Suicide

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Suicide

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1.1 INTRODUCTION: SUICIDE

A Service Member who is suicidal often feels alone, trapped, or hopeless. Their reasoning and judgment can become colored by their depression and despair. They may feel that the world would be better off without them, that their family and friends will quickly get over their loss, or that their death would be the solution to their problems. Nothing could be further from the truth. In fact, the damage to family and friends that are left behind can be devastating, and the harm permanent. The loss of a loved one to suicide complicates the grieving process and makes recovery from grief much more difficult, if not impossible. In a military setting, the impact effects morale, unit cohesion, and ultimately unit effectiveness.

2.1 QUICK FACTS ABOUT SUICIDE

Suicide is the deliberate taking or ending of one's own life. It is typically an outcome of a severe crisis that does not go away, that may worsen over time, or that may appear hopeless. Suicidal thoughts may occur when crisis overwhelms a person's ability to cope with that crisis.

2.1.1 Prevalence

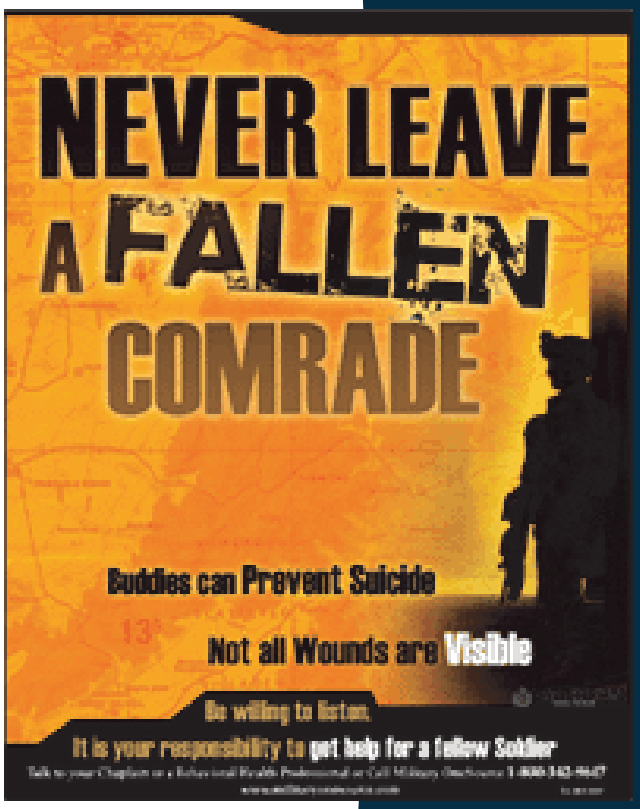
- Suicide is the eighth leading cause of death in the United States, accounting for more than 1% of all deaths; Suicide is the fourth leading cause of death among 25- to 44-year-olds in the United States.
- More years of life are lost to suicide than to any other single cause (except heart disease and cancer).
- 30,000 Americans die by suicide each year; an additional 500,000 Americans attempt suicide annually.
- The actual ratio of attempts to deaths by suicides is estimated to be 10 to 1.
- 30% to 40% of persons who die by suicide have made a previous attempt.
- The risk of death by suicide is:
    - ◊ more than 100 times greater than average in the first year after a suicide attempt
    - ◊ 80 times greater than average for women in the first year after a suicide attempt
    - ◊ 200 times greater than average for men in the first year after a suicide attempt
    - ◊ 200 times greater than average for people over 45 in the first year after a suicide attempt
    - ◊ 300 times greater than average for white men over 65 in the first year after a suicide attempt
- Suicide rates are highest in old age: People over the age of 60 make up only 20% of the population, yet make up 40% of suicide deaths. After age 75, the rate is three times higher than average, and among white men over 80, it is six times higher than average.

2.1.2 Military Suicide

- Historically, the suicide rate has been lower in the military than among civilians. In 2008 that pattern was reversed, with the suicide rate in the Army exceeding the age-adjusted rate in the civilian population.

- In FY 2009, U.S. armed forces suicide deaths outnumbered combat-related deaths for the first time.

- More than 1,100 members of the armed forces died by suicide from 2005 to 2009; In addition, 25% had some form of closed or pending misdemeanor or felony investigation.



2.1.3 Contributing Factors

- The most prevalent individual stressor indicated was relationship problems, which were present in 58% of the U.S. military suicide deaths in 2009.

- Military or work stress (as defined in the Department of Defense Suicide Event Report) is recognized as the second most prevalent individual risk factor and has contributed to 50% of the suicide deaths from 2005 to 2009.

- A history of legal/law-enforcement encounters and disciplinary/administrative actions were present in 34% of the U.S. armed forces suicide deaths between 2005 and 2009.

- Substance abuse is strongly associated with suicide in the general population; it is estimated to be involved in half of all cases. About 20% of suicides involve people with alcohol problems, and the lifetime rate of suicide among people with alcohol-use problems is at least three or four times the average.

- Data collected since 2005 consistently show that approximately 29% of U.S. military suicides included either drug or alcohol use.

- Almost 30% of the Army's suicide deaths from 2003 to 2009, and over 45% of the non-fatal suicide behavior from 2005 to 2009, involved the use of drugs or alcohol.

- A history of behavioral health diagnosis is strongly associated with increased incidence of high risk and suicidal behaviors .

- Diagnosed cases of PTSD have steadily increased in the Army since 2003. Untreated PTSD can lead to suicidal behavior.

3.1 RISK FACTORS

The leading cause of suicide is untreated depression. Briefly defined, depression involves a prolonged period of sadness that interferes with day-to-day functioning. Depression can be debilitating, resulting in a loss of interest in formerly pleasurable activities, withdrawal from social outlets, sleep difficulty, appetite problems, and decreased concentration. Hopelessness is also a typical feature of depression: individuals who think about suicide, or in fact die by suicide, unfortunately conclude that their situation is hopeless. And, although life factors contributing to the increased number of suicides in the military remain unclear, extended and frequent deployments, alcohol abuse, and family problems seem to play a role.

3.1.1 Suicide Risk Factors

Suicide risk factors include history or experiences that raise an individual's statistical risk for suicide. Having experienced any of the items listed below does not necessarily mean that a person is suicidal or contemplating self-harm, but simply that their statistical risk of suicidal behavior is higher than for those who have not experienced such things. It also indicates that personal crisis may present more of a suicide risk for people who have had such experiences than for those who have not. Personal risk factors include:

PERSONAL HISTORY

- History of one or more prior suicide attempts
- Family history of suicide
- Exposure to the suicidal behavior of others
- History of violence or hostility
- History of family violence
- History of physical or sexual abuse
- Psychiatric illness
- Family history of mental disorder or substance abuse
- Chronic physical illness, including chronic pain

PERSONAL EXPERIENCE

- Loss of health (real or imagined)
- Recent, severe loss (especially a marriage or relationship), or threat of significant loss
- Being faced with a situation of humiliation or failure
- Recent or impending Incarceration
- Difficult times: holidays, anniversaries, and the first week after discharge from a hospital; just before and after diagnosis of a major illness; just before and during disciplinary proceedings.
- Assignment or placement into a new and/or unfamiliar environment
- Difficulty adjusting to new demands and different work loads
- Lack of adequate social and coping skills
- Academic, occupational, or social pressures
- Loss of job, home, money, status, self-esteem, personal security

4.1 STIGMA IN THE MILITARY AND SEEKING CARE

The good news is that depression is a very treatable illness. The bad news is that service members who need care don't always seek it. Some service personnel are concerned that getting care will be seen as a sign of weakness or will somehow interfere with their career. It's important to remember that actual weakness poses a greater potential risk to one's career than perceived weakness. Mental health issues that often result in suicidal ideation, such as depression, anxiety, or PTSD, very often become worse if left untreated. This can lead to an actual decline in performance on the job, noticeably slower thinking and processing, memory problems, anger outbursts, or critical mistakes on the job which are evident to peers and leadership. Clearly this can have a greater negative impact on one's career than taking the time and effort to receive the help one needs to get back on track and functioning effectively.

This becomes especially true if you are considering suicide. If you are feeling suicidal, the importance of getting help becomes even more critical. At that point it doesn't really matter what other people might think, or what impact getting help might have on your career. The only thing that truly matters is your welfare, getting you through the crisis, and getting you back on the road to optimum performance, both on the job and in life.

5.1 PROTECTIVE FACTORS

A protective factor is a characteristic or attribute that reduces the likelihood of attempting or dying by suicide. Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events. They enhance resilience and help to counterbalance risk factors. Protective factors can be considered to be personal or external/ environmental.

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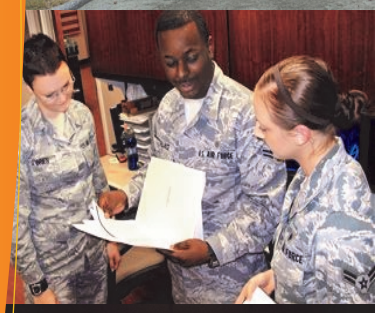


5.1.1 Personal Protective Factors

The following are considered to be personal protective factors:

- Attitudes, values, and norms prohibiting suicide, for example strong beliefs about the meaning and value of life
- Good health and access to mental and physical health care
- Cultural, religious or spiritual beliefs that discourage or prohibit suicide
- Hope for the future; optimism
- Medical compliance and a sense of the importance of health and wellness
- Strong sense of self-worth or self-esteem
- Access to a variety of clinical interventions and support for help seeking
- Resiliency
- Being married or a parent
- Positive social skills, such as decision-making, problem-solving, and anger management
- Strong connections to friends, family, and supportive significant others
- A healthy fear of risky behaviors and pain
- Sobriety
- Impulse control
- Sense of personal control or determination
- Coping skills
- Reasons for living

5.1.2 External/Environmental Protective Factors

The following are considered to be external/environmental protective factors:

- Strong relationships, particularly with family members
- Opportunities to participate in and contribute to school and/or community projects/activities.
- A reasonably safe and stable environment
- Restricted access to lethal means
- Responsibilities/duties to others
- Pets

5.1.3 Decreasing Risks

Increasing protective factors can serve to decrease suicide risk. Strengthening these factors should be an ongoing process to increase resiliency during the presence of increased risk factors or other stressful situations. However, positive resistance to suicide is not permanent, so programs that support and maintain protection against suicide should be ongoing.

6.1 WARNING SIGNS

While some individuals do not show any signs of intent to harm themselves before doing so, studies indicate that warning signs are evident in a majority of the individuals who die by suicide. Suicide is typically an outcome of a severe crisis that does not go away, that may worsen over time, or that may appear hopeless. Friends or loved ones in crisis may show any of the following signs that may indicate that they are at risk of attempting or dying by suicide.

6.1.1 Suicide Warning Signs

People who are considering suicide may often show signs of depression, anxiety, and/or low self-esteem, such as:

- Appearing sad or depressed most of the time
- Clinical depression; deep sadness, loss of interest, trouble sleeping and eating – that doesn't go away or that continues to get worse
- Feeling anxious, agitated, or unable to sleep, or sleeping all the time
- Neglecting personal welfare, deteriorating physical appearance
- Withdrawing from friends, family, and society
- Losing interest in hobbies, work, school, or other things one used to care about
- Frequent and dramatic mood changes
- Expressing feelings excessive guilt or shame
- Feelings of failure or decreased performance

They may feel that life is not worth living:

- Feel hopeless, helpless, worthless
- See no reason for living
- Have no sense of purpose in life
- Have feelings of desperation, and say that there's no solution to their problems.
- Talk about feeling trapped—like there is no way out of a situation.

Such individuals are often preoccupied with death or suicide. They may:

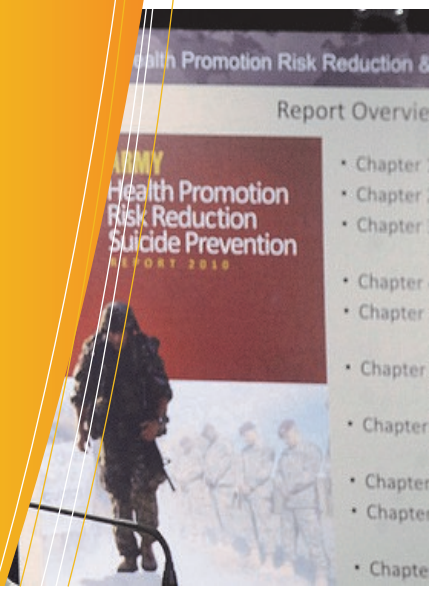
- Talk of a suicide plan or serious attempt
- Frequently talk or think about death, or saying things like “it would be better if I wasn’t here”, or “I want out”
- Talk, write, or draw pictures about death, dying, or suicide when these actions are out of the ordinary for the person
- Talk about suicide in a vague or indirect way, saying things like: “I’m going away on a real long trip”; “You don’t have to worry about me anymore”; “I just want to go to sleep and never wake up”; or “Don’t worry if you don’t see me for a while”

While some individuals do not show any signs of intent to harm themselves before doing so, studies indicate that warning signs are evident in a majority of the individuals who die by suicide.

They may show behavior that looks as though one is “getting ready”, possibly doing things like:

- Give away prized possessions
- Put affairs in order, tie up loose ends, and/or make out a will
- Seek access to firearms, pills, or other means of harming oneself

People who are considering suicide may show dramatic changes in behavior, such as:



- Performing poorly at work or school
- Acting recklessly or engaging in risky activities – seemingly without thinking
- Looking as though one has a “death wish”, tempting fate by taking risks that could lead to death, such as driving fast or running red lights.
- Taking unnecessary risks; behaving in a reckless and/or impulsive manner
- Showing violent behavior such as punching holes in walls, getting into fights or self-destructive violence; feeling rage or uncontrolled anger or seeking revenge
- Showing sudden, unexpected switch from being very sad to being very calm or appearing to be happy, as if suddenly everything’s okay

6.1.1 Suicide Warning Signs (cont.)

They may be experiencing severe loss or potential future loss that may intensify suicidal thoughts, such as:

- Real or potential loss or break-up of marriage or important relationship
- Combat-related losses
- Loss of one's health
- Loss of job, home, money, status, self-esteem, personal security
- Being faced with a situation of humiliation or failure, such as loss of status or position due to injury or impending disciplinary actions

Other warning signs of suicide risk may include:

- Increasing tobacco, alcohol or drug use
- Signs of self-inflicted injuries, such as cuts, burns, or head banging
- May be unwilling to "connect" with potential helpers,

6.1.2 "What I can do to help the person I care about?"

If you recognize warning signs in your loved one, there are many options available for seeking help. The most important thing to remember when you see these behaviors in someone you care about is to take them seriously. It might be easy to think away our concern by telling ourselves that he or she is really "okay," that they're "just going through a phase", or that they'll "get over it with time." But, if someone you know is showing the warning signs of suicide, they might not be able to stop without help. Taking the right steps is crucial to getting them the help they need.

It's important to trust your instincts when you feel that the person may be in trouble. Talk with them about your concerns, being especially aware of how important it is to listen without judging. Stay calm. Don't be afraid to ask direct questions, such as "are you thinking about killing yourself?", or "do you think you might try to hurt yourself today?" If the answer is "yes", ask "have you thought of a way to kill yourself?", and understand that the more detailed the plan, the greater the risk. Find out if they have a way to carry out their plan. Ask questions like, "do you have the means (pills, weapons, etc.) to kill yourself available to you?" **If an individual has the intent to hurt or kill themselves, a plan to do so, and the means to carry out that plan, that person is in crisis, and needs help immediately.**

6.1.2 "What I can do to help the person I care about?" (cont.)

They may try and get you to promise not to tell anyone; let them know that you cannot make such a promise. Tell them that you are going assist them ("I'm going to get you help"), even if they resist. Call someone to help you, like a mutual friend, military law enforcement, or 911 if necessary. Help the person find professional assistance, such as a medical provider, behavioral health professional (a counselor or therapist), or a chaplain, or help them call one of the suicide help lines (see the Resources section for a list of available hotlines). Most importantly, do not leave them alone until they get the help they need.

6.1.3 If You Think Someone Is Considering Suicide

- Trust your instincts that the person may be in trouble.
- Talk with the person about your concerns. Communication needs to include LISTENING.
- Ask direct questions without being judgmental, such as:
    - ◊ *"Are you thinking about killing yourself?"*
    - ◊ *"Have you ever tried to hurt yourself before?"*
    - ◊ *"Do you think you might try to hurt yourself today?"*
- Determine if the person has a specific plan to carry out the suicide. The more detailed the plan, the greater the risk
    - ◊ *"Have you thought about ways that you might hurt yourself?"*
    - ◊ *"Do you have pills/weapons in the house?"*
- Do not leave the person alone
- Limit the person's access to firearms or other weapons
- Do not swear to secrecy; tell someone immediately
- Do not act shocked or judgmental

7.1 RESOURCES

If you are having thoughts of suicide, or know someone who is, the most important thing to remember is that there is help, and that help works. There are resources that you can turn to whether you are trying to help a loved one or are trying to get help for yourself.

7.1.1 Suicide Resources

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If you are trying to help a friend or loved one who is suicidal, it is important that you get help right away.

If you have a primary care doctor that you trust, you can talk with your provider and they can help you get an immediate referral to an appropriate behavioral health provider. If you are in crisis, and cannot get an immediate appointment with your medical provider, go to the emergency room.

If you are trying to directly locate a behavioral health practitioner, almost all Department of Defense military installations have a behavioral health clinic on site. There you can obtain counseling assistance to help you on your way toward healing. If you are in crisis and cannot get an immediate appointment with a healthcare or behavioral health provider, call 911 or go to your nearest emergency room.

You may feel more comfortable going through your chaplain. Chaplains are trained to deal with “spiritual wellness”, and are equipped to assist you with getting connected to the right resource to get you on the way to feeling better.

There are several suicide hotlines that provide 24/7 support for people in crisis and for concerned others who are trying to find help for a friend or loved one.

In addition, most counties have a county mental health association that can provide emergency hotline numbers for the area in which you live. Your local county mental health association’s number can be found online, in the phonebook or by calling directory assistance.

If you are having thoughts of suicide, or know someone who is, the most important thing to remember is that there is help, and that help works.

For immediate assistance, resources include:

RESOURCE	TELEPHONE	SERVICE DESCRIPTION
National Suicide Prevention Lifeline	1-800-273-TALK (8255)	They provide a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Your call will be routed to the nearest crisis center to you.
Veterans Suicide Prevention Hotline	1-800-273-TALK, press "1" when you hear the prompt, "If you are a U.S. military veteran or if you are calling about a veteran, please press '1' now." This will connect you with a VA operated call center with crisis workers.	Provides national, around-the-clock access to crisis counseling and behavioral health services for all veterans and their families in emotional distress or suicidal crisis. Veterans seeking help, or family members or other loved ones concerned about a veteran in distress, can access immediate help
DCoE Outreach Center	Call 866-966-1020, email resources@dcoeoutreach.org, or click the "CHAT" option on *afterdeployment.org* to talk with a health resource consultant	Available 24/7; Trained, professional health resource consultants with expertise in psychological health and traumatic brain injury; information provided by phone, online chat or e-mail
MilitaryOneSource	800-342-9647 (Overseas personnel should refer to the Military OneSource Web site for dialing instructions for their specific location) Web site: http://www.militaryonesource.com	The Military OneSource crisis intervention line supports active-duty, National Guard and Reserve service members and their families, 24-hours a day, seven days a week. Professionally trained consultants assess a caller's needs and can refer them to health care professionals for follow-up, face-to-face counseling.