Project 1
Small ACT

Suicide Prevention: Your Actions Could Save a Life

Suicide Prevention General Military Training

Released by Navy Suicide Prevention Program, OPNAV N170B
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.

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

<table>
<thead>
<tr>
<th>People</th>
<th>Leaders</th>
<th>Teams</th>
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</thead>
<tbody>
<tr>
<td>Accountable to yourself</td>
<td>Accountable to your people</td>
<td>Accountable to each other</td>
</tr>
<tr>
<td>• Build toughness and resiliency</td>
<td>• Providing consistent, active messaging about Suicide Prevention at all levels of the chain of command</td>
<td>• Thoughtfully conduct annual Suicide Prevention Training</td>
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<tr>
<td>• Recognize warning signs</td>
<td>• Accurately and quickly report any Suicide, Suicide Attempt, or Suicide Related Behavior, executing postvention protocols or each</td>
<td>• Create connections early with gaining personnel through Sponsorship Program</td>
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<td>• Be mindful of the components in Ask-Care Treat</td>
<td>• Develop and practice a Command Crisis Response Plan annually</td>
<td>• Encourage active peer-to-peer engagement and awareness</td>
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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**

- 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.
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.
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.
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

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

<table>
<thead>
<tr>
<th>Navy Mirrors Society</th>
<th>Stressors Unique to the Navy</th>
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<tbody>
<tr>
<td>Rejection</td>
<td>Unpredictability in job</td>
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<tr>
<td>Relationship loss</td>
<td>Separation from unit</td>
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<tr>
<td>Cultural issues</td>
<td>Job environment</td>
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<td>Economic stress/Job loss</td>
<td>Long working hours</td>
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<td>History of abuse</td>
<td>Navy culture and warrior pride</td>
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<tr>
<td>Substance misuse</td>
<td>Lack of privacy</td>
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<tr>
<td>Mental health history</td>
<td>Frequent transitions/PCS</td>
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<td>Legal problems</td>
<td>Being away from family</td>
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<tr>
<td>Access to care</td>
<td>Fear of career loss, failure</td>
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<tr>
<td>Barriers to seeking help</td>
<td>Security clearances fears</td>
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<tr>
<td>Chronic pain</td>
<td>Chronic sleep deprivation</td>
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<td>Sexual harassment</td>
<td>Familiarity with weapons</td>
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<td>Sleep problems</td>
<td>Excessive use of energy drinks</td>
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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**diation
Thoughts of suicide (expressed, threatened, written).

**S**ubstance Misuse
Increased or excessive alcohol or drug use.

**P**urposelessness
Seeing no reason for living, having no sense of meaning in life.

**A**nxiety
Anxiousness, agitation, 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
Feelings of rage or 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.

**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 cares 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?

- **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

**Distorted Thinking & Lethal Action**
# Protective Factors

<table>
<thead>
<tr>
<th>Individual Protective Factors</th>
<th>Command-level Protective Factors</th>
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<tr>
<td>Good problem-solving skills</td>
<td>Unit cohesion, peer support</td>
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<td>Cognitive flexibility</td>
<td>Belonging and purpose</td>
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<tr>
<td>Coping skills and hobbies</td>
<td>Engaged and concerned leaders</td>
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<tr>
<td>Good self-care</td>
<td>Strong relationships</td>
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<tr>
<td>Willing to seek help</td>
<td>Time for sleep and exercise</td>
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<tr>
<td>Emotional regulation</td>
<td>Access to good nutrition</td>
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<tr>
<td>Spirituality</td>
<td>Work-life balance</td>
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<tr>
<td>Resilience</td>
<td>Professional environment</td>
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</table>
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 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)
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:

<table>
<thead>
<tr>
<th>INSTEAD OF...</th>
<th>TRY THIS...</th>
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</thead>
<tbody>
<tr>
<td>Referring to suicide as “successful,” “unsuccessful,” “failed attempt,” or “committed.”</td>
<td>Use “Died by suicide” or “suicide death”</td>
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<td>Focusing on one or two factors in the person’s life that “drove” them to suicide.</td>
<td>Discuss suicide as a public health issue.</td>
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<tr>
<td>Dramatizing suicide by focusing on methods of death or using images that illustrate grief, anguish, and isolation.</td>
<td>Focus on the fact of the event.</td>
</tr>
<tr>
<td>Describing a suicide as inexplicable or “without warning.”</td>
<td>Share risk and protective factors. Encourage help-seeking.</td>
</tr>
<tr>
<td>Presenting suicide as a common or acceptable response to hardship.</td>
<td>Emphasize that suicide is preventable.</td>
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<tr>
<td>Overstating the issue of suicide by using descriptors like “epidemic” or “skyrocketing.”</td>
<td>Use data points to enhance prevention.</td>
</tr>
<tr>
<td>Using outdated terminology like “mental disease” or “mental institution.”</td>
<td>Use current terminology like “mental health disorder” or “inpatient treatment facility.”</td>
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<tr>
<td>Using labels like “she is depressed” or “he is an addict,” to describe a person.</td>
<td>Use clinical terminology like “she is showing signs of depression” or “he is misusing substances.”</td>
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<tr>
<td>Using words that express pity or distress, such as: “victim of PTSD,” or “suffering this anxiety”</td>
<td>Use objective descriptions, such as: “someone who has a PTSD diagnosis,” or “experiencing anxiety”</td>
</tr>
</tbody>
</table>
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](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](http://www.suicide.navy.mil)
  • Contact information
  • Facts and warning signs
  • Informational products and resources
• Suicide Prevention Resource Center: [www.sprc.org](http://www.sprc.org)
• Defense Suicide Prevention Office: [https://www.dspo.mil/](https://www.dspo.mil/)

• **Navy Stress Control Resources:**
  • Twitter: [https://twitter.com/Proj1SmallACT](https://twitter.com/Proj1SmallACT)
  • Facebook: [https://www.facebook.com/project1smallact/](https://www.facebook.com/project1smallact/)
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.

**MY NAVY 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.