

Aging Veterans and Suicide Prevention



STRATEGIES TO ELIMINATING SUICIDE

**KELLI DONLEY WILLIAMS, MPH
ARIZONA HEALTH CARE COST
CONTAINMENT SYSTEM**

KELLI.DONLEY@AZAHCCCS.GOV

**HEATHER BROWN
MERCY MARICOPA INTEGRATED CARE**

BROWNH@MERCYMARICOPA.ORG

Statistics



- **1320 Arizonans died by suicide in 2015**
- **21.8 per 100,000 among non-veterans**
- **74.9 per 100,000 among veterans**

Veterans

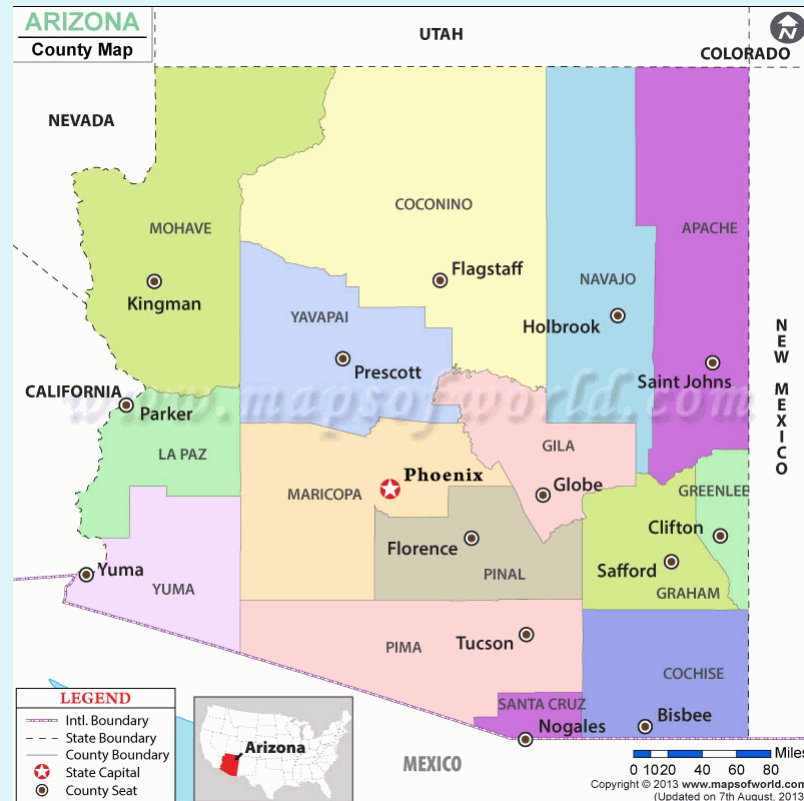


- **Suicide rates highest among veteran males (379 deaths)**
- **This is more than twice the rate of non-veteran males**
- **Homicide highest among non-veteran males**
- **However, veteran females significantly higher for homicide and suicide than non-veteran females**

Where?



- La Paz, Graham, Mohave, Coconino, Gila and Apache Counties had higher than average suicide rates among veterans



How?



- Gunshot wounds 78.9%
- Ligature 11.1%

Risk Factors



Risk factors are characteristics of a person or his or her environment that increase the likelihood that he or she will die by suicide (i.e., suicide risk).

Major risk factors for suicide include:

- Prior suicide attempt(s)
- Misuse and abuse of alcohol or other drugs
- Mental disorders, depression, other mood disorders
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care

Protective Factors



Protective factors are personal or environmental characteristics that help protect people from suicide.

Major protective factors for suicide include:

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

Precipitating Factors



Precipitating factors are stressful events that can trigger a suicidal crisis in a vulnerable person.

Examples to consider for service members, veterans, and families include:

- Relationship problems (loss of girlfriend/boyfriend/partner, divorce, etc.)
- Death of a loved one
- Work related problems
- Transitions (retirement, PCS, discharge, etc.)
- Service members who have lost their job at home (reservists)
- Current/pending disciplinary or legal action
- Serious financial problems
- Setbacks (academic, career, or personal)
- Severe, prolonged, and/or perceived unmanageable stress

Warning Signs for Suicide



Immediate Risk

Some behaviors may indicate that a person is at immediate risk for suicide.

The following three should prompt you to immediately call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or a mental health professional.

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Serious Risk

Other behaviors may also indicate a serious risk—especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change.

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Guiding Principles



Suicide prevention efforts are more likely to succeed if they:

- Use a comprehensive approach that combines multiple strategies
- Are guided by a systematic, data-driven strategic planning process
- Follow five guiding principles, or keys to success:
 1. Engaging People with Lived Experience
 2. Partnerships and Collaboration
 3. Safe and Effective Messaging and Reporting
 4. Culturally Competent Approaches
 5. Evidence-Based Prevention
- Are conducted in multiple settings

Comprehensive Approach



Strategies



Identify & Assist Persons at Risk

- gatekeeper training (safeTALK, ASIST, QPR, etc.)
- suicide screening

Increase Help Seeking

- self-help tools and outreach campaigns, norms campaigns to encourage help seeking and decrease stigma, more culturally appropriate services, etc.

Ensure Access to Effective Mental Health and Suicide Care and Treatment

- safety planning and evidence-based treatments and therapies delivered by trained providers
- reducing financial, cultural, and logistical barriers to care
- systems-level approach (i.e. Zero Suicide framework)

Strategies



Support Safe Care Transitions and Create Organizational Linkages

- Tools and practices that support continuity of care include formal referral protocols, interagency agreements, cross-training, follow-up contacts, rapid referrals, and patient and family education.

Respond Effectively to Individuals in Crisis

- A full continuum of care includes not only hotlines and helplines but also mobile crisis teams, walk-in crisis clinics, hospital-based psychiatric emergency services, and peer-support (Rally Point, navigator) programs.

Provide for Immediate and Long-Term Postvention

- A set of protocols to help your organization/community respond effectively and compassionately to a suicide death. Supporting those affected by the suicide death, reducing risk to other vulnerable individuals, intermediate and long-term supports for people bereaved by suicide. (i.e. SOS groups, policies and procedures, individual support, etc.)

Strategies



Reducing Access to Means of Suicide

- Educating the families of those in crisis about safely storing medications and firearms, distributing gun safety locks, changing medication packaging, and installing barriers on bridges

Enhance Life Skills and Resilience

- By helping people build life skills (critical thinking, stress management, and coping) you can prepare them to safely address challenges such as economic stress, divorce, illness, and aging
- Skills training, mobile apps, and self-help materials

Promote Social Connectedness and Support

- Social programs to reduce isolation, promote belonging, foster relationships

ManTherapy in Arizona



Innovative and Award-Winning Social Marketing Campaign Targeting Middle-Aged Males

- Roll-out at 2016 HOPE Conference



ManTherapy in Arizona



- <https://mantherapy.org>
- https://youtu.be/3mTeVOQ_9JE



ManTherapy in Arizona



- Billboards
- Community Outreach

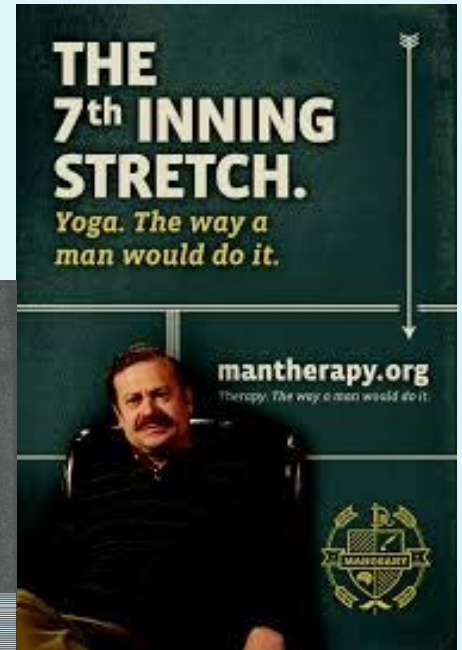
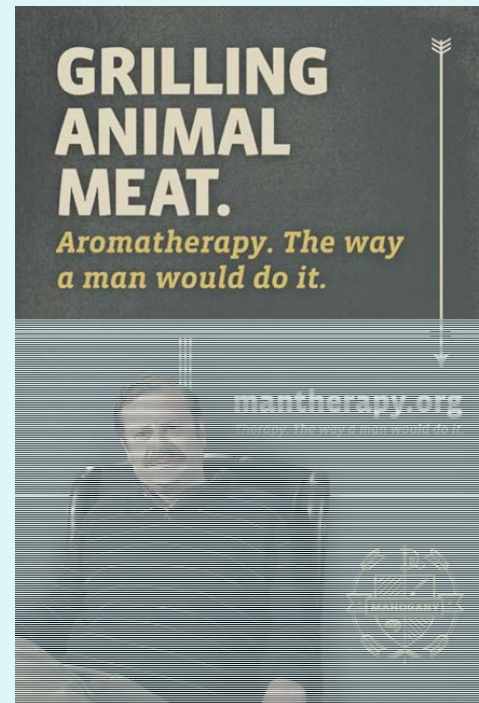
Gyms

Restaurants

Fire Departments

Breweries

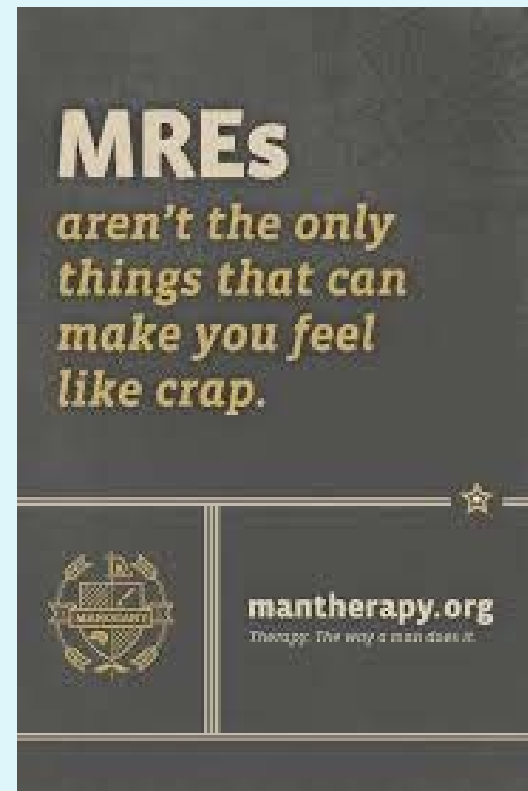
Auto and Construction Stores



ManTherapy in Arizona



- Outreach to Veterans and First Responders



Resources and Hotlines



- **National Suicide Prevention Lifeline; 1-800-273-TALK(8255)**
press 1 for Veterans Crisis Line: <http://www.suicidepreventionlifeline.org>
- **Be Connected 24/7 Support Line 1-866-4AZ-VETS**
- Suicide Prevention Resource Center: <http://www.sprc.org>
- Selected SAMHSA Suicide Prevention Resources:
<http://www.samhsa.gov/prevention/suicide.aspx>
- National Action Alliance for Suicide Prevention:
<http://www.actionallianceforsuicideprevention.org>
- National Strategy for Suicide Prevention:
<http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html>

What You Can Do



- Attend a training to become more alert to suicide or learn suicide intervention skills (safeTALK, ASIST, QPR, etc.) or more about mental health in general (Mental Health First Aid)
- Find out who in your community has been trained (identify able, available, and approachable caregivers and intervention resources)
- Consider what kinds of resources and strengths would be helpful for persons with thoughts of suicide—start with what works for YOU
- Share and promote effective programs and tools with friends, colleagues, loved ones
- Get involved with a local or statewide effort (i.e. Arizona Suicide Prevention Coalition)
- Ask the question campaign
- Clay Hunt workgroup
 - Be Connected

Questions?



Kelli Donley Williams

602-364-4651

Kelli.donley@azahcccs.gov

Heather Brown

602-453-8415

brownh@mercymaricopa.org