Suicide Prevention General Military Training

Suicide Prevention
#BeThere ~ Your Actions Could Save a Life

Navy, Suicide Prevention Branch, OPNAV N17
Agenda

1. Introduction
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3. Just the Facts
4. Risk Factors
5. Is Path Warm – Warning Signs
6. Resilience – Connecting the Dots
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Navy Suicide Prevention Program

• The Navy Suicide Prevention Program provides policies and resources to the Fleet, encouraging an organizational climate that supports and develops leaders, fosters resilience and promotes Total Sailor Fitness.

  o The program’s goal is to reduce suicides by developing resilient Sailors, encouraging help seeking behaviors and providing support to those in need.

Every leader has a responsibility to develop a command climate that allows Sailors to seek help, receive help and be welcomed back to the unit.
Navy Suicides: Just The Facts

• Among top three causes of death in the Navy annually
• Average ~2,000 suicide-related behaviors annually
• Navy rate is similar to USAF
• Most occur at home or off duty
• Not related to deployments
• 60-70% by personal firearm
• Barracks deaths by hanging
• Most victims <25, male, E3-E6 Caucasian
• Aviation, Nuclear rates, MAs and Medical have highest rates
• Relationship problems, transition periods, legal/NJP and mental health problems
• Only 30% of Sailors who died by suicide sought mental health care
• Gatekeepers include families, TPU staff, legal staff and instructors
Why do some choose to end their lives?

There is No Single Cause for Suicide

- Limited problem solving and coping skills
- Inability to balance emotions and frustrations
- Hopelessness, impulsivity and rigidity
- Statistically rare and cannot be predicted
- Most who think of suicide don’t attempt
- Often impulsive, the decision to die is made within the final hour, making restricting access to lethal means critical to saving lives

Suicide can’t be predicted, but can be prevented
## Suicide Risk Factors

<table>
<thead>
<tr>
<th>Navy Mirrors Society</th>
<th>Stressors Unique to the Navy</th>
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<tbody>
<tr>
<td>• Rejection, separation from unit</td>
<td>• Unpredictability in job</td>
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<td>• Relationship loss</td>
<td>• Job environment, long hours</td>
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<tr>
<td>• Culture</td>
<td>• Navy culture and warrior pride</td>
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<tr>
<td>• Economic</td>
<td>• Lack of privacy</td>
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<tr>
<td>• History of abuse</td>
<td>• Frequent transitions/PCS</td>
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<tr>
<td>• Substance abuse</td>
<td>• Away from families/support</td>
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<td>• Mental health history</td>
<td>• Fear of career loss, failure</td>
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<td>• Legal problems</td>
<td>• Security clearances</td>
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<tr>
<td>• Access to care</td>
<td>• Chronic sleep deprivation</td>
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<td>• Barriers to seeking help</td>
<td>• Familiarity with weapons</td>
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<td>• Chronic pain</td>
<td>• Excessive use of energy drinks</td>
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<td>• Sexual harassment</td>
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*No single risk factor predicts suicide*
Understanding Warning Signs

**IS**
- Ideation
- Substance Use

**PATH**
- Purposelessness
- Anxiety
- Trapped
- Hopeless

**WARM**
- Withdrawal
- Anger
- Reckless
- Mood Changes

Connecting the dots......
Recent legal action, intense relationship problems, academic failure, recent weapons purchase, increased substance use, social media posts

#BeThere for Every Sailor, Every Day.
Recognizing Risk in Sailors

• Listen to your Sailor:
  o “This isn’t worth it. I’d rather be dead; you’re better off without me.”
  o “I can’t do anything right.”
  o “I don’t know what I’m going to do, I have no where to go.”
  o “I can’t believe s/he hurt me this way. It hurts too bad”

• Things to look for:
  o Declining self-care (weight loss or gain, disheveled appearance)
  o No future plans, seems to have given up
  o Social media posts with increasing images of alcohol, weapons and feelings of loneliness and rejection

• Suicide is preventable
Connecting the Dots: Who is at Risk?

Sailors who died were often having serious relationship problems, legal and financial troubles, and were facing academic and/or career setbacks.

On top of multiple stressors, failing a school or physical readiness test (PRT), facing NJP, divorce or administrative separation (ADSEP) can be the tipping point for many.

Most decide to take their lives in the final hours before an attempt. Access to lethal means makes that impulsive decision deadly.

Anger, rage and shame can leave little time to react.

Sailors who died by suicide felt isolated from family & peers & were in transition like PCS, limited duty (LIMDU), ADSEP or separation.

Lack of sleep and increased alcohol use impairs rational decision making in Sailors who might not otherwise ever consider suicide.

Most do not want to die but feel trapped and out of options in the final hours.

Sailors thinking of suicide often suffer in silence and won’t tell you about past abuse or suicide attempts if they don’t trust you or believe you care.
# Protective Factors

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<th>Individual Protective Factors</th>
<th>Command-level Protective Factors</th>
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<tr>
<td>Good problem-solving skills</td>
<td>Unit cohesion, peer support</td>
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<td>Cognitive flexibility</td>
<td>Belonging and purpose</td>
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<td>Coping skills and hobbies</td>
<td>Engaged and concerned leaders</td>
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<td>Good self-care</td>
<td>Strong relationships</td>
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<td>Willing to seek help</td>
<td>Time for sleep and exercise</td>
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<td>Emotional regulation</td>
<td>Access to good nutrition</td>
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<tr>
<td>Spirituality</td>
<td>Work-life balance</td>
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<tr>
<td>Resilience</td>
<td>Professional environment</td>
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Prevent Suicide by Focusing on Resilience

• Focusing on Protective Factors
• Life skills – coping skills
• Strengthen social & family relations connected
• Deepen sense of purpose
• Recognize belonging
Why Sailors Don’t or Won’t Seek Help

Most Sailors believe they would receive help if they asked and their peers would be supportive. However...

- Many believe they would be treated differently
- Many fear they would lose the trust of their leaders
- Many believe it would negatively impact their career
- Some believe they would lose their security clearance
- Most fear loss of privacy
- Most fear gossip, being perceived as weak
- Discouraging command climate, “get over it.”
The Truth About Seeking Help

Know the Facts:

• Less than 1% of security clearance denials and revocations involve psychological health concerns.

• A psychological health condition or seeking professional help will not automatically disqualify you for a security clearance.

• What does **not** need to be reported for a security clearance?
  
  - Counseling related to adjustments from service in a military combat environment
  - Marital or family concerns (not related to violence by the service member)
  - Grief counseling
  - Counseling related to being a victim of sexual assault

• **Seeking help is a sign of strength**
5 Things to Know About Reducing Access to Lethal Means

• **Why was the guidance developed?**
  Firearms were used in over half of all Navy suicide deaths and continue to be the primary method of both military and civilian suicides.

• **What does the guidance do?**
  Commanding officers and health professionals may ask Sailors, who are believed to be at risk for suicide or causing harm to others, to voluntarily allow their privately-owned firearms to be stored for safekeeping by the command.

• **What does it mean to “voluntarily surrender my privately-owned firearm?”**
  If a Sailor agrees to temporarily surrender his or her weapon for safekeeping, the commanding officer will ensure that it is securely stored on the installation or other available location in coordination with local authorities. It will be returned at a later time upon the Sailor’s request or at the end of the predetermined storage period set between the CO and the Sailor.

• **Can a CO or health professional take my privately-owned firearm without my consent?**
  No. While CO’s and health professionals are authorized to inquire about a Sailor’s privately-owned firearms if they believe the Sailor is at risk, surrendering the firearm is entirely voluntary.

• **What are common warning signs that may indicate a Sailor is “at risk for suicide?”**
  Signs may include expressing thoughts of hurting oneself or others, developing plans to take lethal action, giving away possessions, social withdrawal, expressing feelings of hopelessness or despair, uncharacteristic substance abuse or violence.

• **Suicide is preventable**
Helping A Suicidal Person

• **ASK:** “Are you thinking about suicide?”
  - “Do you wish you were dead? Do you wish you wouldn’t wake up? Have you thought about a way to kill yourself?”
  - Leading questions are okay, “With this amount of stress, it’s common for people to feel they would be better off dead. Have you had those thoughts?”
  - Ask the Sailor if he/she is getting support
  - Is the person taking more risks, drinking more?

• **CARE:** Listen without judgment
  - Don’t give your opinions of suicide, don’t tell them that others have it worse
  - You don’t have to have the answers, just listen and be present

• **TREAT:** Get the person to a professional
  - Take them to a chaplain, medical, the command or call 911 ~ don’t leave a suicidal person alone
  - Remove any weapons (guns, pills, knives, ropes), stay with the person until safe
  - It’s okay to ask about safety in every conversation
  - Maintain privacy as much as possible
Postvention

• Any activity following a suicide that promotes recovery and healing of shipmates & family
  o Can help prevent anxiety, depression and other negative impacts of suicide exposure, such as contagion

• Goals of postvention:
  o Set a foundation for healthy grieving
  o Identify and refer those most at risk for behavioral health concerns, including suicide
  o Safely memorialize the deceased

• 3 Phases of postvention:
  o Stabilize – address issues that prevent healing
  o Grieve – facilitate and support healthy grieving
  o Grow – Assist survivors in finding ways to experience post traumatic growth
Postvention

- **Seeking help** is a sign of strength: ensure that support resources are in place and accessible (chaplain, medical, FFSC counselor/Deployed Resilience Counselor)
- Ok to feel overwhelmed, Ok to **set limits** and say “no” to things that may hamper the healing process
- **Relationships** can provide a sense of community, hope and purpose. Reach out, share and actively listen.
- Like **predictability**, the presence of **trust** before and after a tragedy promotes emotional health.
- Share **meaning** and foster **hope** with your shipmates and command.
Resources for Sailors

• Local Resources:
  o Chain of command for support, mentorship and guidance
  o Chaplains: **100% confidentiality**, CREDO, premarital & marital counseling, spiritual guidance and support
  o Fleet and Family Support Centers (FFSCs): counseling, classes, education, support programs
  o Sailor Assistance and Intercept for Life (SAIL)
  o Primary Care Manager and Primary Care Mental Health Provider – Integrated Behavioral Health, assessments and treatment

• National 24/7 Resources:
  o Military OneSource: 1-800-342-9647
  o National Suicide Prevention Lifeline: 1-800-273-8255
  o Veterans’ Military Crisis Line: 1-800-273-8255, Press 1
  o DoD Safe Helpline: 877-995-5247
Other Resources

• General Suicide Prevention Resources
  o Navy Suicide Prevention: [www.suicide.navy.mil](http://www.suicide.navy.mil)
    • Contact information
    • Facts and warning signs
    • Informational products and resources
  o Suicide Prevention Resource Center: [www.sprc.org](http://www.sprc.org)

• Navy Operational Stress Control Resources
  • Twitter: [https://twitter.com/Proj1SmallACT](https://twitter.com/Proj1SmallACT)
  • Facebook: [https://www.facebook.com/project1smallact](https://www.facebook.com/project1smallact)