



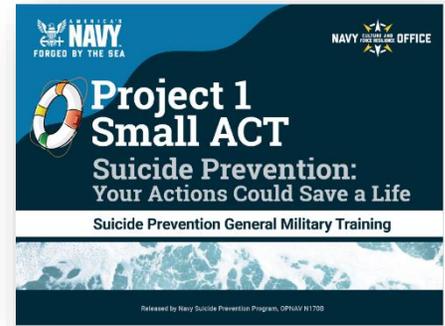
TOPIC: Introduction

TITLE: Countering Misconceptions & Promoting Facts

DISPLAY: SLIDE 1

TALKING POINTS:

- Introduce yourself and provide background that might be of interest.
- Refer to Slide one (1) and begin the lesson.
- This training is designed to give Sailors the tools, resources, and confidence to recognize a Sailor at risk and intervene.
- It addresses the most popular theory of suicide, risk and protective factors, warning signs, lethal means safety and active postvention.
- Each suicide is one too many and we need your help to save lives.





TOPIC: Countering Misconceptions & Promoting Facts

TITLE: Countering Misconceptions & Promoting Facts

DISPLAY: SLIDE 2

TALKING POINTS:

- This training includes the required suicide prevention learning objectives established by the Department of Defense Suicide Prevention Office such as suicide risk factors, warning signs and protective factors.
- Dispelling common misconceptions is a powerful tool for prevention by reducing stigma towards self-care, mental health, and suicide.
- Communicating clearly and objectively about suicide helps reduce risk factors and promote protective factors.
- Talking about suicide in a supportive way will not lead to suicide; instead it give the at-risk individual an opportunity to express thoughts and feelings about their situation. For most individuals, suicide related behaviors and suicide is a result of a culmination of many factors.
- For every suicide related behavior and suicide attempt there is an individual that can be supported. Create an inclusive environment and use language that is objective, precise, and avoids judgment or assumptions.

Countering Misconceptions & Promoting Facts

When it comes to suicide and suicide risk, there are many misconceptions. As a safe messaging leader, dispelling common misconceptions by knowing and sharing the facts about suicide is a powerful tool for prevention and keeping at-risk individuals safe. Communicating clearly and objectively about suicide helps reduce risk factors and promote protective factors.

FACTS

- Everyone has a role to play in preventing suicide.
- The acute period of heightened risk for suicide is often only minutes or hours long.
- Storing a loaded firearm at home increases risk for dying by suicide four to six times.
- There is no genetic predisposition to suicide.
- Talking directly about suicide in a non-judgmental, supportive way will not lead to suicide.
- Military suicide rates are roughly equivalent or lower than the U.S. population.
- Deployment is not associated with suicide risk among Service members.
- Less than half of military suicide decedents had a current or past mental health diagnosis.
- People do not substitute methods of suicide.
- Most firearm deaths of Service members are the result of suicide.

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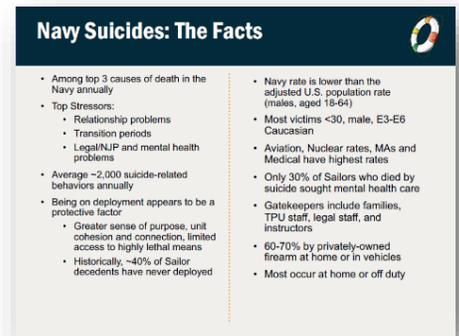
TOPIC: Countering Misconceptions & Promoting Facts

TITLE: Navy Suicides: The Facts

DISPLAY: SLIDE 3

TALKING POINTS:

- This is an overview of suicides in the Navy. Although suicides represent less than 1% of the Navy, we are losing more Sailors to suicide than combat or other manners of death. For every suicide, there are about 40 suicide related behaviors.
- At some point you will interact with a person experiencing distress. Understanding the warning signs can help. The acronym **IS PATH WARM** helps to promote recognition of warning signs:
 - **I**deation: thoughts of suicide (expressed, threatened, written)
 - **S**ubstance abuse: increased or excessive alcohol or drug use
 - **P**urposelessness: seeing no reason for living, having no sense of meaning or purpose in life
 - **A**nxiety: anxiousness, agitation, nightmares, inability to sleep or excessive sleeping
 - **T**rapped: feeling as though there is no way out of current circumstances
 - **H**opelessness: feeling hopeless about oneself, others, or the future
 - **W**ithdrawal: isolating from friends, family, usual activities, society
 - **A**nger: rage or uncontrollable anger, seeking revenge for perceived wrongs
 - **R**ecklessness: acting without regard for consequences, excessively risky behavior
 - **M**ood change: dramatic changes in mood, unstable mood
- Familiarize yourself with the facts and use objective language. Be engaged, mitigate your personal bias, and be explicit in letting the person know that it is ok to ask for help.





TOPIC: COE 2.0

TITLE: Key Actions for Success

DISPLAY: SLIDE 4

TALKING POINTS:

- Culture of Excellence 2.0 stresses the importance of resilience and toughness by strengthening a Sailor's Mind, Body and Spirit. The COE 2.0 approach to building great culture states that Great People are shaped by Great Leaders to become Great Teams. With this, here is a breakdown of our People, Leaders, and Teams can contribute towards successful suicide prevention.
- The People aspect is about being accountable to yourself. Strengthen your own resiliency, know the warnings signs of suicide, and know the components of Ask-Care-Treat.
- As a Leader, you are accountable to your People. Commands and leaders play an important role in protecting your health, such as supporting work life balance, providing adequate training so you can feel good about your job and work performance, building a positive command climate of respect, and supporting programs that support Sailors, like providing time for PT and having a workplace free of harassment, bullying or favoritism.
- For suicide prevention, Leaders should provide active and accurate messaging about suicide and SRBs. It also includes following protocol for reporting suicide attempts, behaviors, and postvention.
- You should also have your Command Crisis Response Plan created and practice it annually.
- As a Team, you are accountable to each other. This means actively engaging in annual suicide prevention training to increase your knowledge about warning signs, risk factors and protective factors.
- As a team member or Leader, it is important to promote Connectedness and Inclusion in your command's climate.

People	Leaders	Teams
<p>Accountable to yourself</p> <ul style="list-style-type: none">• Build toughness and resiliency• Recognize warning signs• Be mindful of the components in Ask-Care-Treat	<p>Accountable to your people</p> <ul style="list-style-type: none">• Providing consistent, active messaging about Suicide Prevention at all levels of the chain of command• Accurately and quickly report any Suicide, Suicide Attempt, or Suicide Related Behavior, executing postvention protocols or each• Develop and practice a Command Crisis Response Plan annually	<p>Accountable to each other</p> <ul style="list-style-type: none">• Thoughtfully conduct annual Suicide Prevention Training• Create connections early with gaining personnel through Sponsorship Program• Encourage active peer-to-peer engagement and awareness



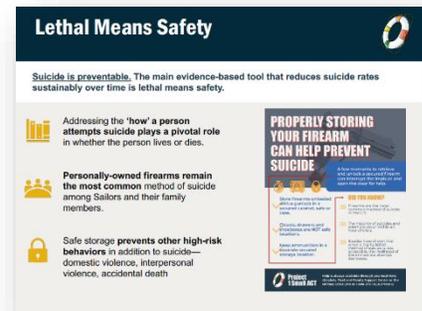
TOPIC: Lethal Means Safety

TITLE: Lethal Means Safety

DISPLAY: SLIDE 5

TALKING POINTS:

- Lethal means safety has proven effective at preventing suicide and starts with routine secure storage of personally owned firearms and safe disposal of unwanted, unused, or expired medications.
- Lethal means safety places time and space between a person in crisis and their access to lethal means.
- Most suicides in the Navy do not involve a suicide note and explicit intent was not communicated beforehand. Many attempts are impulsive decisions made in the final hours in the face of overwhelming stress and access to lethal means.
- Firearms continue to be the most common method of suicide among Navy personnel. Owning a firearm does not cause someone to be suicidal; however, storing a loaded firearm at home increases risk of death by suicide four to six times.
- Lethal Means Safety starts with routine safe storage, disposal, and safe storage conversations.
- Conversations about secure storage and safety should be integrated into regular conversation and safety briefings.





TOPIC: Lethal Means Safety

TITLE: Reducing Access to Lethal Means

DISPLAY: SLIDE 7

TALKING POINTS:

- It is critical to emphasize that Lethal Means Safety is not about discouraging firearm use or rights; it's about saving lives.
- Sailors can work with their commanding officers and health professionals to arrange safe storage of their private firearm during a high-risk period
- If a Sailor agrees, their CO will ensure that their personal firearm is **securely stored**
 - a. On the installation
 - b. Other available location in coordination with local authorities
 - c. Surrendering the firearm is **entirely voluntary**
- If a Sailor **voluntarily surrenders** their personal firearm for **safe storage**
 - a. It will be returned upon the Sailor's request
 - b. At the end of an agreed predetermined storage period
- If you have questions, seek out your medical department representative or local Sailor Assistance and Intercept for Life (SAIL) case managers who are trained in assessing suicide risk level.

Reducing Access to Lethal Means

Navy has guidance for COs and health professionals on reducing access to lethal means of suicide through the voluntary storage of privately-owned firearms. Below are things all Sailors should know about the guidance and their rights to make an informed decision if the need arises.

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 CO 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 COs and health professionals are authorized to inquire about a Sailor's privately-owned firearm, surrendering the firearm is entirely voluntary.



TOPIC: Lethal Means Safety

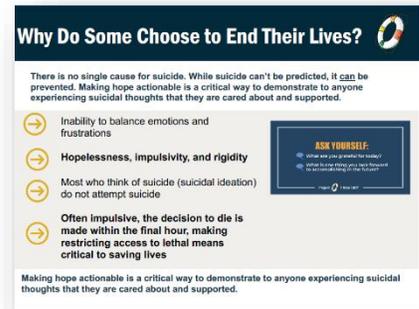
TITLE: Why Do Some Choose to End Their Lives?

DISPLAY: SLIDE 8

TALKING POINTS:

These are the most common factors in Navy deaths:

- Transitions: Moves (PCS, LIMDU, TPU, Med Hold); Pending Separation/Retirement from Navy; etc.
- Relationship issues: Break-ups, Separation, Divorce, Death
- Fall from glory: Damage to Status, Reputation, Career, etc. (Occupational/Academic Setbacks, Disciplinary/Legal Issues)
- Recognize the warning signs, start a conversation with an expression of care, followed by and observation, and ask directly if they are thinking about suicide.
- Talking about suicide does not increase suicides or suicidal thoughts. Simply owning a weapon doesn't make a person at risk, but procuring a weapon in the midst of overwhelming stress is a warning sign.



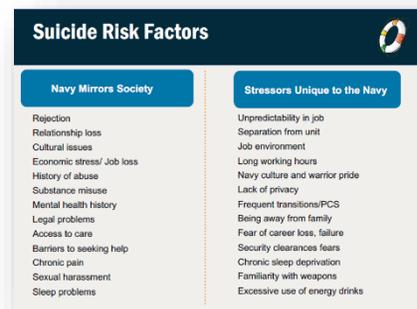
TOPIC: Risk Factors

TITLE: Suicide Risk Factors

DISPLAY: SLIDE 9

TALKING POINTS:

- These are chronic risk factors for suicide. These don't indicate that suicide is imminent but should help you connect the dots and seek resources.
- Navy Sailors mirror society. Sailors bring their individual, family, and cultural backgrounds with them. There are additional stressors unique to the Navy.





OPNAV N17 | Navy Culture & Force Resilience Office

PROGRAM/TEAM: N170B

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- Individual factors include problem solving skills, coping skills, frustration tolerance and emotional regulation, or how well you handle life's ups and downs.
- Sailors come from different cultures and ethnic diversities with various views around seeking help and using mental health resources.
- Most substances lower inhibitions, making an impulsive suicide more likely.
- A Sailor facing academic failure or a disciplinary action is at much higher risk. The fear of losing one's career, financial stability, reputation, or family can put a Sailor at risk.
- Many preexisting issues (before Navy) don't come to light until there is a documented incident or it is disclosed to a provider. Sailors won't tell you if they don't trust you.



TOPIC: Risk Factors

TITLE: Recognizing Risk in Sailors

DISPLAY: SLIDE 10

TALKING POINTS:

- A Sailor or family member may have a few or all of these warning signs. Warning signs indicate a more acute risk and may signal that suicide may be imminent.
- Various people may notice different signs. It is important to “connect the dots” and share information to piece it together.
- Each of them may have their own concerns about reporting or not know to whom to report. Some may not take it seriously. Sometimes we’ve become so accustomed to the signs that we don’t notice them as a change.
- Peers may minimize the significance; families may fear loss of career and parents may not know who to tell. Each person may dismiss what they’re seeing. How often do we downplay someone’s drinking or relationship problems?
- While most suicides do not involve alcohol, they involve firearms; a pattern of increased substance abuse may decrease inhibitions against suicide.
- Mood changes could indicate depression or anxiety.
- These are some comments you may hear that would cause concern because they indicate the loss of belonging, the major loss, the warning signs and cries for help.
- These comments are indications that the person is at a greater risk for suicide.
- How might you approach someone after hearing one of these comments?
- What resources can you think of to provide this Sailor? What about words of encouragement, what would you say?





TOPIC: Risk Factors

TITLE: Connecting the Dots: Who is at Risk?

DISPLAY: SLIDE 11

TALKING POINTS:

- Taken from multiple “Deep Dives” a case review done by Navy Suicide Prevention to study all the suicides in the Navy. This illustration shows how a person spirals downward towards suicide.
- History plays a large role, but few will know the person’s history if there isn’t trust. This history may lower a person’s ability to cope with stress.
- Most who died were experiencing multiple stressors that overwhelmed their ability to cope. Loss of relationships, break ups, separations, or even toxic relationships can increase suicide risk.
- On top of these overwhelming stressors, the person lost their normal social support. Transitions are a high-risk period because the person is no longer connected to the command and not yet a part of another command, there is less sense of belonging, a major protective factor.
- Sleep problems affect judgment, decisions, anger, stress, health and so does alcohol.
- These overwhelming stressors and losses, on top of an already tough background, add to feelings of hopelessness, shame, guilt, and isolation.
- Many of those who died by suicide in the Navy made the decision within the final hours preceding death, and because they had access to a lethal method, such as a firearm, there was little time to intervene once they’d made their decision. This highlights the need to know your people and connect the dots early and reduce access to lethal means during acute stress periods.





TOPIC: Protective Factors

TITLE: Protective Factors

DISPLAY: SLIDE 12

TALKING POINTS:

- The military provides numerous services that may be a barrier for civilians such as access to free mental health care, family services, steady income, and unit cohesion and support.
- Self-care is a list of things you can do to protect your own mental health, such as proper nutrition, exercise, adequate sleep and having hobbies and social support.
- Cognitive flexibility allows you to see various angles and solutions to a problem. Extremes of thinking or rigid thinking can lead you to feel trapped.
- Being willing to seek help when you recognize a problem is something else YOU can do to protect your health, instead of being swayed by peer pressure or sea doctors and sea lawyers who tell you it will ruin your career.
- Commands and leaders play an important role in protecting your health, such as supporting work life balance, providing adequate training so you can feel good about your job and work performance, building a positive command climate of respect, and supporting programs that support Sailors, like providing time for PT and having a workplace free of harassment, bullying or favoritism.

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



TOPIC: Seeking Help

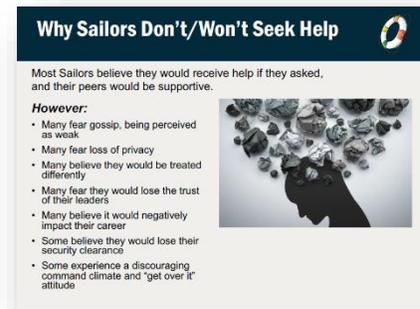
TITLE: Why Sailors Don't/Won't Seek Help

DISPLAY: SLIDE 13

TALKING POINTS:

Most Sailors believe they'd receive help if they asked and their peers would be supportive, however...

- Many believe they'd be treated differently.
- Many fear they would lose the trust of their leaders.
- Many believe it would negatively impact their career.
- Some believe they'd lose their security clearance.
- Most fear loss of privacy.
- Most fear gossip, being perceived as weak.
- Discouraging command climate, "get over it."
- Families fear repercussions to the Sailor's career if they seek help.
- While fears of losing security clearances and careers factor in, overwhelming Sailors fear the gossip and mistreatment by peers.
- Unfortunately, our Sailors don't trust us when we tell them it's okay to ask for help.





TOPIC: Seeking Help

TITLE: Truth About Security Clearances

DISPLAY: SLIDE 14

TALKING POINTS:

Standard Form 86 (SF86) "Questionnaire for National Security Positions" is used to evaluate individuals under consideration for Confidential, Secret, and Top Secret security clearances. One of the many reasons service members choose not to seek help for psychological health concerns is fear that doing so will jeopardize their clearance eligibility and careers. Here are the facts about answering Question 21:

- Less than 1% of security clearance denials and revocations involve psychological health concerns.
- Seeking help to promote personal wellness and recovery may favorably impact a person's security clearance eligibility.
- Not all psychological health treatment is required to be reported when answering question 21.
- Any psychological health care you report when answering Question 21 is protected by privacy rights.





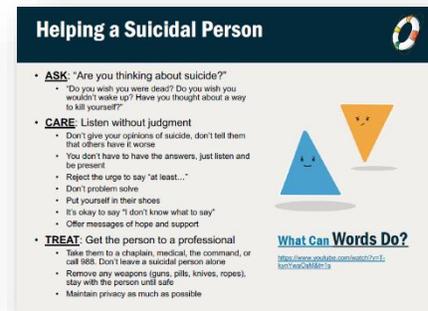
TOPIC: Seeking Help

TITLE: Helping a Suicidal Person

DISPLAY: SLIDE 15

TALKING POINTS:

- If you think a shipmate is having trouble navigating stress, ACT (Ask, Care, Treat):
 - **Ask.** Ask directly: Are you thinking of killing yourself?
 - **Care.** Show that you care by listening without judgment and offering hope. Be there without judgement. Don't tell a person their problems aren't that bad.
 - **Treat.** Help your friend connect with a support system immediately. Contact the Veteran/Military Crisis Line (dial 988 and Press 1 or text 988), escort them to the nearest chaplain, provider, or leader, or call 911 if danger is imminent. Stay in contact with your friend throughout their treatment to promote a healthy recovery.
- Don't be afraid to ask, it's hard, but just ask them.
- Facilitator should ask a few people to ask the facilitator if he/she is thinking of suicide. Help Sailors become comfortable with asking the question. Ask participants to read the questions on the slide.
- You can call Security to remove weapons and the command can arrange storage in the base armory, but it's best to ask the person to voluntarily store their weapons because we care!
- Don't keep suicidal thoughts a secret, ever.





TOPIC: Postvention

TITLE: Postvention

DISPLAY: SLIDE 16

TALKING POINTS:

- Postvention refers to an organized immediate, short-term, and long-term response for local resources in the aftermath of a suicide to mitigate the negative effects of exposure to suicide and to promote healing for suicide loss survivors.
- Because each situation is unique, examples of postvention efforts can include thoughtfully informing Sailors about the death to minimize speculation, one-on-one outreach to those most affected by the suicide, encouraging use of support resources and monitoring for reactions.
- [A Suicide Related Behavior Response and Postvention guide](#) was created to help streamline resources and procedures for suicide crisis response, suicide related behavior response, reintegration, and suicide postvention. This resource is available on MyNavy HR under Suicide Prevention.
- The Principles of Resilience can assist with the recovery process following a suicide, helping to promote a healthy grieving process and a return to mission-readiness. A few examples include:
 - a. Ensuring that support resources are in place and accessible (chaplain, medical, FFSC counselor, and/or Deployed Resilience Counselor).
 - b. Having patience with oneself and others who may be grieving differently will help during the healing process.
 - c. Taking a moment out of each day to ask shipmates how they are doing – and actively listening to their response.
 - d. Contributing to trust in a command before and after a tragedy promotes a supportive command climate and can help preserve mission readiness while promoting emotional health.
 - e. Meaning: While a full understanding of the surrounding events may not occur, leaning on the support of shipmates and leaders can help strengthen the recovery process.





TOPIC: Postvention

TITLE: Safe Messaging

DISPLAY: SLIDE 17

TALKING POINTS:

- Use language that is objective, precise, and avoids judgment or assumptions about how an individual's mental health condition affects them.
- Use objective language about substance use disorders (e.g., misusing substances vs. addict)
- Encourage help-seeking and self-care by providing options available for Service members and sharing supports you may have used across your career.
- Avoid suggesting a death by suicide was preceded by a single event because it implies an overly simplistic and misleading perception of suicide.
- Avoid inflammatory or sensationalizing language that may unintentionally glamorize suicide.
- Avoid explicitly describing the suicide method (how or where an individual died), as this increases the risk of suicide in others.
- Avoid talking about mental health or mental health conditions in unrelated situations.
- You can refer to the [Suicide Related Behavior Response and Postvention guide](#) for specific examples about how to phrase your messaging.

Safe Messaging

The way we discuss suicide in any setting (training, everyday conversation, public messaging, media coverage, etc.) can either help keep those around us safe or contribute to risk. All discussion of suicide should follow guidelines for safe messaging:

INSTEAD OF...	TRY THIS...
Referring to suicide as "successful," "unsuccessful," "failed attempt," or "overcome."	Use "Died by suicide" or "suicide death"
Focusing on one or two factors in the person's life that "drove" them to suicide.	Discuss suicide as a public health issue
Dramatizing suicide by focusing on methods of death or using images that illustrate grief, anguish, and isolation.	Focus on the fact of the event.
Describing a suicide as inevitable or "without warning."	Share risk and protective factors. Encourage help-seeking.
Presenting suicide as a common or acceptable response to hardship.	Emphasize that suicide is preventable.
Overstating the issue of suicide by using descriptors like "epidemic" or "skyrocketing."	Use data points to enhance prevention
Using outdated terminology like "mental disease" or "mental institution."	Use current terminology like "mental health disorder" or "equivalent treatment facility."
Using labels like "she is depressed" or "he is an addict" to describe a person.	Use clinical terminology like "she is showing signs of depression" or "he is misusing substances."
Using words that express pity or distress, such as "victim of PTSD" or "suffering this anxiety."	Use objective descriptors, such as "someone who has a PTSD diagnosis" or "experiencing anxiety."



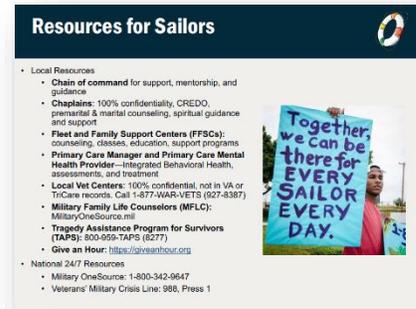
TOPIC: Resources

TITLE: Resources for Sailors

DISPLAY: SLIDE 18

TALKING POINTS:

- Know the resources.
- Promote seeking help as a sign of strength. Guard your words carefully about resources and those seeking help.
- Sailors don't have to be religious to talk to a Chaplain. Chaplains counsel individuals who seek guidance and offer 100% confidentiality.
- [Suicide Related Behavior Response and Postvention guide](#) It is designed to provide a streamlined reference to suicide crisis response, suicide related behavior response, reintegration, and suicide postvention.
- Contact the Veteran/Military Crisis Line (dial 988 and Press 1 or text 988), escort them to the nearest chaplain, provider, or leader, or call 911 if danger is imminent.





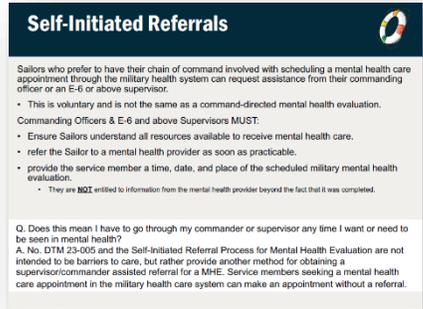
TOPIC: Resources

TITLE: Self-Initiated Referrals

DISPLAY: SLIDE 19

TALKING POINTS:

- [The Mental Health Playbook](#) is a tool for the Fleet to assist in prevention, mitigation, or addressing of mental health issues within commands. Version 1.1 includes information and guidance on the Self-Initiated Referral Process for Mental Health Evaluations of Service Members (The Brandon Act) further empowering Sailors to seek help if they need it. There is also a [factsheet](#) that provides an overview.
- The major change is that any service member serving on active duty with a Navy command who specifically requests a Mental Health Evaluation (MHE) from a Supervisor E-6 and above must be scheduled for an appointment with a local military mental health clinic or closest military treatment facility (MTF) and provided the opportunity to attend. This is not the same as a command-directed MHE.
- The change in self-referral process is only currently applicable to service members serving on active duty.
- Any service member who has or expresses thoughts of harming themselves should seek emergency care either by contacting the Veterans Crisis Line (CONUS call 988 + 1; OCONUS, chat with a representative online who can call you back or go to the nearest emergency room).





TOPIC: Resources

TITLE: Local Resources

DISPLAY: SLIDE 20

TALKING POINTS:

- Add local resources and talk through how they can be leveraged.





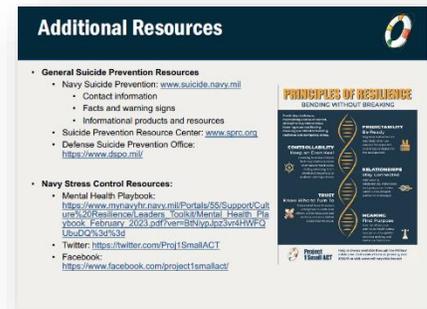
TOPIC: Resources

TITLE: Additional Resources

DISPLAY: SLIDE 21

TALKING POINTS:

The **Principles of Resilience** can assist with the recovery process following a suicide, helping to promote a healthy grieving process and a return to mission-readiness.



- **Predictability:** Encourage your shipmates to speak up when they are down and reassure them that seeking help is a sign of strength. Ensure that support resources are in place and accessible (chaplain, medical, FFSC counselor, and/or Deployed Resilience Counselor).
- **Controllability:** After a suicide, it's normal for things to seem out of one's personal control. Patience with oneself and others who may be grieving differently will help during the healing process. It's okay to set limits and say "no" to things that may hamper the healing process.
- **Relationships:** Take a moment out of each day to ask shipmates how they are doing – and actively listen. Start the conversation. It's all about being there for Every Sailor, Every Day.
- **Trust:** The presence of trust before and after a tragedy promotes a supportive command climate and can help preserve mission readiness while promoting emotional health.
- **Meaning:** While a full understanding of the surrounding events may not occur, leaning on the support of shipmates and leaders can help strengthen the recovery process.



TOPIC: Resources

TITLE: Additional Resources

DISPLAY: SLIDE 22

TALKING POINTS:

- Here is a list of DoD and VA mobile apps with resources related to mental health and suicide prevention.
- Close out the training by asking Sailors if they have any questions.
- Thank them for their attention to this life saving training.

