



Shoulder to Shoulder

I will never quit on life

Trainer Facilitation Guide

Army Suicide Prevention
Reach Out ★ Talk ★ Listen



U.S. ARMY



UNITED STATES ARMY
THE VICE CHIEF OF STAFF

May 13, 2010

The resiliency of our Army Family always amazes me, but in this era of persistent engagement, the stress on the Force is at an all-time high. Heightened stress can undermine resiliency and increase the risk of suicide, so the Army is working to make sure that members of the team get the help they need to deal with personal difficulties—before they become overwhelming. We never want our Soldiers, Department of the Army (DA) Civilians, and Family members to consider suicide as an alternative to getting help.

Sometimes help comes in the form of counseling, and everyone needs to know that's OK. Our leaders must encourage their members who are at risk to seek help when experiencing high levels of stress. They must also enforce a zero-tolerance policy against belittling or hazing those who seek help, and work to correct the misperception that seeking behavioral health care will adversely affect one's career. Getting help is not a sign of weakness; it takes courage and strength to heal physically and mentally. Training initiatives such as this one are critical to imparting these messages across all components of the Army. Testimonials from individuals who have received professional help and moved forward are essential to reducing the stigma often associated with personal distress.

I salute the Soldiers, Civilians, and Family members who offered to share their stories for this training. I commend the leaders who supported these individuals and made sure they received the help they needed. I applaud all of you who are helping to deliver this critical training so that every member of the Army Family can recognize the risk factors and warning signs related to suicide and intervene when a Soldier, Civilian, or Family member needs help.

The rate of suicides in the Army Family remains unacceptably high. Even one death by suicide is one too many. With your help, we can and will succeed in the fight against suicide. This is a wartime, peacetime, and *lifetime* mission.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter W. Chiarelli".

Peter W. Chiarelli
General, U.S. Army

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Introduction

The target audience for this U.S. Army suicide prevention training is Soldiers, junior leaders, and first-line supervisors. The goal of the training, which takes approximately one hour, is to encourage leaders to play an active role in suicide prevention. This goal will be achieved when participants can apply the facts about suicide and suggestions for intervention that are provided in this training package. To be most effective, this training should be conducted in small groups, facilitated by a Soldier. It is very important that trainers involve all participants in the discussion. Trainers should allow participants to express their opinions without judging or rejecting them.

TRAINING TOOLS

The training package includes a playable DVD, which features video of “case studies” of real Soldiers who received help for personal distress or who assisted a Soldier in need, and this companion Facilitation Guide. The Soldiers featured volunteered to share their stories in their own words. These Soldiers are to be commended because talking openly about psychological distress is a critical first step in reducing the stigma often associated with depression, anxiety, suicidal ideation, and other distress.

The DVD and Facilitation Guide are designed to be used together to promote discussion about psychological distress and suicide, Soldier well-being, and behavioral health resources. This training package gives specific guidance on helping subordinates and peers who are experiencing distress. This package contains a list of resources that should be completed, printed out, and given to each participant at the appropriate point in the training.

The DVD may be played on a standard DVD player or on a computer equipped with a DVD drive and DVD software. If the DVD does not play in your computer, please contact your IT administrator for software.

The DVD includes:

- “Shoulder to Shoulder: I Will Never Quit on Life” Training Video (16 minutes)
- DA Civilian Suicide Prevention Training Video (21 minutes)

If you are training Soldiers only, play the first video. If you are training DA Civilians (or Soldiers and DA Civilians), play the second video.

The Facilitation Guide includes:

1 Introduction

- Training Tools
- Training Objectives
- Facilitation Strategies
- Preparing for and Conducting the Training

2 Topics for Discussion:

- Objectives
- Introduce the Topic
- Discussion Questions
- Leaders Notes

3 Conclusion

4 Resource List

- Emergency Resources
- Non-Emergency Resources
- Non-Emergency Informational Website Resources

TRAINING OBJECTIVES

The purpose of this training is to provide information that will assist Soldiers, junior leaders, first-line supervisors, and others in their efforts to reduce the risk of suicide.

The terminal objectives are:

- ★ To understand an Army leader's role in reducing the stigma associated with needing or seeking behavioral health care
- ★ To encourage self-referrals for professional help
- ★ To know the risk factors of psychological distress and the warning signs that may mean a person is likely to attempt suicide
- ★ To understand actions that can be taken to intervene and prevent suicide
- ★ To understand that Army leaders have a responsibility to intervene when a person is in crisis
- ★ To understand suicide prevention resources and how and when to use them

FACILITATION STRATEGIES

Your job as a facilitator of this training is to help the group have a productive discussion that meets all of the course's objectives. It is not to lecture. The facilitator's job is to make the group look good, not to make the facilitator look good. As an effective facilitator, you will leave training participants feeling like a team and like they learned from each other.

Some of the best things a facilitator can do:

- Explain the purpose and importance of the training
- Speak in simple, direct language
- Create an open and trusting atmosphere
- Let participants know that everyone is expected to speak up
- Treat all participants with respect and as equals
- Listen to all comments, validate those that are good, correct misinformation, and keep the discussion on track
- Probe gently for comments from those who aren't speaking up
- Maintain a high energy level
- Remain flexible

Some of the worst things a facilitator can do:

- Let discussions ramble without proper closure
- Talk too much
- Let misinformation go uncorrected
- Be insensitive to cultural diversity issues
- Allow one or more people to dominate the conversation
- Lose sight of the objectives or control of the discussion

PREPARING FOR AND CONDUCTING THE TRAINING

It is important to be thoroughly prepared to conduct this training. The following is a checklist of important steps to take in the days before the training, on the day of the training, and as training participants arrive.

- In advance:**
- Preview the video a few times to become familiar with the content.
 - Study this Facilitation Guide, paying close attention to Leaders Notes associated with each discussion question. These provide information you should know so you can correct misinformation and can steer discussions in the proper direction.
 - If possible, visit the classroom ahead of time to make sure it is large enough and has enough chairs and that audiovisual equipment is working properly.
 - Get the name and number of someone who will be available to assist you if there is an audio-visual problem during the training.
 - Add local and unit numbers to the Resource List provided.
 - Print the Resource List for each participant.
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- On the day of training:**
- Arrive early.
 - Arrange the chairs so that each participant can see the screen and to ensure optimum participation in discussions. For a small group, arrange chairs in a horseshoe. For larger groups, concentric semi-circles work well. Chairs should not be arranged in rows; you don't want this to seem like a classroom.
 - Test the audio-visual equipment, ensuring that the video and sound components are working properly.
 - Cue up the video.
 - Write terminal objectives on a flip chart or classroom board.
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- After the participants arrive:**
- Welcome participants and ask them to be seated.
 - Introduce yourself if necessary.
 - Remind participants to turn off cell phones and BlackBerries.
 - Ask participants to read the objectives you have written on a flip chart or classroom board.
 - Let participants know that the training will last one hour.

“ ” A suggested introduction:

The goal of this training is to help you understand your responsibilities as Soldiers to have an active role in suicide prevention efforts. Notice the objectives I have written on the board. We will cover each of them in the discussion that follows the 14-minute DVD you are about to watch. The training will last one hour.

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Dim lights and play DVD.

After watching the DVD:

1. Turn the lights back on.
2. Explain that the group will spend approximately 10 minutes on each discussion question.
3. Follow the instructions for each discussion. Feel free to use your own words, but make sure you cover each topic and all relevant points within each topic.
4. Distribute Resource List during the discussion on resources.

Shoulder to Shoulder

I will never quit on life

TOPICS FOR DISCUSSION

- ★ **Reducing the Stigma and Fear of Getting Help**
- ★ **Risk Factors and Warning Signs**
- ★ **Leadership Responsibility**
- ★ **Where to Get Help**



TOPIC FOR DISCUSSION

★ Reducing the Stigma and Fear of Getting Help

(This discussion should take no more than 15 minutes.)

Terminal Objective:

To understand an Army leader's role in reducing the stigma associated with needing or seeking behavioral health care

Enabling objectives:

- Define stigma
- Discuss participants' attitudes about stigma
- Discuss Army Senior Leadership's attitude about stigma
- Describe the ways that the Army Leadership has sought to reduce stigma
- Discuss examples of people who have sought behavioral health counseling

Terminal Objective:

To encourage self-referrals for professional help

Enabling objectives:

- Ask how many of the Soldiers in the video referred themselves for help or treatment
- Discuss the type of leader behaviors that help to overcome stigma and encourage self-referral among Soldiers
- Ask how many of the participants would consider self-referral if they thought they needed it

“ ” Introduce the Topic by Saying:

These are real Soldiers, currently serving, who were willing to share their stories in their own words. Their stories touch on four topics that the Army wants leaders to understand: reducing stigma; the risk factors and warning signs associated with suicide; when and how to intervene; and resources that are available to all Soldiers and their Families. We are going to discuss those topics now, including actions you as leaders are expected to take.

First, let's talk about reducing stigma and encouraging Soldiers to get professional help.

You just saw several Soldiers who got help to deal with stress and other issues that were overwhelming them. With the right help, most people can resolve problems with depression, stress, and anger and get on with their lives.

“ ” DISCUSSION QUESTIONS:

Encourage participants to join the discussion by asking:

What is stigma, and why does it sometimes keep Soldiers from seeking help?



If necessary to get the discussion started, say:

DA PAM 600-24 says this about stigma:

“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.”

“Individuals may not seek help because they believe that their problems or behavioral health issues should remain a secret. Reasons for this may include shame and embarrassment, fear that their careers are affected, concern that personal issues are exposed, belief that seeking help is a sign of weakness, and a feeling of helplessness and hopelessness.”



Follow-Up Questions:

- What are some of the things you as a leader can do to help Soldiers who have these fears so they feel comfortable seeking help?
- Army leadership has been seeking ways to reduce the stigma that has been associated with seeking behavioral health care. What are some of the things you know about that the Army has done?
- Which of the Soldiers in the video got help?
- By a show of hands, how many of you would be reluctant to get help if you needed it? Why?



Close Discussion by Saying:

We must all continue to work on reducing the stigma associated with getting help so that every Soldier feels comfortable asking for help. Seeking help is not a sign of weakness. It takes courage and, in fact, is a sign of strength.

*** REMEMBER:** Allow Soldiers to express their opinions, without judging them. However, it is important to correct any misinformation.

**IMPORTANT NOTE:**

Sometimes the idea may surface that people who want to get out of a mission or out of the Army “play the suicide card” or fake symptoms in order to get out. You as a trainer need to emphasize that suicidal symptoms or statements always indicate a serious issue or problem of some kind and must be treated in accordance with Army Regulation 600-63.

- **Revision of DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, dated 24 November 2009.** This revision made a number of changes, including outlining the commander’s responsibility to reduce stigma associated with needing or seeking behavioral health treatment, and building a command climate that encourages self-care and help-seeking behaviors. **Section 2-5 f (1) states that first line leaders will promote a climate of support, minimize stigma, and encourage help-seeking behavior.**
- The Army has increased emphasis on suicide prevention awareness and training.
- The Army provided funding for the National Institute of Mental Health Army Study to Assess Risk and Resilience in Service Members (NIMH Army STARRS). This is the largest study ever undertaken on suicide and mental health among military personnel. Army STARRS will identify, as rapidly as possible, modifiable risk and protective factors related to mental health and suicide. It also will support the Army’s ongoing efforts to prevent suicide and improve Soldiers’ overall well-being.

What Leaders Can Do

These are some things that first-line supervisors and others can do to create a climate of trust in their units. These ideas may arise in the discussion; if they don’t, facilitators should feel free to suggest them.

- Walk around every day to see how things are going.
- Don’t just talk about work; ask about Soldiers’ personal lives.
- Treat all Soldiers fairly.
- Let your Soldiers know they can call you 24/7.
- Encourage unit activities that let Soldiers get to know each other and let you know them.
- Create a unit climate that does not allow hazing or stigmatizing others.



TOPIC FOR DISCUSSION

★ Risk Factors and Warning Signs

(This discussion should take no more than 10 minutes.)

Terminal Objective:

To know the risk factors of psychological distress and the warning signs that may mean a person is likely to attempt suicide.

Enabling objectives:

- Explain the difference between a risk factor and a warning sign
- Demonstrate, through the video case studies, risk factors that can lead to psychological distress
- List the risk factors
- Discuss the risk factors
- Demonstrate, through the case studies, the warning signs that a suicide may occur
- List the warning signs
- Discuss the warning signs



“ ” Introduce the Topic by Saying:

Our second discussion will address the risk factors of psychological distress and the warning signs that indicate a suicide may occur.

The stress the Army is under is universal. It is not just the combat troops who are experiencing the stress of a long war on two fronts. Resources and personnel are stretched across the Army, in the Active, Reserve, and Guard components and among civilians as well.

A common misperception is that most suicides are directly caused by the stress of combat or deployment. It's not that simple. In fact, about one-third of suicides have been by Soldiers who have never deployed; one-third occurred during a deployment; and one-third occurred after a deployment, with most of those more than a year after return from deployment. Even in cases where combat stress was a factor, it was not the ONLY factor.

*** REMEMBER:** Allow Soldiers to express their opinions, without judging them. However, it is important to correct any misinformation.

“ ” DISCUSSION QUESTIONS:

Encourage participants to join the discussion by asking:

Risk factors are life events that increase stress for people. People experiencing these events may need increased support or counseling to deal with them. For a few people these increased stresses may lead to depression and the potential for suicide.

What were some of the factors that created stress in the lives of the Soldiers in the video and led them to think about suicide?

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If necessary to get the discussion started, say:

SPC Joseph Sanders, for example, had just been asked for a divorce. Relationship problems are a very common factor in suicides inside and outside the military. What other factors did you pick up on in the video?

.....

Follow-Up Questions:

- What are some of the other risk factors that you have observed or have heard about?
 - You may not always know that a Soldier has experienced a stressful event. But often actions or behaviors that you observe will indicate that a Soldier may be at immediate risk for suicide. These actions or behaviors are often referred to as “warning signs.” SPC Sanders’ friend noticed that he wasn’t talking much and wasn’t playing his guitar. These were changes in behavior that told the friend that something was wrong. What are some signs that are mentioned in the video?
 - What should you do as a leader so that you can recognize risk factors and warning signs in your Soldiers?
-

Close Discussion by Saying:

Leaders must know their Soldiers well in order to recognize the risk factors and signs of suicide and act appropriately.

**LEADERS NOTES:**

The information on these two pages is important for facilitators to understand before leading a training session.

This information is for your guidance but is not intended to be read during

training. However, it can help you steer discussions to make sure that objectives are met and can help you correct any misinformation that arises. Please consult AR 600-63 or DA PAM 600-24 for additional information. Space is provided for you to take notes.

Factors That May Increase the Risk of Suicide

Stressful life events may increase the risk of suicide. Some common risk factors are:

- Failed intimate relationship or relationship strain
- Previous suicide attempts
- Family history of suicide, suicide attempts, or depression
- History of depression or other psychological illness
- Significant loss (death of loved one, loss due to natural disasters, etc.)
- Poor social skills, difficulty interacting with others
- Drug or alcohol abuse
- Violence in the home or social environment
- Access to means of suicide (particularly handguns in the home)
- Disciplinary or legal actions (Article 15, UCMJ)
- Serious medical problems or physical illness
- Work-related problems
- Excessive debt
- Severe, prolonged, and/or perceived unmanageable stress

The above factors can be complicated by intense feelings or emotions. Some individuals consider drastic measures to stop these feelings. Strategies to lower the risk of suicide should address risk factors as well as the intense reactions, which may include:

- Loneliness, a feeling of being alienated. Loneliness can also stem from a feeling of being disconnected from a higher power. Connections with other people and with a higher power can reduce stress and disappointment.
- Worthlessness, a feeling of not being valued.
- Hopelessness, a feeling that the future holds no escape from negative circumstances. Awareness of resources can alleviate hopelessness.
- Helplessness, a feeling of having no control over a situation.
- Shame, which may follow a negative legal or judicial action.

**IMPORTANT NOTE:**

Leaders need to be aware that the first few weeks or months after a Soldier reports to a new unit are very stressful. Leaders should help every new Soldier adjust and be accepted by the unit, and provide the Soldier with information about helpful resources available to them.



TOPICS FOR DISCUSSION

★ Leadership Responsibility

(This discussion should take no more than 10 minutes.)

Terminal Objective:

To understand actions that can be taken to intervene and prevent suicide

Enabling objectives:

- Discuss the successful interventions in the video
- Discuss the participants' reactions to the interventions
- Talk about the participants' experiences with interventions

Terminal Objective:

To understand Army leaders' responsibilities regarding intervention

Enabling objectives:

- Discuss actions that increase resiliency
- Discuss early interventions such as referrals to counseling
- Discuss a leader's responsibility to intervene with a person in crisis
- Discuss the participants' assessment of their own skill at intervening in non-crisis or crisis situations



“ ” Introduce the Topic by Saying:

Our third discussion will address leaders' responsibility to intervene when a Soldier is in crisis.

You know the risk factors and warning signs associated with suicide, but what are you going to do with that knowledge? It is your responsibility to use that knowledge to take action.

Not every intervention will be dramatic. In fact, early intervention—before someone is in crisis or contemplating suicide—is very important. This is why leaders need to know their Soldiers and know when they have stresses in their lives that may require counseling and support. Early interventions may be as simple as encouraging a Soldier to get counseling and explaining where to get free and confidential counseling. Another early intervention strategy may be to teach your Soldiers about being resilient and to model resiliency for them.

Let's talk about the interventions in the video.

“ ” DISCUSSION QUESTIONS:

Encourage participants to join the discussion by asking:

What actions were taken in the video that may have saved a Soldier's life? These may be actions taken by buddies, family members, leaders, or efforts a Soldier took to save his own life.

.....

If necessary to get the discussion started, say:

In MAJ Jeff Hall's case, his wife pleaded with him not to commit suicide. She pointed out the costs to his family; she stayed with him until he was ready to go to his boss for help. What did the boss do?

.....

Follow-Up Questions:

- If you know that a Soldier has experienced a stressful event, or if he or she is showing signs of distress, what can you do to help?
 - What can you do to prepare the other Soldiers in your unit to intervene and to understand how their responsibility to never leave a fallen comrade applies to suicide prevention?
 - If a Soldier is in immediate crisis and a suicide attempt appears to be imminent, what steps should you take?
 - By a show of hands, how many of you feel comfortable that you could intervene if you need to?
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Close Discussion by Saying:

Front-line supervisors and battle buddies are in the best position to help Soldiers who are in distress. It is your duty to be there for each other and to have the courage to intervene.

*** REMEMBER:** Allow Soldiers to express their opinions, without judging them. However, it is important to correct any misinformation.



LEADERS NOTES: Guidance on Leadership

The information on these two pages is important for facilitators to understand before leading a training session.

This information is for your guidance but is not intended to be read during training. However, it can help you steer discussions to make sure that objectives are met and correct any misinformation that arises. Please consult AR 600-63 or DA PAM 600-24 for additional information. Space is provided for you to take notes.



IMPORTANT NOTE:

If the danger of suicide is immediate, crisis intervention is necessary. Remove weapons and medications. Stay with the person, notify emergency services or escort the person to the chaplain or to medical/behavioral health staff. Whatever you do, do not leave the person alone. Explain to the helping professional that the person is suicidal and transfer responsibility to that person before you leave.

In the Army, first-line leaders have the responsibility to:

- Foster a climate of trust and support.
- Minimize the stigma of seeking help by demonstrating by attitude, words, and actions that they tolerate and encourage help-seeking behavior.
- Take a personal interest in each subordinate Soldier's personal life and provide support as needed.
- Understand their responsibilities regarding suicide prevention, intervention, and postvention.
- Teach suicide prevention to all Soldiers in their chain of command.
- Establish, publicize, and enforce a no-tolerance policy for belittling, shaming, hazing, or otherwise humiliating those who need or seek help.
- Encourage the battle-buddy system, fostering a sense of active concern and support for each other.
- Make sure that all Soldiers understand the ACE (Ask, Care, Escort) method of peer-to-peer intervention.
- Encourage activities that promote resiliency in Soldiers.



TOPIC FOR DISCUSSION

Terminal Objective:

To understand suicide prevention resources and how and when to use each resource.

★ Where to Get Help

(This discussion should take no more than 5 minutes.)

Enabling objectives:

- Talk about the difference between resources for crisis/emergency intervention and the resources for counseling or for information
- Discuss the option for free and confidential counseling—chaplains, Military OneSource
- Hand out the resource list and have the Soldiers program important local resource numbers into cell phones



A Resource List is provided in Section 4 of this guide.

Please write in the important phone numbers, then make copies of this list (front and back) to hand out to each training participant. Make sure you tell participants to enter the phone numbers into their cell phones before leaving the training.

“ ” Introduce the Topic by Saying:

This discussion will address resources that are available to provide help for Soldiers. You, as leaders, must be aware of these resources and how and when to use them.

I am passing out a list of resources, including resources that are universal to everyone in the Army and resources that are specific to your unit.

As you will see, suicide prevention and related resources can be divided into three categories: crisis, or emergency, resources; non-emergency resources; and sources for helpful information.

*** REMEMBER:** Allow Soldiers to express their opinions, without judging them. However, it is important to correct any misinformation.

“ ” DISCUSSION QUESTIONS:

Encourage participants to join the discussion by asking:

Where did the Soldiers in the video go for help?

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If necessary to get the discussion started, say:

In the case of SPC Sanders, there was a genuine emergency. He had already attempted suicide and was likely to try again. Remember, he was in theater. Where did SPC Godding turn for help?

In a crisis—when someone has already attempted suicide or has a plan and the means to make an attempt—getting immediate help is critical. The Army has developed the easy-to-remember ACE method so you will know what to do in a crisis. ACE stands for Ask, Care, Escort. Ask if the Soldier is thinking of suicide and if he or she has a plan. Care enough to listen and to take action, which may mean removing the means; escort the person to get help.

Which resources would you use in a crisis?

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Follow-Up Questions:

- If the person is experiencing life stresses or risk factors but does not seem to be in immediate crisis, which resources would you recommend?
 - It is very important that Soldiers be aware that confidential help is available. If confidentiality is a concern, where should you direct a Soldier for help?
 - There are also many websites and agencies that can offer information on counseling and other services. What are the resources you are most comfortable using or recommending?
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Close Discussion by Saying:

There are resources available for every Soldier. It is your responsibility to know what is available for emergency help and for non-emergency counseling and information. Use the Resource List and program important numbers into your cell phone so you always have them with you. Turn your phones back on and take a few minutes to do that now. Be sure to include the number for the National Suicide Prevention Lifeline.



EMERGENCY RESOURCE LIST

(Please write in important phone numbers and make copies of this list, front and back.)

CONUS Emergencies (*Stay with the person and call one of the following*)

Local Emergency Service: **911**

Military Police (if on installation) _____

Your Chain of Command _____

National Suicide Prevention Lifeline: **1-800-273-TALK (8255)**

(Free and confidential hotline is staffed 24/7 by trained counselors.)

OCONUS Emergencies (*Stay with the person and call one of the following*)

Local Emergency Services _____

Military Police (if on installation) _____

Your Chain of Command _____

National Suicide Prevention Lifeline: **International Access Code +1-800-273-TALK (8255)**

(Free and confidential hotline is staffed 24/7 by trained counselors.)

In-Theater Emergencies (*Stay with the person and call one of the following*)

Medics _____

Military Police _____

Your Chain of Command _____

National Suicide Prevention Lifeline: **International Access Code +1-800-273-TALK (8255)**

(Free and confidential hotline is staffed 24/7 by trained counselors.)



NON-EMERGENCY RESOURCE LIST FOR COUNSELING

Soldiers, their Families, and Department of Army Civilians can access counseling and substance abuse programs through these primary points of contact:

Chaplains maintain absolute confidentiality for all Soldiers and Family members regardless of rank or position.

Military & Family Life Consultants (MLFCs) provide anonymous, fully confidential, short-term, non-medical counseling to all Army Component members and their Families.

Military OneSource: 1-800-342-9647 or www.militaryonesource.com

Provides up to 12 free counseling sessions per issue, per counselor. Counseling is treated confidentially regardless of rank with exceptions for the duty to report family maltreatment, threats of harm to self or others, substance abuse, and illegal activities.

Defense Centers of Excellence: 1-866-966-1020 or www.dcoe.health.mil/default.aspx

Available 24/7 and staffed by consultants who can serve as an authoritative source of information on psychological health and traumatic brain injury.

Real Warriors Live Chat: <http://www.realwarriors.net/livechat>

Medical or Behavioral Health Professionals



NON-EMERGENCY INFORMATIONAL WEBSITE RESOURCE LIST

Deputy Chief of Staff, G-1, Suicide Prevention Website: www.armyg1.army.mil/hr/suicide/

Army Behavioral Health: <http://www.behavioralhealth.army.mil/sprevention/index.html>

U.S. Army Public Health Command (Provisional): <http://phc.amedd.army.mil/home/>

U.S. Army Chaplains: www.chapnet.army.mil

American Association for Suicidology: www.suicidology.org

AKO Suicide Prevention Resources: <https://www.us.army.mil/suite/page/334798/>

Army National Guard “Virtual Armory”: www.virtualarmory.com/wellbeing/suicide.aspx

Battlemind: www.battlemind.org

Military OneSource (MOS): www.militaryonesource.com

National Institute of Mental Health: 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: www.save.org

Suicide Prevention Lifeline: www.suicidepreventionlifeline.org

Suicide Prevention Action Network: www.spanusa.org

National Resource Database: www.nationalresourcedirectory.org

Health Care—Veterans Health Administration: www.va.gov/health/

Army Reserve Warrior Family Assistance Center: www.arfp.org