Suicide Prevention General Military Training



Suicide Prevention #BeThere ~ Your Actions Could Save a Life

Navy, Suicide Prevention Branch, OPNAV N17





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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,

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

fosters resilience and promotes Total Sailor Fitness.

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



# **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</li>
- 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



#### Navy Mirrors Society

- Rejection, separation from unit
- Relationship loss
- Culture
- Economic
- History of abuse
- Substanceabuse
- Mental health history
- Legal problems
- · Access to care
- Barriers to seeking help
- Chronic pain
- Sexual harassment

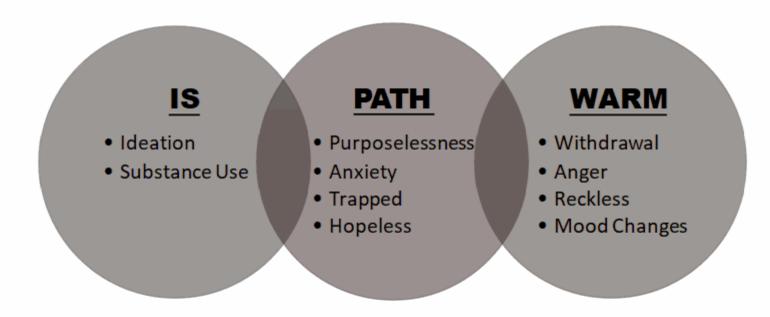
#### Stressors Unique to the Navy

- Unpredictability in job
- Job environment, long hours
- Navy culture and warrior pride
- Lack of privacy
- Frequent transitions/PCS
- Away from families/support
- Fear of career loss, failure
- Security clearances
- Chronic sleep deprivation
- Familiarity with weapons
- Excessive use of energy drinks

No single risk factor predicts suicide

# **Understanding Warning Signs**





#### Connecting the dots.....

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

## Recognizing Risk in Sailors



#### Listen to your Sailor:

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

#### • Things to look for:

- Declining self-care (weight loss or gain, disheveled appearance)
- No future plans, seems to have given up
- 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?

History Sailors thinking of suicide often suffer in silence and won't tell you about past Sailors who died were often abuse or suicide attempts having serious relationship if they don't trust you or problems, legal and financial believe you care. troubles, and were facing academic and/orcareer setbacks. **Ongoing Stressors** Sailors who died by Disrupted Social Network suicide felt isolated from family & peers & were in transition like PCS, On top of multiple stressors, limited duty (LIMDU), failing a school or physical ADSEP orseparation. readiness test (PRT), facing Warning Signs NJP, divorce oradministrative separation (ADSEP) can be the tipping point for many. Judgment Factors Lack of sleep and increased alcohol use impairs rational decision ccess to Lethal Means making in Sailors who Most decide to take their might not otherwiseever lives in the final hours considerauicide. before an attempt. Access to lethal means makes that impulsive decision deadly. Compressed Intervention Window Most do not want to die but feel trapped and out of options in the Anger, rage final hours. and shame Distorted Thinking + can leave little time to react. **Lethal Action** 



# **Protective Factors**

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



# 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

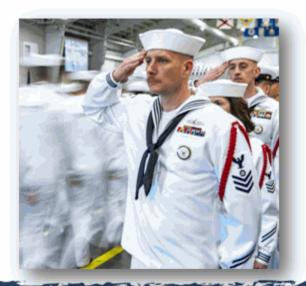




# Why Sailors Don't or Won't Seek Help

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











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.

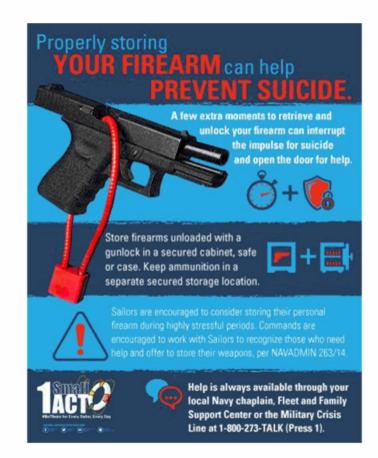
 Can a CO or health professional take my privately-owned firearm without my consent?

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
  - o 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

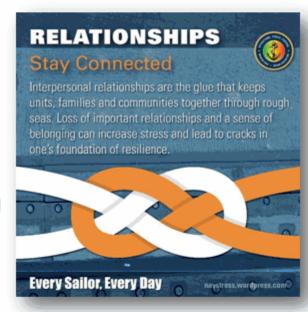
- o Take them to a chaplain, medical, the command or call 911 ~ don't leave a suicidal person alone
- o Remove any weapons (guns, pills, knives, ropes), stay with the person until safe
- It's okay to ask about safety in every conversation
- Maintain privacy as much as possible



### **Postvention**



- Any activity following a suicide that promotes recovery and healing of shipmates & family
  - Can help prevent anxiety, depression and other negative impacts of suicide exposure, such as contagion
- Goals of postvention:
  - Set a foundation for healthy grieving
  - Identify and refer those most at risk for behavioral health concerns, including suicide
  - Safely memorialize the deceased
- 3 Phases of postvention:
  - Stabilize address issues that prevent healing
  - Grieve facilitate and support healthy grieving
  - Grow Assist survivors in finding ways to experience post traumatic growth



### **Postvention**



- <u>Seeking help</u> 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 <u>set limits</u> and say "no" to things that may hamper the healing process
- <u>Relationships</u> can provide a sense of community, hope and purpose. Reach out, share and actively listen.
- Like <u>predictability</u>, the presence of <u>trust</u> before and after a tragedy promotes emotional health.
- Share <u>meaning</u> and foster <u>hope</u> with your shipmates and command.





#### Local Resources:

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

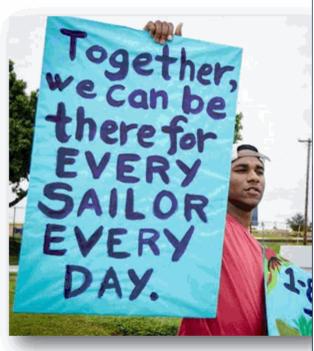
#### National 24/7 Resources:

Military OneSource: 1-800-342-9647

National Suicide Prevention Lifeline: 1-800-273-8255

Veterans' Military Crisis Line: 1-800-273-8255, Press 1

DoD Safe Helpline: 877-995-5247



### Other Resources



### General Suicide Prevention Resources

- Navy Suicide Prevention: <u>www.suicide.navy.mil</u>
  - Contact information
  - Facts and warning signs
  - Informational products and resources
- Suicide Prevention Resource Center: www.sprc.org

### Navy Operational Stress Control Resources

- Wordpress blog: <u>www.navynavstress.com</u>
- Twitter: www.twitter.com/navstress
- Facebook: <u>www.facebook.com/navstress</u>