal Means Safety - REACH \(va.gov\)](#)
- [Directory of LGBTQ+ Veteran Care Coordinator - Patient Care Services \(va.gov\)](#)
- [Mobile Apps - PTSD: National Center for PTSD \(va.gov\)](#)
- [SRM Home - MIRECC / CoE \(va.gov\)](#)
- [Uniting for Suicide Postvention - MIRECC / CoE \(va.gov\)](#)
- [VA S.A.V.E. \(psycharmor.org\)](#)
- [PsychArmor](#)

You can review the presentation recording here: [NVTAC September 2024 CoP](#)