



 **AMERICAN
LEGION**

BE THE ONE

**Breaking Down Barriers of
Detection, Stigma, and Access to
Care to Save Veterans' Lives:**

**VSO's Play Critical Role in
Preventing Suicide- Meet the
Veteran Where They are At**

Just Ask. You Can Save a Life.



**ASK YOUR FELLOW VSO
CARE FOR YOUR FELLOW VSO
EMBRACE YOUR FELLOW VSO**

**See Reverse for Questions
that Can Save a Life**



Learning Objectives

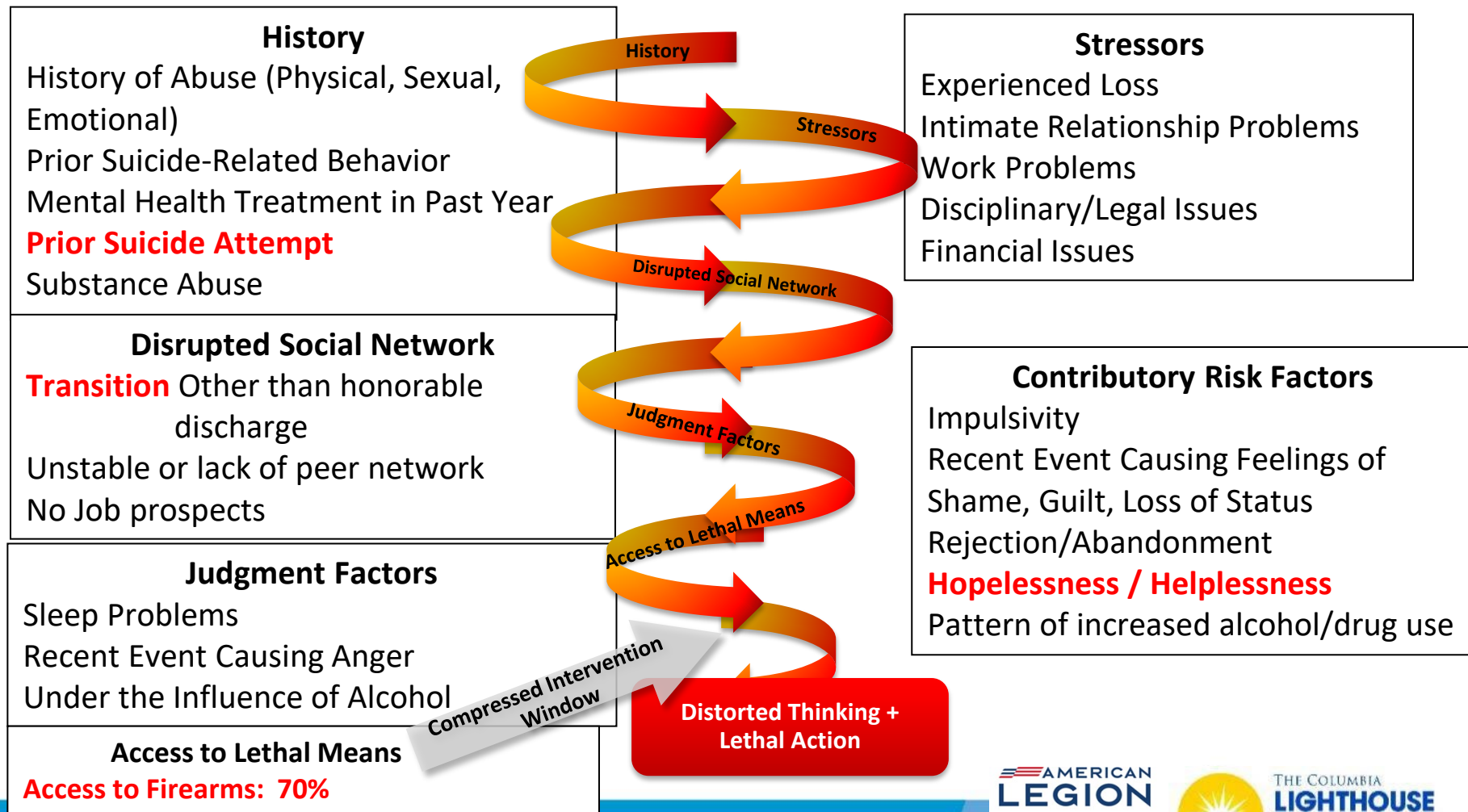
After participating in this activity, the learner should be better able to:

1. Utilize the Columbia-Suicide Severity Rating Scale (C-SSRS) and explain how screening with the tool can be used to identify at-risk individuals.
2. Identify risk factors and warning signs for people at risk for suicide.
3. Outline the types of suicidal ideation and the four behaviors that are predictive of imminent risk.
4. Explain how the application of a systematic best practice measurement tool such as the C-SSRS leads to enhanced detection of suicidal thoughts and actions, ultimately increasing accuracy and, as a result, saving lives by better identifying individuals at risk for suicide.

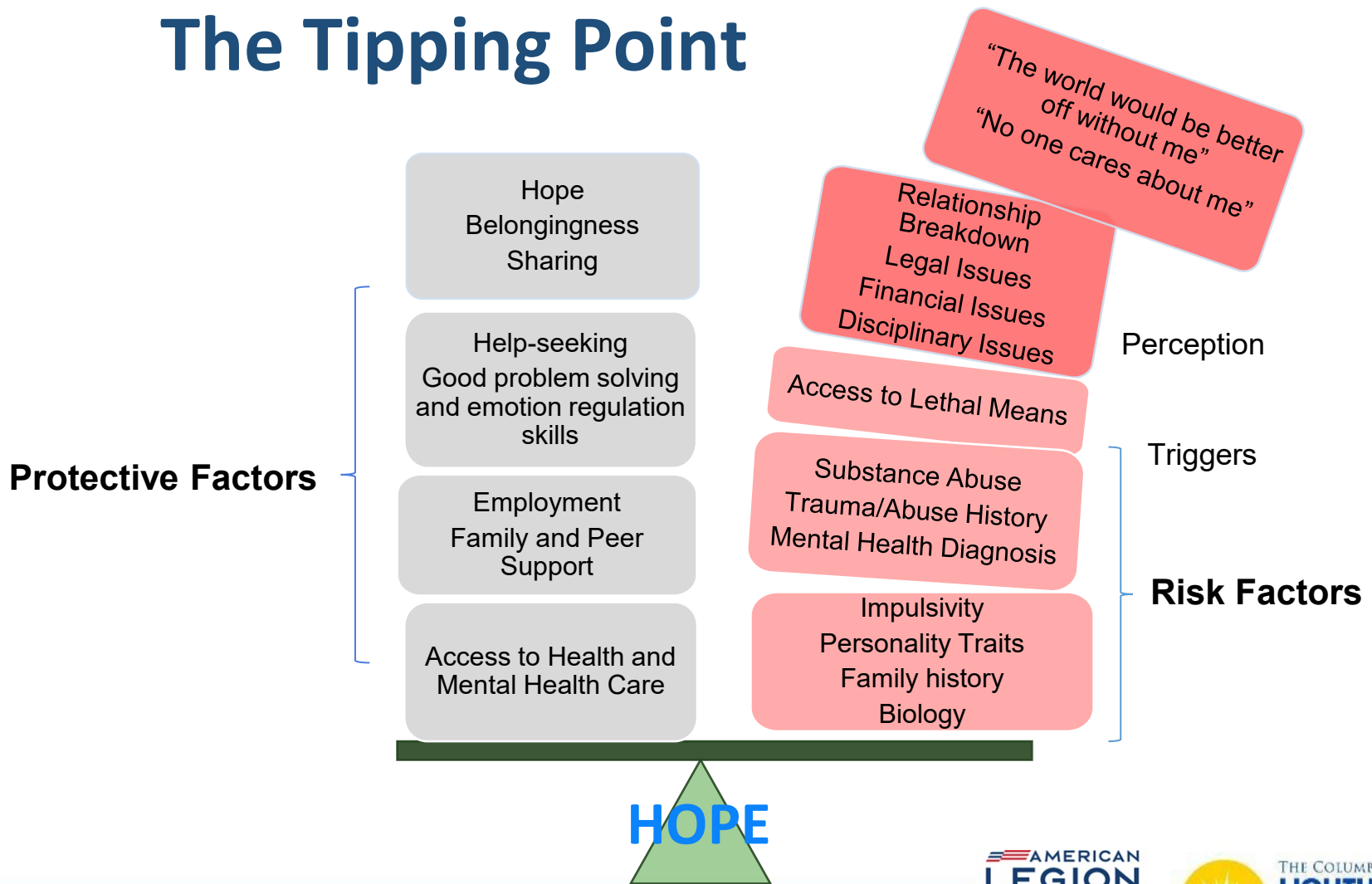
Suicide is an Enormous Challenge

- In 2021, in the United States, the number of suicides increased to 43,183
- In 2022, the number of suicides further increased to 49,449, the highest number ever recorded in a single year in the United States.
- Suicide attempts are 10 to 20 times more frequent.
- In 2020 there were 1.2 million suicide attempts, 595,000 more than the number of first heart attacks.
- The United States has one of the highest rates of suicides and one of the few nations that has recently seen their suicide rates increase.
- In 2021 6,392 Veterans died by suicide
- 2nd leading cause of death for Veterans under age 45
- Female Veteran rate of suicide is increasing

Veteran and Military Suicides— Who is at Risk?



Protective and Risk Factors: The Tipping Point



Prevention: Pathways to Reduce Suicides

Stop People's Pain: Public Health Model

- Economic Supports
- Access and Delivery of Care
- Protective Environments
- Connectedness
- Coping and Problem-Solving
- Identify and Support Those at Risk
 - **CSSRS-screening for suicide risk**
- Lessen Harms and Prevent Future Risk

Make It Harder to Attempt Suicide:

- Safe Storage of Firearms and Medications
- Limit Positive or Glorification of Suicide in the way we talk about suicide
- Normalize Help-Seeking
- Decrease Barriers to Care

The Community and the Public Health Approach

- Many Veterans in distress do not seek treatment from a military mental health professional
- Those who do seek help are more likely to do so either from family, friends, or mental health providers outside of the military system
- Top reasons for not seeking help:*
- 1. Perception of being “broken”
- 2. Confidentiality concerns
- 3. Jeopardizing career
- Need additional prevention strategies beyond getting people into medical care.

*Source: DoD Status of Forces Survey, 2021



Facts About Suicide

Misconception: Most people who think about suicide die by suicide.

Fact: Less than 1% of people who think about suicide, die by suicide.

In the United States in 2021:

- **12.3 million** adults seriously thought about suicide
 - **3.5 million** made a plan
 - **1.7 million** attempted suicide
 - **Over 48,000** suicide deaths

Misconception: Only clinicians can or should work in suicide prevention.

Fact: A public health approach to suicide prevention includes clinicians, but everyone has a role to play in preventing suicide. Engaging community stakeholders like financial counselors or peers can be an impactful way to prevent suicide.

Source: Stone, D.M., et al. (2017).

Misconception: Owning a firearm is not associated with suicide risk.

Fact: Owning a firearm increases the risk of someone dying by suicide in the home where the gun is; and **keeping a loaded, unlocked firearm increases risk for dying by suicide 4 to 6 times.**

Sources: Miller, M., et al. (2002, 2005, 2007, 2013); Dempsey, C.L., et al. (2019).

Misconception: If you remove access to one lethal method of suicide, someone at risk for suicide will replace it with another.

Fact: If access to the most lethal means of suicide is limited, other means are not substituted.

Source: Owens, D., et. al (2002); Barber, C.W. et al. (2014).

Misconception: Suicide is not impulsive.

Fact: Research shows that it can take less than 10 minutes between thinking about suicide to acting on it. Putting time and distance between a person at risk and a means for suicide is an effective way to prevent death.



There is often a **short period** of final deliberation

Sources: Simon, T.R., et al. (2001); Deisenhammer, E.A., et al. (2009).

Of those who attempt suicide...

25-40%

made the final decision to act
within 5 mins of the attempt

70%

made the final decision to act
within 1 hour of the attempt

(SOURCE: Simon et al., 2001, Williams, Davidson & Montgomery, 1980)

Misconception: Talking about suicide will lead to and encourage suicide.

Fact: Talking about suicide does not lead to suicide.

Source: Dazzi, T., et. al (2014).

Misconception: The majority of Veterans/Service members who die by suicide have a mental illness.

Fact: More than half (54%) of people who died by suicide in the U.S. and about 50.8% of military suicide decedents did NOT have a mental health diagnosis.

****Very Important-** we are not just concerned about those who we think look depressed or manic or schizophrenic. People who are not mentally ill can unexpectedly feel hopeless and suicidal due to an unforeseen life event (infidelity, legal issues, humiliating events-cyberbullying, loss of job, financial ruin)

Sources: Stone, D.M., et al. (2017); Nock, M.K., et al. (2017); and DoDSER 2017; Bryan, 2021, Hjelmand, 2012, 208, Pridemore, 2018;2019, Veteran annual suicide report



Misconception: Deployment increases suicide risk among Veterans/Service members.

Fact: Several studies have shown that being deployed (including combat experience, length of deployment, and number of deployments) is not associated with suicide risk among Service members.

Sources: Gilman, S.E., et al. (2014); Ursano, R.J. et al. (2018); Reger, M.A., et al. (2015); Kang, H.K., et al. (2015).

Suicide is a Problem of Humanity, But It is Preventable! It is the Tragic Paradox That Takes...



**More Fire Fighters
than Fire**



**More Police Officers
than Crime**



**More Soldiers
than Combat**



**More People than
Car Accidents**



...More Lives than Natural Disasters, War and Homicide

But the Good News...or So We Thought

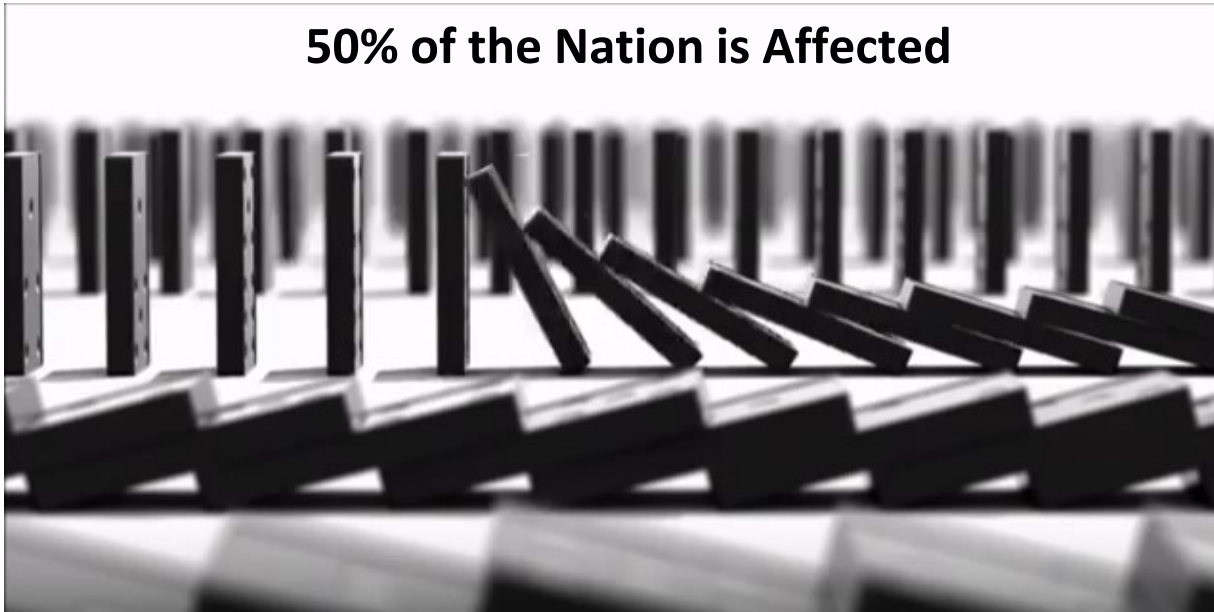
Suicide rate decreased 2% in 2019 for the first time in 2 decades, fell another 6% in 2020 amid the COVID-19 but only among white Americans.

2021: it went back up 4% with the largest increase in males 15-24. 2022: Up 2.6% but 8% decrease in youth. Veteran suicide on its way down but so much more to go. 22-17 per day.

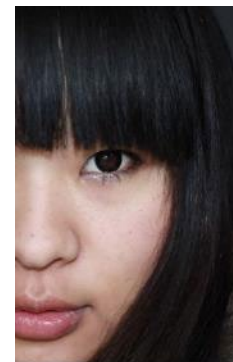
Suicide Touches Everyone

135 People Affected by Every Death and Effects Linger Across Generations Because of the **Silence** that Often Follows

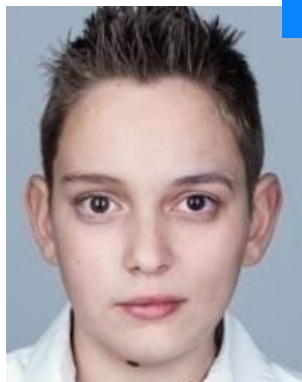
50% of the Nation is Affected



Ripple Effect 123 x 135



**Suicide Does Not Discriminate:
all ages, genders, races,
professions, religions and
income levels**



Finding Veterans Where They Work, Live, and Thrive

60% don't get care at the VA

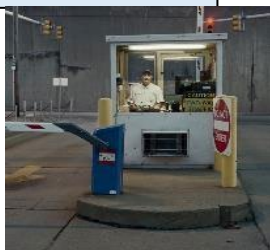


ASK YOUR FELLOW VSO
CARE FOR YOUR FELLOW VSO
EMBRACE YOUR FELLOW VSO

See Reverse for Questions
that Can Save a Life



**VA parking
lot
attendants**



Gyms/Crossfit:
fitness meet-ups



**Transportation
Services:**
Van drivers taking vets
to appointments

**Reaching Veterans
Everywhere in the Community**

**Lawyers &
Legal
assistants:** legal
problems are a
major precipitant



After a VA attorney used the Columbia to help save the life of a suicidal client, the OGC decided to make it scalable and put it in the hands of all attorneys and legal aids throughout the VA nationwide.



**Custodial
staff**



ASK YOUR COMMUNITY
CARE FOR YOUR COMMUNITY
EMBRACE YOUR COMMUNITY

See Reverse for Questions
that Can Save a Life



At the DMV:
Vets get
special driver's
licenses



**Dept of Parks
& Recreation**



ASK YOUR BENEFICIARIES
AND THEIR FAMILIES
CARE FOR YOUR BENEFICIARIES
EMBRACE YOUR BENEFICIARIES

See Reverse for Questions
that Can Save a Life



**Veterans
Benefits
Officers**



THE COLUMBIA
**LIGHTHOUSE
PROJECT**
IDENTIFY RISK. PREVENT SUICIDE.

Connecting and Using a Common Language

**Loneliness Has Devastating Health Effects
Equal to 15 Cigarettes a Day:
*More Lethal than Heart Disease and Obesity***

Columbia Protocol is more than just a method to identify when someone is at risk.

It's a framework for normalizing the tough conversations and reducing stigma around talking about suicide and promotes connectedness.



1-Have you wished you were dead or wished you could go to sleep and not wake up?

2-Have you actually had any thoughts of killing yourself?

If yes to 2, ask 3, 4, 5, and 6.

3-Have you been thinking about how you might do this? *E.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it ... and I would never go through with it."*

4-Have you had these thoughts and had some intention of acting on them? *As opposed to "I have the thoughts but I definitely will not do anything about them."*

5-Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

6-Have you ever done anything, started to do anything, or prepared to do anything to end your life? *Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.*


If yes: **How many times in your life did this happen?**

If yes: **Was this within the past three months?**

Just Ask, You Can Save a Life:

Columbia-Suicide Severity Rating Scale (C-SSRS)

Why C-SSRS?

- 
- ***Reduce Suicide***
 - ***Reduce Workload***
 - ***Reduce Liability***

- Anyone can ask the questions
- Simple to use
- Peers are potent in guiding someone to help
- Ask everyone, every time you speak with them so we don't miss those suffering in silence



50 States Top-Down Meets Bottom-Up



Who Do I Worry About?

“Asking a depressed person about suicide may put the idea in their heads”

FALSE

- Does not suggest suicide, or make it more likely
- Open discussion is more likely to be experienced as relief than intrusion
- Risk is in not asking when appropriate

Indicates
Need
For Most
Extreme
Next Step

	Past month	
Ask questions that are bolded and underlined .	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.”		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to “I have the thoughts but I definitely will not do anything about them.”		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>	YES	NO

How To Ask The Questions: Delivery Matters!

C-SSRS Screener

Your Mission

- Care for the person in front of you
- Keep the person in front of you safe
- Leave a good impression for future help-seeking
- Take care of yourself afterwards

Effective Communication: Key to Building Trust and Collecting Accurate Information

- Stay in this Moment = Clear your mind and free yourself of as many distractions as possible
- Positive Body Language= arms loosely at your side, head up, eyes connecting to the person in front of you
- Stay Attentive and Responsive, but Calm
- Voice is Steady and Clear
- Listen Carefully
- Do not Judge
- Paraphrase/Reflect back important details

What Do I Do?

- Don't be afraid to ask the questions directly
- Listen to their story
- Tell them you are worried about them
- Ask them to come with you to get help
- Show you care, be patient but don't take no for an answer
- Avoid minimizing feelings, trying to talk them out of it or giving advice
- Create safe and supportive family, community and school environments

What Do You Do If the Person is at Imminent Risk of Suicide

- If the person is at imminent risk of attempting suicide we are going to:
 - Stay With the person and keep them safe
 - Talk about Reasons for living
 - Make warm hand off
 - Follow-up, if possible
- If the person is not at imminent risk:
 - Stay and talk with them- ask them about their social support network who could they talk to (e.g. trusted friend, clergy, spouse, etc). What community/ Veteran resources could you connect them with?

	Past month	
Ask questions that are bolded and <u>underlined</u>.	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself?</u> <u>Did you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	YES	NO
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If YES, ask: <u>Was this within the past three months?</u>		

APP Download

 **AMERICAN
LEGION**

BE THE ONE

Scan the QR code to download the
Columbia Protocol app.

Powered by:
 **PS Solutions**

ANDROID USERS



IPHONE USERS



Role Plays (Presenters)

Discussion/Q&A

For questions and other inquiries,
email: kelly.posner@nyspi.columbia.edu

Cell (646)286-7439

Website for more information and
downloads:

cssrs.columbia.edu