Army

Suicide Awareness and Prevention

Every One Matters!

Prepared by the Office of Chief of Chaplains & The Army G-1
Mission

Minimize Suicides by Helping People to Seek help and Helping Soldiers to monitor each other and provide “Buddy Care”.

Objectives:
* Encourage help-seeking behaviors
* Become proficient in “Buddy Care”
The Suicide Awareness and Prevention Campaign Plan

The key to saving a human being is a human relationship!
Learning Objectives

- Identify common triggers of suicide.
- Identify risk factors of suicide.
- Identify symptoms of depression.
- Identify myths about suicide.
- Identify warning signs of suicide.
- Take appropriate action in response to an at-risk individual.
Suicidal Behavior

- Serious suicidal thoughts or threats.
- Self destructive acts.
- Attempts to harm, but not kill oneself.
- Attempts to die by suicide.
- Completed suicide.
Triggers for Suicidal Behavior

- The breakup of a close relationship
- Witnessing death
- Financial stressors
- A bad evaluation
- Drug or Alcohol Abuse
- Reunion from a long field training or isolated tour
- Leaving old friends and family
- Being alone with concerns about self or family
- New military assignments/deployments
Triggers for Suicidal Behavior

- Recent interpersonal losses
- Loss of self-esteem / status
- Humiliation / Ridicule
- Rejection (e.g., job, promotion, boy/girlfriend)
- Disciplinary or legal difficulty
- Exposure to suicide of friend or family member
- Discharge from treatment or from service
- Retirement
Hopelessness

- Believing all resources to be exhausted
- Feeling that no one cares
- Believing the world would be better off without you
- Total loss of control over self and others
- Seeing death as only means of eliminating pain
Depression

- Difficulty concentrating or remembering
- Loss of energy, or chronic fatigue, slow speech and muscle movement
- Loss of self-esteem
- Change in sleep habits; unable to sleep or wanting to sleep all the time
- Change in weight
- Anxiety
• **MYTH:** People who talk about suicide don’t die by suicide.

• **FACT:** 80% of completed suicides had given **definite indications of their intention.**

• **MYTH:** Talking about suicide will give some an idea to do it.

• **FACT:** Suicidal people already have the idea. Talking about it may invite them to ask for help.
SUICIDE  Myths and Facts
(continued)

• **MYTH:** All suicidal people are fully intent on dying. Nothing can be done about it.

• **FACT:** 95% are undecided about it. They call for help before or after the attempt.

• **MYTH:** Suicide is an impulsive act.

• **FACT:** Most suicides are carefully planned and thought about for weeks.

• **MYTH:** Suicidal people remain suicidal.

• **FACT:** Most are suicidal for only a brief period. Timely intervention may save their lives.
• **MYTH:** Suicidal persons are mentally ill.
• **FACT:** Most suicidal persons are not mentally ill. Severe emotionally distress is not the same as mental illness.

• **MYTH:** December has suicide the highest rate.
• **FACT:** December has one of the lowest rates. Spring months have the highest.

• **MYTH:** It’s not suicide if there is no note.
• **FACT:** Only 1 in 4 suicides leave suicide notes.
Responding to Statements or Threats

• Stay calm.

• **Ask the Question:** “Are you thinking of killing yourself?”

• Ensure the person receives help.

• Do not leave person alone.

• “Buy time” (i.e., Identify stressor and reasons for living).
Asking About Suicide

- Ask directly (i.e., Are you thinking about killing yourself?).
- Get help.
- Convey concern.
Stigmas to Help-Seeking Behavior

GOES ON PERMANENT RECORD

CAUTION
SEEKING HELP IS A SIGN OF WEAKNESS
Facing Challenges?

Don’t Fight Alone

Don’t Let Your Buddy Fight Alone