

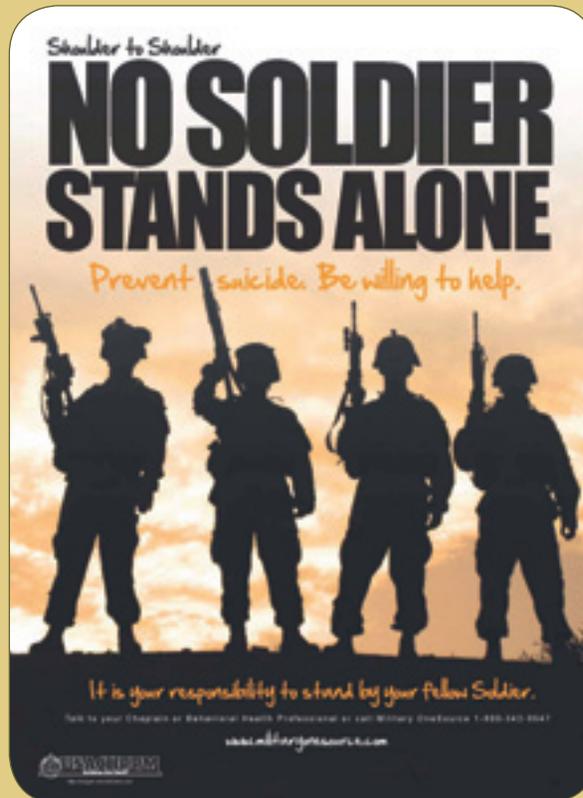
Suicide Prevention

As the Army continues to make sense of the increasing numbers of Soldiers who are taking their lives — 301 Soldiers committed suicide in 2010 versus 242 the year before — the oft-repeated bottom line remains the same: Even one suicide is too many.

“Suicide can dip in to any age group, any rank, from a private to our most senior officers,” said Command Sgt. Maj. Earl L. Rice, senior enlisted advisor for the deputy commanding general for operations, United States Forces-Iraq, and the XVIII Airborne Corps command sergeant major. “Regardless of who you are, you need someone to talk to. Service members need some type of way to communicate their issues and concerns so that we can get them help. It’s about protecting the force, protecting our Army and doing what’s right for our Army.”

While all Soldiers are tasked with being an “ACE” for their battle buddies — Asking those exhibiting the warning signs of suicide about their intentions, Caring for them by listening and removing means for them to inflict injury upon themselves, and Escorting them to get the proper help — first-line supervisors are best able to detect changes in their Soldiers’ personalities, demeanors and reactions to stressors. As such, it is often their responsibility to identify individuals who may be considering ending their lives. The Warrior Leader Course lesson on suicide prevention educates these young NCOs about suicide’s risk factors and the tools available to help prevent such a tragedy from occurring in their unit.

RISK FACTORS: In many cases, suicidal behavior is tied to intense feelings of loss, loneliness, worthlessness, hopelessness, helplessness and guilt. While many people may experience such feelings, those considering suicide lack the means to cope with these overwhelming emotions, and see ending their life as the only means of escape.



To people experiencing such depression, which can be rooted in personal loss, heredity or even body chemistry, life may seem unbearable, says TRADOC Pam 600-22, *Leaders Guide for Suicide Prevention Planning*, one of the sources for the WLC lesson. “Depressed people see things in a very negative way and have a difficult time generating effective ways of dealing with problems.”

Since depression is a factor in 75 to 80 percent of all suicides, identifying those suffering from depression and getting them the proper assistance — from chaplains, behavioral health or medical professionals — is key to reducing the rate of suicide.

CHARACTERISTICS: People rarely commit suicide without first exhibiting warning signs. Leaders should be aware of these and know how to respond appropriately.

So too, leaders must pay closer attention to Soldiers who have just experienced a “triggering event.” While not causes of suicide in their own right, events like these may be the “straw that breaks the camel’s back.” A negative counseling statement, a bad break-up, financial problems, humiliation, rejection or legal issues are just a few of the many things that can push vulnerable individuals over the edge.

Building resiliency — giving Soldiers the tools and resources to become mentally and emotionally fit to adapt to life’s challenges — is the easiest way to prevent suicide since not all stresses are avoidable. Leaders are thus called to help bolster their Soldiers’ support systems and individual strengths.

“We have to know and understand our Soldiers,” Rice said. “There is a way to fix their problems, and we can do that by communicating, working together as a team, and utilizing all the resources we have to address and find a solution.”

Spc. Paul Holston, XVIII Airborne Corps, contributed to this story.



WHAT TO DO, WHAT NOT TO DO

There may be times when unit leaders or peers find themselves with a suicidal Soldier. According to the U.S. Army Public Health Command, here is what you should do:

By phone:

- ✓ **Establish a helping relationship;** quickly express that you are glad the Soldier called.
- ✓ **Find out the Soldier's location** and get the person's phone number in case you are disconnected.
- ✓ **Get as much information as you can** about the Soldier's plans, access to means of self-harm and intent.
- ✓ **Listen** and do not give advice.
- ✓ **Keep the Soldier talking** talking as long as possible until help can arrive, but avoid topics that agitate, such as talking about his unfair supervisor, or cheating spouse.
- ✓ **Follow up** and ensure the Soldier is evaluated.

In person:

- ✓ **Find out** what is going on with the Soldier. Ask open-ended questions such as, "How are things going?" or "How are you dealing with ... ?"
- ✓ **Share concern** for her well-being.
- ✓ **Be honest** and direct.
- ✓ **Listen** to words and emotions. Repeat what he says using his words.
- ✓ **Ask directly** about her intent, i.e., "Are you thinking about suicide?" This will not put new ideas in her head; that is a myth.
- ✓ **Keep the Soldier safe;** DO NOT leave the Soldier alone. Have a capable person with him or her at all times.
- ✓ **Remove potential means** of self-harm including firearms, pills, knives, and ropes.
- ✓ **Involve security** if the Soldier is agitated or combative. The Soldier should be escorted to a treatment facility or emergency room.

- ✓ **Follow up** and verify that the Soldier was evaluated. If psychiatric hospitalization is required, talk to the staff about what assistance is needed (e.g., arranging for necessary belongings, child care, or pet care).
- ✓ **Monitor the Soldier** until you are convinced he is no longer at risk.

What not to do:

- ✗ **Don't leave** the Soldier alone.
- ✗ **Don't minimize** the problem.
- ✗ **Don't ask**, "Is that all?"
- ✗ **Don't overreact.**
- ✗ **Don't create a stigma** about seeking mental health treatment.
- ✗ **Don't give simplistic advice** like, "All you have to do is ...," or tell the Soldier to "suck it up" or "get over it."
- ✗ **Don't make the problem** a source of unit gossip. Involve others on a need-to-know basis.
- ✗ **Don't** delay a necessary referral.

Warning signs: What to look out for

People closest to the Soldier (fellow Soldiers, family, friends) are in the best position to recognize changes due to distress and to provide support. Look for:

- Comments** that suggest thoughts or plans of suicide
- Rehearsal** of suicidal acts
- Giving away** possessions
- Obsession with death**, dying, etc.
- Uncharacteristic behaviors** (e.g., reckless driving, excessive drinking)
- Significant change** in performance
- Appearing overwhelmed** by recent stressors
- Depressed mood;** hopelessness
- Withdrawal** from social activities

RESOURCES

Army OneSource Crisis Hotline: Call **1-800-342-9647** (toll-free) or **484-530-5908** collect from outside the U.S.

National Suicide Prevention Lifeline: Call **1-800-273-TALK (8255)**.

