





Common Military Training


Suicide Prevention


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.

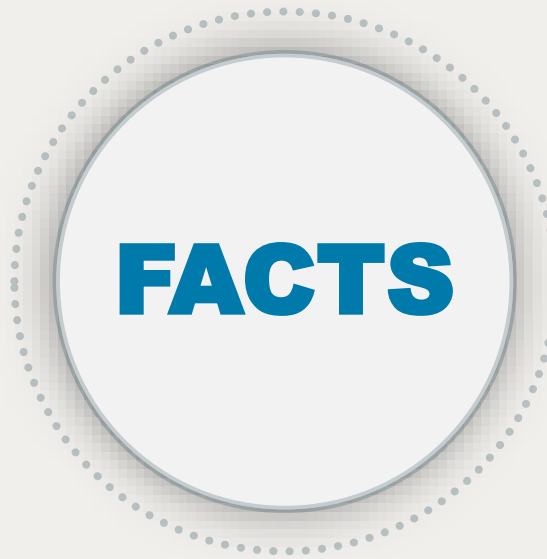
Everyone has a role to play in preventing suicide. 


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 evidence of** 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.

<https://www.dspo.mil/download/>

Navy Suicides: The Facts

- Among top 3 causes of death in the Navy annually
- Top Stressors:
 - Transition
 - Mental Health
 - Relationship issues
- Average ~2,700 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
- Navy rate is lower than the adjusted U.S. population rate (males, aged 18-64)

- Most victims <30, male, E4-E6 Caucasian
- Surface Warfare, Aviation, Nuclear, Submarine, and Information Warfare have the highest rates
- 50% of Sailors who died by suicide sought mental health care
- Gatekeepers include families, TPU staff, legal staff, and instructors
- 55% 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, and Suicide Related Behaviors, executing postvention protocols for 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

NAVY SUICIDE PREVENTION OFFICE

PROPERLY STORING YOUR FIREARM CAN HELP PREVENT SUICIDE

In 2023, **67%** of all Navy suicides involved a firearm.

- ✓ Suicidal crises can be brief, so delaying access to a firearm may prevent impulsive actions.
- ✓ Reducing access to lethal means like firearms during stressful times decreases the likelihood of death by suicide.

LEARN MORE ABOUT LETHAL MEANS SAFETY

PUT SPACE BETWEEN THE THOUGHT AND THE TRIGGER

Here are some effective methods to securely store your firearms:

- Cable Lock**
Offers basic protection by preventing accidental discharge and unauthorized use.
- Lockbox**
Offers a moderate level of safety by securing firearms with a key, combination, or biometric lock.
- Gun Safe**
Provides the highest level of safety, offering protection against unauthorized access, fire, and theft.

VETERANS CRISIS LINE FOR ALL MILITARY **24/7, Confidential Crisis Support**

SEEKING HELP IS A SIGN OF STRENGTH.

If you or someone you know is considering suicide, call the Military Crisis Line:
[Chat with a Crisis Line responder](https://www.veteranscrisisline.net/Chat) by text 838255 or through [VeteransCrisisLine.net/Chat](https://www.veteranscrisisline.net/Chat)

CALLING FROM CONUS
Call 988 then Press 1

CALLING FROM OCONUS
Europe:
Call +1 844-702-5495 (off base) or DSN 988 (on base)
Southwest Asia:
Call +1 855-422-7719 (off base) or DSN 988 (on base)
Pacific:
Call +1 844-702-5493 (off base) or DSN 988 (on base)

For more information, refer to NAVADMIN 263/14 or visit Navy Suicide Prevention at www.suicide.navy.mil and DoDI 6400.09 or visit the Defense Suicide Prevention Office at www.dspo.mil.

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?

Making hope actionable is a critical way to demonstrate to anyone experiencing suicidal thoughts that they are cared about and supported.

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 of schedule
- 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.

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



SPREAD THE TRUTH

ABOUT MENTAL HEALTH AND YOUR SECURITY CLEARANCE

Have you hesitated to seek care due to fear that doing so will jeopardize your clearance eligibility or career? Here is what you should know.

THE TRUTH

- ✓ **Standard Form 86 (SF-86)**
"Questionnaire for National Security Positions" is used to evaluate individuals under consideration for security clearances. SF-86 Question 21 asks if you have received any treatment for mental health conditions.
- ✓ **Less than 1%** of security clearance denials and revocations involve psychological health concerns.
- ✓ Seeking help to promote personal wellness and recovery is a sign of strength and may favorably impact a person's security clearance eligibility.
- ✓ Not all psychological health treatment is required to be reported when answering Question 21.



Counseling related to adjustments from service in a military combat environment



Marital or family concerns (not related to violence by the service member)



Grief counseling



Counseling related to being a victim of sexual assault

Remember, any psychological health care you report when answering Question 21 is protected by privacy rights. The SF-86 form screens a candidate's ability to protect classified information. A personnel security investigator can only ask a healthcare provider if the Sailor's mental health concern could impair their judgement or reliability to safeguard classified information. **If the answer is 'no' then no additional questions are authorized.**

SEEKING HELP IS A SIGN OF STRENGTH, AND HELP IS ALWAYS AVAILABLE.

For confidential, 24/7 support, contact the **Military Crisis Line** at 988, press 1 or visit www.militarycrisisline.net.

Service members have the right to report any suspected privacy violations regarding unauthorized questioning pertaining to psychological health care to the Defense Department Inspector General Hotline at 800-424-9098.

For more information, visit the **Defense Suicide Prevention Office** at www.dspo.mil.

A product of Navy Suicide Prevention Branch, OPNAV N170B. Visit www.suicide.navy.mil for additional Navy Suicide Prevention resources.

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



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

Leaders play an important role in reducing the conscious or unconscious stigma towards risk factors associated with suicide and help-seeking behaviors. Language can change misperceptions and can pave the way for Service members in your unit and their families to get the help they need.

COMMUNICATING ABOUT SUICIDE

- Use language that is objective, precise, and avoids judgment or assumptions
- Use objective language about substance use disorders
- Encourage help-seeking and self-care by sharing resources
- Avoid suggesting a death by suicide was preceded by a single event.
- 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.

Safe Messaging

INSTEAD OF THIS...	TRY THIS...	WHY?
<ul style="list-style-type: none"> ➤ Referring to suicide as “successful,” “unsuccessful,” “failed attempt,” or “committed” 	<ul style="list-style-type: none"> ➤ Describe as “died by suicide” or “suicide death” 	<ul style="list-style-type: none"> ➤ The term “committed suicide” implies the act is considered a sin or a crime. Similarly, “successful suicide” or “unsuccessful attempt” are considered poor choices because they connote an achievement or something positive even though they result in a tragic outcome. Conversely, “died by suicide” describes the outcome.
<ul style="list-style-type: none"> ➤ Focusing on one or two factors in the person’s life that “drove” them to suicide 	<ul style="list-style-type: none"> ➤ Discuss suicide as a public health issue instead of focusing on the details about the person who died. Note risk and protective factors and “what to do if you think someone might be in trouble.” Providing information and resources, such as crisis lines, can help correct misconceptions, and offer hope, healing, and recovery. 	<ul style="list-style-type: none"> ➤ Talking about a person’s mental health disorder, or other singular factor, may oversimplify or speculate on the reason for the suicide. For most individuals, suicide is a result of a culmination of many factors.
<ul style="list-style-type: none"> ➤ Glamorizing or romanticizing suicide by focusing on methods of death or using images that illustrate grief, anguish, and isolation 	<ul style="list-style-type: none"> ➤ Focus on the facts of the event. If there was a message from the deceased, do not detail what the note contained or refer to it as a “suicide note.” 	<ul style="list-style-type: none"> ➤ Glamorizing the outcome of suicide may lead to contagion within a group. Refer to the tools in the DSPO Tools Download Library (www.dspo.mil/) to familiarize yourself with the recommended postvention guidelines. Use the Postvention Toolkit for a Military Suicide Loss.

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

Service members seeking a mental health care appointment in the military health care system can make an appointment without a referral. **Sailors who prefer to have their chain of command involved 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

DTM 23-005 and the Self-Initiated Referral Process for Mental Health Evaluation were created to provide another method for obtaining a supervisor/commander assisted referral for a MHE.

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.dsppo.mil/>

Navy Stress Control Resources

- Mental Health Playbook: <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Leaders-Toolkit/Mental-Health-Playbook/>

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.



TRUST

Know Who to Turn To

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



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.



MEANING Find Purpose

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



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

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.



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.



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 MillLife.

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