

**VA**



U.S. Department  
of Veterans Affairs

# Suicide Awareness

## VA Pittsburgh Healthcare System Suicide Prevention Department

---

Community Engagement & Partnership Coordinators

*Nicole Gallagher, LISW-S*

*Bree Piper, LCSW*

## Before We Begin:

- Suicide is an intense topic for some people.
  - If you need to take a break, or step out, please do so.
  - Immediate Resources:
    - National Suicide Prevention Lifeline: 1-800-273-8255
      - Service members and Veterans: Press 1 to connect with the Veterans Crisis Line.
    - Resolve (e.g., EAP, Community Partners, Counselor Onsite, etc.)

# Objectives

**By participating in this training, you will:**

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

## Take a moment to consider:

What are your biggest questions around suicide and talking to people in crisis?



# Facts About Suicide

# Suicide as a National Problem

**10<sup>th</sup>** leading cause of death in the U.S.

Nearly **one million** people make a suicide attempt each year

One suicide attempt occurs every **35 seconds**

Every **12.3 minutes** someone dies by suicide

One death by suicide, notably impacts an estimated **135** surviving individuals

**VA**



U.S. Department  
of Veterans Affairs

# Data & Statistics

## In 2021:

48,183 people  
died by suicide in  
the United States.

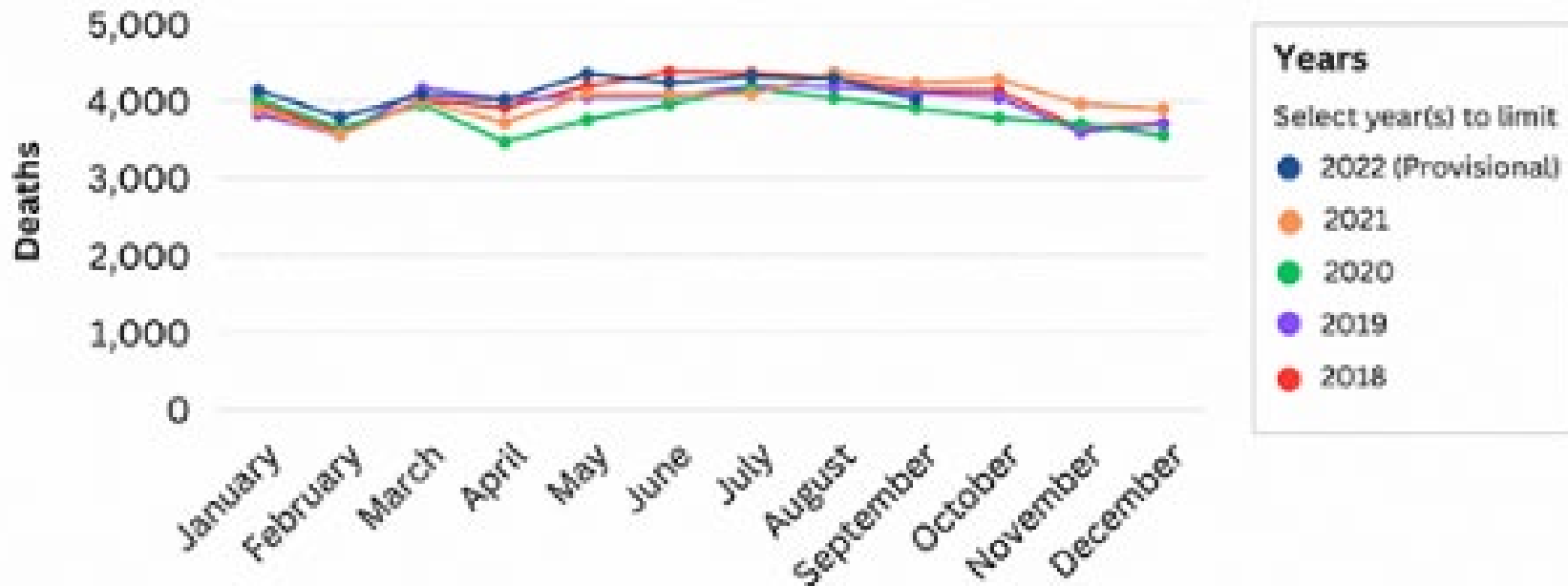
That is 1 death  
every 11 minutes.

- 12.3 million adults seriously thought about suicide
- 3.5 million adults made a plan
- 1.7 million adults attempted suicide

## Stay up to date with the most recent suicide data

Select Injury Type

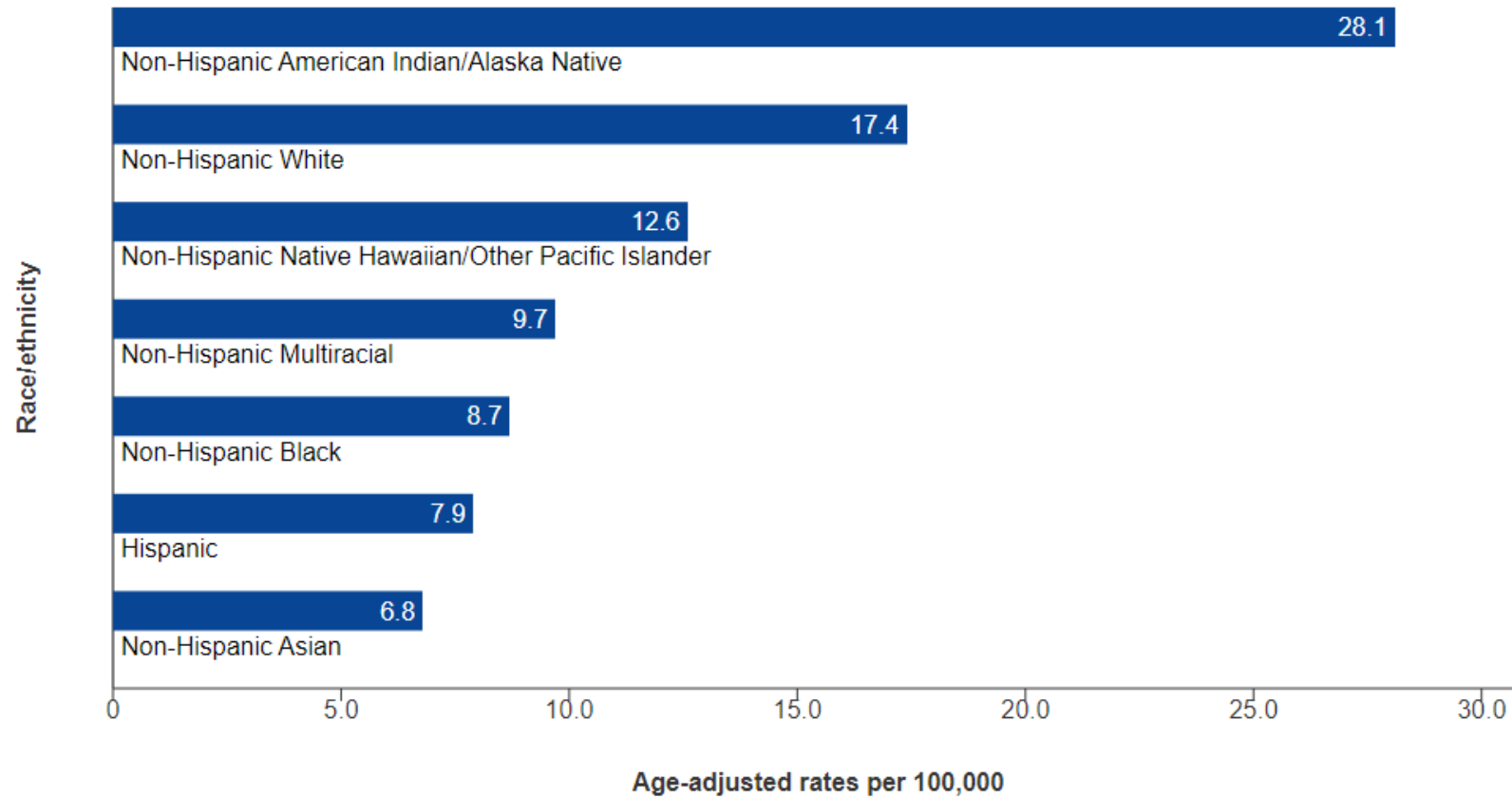
Suicide



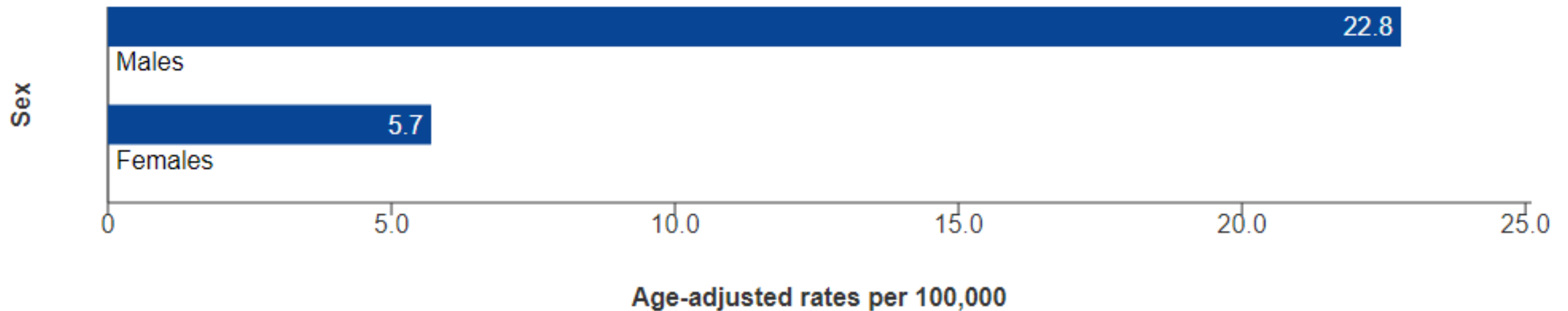


Some groups have disproportionately high rates of suicide.

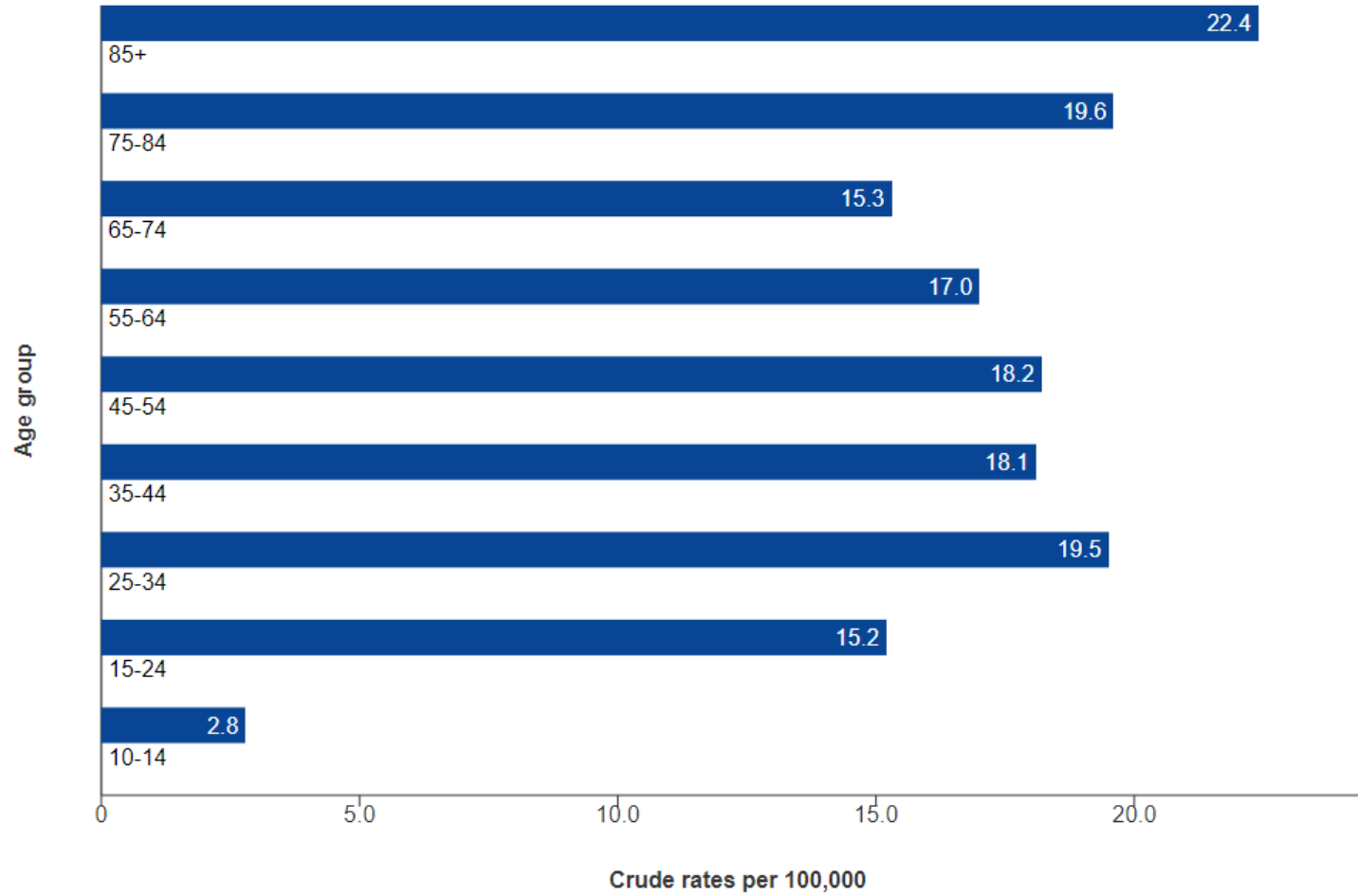
The racial/ethnic groups with the highest rates in 2021 were non-Hispanic American Indian and Alaska Native people and non-Hispanic White people.



The suicide rate among males in 2021 was approximately four times higher than the rate among females. Males make up 50% of the population but nearly 80% of suicides.



People ages 85 and older have the highest rates of suicide.



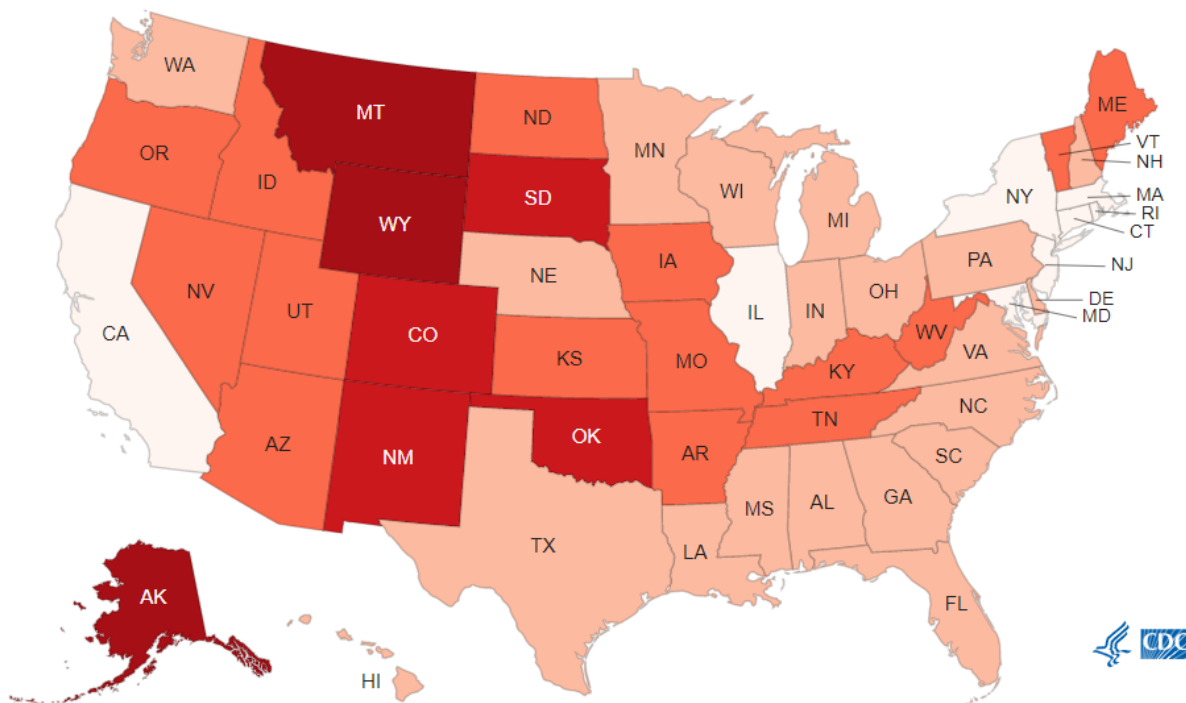
# Suicide Mortality by State

[Print](#)

Make a selection from the filters to change the visualization information.

Year

2021 ▾



Age-Adjusted Death Rates<sup>1</sup>

○ 6 - < 11.26



● 16.52 - < 21.78

● 27.04 - 32.3

● 11.26 - < 16.52

● 21.78 - < 27.04

# Pennsylvania Rates

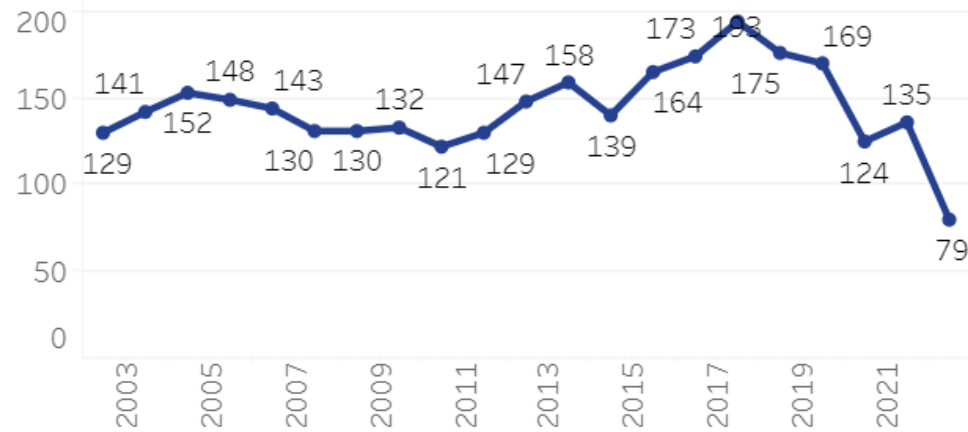
Data Table		
Location	Death Rate (Click For Rankings)	Deaths
 <a href="#">Pennsylvania</a> 	13.9	1,885

# Suicides in Allegheny County

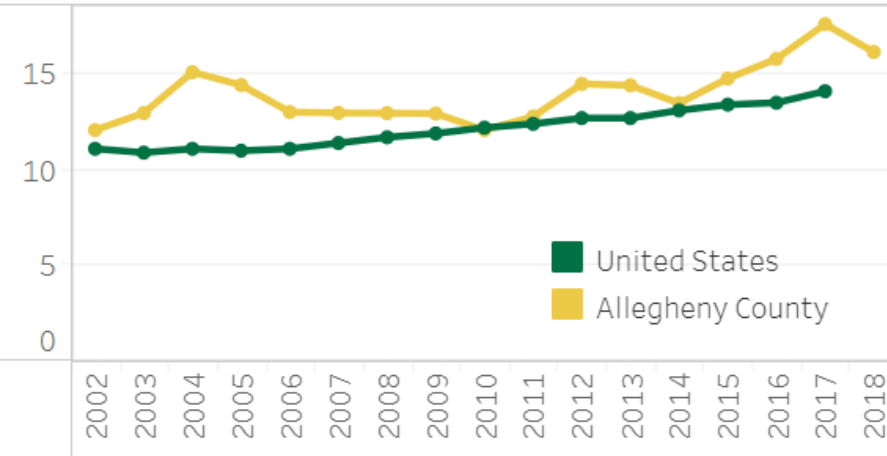
**3,011**

Number of Suicides over Selected Year(s).

## Number of Suicides by Year ?



## Age-Adjusted Suicide Rates per 100,000



## Average Number of Suicides by Month

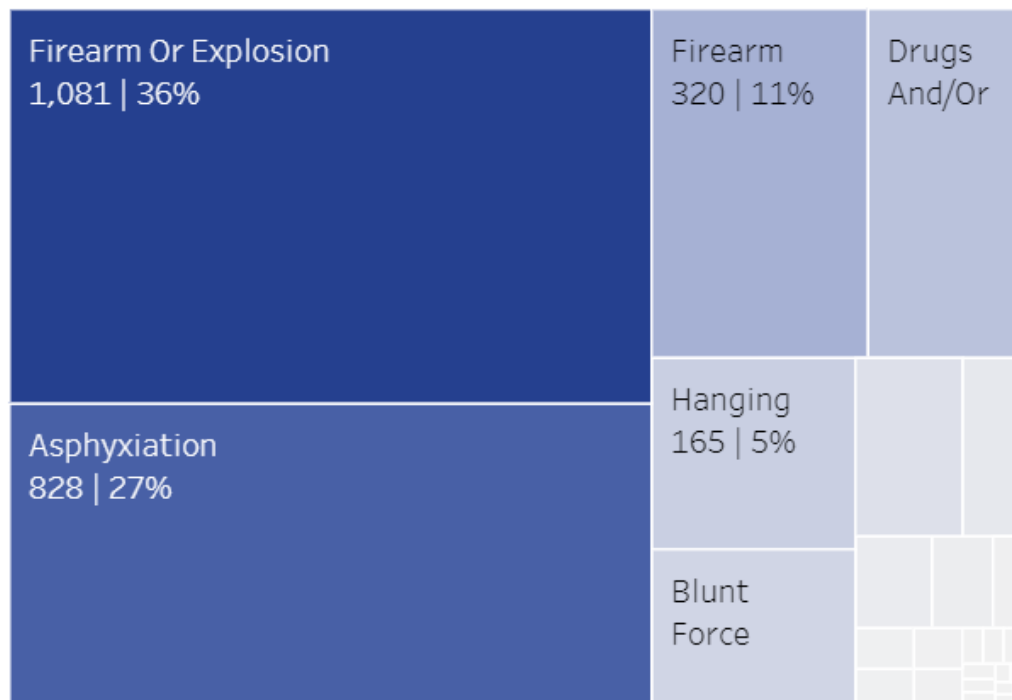
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
13	11	13	12	12	13	13	13	12	12	13	12



U.S. Department of Veterans Affairs

# Suicides in Allegheny County

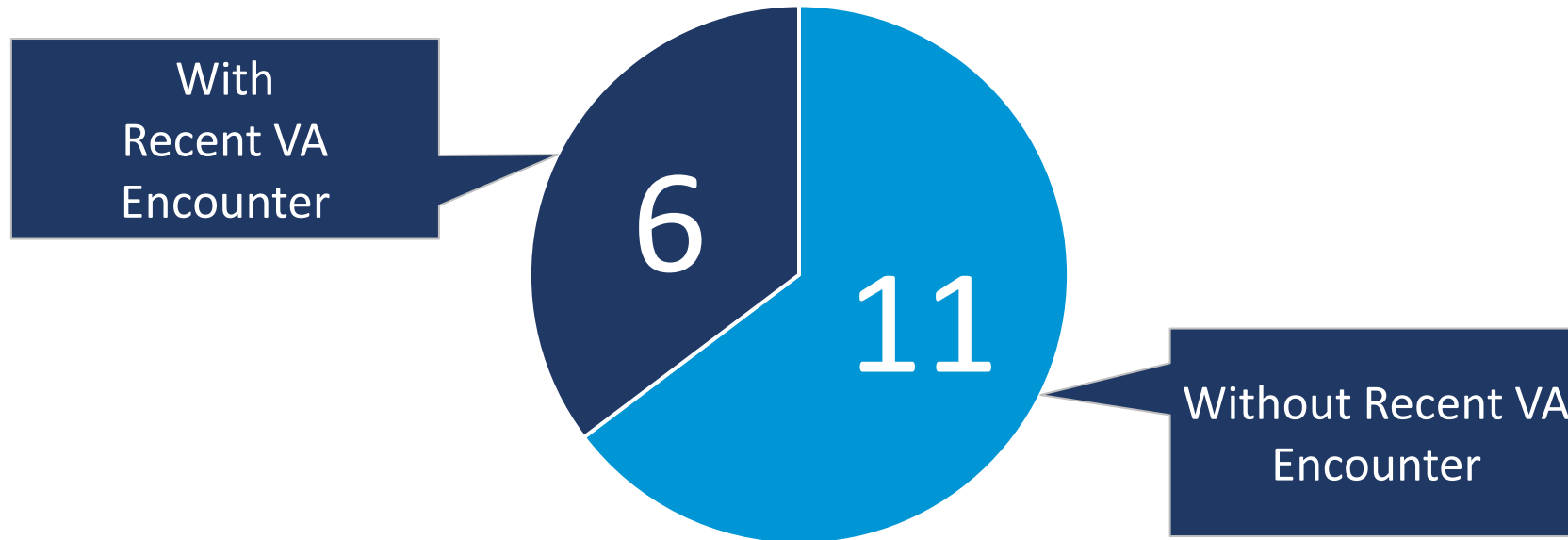
## Cause of Death ?



## Time of Death

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Afternoon (11AM - 5PM)	5%	6%	5%	5%	5%	5%	5%
Evening (5PM - 11PM)	5%	4%	5%	4%	4%	4%	3%
Morning (5AM - 11AM)	3%	4%	3%	3%	3%	3%	3%
Night (11PM - 5AM)	2%	1%	2%	2%	2%	2%	2%
<b>Grand Total</b>	<b>14%</b>	<b>16%</b>	<b>15%</b>	<b>14%</b>	<b>15%</b>	<b>13%</b>	<b>13%</b>

# Veteran Suicide Deaths Per Day



Approximately 17 Veterans die by suicide each day.



# Suicide is a Complex Issue with No Single Cause

- Suicide is often the result of a complex interaction of risk and protective factors at the individual, community, and societal levels.
- Risk factors are characteristics that are associated with an increased likelihood of suicidal behaviors. Protective factors can help offset risk factors.
- To prevent suicide, we must maximize protective factors while minimizing risk factors at all levels, throughout communities nationwide.

# Risk and Protective Factors

## Risk

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

## Protective

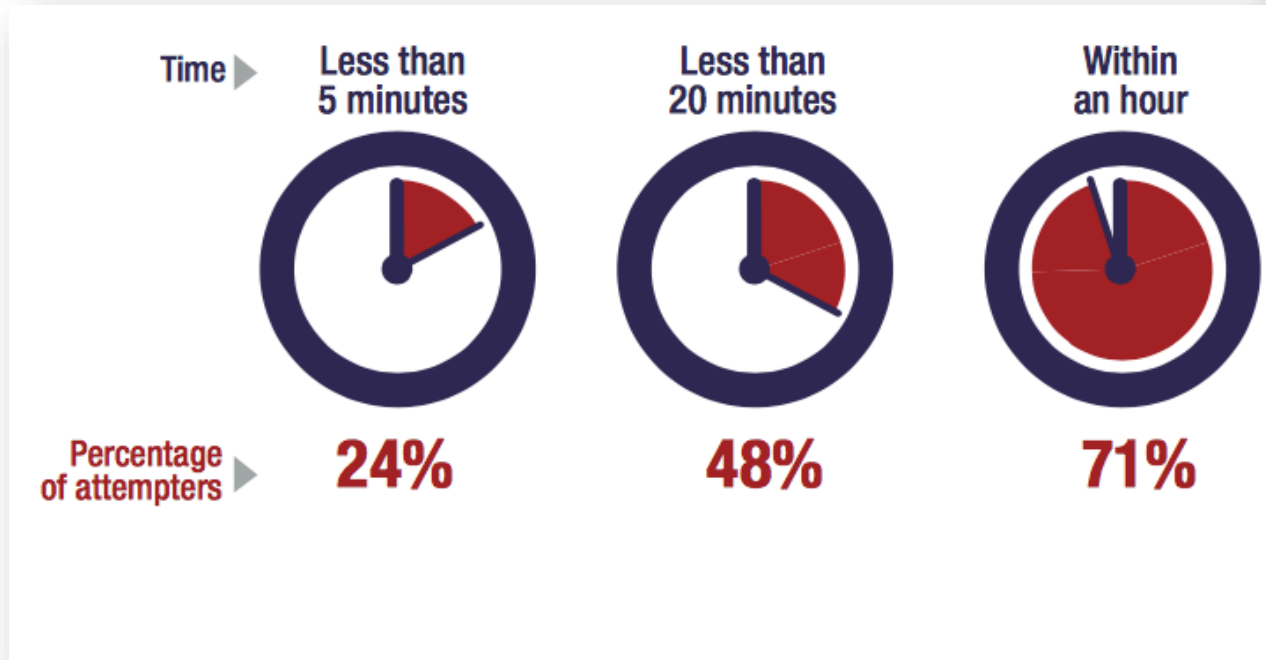
- Access to mental health care
- Sense of connectedness
- Problem-solving skills
- Sense of spirituality
- Mission or purpose
- Physical health
- Employment
- Social and emotional well-being



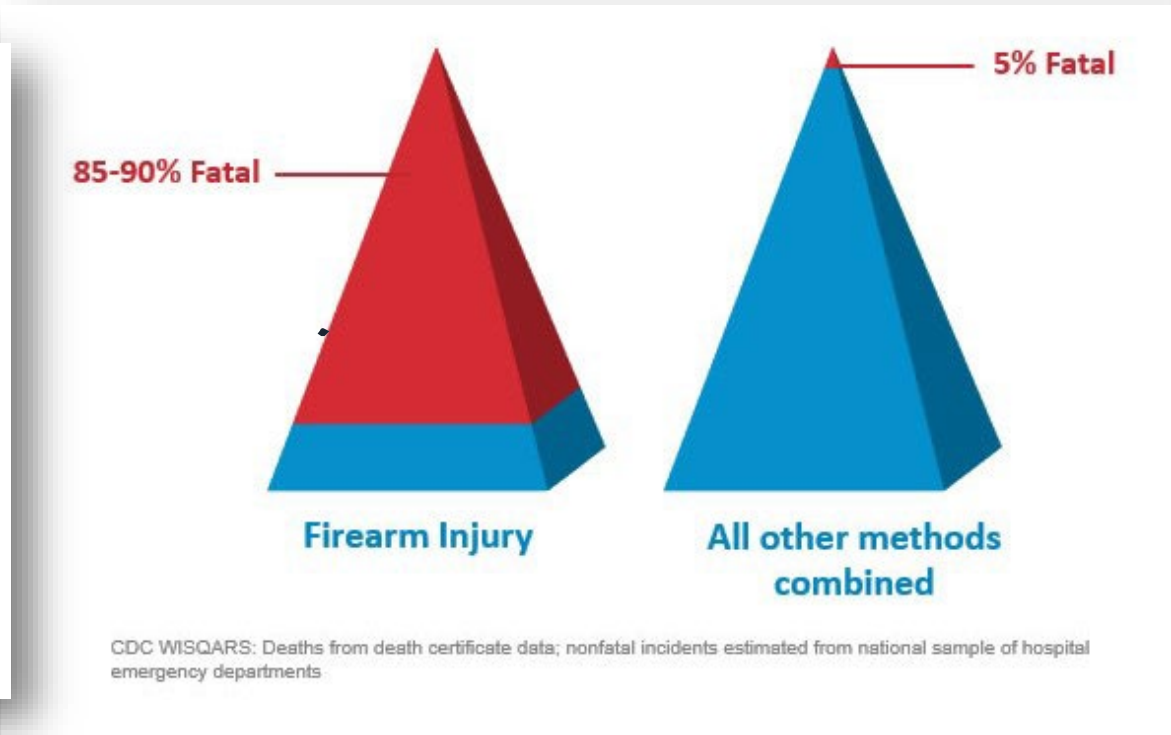
**Goal:** Minimize risk factors and boost protective factors

# Most Suicidal Crises are Brief

## Time from Decision to Action < 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(sup):49-59.



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

# 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 suicidal impulse and the ability to harm oneself.
- 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.

## Lethal Means Safety Works

- Reducing access to lethal suicide methods is one of the few population level interventions that has been shown to decrease suicide rates.
- About **90 percent** of people who survive a suicide attempt do not go on to die by suicide.
- If we can collaborate with Veterans **ahead of time** to help them survive a suicidal crisis, we have likely prevented suicide for the **rest of their lives**.

# Common Myths vs. Realities

# Common myths vs. realities

Myth	Reality
<p>If somebody really wants to die by suicide, they will find a way to do it.</p>	

# Common myths vs. realities

Myth	Reality
	<p>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.</p>



# Death by Suicide is Preventable

## Lethal Means Reduction

- Limiting access to lethal means reduces suicide
  - e.g., Firearms, abundance of analgesic doses per bottle, etc.
- How did we figure this out?
  - e.g., Coal gas in the UK, placement of lethal items behind counters, fencing off bridges
- 85-90% of people who survive a suicide attempt do not go on to die by suicide later.

# Typical myths vs. realities

## Myth:

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

# Typical myths vs. 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 vs. realities

## Myth:

There are talkers and there are doers.

# Typical myths vs. realities

## Reality:

Most people who die by suicide have communicated some intent. Someone who talks about suicide provides others with 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 vs. realities

## Myth:

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

# Typical 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.

# Typical myths vs. realities

## Myth:

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 vs. 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.

# Common Myths vs. Realities

Myth	Reality
<p>The only one who can really help someone who is suicidal is a mental health counselor or therapist.</p>	

# Common Myths vs. Realities

Myth	Reality
	<p>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.</p>

# The Steps of VA S.A.V.E.

## S.A.V.E.

- **S**igns of suicidal thinking should be recognized.
- **A**sk the most important question of all.
- **V**alidate the Veteran's experience.
- **E**ncourage treatment and **E**xpedite getting help.



## Signs of Suicidal Thinking

Learn to recognize these warning signs:

- Hopelessness, feeling like there is 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

# **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...**





## Asking the Question

“Are you thinking about killing yourself?”

# A Asking the Question

Do's	Don'ts
<p><b>DO</b> ask the question if you've identified warning signs or symptoms.</p>	<p><b>DON'T</b> ask the question as though you are looking for a "no" answer.</p> <ul style="list-style-type: none"><li>• "You aren't thinking of killing yourself, are you?"</li></ul>
<p><b>DO</b> ask the question in a natural way that flows with the conversation.</p>	<p><b>DON'T</b> wait to ask the question when someone is halfway out the door.</p>

# **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 the person that help is available.



# **E** Encourage Treatment and Expedite 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.
  - Call 911.
- Reassure the Veteran that help is available.
- Call the Veterans Crisis Line at **1-800-273-8255 and Press 1.**

# Tips for Talking to Others about Suicide

- **Be honest and genuine**
- Remain calm.
- Listen more than you speak.
- Maintain eye contact.
- Act with confidence.
- Do not argue.
- Use open body language.
- Limit questions Use supportive, encouraging comments.

**No single factor causes suicide**

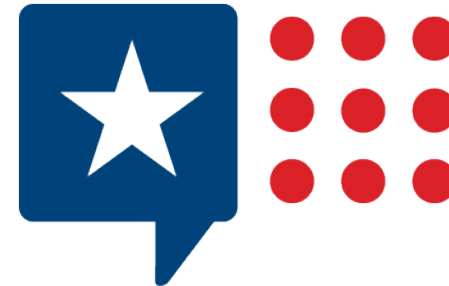
**No single entity can end suicide**

# Resources

# Free, Confidential Support 24/7/365



## Veterans Crisis Line



**DIAL 988** then  
**PRESS 1**

- Veterans
- Family members
- Service members
- Friends



# VeteransCrisisLine.net/ResourceLocator

## Resource Locator

**Locate Information and Resources**

No matter what you are experiencing, there is support for getting your life on a better track. To find the Veteran resources most helpful for you, fill in your ZIP code or state below and check the boxes of the programs or topics you are interested in. You can also select the National Resource Directory or the SAMHSA Behavioral Health tab to find additional services.






U.S. Department of Veterans Affairs Resources



National Resource Directory Resources



SAMHSA Behavioral Health Treatment Services Locator

### 1 Select a Resource

**Suicide Prevention Coordinators**  
Specially trained Suicide Prevention Coordinators or teams are available at all VA Medical Centers across the country.

**Crisis Centers**  
Search for community-based crisis centers in your area.

**VA Medical Centers**  
VA Medical Centers offer a range of acute care and community-based outpatient services, including mental health care, diagnostics, homeless and alcohol/drug abuse programs, nursing home and respite care.

**Outpatient Clinics**  
Community Based Outpatient Clinics (CBOCs) are local VA locations that provide primary care, counseling, laboratory analysis, prescriptions and radiology services.

**Veterans Benefits Administration Offices**  
Veterans Benefits Administration Offices provide services to Veterans seeking benefits related to compensation, pension, vocational rehabilitation, home loans, death benefits, employment, and disability.

**Vet Centers**  
Vet Centers provide readjustment counseling and outreach services to all Veterans who have served in any combat zone, as well as their family members.

**All**  
See all VA and community-based services in your area.

### 2 Choose Location

Search by Zip Code   OR



## 2 Choose Location

Search by Zip Code   OR

---

Results for **Suicide Prevention Coordinators** in state **ND**

**Monsebroten, Tammy**  
 Fargo, ND 58102  
 P: 701-239-3700x93556  
 F: 701-237-2642  
[tammy.monsebroten@va.gov](mailto:tammy.monsebroten@va.gov);  
[raae.bickett@va.gov](mailto:raae.bickett@va.gov)

Results for **Crisis Centers** in state **ND**

**FirstLink HotLine**  
 Fargo, ND 58103  
 P: 701-293-6462  
 F: 701-235-2476  
[visit website](#)

**--Standing Rock Line--**  
 Fargo, ND 58103

Results for **VA Medical Centers** in state **ND**

**Fargo VA Health Care System**  
 2101 Elm Street N.  
 Fargo, ND 58102  
 P: 701-232-3241 Or 701-232-3241  
[visit website](#)



# Resolve Crisis

CALL BEFORE A CRISIS  
BECOMES A CRISIS.

ANY DAY, ANY TIME, ANY REASON.  
**1-888-7-YOU-CAN (1-888-796-8226)**

resolve is a partnership between Allegheny County  
and UPMC Western Psychiatric Hospital.



VA



U.S. Department  
of Veterans Affairs

# SAFE Taskforce



<https://safepgh.org/>

# Specialized Crisis Lines

**Pathway to Care and Recovery** offers their services at no cost to Allegheny County families, loved ones and individuals age 14 and up, with challenges or needs related to alcohol and/or other drugs and substances.

- Call 24/7/365 at [412-325-7550](tel:412-325-7550) to get connected. You can talk to someone on the phone, and if needed, a mobile team can be sent to your location.
- Visit the Walk-In Center at 326 Third Avenue, Pittsburgh, PA 15222.

[Allegheny County Peer Support Warmline](tel:1-866-661-9276) at [1-866-661-9276](tel:1-866-661-9276) between 9 a.m. and 1 a.m. The Allegheny County Peer Support line can help individuals with mental health or substance use concerns that are not at a crisis level. When you call the [Warmline](#), you can talk to someone who truly understands your struggle and you can help you get assistance in locating a resource to meet your needs.

VA



U.S. Department  
of Veterans Affairs

- [NAMI Helpline](#) at [1-800-950-6264](tel:1-800-950-6264)(NAMI), Monday-Friday between 10 a.m. and 8 p.m; text NAMI to 741741 to receive 24/7 support, or [chat](#) with a peer online. The NAMI Helpline is a free, nationwide peer-support service providing information, resource referrals and support to people living with a mental health condition, their family members and caregivers, mental health providers and the public
- SAMHSA's 24/7 Disaster Distress Helpline at [1-800-985-5990](tel:1-800-985-5990). The [Disaster Distress Helpline](#) provides 24/7/365 crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters including tornados, hurricanes, floods, wildfires, earthquakes, drought, incidents of mass violence, the COVID pandemic, community unrest and other traumatic events.
- Center for Victim's 24/7 Hotline at [1-866-644-2882](tel:1-866-644-2882). [Center for Victims](#) provides 24/7 support, information and responds to the emergency needs of crime victims and witnesses, their families or friends, law enforcement, hospitals, social workers or mental health professionals.

- [Allegheny Link](#) at [1-866-730-2368](tel:1-866-730-2368). Allegheny Link can help Allegheny County residents who are at risk of or who are currently experiencing homelessness find stable housing. [Learn more here](#).
- LIHEAP Crisis at [412-770-3677](tel:412-770-3677). LIHEAP Crisis can make a one-time payment to help those who are without heat or at risk of being without heat. [Learn more](#) about utility assistance.
- The [Transgender Suicide Lifeline](#) at [1-877-565-8860](tel:1-877-565-8860)
- [The Trevor Lifeline](#) for LGBTQ support
  - Call [1-866-488-7386](tel:1-866-488-7386)
  - [Chat](#) on their website
  - Text START to 678678

# New Lethal Means Safety Resources



## Reducing Firearm & Other Household Safety Risks Brochure

provides best practices for safely storing firearms and medications along with advice for loved ones on how to talk to the Veteran in their life about safe storage.

U.S. Department of Veterans Affairs  
Office of Mental Health and Suicide Prevention

## Reducing Firearm & Other Household Safety Risks for Veterans and Their Families



**Firearm safety is an important public health issue that can affect your health and your family's well-being.**

If you own a firearm, or live in a household where there are firearms, the following information can help keep you and those around you safe. Similarly, reducing access to other household risks, like medications, can help ensure your family's safety.



# Practice safe storage of firearms, medications and other lethal means

- Visit [www.KeepItSecure.net](http://www.KeepItSecure.net) to learn more about the importance of firearm and other lethal means safety.
- Nearly half of all Veterans own a firearm, and most Veteran firearm owners are dedicated to firearm safety.
- Firearm injuries in the home can be prevented by making sure firearms are **unloaded**, **locked**, and **secured** when not in use, with ammunition stored in a separate location
- There are several effective ways to safely secure firearms. Learn more and find the option that works best for you and your family from the National Shooting Sports Foundation at [www.nssf.org/safety](http://www.nssf.org/safety)

VA » Health Care » REACH » Firearm Suicide Prevention & Lethal Means Safety

## REACH

► Mental Health  
► More Health Care

### QUICK LINKS

Hospital Locator  
Zip Code  Go

Health Programs

Protect Your Health

A-Z Health Topics

Veterans Crisis Line  
1-800-273-8255 PRESS 1

My healthvet  
My Health, My Care: 24/7 Access to VA

## FIREARM SUICIDE PREVENTION & LETHAL MEANS SAFETY

# KeepItSecure.net

### PRACTICE SAFE STORAGE OF FIREARMS, MEDICATION & OTHER LETHAL MEANS

Lethal means are objects like guns, medications, alcohol, opioids or other substances, ropes, cords, or sharp objects that can be used during a suicidal crisis. If a Veteran is in crisis or having suicidal thoughts, these items can become deadly when they are easily accessible. For example, nearly 7 out of every 10 Veteran deaths by suicide are the result of firearm injuries (Dept. of Veteran Affairs, 2018).

Increasing the time and distance between someone in a suicidal crisis and access to lethal means can reduce suicide risk and save lives. There are simple steps you can take to protect yourself and your family. On this page, you'll find:

- How to identify and handle a suicidal crisis
- Helpful tips for storing guns, medications, and other lethal means
- Additional resources about safe storage



# Hold my Guns

- Safe Storage at Allegheny Arms and Gun Works
  - [info@alleghenyarms.com](mailto:info@alleghenyarms.com)
  - 412-409-2925
  - 4603 Library Rd, Suite 170, Bethel Park, PA 15102



# Supporting Providers Who Serve Veterans

Free consultation and resources for any provider in the community or VA who serves Veterans at risk for suicide.

Request a consult: [srmconsult@va.gov](mailto:srmconsult@va.gov)

*#NeverWorryAlone*



Provider support after a suicide loss (Postvention)



Risk assessment



Lethal means safety counseling



Conceptualization of suicide risk



Best practices for documentation



Strategies for how to engage Veterans at high risk

**VA**



U.S. Department  
of Veterans Affairs

**VA**



U.S. Department  
of Veterans Affairs

# Debrief & Questions

---