



Project 1 Small ACT

**Suicide Prevention:
Your Actions Could Save a Life**

Suicide Prevention General Military Training

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.

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.

FACTS

Navy Suicides: The Facts



- Among top 3 causes of death in the Navy annually
 - Top Stressors:
 - Relationship problems
 - Transition periods
 - Legal/NJP and mental health problems
 - Average ~2,000 suicide-related behaviors annually
 - Being on deployment appears to be a protective factor
 - Greater sense of purpose, unit cohesion and connection, limited access to highly lethal means
 - Historically, ~40% of Sailor decedents have never deployed
- Navy rate is lower than the adjusted U.S. population rate (males, aged 18-64)
 - Most victims <30, male, E3-E6 Caucasian
 - Aviation, Nuclear rates, MAs and Medical have highest rates
 - Only 30% of Sailors who died by suicide sought mental health care
 - Gatekeepers include families, TPU staff, legal staff, and instructors
 - 60-70% by privately-owned firearm at home or in vehicles
 - Most occur at home or off duty

Key Actions for Success



People

Accountable to yourself

- Build toughness and resiliency
- Recognize warning signs
- Be mindful of the components in Ask-Care Treat

Leaders

Accountable to your people

- 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

Teams

Accountable to each other

- Thoughtfully conduct annual Suicide Prevention Training
- Create connections early with gaining personnel through Sponsorship Program
- Encourage active peer-to-peer engagement and awareness

Lethal Means Safety



Suicide is preventable. The main evidence-based tool that reduces suicide rates sustainably over time is lethal means safety.



Addressing the **‘how’ a person attempts suicide** plays a pivotal role in whether the person lives or dies.



Personally-owned firearms remain the most common method of suicide among Sailors and their family members.



Safe storage **prevents other high-risk behaviors** in addition to suicide—domestic violence, interpersonal violence, accidental death

PROPERLY STORING YOUR FIREARM CAN HELP PREVENT SUICIDE

A few moments to retrieve and unlock a secured firearm can interrupt the impulse and open the door for help.



✓ Store firearms unloaded with a gunlock in a secured cabinet, safe or case.

✓ Closets, drawers and shoeboxes are NOT safe locations.

✓ Keep ammunition in a separate secured storage location.

DID YOU KNOW?

- » Firearms are the most common method of suicide in the U.S.
- » The majority of suicides and attempts occur within an hour of crisis.
- » Studies have shown that when a highly lethal method of suicide is less accessible, the likelihood of the immediate attempt decreases.



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Help is always available through you local Navy chaplain, Fleet and Family Support Center or the Military Crisis Line at 1-800-273-TALK (Press 1).

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.




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?

COs and health professionals **can ask Sailors believed to be at risk** for suicide to voluntarily allow their privately-owned firearms to be stored for safekeeping by the command

UNDER MORE STRESS THAN USUAL?
Take a few extra precautions to store your firearm.

-  Store firearms unloaded with a gunlock in a secured cabinet, safe or case
-  Keep ammunition in a separate secured storage location
-  Closets, drawers & shoeboxes are NOT safe locations

 A few extra moments to retrieve and unlock your firearm can interrupt the impulse for suicide and open the door for help.

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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**

Why Do Some Choose to End Their Lives?



There is no single cause for suicide. While suicide can't be predicted, it can be prevented. Making hope actionable is a critical way to demonstrate to anyone experiencing suicidal thoughts that they are cared about and supported.



Inability to balance emotions and frustrations



Hopelessness, impulsivity, and rigidity



Most who think of suicide (suicidal ideation) do not attempt suicide



Often impulsive, the decision to die is made within the final hour, making restricting access to lethal means critical to saving lives

ASK YOURSELF:

- What are you grateful for today?
- What is one thing you look forward to accomplishing in the future?

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Suicide Risk Factors



Navy Mirrors Society

Rejection
Relationship loss
Cultural issues
Economic stress/ Job loss
History of abuse
Substance misuse
Mental health history
Legal problems
Access to care
Barriers to seeking help
Chronic pain
Sexual harassment
Sleep problems

Stressors Unique to the Navy

Unpredictability in job
Separation from unit
Job environment
Long working hours
Navy culture and warrior pride
Lack of privacy
Frequent transitions/PCS
Being away from family
Fear of career loss, failure
Security clearances fears
Chronic sleep deprivation
Familiarity with weapons
Excessive use of energy drinks

Recognizing Risk in Sailors



Suicide can't be predicted, but it can be prevented.

- **Listen to your Sailor:**

- "I give up."
- "This isn't worth it. I'd rather be dead; you're better off without me."
- "I can't do anything right."
- "I don't know what I'm going to do, I have nowhere to go."
- "I can't believe s/he hurt me this way. It hurts too bad."

- **Things to look for:**

- Drastic changes in behavior
- 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

Are you or someone you know on a path to suicide?
Know the warning signs.

**YOU DON'T HAVE TO SEE
EVERY SIGN TO ACT.**

- I** **Ideation**
Thoughts of suicide (expressed, threatened, written).
- S** **Substance Misuse**
Increased or excessive alcohol or drug use.
- P** **Purposelessness**
Seeing no reason for living, having no sense of meaning in life.
- A** **Anxiety**
Anxiousness, agitation, inability to sleep or excessive sleeping.
- T** **Trapped**
Feeling as though there is no way out of current circumstances.
- H** **Hopelessness**
Feeling hopeless about oneself, others or the future.
- W** **Withdrawal**
Isolating from friends, family, usual activities, society.
- A** **Anger**
Feelings of rage or anger, seeking revenge for perceived wrongs.
- R** **Recklessness**
Acting without regard for consequences, excessively risky behavior.
- M** **Mood Change**
Dramatic changes in mood, unstable mood.

What To Do:

ASK

Ask your shipmate questions that will help you get help: "Are you thinking about killing yourself?" or "Do you have a plan to kill yourself?"

CARE

Tell your shipmate that you are concerned about him or her. Without judgment, express why you're concerned. They may not show it, but they likely appreciate that someone cared enough to say something.

TREAT

Take your shipmate to get help immediately by seeking a Navy chaplain, medical professional or trusted leader. Call 911 if danger is imminent.



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Help is always available through the Military Crisis Line. Call 1-800-273-TALK (Press 1), text 838255 or visit www.militarycrisisline.net

Connecting the Dots: Who Is At Risk?



**Distorted Thinking &
Lethal Action**

History

- Abuse (Physical, Sexual, Emotional)
- Prior Suicide Related Behavior
- Mental Health Treatment in Past Year
- Prior Suicide Attempt
- Alcohol Abuse

Ongoing Stressors

- Experienced Loss
- Intimate Relationship Problems:
- Work Problems
- Disciplinary/Legal Issues:
- Financial Issues
- Life Event

Disrupted Social Network

- Transition

Warning Signs

- Recent Event Causing Shame, Guilt, Loss of Status
- Recent Event Causing Feelings of Rejection/Abandonment
- Feelings of Hopelessness

Judgment Factors

- Sleep Problems
- Recent Event Causing Anger
- Under the Influence of Alcohol

Access to Lethal Means

- Easy Access to Unsecured Firearms

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

Why Sailors Don't/Won't Seek Help



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

However:

- Many fear gossip, being perceived as weak
- Many fear loss of privacy
- 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
- Some experience a discouraging command climate and “get over it” attitude



The Truth About Security Clearances



KNOW THE FACTS

Less than 1% of security clearance denials & revocations involve psychological health concerns.

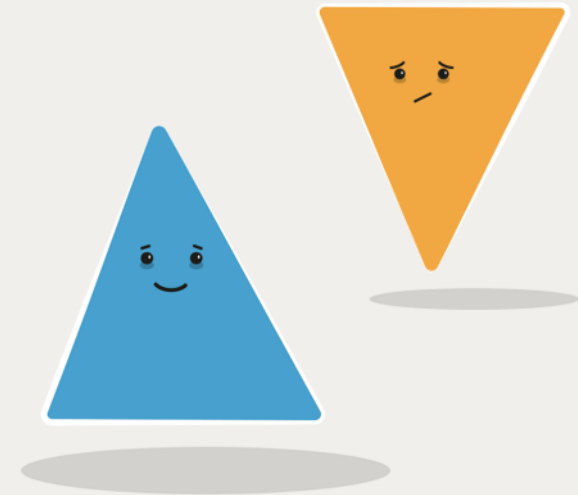
WHAT DOES **NOT** NEED TO BE REPORTED FOR A SECURITY CLEARANCE?

- Counseling related to adjustments from service in a military combat environment
- Grief counseling
- Counseling related to being a victim of sexual assault
- Marital or family concerns (not related to violence by the service member)

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?”
- **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
 - Reject the urge to say “at least...”
 - Don’t problem solve
 - Put yourself in their shoes
 - It’s okay to say “I don’t know what to say”
 - Offer messages of hope and support
- **TREAT**: Get the person to a professional
 - Take them to a chaplain, medical, the command, or call 988. Don’t leave a suicidal person alone
 - Remove any weapons (guns, pills, knives, ropes), stay with the person until safe
 - Maintain privacy as much as possible



What Can Words Do?

<https://www.youtube.com/watch?v=T-kynYwaOsM&t=1s>

Postvention



Postvention is **any activity following a suicide that promotes recovery and healing** of shipmates & family

- Leadership's response can play a role in the prevention of additional suicide events or, in worst cases, inadvertently contribute to increased suicide attempts (suicide 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



For more information see: [Postvention Toolkit for a Military Suicide Loss \(dspo.mil\)](https://dspo.mil)

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 "committed."	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 inexplicable 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 "inpatient 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 descriptions, such as: "someone who has a PTSD diagnosis," or "experiencing anxiety"

Resources for Sailors



- Local Resources
 - **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
 - **Primary Care Manager and Primary Care Mental Health Provider**—Integrated Behavioral Health, assessments, and treatment
 - **Local Vet Centers:** 100% confidential, not in VA or TriCare records. Call 1-877-WAR-VETS (927-8387)
 - **Military Family Life Counselors (MFLC):** MilitaryOneSource.mil
 - **Tragedy Assistance Program for Survivors (TAPS):** 800-959-TAPS (8277)
 - **Give an Hour:** <https://giveanhour.org>
- National 24/7 Resources
 - Military OneSource: 1-800-342-9647
 - Veterans' Military Crisis Line: 988, Press 1



Self-Initiated Referrals



Sailors who prefer to have their chain of command involved with scheduling a mental health care appointment through the military health system can request assistance from their commanding officer or an E-6 or above supervisor.

- This is voluntary and is not the same as a command-directed mental health evaluation.

Commanding Officers & E-6 and above Supervisors **MUST**:

- Ensure Sailors understand all resources available to receive mental health care.
- refer the Sailor to a mental health provider as soon as practicable.
- provide the service member a time, date, and place of the scheduled military mental health evaluation.
 - They are **NOT** entitled to information from the mental health provider beyond the fact that it was completed.

Q. Does this mean I have to go through my commander or supervisor any time I want or need to be seen in mental health?

A. No. DTM 23-005 and the Self-Initiated Referral Process for Mental Health Evaluation are not intended to be barriers to care, but rather provide another method for obtaining a supervisor/commander assisted referral for a MHE. Service members seeking a mental health care appointment in the military health care system can make an appointment without a referral.

Local Resources



- Please add Resources Specific to your local area

Additional Resources



- **General Suicide Prevention Resources**

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

- **Navy Stress Control Resources:**

- Mental Health Playbook: [https://www.mynavyhr.navy.mil/Portals/55/Support/Culture%20Resilience/Leaders Toolkit/Mental Health Playbook February 2023.pdf?ver=BtNiypJpz3vr4HWFQ-UbuDQ%3d%3d](https://www.mynavyhr.navy.mil/Portals/55/Support/Culture%20Resilience/Leaders%20Toolkit/Mental%20Health%20Playbook%20February%202023.pdf?ver=BtNiypJpz3vr4HWFQ-UbuDQ%3d%3d)
- Twitter: <https://twitter.com/Proj1SmallACT>
- Facebook: <https://www.facebook.com/project1smallact/>

PRINCIPLES OF RESILIENCE
BENDING WITHOUT BREAKING

Predicting challenges, maintaining a sense of control, strengthening relationships, fostering trust and finding meaning are critical to building resilience and navigating stress.

CONTROLLABILITY
Keep an Even Keel
Learning to make choices that help restore a sense of empowerment is key during adversity, from emotional responses to problem-solving actions.

PREDICTABILITY
Be Ready
Negative outcomes are less likely when we prepare for expected challenges and plan for the unexpected.

RELATIONSHIPS
Stay Connected
With strong relationships, individuals and groups can thrive under stress despite profound challenges.

TRUST
Know Who to Turn To
Presence of trust increases willingness to confide in others, utilize resources and address concerns before stress injuries occur.

MEANING
Find Purpose
A sense of purpose promotes health stress navigation, thoughtful decision making and better performance.

The infographic features a central DNA double helix structure. Each principle is accompanied by a small icon: a life preserver for Predictability, a ship's wheel for Controllability, a group of people for Relationships, a person with a plus sign for Trust, and a lighthouse for Meaning.



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DoD and VA Mobile Apps



BREATHE2RELAX

Manage stress and anxiety with deep-breathing exercises.

- Stabilize your moods and control your anger.
- Interrupt your body's fight-or-flight instinct and activate its relaxation response.



TACTICAL BREATHER

Learn breathing techniques to control heart rate, emotions and concentration.

- Maintain focus during stressful situations.
- Play interactive games and perform helpful exercises.



VIRTUAL HOPE BOX

Collect and store meaningful items that give you comfort and hope.

- Download supportive photos, videos, messages, quotes and music.
- Create coping cards for stressful times.
- Distract yourself with games and exercises.



T2 MOOD TRACKER

Monitor your emotional health and see how it affects your life.

- Track your moods and behaviors over time.
- Use a graph to help identify trends and triggers.



PROVIDER RESILIENCE

Track resilience builders and breakers.

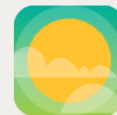
- Manage burnout, compassion fatigue, and secondary traumatic stress,
- Keep productive and emotionally healthy as you help others



MYNAVY FAMILY

Connects Navy spouses and families to information and resources to help successfully navigate the complexities of life in a Navy family.

- Combines authoritative information from a wide range of websites into a single, convenient application.
- New resources and links continue to be added.



COVID COACH

Promote self-care and overall mental health during the coronavirus (COVID-19) pandemic

- Education about coping during the pandemic
- Tools for self-care and to improve emotional well-being
- Trackers to check your mood and measure your growth toward personal goals



INSOMNIA COACH

Manage Sleep

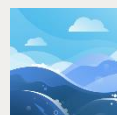
- Guided, weekly training plan to help you track and improve sleep
- Tips for sleeping and personal feedback about your sleep
- Interactive sleep diary to help you keep track of daily changes



PTSD COACH

Manage PTSD symptoms

- Customized Tools can integrate your own contacts, photos, and music
- Tools range from relaxation skills and positive self-talk to anger management and other common self-help strategies.



VETCHANGE

Reduce or quit drinking

- Tools for cutting down or quitting drinking,
- Keep productive and emotionally healthy as you help others
- Education about alcohol use and how it relates to PTSD symptoms
- Guidance to find professional treatment.



PAIN AND OPIOID SAFETY

Cope with pain

- Information, resources, and an effective mechanism to track pain.
- FAQs for patients on the use of opioids in pain management
- Tools and materials for providers using opioids in clinical practice.



MY MILITARY ONESOURCE

Fast support and personalized answers for you and your MilLife.

- 24/7 access to powerful tools and help from the DoD