

## Suicide Awareness Pamphlet for Leaders

### Changing Our Perspective of Suicide



"The Army's charter is more about holistically improving the physical, mental, and spiritual health of our Soldiers and their families than solely focusing on suicide prevention. If we do the first, we are convinced that the second will happen."

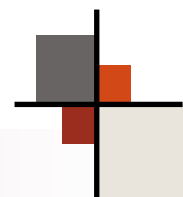
*GEN Peter W. Chiarelli, VCSA, 29 March 2009*

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# Leadership

The success of a health promotion, risk reduction and suicide prevention program depends on the concentrated focus of leadership on activities that encompass the physical, behavioral, spiritual, social, and cultural dimensions in their respective communities.

## Leaders:

- Take a personal interest and know what is going on in subordinate Soldiers' personal lives.
- Promote a command climate that encourages and enables Soldiers to seek help.
- Educate Soldiers regarding a no-tolerance policy for belittling Soldiers who seek behavioral health assistance.
- Reduce stigma.
- Recognize that seeking help is a sign of strength.
- Assure subordinates are aware of assistance agencies and refer individuals who are identified as having personal or emotional problems to an appropriate source for help.
- Foster a sense of responsibility in Soldiers to provide watchful care and support to peers.
- Educate Soldiers on the battle buddy system.
- Provide support for participation in suicide awareness and prevention activities.
- Support programs that actively engage Soldiers and their spouses in a comprehensive health promotion, risk reduction, and suicide prevention program to strengthen

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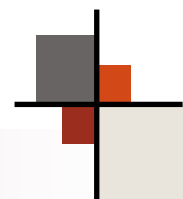
# Resiliency

Resiliency-building programs help Soldiers and Families develop life skills and directly impact the success of suicide prevention efforts by enhancing protective factors and mitigating stressors at the earliest stages.

## **Adaptive Behaviors, Thoughts, and Actions**

- Attend life skills or related training.
- Seek out a mentor in which to confide.
- Actively and frequently participate in unit activities.
- Join social support groups, faith-based organizations and self-help groups.
- Recognize, accept and face fears.
- Nurture good relationships with family and close friends.
- Learn to regulate your emotions and avoid impulsive behavior.
- Maintain realistic optimism. Believe in your ability to survive and function as a good Soldier.
- Recognize that no one has the resources to manage all personal problems alone. Practice help seeking behavior as a sign of strength.
- Commit to practices that maintain good physical and mental health.
- Avoid isolation when faced with stressors.
- Develop and maintain personal faith and spiritual practices.

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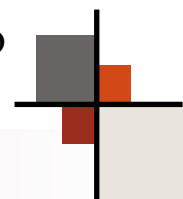
## Prevention

Suicide Prevention is a continuum of awareness, intervention, and postvention to help save lives. Prevention refers to all efforts that build resilience, reduce stigma, build awareness of suicide and related behaviors.

### Leaders:

- Educate Soldiers regarding a no-tolerance policy for belittling Soldiers who seek behavioral health assistance.
- Reduce stigma. Promote a command climate that encourages and enables Soldiers to seek help.
- Recognize that seeking help is a sign of strength.
- Take a personal interest and know what is going on in subordinate Soldiers' personal lives. Provide support where needed.
- Assure subordinates are aware of assistance agencies and refer individuals who are identified as having personal or emotional problems to an appropriate source for help.
- Foster a sense of responsibility in Soldiers to provide watchful care and support to peers.
- Educate Soldiers on the battle buddy system.
- Provide support for participation in suicide awareness and prevention activities.
- Support programs that actively engage Soldiers and their spouses in a comprehensive health promotion, risk reduction, and suicide prevention program to strengthen relationships.

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# Awareness

An essential foundation to the suicide prevention program is communicating key suicide prevention messages to Soldiers.

## Leaders:

- Normalize the subject of suicide. Soldiers and Families need to feel comfortable discussing suicide and asking those who are contemplating suicide the tough questions.
- Communicate that no one is alone and they do not need to suffer in isolation and silence.
- Highlight seriousness of the problem with specific emphasis on consequences and long-lasting effects of suicide on the Family members and loved ones who are directly affected.
- Reduce stigma and encourage help-seeking behavior.
- Recognized warning signs and symptoms .
- Identify individuals struggling with thoughts of suicide
- Assure the Ask, Care, and Escort (ACE) model is used to intervene with someone who is suicidal.
- Encourage Soldiers to take responsibility for their buddy. The “battle buddy” system is reinforced as a way to emphasize Army Values at the personal level.
- Inform Soldiers and Families of helping resources.
- Announce training opportunities and events and allow individuals participate in local community activities.
- Emphasize Soldier and Leader responsibilities for suicide prevention.
- Build Soldiers’ resiliency to promote well being for the whole Soldier – physical, mental and spiritual wellbeing.

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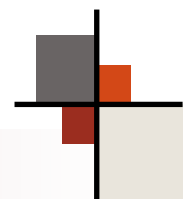
# Intervention

Intervention attempts to prevent a life crisis or mental disorder from leading to suicidal behavior. At its most basic level, intervention may simply include listening, showing empathy, and escorting a person to a helping agency.

## **Risk Factors and Warning Signs:**

- Noticeable changes in eating/ sleeping habits /personal hygiene.
- Talking or hinting about suicide.
- Obsession with death (e.g., in music, poetry, artwork).
- Change in mood (e.g., depression, irritability).
- Alcohol and / or drug use or abuse.
- Isolation and withdrawal from social situations.
- Giving away possessions / suddenly making a will.
- Feeling sad, depressed, or hopeless.
- Finalizing personal affairs.
- Coworkers, family, friends are concerned about the person
- Previous suicide attempts.
- Committed or attempted suicide of a close family member.
- Past psychiatric hospitalization.
- Recent loss of a close relationship to separation, divorce or death.
- Poor social skills to include difficulty interacting with others and making friends.
- Violence in the home or social environment.
- Handguns in the home.
- Work-related problems.
- Serious medical problems.
- Poor school performance.

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# Postvention

The goal of suicide postvention is to support those affected by a suicide or attempt, promote healthy recovery, reduce the possibility of suicide contagion, strengthen unit cohesion, and promote continued mission readiness.

## Leaders:

- Provide care for a Soldier who has expressed suicidal ideation or has attempted suicide .
- Provide care to the Family of those individuals who have attempted or completed suicide
- Provide care to the friends of someone who has attempted or completed suicide
- Educate Soldiers on the importance of the buddy system.
- Provide training to improve intervention skills, increase knowledge and build confidence in Soldiers to respond appropriately to a suicidal threat.
- Establish a culture that reinforces help-seeking behavior as an appropriate and generally accepted part of being a responsible Soldier.
- Honor the Soldier and support the disposition of remains. Funeral honors are an important part of the healing process for fellow Soldiers of the deceased and Family members.
- Collect and communicate suicide data for lessons learned, trend analysis and to enhance quality of care.

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## Suicide of a Unit Member

Focus at this time should be grief resolution, prevention of unit deterioration and decrease in morale, and prevention or minimizing potential for suicide contagion.

### Leaders:

- Let unit members discuss feelings and concerns.
- Are prepared for intense emotional responses.
- Balance being truthful and honest without violating the privacy of the suicide victim and take care not to glorify their actions.
- Have the facts of the incident.
- Invite an outside facilitator (i.e. chaplain or behavior health provider) to help guide the group if the leader does not feel comfortable doing the debriefing or needs to be a part of the group being debriefed.
- Discuss the factors commonly associated with suicidal acts (e.g., psychological pain, hopelessness, mental illness, impulsivity) without mentioning the specifics of the person's death.
- Dispel the common myths about moral weakness or character flaws.
- Conduct a memorial service is to promote an atmosphere that will help unit members, friends and family understand, heal, and move forward in as healthy a manner as possible.

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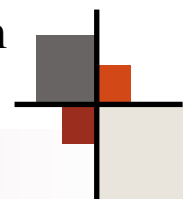
## Why Soldiers May Not Seek Help

One of the greatest barriers to preventing suicides is a culture that shames Soldiers into believing it is not safe to seek help. Stigma can render suicide prevention efforts ineffective unless elements are incorporated into the program to counter these destructive attitudes.

### **Leader Actions to Reduce Stigma:**

- Eliminate policies that discriminate against Soldiers who receive mental health counseling.
- Support confidentiality between the Soldier and his / her mental health care provider.
- Review policies and procedures that could preclude Soldiers from receiving all necessary and available assistance.
- Educate all Soldiers, Family members, and civilians about anxiety, stress, depression, PTSD and treatment.
- Increase behavioral health visibility and presence in Soldier areas.
- Encourage help from mental health providers that precludes treatment, similar to critical incident stress debriefings.
- Reinforce the “power” of the buddy system as a support system in times of crisis.
- Educate leaders regarding establishing a no-tolerance policy pertaining to discrimination against those who seek help.
- Normalize healthy help-seeking behavior through an aggressive strategic communications plan.

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## A.C.E. Support

Ask, Care, Escort (ACE) is the Army approved model for peer intervention and provides an easy to remember acronym that any Soldier, Leader, Family member or DA civilian can use.

**(A)sk:** “Are you thinking about hurting or killing yourself?”

- Look for any outward sign that shows a deviation from your Soldier’s usual self.
- Talk openly about suicide. Be willing to listen and allow your Soldier to express his or her feelings.

**(C)are:** Understand that your Soldier may be in pain.

- Active listening may produce relief. Calmly control the situation: do not use force
- Take action by removing any lethal means, such as weapons or pills. If the Soldier is armed, say, “Let me unload your weapon and keep it safe for you while we talk.” Don’t act shocked or alarmed! Encourage the Soldier to talk.
- After the Soldier has talked as much as he or she wants, say, “I need to get you help for this. There are people nearby who can help you .

**(E)scort:** To the Chaplain, or behavioral health professional

- Adopting an attitude that you are going to help your Soldier will save his or her life
- Ensure someone stay with your Soldier until he or she receives appropriate help. Don’t leave your Soldier alone.
- Get help immediately! A suicidal person needs immediate attention.

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## Commander Support

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### Commanders:

- Do everything possible to manage high-risk Soldiers to include processing for separation as appropriate in a timely manner.
- Educate leaders regarding a no-tolerance policy for belittling Soldiers who seek behavioral health assistance.
- Educate leaders on the battle buddy system.
- Utilize the AR 15-6 investigation for death of a Soldier.
- Incorporate suicide prevention training into the yearly training plan.
- Reduce stigma. Build a command climate that encourages and enables Soldiers to seek help.
- Provide command support for unit participation in suicide awareness and prevention activities.
- Coordinate and conduct awareness training for subordinate leaders.
- Assure that subordinates are aware of assistance agencies.
- Refer individuals who are identified as having personal or emotional problems to an appropriate source for help.
- Review OPTEMPO of units to synchronize/implement Soldier and Family member resiliency-focused program.
- Support programs that actively engage leaders and their spouses in a comprehensive health promotion, risk reduction, and suicide prevention program to strengthen relationships.

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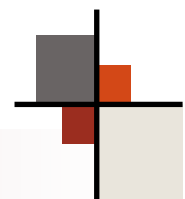
## Chaplain Support

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### Chaplains:

- Provide multi-disciplinary support, naturalize referrals, and reduce stigma associated with help seeking behavior.
- Lead the Strong Bonds Program.
  - Soldiers and Families participate in small group activities that reveal common bonds and nurture friendships.
  - Soldiers and Families gain awareness of community resources that can assist with concerns about health and wellness, even crisis intervention.
  - Strong Bonds is available to active duty, National Guard, and Reserve Soldiers and their Families.
  - Strong Bonds for couples strengthens the marital bond, giving couples the tools and information they need for better communication and relationship building.
  - Strong Bonds for single Soldiers focuses on the skills of finding the right partner and building a great relationship.

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# Installation Gatekeepers Support

Gatekeepers provide specific counseling to Soldiers and civilians in need. Gatekeepers will receive training in recognizing and helping individuals with suicide-related symptoms or issues.

## Gatekeepers:

- Provide specific counseling to Soldiers, Department of the Army Civilians, and Families in need.
- Suicide prevention is part of their assigned duties.
- Receive training in recognizing and helping individuals with suicide-related symptoms or issues.
- Primary Gatekeepers:
  - Chaplains & Chaplain Assistants.
  - ASAP Counselors.
  - Family Advocacy Program Workers.
  - AER Counselors.
  - Emergency Medical Technicians.
  - Medical Health Professionals.
- Secondary Gatekeepers:
  - Military Police.
  - Trial Defense Lawyers.
  - Youth Services.
  - Inspector General Office.
  - DoD School Counselors.
  - MWR Workers.
  - Red Cross Workers.

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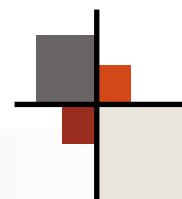
## Military & Family Life Consultant (MFLC) Support

Licensed clinical providers who provide counseling services to address issues that occur across the military lifestyle and help Service members and their Families cope with normal reactions to the stressful/adverse situations created by deployments and reintegration .

### MFLCs:

- Provide support for a range of issues including relationships, crisis intervention, stress management, grief, victim support services, psycho-education, occupational and other individual and Family issues.
- Deliver counseling services in flexible formats to meet the diverse needs of the military community.
- Services can be delivered onsite, telephonically, or online.
- Provide anonymous, confidential, situational, short-term, non-medical, problem-solving counseling to all Army Component members and their Families, to augment existing military support programs.
- Other Family support training include the following:
  - Child development and parenting classes.
  - Communication skills workshops.
  - Assertiveness training.
  - Stress management training.
  - Financial management assistance

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## Army Substance Abuse Program (ASAP)

The major elements of the Army's approach to eliminating alcohol and drug abuse are deterrence, detection, prevention education, intervention, and rehabilitation when necessary. Soldiers who do not have the potential for future substance abuse-free service to the Nation should be separated.

### Leaders:

- Have awareness that alcohol/substance abuse is among the most common coping responses used by young adults who are exposed to violence.
- Use the Army Values and Warrior Ethos to set the example for their Soldiers in terms of not abusing drugs and Alcohol.
- Educate, train, and motivate subordinates to create a climate that rejects substance abuse and reinforces positive individual and social activity on and off duty.
- Observe individuals under their supervision and fully document evidence of substandard performance or misconduct that may indicate substance abuse problems.
- When appropriate, refer subordinates to the commander or the ASAP.
- Encourage Soldiers suspected of having an existing or possible alcohol or drug abuse problem to seek assistance.

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## Soldier Responsibilities

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### Soldiers:

- Live up to the Army Values in caring for your buddy.
- Depend on your buddy for advice, protection and support.
- Recognize that seeking help is a sign of strength.
- Report all concerns that a buddy may harm himself/herself.

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## Crisis Intervention and Help Line Resources

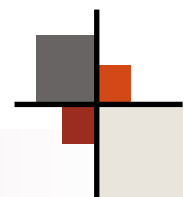
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### **Military OneSource Crisis Line**

- Credentialed consultants offer support and practical solutions 24/7/365 through phone or online consultation.
- U.S.: 1-800-342-9647.
- Outside the U.S.: (country access code) 800-3429-6477 (dial all 11 Numbers) or collect : 484-530-5947.
- TTY/TTD: 800-346-9188 (hearing impaired).
- En español, llame al 1-877-989-5392.
- <http://www.militaryonesource.com>

### **The Defense Center of Excellence (DCoE) Help Line**

- Available 24/7/365 and staffed by consultants who can serve as an authoritative source of information on psychological health (PH) and traumatic brain injury (TBI) issues.
- Contact: 1-866-966-1020.
- <http://www.dcoe.health.mil/default.aspx>



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## Helpful Websites

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- Deputy Chief of Staff, G-1 Suicide Prevention Web Site, [www.armyg1.army.mil/hr/suicide.asp](http://www.armyg1.army.mil/hr/suicide.asp)
- Army Behavioral Health <http://www.behavioralhealth.army.mil/index.html>
- U.S. Army Center for Health Promotion and Preventive Medicine, [chppm-www.apgea.army.mil](http://chppm-www.apgea.army.mil)
- U.S. Army Chaplains, [www.chapnet.army.mil](http://www.chapnet.army.mil)
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, <http://www.dcoe.health.mil/default.aspx>
- Military One Source, [www.militaryonesource.com](http://www.militaryonesource.com)
- American Association for Suicidology, [www.suicidology.org](http://www.suicidology.org)
- Army Knowledge Online Suicide Prevention Resources <https://www.us.army.mil/suite/page/334798>
- Army National Guard “Virtual Armory”, <http://www.virtualarmory.com/wellbeing/suicide.aspx>
- Battlemind <http://www.battlemind.org/>
- National Institute of Mental Health <http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>
- National Strategy for Suicide Prevention <http://mentalhealth.samhsa.gov/suicideprevention>
- Suicide Awareness Voices of Education [http://www.save.org/index.cfm?fuseaction=home.viewPage&page\\_id=1](http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=1)
- Suicide Prevention Lifeline, <http://www.suicidepreventionlifeline.org>
- Suicide Prevention Action Network (SPAN), [www.spanusa.org](http://www.spanusa.org)

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