

Content Warning!



National Suicide Prevention Lifeline: 1-800-273-8255
Press 1 for the Veterans Crisis Line

Required Statements

- ▶ I have no conflicts of interest associated with the findings described in this presentation.
- ▶ The views expressed in this talk are those of the author and do not necessarily reflect the position or policy of the U.S. Department of Veterans Affairs or the United States government.

Acknowledgements



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- ▶ VA Suicide Prevention Team and Operation S.A.V.E.
- ▶ VA Mental Health Admin Staff
- ▶ Veterans Crisis Line Staff
- ▶ First Responders/Local Crisis Intervention Teams

Discussion Guidelines

- ▶ Questions are welcome!
- ▶ Be aware that this is a public forum and how you discuss private health information.
- ▶ Be respectful of each other's opinions.



WHO IS AT RISK?

HOW DO WE HELP THEM?

WHAT GETS IN THE WAY?

Biomarkers

Suicide Exposure

Community Prevention

Treatment Quality

Peer Support

Cognitions

Capacity

Messaging

Poll #1

- ▶ Add poll about audience:
 - ▶ Who is in the audience?
 - ▶ Service Member
 - ▶ Veteran
 - ▶ Military/Veteran Loved One (e.g., family, friend)
 - ▶ Community member
 - ▶ Mental health provider
 - ▶ Other

Poll #2

- ▶ Add poll about audience:
 - ▶ What brought you to the talk today?
 - ▶ Information about resources
 - ▶ Learning more about current research
 - ▶ Wanting to better support loved ones
 - ▶ Other

Take Homes



- ▶ We each have a role.
- ▶ Language is important.
- ▶ Have prevention resources for various situations.

Service Member and Veteran Suicide

- ▶ 498 Service Members Died by Suicide in 2019
- ▶ 6,435 Veterans Died by Suicide in 2018



Myth or Reality

Polls # 3-6

- ▶ Add Poll for each of the Myth/Reality slides to choose Myth or Reality

Myth or Reality?

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

MYTH!

Myth or Reality?

There are talkers and there are doers.

MYTH!

Myth or Reality?

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


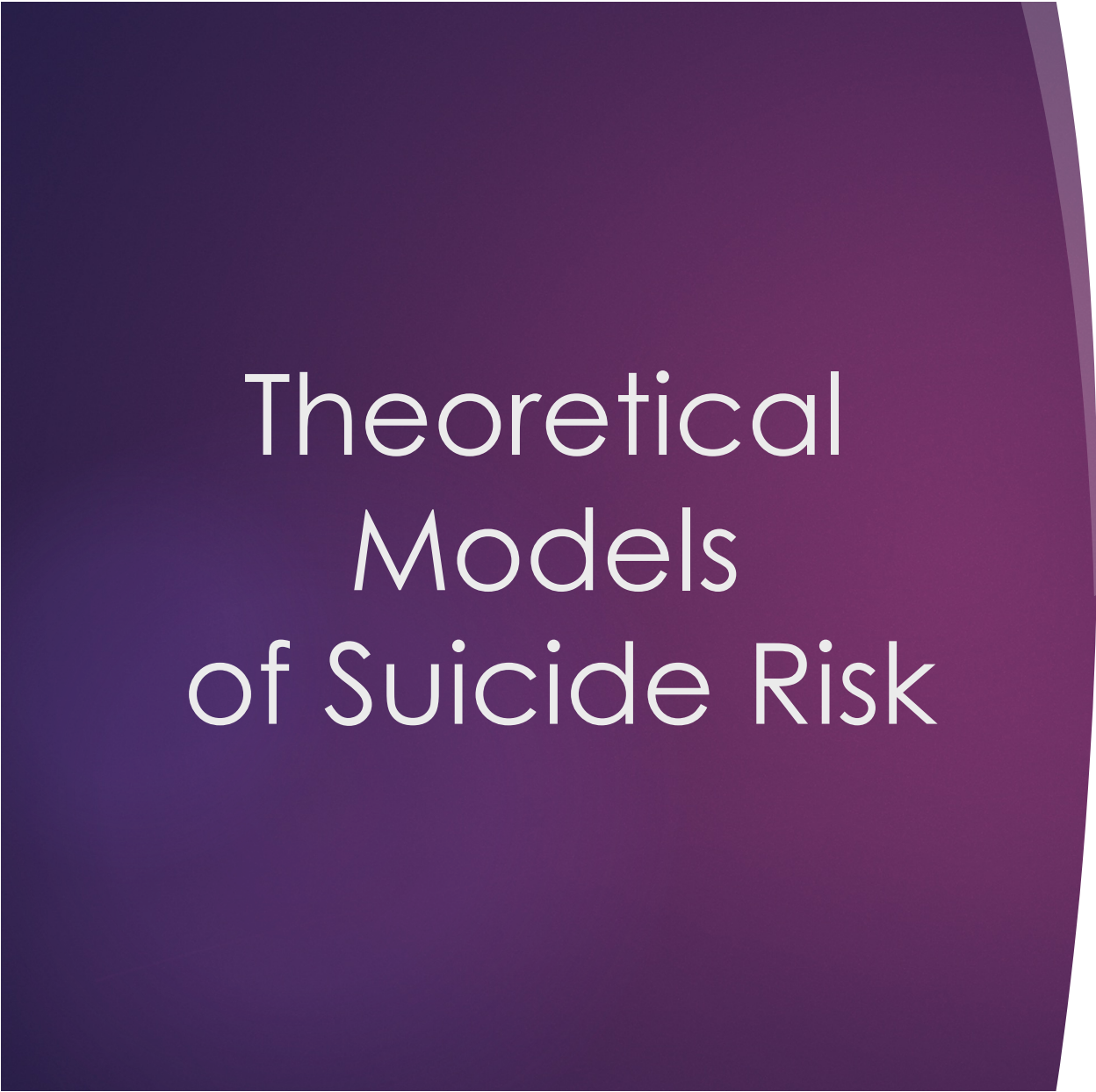
MYTH!

Myth or Reality?

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

MYTH!



Theoretical Models of Suicide Risk

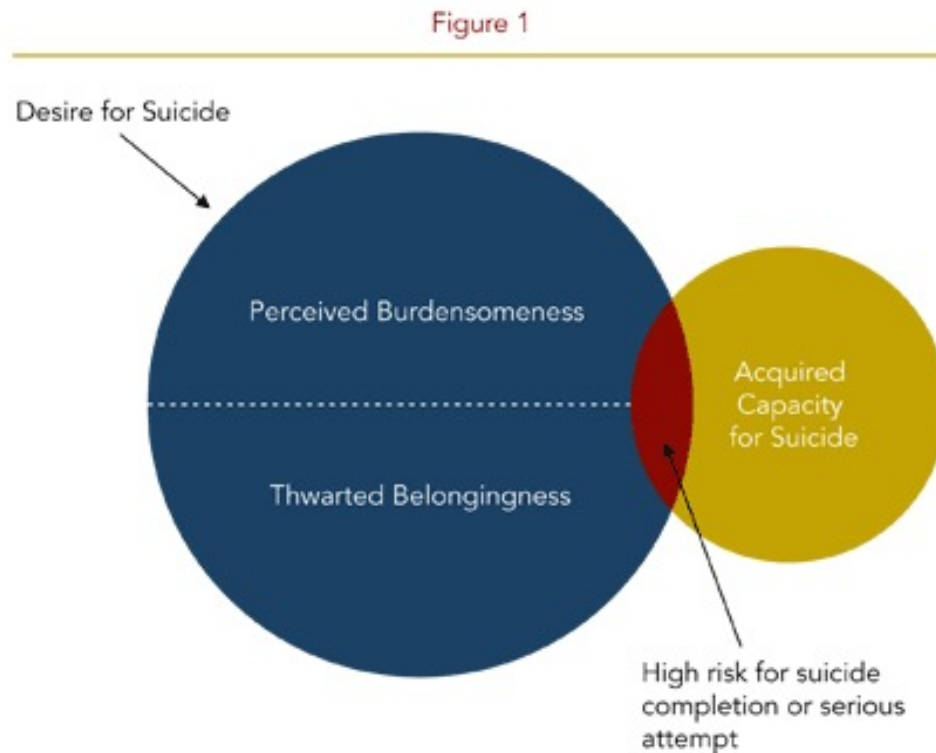
History of Suicide Theories

- ▶ Long historical examination of suicide
 - ▶ Aesop's Fables (Davis, Money, & Pridmore, 2016)
 - ▶ “A wasp landed on a snake’s head and administered repeated stings. The snake did not know how to stop his pain and take revenge on his enemy. Eventually, he ‘put his head under the wheel of a wagon so that they both perished together.’”

Past Suicide Theories

- ▶ Durkheim (1897)
 - ▶ Social Integration
 - ▶ Moral Regulation
- ▶ Schneidman (1993)
 - ▶ Psychache
- ▶ Beck (1975)
 - ▶ Hopelessness
- ▶ Baumeister
 - ▶ “Escape from self”
 - ▶ Self-blame → painful self-awareness
 - ▶ Increase in “tunnel vision” and “disinhibition”

Interpersonal Psychological Theory of Suicide (Joiner, 2007)



- ▶ Desire for Suicide
 - ▶ Perceived Burdensomeness
 - ▶ Thwarted Belongingness
- ▶ Acquired Capacity for Suicide

Fluid Vulnerability Theory (Rudd, 2006)

- ▶ “Suicidal episodes are time limited”
 - ▶ Dynamic and changing
- ▶ “Acute activation of suicidal mode”
 - ▶ Triggered by internal or external event (e.g., thoughts, embarrassing incident)
 - ▶ Cognitive
 - ▶ Hopelessness, low distress tolerance, death
 - ▶ Affective
 - ▶ Reinforcing emotions

Fluid Vulnerability Theory (Rudd, 2006)

- ▶ “Acute activation of suicidal mode”
 - ▶ Triggered by internal or external event (e.g., thoughts, embarrassing incident)
 - ▶ Physiological
 - ▶ “Fight or Flight”
 - ▶ Motivational and Behavioral
 - ▶ Urges/Actions
- ▶ Return to baseline risk level (individually determined)

Evaluation of Current Models

- ▶ The majority of individuals report 10 minutes or less between suicidal thoughts and attempt (Kattimani, et al., 2016; Daray et al., 2015).
- ▶ The median time between decision to attempt and attempt is approximately 30 minutes (Kattimani, et al., 2016).
- ▶ Mismatch between research findings and clinical need

Ideation-to-Action Framework

(May & Klonsky, 2016)

- ▶ Most individuals who have suicidal ideation do not attempt suicide.
- ▶ Variables that predict suicidal ideation may not be the same as those that predict suicide attempt.
 - ▶ For example, depression severity is associated with SI but not suicide attempt.
- ▶ What may explain the transition from ideation to attempt?
 - ▶ Diagnosis of an anxiety disorder, depressive disorder, substance use disorder, or PTSD
 - ▶ Sexual Abuse
 - ▶ However, many of these predictors were not uniquely related.

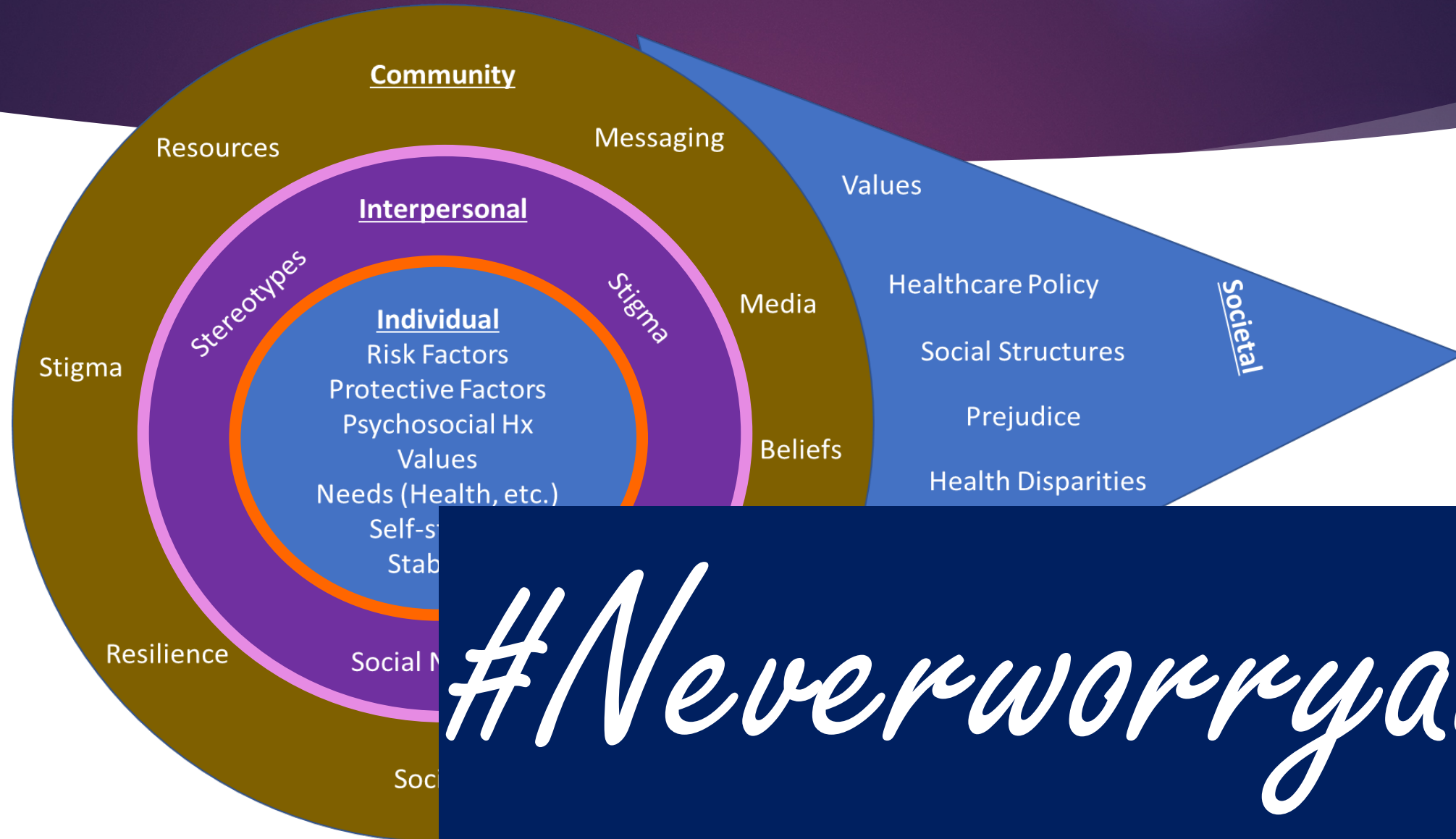
Barriers to Suicide Prediction

- ▶ Unique versus common risk factors
- ▶ Predicting dynamic outcomes with static measures
- ▶ Low base-rate event
- ▶ Clinician and client biases

Current Clinical/Research Challenges

- ▶ Limited evidence base
 - ▶ Overly focused on risk factors and warning signs
 - ▶ Lack of predictors of acute risk
- ▶ Dissemination and implementation
- ▶ Resources

Socioecological Model



#Neverworryalone

Meet Joe S.



- ▶ 48 years old
- ▶ Entered the Army after high school
- ▶ Served one tour in Afghanistan
- ▶ Separated from the military after fourteen years of service
- ▶ Recently lost job and has pending divorce

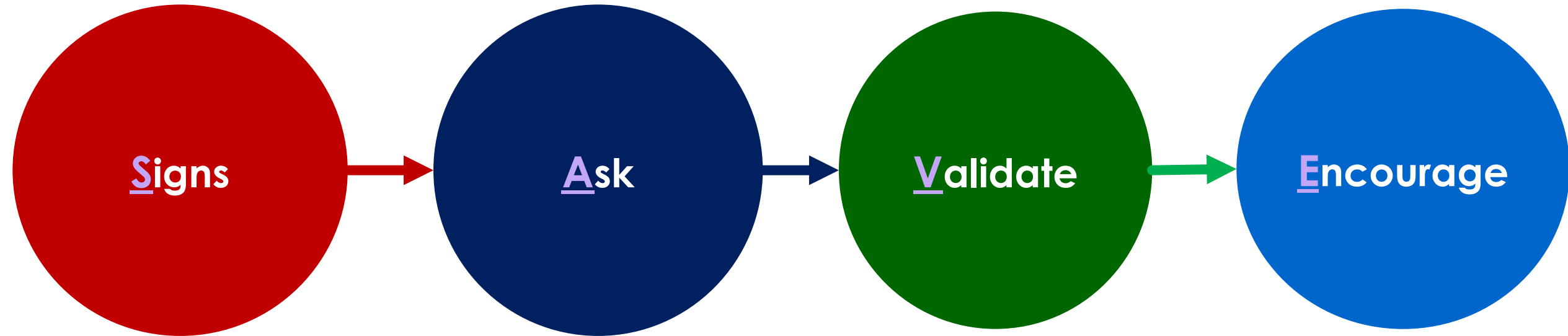
What Would You Do?

Signs

Ask

Validate

Encourage



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

“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?

Validate the Veteran's experience

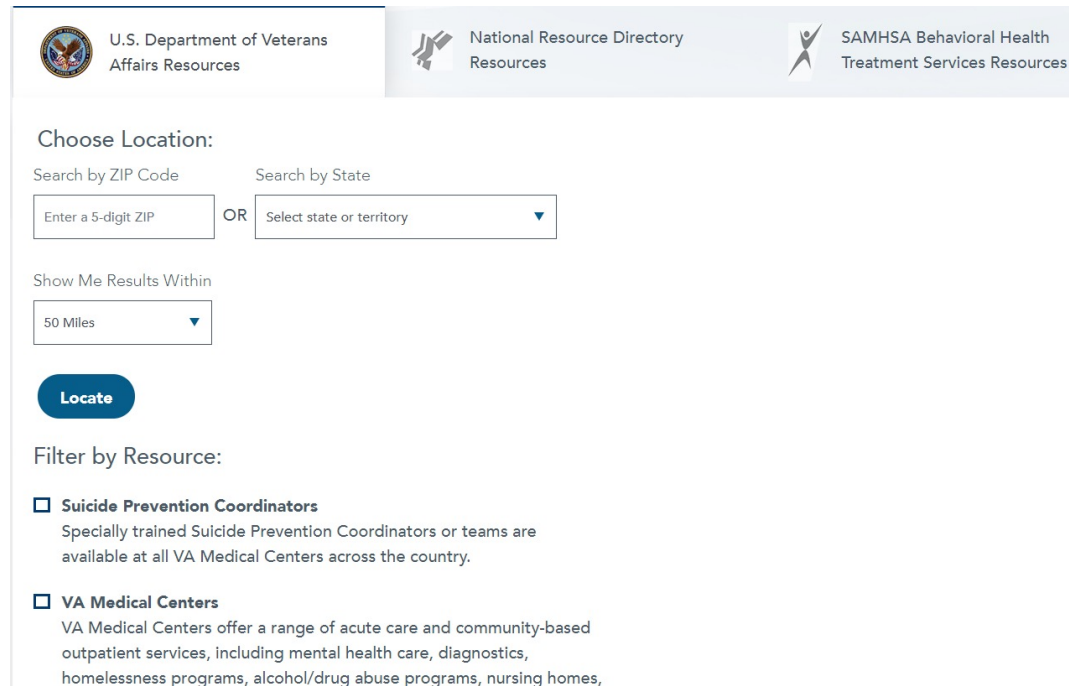
- ▶ Talk openly about suicide. Be willing to listen and allow the Veteran to express his or her feelings.
- ▶ Recognize that the situation is serious
- ▶ Do not pass judgment
- ▶ Reassure that help is available
- ▶ Validate what is true

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**

For More Information...

- ▶ PsychArmor: Free online courses, <https://psycharmor.org/>
- ▶ Find your local VA Suicide Prevention Coordinator to request a training: <https://www.veteranscrisisline.net/get-help/local-resources>



The screenshot shows the top navigation bar of the National Resource Directory website. It includes three logos: the U.S. Department of Veterans Affairs Resources logo, the National Resource Directory Resources logo, and the SAMHSA Behavioral Health Treatment Services Resources logo. Below the navigation bar is a search section titled "Choose Location:". It offers two search methods: "Search by ZIP Code" with a text input field labeled "Enter a 5-digit ZIP" and "Search by State" with a dropdown menu labeled "Select state or territory". There is an "OR" separator between the two options. Below the search options is a "Show Me Results Within" section with a dropdown menu set to "50 Miles". A blue "Locate" button is positioned below the search options. At the bottom of the screenshot is a "Filter by Resource:" section with two checkboxes: "Suicide Prevention Coordinators" and "VA Medical Centers". Each checkbox is followed by a brief description of the resource.

U.S. Department of Veterans Affairs Resources

National Resource Directory Resources

SAMHSA Behavioral Health Treatment Services Resources

Choose Location:

Search by ZIP Code Search by State

Enter a 5-digit ZIP OR Select state or territory

Show Me Results Within

50 Miles

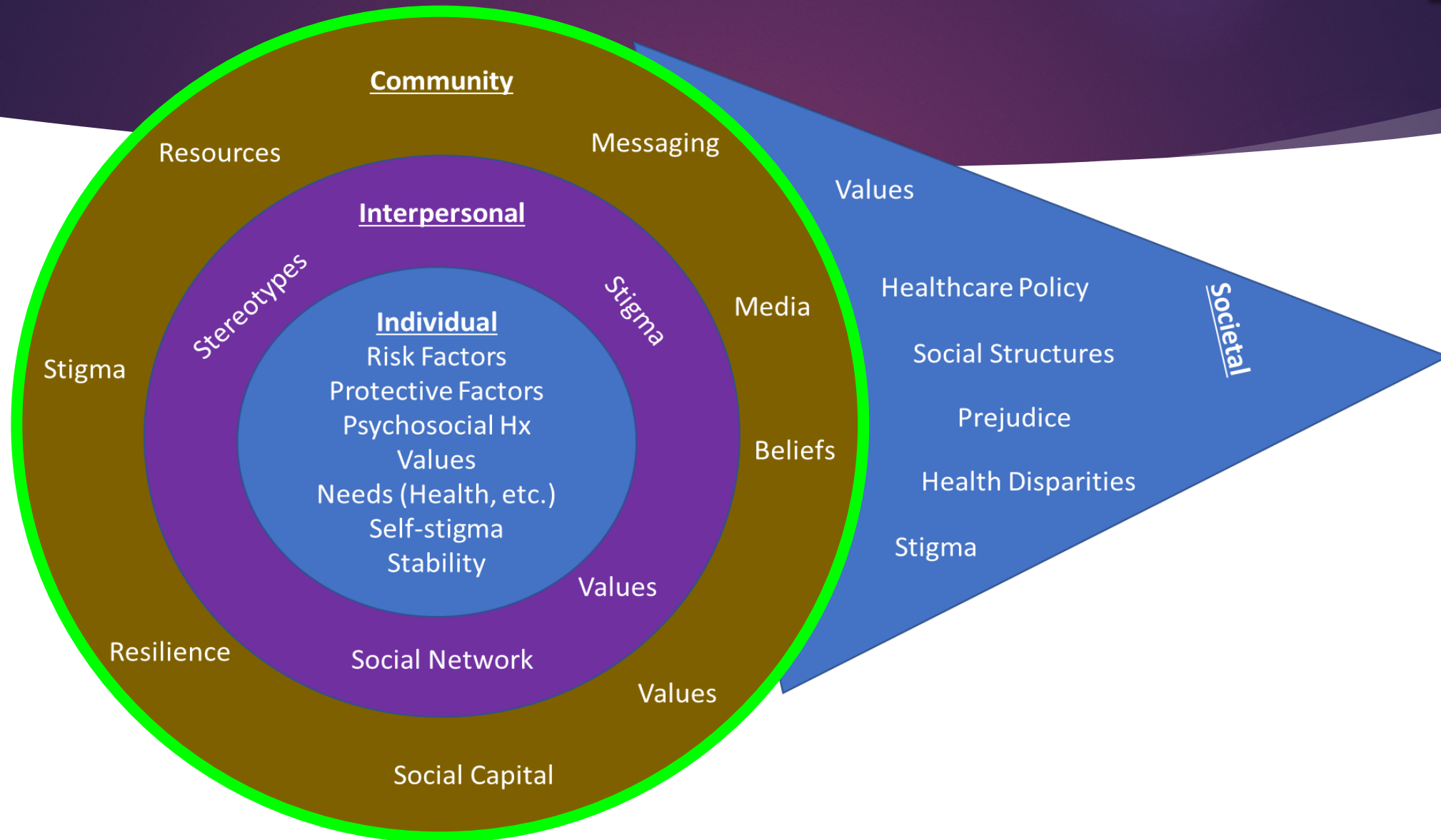
Locate

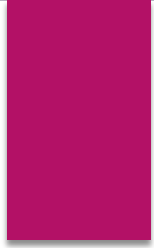
Filter by Resource:

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

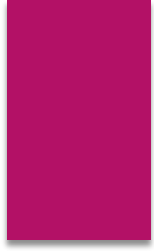
VA Medical Centers
VA Medical Centers offer a range of acute care and community-based outpatient services, including mental health care, diagnostics, homelessness programs, alcohol/drug abuse programs, nursing homes,

What happens next?





Safe Messaging



THE GRIEF OF BULLYCIDES (CNN)

TEEN COMMITS SUICIDE DUE TO BULLYING:
PARENTS SUE SCHOOL FOR SON'S DEATH
(ABC NEWS)

MARK MADOFF SUICIDE: BULLIED TO DEATH?
(FORBES)

PARENTS SAY BULLYING CAUSED THEIR
SON'S SUICIDE (NBC NEWS)

Unsafe vs. SAFE MESSAGING

- ▶ Oversimplification of causal mechanisms of suicide risk

BULLYING

=

SUICIDE

The British Journal of Social Work (2009) **39**, 1598–1614

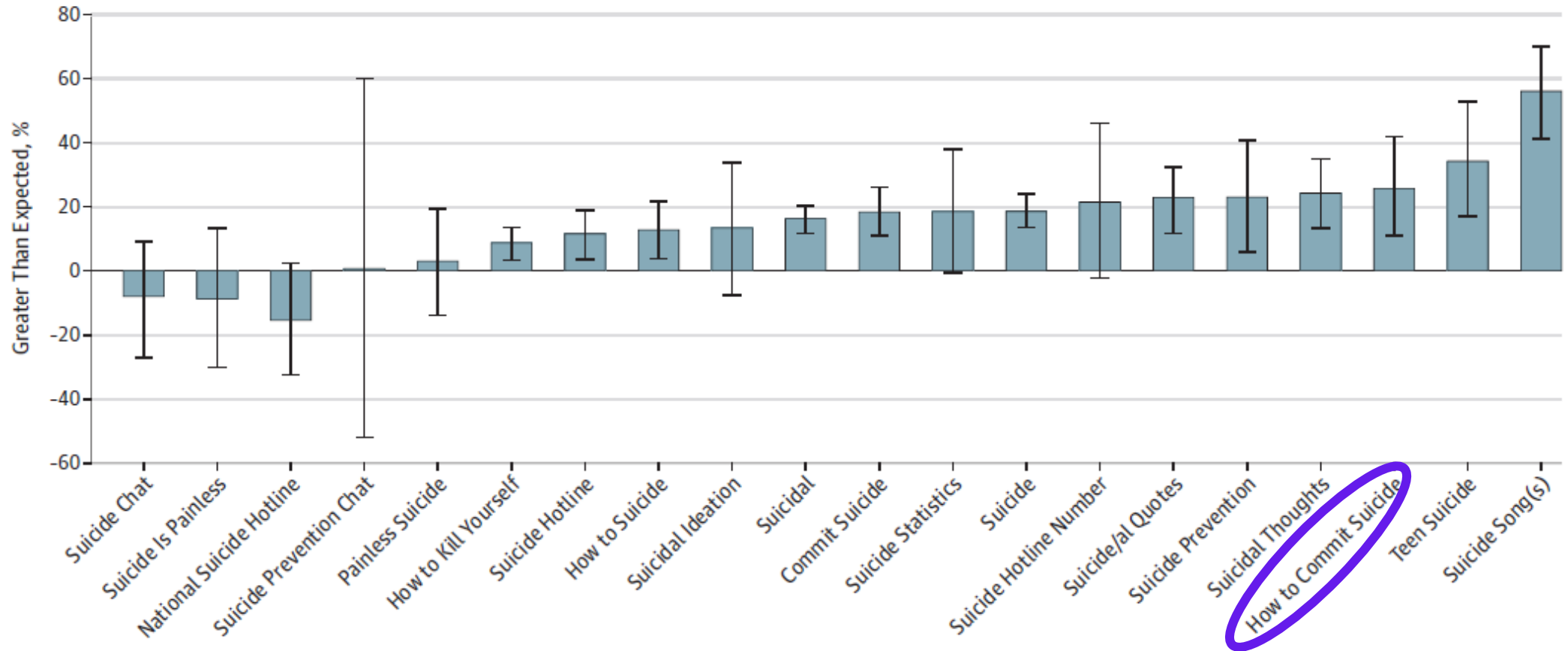
Bullying of Lesbian and Gay Youth: A Qualitative Investigation

Faye Mishna, Peter A. Newman, Andrea Daley, and Steven Solomon

‘I guess people turn to suicide because they feel, “when I go home I’m isolated from my whole family, when I go to school and with my peers it’s the same way. Nobody knows. I can’t come out. What do I do?” I guess that’s the only option of a lot of youth’ (p. 1605).

13 Reasons why (Ayers et al., 2017)

C Specific suicide queries



MILITARY SUICIDES RISE, DESPITE 900
PROGRAMS (HUFFINGTON POST)

BAFFLING RISE IN SUICIDES PLAGUES
THE U.S. MILITARY (NY TIMES)

IN UNIT STALKED BY SUICIDE,
VETERANS TRY TO SAVE ONE ANOTHER (NY TIMES)

SAFE MESSAGING

- ▶ Oversimplification of causal mechanisms of suicide risk

VETERAN

=

SUICIDE

RESEARCH

**A Qualitative Study of Potential Suicide Risk Factors
in Returning Combat Veterans**

“What’s the most extreme way ... like losing everything? ... Extreme would be like killing themselves.”

“They could kill themselves. That’s the easy way out and there’s all kinds of ways they can try to hurt themselves, attempt suicide...” (p. 220)

Stigma Associated With PTSD: Perceptions of Treatment Seeking Combat Veterans

“I think they view us as more of a threat and more of a danger, in control, but can snap at any minute and do some harm ...”

(p. 88)

“...as long as you don't act strange, you don't act crazy, or you're not violent, as long as you stay within those norms, then they appreciate your service...” (p. 88)

Safe Messaging



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- ▶ Developed in Australia
- ▶ Presenting information about suicidal behavior in a manner that mitigates suicide contagion

Safe Messaging



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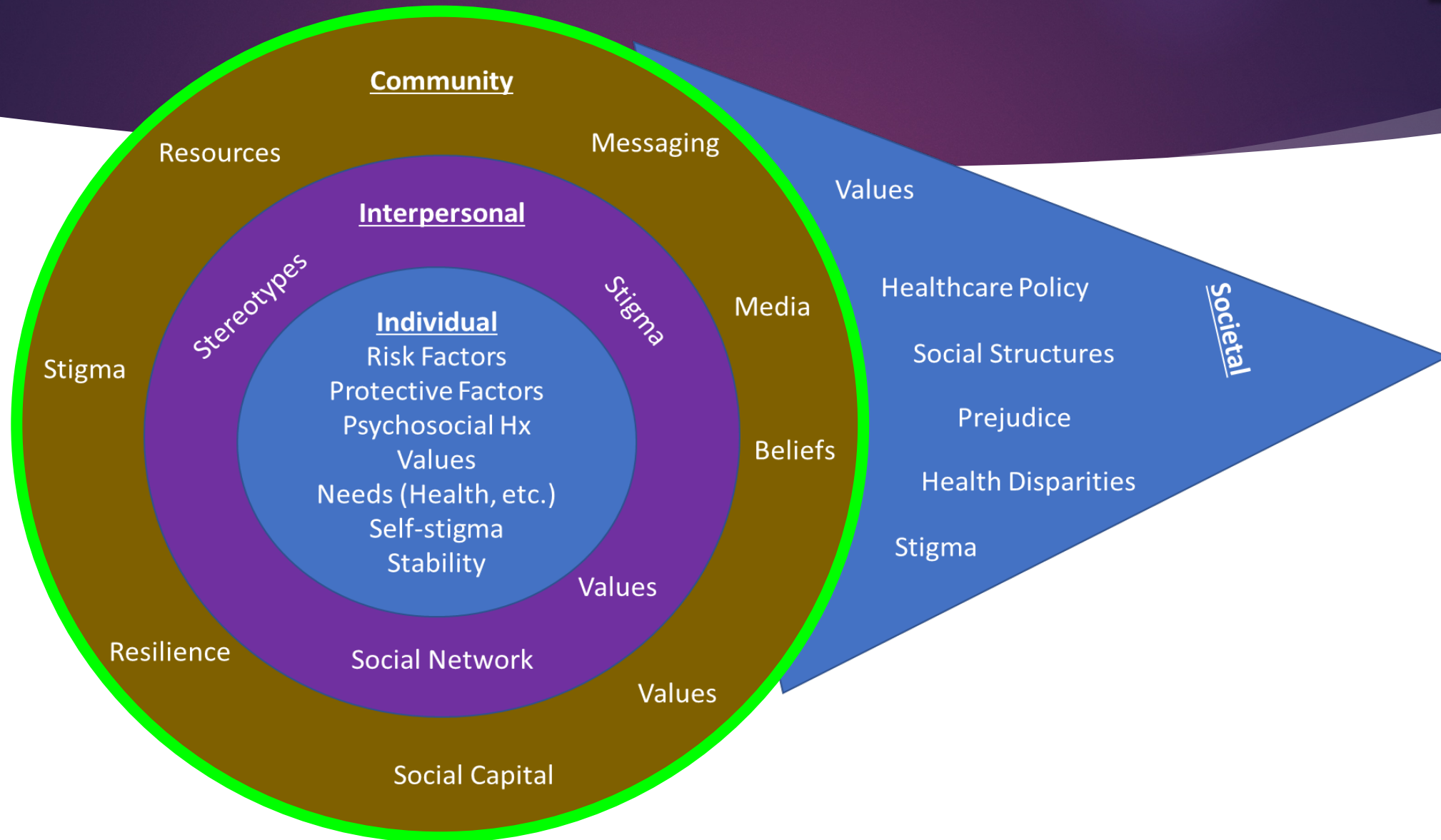
- ▶ Example Guidelines:
 - ▶ Avoid describing suicide methods and details.
 - ▶ Avoid normalizing suicide as a common event.
 - ▶ Avoid perpetuating suicide myths.
 - ▶ Do not use stigmatizing language or imagery (“successful suicide”; “deranged”).
 - ▶ Promote help-seeking.

Safe Messaging



- ▶ Know your intentions and your audience.
- ▶ For example:
 - ▶ Sharing suicide details with a chaplain or therapist versus on social media
 - ▶ Writing in your personal blog post but putting up a content warning

What happens next?



Poll #7

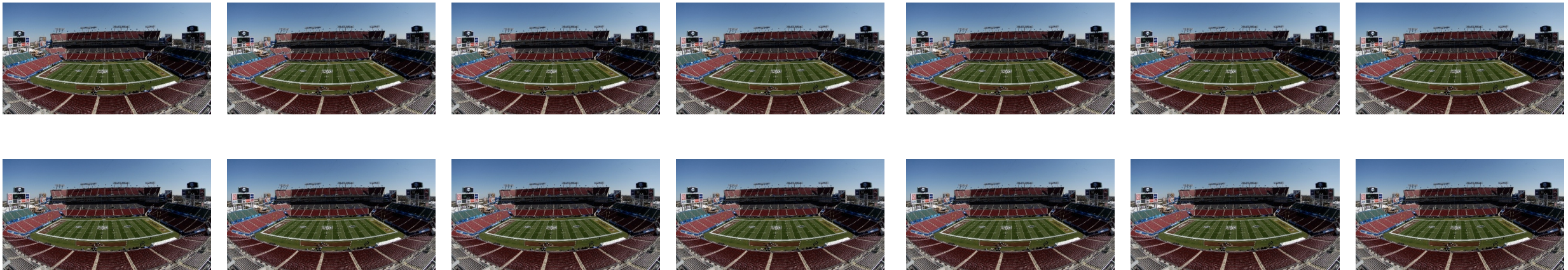
- ▶ I know someone who:
 - ▶ Has suicidal thoughts
 - ▶ Has died by suicide
 - ▶ Has attempted suicide

Poll #8

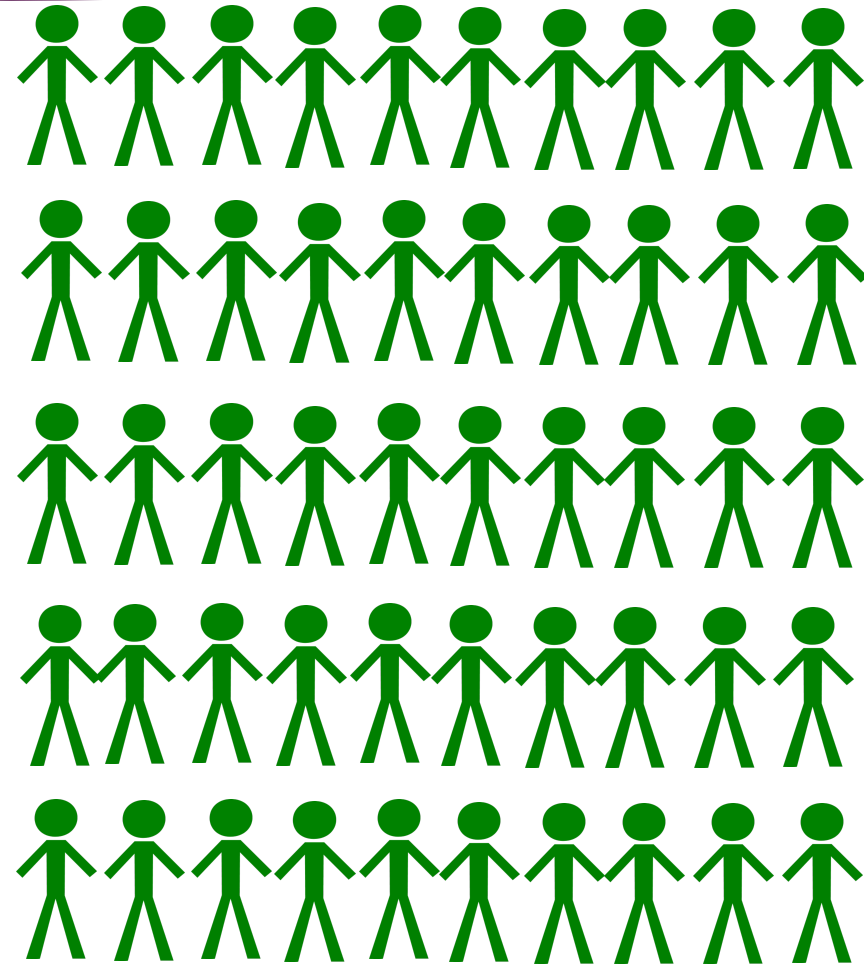
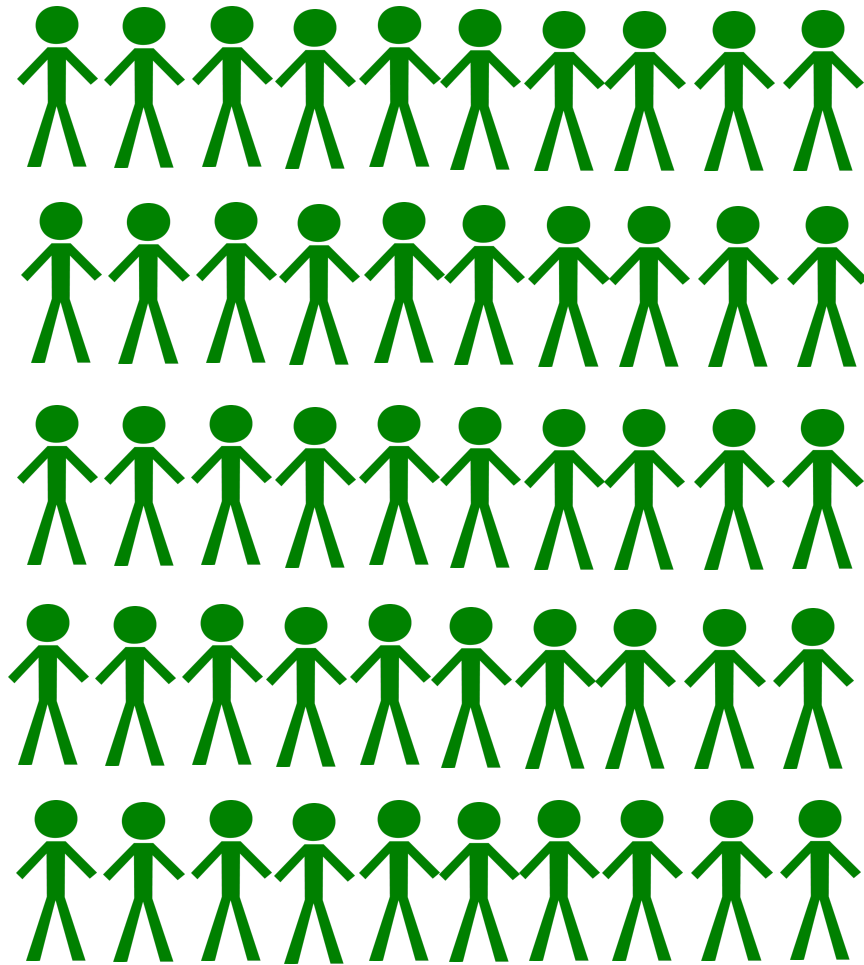
- ▶ My relationship to this person is:
 - ▶ Friend
 - ▶ Family
 - ▶ Colleague
 - ▶ Provider
 - ▶ Fellow Service Member/Veteran
 - ▶ More Than One

Impact of Service Member and Veteran Suicide

- ▶ On average, each suicide in the general population impacts 135 individuals (Cerel, 2019).



Prevalence of Veteran Suicide Exposure (Cerel et al., 2015)



What Can We Do?

- ▶ Engage support for those exposed to suicide
 - ▶ Tragedy Assistance Program For Survivors, Peer/Support Groups: <https://www.taps.org/>
 - ▶ American Foundation for Suicide Prevention, Survivor Outreach Program: <https://afsp.org/find-support/ive-lost-someone/survivor-outreach-program/>
 - ▶ Uniting for Suicide Postvention (Rocky Mountain MIRECC): <https://www.mirecc.va.gov/visn19/postvention/>
 - ▶ Grief and Loss Support

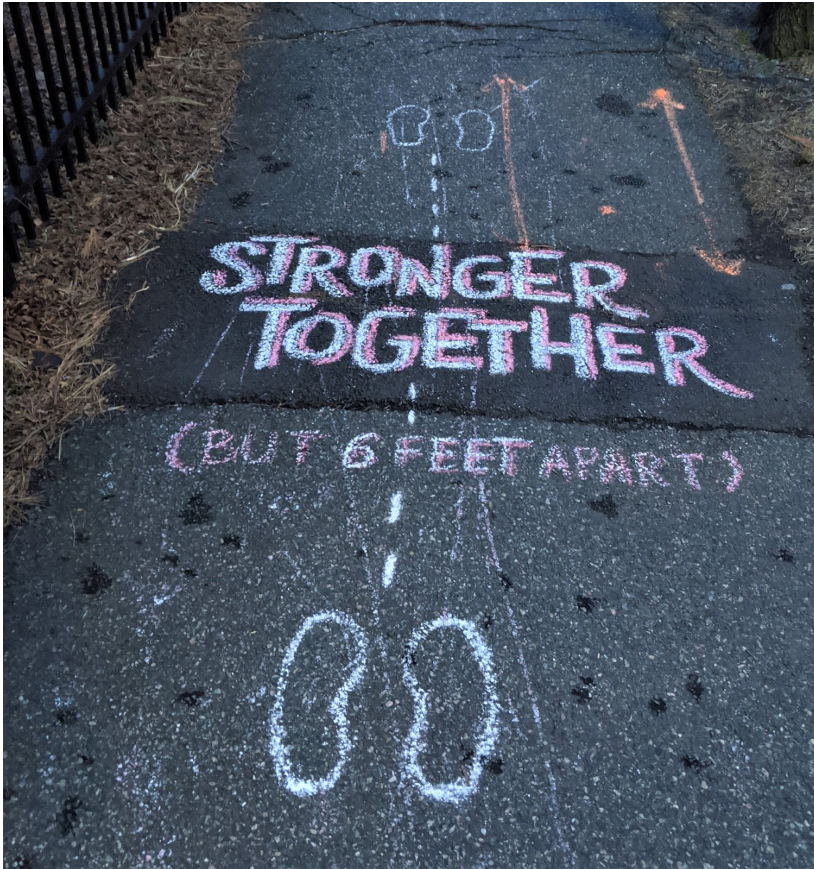
What Can We Do?

- ▶ Carefully consider survivorship in terms of decedent relationship, recency, and feelings surrounding the death.
 - ▶ Exposure to memorialization/unsafe messaging
 - ▶ Specific remembrance dates
 - ▶ Feelings of guilt/shame
 - ▶ Mental health and suicide history
 - ▶ Acknowledge impact of perceived stigma

What Can We Do?

- ▶ Discuss the common ground between survivors of loss and individuals with lived experience
 - ▶ Proactive discussion of potential conflicts
 - ▶ Awareness of our own biases

Take Homes



- ▶ You are NOT alone!
- ▶ We each have a role.
- ▶ Know your prevention resources for various situations.

NAMI Veterans-Focused Resources

- ▶ Veteran Peer Support Group, 2nd Wednesday of every month 6 -7:30 pm
- ▶ NAMI Homefront for Military/Veteran Family Members and Loved Ones
- ▶ Veteran Peer Specialist Training
- ▶ TO REGISTER:
 - ▶ Call NAMI Multnomah at 503-228-5692
 - ▶ E-mail info@namimultnomah.org

Questions?



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