

The Intersection of Homelessness and Increased Risk for Suicide: How to Serve Veterans and Non-Veterans in Your Community

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Objectives

- ▶ To obtain current statistics on the prevalence of suicide risk affecting the homeless community
- ▶ To identify shared risk factors for both suicide and homelessness in Veteran and other at-risk populations
- ▶ To learn how to maximize protective factors and minimize risk factors for suicide
- ▶ To increase awareness of ways to collaborate with Veteran-specific programs for housing and suicide prevention

Pretest

1 - Least Confident

2 - Less Confident

3 - Neutral

4 - More Confident

5 - Most Confident

Veteran Suicide Risk

- ▶ **18%** of all deaths by suicide among U.S. adults were Veterans
- ▶ Veterans are more likely than the general population to use **firearms** as a means for suicide
- ▶ **58.1%** of Veteran suicides were among Veterans age 55 and older
- ▶ **69.4 %** of Veteran suicide resulted from a firearm injury (70.1% of males)

(VA Suicide Data Report: September 2018)

Suicide Prevention is VA's #1 Clinical Priority

- ▶ 20.5 Veterans die per day of suicide
 - ▶ 6 are in VHA care and only 3 are receiving mental health care

Veterans who were ever homeless had a 75% greater hazard of death by suicide compared to Veterans who were not homeless or at-risk for homelessness.

Veterans with past-year housing instability were **six** times as likely as those who did not experience housing instability to report suicidal ideation.

Female Veterans who have experienced homelessness in their lifetime are also more likely than their male counterparts to have had suicidal thoughts or attempted suicide, although male veterans are more likely to complete suicide.

Transgender Veterans, who are disproportionately at risk for homelessness and suicide, found that those with a history of homelessness had the highest odds of reporting past-year suicidal ideation, as well as lifetime suicide plans and attempts.

Risk Factors - Audience Input

- ▶ What risk factors contribute to homelessness?
- ▶ What risk factors contribute to suicidality?

Common Factors Contribute to Both Increased Suicide Risk and Homelessness

- ▶ Limited Social Supports
- ▶ Increased Isolation
- ▶ Terminal Medical Condition
- ▶ Loss of Functioning
- ▶ Relationships (loss)
- ▶ Substance Use Disorders
- ▶ Legal Issues
- ▶ Unemployment
- ▶ Trauma History/Mental Health
- ▶ Financial Stress
- ▶ Housing Insecurity
- ▶ Insecure in basic needs (food, hygiene, etc.)

Common Protective Factors Can Reduce Risks

- ▶ Cultural, Spiritual, Religious Beliefs
- ▶ Obligation/Connection to others
- ▶ Life Satisfaction
- ▶ Sobriety
- ▶ Children in the home
- ▶ Positive Future Plans
- ▶ Positive Coping Skills
- ▶ Problem Solving
- ▶ Motivation for treatment
- ▶ Hope
- ▶ Fear of Death
- ▶ Lethal Means Safety

▶ **STABLE HOUSING**

Veteran-specific risks

- ▶ Frequent Deployments to hostile environments (though deployment to combat does not necessarily increase risk).
- ▶ Exposure to extreme stress
- ▶ Traumatic Brain Injury (TBI)
- ▶ Service-related injury
- ▶ PTSD
- ▶ Familiarity with firearms
- ▶ Physical/sexual assault while in the service (not limited to women)
- ▶ Length of deployments
- ▶ Service-related injury

Interventions Addressing Homelessness Reduce Suicide Risk

- ▶ **Housing First**
 - ▶ May be particularly effective for homeless individuals experiencing both suicidal ideation and substance use disorders, especially alcohol
- ▶ **Treatment for co-occurring substance abuse and mental illness is critical and it works**
 - ▶ More dual track treatment programs (or even mental health services in general) and training in emergency rooms to identify these issues among homeless populations could be crucial to identifying and reducing suicidality among homeless persons.

Interventions Addressing Homelessness

Reduce Suicide Risk

- ▶ Connect homeless veterans quickly to services that match housing needs through Coordinated Entry.
- ▶ Partner with community homelessness resources to reach those Veterans not engaged with the Veterans Health Administration.
- ▶ Conduct suicide risk assessments with Veterans at risk for homelessness, as appropriate.
- ▶ Consider engaging in medical-legal partnerships. In medical-legal partnerships, lawyers are integrated into health care teams to help address legal problems, including housing issues, among vulnerable populations at no cost to Veterans.
- ▶ Be aware that housing instability may be of particular concern among lesbian, gay, bisexual, and transgender individuals because more than half of states do not have housing nondiscrimination laws that cover sexual orientation and gender identity.

Operation SAVE Review

Overview

- ▶ Objectives
- ▶ Veterans and VA
- ▶ Facts about suicide
- ▶ Myths/realities about suicide
- ▶ The steps of S.A.V.E.
- ▶ Resources & References

Suicide in the United States

- **More than 47,173** U.S. deaths from suicide per year among the general population^{1,2}
- Suicide is the **10th** leading cause of death in the U.S.³
- Suicide is the **2nd** leading cause of death for ages 15-24 years
- Firearm is the most common method (50.6%) then hanging (27.7%). 19,510 deaths from homicide, the 16th leading cause of death.
(American Association of Suicidology, 2017)

Suicide in the United States

- It is estimated that close to **one million people** make a suicide attempt each year
 - One attempt every **35 seconds**
- Gender disparities
 - Women attempt suicide **3 times** more often than men¹
 - Men die by suicide almost **4 times** more often than women¹

Common myths vs. realities

Myth

Reality

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

Common myths vs. realities

Myth

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.

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

Reality

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

Typical myths vs. realities

Myth

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	Reality
<p>There are talkers and there are doers.</p>	

Typical myths vs. realities

Myth

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.

Reality

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

Reality

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

Typical myths vs. realities

Myth

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

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.

S.A.V.E.

S.A.V.E. will help you act with care & compassion if you encounter a Veteran who is in suicidal crisis.

The acronym **S.A.V.E.** helps one remember the important steps involved in suicide prevention:

S.A.V.E.

S- Signs/Symptoms

A- Ask the Question

V- Validate

E- Encourage/Expediate Treatment

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 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
 - Talking about death, dying, or suicide
 - Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs or weapons

Asking the question

- ▶ Know how to ask the most important question of all...

Asking the question

“Are you thinking about killing yourself?”

Asking the question

- ▶ Are you thinking of suicide?
- ▶ Have you had thoughts about taking your own life?
- ▶ Are you thinking about killing yourself?

Asking the question

DO ask the question if you've identified warning signs or symptoms

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?"

DON'T wait to ask the question when he/she is halfway out the door

Things to consider when talking with a Veteran 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 Veteran do the talking
- Use supportive, encouraging comments
- Be honest-there are no quick solutions but help is available

Validate the Veteran's experience

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

Encourage treatment and Expediting 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, or
 - ▶ Call 911
- ▶ **Reassure the Veteran that help is available**
- ▶ **Call the Veterans Crisis Line at 1-800-273-8255, Press 1**

Encourage treatment and Expedite getting help

Safety Issues:

- ▶ **Never** negotiate with someone who has a gun
 - ▶ Get to safety and call VA police, security, or 911
- ▶ If the Veteran has taken pills, cut himself or herself or done harm to himself or herself in some way
 - ▶ Call VA police, security, or 911
- ▶ Call the Veterans Crisis Line at 1-800-273-8255, Press 1

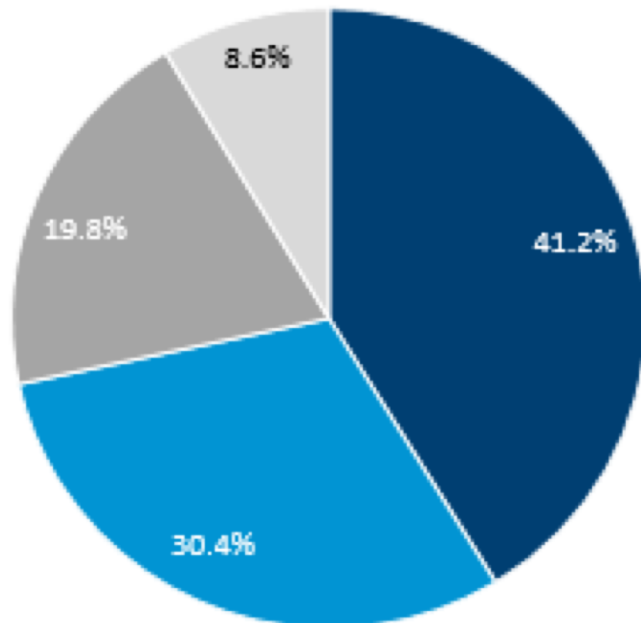
Encourage treatment and Expedite getting help

- ▶ Remember: When a Veteran at risk for suicide leaves your facility, provide suicide prevention information to the Veteran and his or her family
- ▶ Veterans Crisis Line number **1-800-273-8255 Press 1** for Veterans
- ▶ Veterans Crisis Line brochures and wallet cards

US Veterans and Methods

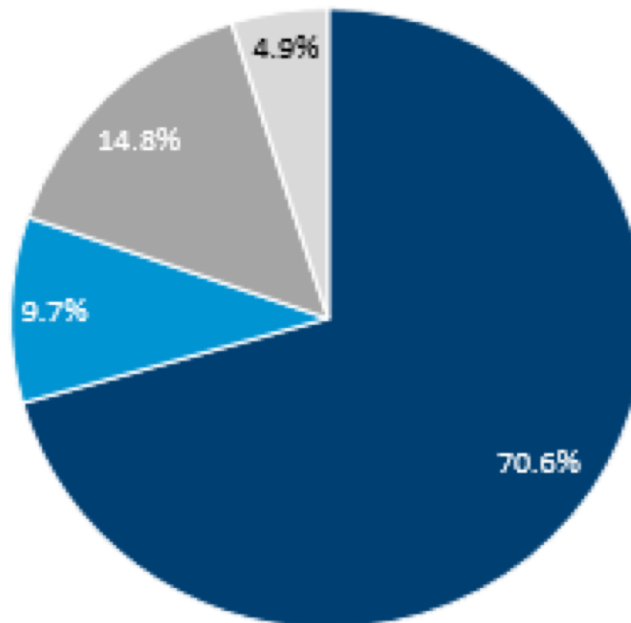
U.S. Veterans and Suicide Methods (2016)

Female Veterans



■ Firearm Injury ■ Poisoning
■ Suffocation ■ Other

Male Veterans



■ Firearm Injury ■ Poisoning
■ Suffocation ■ Other

US Veterans and Firearms

▶ Veterans...

- ▶ Have a high degree of familiarity with firearms
- ▶ Are more likely to own firearms than those in the U.S. general population
 - ▶ - *1 in 2 owns at least one firearm*
 - ▶ - *1 in 3 stores a firearm loaded & unlocked*
- ▶ Are more likely to die from firearm-related suicide than those in the U.S. general population

▶ Always ask about firearms, regardless of stated method

Cleveland, E. C., Azrael, D., Simonetti, J. A., & Miller, M. (2017). Firearm ownership among American veterans: findings from the 2015 National Firearm Survey. *Injury epidemiology*, 4(1), 33. doi:10.1186/s40621-017-0130-y; Simonetti, J. A., Azrael, D. and Miller, M. (2019), Firearm Storage Practices and Risk Perceptions Among a Nationally Representative Sample of U.S. Veterans With and Without Self-Harm Risk Factors. *Suicide Life Threat Behav.* doi:[10.1111/sltb.12463](https://doi.org/10.1111/sltb.12463).

Most Suicidal Crises are Brief

- ▶ 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

- ▶ For a Veteran in crisis, lethal means safety during a critical period can make all the difference

What proportion of serious attempters eventually die by suicide?

75% 45% 25% **10% ←**

Simon et al. 2001. *Suicide and Life Threatening Behavior*, 32(1 Suppl):49-59

The Message Matters

Lethal Means **SAFETY**

VS.

RESTRICTION

Lethal Means Safety (LMS) for Firearms

- ▶ Best Option: Get weapon out of home in times of crisis
 - ▶ Friend or relative
 - ▶ Storage facility (ammo stored separately)
 - ▶ Police departments (some will store temporarily, no charge)
 - ▶ Pawn shops (pawning for very small loan)
 - ▶ Gun stores or gun clubs (some offer free/inexpensive storage options)

Lethal Means Safety (LMS) for Firearms

- Other Options: Anything that increases time/distance between gun & impulse
 - Store guns unloaded
 - Store ammunition out of the home
 - Store guns and ammunition separately
 - Lock the gun (give key to someone else) *VA offers free cable gunlocks; via SPC*
 - Store gun in a safe (ask someone else to change combination)
 - Disassemble the gun (i.e. give firing pin to someone else)

Lethal Means Safety (LMS) for Medications

- ▶ Blister packets or limited supply for essential meds
- ▶ Unneeded meds can be safely disposed of (VHA med disposal bins; pharmacy take-backs, trash w/coffee grounds or kitty litter)
- ▶ Consider Naloxone kits for Vets on opioids
- ▶ Enlist a trusted support (spouse, caregiver) to lock and distribute meds
- ▶ Some meds (like insulin) can be difficult to limit access.
 - ▶ Creative solutions have included placing a reminder of a reason for living (i.e. picture of kids) or copy of the safety plan and VCL sticker on or next to the medication.

Safety is Ongoing

- ▶ Environment of Care in inpatient hospital settings
 - ▶ Identify and eliminate access to ligature points or other means of harm
- ▶ Always assume there is more than 1 method of suicide considered
- ▶ Always ask about firearms, regardless of reported plan/method.
- ▶ Whenever possible, engage trusted supports in LMS to support Veteran and confirm the plan.
- ▶ LMS assessment and planning must be ongoing. Don't assume once guns/meds are out of home, they'll never be back.

Conclusions

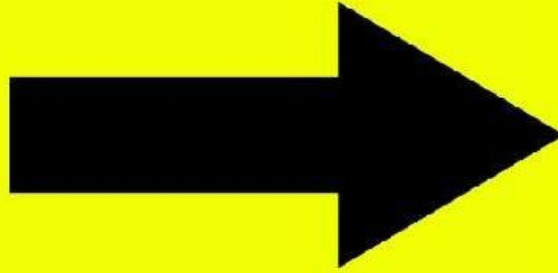
There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

Suicide Prevention Efforts at the VA

- ▶ Presidential Priority
- ▶ Rocky Mountain MIRECC
- ▶ Veterans Crisis Line
- ▶ Suicide Prevention Coordinators
- ▶ “High Risk Flag”
- ▶ Formal collaboration between VA Homeless Programs and Suicide Prevention
- ▶ Outreach/SAVE Training

Resources you can use!

USEFUL STUFF



Veterans Crisis Line

Free, Confidential Support 24/7/365



1-800-273-8255 **PRESS 1**

• • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • •

- ▶ Veterans
- ▶ Service members
- ▶ Family members
- ▶ Friends

Veterans Crisis Line

- ▶ Phone number is the same as the National Suicide Prevention Hotline, then press #1 for Veterans
- ▶ 24/7 hotline that takes ~ 2500 calls/day
- ▶ 3 centers: Topeka, Canandaigua, Atlanta
- ▶ Serves worldwide, Veterans and active military
- ▶ 3rd parties can call in support of Veterans!
- ▶ Also via text (838255) and chat at www.veteranscrisisline.net

VA Suicide Prevention Team

- ▶ Suicide Prevention Coordinators
 - ▶ Coordinating care for Veterans determined to be at high risk
 - ▶ Patient and Clinician Education
 - ▶ Collaboration with multi-disciplinary teams
 - ▶ Community Outreach
- ▶ To locate an SPC in another part of the country:
<https://www.veteranscrisisline.net/get-help/local-resources>

How to connect with VA



U.S. Department
of Veterans Affairs



Where can a Veteran go **to sign-up for care**?

<https://www.va.gov/find-locations>

Questions about **financial or memorial/burial benefits** for Veterans, Dependents or Survivors?

Phone: 1-800-827-1000

<https://benefits.va.gov/benefits/>

Where can I find **ways I can professionally collaborate** with the VA?

Information on VA services and resources, understanding military culture and experience, and tools for working with a variety of mental health conditions.

www.mentalhealth.va.gov/communityproviders/

What about ideas to **help a Veteran who is unsure** whether to seek help?

A free, confidential “coaching” service provided by VA that helps Veterans’ family and friends to recognize when their Veteran needs support and connect them with local resources.

Phone: **1-888-823-7458**

<https://www.mirecc.va.gov/coaching/>

Veterans Crisis Line Shareable Materials

- ▶ <https://www.veteranscrisisline.net/support/shareable-materials>
- ▶ Posters, Flyers, Safe Media Messaging guidance, social media materials, brief videos, wallet cards, website badges and more!



Helpful Apps!

<https://www.myhealth.va.gov/mhv-portal-web/mobile-apps>



Problem solving skills for stress



Manage physical & emotional stress



Problem-Solving Skills to overcome obstacles & stress



Safety plan & support during crisis



Monitor & manage PTSD symptoms



Provides tools to strengthen parenting skills



Tools for coping, relaxation, distraction & positive thinking



Enhance sleep quality & duration



Self-guided training program using mindfulness

S.A.V.E. (Suicide Prevention) Training

- Suicide prevention training video that's available to everyone, 24/7
- Less than 25 minutes long
- Offered in collaboration with the PsychArmor Institute



Available online for free: psycharmor.org/courses/s-a-v-e/

VA/Rocky Mountain MIRECC

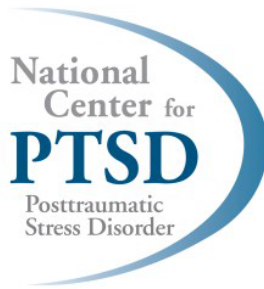
(Mental Illness Research Education Clinical Centers of Excellence)

- ▶ Research team that studies the management of suicide risk in the Veteran population
- ▶ Suicide Risk Management Consultation Program
- ▶ Podcast
- ▶ Self Directed Violence Nomenclature
- ▶ Suicide Prevention Educational Products



<https://www.mirecc.va.gov/visn19>

Additional Resources



VA's center of excellence for research and education on the prevention, understanding and treatment of PTSD.

Phone: **1-802-296-6300**

www.ptsd.va.gov

**Community
Provider Toolkit**



Information on VA services and resources, understanding military culture and experience, and tools for working with a variety of mental health conditions.

www.mentalhealth.va.gov/communityproviders/



VA community based centers that provide a range of counseling, outreach and referral services for combat Veterans.

Phone: **1-877-WAR-VETS (927-8387)**

www.vetcenter.va.gov

Have a Veteran who is homeless, or,
at risk of homelessness?



Post-test

1 - Least Confident

2 - Less Confident

3 - Neutral

4 - More Confident

5 - Most Confident

Questions and Discussion



Contact Information

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²United 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>.

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⁴U.S. Department of Veterans Affairs (2016). Suicide among Veterans and other Americans 2001-2014. Washington, DC: Office of Suicide Prevention. <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>

⁵Based on suicide/ suicide attempts reported within the VA Suicide Prevention Application Network (SPAN) during calendar year 2014.

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