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# Preventing Suicide Among Military and Veterans: Lethal Means

Mid-Atlantic and North East Regional Community of Practice  
Professional Training Event  
November 19, 2020

Please note: Headphones are  
recommended for best audio quality

# Presenter

**Megan Flaherty**

*Suicide Prevention Team  
Coordinator*  
Hampton VAMC



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# Lethal Means Safety and Suicide Prevention

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# A Little Housekeeping Before We Start:

**This can be an intense topic for some people.**

**If you need to take a break, or step out, please do so.**

**Immediate Resources:**

**National Suicide Prevention Lifeline: 1-800-273-8255**

**Service members and Veterans should press 1 to connect with the Veterans Crisis Line.**



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# Objectives

**By participating in this training, you will:**

- Have a general understanding of the scope of suicide within the United States.
- Know how to start a conversation about lethal means safety.
- Have a general understanding of options for ensuring safe storage of lethal means.



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# What Is Lethal Means Safety?

- In the context of suicide prevention, safe storage of lethal means is any action that builds in TIME and SPACE between a suicidal impulse and the ability to harm oneself.



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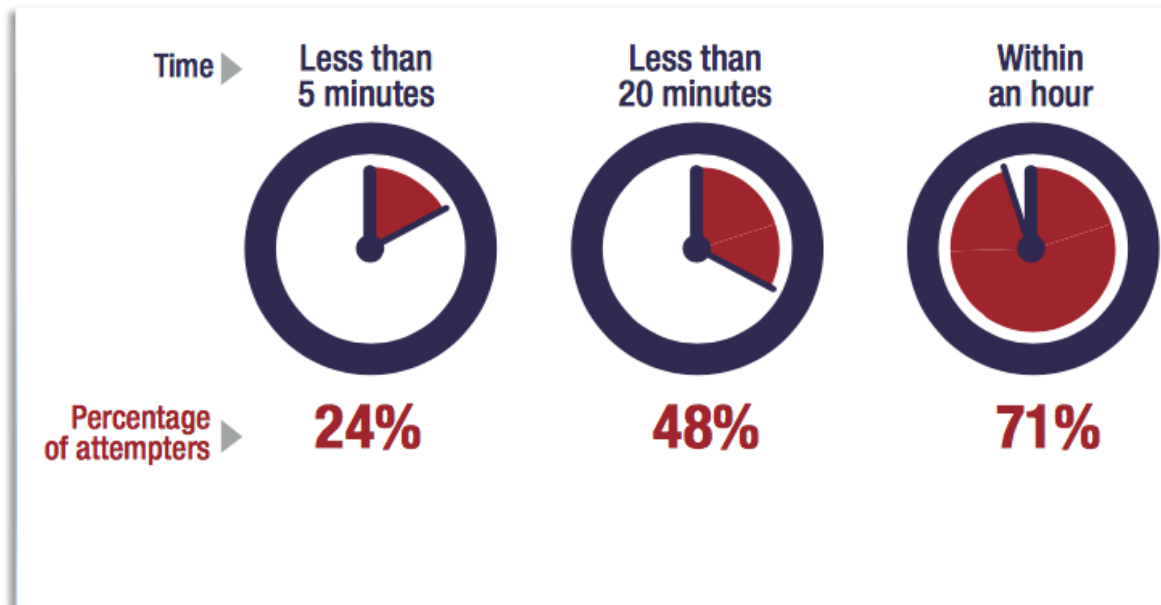
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## Why Lethal Means Safety?

- While some suicidal crises last a long time, most last minutes to hours. In one study of suicide attempt survivors:
  - *47 percent said it took **less than one hour** between their decision to attempt suicide and their actual attempt.*
  - *24 percent said it took **less than five minutes** for them to act.*
- About **90 percent** of people who survive a suicide attempt do not go on to die by suicide.



## Time From Decision to Action < 1 Hour



Source: Simon, T.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M., and O'Carroll, P.W. Characteristics of Impulsive Suicide Attempts and Attempters. SLTB. 2001; 32(supp):49-59.



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# What Clients and Families Need to Know

Following are some facts and several simple steps to help you, or a loved one, make it safely through a suicidal crisis.

- A suicidal crisis can escalate quickly.
- Since a suicidal crisis is often difficult to predict and can escalate rapidly, reduce access to lethal methods (e.g., a gun) before a suicidal crisis occurs.
- If you, or someone you know, is struggling with despair, carrying out some simple steps to reduce access to lethal methods will make the situation safer if suicidal feelings arise.

[www.sprc.org](http://www.sprc.org)



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# Suicide Rates and Methods

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## 2017 Key Data Points



The rate of suicide was

**2.2** *times higher  
among female Veterans*

*compared with non-Veteran adult women.*

*\* after accounting for differences in age*



The rate of suicide was

**1.3** *times higher  
among male Veterans*

*compared with non-Veteran adult men.*

*\* after accounting for differences in age*



Male Veterans ages

**18–34**

*experienced the **highest rates** of suicide.*



Male Veterans ages

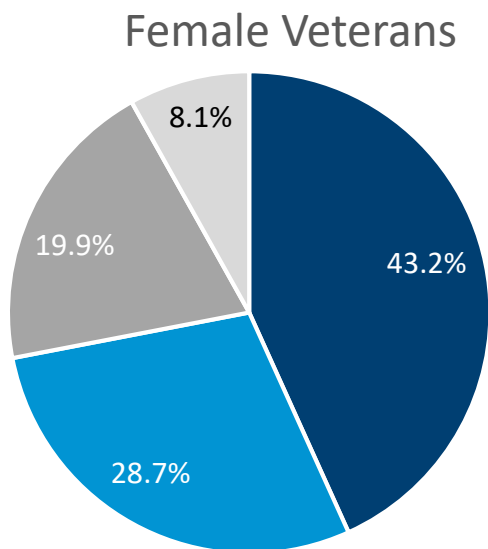
**55 and older**

*experienced the **highest count** of suicide.*

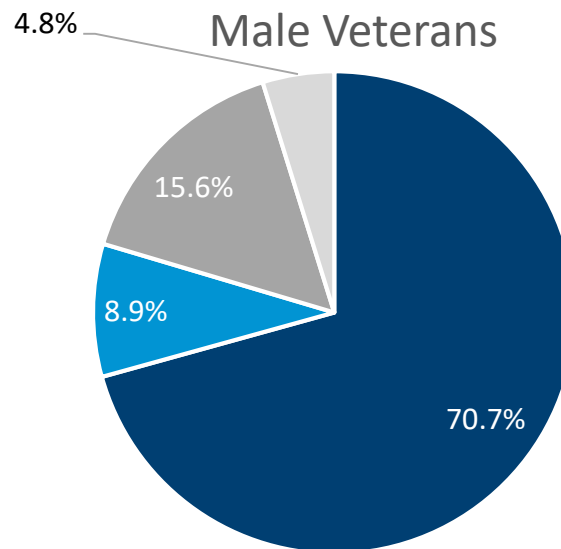
**69%** *of all Veteran suicide deaths resulted from a firearm injury.*



## U.S. Veterans and Suicide Methods (2017)



■ Firearm Injury  
■ Poisoning



■ Firearm Injury  
■ Poisoning



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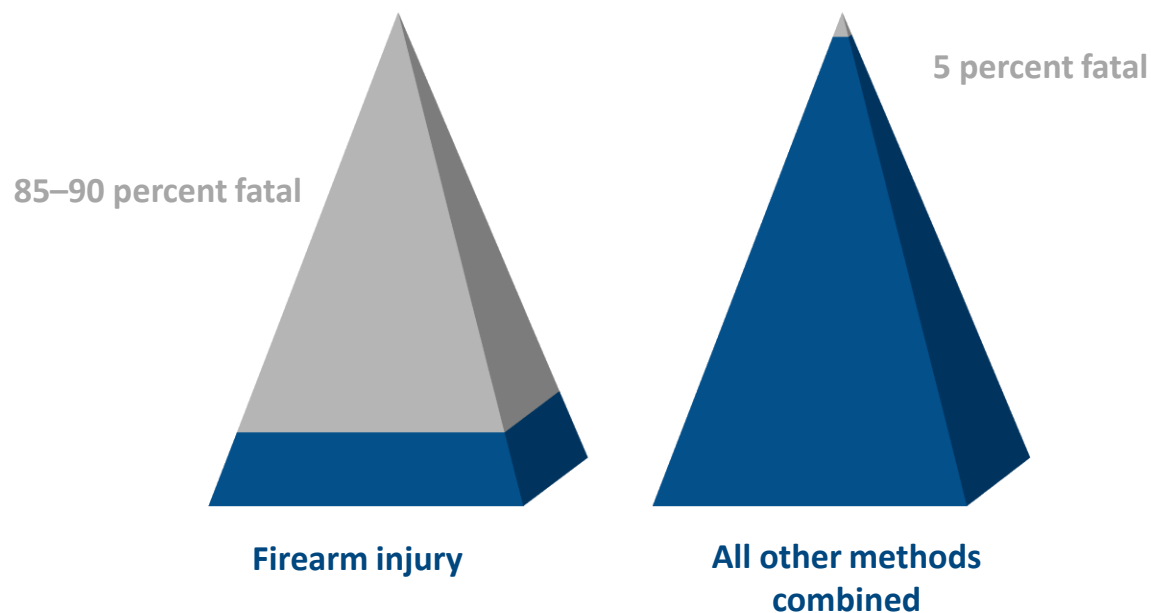
## Veterans' Access to Firearms

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- Veterans have a high degree of familiarity with firearms and are more likely than members of the U.S. general population to have access to firearms.
  - *Half of Veterans own at least one firearm.*
  - *One-third store a firearm loaded and unlocked.*



# Lethality of Firearms



CDC WISQARS: Deaths from death certificate data; nonfatal incidents estimated from national sample of hospital emergency departments





# Operationalizing Lethal Means Safety



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# Lethal Means Safety Counseling

- Factors that may affect your approach include:
  - Your relationship with the Veteran
  - Your knowledge about their access to firearms or lethal medications; their reasons for firearm ownership or the necessity of their medications
  - Your knowledge of and comfort with firearms or other means
  - The urgency of the situation
  - The Veteran's willingness to consider changes





# How to Start the Conversation

- “How do you currently store your firearms/medications?”
- “What concerns do you have about storing them more safely?”
- “How will we know when it’s time to take extra steps or do something differently?”
- “Can you think of anything else you could do to increase your safety during this tough time?”



# How to Respond to Veterans Concerns

- *“If I get rid of my guns, I will just use another method to kill myself.”*
- Research suggests that people often do not substitute their method.
- •Even if the Veteran does use another method, almost every other method is less lethal and offers more time for rescue or for the person to change their mind.
- *“I need my guns for self-defense.”*
  - “In a study using data from the National Crime Victimization Survey, people reported that they defended themselves with a firearm in less than 1 percent of crimes.”
  - “What are the risks vs. benefits of having an unsafely stored firearm (e.g., harming yourself, harming someone else, the danger to children in the home vs. likelihood of defending yourself)?”
  - “Are there other ways to defend yourself and your family (e.g., home alarm system, automatic light system, big dog)?”



## Messaging Matters

*“Lots of Veterans have guns at home. What some Veterans in your situation have done is store their guns away from home until they’re feeling better or lock them and ask someone they trust to hold onto the keys. If you have guns at home, I’m wondering if you’ve thought about a strategy like that. If temporarily storing them elsewhere is not an option, perhaps we can discuss some alternative ways to keep you safe until you’re feeling better.”*





# Reducing Risk: Tools and Resources



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## How to Reduce Lethality: Tools

- Suicide Prevention Safety Plans
  - Making the environment safe
- Temporary removal from home, gun locks, trigger locks, gun safes
- Medication take back events
- Medication removal boxes
- Medication mail back envelopes
- Naloxone kits



# Reducing Risk for Firearm Suicide

- Temporary off-site storage options
- In some states, Veterans may need to undergo a background check before reclaiming their firearms.
- Safe storage options in the home — preferably while giving key or safe combination to a loved one — include:
  - Cable lock
  - Trigger lock
  - Lock box
  - Life jacket
  - Gun safe / cabinet
- Just storing ammunition separately from guns reduces suicide risk.






## A RANGE OF OPTIONS



### CABLE LOCK

Price Range: \$10–\$50

A cable lock can be used on most firearms, allows for quick access in an emergency and offers security from theft. The cable runs through the barrel or action of a firearm to prevent it from being accidentally fired, requiring either a key or combination to unlock it.




-  AFFORDABLE
-  ACCESSIBLE
-  THEFT  
DETERRENT



### GUN CASE

Price Range: \$10–\$150

For those looking to conceal, protect or legally transport a registered firearm, a gun case is an affordable solution available in a variety of materials including plastic, fabric or metal. Be sure to lock it with an external device for added security.




-  AFFORDABLE
-  PORTABLE
-  PROTECTS  
FROM DAMAGE



### LOCK BOX

Price Range: \$25–\$350

With integrated locks, storage boxes provide reliable protection for firearms, and allow gun owners to legally transport them outside of their home.




-  PORTABLE
-  ACCESSIBLE
-  PROTECTS FROM DAMAGE



### ELECTRONIC LOCK BOX

Price Range: \$50–\$350

Electronic lock boxes are an effective way to store or legally transport firearms, and they also prevent theft since only the person with the code can access the contents. Some electronic lock boxes are specially designed for quick access to stored firearms.

-  PORTABLE
-  THEFT DETERRENT
-  PROTECTS FROM DAMAGE



### FULL SIZE AND BIOMETRIC GUN SAFES

Price Range: \$200–\$2,500

A gun safe protects its contents from the elements and allows owners to safely store multiple firearms in one place. Gun safes of all sizes are now available with biometric options to ensure only certain people have access.

-  THEFT DETERRENT
-  PROTECTS FROM DAMAGE





# Firearms Possession/Transfer between Individuals

When considering temporary gun storage with friends or relatives, under federal law 18 U.S.C. § 922(d), a person should not ask someone to store their firearm if that person is prohibited from possessing a firearm.



For more information on who else is prohibited from possessing a firearm:

- Means Matter: People Prohibited from Receiving Firearms <https://www.hsph.harvard.edu/means-matter/recommendations/families/#1Prohibited>
- Giffords Law Center <https://lawcenter.giffords.org> (select “Gun Laws” tab, then select “State Law”)
- NRA-ILA <https://www.nraila.org/> (select state in the “Know Your State Gun Laws” box)



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## Extreme Risk Protection

- Many states have passed extreme risk protection (red flag) laws.
- Giffords Law Center: Extreme Risk Protection Orders  
<https://lawcenter.giffords.org/gun-laws/policy-areas/who-can-have-a-gun/extreme-riskprotection-orders/>
- *In the state of Virginia only law enforcement or state officials can petition for an ERPO*





# It's Not Only Firearms



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# Veterans and Access to Lethal Medications

- About 98 percent of overdose attempts are not fatal.
- *In 2016, 10 percent of male Veteran and 32 percent of female Veteran suicides were due to intentional poisoning.*
- Most attention (appropriately) is now on opiate medications, both prescribed and unprescribed, and particularly for patients receiving both opiates and benzodiazepines.
- Other medications that are commonly implicated include:
  - Acetaminophen
  - Antipsychotics
  - Antidepressants
  - Antiseizure medications





## Lethal Means Safety for Medications

- During periods of elevated suicide risk, options for preventing intentional or unintentional overdose include:
- Friend/family administer medication
- Ask prescriber to limit number of pills/refills
- Disposing of unused medication at a pharmacy or using safe home disposal kits
- Opioid Safety and Education and Naloxone distribution



# What is a Safety Plan?



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# Safety Plan:

## **STEP 1: RECOGNIZING WARNING SIGNS**

- Thoughts, Feelings, Behaviors, Symptoms

## **STEP 2: USING INTERNAL COPING STRATEGIES**

- Activities that can be done independently

## **STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION**

- People, places, activities that are distracting but socially distanced



## **STEP 4: PEOPLE WHOM I CAN ASK FOR HELP IF DISTRACTION ALONE DOESN'T FULLY WORK**

- People I can talk to about my feelings

## **STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS**

When I need to talk to a mental health professional or other provider, I will call one:

1. Therapist/Clinician Name
2. Primary Care Provider
3. VA Suicide Prevention Resource Coordinator Name/Phone
4. Veterans Crisis Line: 1-800-273-8255, press 1
5. Local Urgent Care Services:



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## **STEP 6: MAKING THE ENVIRONMENT SAFE**

- Firearms
- Medications
- Household toxins/poisons
- Sharp or other dangerous objects



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## iPhone Screenshot





- Everyone has a role to play in promoting lethal means safety.
- Template Safety Planning Tool available
  - [www.sprc.org](http://www.sprc.org)
- Firearm owners, dealers, shooting clubs, hunting organizations, and others can also help promote firearm safety and increase involvement in suicide prevention.
- [Lock and Talk Virginia](#) campaigns



# Suicide Prevention Resource Center

## [www.sprc.org](http://www.sprc.org)

- **Counseling on Access to Lethal Means (CALM) course**
  - <https://zerosuicidetraining.edc.org/>
  - Improve your knowledge and skills in suicide prevention with these self-paced online courses. They are designed for clinicians and other service providers, educators, health professionals, public officials, and members of community-based coalitions who develop and implement suicide prevention programs and policies.
- All courses are free of charge and open to anyone.



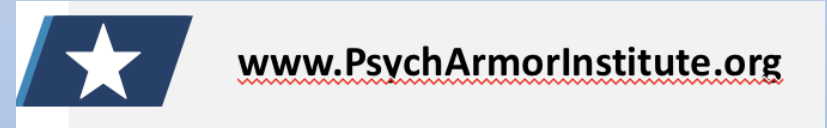
**Suicide Prevention Resource Center**



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## S.A.V.E. Training

- A PsychArmor course developed in collaboration with the Department of Veterans Affairs and presented by Dr. Megan McCarthy, Former Deputy Director, Suicide Prevention
- After taking this 25-minute course, you will:
  - Develop a general understanding of the problem of suicide in the United States.
  - Understand how to identify a Veteran who may be at risk for suicide.
  - Know what to do if you identify a Veteran at risk.



# Free, Confidential Support 24/7/365



1-800-273-8255 **PRESS 1**

• • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • •

Veterans

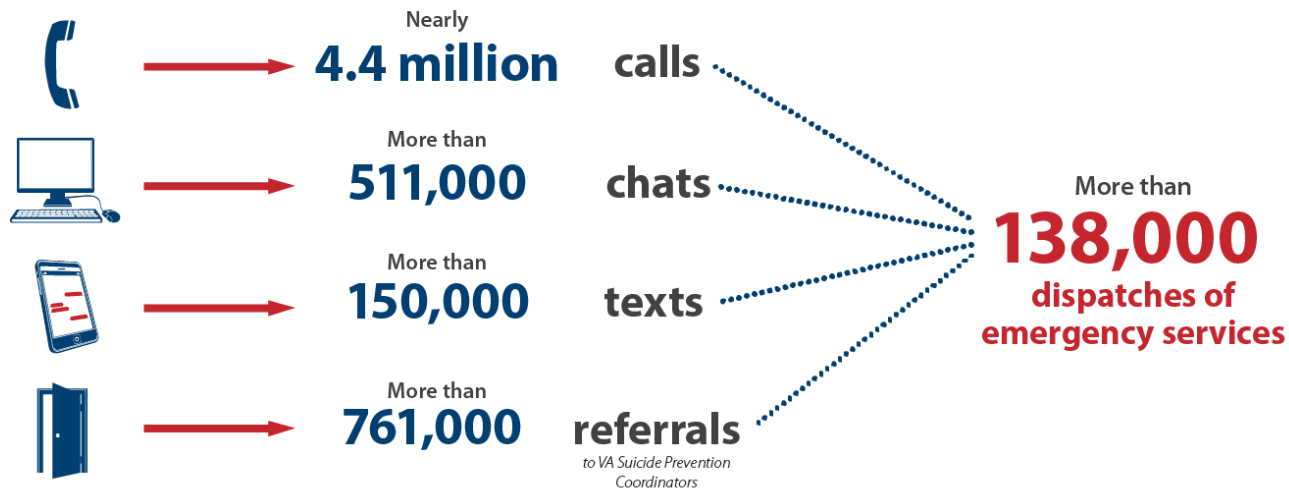
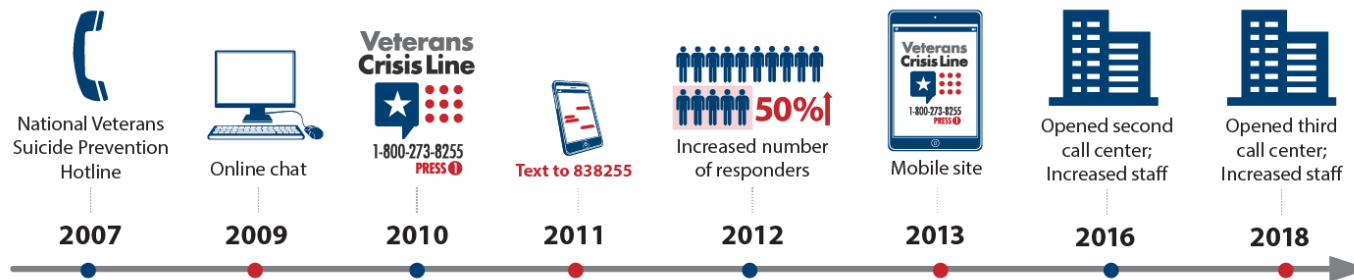
Service members

Family members

Friends



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# #BeThere

with a text or call to show you care.



[BeThereForVeterans.com](https://BeThereForVeterans.com)



VA



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# SUICIDE RISK MANAGEMENT Consultation Program

## FOR PROVIDERS WHO SERVE VETERANS

### Why worry alone?

The Suicide Risk Management Consultation Program provides free consultation for any provider, community or VA, who serves Veterans at risk for suicide.

### Common consultation topics include:

- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

*#NeverWorryAlone*

To initiate a consult email:

**SRMconsult@va.gov**

[www.mirecc.va.gov/visn19/consult](http://www.mirecc.va.gov/visn19/consult)



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# **MAKE THE CONNECTION**

***www.MakeTheConnection.net***

Online resource featuring hundreds of Veterans telling their stories about overcoming mental health challenges.



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Program for families and loved ones of Veterans, helping them encourage the Veteran in their lives to seek support.

**CALL 888-823-7458**



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## Suicide Prevention Coordinator Points of Contact, by region:

### Hampton VA Medical Center:

Shaconda Griffin (757) 722-9961, ext. 6987  
Megan Flaherty (757) 604-1351

[Shaconda.Griffin@va.gov](mailto:Shaconda.Griffin@va.gov)  
[Megan.Flaherty@va.gov](mailto:Megan.Flaherty@va.gov)

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### Martinsburg VA Medical Center:

Jill Finkle (304) 263-0811 ext. 3624

[Jill.Finkle@va.gov](mailto:Jill.Finkle@va.gov)

### Mountain Home VA Medical Center:

Laura Rasnake (423) 926-1171 ext. 7703

[Laura.Rasnake@va.gov](mailto:Laura.Rasnake@va.gov)

### Richmond VA Medical Center:

Laura Pond (804) 675-5000 ext. 4554

[Laura.Pond@va.gov](mailto:Laura.Pond@va.gov)

### Salem VA Medical Center:

Alicia Dudley (540) 982-2463 ext. 2436

[Alicia.Dudley@va.gov](mailto:Alicia.Dudley@va.gov)

### Washington DC VA Medical Center:

Colleen Glair (202) 745-8000 ext. 54999

[Colleen.Glair@va.gov](mailto:Colleen.Glair@va.gov)



# Suicide Prevention Team at Hampton VAMC

**Shaconda Griffin, SPC/REACH-VET Coordinator**  
**757-722-9961 x6987**

**Kevin Trout, SPCM**  
**757-722-9961 x3267**

**Jenny Meyer, SPCM**  
**757-722-9961 x1490**

**For SP materials:**  
**Derrick Kately, Suicide Prevention MSA**  
**757-722-9961 x3825**

**Megan Flaherty, SPC**  
**757-604-1351**

**Trakesha Jones, SPCM**  
**757-722-9961 x2512**

**Dr. Sheronda Farrow, Psychologist**  
**757-722-9961 x6273**

**Email: [vhahamsuicidepreventionteam@va.gov](mailto:vhahamsuicidepreventionteam@va.gov)**



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# *Dedication*

*To Veterans who have lost their lives by suicide,  
to Veterans who have thoughts of suicide,  
to Veterans who have made an attempt on their lives,  
to those caring for a Veteran,  
to those left behind after a death by suicide,  
to Veterans in recovery,  
and to all those who work tirelessly to prevent Veteran suicide and  
suicide attempts in our nation.*

*We believe that we can and will make a difference.*

[https://www.mentalhealth.va.gov/suicide\\_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf)



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*THANK YOU*







# Questions?

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# Closing Remarks

**Jennifer Watson**

Program Manager,  
ServingTogether, a program of EveryMind

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# Keynote

**Kristofer Goldsmith**

*Founder and President*  
High Ground Veteran  
Advocacy



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# Panel Discussion



Moderator & Panelist

**Brandi Jancaitis**

*Director of the Virginia Veteran  
and Family Support Program*

**Virginia Department of Veterans  
Services**

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# Panelists



**Sheronda Farrow, PhD, LCP**  
*Clinical Psychologist*  
Hampton VA Medical Center

**Greg Reuss**  
*Board Chair (Volunteer)*  
Maryland Chapter of the American  
Foundation for Suicide Prevention



**Adam Chu**  
*Director of Health and Behavioral  
Health Initiatives*  
Suicide Prevention Resource Center

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# Closing Remarks

Regional Community of Practice Champion

**Christy Kenady**

Director,

ServingTogether, a program of EveryMind

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