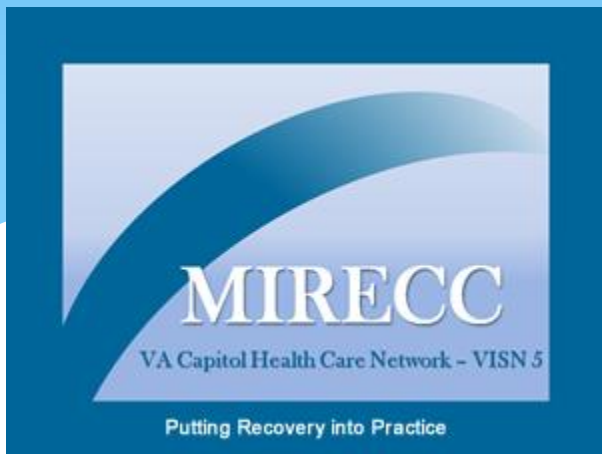


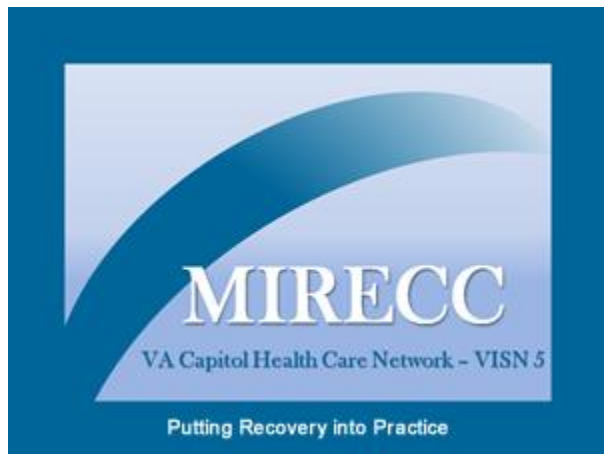
The Role of Peers in Suicide Prevention

Danielle R. Jahn, PhD & Jonathan Hollands, CPS

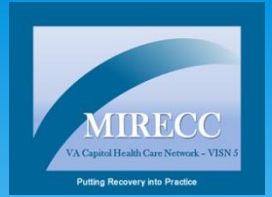
March 10, 2016



Background Information



Language



- * Our language can be confusing or stigmatizing

(Mindframe, 2014; Silverman et al., 2007a; 2007b; Singer & Erreger, 2015; Social Work Blog, 2015)

- * Suicide ideation

- * Suicide attempts

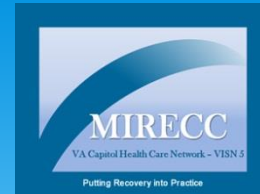
- * Do not use “parasuicide,” “failed suicide,” or “hurt themselves”

- * Death by suicide

- * Do not use “committed suicide,” “successful suicide,” or “completed suicide”

Veteran Suicide

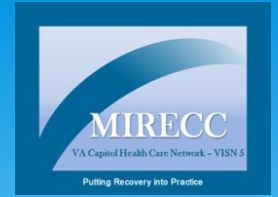
(Data/Graphs/Tables from Kemp & Bossarte, 2012; Kemp, 2014)



- * Bad news
- * Suicide rates remain high among VHA Veterans
 - * 35.9 per 100,000 in 2009 (U.S. comparison: 12.0)
 - * 38.3 for male Veterans (U.S. comparison: 19.2)
 - * 12.8 for female Veterans (U.S. comparison: 5.0)
 - * (U.S. comparison data from American Association of Suicidology, 2012)
- * Suicide rates continue to climb in Veterans
- * Among female VHA Veterans, suicide rates have increased (similar to female non-VHA Veterans)

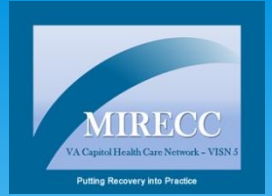
Veteran Suicide

(Data/Graphs/Tables from Kemp & Bossarte, 2012; Kemp, 2014)

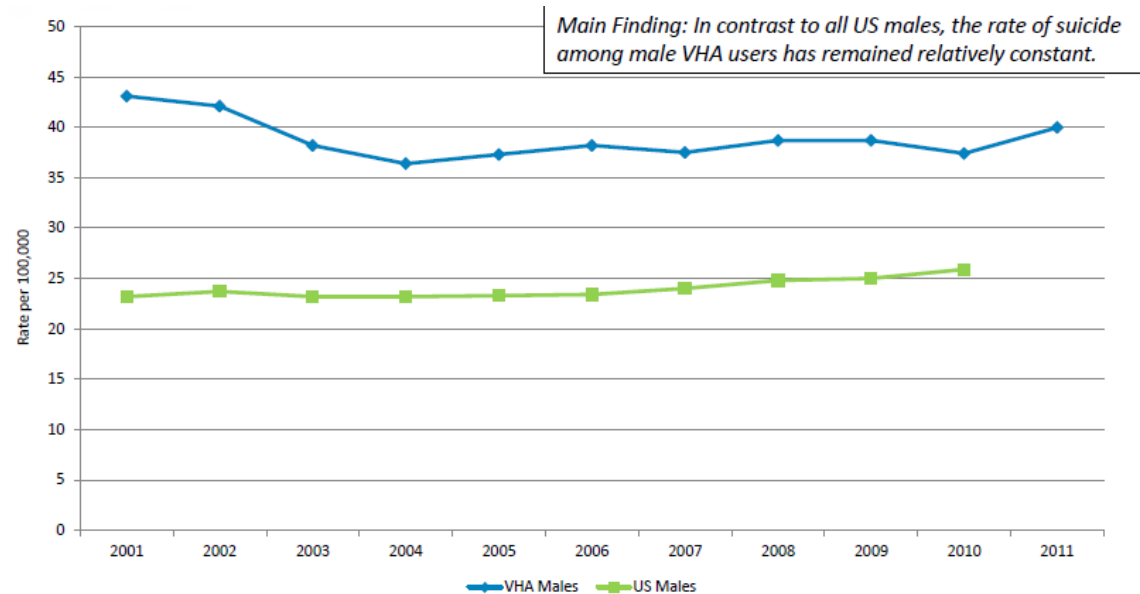


- * Good news
- * Among male VHA Veterans, suicide rates have decreased
- * VHA Veterans have lower rates of suicide than non-VHA Veterans

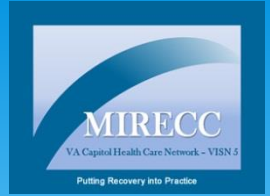
Veteran Suicide



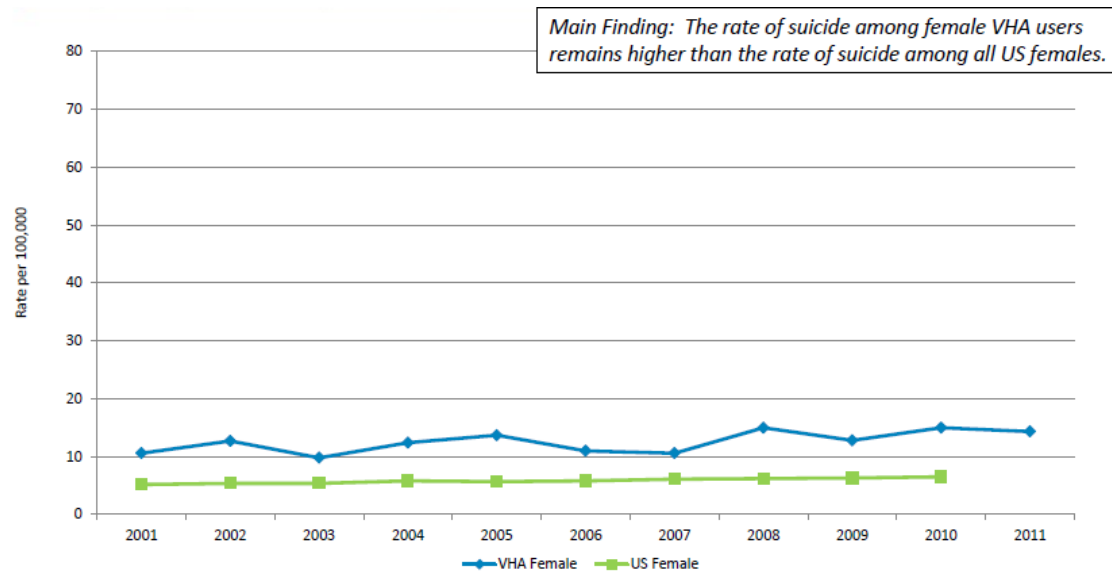
- * Suicide rates among male Veterans and men in the U.S.:



Veteran Suicide



- * Suicide rates among female Veterans and women in the U.S.:



Veteran Suicide



* Veteran suicide rates by age group:

Table 3: Percentage of Suicides by Age and Veteran Status

Age Group	Non-Veteran	Veteran	VHA Veteran	χ^2 , p (1)	χ^2 , p (2)
29 years and younger	21.6%	6.0%	3.0%	3902.36, <.0001	83.38, <.0001
30 – 39 years	19.3%	9.1%	5.2%	1386.39, <.0001	110.38, <.0001
40 – 49 years	24.5%	15.6%	14.0%	833.21, <.0001	12.34, 0.01
50 – 59 years	18.2%	20.0%	23.4%	63.54, <.0001	48.00, <.0001
60 – 69 years	8.1%	16.5%	19.6%	1655.55, <.0001	43.23, <.0001
70 – 79 years	4.6%	18.6%	20.0%	5592.63, <.0001	6.64, 0.01
80 years and older	3.7%	14.2%	14.8%	3980.27, <.0001	0.21, 0.65

(1) Veteran (as indicated on death certificate) compared to non-Veteran

(2) Veteran with VHA service use compared to general population of Veterans (as indicated on death certificate)

Main Finding: More than 69% of Veteran suicides are among those age 50 years and older.

Veteran Suicide



* Veteran suicide rates by age group:

Table 3: Percentage of Suicides by Age and Veteran Status

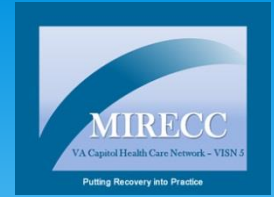
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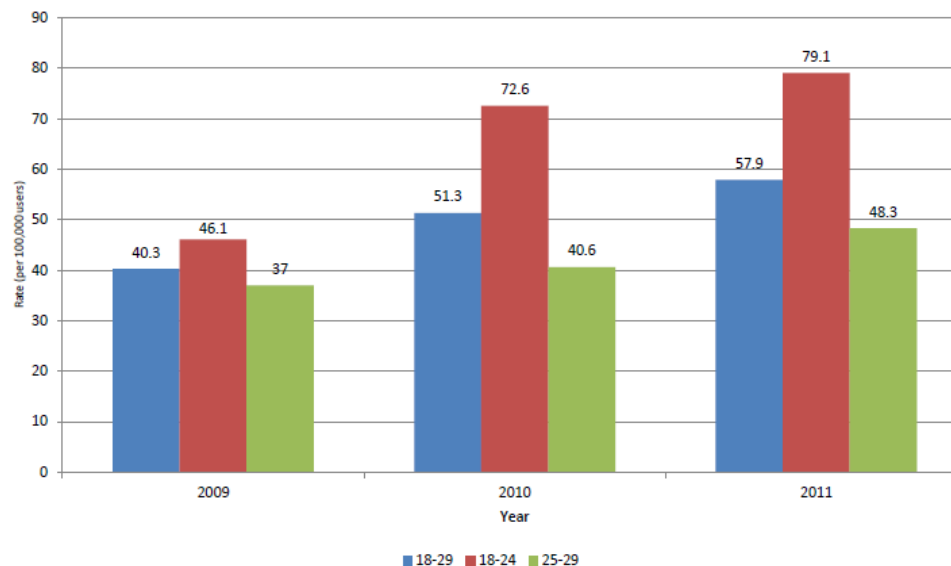
Veteran Suicide



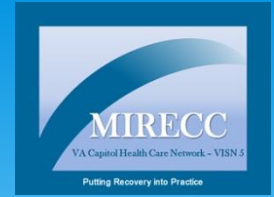
- * Changes in suicide rates among young male Veterans:

Main Finding: The rate of suicide has increased among younger male VHA users.

VHA User Suicide Rates: Male Veterans Aged 18-29 Years



Veteran Suicide

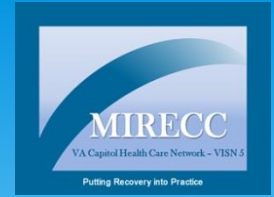


* Veteran suicide rates by race:

Table 7: Percentage of Suicides by Race/Ethnicity and Veteran Status

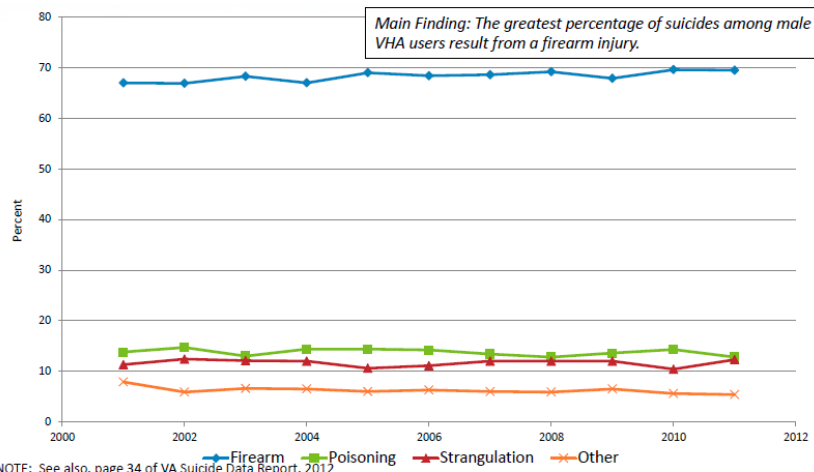
Age Group	Non-Veteran	Veteran	χ^2 , p
<u>Race</u>			
White	87.7%	92.6%	472.13, <.0001
African-American	6.4%	4.5%	128.55, <.0001
Indian/Native Alaskan	1.6%	0.7%	122.17, <.0001
Asian/Pacific Islander	1.6%	0.4%	226.34, <.0001
Other	0.7%	0.2%	89.39, <.0001
Unknown	2.0%	1.6%	10.01, 0.01
<u>Ethnicity</u>			
Hispanic	5.4%	1.6%	676.81, <.0001
Non-Hispanic	87.2%	91.4%	351.21, <.0001
Unknown	7.4%	7.0%	6.61, 0.05

Veteran Suicide



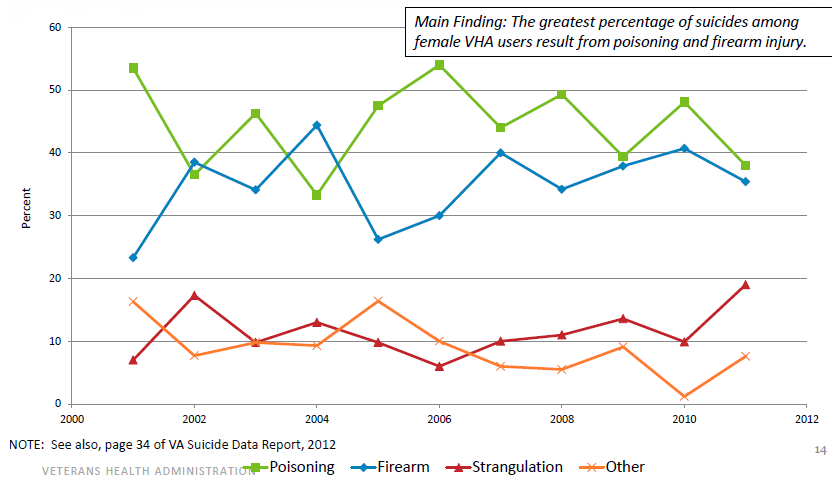
* Means of death by suicide among Veterans:

MEN



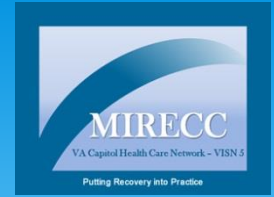
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WOMEN



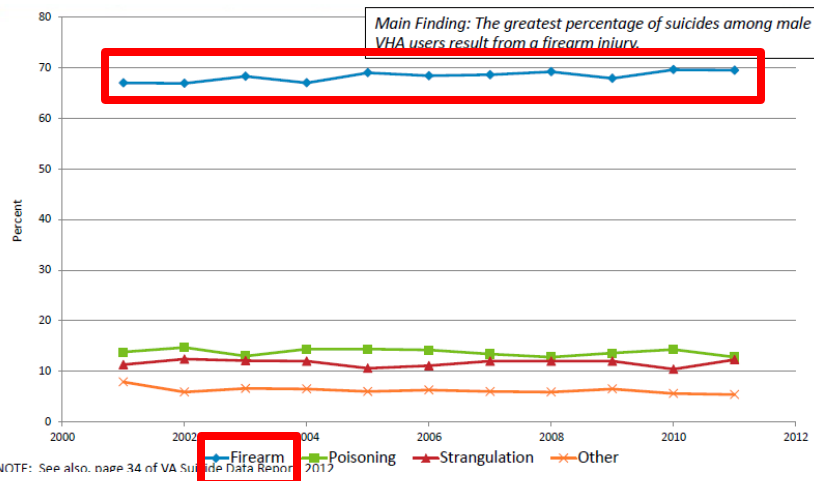
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Veteran Suicide

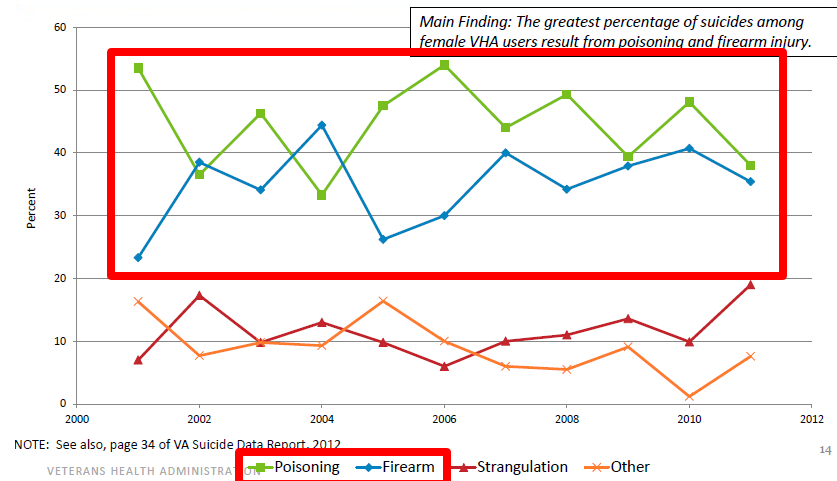


* Means of death by suicide among Veterans:

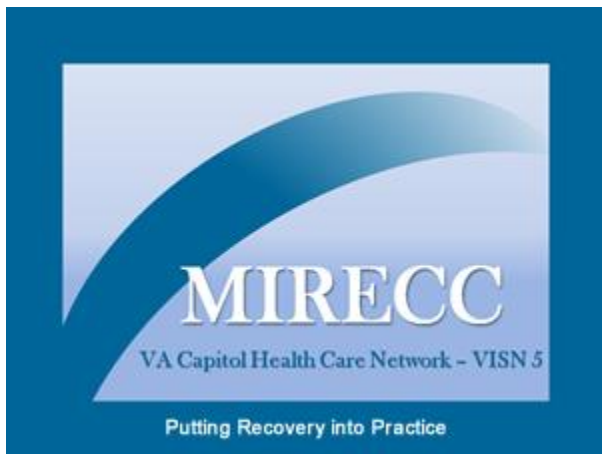
MEN



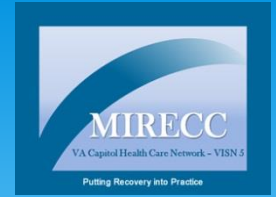
WOMEN



Myths and Facts

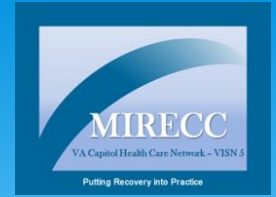


Myths and Facts



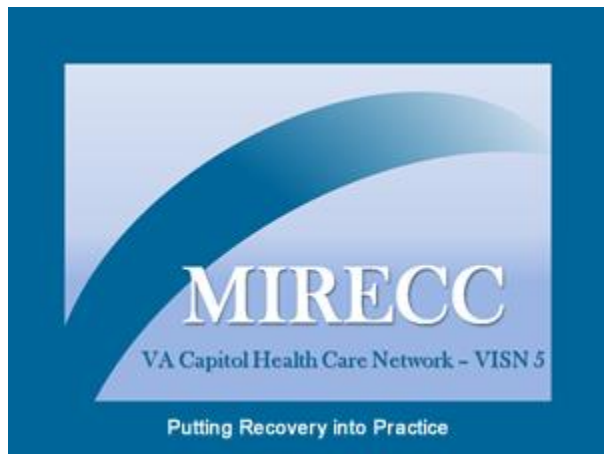
- * **Myth:** More people die as a result of homicide than suicide.
 - * **Fact:** There are twice as many suicides as homicides in the United States. More people also die due to suicide than car accidents. Suicide does not receive the same amount of publicity in the media, though.
- * **Myth:** Suicide rates are highest during the winter holidays.
 - * **Fact:** Suicide rates seem to be the highest in the spring, though we are not exactly sure why.
- * **Myth:** People who have attempted suicide before will probably kill themselves at some point.
 - * **Fact:** Over 90% of people who have made a suicide attempt and survived do not end up dying by suicide.
- * **Myth:** People who kill themselves are weak and selfish.
 - * **Fact:** People who kill themselves are in a lot of pain that overwhelms them. They are not weak. Many people who kill themselves believe they are a burden on other people and that suicide is the least selfish thing they can do, because they believe that others would be better off without them.
- * **Myth:** Asking about suicide may give someone the idea and cause them to die by suicide.
 - * **Fact:** People already know that they can kill themselves. Asking about suicide can actually help to decrease thoughts of suicide because the person can talk about it and get help.
- * **Myth:** There are no warning signs for suicide.
 - * **Fact:** There are many warning signs for suicide, such as talking or writing about it, giving away personal possessions, and looking for ways and opportunities to die by suicide.

Myths and Facts

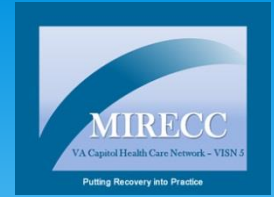


- * **Myth:** People who talk about suicide don't actually want to kill themselves. They just want attention.
 - * **Fact:** Talking about suicide is one of the most important warning signs for suicide. People who are suicidal are in a lot of pain and may talk about it to try to get help without dying by suicide.
- * **Myth:** People who die by suicide don't tell anyone about it beforehand.
 - * **Fact:** Many people communicate their thoughts of suicide. Some research shows 70-80% of people who have died by suicide told someone beforehand.
- * **Myth:** People who are thinking about suicide just want to die.
 - * **Fact:** People who are thinking about suicide usually want the pain that they're in to stop. This can be emotional pain or physical pain. When they can't see any good way to end that pain, they start thinking about suicide. Most people want the pain to stop-they don't necessarily want to die.
- * **Myth:** No one has the right to stop someone from killing themselves if they want to.
 - * **Fact:** We have a responsibility to help Veterans as VA employees. Our job is to help people find ways of fixing their problems without killing themselves.
- * **Myth:** When people start to seem happier, you don't have to worry about them thinking about suicide any more.
 - * **Fact:** Sometimes, once people have more energy, they are able to carry out plans for suicide that they have been thinking about for awhile. Also, sometimes people may feel happier or more at peace once they have decided to kill themselves because they believe their pain will soon end.

Risk Factors



Risk Factors



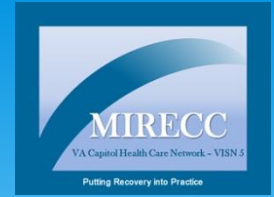
* IS PATH WARM (AAS, 2016)

- * Ideation
- * Substance abuse
- * Purposelessness
- * Anxiety
- * Trapped
- * Hopelessness
- * Withdrawal
- * Anger
- * Recklessness
- * Mood changes
- *
- *

* VA/DOD Clinical guidelines

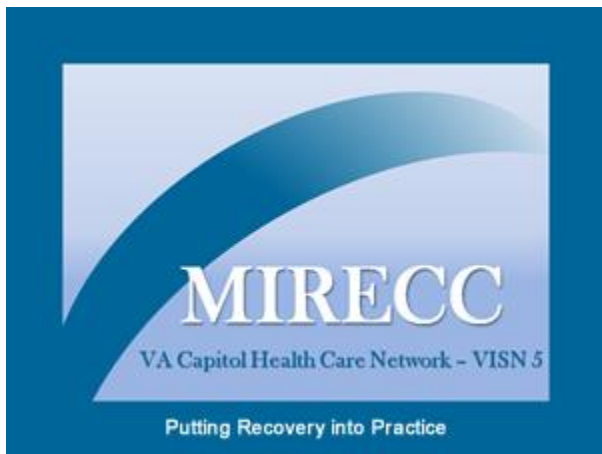
- *
- * Substance abuse
- * Purposelessness
- *
- * Feeling trapped
- * Hopelessness
- * Social withdrawal/Alienation
- * Anger
- * Recklessness
- * Mood changes
- * Sleep disturbances
- * Guilt/shame

Risk Factors

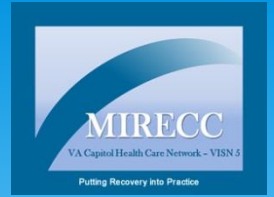


- * National Suicide Prevention Lifeline: Warning Signs (2011)
 - * Talking about:
 - * Wanting to die/kill oneself.
 - * Feeling hopeless/having no reason to live.
 - * Feeling trapped.
 - * Being in unbearable pain.
 - * Being a burden to others.
 - * Seeking revenge.
 - * Looking for a way to kill oneself.
 - * Increasing use of alcohol/drugs.
 - * Acting anxious/agitated.
 - * Behaving recklessly.
 - * Sleeping too little/too much.
 - * Withdrawing/feeling isolated.
 - * Showing rage.
 - * Displaying extreme mood swings.

VA Guidelines on the Role of Peers

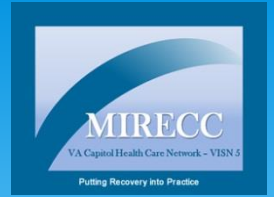


VA Guidelines on Peers and Suicide Prevention



- * Peers are in mental health settings and may come across Veterans who are at risk for suicide
 - * All employees should have received Operation SAVE training at new employee orientation
- * Peers' roles are to:
 - * Feel comfortable talking to/asking Veterans about safety and refer Veterans with any safety concerns to a licensed mental health professional for a full suicide risk assessment
 - * Collaborate with licensed mental health professionals to promote Veterans' safety
 - * Use their lived experience to instill hope and promote coping

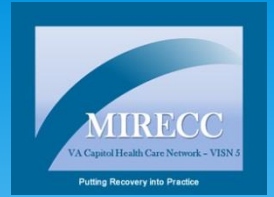
VA Guidelines on Peers and Suicide Prevention



- * Operation SAVE:

- * **S: Signs of Suicidal Thinking** – Look for signs. Veterans who are considering suicide often show signs of depression, anxiety, low self-esteem, and/or hopelessness.
- * **A: Ask the Question: “Are you thinking about killing yourself?”**
- * **V: Validate the Veteran’s Experience** - Talk openly about suicide. Be willing to listen and allow the Veteran to express his or her feelings. Do not pass judgment.
- * **E: Expedite Getting Help** - Reassure the Veteran that help is available. Do not leave him or her alone. Immediately contact the Suicide Prevention Coordinators and escort the Veteran to Urgent Care.

VA Guidelines on Peers and Suicide Prevention

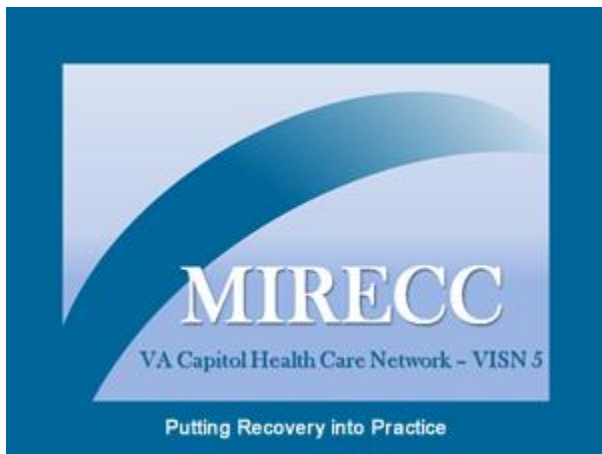


- * Operation SAVE:

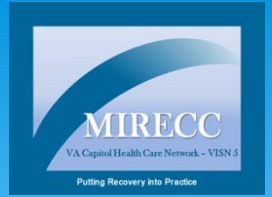
- * Other signs of suicidal thinking include:

- * Frequent and dramatic mood changes
 - * Expressing feelings of excessive guilt or shame
 - * Feelings of failure or decreased performance
 - * Feeling that life is not worth living, having no sense of purpose in life
 - * Talk about feeling trapped—like there is no way out of a situation
 - * Having feelings of desperation, and saying that there's no solution to their problems
 - * Their behavior may be dramatically different from their normal behavior, or they may appear to be actively contemplating or preparing for a suicidal act through behaviors such as:
 - * Performing poorly at work or school
 - * Acting recklessly or engaging in risky activities—seemingly without thinking
 - * Showing violent behavior such as punching holes in walls, getting into fights or self-destructive violence; feeling rage or uncontrolled anger or seeking revenge
 - * Looking as though one has a “death wish,” tempting fate by taking risks that could lead to death, such as driving fast or running red lights
 - * Giving away prized possessions
 - * Putting affairs in order, tying up loose ends, and/or making out a will
 - * Seeking access to firearms, pills, or other means of harming oneself

Peer Involvement in Suicide Prevention

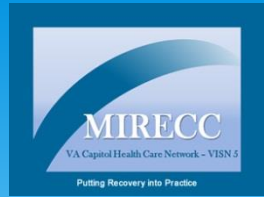


Peer Involvement



- * Collaborating with mental health professionals on:
 - * Caring letters
 - * Safety planning
 - * Means safety
 - * Groups
 - * Providing additional contacts with high-risk individuals
 - * Promote Veterans Crisis Line and VA services

Peer Involvement



- * Tips:
 - * How to read high risk for suicide flags

- * Note: Taken from a test patient in CPRS; NOT AN ACTUAL PATIENT RECORD

Patient Record Flags

Category I Flags: 1 Item(s)

HIGH RISK FOR SUICIDE

Category II Flags

Flag Name: HIGH RISK FOR SUICIDE

Assignment Narrative:
This national PRF entry was auto-created on Aug 21, 2012@12:59:48, by the 'Convert Local HRMH PRF to National' option, run by BRANDON,ANNA B. The fields are based on the local PRF HIGH RISK FOR SUICIDE which was inactivated by the auto conversion.
The patient attempted suicide while in the hospital on 7/31 and is considered high risk for suicidal behavior. If he makes any statements about self harm, report immediately to the Licensed Independent Provider (LIP) in your area.
Please see progress note assigned to the flag for more details.
Patient reviewed and still at high risk

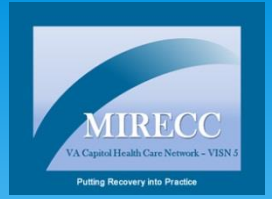
Flag Type: CLINICAL
Flag Category: I (NATIONAL)
Assignment Status: Active
Initial Assigned Date: AUG 21, 2012@12:59:48
Approved by: JONES, NIKOLE S
Next Review Date: JAN 13, 2010
Owner Site: BALTIMORE VA MEDICAL CENTER (MARYLAND HCS (512))
Originating Site: BALTIMORE VA MEDICAL CENTER (MARYLAND HCS (512))

Signed, Linked Notes of Title: PATIENT RECORD FLAG CATEGORY I - HIGH RISK FOR SUICIDE

Date	Action	Author
------	--------	--------

Close

Peer Involvement

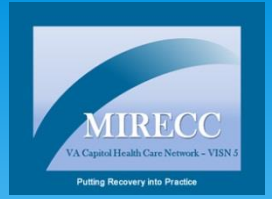


- * Tips:

- * How to handle situations with high-risk Veterans

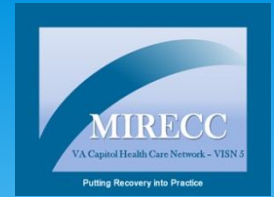
- * SAFE Response for Suicidal Callers for Non-Clinicians
 - * VHA Office of Peer Support Services Frequently Asked Questions Series: Peer Specialists and Safety Screens
 - * Stay with the Veteran and alert a licensed mental health professional, who can complete further assessment and follow-up
 - * Empathize and continue talking to them

Peer Involvement



- * SAFE Response for Suicidal Callers for Non-Clinicians
 - * Stay calm
 - * Assure the caller you are there to help
 - * Forward the call to the Veterans Crisis Line
 - * Encourage follow-up by notifying your supervisors and the Suicide Prevention Team

Peer Involvement



1

VHA Office of Peer Support Services

Frequently Asked Questions Series: Peer Specialists and Safety Screens

1) Can VHA Peer Specialists (PSs) conduct clinical risk assessments for suicide or homicide risk factors?

Clinical risk assessments for suicide and homicide should only be conducted by licensed clinical staff, not by PSs.

2) I'm concerned that Veterans may not share their suicidal or homicidal thoughts without being asked. Is it ok for PSs to ask a basic suicide or homicide screening question as a means of determining if the Veteran needs to speak with a clinical staff for a clinical risk assessment?

Every VHA employee receives Operation S.A.V.E. training as part their orientation. Accordingly, PSs are encouraged to ask Veterans basic screening question about suicidal and/or homicidal ideation, particularly to Veterans about which the PS and/or other staff are worried. Example questions include: "Are you thinking about hurting yourself?", "Are you suicidal?", "Are you thinking about hurting someone else?" If the Veteran responds positively to either question the PS should stay within close proximity to the Veteran and call for a back-up clinical support, who can conduct a clinical risk assessment. PSs and their supervisors are encouraged to consult with their facility's Suicide Prevention Coordinator (SPC) to receive a refresher S.A.V.E. training as needed.

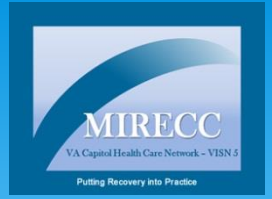
3) How should PSs document their basic safety screen in CPRS?

Basic safety screens should be documented in a non-clinical manner. For example, "PS asked Veteran if they are thinking of hurting themselves or someone else. Veteran denied having such thoughts." Or "PS asked Veteran if they are thinking of hurting themselves or someone else. Veteran said they were thinking of hurting themselves. PS consulted with Dr. Doe who met with Veteran to conduct a clinical risk assessment."

4) Is it possible for PSs to receive more training on suicide screening, so they can ask more screening questions?

If it serves local facility patient care needs, certified PSs can receive additional training in suicide screening, such as the *Applied Suicide Intervention Skills Training (ASIST)*. Once certified PSs have successfully obtained such a training they would be able to ask more screening questions, with the caveat that the PS has access to a Licensed Independent Provider clinical staff for back-up clinical support and ready referral for a clinical risk assessment.

Peer Involvement

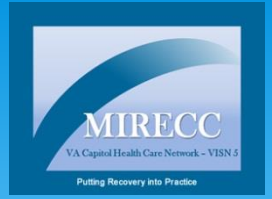


- * Tips:

- * How and when to ask about suicide

- * VHA Office of Peer Support Services Frequently Asked Questions Series: Peer Specialists and Safety Screens
 - * If you believe a Veteran may be at risk (based on the risk factors we discussed earlier or your relationship with the Veteran), ask:
 - * “Are you thinking about killing yourself?”
 - * “Are you thinking about suicide?”

Peer Involvement

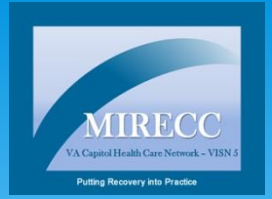


- * Tips:

- * How and when to ask about suicide

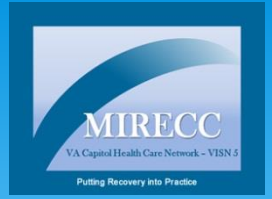
- * If a Veteran indicates he/she is suicidal, use protocols discussed earlier
 - * Stay with the Veteran and alert a licensed mental health professional, who can complete further assessment and follow-up

Peer Involvement



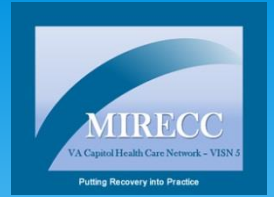
- * Tips:
 - * How to continue engaging with Veterans in a conversation about suicide in the process of referrals
 - * Positive, hopeful language
 - * Be aware of body language
 - * How to normalize and empathize while giving hope

Peer Involvement



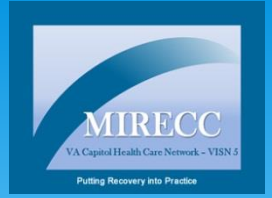
- * Self care is important!
 - * Suicide can be difficult to talk about or triggering
 - * Check in/process with supervisors
 - * Work-life balance
 - * Other self-care activities

Caring Letters



- * Caring Letters: Evidence-based (Motto & Bostrom, 2001)
- * Shown to prevent suicide after a hospitalization for suicide risk
- * Letters are sent every so often (for example, monthly) to let the person know that clinicians care and are thinking about them
- * Being used in the military and VA (Luxton et al., 2012; 2014)

Caring Letters



- * In the VA Maryland Health Care System:
 - * Suicide prevention team keeps a list of Veterans who have been removed from high-risk flags or at-risk who are not on a flag and mail letters monthly for one year
 - * Letters take a variety of forms (flyers, cards) and offer various messages of hope and caring
 - * Peer role: Peer on suicide prevention team helps mail letters, track list of Veterans, and call Veterans as needed

Caring Letters



Looking forward to Summer, while enduring these cold months!



We look forward to serving you.
You served us, now let us serve you!

We are always here for you. The Baltimore and Perry Point VAMC care about you! We hope you are doing well. Please let us know if there is anything we can do to help you get the care you need.

Contacts are

Baltimore Team Members are:

BT-Toll Free Number is 1 800-463-6295

Cherise Wilmore, LCSW-C
Suicide Prevention Case Manager
(410) 605-7000 x9568

Laura Mumford, LCSW
Suicide Prevention Case Manager
(410) 637-1282

Jonathan S. Hollands
Peer Support Specialist
(410) 605-7000 x9542

Perry Point Team Members are:

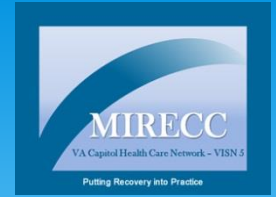
Toll Free Number is 1 800-949-1003

Nikole Jones, LCSW-C
Suicide Prevention Coordinator
(410) 642-2411 x5020

Sharon Weiss, LCSW-C
Suicide Prevention Case Manager
(410) 642-2411 x5799

To speak with someone 24/7, 365 days a year, call the
Veterans Crisis Line 1- 800-273-8255 (TALK) and press ONE

Caring Letters



Front Cover Exhibit:
Was created by the VA
Maryland Health Care System's own
veteran, **Anthony W. Anderson**

"Every sunset brings the promise of a new dawn."- **Ralph Waldo Emerson**

We Promise to always be here for
YOU! We are just a phone call away.

Nikole, Sharon, Laura, Cherise, Jon
and Rosa

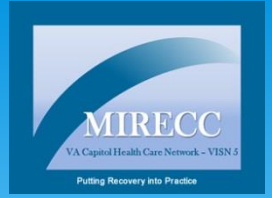


made especially for you by:

*VAMHCS's
S P Team*

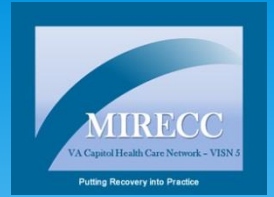


Safety Planning



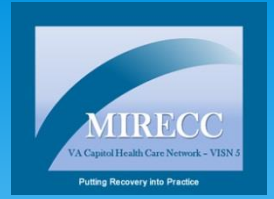
- * **Safety Planning: Evidence-based** (Stanley & Brown, 2008; Stanley & Brown, 2012)
- * **VA Safety Plan: 6 steps, manual to go along with worksheet**
 - * Warning signs
 - * Internal coping strategies
 - * People/settings that provide distraction
 - * People who can be asked for help/support
 - * Professionals and agencies to contact
 - * Environment safety

Safety Planning



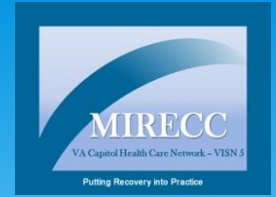
- * Effective safety planning
 - * Why should Veterans write out their own safety plans?
 - * Learn better when notes are handwritten (Mueller & Oppenheimer, 2014), handwriting linked to better idea generation (Berninger et al., 2006)
 - * Why should Veterans complete plans in pencil?
 - * So they can update it as needed
 - * Why should Veterans be offered multiple copies of their plan?
 - * Need to have access to plan in different places
 - * Brainstorm places to keep copies of safety plan

Safety Planning



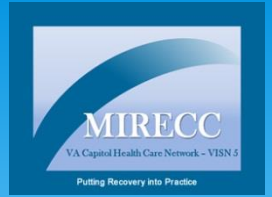
- * Effective safety planning
 - * It's a conversation
 - * Veteran should generate content with guidance
 - * Never include alcohol/drug use, going to bars, etc.
 - * Discuss practicing safety plan
 - * Share safety plan with those on the plan

Safety Planning



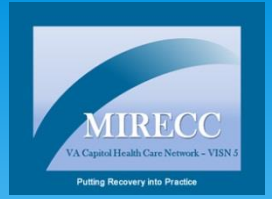
- * In the VA Maryland Health Care System:
 - * Individual safety planning
 - * Weekly safety planning group on short-term psychiatric inpatient unit
 - * 4-week safety planning group on long-term psychiatric inpatient unit
 - * Peer role: Co-facilitate (with psychologist or social worker) weekly and facilitate 4-week group; Help Veterans fully complete safety plans
 - * Really helpful for peer to discuss needing to be proactive about safety plan, and the role of coping, distraction, and use of social support in their own recovery

Means Safety



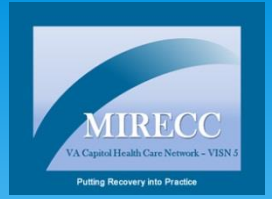
- * Means restriction counseling: Focuses on the “how,” not the “why” of suicide
- * The goal: Reduce or *delay* access to means
- * Bottom line: Means safety works!
 - * Over 90% of people who attempt suicide and survive do not eventually die by suicide. (Owens, Horrocks, & House, 2002)

Means Safety



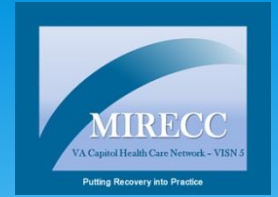
- * **Some research:** (see Bryan, Stone, & Rudd, 2011 and Walters et al., 2012 for reviews)
 - * **Means substitution**
 - * Not common: Carbon monoxide poisoning decreased drastically after change in gas supply to ovens in UK, resulting in 1/3 decrease in suicide rates (by any means) (Hawton, 2007)
 - * People have a preferred method and do not want to change it (Daigle, 2005)
 - * Even if means are substituted, individuals often have to use less lethal means, increasing likelihood of rescue

Means Safety



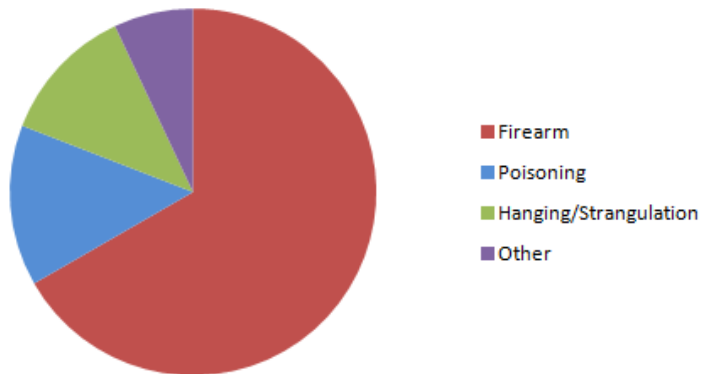
- * **Some research:** (see Bryan, Stone, & Rudd, 2011 and Walters et al., 2012 for reviews)
- * **Behavior change after counseling**
 - * When parents got counseling on means restriction after bringing a child in with a suicide attempt, over 60% locked up firearms.
 - * When parents did not receive this counseling, 0% locked up firearms. (Kruesi et al., 1999)
 - * Similar results found for other means, such as medications. (McManus et al., 1997)

Means Safety

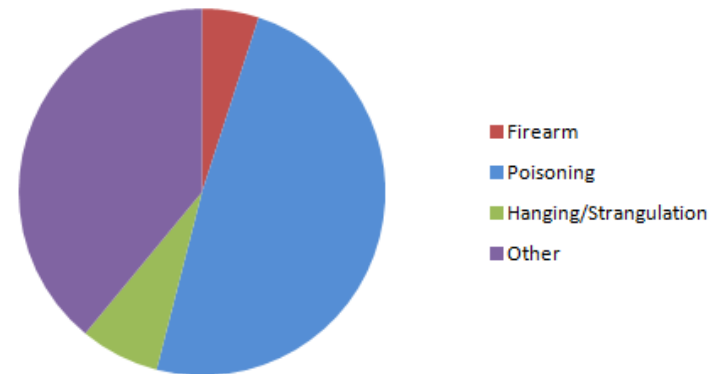


* Means used by Veterans

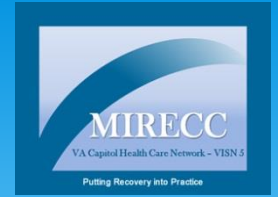
Death by Suicide



Non-fatal Suicide Attempts

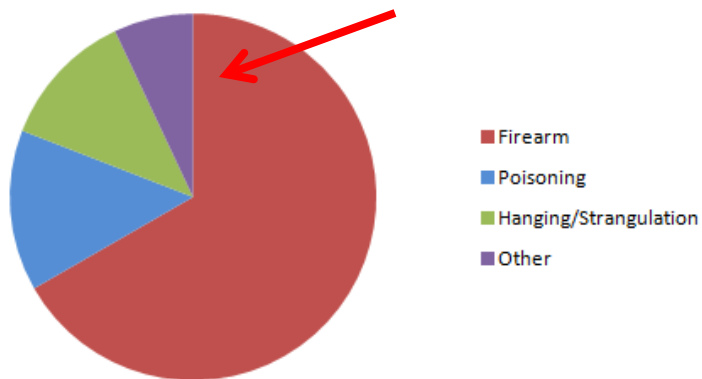


Means Safety

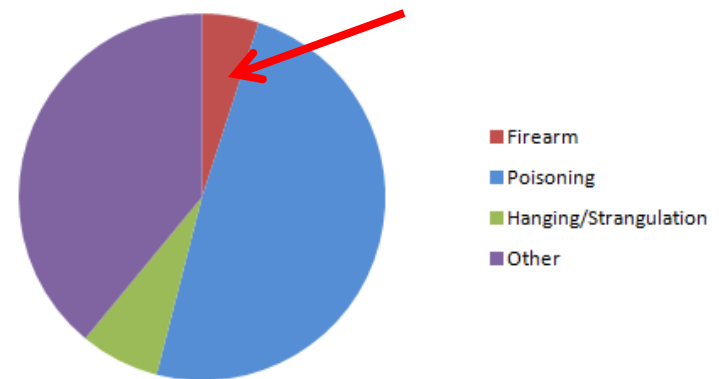


* Means used by Veterans

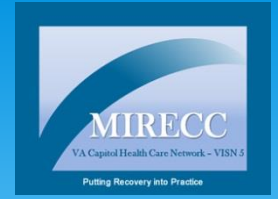
Death by Suicide



Non-fatal Suicide Attempts



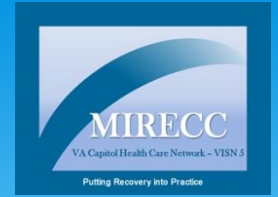
Veterans and Means Safety



- * Means safety counseling may not be as upsetting or controversial as we assume.
- * A quote from an anonymous male Vietnam-era Veteran:

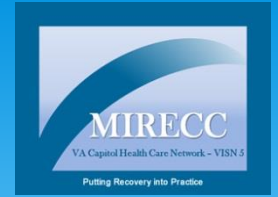
“When I returned from ‘Nam I had severe PTSD. I thought about suicide all the time. It wasn’t until my girlfriend took the guns out of my house that I started to feel some relief. It was just too real a possibility with the guns there.”

Veterans and Means Safety



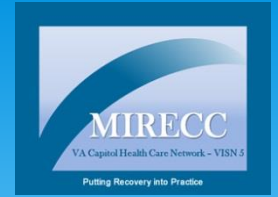
- * Research from a Midwestern VAMC: (Walters et al., 2012)
 - * All Veterans they talked to owned or had owned a firearm
 - * Most owned 2 to 3 guns, one person owned 22 guns
 - * Most were not using safe storage methods

Veterans and Means Safety



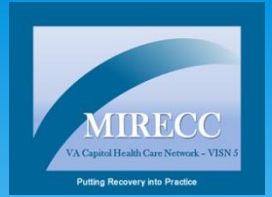
- * Research from a Midwestern VAMC: (Walters et al., 2012)
 - * Most Veterans think that asking about guns is acceptable
 - * Best if done in the context of an established relationship
 - * Peers are helpful to discuss their experiences with safe storage of guns

Veterans and Means Safety



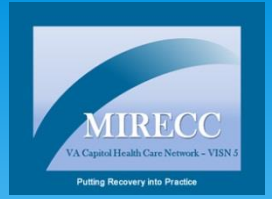
- * **Louisville VAMC Means Safety Demonstration Project** (Presented at 2014 American Association of Suicidology conference)
 - * Used “Vet Assist” (aka peer) to talk about gun safety during home visits
 - * Was acceptable to Veterans and Vet Assists did not find it uncomfortable or beyond their experience/training
 - * Anecdotal evidence of behavior change in terms of safer gun storage

Means Safety



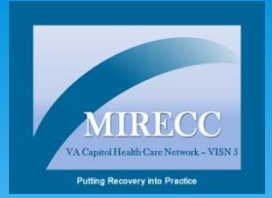
- * How to discuss:
 - * In the context of safety planning (last step on the plan)
 - * If relevant, talk about your own experiences with means safety
- * Use metaphors:
 - * Means safety is like taking away the keys from someone who has been drinking...Maybe nothing bad would happen if they kept their keys, but there's a strong possibility it would, so it's better to remove the keys beforehand.

Means Safety



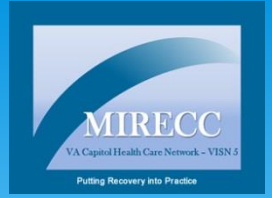
- * Suicide or homicide ideation can come on quickly, but can also pass quickly
 - * Delaying access is therefore important to reduce the potential for bad long-term outcomes to short-term problems
- * The goal is to provide enough safety so that the Veteran can get past crisis moments, feel better, and work toward his/her goals (in life and in treatment)

Means Safety



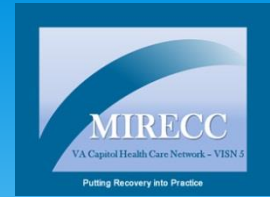
- * Collaborate with a provider to develop plans to restrict access to all means mentioned
 - * This may require some creativity
 - * Provide options for means safety
 - * ***Involve a support person***
- * Don't discuss low lethality for pills/razors (this may increase the likelihood of using a firearm)
- * Don't minimize Veterans' concerns

Means Safety



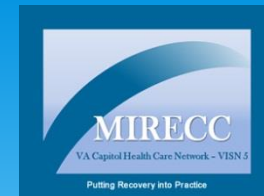
- * Gun Locks
 - * Where to get them, how to use them
- * Peer role: Peers are very helpful when discussing their own experiences with safe gun storage, lock options, methods for staying safe
- * Getting rid of extra medications:
 - * Where, how

Groups



- * WRAP Group for flagged or recently flagged Veterans
 - * Wellness Recovery Action Plan
 - * WRAP is “safety plan” compatible
 - * Develop a Crisis Plan
 - * Mental Health Advanced Directive helps Veterans maintain their rights and preferences in case of being hospitalized

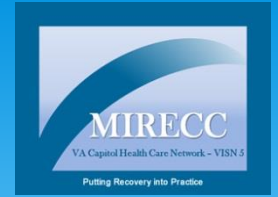
Additional Contacts with High-Risk Veterans



- * Contact on psychiatric inpatient ward
 - * 1:1 with individual Veterans (avoid an agenda)
 - * Peer role vs. clinicians on ward, non-clinician

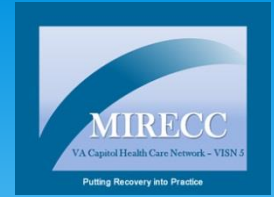
- * Calls
 - * Mailing List
 - * Missed appointments
 - * Specific requests

Promoting Veteran Crisis Line



- * Promote Crisis Line at every opportunity.
 - * “Swag” available from Suicide Prevention Team
 - * Discuss outcomes of calls with Veterans
 - * Highlight that Veteran needs to press “1”
 - * Mention that family can also utilize Crisis Line
 - * Veterans can also text or instant message

Additional Training



- * Peers can access online gatekeeper training (like QPR: Question, Persuade, Refer)
 - * Brief (approximately 1 hour)
 - * Designed for anyone
 - * Helps people identify risk factors/warning signs, learn how to ask about suicide, encourage suicidal individuals to get help, and refer to appropriate help
 - * There is a small fee (\$30) for this training
 - * Receive certificate of completion
- * Some VAs provide in-depth training for peers (like ASIST: Applied Suicide Intervention Skills Training)
 - * In-person, 2 full days
 - * Designed for anyone, but more in-depth than gatekeeper training
 - * Can have high fees (more than \$200 in some cases, but free in others)

Resources



- * SAFE Response for Suicidal Callers for Non-Clinicians (attached to Lync)
- * VHA Office of Peer Support Services Frequently Asked Questions Series: Peer Specialists and Safety Screens (attached to Lync)
- * Safety plan (attached to Lync)
- * Warning Signs Pocket Card (attached to Lync)
- * Veterans Crisis Line Information (attached to Lync)
- * Operation SAVE: Contact your local suicide prevention
- * QPR Training: <https://www.qprinstitute.com/>
- * ASIST Training:
<https://www.livingworks.net/programs/asist/>

Discussion and Questions

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