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FOR IMMEDIATE RELEASE:

Suicide prevention hotline is working to help save the lives of veterans

Story by Bill Outlaw, Department of Veterans Affairs, Washington, D.C.

On a hot August night, a Vietnam veteran with a history of post traumatic stress disorder (PTSD) found out his wife was leaving him. This was the last straw. He had a gun and a plan to kill himself.

As a last resort, he called VA's newly established around-the-clock Suicide Prevention Hotline. He told the counselor that he was severely distressed. Although the veteran declined the counselor's offer to provide immediate 911 services, the counselor convinced him to leave his gun behind and drive to the nearby VA hospital.

VA health care providers met him at the emergency room door, escorted him through the system and admitted him for intensive mental health services. He is now safe and receiving treatment. The local Suicide Prevention Coordinator (SPC) is following his care and maintaining contact with him.

Several hundred similar stories with successful outcomes have taken place since the Department of Veterans Affairs' (VA) **set up its 24-hour, seven-days-a-week Suicide Prevention Hotline, 1-800-273-TALK (8255)**, in late July.

Dr. Janet Kemp, VA's national suicide prevention coordinator who also is associate director for education and training at the mental health Center of Excellence at Canandaigua, NY, said the Hotline has received more than 1,000 calls from veterans since it became operational.

The Canandaigua-based Hotline counselors who take the calls are professionally trained in crisis intervention in order to deal with any and all situations. They have referred over 300 veterans to local suicide prevention coordinators or mental health professionals for further counseling and treatment. Several callers received emergency rescue services or urgent referrals to their VA's for immediate care.

“This is quite literally a life and death situation for many of those who call, and we have already made a difference in a number of veterans’ lives,” Kemp said.

Calls sometimes come from relatives, such as the wife of a veteran who served two tours in Vietnam and had a history of psychological admissions for PTSD. The wife was especially concerned because the veteran had recently been hospitalized and his father had committed suicide.

A Hotline counselor provided her with immediate support and encouragement. The veteran received a call the next day from the suicide prevention coordinator and was referred to mental health counselors at VA. His wife called the Hotline counselors back afterward to thank them for “saving his life.”

Some calls have come from veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). The aunt of an Iraqi war veteran called, saying she feared her 28-year-old nephew might hurt himself. The veteran initially declined to talk to Hotline counselors, but the suicide prevention coordinator called the next day and convinced him to come in for an evaluation.

The coordinator met him at the door and walked him through the emergency room and triage area. The veteran also was evaluated at the OIF-OEF walk-in clinic. He was enrolled for primary care at the community-based outpatient clinic that is closer to his home, and is being monitored. The veteran expressed his gratitude and said VA had “passed the test.”

Calls also have come from women veterans, such as one from a veteran with two small children who reported that she was very depressed and having panic attacks.

The veteran recently moved and did not know many people in the area where she now lives. Although she had never harmed her children before, she was concerned she might hurt them if she did not get help soon.

She had been a victim of sexual harassment in the military and was likely to benefit from a more thorough evaluation. After talking with the Hotline counselor, the woman agreed to be referred to the suicide prevention coordinator, who helped her access the multiple counseling services she is now receiving from VA.

Calls to the hotline also have come from sisters and aunts and friends, but most are from veterans themselves. The calls often deal with previous mental health issues such as PTSD, which have been exacerbated by a recent situation. Some situations involved veterans with weapons and who could possibly harm themselves or others.

Dr. Ira Katz, deputy chief patient care services officer for mental health for the Veterans Health Administration (VHA), said the VA’s Suicide Prevention Program is unique because the Hotline counselors can deal with the immediate crisis and refer callers to the

suicide prevention coordinators who can help the veteran receive needed mental health services or be admitted for treatment.

“This program gives us the ability to deal with the immediate crisis and to conduct follow up to make sure the veteran’s mental health issues are dealt with on an ongoing, long-term basis to help prevent future situations from arising,” Katz said.

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