

Health Care Guide to Preventing Suicide in our Service Members, Veterans, and Families

Introduction

This toolkit outlines steps you can take to provide support and help Veterans get connected to prevent suicide.

- **Veterans are 1.5 times more likely to die by suicide than non-Veterans.** More than 6,100 veterans died by suicide in the United States in 2017.
- **17 Veterans die by suicide a day** and most of them had not received care recently through the Veterans Health Administration (VHA).
- **Two-thirds (2/3) of Veterans are not seeing the VA for care**, which means they are likely to be seeing community providers for care and may or may not be endorsing their symptoms if they are experiencing them.
- **One in five Veterans (1/5)** who served in Iraq or Afghanistan experience post-traumatic stress disorder (PTSD) or major depression, but only half of those who need treatment seek medical help.
- **One in five (1/5) female Veterans report having experienced sexual trauma while serving in the military and my have adverse outcomes related to this trauma.**
- **Nebraska is home to 130,000 Veterans and Iowa is home to 226,000 Veterans.** As consumers of healthcare, Service Members, Veterans, and Families (SMVF) have unique needs and challenges. Encouraging Veterans to seek help for mental health, trauma, and suicidal thoughts is a role that everyone can take part in.
- **Veterans are an integral part of our communities.** We all have a **vital** role to play in preventing suicide among the Veterans in our lives and our communities.
- **Suicide is multifactorial and requires a multifactorial approach** which is why we need help from our communities.

The Public Health Approach to Suicide Prevention

- Research from the CDC asserts that, just as suicides are not caused by a single factor, suicide cannot be prevented by any single strategy or approach. Rather, suicide prevention is best achieved across the individual, relationship, family, community, and societal levels and across the private and public sectors¹.
- **Population Approach:** Public health uses a population approach to improve health on a large scale. A population approach means focusing on prevention approaches that impact groups or populations of people, as opposed to treatment of individuals.
- **Primary Prevention:** Public health focuses on preventing suicidal behavior before it occurs and addresses a broad range of risk and protective factors.
- **Commitment to Science:** Public health uses science to increase our understanding of suicide prevention so we can develop new and better solutions.
- **Multidisciplinary Strategies:** Public health advocates for multidisciplinary collaboration, bringing together many different perspectives to engineer solutions for diverse communities.

Connecting with Service Members, Veterans, and Families

Connect

- The first step to connecting with a Veteran is to identify whether the patient is a Veteran or not by asking the questions: **Have you or close family member ever served in the military?**
- **Connecting Veterans to their resources and benefits is crucial.** Not all Veterans, Service Members, and Family Members know what is available to them or how to access benefits and resources.
- Our goal is to enhance the ability to identify those who serve and have served in the military. Special training is not required to be able to identify who is or is not a Veteran. Some Veterans do not know if they qualify as a Veteran or for Veteran's benefits and can do so by contacting their County Veteran Service Officer (CVSO). **CVSO's can be found at www.veterans.Nebraska.gov/cvso or www.va.iowa.gov/counties.**
- Once a Veteran is identified, those working with their care have a network of resources to connect the Veteran to if the Veteran wants to be connected. These resources can be found under Education and Resources.
- Lack of education on benefits and resources that could increase protective factors

Screen

- **Special training is not required to approach the topic of suicide.** Asking about suicide does not lead to the thoughts of suicide. In fact, asking others the question and talking about suicide gives permission to talk about their thoughts and feelings.
- **It only takes in one person** to reach out to someone who is lonely, depressed, experiencing a difficult situation, or experiencing suicidal ideation to make a difference and let that person know they care.
- **No matter how casually or jokingly stated, comments about emotional distress, crisis, or suicide should always be taken seriously.**
- **69% of all Veteran suicides resulted from a firearm injury.** Asking and screening for access and availability of lethal means is important in the Veteran population. The second most common lethal mean used for suicide is medication overdose. You don't need to be a clinician to screen for lethal means safety and to recommend safe storage of weapons and medication.
- Evidence based practice suggests using the **Columbia Suicide Severity Rating Scale (C-SSRS)**. The C-SSRS is an instrument that measures current and past suicide ideation, suicide attempts, preparatory behaviors as well as non-Suicidal self-injury.
 - The Columbia-Suicide Severity Rating Scale (C-SSRS) is a questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with NIMH support. The scale is evidence-supported and is part of a national and international public health initiative involving the assessment of suicidality².
- Many health care systems in Nebraska and Western Iowa are adopting the **Zero Suicide Model** for a guide on suicide prevention. This toolkit can add valuable resources for the Veteran populations that our health care systems serve.
 - The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care³.

Connecting with Service Members, Veterans, and Families, cont.

Follow-up

- Connecting a Veteran to a Care Manager or Social Worker for follow up is an important step in prevention.
 - 43% of suicides occur within a month of discharge from a hospital
 - 47% of those individuals died before their first follow up appointments
 - 20% reduction of suicides occur with effective follow up support nationally
- **Does your healthcare system follow up with those at risk for suicide or screen positive for suicidal ideation?**
 - If your facility does not offer mental health care, Veterans can be seen same day at the VA through the Emergency Department for any mental health concerns, regardless of eligibility.
 - Nebraska/Western Iowa VAMC 800-451-5796 or 402-346-8800
 - Nebraska/Western Iowa VAMC Mental Health Walk In Triage is available M-F 8am-4:30pm, 402-346-8800 Mental Health Clinic 8th floor or Mental Health provider integrated with Primary Care.

Emotional Distress and Risk Factors for Suicide

Veteran in crisis will present differently, depending on their unique situations.

The following are some common expressions of emotional distress:

- **Hopelessness:** “Nothing I do makes a difference. It’s beyond my control. I’m stuck.”
- **Direct Statements:** “I’m having thoughts of suicide.” “I need help right now.”
- **Feeling Trapped:** “I can’t see any way out of this mess. Life will never get better.”
- **Feeling Like a Burden:** “They would be better off without me.” “I’d be better off dead.”
- **Lack of Belonging:** “No one cares. I don’t fit in.”
- **Guilt:** “It’s all my fault. If I would have done something differently...”
- **Feeling Alone:** “I’m on my own. No one cares about me.”
- **Saying Goodbye or Giving Away Possessions:** “I just want to say thank you for everything you’ve done for me.”

These are Common Risk Factors Specific to Veterans:

- Frequent deployments and length of deployments
- Deployments to hostile environment
- Exposure to extreme stress and death
- Physical and/or sexual assault while in the service
- **Service-related pain or injury**
- Difficulty with readjustment
- Lack of social support
- Lack of positive coping skills
- Negative stigma
- Lack of education on benefits and resources that could increase protective factors

Emotional Distress and Risk Factors for Suicide, cont.

Common Risk Factors:

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

Veterans at Higher Risk for Suicide:

- Younger Veterans (18-34)
- Women Veterans
- American Indian Veterans
- Veterans in transition
- Veterans with access to lethal means
- Veterans with exposure to suicide

Starting the Conversation

- As part of ingrained military culture, **Veterans often do not ask for help**. Bringing up suicide in conversation and asking about suicidal thinking can help a Veteran feel more comfortable talking about their thoughts and struggles.
- Many Veterans have “invisible wounds” and may not outwardly look like something is wrong. Veterans who have experienced trauma, combat, military sexual trauma, or traumatic brain injuries may not talk about their experiences or symptoms. As health care providers, we can ask Veterans about their thoughts and assess their needs. “How are your thoughts today?” Is a good question to replace “How are you?” to elicit more information on how the Veteran is doing.
- Ask the question: “Are you thinking about killing yourself or suicide?” when identifying warning signs or risk factors can start the conversation regarding suicidal ideation. Initiating the conversation and talking about suicide can go a long way towards ending stigma.

Referrals and Follow-up

- Getting a Veteran connected to VHA health care starts with filling out a 1010EZ form, with a care manager, social worker, nurse, or other trained professional. Complete VA Form 10-10 EZ online at www.1010ez.med.va.gov/sec/vha/1010ez, or by calling 1-877-222-VETS(8387).
- If a Veteran is connected to the VA, assist the Veteran in making a follow up appointment to see their mental health or primary care provider. NWI VA: 402-346-8800, option 2 for scheduling.
- Post 9/11 Veterans can get a care manager through the Transition and Care Management Program at the NWI VAMC. Their phone number is 402-999-8515 or 402-999-8512. The NWI VAMC has a Polytrauma Transitional Rehab Program and can be reached at 402-599-4000.
- The Veterans Crisis Line (VCL) can be called for support, guidance, or triage of a Veteran. 1-800-273-8255 Press 1 to reach the VCL .
- If a Veteran is not connected to care, encourage them in getting connected to a healthcare system. This could be for Primary care, Mental wellness, Integrated care, or other health care needs. We want to meet the Veteran where they are at and that could mean choosing a healthcare system other than the VA. There are a lot of great health care systems and clinics to choose from in the Metro Area.

Education and Resources

S.A.V.E. Training

S.A.V.E helps teach communities how to help Veterans at risk for suicide as well as help you act with confidence, compassion, and empathy if you encounter a Veteran who is in suicidal crisis. The steps of S.A.V.E are:

- Signs of suicidal thinking should be recognized.
- Ask the most important question of all.
- Validate the Veteran's experience.
- Encourage treatment and Expedite getting help.

If your facility/department is interested in receiving S.A.V.E training, please contact:
gina.Moulas@va.gov

Other Resources

- The **Veterans Crisis Line (VCL)** is also a great resource for health care providers to use when talking with a Veteran who is at risk or in a suicidal crisis. The VCL can be reached at: **1-800-273-8255, Press 1**
- **The Suicide Risk Management Consultation Program is available for community providers and provides consultation on veteran patients that are at risk for suicide. Their email is SRMconsult@va.gov.**
- Veterans can get connected to their County Veteran Service Officer, www.veterans.Nebraska.gov/cvso or www.va.iowa.gov/counties.
- The following websites are resources for Veterans to receive free mental health assistance: www.giveanhour.org and www.changedirection.org.
- Homeless Veteran resources can be found by calling the Community Resource and Referral Center at 825 Dorcas St. Suite 200 Omaha NE and Phone: 402-995-4010. National Homeless Veterans Hotline 877-424-3838.
- Women Veterans Program can be reached at 800-451-5796 ext. 4906.
- Intimate Partner Violence Program can be reached at 402-995-4103.
- LGBT Veteran Care Coordinator can be reached at 402-995-3166
- Caregiver Support Program can be reached at 855-260-3274.
- To learn more about the VA's National Strategy to Prevent Veteran Suicide: https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf
- If you have a patient that has experienced a suicide loss, here are some postvention resources:
 - www.taps.org. (for loss survivors of veterans and active-duty service members)
 - www.Allianceofhope.org
 - www.friendsforsurvival.org
 - <https://save.org/what-we-do/grief-support/>
 - <https://samaritanshope.org/our-services/grief-support-services/>

Everyone has a role to play in preventing suicide.

If you or someone you know needs help, please reach out:

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

Resources for Veterans

Community Mental Health

- To find local resources covering Iowa and Nebraska: www.211iowa.org
 - Center for Holistic Development: (402) 502-9788
demoore@chdomaha.org
 - Catholic Charities: (402) 554-0520
catholiccharities@ccomaha.org
www.ccomaha.org
 - Lutheran Family Services: (833) 903-2376
www.lfsneb.org
 - CHI Health Behavioral Health
www.chihealth.com
- Emergency Psychiatric Center: (800) 523-7294
Crisis Line Information and Referral: (402) 717-4673
- Child Saving Institute: (402) 553-6000
csireferrals@childsaving.org
www.childsaving.org
 - Charles Drew Health Center: (402) 451-3553
www.charlesdrewhcomaha.org
 - Behavioral Telehealth Consultation Clinic
Munroe-Meyer Institute (402) 559-6408
 - Heartland Family Service (402) 552-7400
 - Eastern Nebraska Community Action Partnership:
(402) 453-5656 ext. 200
 - Nebraska Urban Indian Health Coalition (402)
346-0902 www.nuihc.com

Employment and Housing

- Dept. of Labor: www.dol.gov/vets
- Vet Jobs: www.vetjobs.com
- USA Jobs: www.usajobs.gov
- America's Heroes at Work: 1-866-487-2365
www.americasheroesatwork.gov
- www.211iowa.org: covers Iowa and Nebraska resources for housing, food, mental health providers, etc.
- Small Business Admin. – Veteran's business Outreach Program: www.sba.gov

Veterans Benefits

- Veterans Benefits Administration:
1 (800) 827-100
benefits.va.gov/benefits/
- Nebraska/Western Iowa VAMC:
(402) 346-8800
www.va.gov
www.ebenefits.va.gov
www.gibill.va.gov
- Veterans Crisis Line:
1 (800) 273-8255, Press 1

Vet Centers

- 3047 S. 72nd. St. Omaha, NE: (402) 346-6735
- 3119 O St. Ste A Lincoln, NE: (402) 476-9736

Other Resources

- American Foundation for Suicide Prevention:
www.afsp.org
- Military One Source: 1 (800) 342-9647
- Women Veterans Call Center: (855) 829-6636
- Veterans Crisis Line:
www.bethereforveterans.com
www.veteranscrisisline.net
- Give an Hour, www.giveanhour.org
- Coaching Into Care, 1 (888) 823-7458
- National Resource Directory:
www.nationalresourcedirectory.gov
- Nebraska Resource and referral System (NRRS):
www.nrrs.ne.gov
- VET Center Call Center: 1-877-927-8387- peer support for combat veterans and their families.

VA Locations

Nebraska/Western Iowa VAMC
4101 Woolworth Ave.
Omaha, NE 68105
(402)346-8800

Bellevue VA Clinic
2206 Longo Drive Suite 102
Bellevue, NE 68005
(402)591-4500

Holdrege VA Clinic
1118 Burlington St.
Holdrege, NE 68949
(308) 995-3760

North Platte VA Clinic
300 E. 3rd St. Suite 302
North Platte, NE 69101
(308) 532-6906

Grand Island VAMC
2201 N. Broadwell Ave.
Grand Island, NE 68803
(308)382-3660

Lincoln VA Clinic
600 S. 70th St.
Lincoln, NE 68510
(402) 489-3802

Norfolk VA Clinic
3204 Raasch Drive
Norfolk, NE 68701
(402) 370-4570

Shenandoah VA Clinic
512 S. Fremont St.
Shenandoah, IA. 51601
(712) 246-0092

References

1. Centers for Disease Control and Prevention, Enhanced Evaluation and Actionable Knowledge for Suicide Prevention Series. Suicide Prevention: A Public Health Issue (n.d.). Accessed March 2, 2018, at www.cdc.gov/violenceprevention/pdf/ASAP_Suicide_Issue2-a.pdf.
2. COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) Risk Assessment (Lifeline crisis center version) <https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/Suicide-Risk-Assessment-C-SSRS-Lifeline-Version-2014.pdf#:~:text=COLUMBIA-SUICIDE%20SEVERITY%20RATING%20SCALE%20%28C-SSRS%29%20Risk%20Assessment%20%28Lifeline,public%20health%20initiative%20involving%20the%20assessment%20of%20suicidality>.
3. Zero Suicide. <https://zerosuicide.edc.org/>
4. Follow Up Matters <https://followupmatters.suicidepreventionlifeline.org/#one-month>