

Army

Suicide Awareness and Prevention



Every One Matters!

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

Mission

Minimize Suicidal Behavior by encouraging help-seeking and providing “Buddy Care”.



This Suicide Prevention Program is based on trained and ready personnel at all levels.

The mission of all personnel is to encourage help-seeking behaviors and to attain proficiency in the “Buddy Care” principles in this training module.

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

- No change.
- 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



SUICIDE Myths and Facts

- **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.**



SUICIDE Myths and Facts

(continued)

- **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.**
- **Send someone for 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





DANGER

**NOT SEEKING HELP CAN BE
DANGEROUS**

Summary . . .
Final Comments . . .
Questions . . .

