#BeTher

Be there for someone in your life.

Connect fellow Veterans and Service members in crisis with support.

VeteransCrisisLine.net

VA SUICIDE PREVENTION OVERVIEW

NC Department of Military and Veterans Affairs and NC Association of County Veterans Service Officers Conference 2019
Agenda

• Data
• S.A.V.E.
• Resources for Veteran Families
• Emergency Resources
• Non-Emergency Resources
• Safety Planning
• Opportunities to Learn More
• Apps to promote your own mind health as well as the mind health of your clients
Suicide

- National issue
  - 10th-leading cause of death
  - Over 45,000 deaths per year
  - Costs $69 billion annually

- Veterans issue

- Military issue

- Populations at risk
  - Over age 50
  - Women Veterans
  - In a period of transition
  - With exposure to suicide
  - With access to lethal means

Data Should Drive Efforts to Prevent Suicide
<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Groups</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Congenital Anomalies</td>
<td>4,540</td>
<td>Unintentional Injury 1,247</td>
<td>Unintentional Injury 718</td>
<td>Unintentional Injury 860</td>
<td>Unintentional Injury 13,441</td>
<td>Unintentional Injury 22,828</td>
<td>Malignant Neoplasms 39,266</td>
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<td>Heart Disease 619,992</td>
<td>Heart Disease 847,757</td>
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<tr>
<td>2</td>
<td>Short Gestation</td>
<td>3,749</td>
<td>Congenital Anomalies 424</td>
<td>Malignant Neoplasms 41,8</td>
<td>Suicide 527</td>
<td>Suicide 6,252</td>
<td>Suicide 7,048</td>
<td>Malignant Neoplasms 10,090</td>
<td>Heart Disease 32,858</td>
<td>Heart Disease 80,102</td>
<td>Malignant Neoplasms 427,896</td>
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<tr>
<td>3</td>
<td>Maternal Pregnancy Comp</td>
<td>1,432</td>
<td>Malignant Neoplasms 325</td>
<td>Congenital Anomalies 188</td>
<td>Malignant Neoplasms 437</td>
<td>Homicide 4,305</td>
<td>Homicide 5,486</td>
<td>Heart Disease 10,401</td>
<td>Unintentional Injury 24,461</td>
<td>Unintentional Injury 23,408</td>
<td>Chronic Low. Respiratory Disease 129,139</td>
<td>Unintentional Injury 169,930</td>
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<tr>
<td>4</td>
<td>SIDS</td>
<td>1,363</td>
<td>Homicide 303</td>
<td>Homicide 154</td>
<td>Congenital Anomalies 191</td>
<td>Malignant Neoplasms 1,374</td>
<td>Heart Disease 3,681</td>
<td>Suicide 7,335</td>
<td>Suicide 8,561</td>
<td>Chronic Low. Respiratory Disease 18,067</td>
<td>Cerebrovascular 125,653</td>
<td>Chronic Low. Respiratory Disease 160,201</td>
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<tr>
<td>5</td>
<td>Unintentional Injury</td>
<td>1,317</td>
<td>Heart Disease 127</td>
<td>Heart Disease 75</td>
<td>Homicide 178</td>
<td>Heart Disease 913</td>
<td>Malignant Neoplasms 3,916</td>
<td>Homicide 3,351</td>
<td>Liver Disease 8,312</td>
<td>Diabetes Mellitus 14,504</td>
<td>Alzheimer’s Disease 120,107</td>
<td>Cerebrovascular 146,383</td>
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<tr>
<td>6</td>
<td>Pneumonia</td>
<td>846</td>
<td>Influenza &amp; Pneumonia 194</td>
<td>Influenza &amp; Pneumonia 82</td>
<td>Heart Disease 104</td>
<td>Congenital Anomalies 350</td>
<td>Liver Disease 918</td>
<td>Diabetes Mellitus 6,409</td>
<td>Liver Disease 13,737</td>
<td>Diabetes Mellitus 50,920</td>
<td>Alzheimer’s Disease 121,404</td>
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<tr>
<td>7</td>
<td>Bacterial Septicemia</td>
<td>592</td>
<td>Cerebrovascular 60</td>
<td>Chronic Low. Respiratory Disease 55</td>
<td>Chronic Low. Respiratory Disease 76</td>
<td>Diabetes Mellitus 248</td>
<td>Diabetes Mellitus 2,118</td>
<td>Cerebrovascular 5,198</td>
<td>Cerebrovascular 12,708</td>
<td>Unintentional Injury 56,951</td>
<td>Diabetes Mellitus 83,504</td>
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<tr>
<td>8</td>
<td>Circulatory System Disease 449</td>
<td>Septicemia 48</td>
<td>Cerebrovascular 41</td>
<td>Cerebrovascular 96</td>
<td>Influenza &amp; Pneumonia 189</td>
<td>Cerebrovascular 1,941</td>
<td>Chronic Low. Respiratory Disease 3,975</td>
<td>Suicide 7,982</td>
<td>Influenza &amp; Pneumonia 44,802</td>
<td>Influenza &amp; Pneumonia 53,872</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Open Heart Disease 440</td>
<td>Benign Neoplasms 44</td>
<td>Septicemia 33</td>
<td>Influenza &amp; Pneumonia 51</td>
<td>Chronic Low. Respiratory Disease 188</td>
<td>HIV 513</td>
<td>Septicemia 854</td>
<td>Septicemia 2,441</td>
<td>Septicemia 5,638</td>
<td>Nephritis 41,670</td>
<td>Nephritis 50,633</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Neonatal Hemorrhage 379</td>
<td>Perinatal Period 42</td>
<td>Benign Neoplasms 31</td>
<td>Benign Neoplasms 31</td>
<td>Complicated Pregnancy 168</td>
<td>HIV 831</td>
<td>Homicide 2,275</td>
<td>Nephritis 5,871</td>
<td>Parkinson’s Disease 31,177</td>
<td>Suicide 47,173</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Suicide Facts & Figures: North Carolina 2018*

On average, one person dies by suicide every six hours in the state.

Nearly twice as many people die by suicide in North Carolina annually than by homicide. The total deaths to suicide reflect a total of 26,565 years of potential life lost (YPLL) before age 65.

Suicide cost North Carolina a total of $1,358,735,000 of combined lifetime medical and work loss cost in 2010, or an average of $1,157,355 per suicide death.

11th leading cause of death in North Carolina

3rd leading cause of death for ages 15-34
4th leading cause of death for ages 35-54
9th leading cause of death for ages 55-64
17th leading cause of death for ages 65 & older

Suicide Death Rates

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Deaths by Suicide</th>
<th>Rate per 100,000 Population</th>
<th>State Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>1,373</td>
<td>12.97</td>
<td>38</td>
</tr>
<tr>
<td>Nationally</td>
<td>44,695</td>
<td>13.42</td>
<td></td>
</tr>
</tbody>
</table>

*Based on most recent 2016 data from CDC. Learn more at afsp.org/statistics
The Average Cost of a Suicide is $1,157,355

Here’s What Every Organ in the Body Would Cost to Transplant
2017 Key Data Points

The rate of suicide was 2.2 times higher among female Veterans compared with non-Veteran adult women.*

The rate of suicide was 1.3 times higher among male Veterans compared with non-Veteran adult men.*

Male Veterans ages 18–34 experienced the highest rates of suicide.

Male Veterans ages 55 and older experienced the highest count of suicide.

69% of all Veteran suicide deaths resulted from a firearm injury.
North Carolina
Veteran Suicide Data Sheet, 2017

The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2017 state data sheets present the latest findings from VA’s ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.* This data sheet includes information about North Carolina Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

After accounting for age differences,* the Veteran suicide rate in North Carolina:
- Was not significantly different from the national Veteran suicide rate
- Was significantly higher than the national suicide rate

### Southern Region

- Alabama
- Arkansas
- Delaware
- District of Columbia
- Florida
- Georgia
- Kentucky
- Louisiana
- Maryland
- Mississippi
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia
- West Virginia

### North Carolina Veteran Suicide Deaths, 2017

<table>
<thead>
<tr>
<th>Sex</th>
<th>Veteran Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>212</td>
</tr>
<tr>
<td>Male</td>
<td>200</td>
</tr>
<tr>
<td>Female</td>
<td>12</td>
</tr>
</tbody>
</table>
# North Carolina Veteran and Total North Carolina, Southern Region, and National Suicide Deaths by Age Group, 2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>North Carolina Veteran Suicides</th>
<th>North Carolina Total Suicides</th>
<th>Southern Region Total Suicides</th>
<th>National Total Suicides</th>
<th>North Carolina Veteran Suicide Rate</th>
<th>North Carolina Suicide Rate</th>
<th>Southern Region Suicide Rate</th>
<th>National Suicide Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>212</td>
<td>1,477</td>
<td>17,833</td>
<td>45,390</td>
<td>29.1</td>
<td>18.7</td>
<td>18.9</td>
<td>18.1</td>
</tr>
<tr>
<td>18–34</td>
<td>37</td>
<td>412</td>
<td>4,996</td>
<td>12,944</td>
<td>42.5</td>
<td>18.2</td>
<td>17.8</td>
<td>17.3</td>
</tr>
<tr>
<td>35–54</td>
<td>54</td>
<td>517</td>
<td>6,266</td>
<td>15,896</td>
<td>27.4</td>
<td>19.3</td>
<td>19.7</td>
<td>19.1</td>
</tr>
<tr>
<td>55–74</td>
<td>76</td>
<td>412</td>
<td>5,032</td>
<td>12,602</td>
<td>24.5</td>
<td>17.9</td>
<td>18.7</td>
<td>17.6</td>
</tr>
<tr>
<td>75+</td>
<td>45</td>
<td>136</td>
<td>1,539</td>
<td>3,948</td>
<td>33.3</td>
<td>21.2</td>
<td>19.7</td>
<td>18.7</td>
</tr>
</tbody>
</table>

# North Carolina Veteran and Total North Carolina, Southern Region, and National Suicide Deaths by Method, 2017

- **North Carolina Veteran Suicides**
  - Firearms: 10.4% (22)
  - Suffocation: 16.0% (34)
  - Poisoning: 55.7% (822)
  - Other Suicide: 13.6% (156)

- **North Carolina Total Suicides**
  - Firearms: 5.6% (82)
  - Suffocation: 15.4% (227)
  - Poisoning: 23.4% (346)
  - Other Suicide: 28.1% (12,219)

- **Southern Region Suicides**
  - Firearms: 6.3% (1,118)
  - Suffocation: 12.2% (2,183)
  - Poisoning: 58.5% (10,431)
  - Other Suicide: 23.0% (4,101)

- **National Suicides**
  - Firearms: 7.9% (3,602)
  - Suffocation: 14.2% (6,445)
  - Poisoning: 50.9% (23,134)
  - Other Suicide: 26.9% (12,219)
S.A.V.E. - Teaching Veterans Service Officers How to Help Veterans at Risk for Suicide

S.A.V.E. training will help you act with care and compassion if you encounter a Veteran who experiencing a suicidal crisis.

S.A.V.E. training is now available on-line for free at: https://www.psycharmor.org/courses/s-a-v-e/

S.A.V.E.

#BeThere
Signs of Suicidal Thinking

• Learn to recognize these warning signs:
• Hopelessness, feeling like there is no way out
• Anxiety, agitation, sleeplessness, or mood swings
• Feeling like there is no reason to live
• Rage or anger
• Engaging in risky activities without thinking
• Increasing alcohol or drug use
• Withdrawing from family and friends

• The presence of the following signs requires immediate attention:

• Thinking about hurting or killing yourself
• Looking for ways to kill yourself
• Talking about death, dying, or suicide
• Self-destructive behavior such as drug abuse, weapons, etc.
## Asking the Question

<table>
<thead>
<tr>
<th><strong>Do’s</strong></th>
<th><strong>Don’ts</strong></th>
</tr>
</thead>
</table>
| **DO** ask the question if you’ve identified warning signs or symptoms. | **DON’T** ask the question as though you are looking for a “no” answer.  
• “You aren’t thinking of killing yourself, are you?” |
| **DO** ask the question in a natural way that flows with the conversation. | **DON’T** wait to ask the question when someone is halfway out the door. |
Validating 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.
Encouraging Treatment and Expediting Help

- What should I do if I think someone is suicidal?
  - Don’t keep the Veteran’s suicidal behavior a secret.
  - Do not leave him or her alone.
  - Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room.
  - Call 911.
- Reassure the Veteran that help is available.
- Call the Veterans Crisis Line at 1-800-273-8255 and Press 1.
Resources for Veteran Families

- #BeThere
  https://www.veteranscrisisline.net/support/be-there
- Make the Connection
  https://maketheconnection.net/conditions/suicide
- Coaching into Care
  https://www.mirecc.va.gov/coaching/
Resources for Veterans Service Officers

• Suicide Risk Management Consultation Program
  VA providers and community providers who work with Veterans can receive free, one-on-one consultation to enhance their therapeutic practice.
  https://www.mirecc.va.gov/visn19/consult/index.asp

• Uniting for Suicide Postvention
  Postvention is critical for healing after suicide. Uniting for Suicide Postvention (USPV) provides resources and support for everyone touched by suicide loss. Check out our USPV sections to learn more.
  https://www.mirecc.va.gov/visn19/postvention/
Emergency Resources

- **Mobile Crisis**
  - Visit NC DHHS’s Crisis Initiative website at the following link to find a mobile crisis provider in your area: [http://crisissolutionsnc.org/](http://crisissolutionsnc.org/). Or simply contact the Access Call Center (800-939-5911) for immediate assistance with linkage to Crisis Services.

- **911**
  - Request Crisis Intervention Team through local first responders

- **VA Veterans Crisis Line:**
  - 1-800-273-8255
  - PRESS 1
Non-Emergency Resources
Local Management Entity-Managed Care Organization (LME-MCO)
## Local Management Entity-Managed Care Organization (LME-MCO)

<table>
<thead>
<tr>
<th>LME-MCO (Toll-Free Lines)</th>
<th>M/VPoC</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLIANCE BEHAVIORAL HEALTHCARE: 1-800-510-9132</td>
<td>Hank Debnam</td>
<td><a href="mailto:hdebnam@alliancebhc.org">hdebnam@alliancebhc.org</a></td>
</tr>
<tr>
<td>CARDINAL INNOVATIONS HEALTHCARE: 1-800-939-5911</td>
<td>Shadale Jacobs</td>
<td><a href="mailto:shadale.jacobs@cardinalinnovations.org">shadale.jacobs@cardinalinnovations.org</a></td>
</tr>
<tr>
<td>EASTPOINTE: 1-800-913-6109</td>
<td>Katina Dial-Scott</td>
<td><a href="mailto:kdialscott@eastpointe.net">kdialscott@eastpointe.net</a></td>
</tr>
<tr>
<td>PARTNERS BEHAVIORAL HEALTH MANAGEMENT: 1-888-235-HOPE (4673)</td>
<td>Jamie Sales</td>
<td><a href="mailto:jsales@partnersbhm.org">jsales@partnersbhm.org</a></td>
</tr>
<tr>
<td>SANDHILLS CENTER: 1-800-256-2452</td>
<td>Kellie Moran</td>
<td><a href="mailto:kelliem@sandhillscenter.org">kelliem@sandhillscenter.org</a></td>
</tr>
<tr>
<td>TRILLIUM HEALTH RESOURCES: 1-877-685-2415</td>
<td>Ashley Rhea</td>
<td><a href="mailto:ashley.rhea@trilliumnc.org">ashley.rhea@trilliumnc.org</a></td>
</tr>
<tr>
<td>VAYA HEALTH: 1-800-849-6127</td>
<td>Meredith Comer</td>
<td><a href="mailto:Meredith.Comer@vayahealth.com">Meredith.Comer@vayahealth.com</a></td>
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</tbody>
</table>
NC VA Suicide Prevention Coordinator/Team

Leary, Melanie  
1100 Tunnel Road  
Asheville, NC 28805  
P: 828-298-7911 x3155  
F: 828-299-5992  
vhaashsuicidepreventionteam@va.gov

Cunha, Gary  
508 Fulton Street  
Durham, NC 27705  
P: 919-899-6259 x1-6-1026  
vhadurspc@va.gov

Glenn, Patricia  
2300 Ramsey Street  
Fayetteville, NC 28301  
P: 910-488-2120 x7264  
F: 910-822-7034  
vhafnncsuicidepreventionteam@va.gov

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1601 Brenner Avenue  
Salisbury, NC 28144  
P: 704-638-9000 x6436  
F: 704-638-3857  
VHASBYSuicidePreventionClinicTeam@va.gov

Chavis, Tiffany  
401 Moye Blvd.  
Greenville, NC 27834  
P: 919-323-2379  
vhadurspc@va.gov

Smerz, Ramona  
1705 Gardner Road  
Wilmington, NC 28405  
P: 910-219-6801  
vhafnncsuicidepreventionteam@va.gov
Vet Centers

• VA Suicide Prevention works closely with Vet Centers nationwide to provide:
  • Care coordination for at risk Veterans receiving care at both a Vet Center and VA Medical Center
  • Identification of Veterans at elevated risk for suicide
  • Expert consultation and training
Safety Planning

Safety planning is a collaborative process. Veterans who are at risk for suicide should work with a loved one, trusted adviser, clinician, VA Suicide Prevention Coordinator, or other mental health professional to create a plan that is right for them.

- Access more information and a Safety Plan template via this link:
  https://starttheconversation.veteranscrisisline.net/media/1048/safety-plan-template.pdf
Firearm Safety: Simple actions help keep individuals and families safe

No one can un-fire a firearm.

For someone in crisis, a locked firearm can mean the difference between a tragic outcome and a life saved.

Watch an informational video and learn more at VeteransCrisisLine.net

Suicide Prevention Coordinators at local VA Medical Centers can provide gun locks to secure firearms in the home.

Confidential chat at VeteransCrisisLine.net or text to 838255
Community Outreach Toolkit

- Includes facts and myths about suicide, as well as information on:
  - Establishing a suicide prevention council
  - Talking to Veterans about their military service
  - Assessing suicide risk
  - Developing a suicide prevention safety plan
  - Helping Veterans feel more connected to others
  - Joining public-private partnerships

Access the toolkit online: go.usa.gov/xnwbz
Coping and Symptom Management Apps

Mobile Apps for Veterans and Providers
https://mobile.va.gov/appstore

Problem solving skills for stress

Safety plan & support during crisis

Tools for coping, relaxation, distraction & positive thinking

Manage physical & emotional stress

Monitor & manage PTSD symptoms

Enhance sleep quality & duration
Additional information and materials available at www.VeteransCrisisLine.net

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Durham VA Health Care System

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919-899-6259 ext. 1-6-1026

Mr. Cunha would like to give acknowledgement to Janene McGee for her assistance with this presentation.