



SUICIDE PREVENTION

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SUICIDE IS A LOW FREQUENCY EVENT THAT MANDATES AN EXPLANATION



TERMINAL LEARNING OBJECTIVE

- ACTION: IDENTIFY SIGNS AND SYMPTOMS OF SUICIDE INTENT.
- CONDITION: GIVEN CLASSROOM INSTRUCTION WITH SCENARIOS.
- STANDARD: COMPLETE IAW AR 600-63.

SUICIDE PREVENTION

OVERVIEW

- DEFINITION
- WHO COMMITS SUICIDE?
- CAUSES OF SUICIDE
- DEPRESSION
- WARNING SIGNS
- WHAT TO DO/NOT TO DO
- HOW TO HELP
- IMPACT

WHAT IS SUICIDE?

**THE DELIBERATE
ENDING OF ONE'S
OWN LIFE**

WHAT ARE THE ISSUES SURROUNDING SUICIDE ?

- SERIOUS SUICIDAL
THOUGHTS OR THREATS
- ATTEMPTS TO COMMIT
SUICIDE

WHO COMMITS SUICIDE?

- **8 OUT OF 10 PEOPLE WHO COMMIT SUICIDE HAVE INDICATED TO SOMEONE THEIR INTENTION.**
- **1/4 OF SUICIDES HAVE BEEN SEEN BY A DOCTOR 7 DAYS BEFORE DEATH, WHILE 50% OF SUICIDES HAVE BEEN SEEN BY A DOCTOR WITHIN 90 DAYS.**

WHO COMMITS SUICIDE?

- **1 SUICIDE EVERY 17.4 MINUTES**
- **1 YOUNG PERSON COMMITS SUICIDE EVERY 1.4 HOURS**
- **1 OLDER PERSON (65+) COMMITS SUICIDE EVERY 1.24 HOURS**

WHO COMMITS SUICIDE?

- **PEAK HOURS: 1500-1800**
- **PEAK DAYS: SUN, MON, FRI**
- **BY REGION:**
 - MID-WEST: 17% WEST: 15.2%**
 - MID-ATLANTIC: 13.7% NORTH:
11.5%**
 - NEW ENGLAND: 10.1%**
 - NORTH-EAST: 9.7% SOUTH: 22.8%**

THE MYTHS

MYTH 1

PEOPLE WHO TALK
ABOUT SUICIDE RARELY
ATTEMPT OR COMMIT
SUICIDE

MYTH 2

MENTIONING
SUICIDE MAY GIVE
A PERSON THE
IDEA

MYTH 3

ALL SUICIDAL PEOPLE
WANT TO DIE AND
THERE IS NOTHING
THAT CAN BE DONE
ABOUT IT

MYTH 4

**SUICIDE IS AN ACT OF
IMPULSE WITH NO
PREVIOUS PLANNING**

MYTH 5

ONCE A PERSON IS
SUICIDAL HE IS SUICIDAL
FOREVER

MYTH 6

IMPROVEMENT IN A
SUICIDAL PERSON
MEANS THE DANGER IS
OVER

MYTH 7

**SUICIDAL PERSONS
ARE MENTALLY ILL**

MYTH 8

BECAUSE IT INCLUDES
THE HOLIDAY SEASON,
DECEMBER HAS A HIGH
SUICIDE RATE

MYTH 9

**IT'S NOT SUICIDE IF
THERE IS NO SUICIDE
NOTE**

CAUSES OF SUICIDE

- **PROBLEMS SEEM OVERWHELMING**
- **NOT MAKING A CONSCIOUS DECISION**
- **COMBINATION OF EVENTS**

CAUSES OF SUICIDE (CONT)

•SIGNIFICANT LOSSES:

- BREAKUP OF CLOSE RELATIONSHIP
- DEATH OF LOVED ONE
- WORRY ABOUT JOB OR SCHOOL PERFORMANCE
- LOSS OF SUPPORT SYSTEM OR EMOTIONAL SAFETY
- LOSS OF SOCIAL/FINANCIAL STATUS OF FAMILY

SIGNIFICANT LOSSES (CONT)

- DRUG/ALCOHOL ABUSE
- LOSS OF JOB
- DEBT/LOW INCOME
- LOSS OF STATUS (DOWNWARD MOBILITY)
- SEPARATION/DIVORCE

WHAT IS DEPRESSION ?



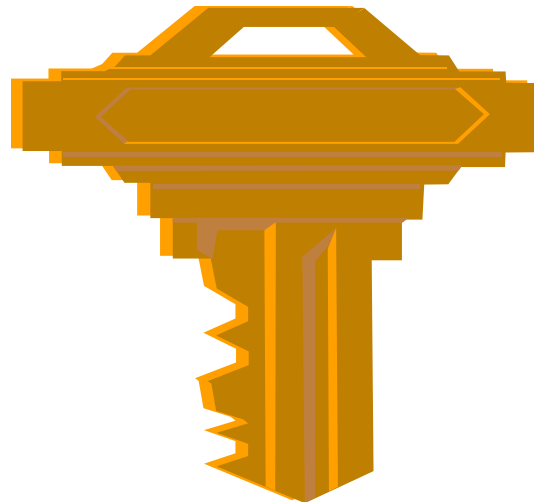
SYMPTOMS OF DEPRESSION

- **CHANGES IN BEHAVIOR/ATTITUDE**
- **DIFFERENT FEELINGS/
PERCEPTIONS**
- **PHYSICAL COMPLAINTS**

EARLY INTERVENTION

IS

KEY



WARNING SIGNS



- TRAUMATIC SITUATIONS
- DEPRESSIVE SYMPTOMS
- VERBAL WARNINGS
- BEHAVIORAL WARNINGS

SUICIDAL SITUATIONS CAUSED BY UNEXPECTED TRAUMA

- DRAMATIC CHANGE IN HEALTH STATUS
- UNEXPECTED DEATH OF SIGNIFICANT OTHER
- SUDDEN LOSS OF FINANCIAL SECURITY

DEPRESSIVE SYMPTOMS

- **WITHDRAWAL**
- **SADNESS**
- **LACK OF ENERGY**
- **WEIGHT CHANGE**
- **IRRITABILITY**
- **EMOTIONAL EMPTINESS**

EXAMPLES OF VERBAL WARNINGS

- “I’ m going to kill myself.”
- “I’ d be better off dead.”
- “I just can’ t go on any longer.”
- “You won’ t be seeing me around anymore.”
- “I’ m getting out.”

BEHAVIORAL WARNINGS

INCLUDE

- **ORGANIZING BUSINESS/PERSONAL MATTERS**
- **GIVING AWAY POSSESSIONS**
- **COMPOSING A SUICIDE NOTE**
- **BUYING A GUN**
- **OBSESSION WITH DEATH**
- **A SUDDEN LIFT IN SPIRITS**
- **PLANNING ONE' S OWN FUNERAL**

HISTORICAL FACTORS
**PERSONS ARE AT GREATER
RISK IF THEY HAVE:**

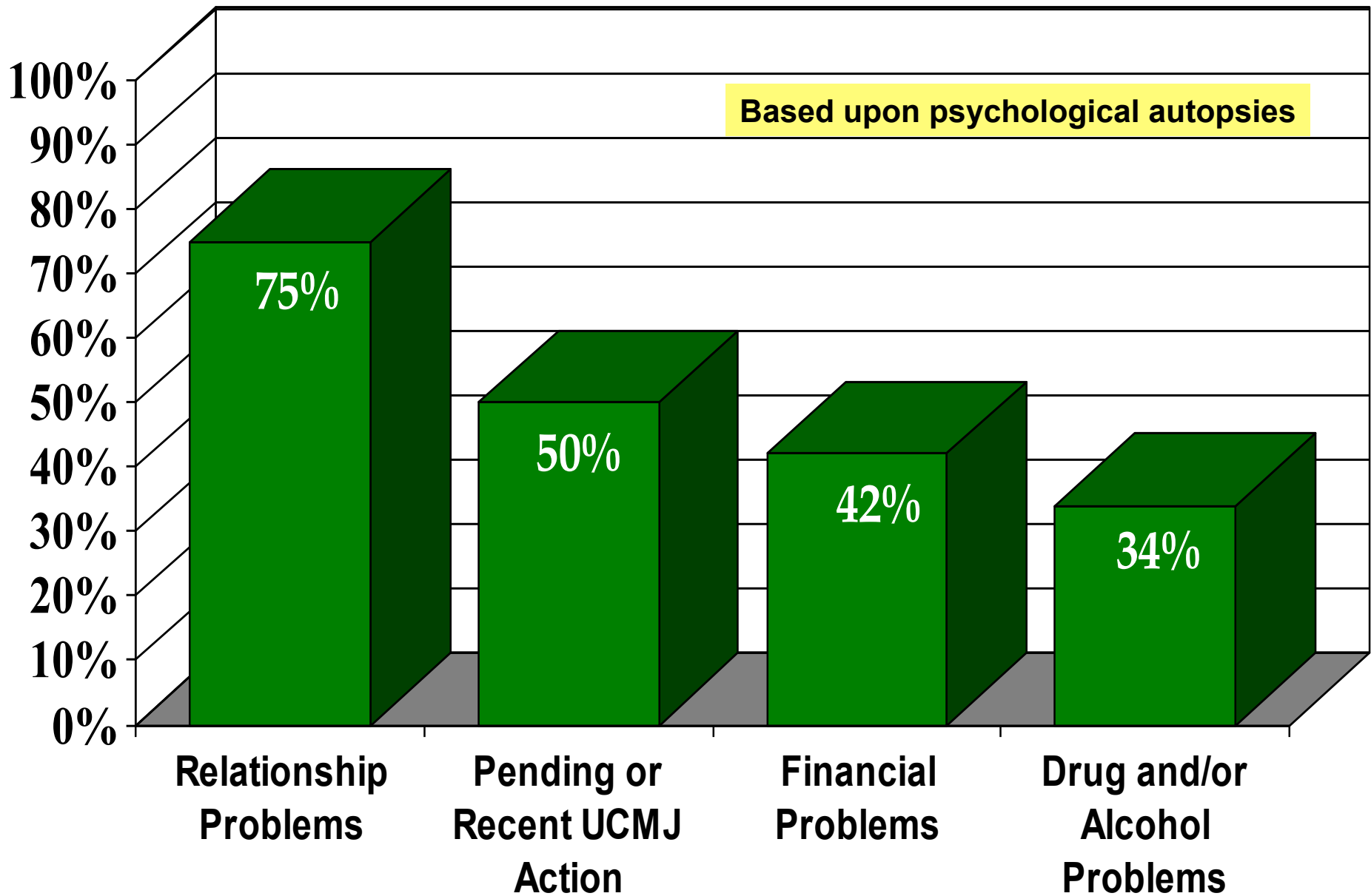
- **MADE A PREVIOUS ATTEMPT**
- **A FAMILY HISTORY OF SUICIDE**
- **LOST A FRIEND THROUGH SUICIDE**
- **BEEEN INVOLVED WITH DRUGS OR
ALCOHOL**
- **ALCOHOLICS IN THE FAMILY**

Potential Suicidal “Triggers”

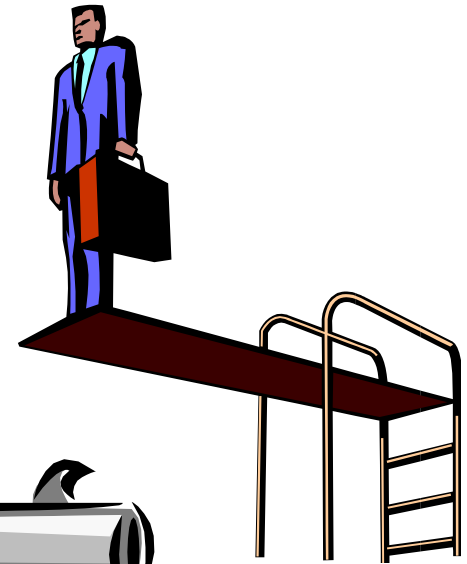
LOSS OF:

- a loved one to illness or death**
- a significant, intimate relationship**
- a child custody battle**
- friendship or social status (social isolation or ostracism)**
- a job or rank (UCMJ or civilian legal action, separation)**
- freedom (incarceration)**
- financial security (pay loss, excessive debts, bankruptcy)**
- self-esteem (humiliation, pass over for promotion or schooling)**
- hope (feeling helpless)**
- or change in lifestyle (unwanted PCS, major deployment)**

Potential “Triggers”

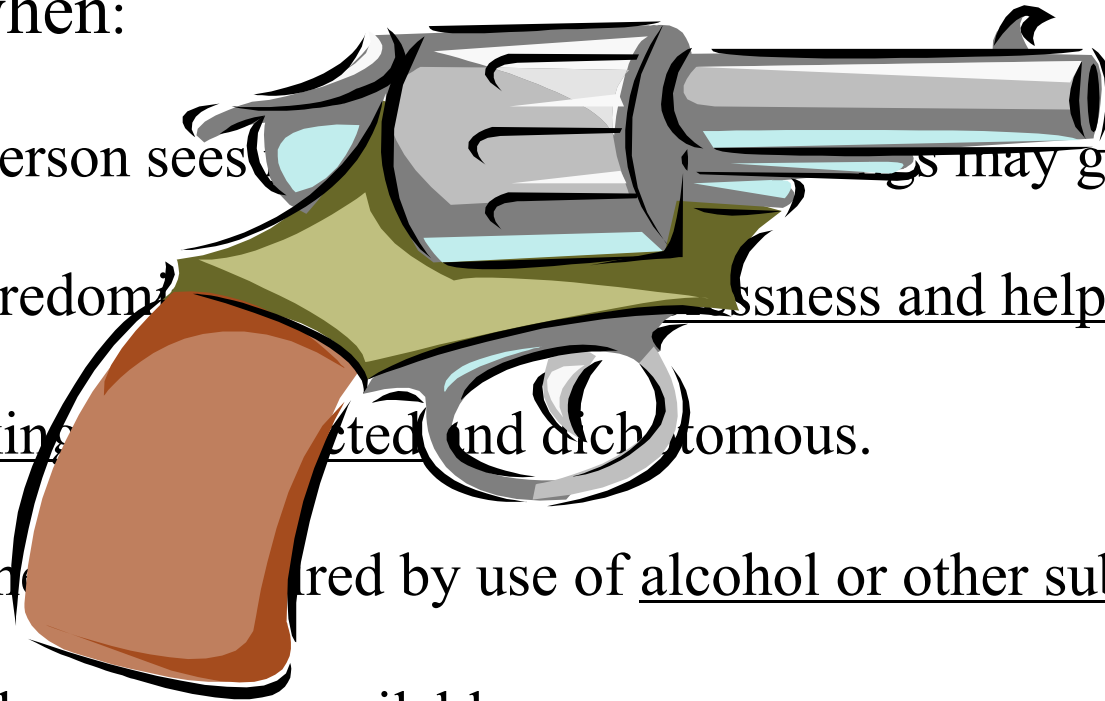


RISK



Highest when:

- The person sees risks may get worse.
- The predominant feelings are anxiety and helplessness.
- Thinking is distorted and dichotomous.
- Judgment is impaired by use of alcohol or other substances.
- Lethal means are available.



Potential Indicators/Predictors of Dysfunctional Behavior

- **Impulsiveness or violent traits**
- **Previous self-injurious acts**
- **Excessive anger or agitation**
- **Excessive alcohol use**
- **Heavy smoking**
- **Sleeping or eating disorder**
- **Previous behavior**

DoD Survey of Health Related Behavior



“Stigma”

Army

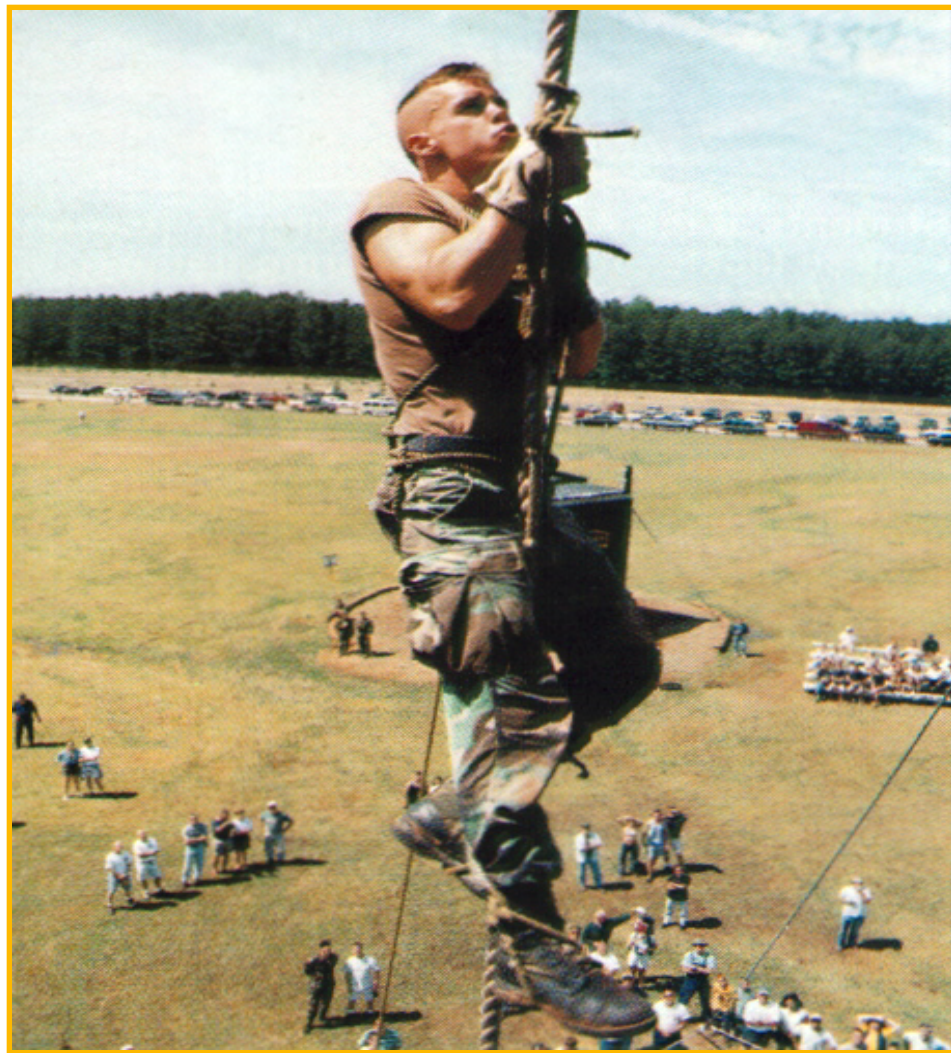
Perceived Need for Mental Health Counseling: 17.8%

Receipt of Mental Health Counseling from military Mental Health Professional: 5.6%

Perceived Damage to Career:
Definitely Will: 17.7%
May or May Not: 58.1%
Definitely Will Not: 24.2%



* 1996 Data



“Knowing is not enough, we must apply.
Willing is not enough, we must do.”

-Goethe

Commanders/1SGs & CSMs

- ✓ **Conduct OPD's and NCOPD's that focus on some aspect of mental health.**
- ✓ **Watch out for the first-line supervisors.**
- ✓ **Promote life-coping skills development & help-seeking behaviors.**
- ✓ **Develop well-defined procedures for storing P.O.W.s.**
- ✓ **Promote use of "Army One-Source."**
- ✓ **Ensure your UMT members & other "designated trusted agents" are ASIST qualified.**

WHAT TO DO

- **TAKE THREATS SERIOUSLY**
- **ANSWER CRIES FOR HELP**
- **CONFRONT THE PROBLEM**
- **TELL THEM YOU CARE**
- **GET PROFESSIONAL HELP**



DON' T:

- LEAVE THE PERSON ALONE
- ASSUME THE PERSON IS NOT “THE TYPE”
- KEEP IT A SECRET
- ACT SHOCKED
- ARGUE OR REASON
- ANALYZE
- SHOCK OR CHALLENGE

ENCOURAGE THE PERSON TO POSITIVE ACTION



- **IMPROVE HOME SITUATION**
- **KEEP BUSY**
- **GET AWAY FOR AWHILE**
- **TALK THINGS OVER**
- **TRY TO CHANGE SITUATION/NEW APPROACH**
- **LEARN TO RELAX**

HOW TO HELP

- **ONE-ON-ONE WITH THE INDIVIDUAL:** Talk things over, Try to change situation, Try new approach, Learn to relax

- **PROFESSIONAL HELP:** Chain of Command, CMH, TRICARE Hot Line, Unit Chaplain



First Line Supervisors

- ✓ **Get to know your soldiers**
 - **Find out about your soldier's developmental history**
 - **Assess soldier's life-coping skills**
 - **Know when your soldiers are experiencing a "life crisis"**
 - **Anticipate dysfunctional behavior**

- ✓ **Know potential suicide triggers & warning signs for mental illness**
 - **especially alcohol and drug abuse**

- ✓ **Promote help-seeking behavior**
 - **Encourage use of Army One-Source**
 - **Assist in reducing stigma regarding mental health**
 - **Set the example - take advantage of helping services**

IMPACT

THE FAMILY OR UNIT

SUFFERS:

- LOSS
- GUILT
- SOCIAL SCORN
- FINANCIAL WORRIES
- APPREHENSION

PROVIDING C.A.R.E.

- **C = COMPASSION**
- **A = AFFIRMATION**
- **R = RESPONSIBILITY**
- **E = ENCOURAGEMENT**

C = COMPASSION

- **Compassion is an intentional act**
- **Compelled by need**
- **Increases Unit morale and cohesiveness**
- **Individual or Collective**

A = AFFIRMATION

- **Affirmation of People**
- **Synonyms = confirm, establish, ratify, strengthen**
- **“You’re O.K.” message**
- **You are a part of the team**

R = RESPONSIBILITY

- **Respond-Ability**
- **Opposite of disregarding**
- **Accountability to/for others**
- **Responsibility is an action**
- **Responsibility is an attitude**

E = ENCOURAGEMENT

- **Placing courage in others
“In Courage”**
- **Encouragement produces
growth and provides hope**
- **Destructive behavior results in
lack of encouragement**

STEPS: **ATTEMPT**

- **Step 1** - Immediately call for appropriate medical support
- **Step 2** - Notify Chain of CMD
- **Step 3** - Notify Unit Chaplain

STEPS: Risk

- **Step 1** - Do not leave soldier alone; Notify Chain of CMD
- **Step 2** - Do not leave soldier alone; Escort to Unit Chaplain
- **Step 3** - Escort soldier to ER
- **Step 4** - Support plan with firstline leader, CMD, and CH

STEPS: Risk (cont)

- **Step 5 - Conduct followup reviews until Support Team determines immediate crisis is over (weekly/monthly)**
- **Step 6 - Continue to be sensitive to and watch for any recurrence**

REMEMBER!

- **Most suicides can be prevented through C.A.R.E.**
- **When one commits suicide the whole Unit suffers loss.**
- **Suicide is a permanent solution to a temporary problem.**

SUMMARY

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- DEFINITION
- WHO COMMITS SUICIDE
- CAUSES OF SUICIDE
- DEPRESSION
- SYMPTOMS OF DEPRESSION
- WHAT TO DO/NOT DO
- TAKE APPROPRIATE ACTION

**THE ONLY THING THAT WILL
SAVE A HUMAN LIFE IS A
HUMAN RELATIONSHIP !!**

