



THE RESILIENT VETERAN

Working to Eliminate Veteran Suicide and Promote Veteran Suicide Awareness

Northwest
Pennsylvania
Veteran Suicide
Prevention
Program

COMMUNITY TOOLKIT

Your Role in Connecting Veterans to Services and Preventing Suicide

Funded by the CDC's Division of Injury Prevention



Suicide is a leading cause of Veteran deaths.

How to Use the Suicide Risk Awareness and Resource Referral Toolkit

Whether you're a business owner, work for a community organization, or are a Veteran or military family, this toolkit will get you connected to resources, explain our free training courses, and show how you can promote resiliency and community support for at-risk Veterans.

Pick the group that best describes you and explore the suggested learning activities. Each activity offers real-world skills and information to help Veterans in your community.



You can get a copy of this free toolkit on the Resilient Veteran website:

www.TheResilientVeteran.org/toolkit

FOR BUSINESSES



- Get your team trained on Question, Persuade, Refer (QPR)**
See page 5
- Sign your business up for a CALM training**
See page 6
- Learn about safety plans**
See page 9
- Review community resources for your county**
See page 18

Ready to Get Started? Here are Some Suggestions.

The 2015 suicide rate
among Veterans was
2.1 times higher than
that of non-Veteran adults.

FOR COMMUNITY ORGANIZATIONS



- Sign up for a Question, Persuade, Refer (QPR) training
See page 5
- Get your group trained about military culture
See page 6
- Learn about suicide risk screenings
See page 11
- Review community resources for your county
See page 18

FOR VETERANS AND MILITARY FAMILIES



- Sign up for Question, Persuade, Refer (QPR) and Moral Injury trainings
See page 5
- Learn about military sexual trauma (MST)
See page 14
- Understand your COMPACT Act treatment rights
See page 17
- Review community resources for your county
See page 18

All toolkit resources are listed on the next page.



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Free Learning Opportunities

Classes are **free of charge** and open to all who are interested in learning more about promoting resiliency and assisting Veterans at risk for suicide.

Please contact us at NWPAVeteran@pitt.edu with any questions or to schedule a training session for your business, community organization, or professional association.

SUICIDE FACT CHECK

MYTH: Asking someone about suicide will put the idea in their head.

FACT: Asking a person about suicide does not create suicidal thoughts. The act of asking the question simply gives the person permission to talk about his or her thoughts or feelings.

MYTH: If somebody really wants to die by suicide, there is nothing you can do about it.

FACT: Suicidal thoughts are often caused by treatable conditions and situations and the acute risk of suicide is usually temporary. Helping someone through the immediate crisis can significantly improve outcomes, saving lives.

Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention



 2 Hours

 In-Person

 Virtual

 CE Credits Available



Description

QPR is an evidence-based program teaching the **warning signs** of a suicide crisis, how to respond, how to offer hope, and how to get help.

Training Objectives

- Describe the impacts of death by suicide.
- Identify **warning signs** of suicide.
- Learn **how to ask someone directly** about their desire or intent regarding suicide.
- Demonstrate verbal and nonverbal skills used to persuade someone who is having thoughts of suicide to **seek and accept** help.
- Identify **local resources** available to help someone who is having thoughts of suicide.
- Describe how to get help for someone having thoughts of suicide.

Counseling on Access to Lethal Means (CALM)



 1 Hour

 Virtual



Description

CALM is designed for **professionals who work with people at risk for suicide** to learn how to help individuals reduce access to lethal means, such as firearms and medication, during a crisis.

Training Objectives

- Identify **people who could benefit** from lethal means counseling.
- **Ask about** access to lethal methods.
- Work with the individual at risk and their families to **reduce access to lethal means**.



Scan this QR code to visit the training page on the Resilient Veteran site.

Introduction to Military Culture



 1 Hour

 In-Person

 Virtual



Description

This course teaches about military service and **what service members go through**. It helps people learn how to support and create helpful programs for those in the military and Veterans.

Training Objectives

- Explain how different parts of the U.S. military, like departments, branches, and ranks, are set up.
- List the six main parts of the military's special, separate way of working.
- Describe and discuss the **risks** associated with military service.
- Identify the **top challenges** service members face as they return to civilian life.
- Identify the top skills and attributes strengthened by military service.

An Epidemic in our Ranks: Military Sexual Trauma



 1 Hour

 In-Person

 Virtual



Description

This course will educate participants about **military sexual trauma** (MST), its prevalence among service members, common health outcomes, treatment options, and available resources.

Training Objectives

- Define military sexual trauma and its **prevalence in the military**.
- Discuss the connection between military culture and MST.
- Identify common outcomes of MST and treatment options available for Veteran survivors.
- Discuss institutional betrayal, military justice, and policy reform efforts related to MST.

Overview of Moral Injury



 1 Hour

 In-Person

 Virtual



Description

This course teaches about moral injury, **how common it is** in people who serve in the military, what usually **causes it**, and ways to help **treat it**.

Training Objectives

- Describe how **moral injury is not the same** as post-traumatic stress disorder (PTSD).
- Discuss the **two types of moral injury**, their causes, and **symptoms**.
- Explain the **link between** military life and moral injury.
- Identify best practices for **assessment and treatment** of moral injury.
- Talk about how military **deployments and other experiences** can strongly affect the feelings of Veterans and their families, leading some to think about suicide.

Applied Suicide Intervention Skills Training (ASIST)



2 days (15 hours)



In-Person



REGISTER

Description

Learn and practice using skills of the **ASIST model** to identify Veterans and others in your community who might be thinking about suicide and provide real help. This evidence-based training gives you the tools to make a difference.

Training Objectives

- Understand how attitudes about suicide affect those at risk and their caregivers.
- Increase confidence to **talk openly** about suicide with someone at risk.
- Spot warning signs and **create safety plans**.
- Develop skills needed to **intervene and help** someone considering suicide.
- Identify **help available** for people at risk.
- Commit support in your community.
- Recognize suicide prevention includes **caregiver self-care**, not just emergency help.

Suicide in Military Members and Veterans



60 minutes



Virtual



REGISTER

Description

Please note that the following is an **external training** available for free from **PsychArmor**. It is on-demand and self-paced and you can access the training at learn.psycharmor.org.

Training Objectives

- Describe the numbers behind military suicides and learn about the special reasons that might cause more suicides in the military.
- **Spot the signs** that someone might be thinking about suicide.
- Identify **good habits** and strengths that can protect someone from feeling suicidal.
- Learn about **ways doctors and therapists help** people who are thinking about suicide.
- Explain the **four main areas** linked to suicidal thoughts.

What is a Safety Plan?

67% of Veteran suicide deaths in 2015 involved firearms.

A personal safety plan can help Veterans avert a behavioral health crisis or suicidal thoughts. Working with a **trusted caregiver, family member, or friend**, a Veteran can create a plan that meets their needs.

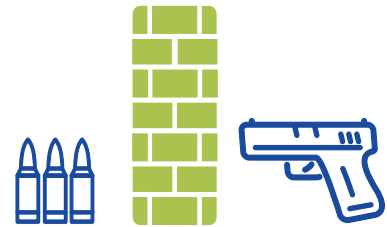
Firearm owners, dealers, shooting clubs, hunting organizations, and others can promote firearm safety and increase involvement in suicide prevention by promoting the use of safety plans along with the following:



Encouraging temporary **off-site storage** options such as **family members, friends, police departments, gun shops, or shooting clubs**.



Using **safe storage options** in the home such as a **cable lock, trigger lock, lock box, or gun safe**.



Storing ammunition separately from guns.

Get started with a Safety Plan

Complete a personal safety plan for yourself, and then ask a friend or family member if they will be one of your contacts if you need a friend to talk to. Next, offer to be one of their contacts by encouraging them to complete a plan of their own. This humble approach **helps to reduce stigma** and acknowledges that **everyone can benefit from a personal safety plan**.

Use the safety plan on the next page or try one of the safety plans linked below:

**University of Pittsburgh
School of Pharmacy**

TheResilientVeteran.org



Stanley-Brown Form

SuicideSafetyPlan.com



Hold My Guns

HoldMyGuns.org



Safety Plan Worksheet

Complete this by yourself or with a friend, family member, or other trusted person.

STEP 1: Warning signs that I might be headed toward a crisis and this plan should be used.

- 1 _____
- 2 _____
- 3 _____

STEP 2: Internal coping strategies I can do to take my mind off my problems without contacting another person.

- 1 _____
- 2 _____
- 3 _____

STEP 3: People, places, and social settings that provide healthy distraction or help me feel better.

- | | |
|---------------|---------------|
| 1 Name _____ | Phone _____ |
| 2 Name _____ | Phone _____ |
| 3 Place _____ | 4 Place _____ |

STEP 4: People I can contact to ask for help during a crisis like family members, friends, and co-workers.

- | | |
|--------------|-------------|
| 1 Name _____ | Phone _____ |
| 2 Name _____ | Phone _____ |
| 3 Name _____ | Phone _____ |
| 4 Name _____ | Phone _____ |

STEP 5: Professionals or agencies that can help me during a crisis.

- | | |
|---------------------------|------------------------|
| 1 Clinician/Agency _____ | Phone _____ |
| Emergency Contact _____ | |
| 2 Clinician/Agency _____ | Phone _____ |
| Emergency Contact _____ | |
| 3 Local Hospital ER _____ | Hospital Address _____ |
| Hospital Phone _____ | |

4 Free 24/7 Crisis Lines



DIAL
988

Veterans **press 1** after dialing



TEXT
838255



CHAT

[VeteransCrisisLine.net](https://www.VeteransCrisisLine.net) (Veterans)
[988Lifeline.org](https://www.988Lifeline.org) (everyone)

STEP 6: Making my environment safer by removing or limiting my access to lethal means.

- 1 _____
- 2 _____
- 3 _____

GIVE a copy of this to a friend, family member, or other trusted person and **KEEP** one with you.

Concerned About Suicide Risk? Ask the Question.

When you believe a person may be experiencing a mental health crisis, one of the most important things you can do is **ask pointed and direct questions about suicide**. The two options presented on the following pages provide examples of questions and next steps to take based on the individual's response. Anyone can use these screening tools to help identify a crisis and get help.

In the case of a mental health emergency, **the 988 Lifeline** provides **24/7, free, and confidential** support for people in distress and prevention and crisis resources for you or your loved ones throughout the United States. **Call or text 988** to be connected to support for Veterans, access Spanish-language services, ASL support for the deaf community, and be connected to local resources and help.

Option 1: Assessing risk with the Columbia Protocol

For everybody

The Columbia Protocol (short for the *Columbia Suicide Severity Rating Scale* or *C-SSRS*) is a set of questions that is easy to use and helps find out if someone is thinking about hurting themselves. Anyone can ask these questions to see if someone has thought about suicide, made any plans, or tried to hurt themselves.

It's a simple and effective way to spot when someone might be in danger and needs extra help.

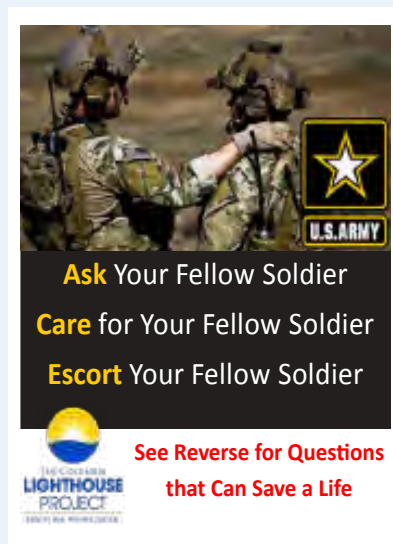
The Columbia tool is **free and used all over the world** in places like schools and hospitals to help people who might be feeling really sad or alone.

See the Columbia Protocol on the next page



More versions of the Columbia Protocol screening tool, including pocket cards with Armed Forces branding, are available on their website, as shown to the right.

<https://cssrs.columbia.edu/>



	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	Yellow
2) Have you actually had any thoughts about killing yourself?	Yellow
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	Yellow
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
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?	High Risk
Always Ask Question 6	Lifetime Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <small>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</small>	High Risk

Any YES indicates the need for further care. However, if the answer to 4, 5 or 6 is YES, immediately ESCORT to the nearest Chaplain, Mental Health Provider, Unit Leader or Emergency Department.

SUICIDE PREVENTION LIFELINE
1-800-273-8255

Military CrisisLine
1-800-273-4688

DON'T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP



The Columbia Protocol

Read the **questions in bold** below to the person you're concerned about. You are encouraged to practice with a friend or colleague to get comfortable so that it feels natural.

Mark the **YES** or **NO** box according to their answer.

<p>1 Have you wished you were dead or wished you could go to sleep and not wake up?</p>	<table border="1"> <tr> <td>NO</td> <td>YES</td> </tr> </table>	NO	YES
NO	YES		
<p>2 Have you actually had any thoughts of killing yourself?</p>	<table border="1"> <tr> <td>NO</td> <td>YES</td> </tr> </table>	NO	YES
NO	YES		
<p>CHECK If they answered NO to QUESTION 2, skip to QUESTION 6. Otherwise, continue to QUESTION 3</p>			
<p>3 Have you been thinking about how you might do this?</p>	<table border="1"> <tr> <td>NO</td> <td>YES</td> </tr> </table>	NO	YES
NO	YES		
<p>4 Have you had these thoughts and had some intention of acting on them?</p>	<table border="1"> <tr> <td>NO</td> <td>YES</td> </tr> </table>	NO	YES
NO	YES		
<p>5 Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</p>	<table border="1"> <tr> <td>NO</td> <td>YES</td> </tr> </table>	NO	YES
NO	YES		
<p>6 Have you ever done anything, started to do anything, or prepared to do anything to end your life?</p>	<table border="1"> <tr> <td>NO</td> <td>YES</td> </tr> </table> <p>Was this within the past 3 months?</p>	NO	YES
NO	YES		

Results Section

<p>If you marked any YES RESPONSES in a RED BOX</p>	<p>HIGH RISK: The person requires immediate help. Stay with them and get them to a hospital Emergency Department. If you can't, or aren't sure what to do, you or the person should CALL 988 for 24/7 help.</p>
<p>If you marked any YES RESPONSES in an ORANGE BOX</p>	<p>ELEVATED RISK: The person has had more serious thoughts about suicide and should meet with a therapist or other behavioral health professional.</p>
<p>If you marked any YES RESPONSES in a YELLOW BOX</p>	<p>LOW RISK: Though the individual has had some thoughts about suicide, they are unlikely to be in immediate danger. They should speak with a therapist or other behavioral health professional.</p>

Get help for you or someone else using 988:



Download the app versions of the Columbia Protocol:



bit.ly/ColumbiaScreen

apple.co/3v37pqr

Option 2: Use the VA Script

For people who work in healthcare and related fields

This script is for people who are more comfortable working with people in crisis. If you work for a food bank, health clinic, drug and alcohol recovery, or others, you're more likely to meet Veterans who need extra support and who may be considering death by suicide. Review the script and keep it in mind as a resource.

The script is approved by VA and easy to use, even for people who aren't trained in helping with tough situations.

Trust your instincts. If you think a Veteran you're working with may try to hurt themselves or others, that's enough to use the script.

Veteran Crisis Intervention Checklist

Do you think the Veteran might be in danger of harming themselves or others right now?

Yes

Take action immediately.

- Safely get the Veteran to the nearest **Emergency Room (ER)**.

Once the Veteran is safely with ER staff:

If the ER you took them to is not a VA facility:

- Ask** ER staff to **contact** the **VA Emergency Care Line** at **1-844-724-7842**.

The **Emergency Care Line** will coordinate with the VA to determine COMPACT Act eligibility.

Remember:

- Always **prioritize the safety** and well-being of the Veteran.
- Maintain clear communication and **follow protocols** diligently.
- Ensure **confidentiality and respect** the Veteran's decisions.
- Keep **detailed records** of all actions and referrals made.

No

Focus on connecting the Veteran to resources.

Attempt to **connect the Veteran** to the **VA RN Clinical Contact Center**.

- Call the 24/7 VA Clinical Contact Center** at **1-833-TELE-URGENT (1-833-835-3874)**.
- The RN who answers the Clinical Contact Center line will speak with the Veteran, determine urgency and type of need, and complete internal protocols to manage.

If the Veteran **declines the referral**:

- Provide 988** as a crisis resource.



Military Sexual Trauma (MST) Claims Guide

This information is provided by VA to help Veterans understand the process for submitting MST claims. Speak with your physician or behavioral healthcare provider or contact VA with questions about completing the form or submitting the necessary documentation.

What is Military Sexual Trauma (MST)?

- MST is a term used by the Department of Veterans Affairs (VA) to refer to sexual harassment or sexual assault experienced during military service.
- MST is not a disability or diagnosis, but an event someone experiences.
- An occurrence of MST does not depend on the identity of the perpetrator, when/where it occurred, or whether it was reported.
- VA recognizes an MST event as the “in-service stressor” that can cause a disability that is eligible for disability compensation.
- VA does not pay disability compensation for MST directly but will pay for PTSD, depression, anxiety disorder or other mental or physical conditions linked to MST.

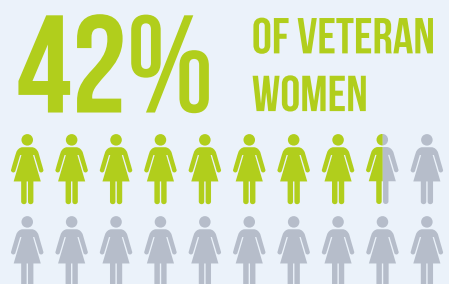
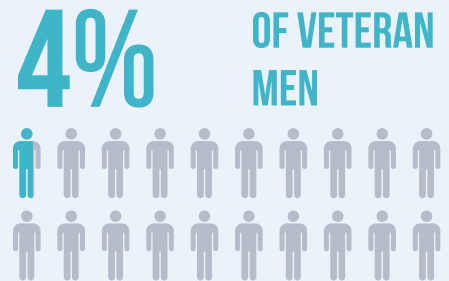
What does it mean for a disability to be service-connected?

A service-connected disability is one that **began or was worsened during military service**. When a disability is service-connected, the Veteran is eligible for disability compensation and other benefits from the VA.

If you file a claim for disability compensation and VA determines you have disabilities related to your military service, you could receive monthly nontaxable compensation, a 10-point hiring preference for federal employment, VA healthcare services, and other important benefits.

HOW COMMON IS MILITARY SEXUAL TRAUMA AND WHO EXPERIENCES IT?

A survey of 60,000 US Veterans revealed sexual harassment impacts...



Adapted from "Military Sexual trauma Among Recent Veterans," by Barth et al., 2016. Data has been rounded.

Video: Service-connected disabilities



youtu.be/h4vKqUldys

How can I prove my disability claim is due to MST?

1. Evidence of the in-service stressor (MST event):

- **Police records**
- **Medical records** (e.g., hospital, mental health clinic, crisis center, etc.)
- **Journals or diaries** kept at the time of the traumatic event
- Supporting **statements from a person** who can attest to the MST incident

**The above is only a partial list of acceptable evidence.*

2. Evidence of behavior changes:

- Drug or alcohol use
- Request for transfers
- Change in work performance
- Suicide attempts
- Relationship issues like divorce
- Supporting statements from a person who can attest to your behavior changes

How does the VA rate PTSD from MST?

The VA uses a percentage system to "rate" how much your disability impacts your life. The **higher** your disability is rated in percent, the **more compensation** you will receive. These ratings are based on **evidence you turn in** with your claim, so being thorough is important. A VA representative you work with may ask that you have an exam with a health professional to help rate your disability.

Look over the graphic below to get that gives an idea of how a person might be impacted examples of how a person might experience a disability rating percentage.

Video: Overview of VA disability rates



youtu.be/T3RodE0nGFc

VA Disability Ratings Explained

0%

You have a mental health condition, but it doesn't really stop you from working or socializing.

10%

Once in a while you have very mild symptoms when you are under stress that make things a bit difficult.

30%

You're mostly okay, but sometimes you might struggle at work or with friends.

50%

You often find it hard to do your job well and to get along with others.

70%

Your condition causes you trouble in most parts of your life, like at school, work, or with family.

100%

Your condition is so serious that you can't work or take care of yourself.

IMPORTANT: You are still eligible for free health care and other benefits at the 0% rating.

Number of Veteran outpatient visits to VA for MST-related care in 2015

1.3 MILLION

Number of active duty personnel in 2015

52%

of women who reported a sexual assault perceived that they experienced professional or social retaliation for their report. (RAND, 2014)

57%

of men and 62% of women reported that the most serious sexual assault they experienced happened at a military installation or on a ship. (OPA, 2019)

85%

of active-component and 81% of reserve-component members indicated their assailant was another member of the military. (RAND, 2014)

57%

more men and 42% more women with combat exposure report MST compared to those without. (Barth et al., 2016)

Applying for Disability Compensation

There are a number of ways to apply for VA disability compensation and people who are available to help you complete the needed forms and answer your questions. Use the list below to decide which works best for you.



File for disability compensation with **VA Form 21-526EZ** using the online system or download a pdf copy to print and fill out.



va.gov/disability/how-to-file-claim



Get help filing your claim from an **accredited Veterans Service Organization (VSO) Representative** by appointing them using the online tool.



va.gov/get-help-from-accredited-representative/find-rep



Find your nearest **VBA MST Outreach Coordinator** to help you with the claim process online or by calling **1-800-827-1000**.



Note: Both **female and male** MST Outreach Coordinators are available at all regional offices.

benefits.va.gov/benefits/mstcoordinators.asp

COMPACT Act and Veteran Suicide Prevention

The COMPACT Act offers immediate help to Veterans who are experiencing a crisis and might hurt themselves or attempt death by suicide, as seen by doctors or crisis helpers.

This help includes paying for travel and treatment costs, and it doesn't matter if the Veteran hasn't used VA services before. They can get care at VA hospitals or other places.

What the COMPACT Act Provides

The COMPACT Act significantly supports Veterans at risk of suicide by offering immediate and accessible mental health care. Here's how it helps:



Quick Access to Care

Veterans in crisis can quickly get emergency help at both VA and non-VA facilities, ensuring no delay when support is critically needed.



Extended Care

The act provides up to 30 days of inpatient and 90 days of outpatient care, with the option for extension, allowing Veterans consistent support throughout their recovery.



Telehealth Options

Veterans living far from health facilities or those who prefer not to travel can use telehealth services, connecting with professionals via phone or computer.



Transportation Cost Coverage

If traveling is necessary, the act covers transportation costs to and from care facilities, removing a common barrier to seeking help.



Community and Peer Connections

The act fosters peer support groups and community resources, helping Veterans build networks with others who understand their experiences and challenges.

Once the Veteran is safely in care, it is important for **the hospital** to call the **VA Emergency Care Line** at **1-844-724-7842** to coordinate care and determine eligibility.

Healthcare Provider Education About the COMPACT Act

Because the COMPACT Act is still relatively new, healthcare providers may find the following resources useful to learn more about it and how it could impact their claims processes.



Find providers using VA's online Community Care information page



Watch a video overview of **how to file a claim** through Community Care



va.gov/communitycare/providers/index.asp

youtu.be/W_t3QIKkAeY

More information can be found on the VA's Community Care web page at va.gov/communitycare.

THE RESILIENT VETERAN

Working to Eliminate Veteran Suicide and Promote Veteran Suicide Awareness

About Us

The **Resilient Veteran Program** is a lifesaving initiative in Northwestern Pennsylvania dedicated to preventing Veteran suicide and reducing the stigma of mental illness. By bringing together healthcare providers, community organizations, and Veterans themselves, we're building a powerful network to support our Veterans and their families.

How You Can Help

There are many ways to get involved and make a difference. Whether you're a healthcare provider offering your expertise, a community group organizing a support event, or a Veteran or family member looking for resources, we need your help.

Contact Us

Email: NWPAVeteran@pitt.edu

Phone: Chris Chirdon at 412-383-3926



Did you use this toolkit? Have ideas to make it better?

We'd love to hear from you!

Feedback sent to us from this confidential online form will guide improvements that help to prevent Veteran deaths by suicide.

Feedback Form Link



[pi.tt/9u](https://pitt.edu/pi.tt/9u)

