

# VETERANS AFFAIRS



## Suicide Prevention

Open the Door to Support

**VA**



U.S. Department of Veterans Affairs  
South Texas Veterans Health Care System

Compensated Work Therapy 210-949-9010  
210-949-9013

# Introduction

Suicide is a subject people don't generally like to talk about. Confronting emotional pain and suffering can feel inappropriate or uncomfortable, even difficult. Often, the friends and family of a person who is thinking about suicide know something is wrong, but they don't know how and where to get help. They may be afraid to speak up about their concerns – yet this is the best first step to help a person in crisis.

## Take comments or threats of suicide seriously.

Self-destructive actions and persistent serious thoughts about suicide require immediate intervention. Help the person find help.

The reasons behind suicide are complex and varied, but one thing people who attempt suicide have in common is the desire to escape overwhelming pain or seemingly insurmountable or unsolvable problems.

A person who attempts suicide believes it is the only option, the only answer. **It isn't.** Suicide can be prevented with support, treatment, solutions and connectedness – a sense of belonging.



## QuickNote

The vast majority of people who face adversity, mental illness and other challenges – even those in high-risk groups – do **not** die by suicide. They find support, treatment and other ways to cope.

Every suicide is a tragic loss – all the more because suicide can be prevented.

**1** small act can make a difference.

## Are you thinking about suicide?

Help is available. Ask for and accept support. No matter how bad your problems seem, suicide is not a solution.

Talk to a fellow Service member, Veteran or professional, or call the Military/Veteran crisis line: 800-273-8255, press 1

More crisis resources are listed in the "Resources" tab.

## QuickStart

This guide presents information about suicide – what causes it, how to prevent it and how to intervene – as well as information for survivors. It can teach you how to be alert to suicide warning signs and how to help someone in crisis – or encourage you to take the first step toward getting help for yourself.

Suicide is **never** the answer.  
Getting **help** is the answer.

# Causes & Reasons

People of all genders, ages and ethnicities can be at risk for suicide, and all aspects of a person's life – family life, social environment, economic situation, culture, mental and physical health – affect a person's risk for suicide.

Suicide is not triggered by any one event, experience or characteristic.

**There is no one cause.**

**Crisis** feels different for everybody and can stem from a wide range of situations. It can be related to chronic pain, anxiety, depression, sleeplessness, anger or disturbing memories of combat service.

## QuickTerm

A **Crisis** is a state of emotional turmoil in reaction to a highly stressful event or situation.

## Suicide In the Military

The risk of suicide among recent wartime Veterans is significantly higher than that of the general U.S. population.<sup>1</sup> This may be because Service members and Veterans experience exceptional military-related stress and trauma. Some Veterans are coping with aging, stress or the effects of their military service, and many recent Veterans have difficulty with their relationships or the transition back to civilian life.

<sup>1</sup> Kang, Han K., Tim A. Bullman, Derek J. Smolenski, Nancy A. Skopp, Gregory A. Gahm, and Mark A. Reger. "Suicide Risk among 1.3 Million Veterans Who Were on Active Duty during the Iraq and Afghanistan Wars." *Annals of Epidemiology* 25.2 (2015): 96-100. Web.



People are different, as are their motivations, fears, desires and experiences. The reasons a person might think about or attempt suicide are just as varied and complex.

## Potential Reasons for Suicidal Behavior

- » Desire to die
- » Hopelessness or loneliness
- » Extreme or prolonged sadness
- » Perceived failure or self-hate
- » Feeling like a burden to others
- » Lack of inhibition while intoxicated
- » Escape from a painful emotional state
- » Escape from an entrapping situation
- » Impulsive reaction to an acute stressful life event
- » To hurt someone or make someone feel guilty
- » Paranoia or other psychosis (e.g., hallucination of being ordered to take one's life)
- » A worsening health situation (e.g., terminal illness)

## QuickFact

**Suicide is not a normal response to stress.** It is a sign of extreme distress, not a harmless bid for attention.

Suicidal thoughts may involve fantasies about the following:

- » Reunion
- » Rebirth
- » Retaliation
- » Revenge
- » Self-punishment
- » Atonement
- » Being rescued from an attempt

# Myths

## MYTH

**Military members don't kill themselves. They're too tough for that; they can handle anything.**

## FACT

Service members and Veterans from all ranks and branches die from suicide. If someone you know seems to be struggling, offer support. It takes the strength of a hero to ask for help.

## MYTH

**Suicide happens without warning.**

## FACT

In most cases, people who die by suicide show many warning signs before making a suicide attempt. Flip to the "Warning Signs" tab to learn about what to look for.

## MYTH

**There's nothing you can do to stop a person who wants to die.**

## FACT

You can intervene, and intervention can be effective. Most people who attempt or die by suicide just want their pain to end. The possibility of preventing a suicide lasts until the final moments. Never give up on someone even if he or she seems decided. Intervention can save a life.

## MYTH

**Once suicidal, always suicidal.**

## FACT

A suicidal crisis is a temporary condition. With proper support and treatment, people can overcome the crisis and go through life without ever experiencing another suicidal episode.

## MYTH

**Talking about suicide could give someone the idea to do it.**

## FACT

Openly discussing suicide is one of the best ways you can help someone in a suicidal crisis. Silence is dangerous. Ask the questions. Flip to "Communicating Using COP" in the "Suicidal Crisis" tab.

## MYTH

**A person who is recovering from depression is no longer at risk of suicide.**

## FACT

Some people die by suicide in the early stages of recovering from depression, when outwardly they seem to no longer be at risk of suicide.

## MYTH

**It couldn't have been suicide if there was no note.**

## FACT

Some people don't leave suicide notes.

## MYTH

**Personality weakness or character flaws cause the mental health problems that can lead to suicide.**

## FACT

Mental health problems have nothing to do with being weak. Many factors that contribute to suicide risk are not in a person's control:

- » Biological factors (e.g., genetics, brain chemistry)
- » Life experiences (e.g., trauma, history of abuse)
- » Family history of mental health problems

Depression and other mental health problems can be treated. Flip to the "Protective Factors" tab.

# Prevention & Protective Factors

The goals of suicide prevention are simple: increase factors that promote resilience or coping and reduce factors that increase risk.

Suicide prevention starts with protective factors. Protective factors are skills, strengths and resources that help people deal more effectively with stressful events. They act as buffers that lower long-term risk. Protective factors enhance resilience and help counterbalance risk factors. Some protective factors have a stronger effect than others.

Protective factors can be fostered and built up or they can be eroded. Devastating events and experiences (e.g., combat, disaster and severe loss or injury) can wear away at a person's resilience and make protective factors less effective. Resistance to suicide is not necessarily permanent; protective factors need to be continually strengthened.

## Main protective factors:

- » Effective mental health care
- » Connectedness
- » Problem-solving skills
- » Contact with caregivers

## Other protective factors:

- » Attitudes, values and norms prohibiting suicide (e.g., strong beliefs about the meaning and value of life)
- » Positive social skills (e.g., decision-making, problem-solving and anger management)
- » Good health and access to health care
- » Strong connections to friends, family, supportive partners and loved ones
- » Cultural, religious or spiritual beliefs that discourage or prohibit suicide
- » A healthy fear of risky behaviors and pain
- » Hope for the future; optimism

- » Sobriety
- » Medical compliance and a sense of the importance of health and wellness
- » Impulse control
- » Strong sense of self-worth or self-esteem
- » Sense of personal control or determination
- » Good tolerance for frustration and ability to regulate emotions
- » Positive beliefs about the future, ability to cope and life in general
- » Access to a variety of clinical interventions and support for help-seeking
- » Coping skills and resiliency
- » Reasons for living
- » Being married or being a parent
- » Opportunities to participate in and contribute to projects or activities
- » A reasonably safe and stable environment
- » Restricted access to lethal means
- » Pets
- » A sense of belonging

PROTEC-  
TIVE FAC-  
TORS



# Risk Factors

Risk factors are indicators of higher risk for suicide over the long term. Suicide risk is not static. Many factors influence an individual's risk of suicide at any given point in time.

For example:

- » **Genetic inheritance** and brain structure may predispose to illness.
- » **Life experience** and learning affect ability to cope with stress.
- » **Social support** and culture influence actions and beliefs.
- » **Illness** and stressful life events increase vulnerability to suicidal thoughts.

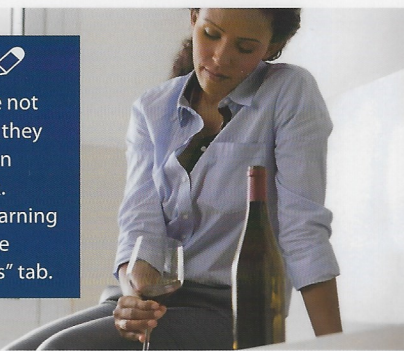
Not all risk factors are created equal. Some significantly increase risk and others are not as strongly related to risk.

## Main risk factors:

- » Prior suicide attempt(s)
- » Mood disorders (e.g., depression, anxiety, post-traumatic stress disorder)
- » Substance abuse
- » Access to lethal means

### QuickNote

Risk factors are not warning signs; they do not signal an immediate risk. For more on warning signs, flip to the "Warning Signs" tab.



## Other risk factors:

- » Family history of suicide
- » Abuse in childhood (especially sexual abuse)
- » Barriers to accessing mental health treatment
- » Unwillingness to seek help because of the stigma attached
- » Feelings of hopelessness
- » Impulsive or aggressive tendencies
- » Cultural and religious beliefs (e.g., that suicide is a noble resolution of a personal dilemma)
- » Local epidemics of suicide
- » Isolation, feeling cut off from other people
- » Loss (e.g., relational, social, work or financial)
- » Unemployment and low level of education, job loss (especially when nearing retirement)
- » Legal difficulties
- » Divorce or separation
- » Major and sudden financial losses
- » Conflicted relationships
- » Physical illness
- » Easy access to lethal methods (especially a firearm)

### QuickNote

Having these risk factors or being part of a high-risk group does not necessarily mean a person will attempt or die by suicide. Many people have some of these risk factors but do not attempt suicide.

RISK FAC-  
TORS



 **Veterans  
Crisis Line**  
1-800-273-8255 **PRESS 1**

# PTSD

Post-traumatic stress disorder (PTSD) is an anxiety disorder that some people develop after experiencing a traumatic event. In PTSD, the natural fight-or-flight response is damaged or "stuck." People who have PTSD typically feel stressed, on alert or frightened even when they're not in danger.



## QuickNote

Experiencing trauma does not mean you'll get PTSD.

PTSD symptoms may start soon after the traumatic event or months or years later, and they may come and go.

## Symptoms

There are four types of PTSD symptoms:

### 1. Reliving the event

You may have bad memories or nightmares or you may feel like you're living through the event again – this is called a flashback.

### 2. Avoiding reminders of the event

You may try to avoid situations or people that trigger memories of the traumatic event, and you may avoid talking or thinking about the event.

### 3. Experiencing negative changes in beliefs and feelings

The way you think about yourself and others may change. You may feel sadness, fear, guilt or shame, or you may not be interested in activities you used to enjoy.

### 4. Feeling keyed up

You may be jittery and always on alert for danger, or you may have trouble concentrating or sleeping. This is called hyperarousal.

## QuickTip

If your stress symptoms last longer than four weeks, cause you great distress or interfere with your work or home life, consider getting evaluated for PTSD.

Dealing with PTSD symptoms now might stop them from getting worse in the future. The most effective treatments for PTSD are therapy and medication, or a combination of the two.



PTSD

PTSD

PTSD & DEPRESSION

# Depression

Depression is more than being sad. It's a mood disorder that can make you feel like life isn't worth living. Depression has many causes. It can run in families, but your thoughts, physical health and coping skills all play a part.

Sometimes depression is triggered by traumatic events or stressful situations. For example:

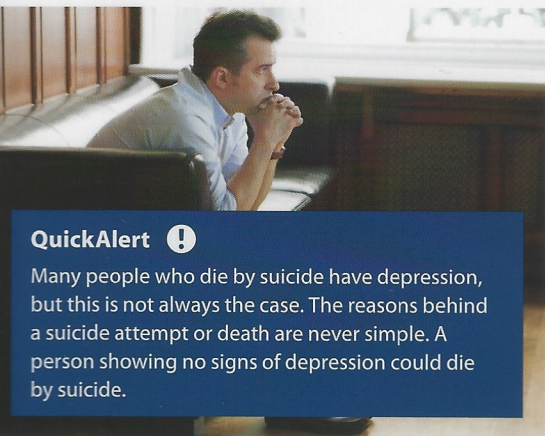
- » Divorce
- » Workplace harassment
- » Death of a loved one
- » Abuse of any kind

Depression is a mental health problem, not a sign of weakness. You cannot just "snap out of" depression.

## Veterans Crisis Line



1-800-273-8255  
**PRESS 1**



### QuickAlert !

Many people who die by suicide have depression, but this is not always the case. The reasons behind a suicide attempt or death are never simple. A person showing no signs of depression could die by suicide.

DEPRESSION

DEPRESSION

PTSD &  
DEPRESSION

### Symptoms of Depression

- » Feeling hopeless, empty, sad, irritable, agitated, anxious or angry
- » Sleeping or eating too much or too little
- » Having lost interest in activities that were once enjoyable
- » Being unable to stop negative thoughts
- » Feeling worthless, bad or guilty
- » Feeling like life isn't worth living
- » Feeling like a burden to others
- » Isolating oneself or withdrawing socially
- » Having no energy or being tired or lethargic all the time
- » Feeling pessimistic or indifferent
- » Being indecisive or unable to concentrate
- » Having recurring thoughts of death or suicide

### QuickTip

If you have **five or more** of these symptoms over two weeks or longer, talk to your doctor.

### Distorted Thinking

Mental health problems can cause distorted thinking (i.e., thoughts that don't reflect reality). You might see everything as very negative or you might see or remember only the bad in a situation. It can make your problems seem worse than they are. Having a bad experience or a bad day doesn't mean you have a bad life.

Examples:

"My spouse left me, so I must be unlovable."

"I did something dishonest, so I don't deserve to live."



# Warning Signs & Suicide Risk

Warning signs signal risk for potential suicidal behavior in the near future (i.e., minutes or days). Warning signs may be present even when there are no risk factors, and they can be direct or indirect.

## Direct Warning Signs

Three direct warning signs indicate the highest likelihood of suicidal behavior. Take action immediately to get the person help.

- 1 Talking or writing about death, dying or suicide, or threatening to hurt or kill self
- 2 Looking for ways to kill self; seeking access to pills, weapons or other means
- 3 Preparing for suicide: expressing or showing intent; taking steps toward implementing a plan; making arrangements for dependents, wills, finances; saying goodbye to loved ones

## QuickAlert !

Taking action is even more urgent if:

- » The person has previously attempted suicide.
- » Someone close to the person (e.g., a family member, friend or battle buddy) died by suicide.
- » The person plans to use and has access to a highly lethal method (e.g., a gun).

1 conversation opens the door to support.

## Indirect Warning Signs

Indirect warning signs can mean a person is at risk for suicidal behavior. Offer help if someone you know is displaying the following warning signs.

### Hopelessness

Feeling that nothing will improve the situation

### Purposelessness

Having no sense of purpose, no reason for living

### Anger

Rage, seeking revenge

### Recklessness

Impulsive risky behavior

### Feeling trapped

Feeling that there's no way out

### Guilt or shame

Overwhelming self-blame or remorse

### Social withdrawal

Withdrawing from family, friends, society

### Anxiety

Agitation, irritability, angry outbursts

### Mood changes

Dramatic changes in mood, lack of interest in usual activities or friends

### Sleep changes

Inability to sleep or sleeping all the time

### Increased substance abuse

Increasing or excessive use of alcohol and drugs

### Gifts

Giving away valued possessions

DIRECT SIGNS

INDIRECT SIGNS

WARNING SIGNS

## "I Can't"

"I can't" phrases are a sign that a person needs help.

For example:

"I can't

...stop the pain."

...stop feeling sad."

...think clearly."

...see a future without pain."

...make decisions."

...see myself as worthwhile."

...see any way out."

...get anyone's attention."

...sleep, eat or work."

...get control."

**IS PATH WARM?** can help you remember warning signs:

<b>I</b>	Ideation (ideas) – threatened or communicated
<b>S</b>	Substance abuse – excessive or increased
<b>P</b>	Purposeless – no reason for living
<b>A</b>	Anxiety – agitation/insomnia
<b>T</b>	Trapped – feeling there is no way out
<b>H</b>	Hopelessness
<b>W</b>	Withdrawn – from friends, family, community
<b>A</b>	Anger (uncontrolled) – rage, seeking revenge
<b>R</b>	Reckless
<b>M</b>	Mood changes (dramatic)

IS PATH WARM?

TAKE ACTION TO HELP

HOW TO HELP

## Take Action to Help

If someone talks about suicide, take it seriously. Your help can bring hope. Suicide intervention is any action that has the potential to stop a person from suicidal behavior or help him or her get back to a more positive outlook. Intervention is not only help given in a suicidal crisis; it is also talking, listening and offering help and support at any stage for a person in need.

### QuickNote

There is no one right way to intervene. Adapt your approach to the person's particular background and needs.

Start by saying why you are there. For example, "Your sergeant is a little worried about you and asked me to check on you to see how you are doing."

- » Be confident, calm and concerned.
- » Use plain language and ask direct questions.
- » Listen attentively and do not rush the conversation.

### The Progression to Suicide

People generally progress through three stages before making a suicide attempt.

- 1** **Thoughts:** thinking about suicide or self-injury
- 2** **Gestures:** writing practice suicide notes or using hand gestures to symbolize suicide methods
- 3** **Attempts:** taking actions that are inherently dangerous and possibly lethal, with the intent to die, whether or not the attempt is fatal or nonfatal

### Risk Assessment

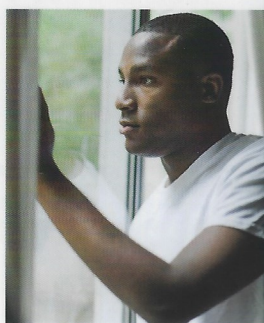
Suicide risk assessment is a process of gathering information to determine a person's risk for suicide. Although suicide cannot be predicted with certainty, risk assessment can ensure the people at highest risk have access to the help they may need.

### One way to assess for risk is SAD PERSONS

<b>S</b>	Sex = male
<b>A</b>	Age < 19 or > 45
<b>D</b>	Depression / hopelessness
<b>P</b>	Prior attempts / psychiatric illness
<b>E</b>	Excessive alcohol or drug use
<b>R</b>	Rational thinking loss
<b>S</b>	Separated, widowed or divorced
<b>O</b>	Organized or serious attempt
<b>N</b>	No social support
<b>S</b>	Stated future intent

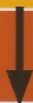
The risk for suicide increases if the person:

- » Shows more than one warning sign.
- » Has recently experienced a stressful life event causing loss (anticipated or actual), shame, humiliation and despair (e.g., relationship break-up, death, family conflict, job loss, financial crisis, legal difficulties, bullying/harassment, health problems).
- » Has made a previous suicide attempt.



LOW

Depression



+ Recent trigger event

+ Presence of a weapon

EXTREME

+ Alcohol/drugs

### Assessment Questions

#### Recent history:

"What happened recently that's making you feel so distressed right now?"

#### Past history:

"How long have you been feeling this way? Is there some history behind your current feelings?"

#### Also:

"Have you ever had these thoughts before? Have you ever acted on them?"

#### Suicidal thoughts:

"I can see you're under a lot of stress right now. Are you thinking of harming or killing yourself?"

#### Suicidal plan:

"Do you have a plan for how you would kill yourself?"

#### Availability and lethality:

"Do you have a weapon or any medications here?"

#### Alternatives:

"What things can we work on together that you might find helpful?"

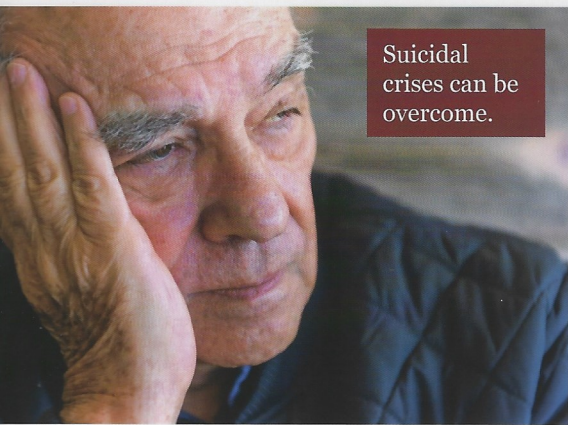
# Suicidal Crisis

In a crisis, an individual's usual and customary coping skills are no longer able to address a stressful situation. Often such situations are new and unexpected. A crisis occurs when unusual stress renders a person physically and emotionally unable to cope.

A crisis overrides normal coping mechanisms, limits one's ability to use problem-solving and conflict-resolution skills, and moves the person towards harmful and inappropriate behaviors. Every crisis is a high-risk situation.

Even individuals at high, long-term risk spend more time being nonsuicidal than being suicidal. Moreover, after receiving medical or psychiatric care, most people who have made serious suicide attempts are relieved that they did not die.

Almost all people who are suicidal are ambivalent about living or not living. Wishing both to die and to live is typical of most individuals who are suicidal, even those who are seriously suicidal. The challenge is to help the person survive the acute suicidal crisis until he or she feels the desire to live again.



Suicidal crises can be overcome.

## Time Is Essential

Crises are time-limited events; they don't, generally, last a long time. If you have recognized the warning signs and are trying to help the person, time is on your side. Most suicide crises become less intense within 45 minutes of getting support. The acute distress lessens in 48-72 hours.

Although many suicides are planned, the opposite is also true. Many people who attempt suicide do so impulsively – acting within 10 minutes of having suicidal thoughts. With only a little more time, the intense impulse to act on suicidal thoughts would likely have passed.

Take suicidal thinking seriously and think about ways to reinforce realistic hope. Do everything you can to support the will to live, but do not trivialize or ignore signs of wanting to die.

The person must be seen by a mental health professional to ensure the crisis is truly over, especially if the person has made previous suicide attempts.



## Communicating Using "COP"

Knowing what to say and how to say it can help.

COP can help you develop a pattern of questions.

### **C** Closed-ended question

Gets short one-word answers (e.g., "yes" or "no")

### **O** Open-ended question(s)

Gets more detailed information

### **P** Paraphrase

Summarizes what has been discussed so far

String a series of COPs together for each topic you want to discuss.

#### Example

**C** "I'm [ \_\_\_\_\_ ] and your lieutenant asked me to speak with you. Are you injured?"

(Listen for the answer.)

"I'm glad you're not injured, but you don't seem to be in a very safe place. Please step back from the edge and sit down because I don't want anything to happen to you."

**O** "OK, good. Now, can you tell me what's been happening that has caused you to be so distressed today?"

(Listen for the answer.)

**P** "If I heard you correctly, everything seemed OK until you got that letter from your wife yesterday, and she told you that she wants a divorce."

(Summarize what the person said.)



You can start a new COP with a question such as:

**C** "How long have you been married?"

**O** "How were things in your marriage before you were deployed?"

**P** "So far, I heard you say ... [summarize]"

You can get more information by stringing together a series of open-ended questions and then summarizing (C-O-O-O-P).

The goal is to keep the conversation going with enough COPs until you can develop a crisis action plan (CAP).

COP + COP + COOOP + COP = CAP



**1. Secure the environment.**

- » Reduce stimuli. Help the person become calmer. Be reassuring.
- » Ask anyone who increases tension to leave.
- » Isolate the area from interruptions and distractions.
- » Stay with the person.

**2. Develop trust and rapport.**

- » Introduce yourself. Tell the person you want to help.
- » Only one helper should lead the conversation.
- » Provide comforts: chairs, food, beverages and privacy.
- » Listen carefully.
- » Respond with care and concern. Do not argue.
- » Validate the person's feelings, even if you don't agree: "I can understand how you might feel this way."
- » Encourage the person to speak openly.

**3. Engage in a thorough risk assessment.**

- » Discuss related recent and past history.
- » Use "SAD PERSONS" and "IS PATH WARM?" assessment tools. Flip to the "Warning Signs" and "Risk Assessment" tabs.
- » Ask direct questions about suicidal thoughts.
- » Determine if support personnel would be in danger.

**4. Develop a broad understanding of the person and the situation.**

- » Ask questions about what led to the current crisis.
- » Offer support, understanding and encouragement.
- » Focus on the "life" side of ambivalence.

**5. Focus on the main problem.**

- » If there are several issues, discuss one at a time.
- » Let the person express his or her pain.
- » Try to understand the person's point of view.

**6. Explore alternatives to suicide.**

- » Suggest options and help the person think of alternatives. Help with problem solving.
- » Be flexible and optimistic.
- » Do not lie. Make promises only if you can keep them.

**7. Select the best option.**

- » Choose the option most likely to succeed. Success means removal to safety and referral for care.

**8. Develop a crisis action plan (CAP).**

- » Include referral for evaluation and care.
- » Make the steps as specific as possible.
- » Include individuals and resources that can be helpful.
- » Make it simple, practical, easy to apply and immediate. Develop it with the person's cooperation.
- » Consider the actual resources that are available.

**9. Implement the action plan.**

- » Implement the CAP immediately.
- » Do what you need to make the CAP work, but try to get the person to take some responsibility for his or her own help.

**10. Provide a referral.**

- » If a suicide attempt has happened, immediately refer the person to a hospital or protective environment.
- » Refer the person to a mental health professional for evaluation and care.

# Helping Survivors

## Effects on Survivors

A Service member's or Veteran's suicide is everyone's loss. His or her unit, commanders, friends, family and community are all left with unanswerable questions, shock and prolonged and intense grief. Suicide impairs unit cohesion and performance and leaves a powerful and destructive mark on the people who loved or served with the person.

The survivors – the family, spouse, children, unit, colleagues, coworkers and acquaintances – will likely experience a range of emotions and reactions.



SURVIVORS

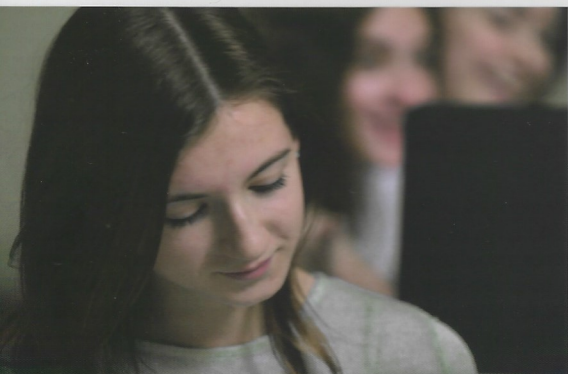


### They may feel:

- » Anger.
- » Denial.
- » Depression.
- » Embarrassment.
- » Grief.
- » Guilt.
- » Loss.
- » Numbness.
- » Resentment.
- » Shame.
- » Shock.
- » Social stigma.

### They may:

- » Blame the person.
- » Reject the person.
- » Feel isolated or vulnerable.
- » Feel responsible.
- » Have religious concerns.
- » Withdraw socially.
- » Feel abandoned.
- » Mistrust others.
- » Become overprotective of loved ones.
- » Get lost in trying to understand why.



SURVIVORS

SURVIVORS:  
EFFECTS

### *Effects on Children*

Parents are children's first heroes – especially parents who are Service members or Veterans. A parent's suicide is devastating, and the effects can last a lifetime. Children learn from the behavior their parents model – If a parent dies by suicide, the child remembers it as an acceptable option for when things get tough. The suicide of a parent or close family member increases the child's risk for suicide.

Children need professional help dealing with their emotions and reactions to suicide death.



### **They may experience:**

- » Anxiety, worry.
- » Depression.
- » Panic attacks.
- » Anger.
- » Feelings of abandonment and betrayal.
- » Insecurity.
- » Nightmares.

### **They may:**

- » Regress to previous developmental levels.
- » Engage in loud, aggressive play.
- » Withdraw from others.
- » Mistrust adults.





### Helping Friends

Like family members, friends need confirmed information to help them cope. Early intervention makes a big difference. Let hurting friends know they are not alone.

#### Encourage friends of the deceased to:

- » Seek counseling – individual support, group support or both.
- » Talk to you. Listen attentively.
- » Express their feelings, even anger at the deceased.
- » Attend memorial services.
- » Avoid making major life decisions or changes until they feel better.
- » Talk with their spouses or partners.
- » Read about grief.
- » Take it one day at a time.
- » Socialize, as they start to feel better.

#### You should also:

- » Express your sympathy for their loss.
- » Know that some questions can never be answered.
- » Know that people heal on their schedule, not yours.
- » Advise against dealing with grief in harmful ways (e.g., substance abuse).
- » Remain objective and avoid being judgmental.
- » Understand that for a long time, grief will alternate between being intense and being tolerable.
- » Listen for themes such as guilt and personal responsibility.
- » Suggest counseling for anyone who starts thinking that suicide may be a way to manage their own pain.

### Helping the Military Unit

A suicide in a military unit is a highly disruptive event for the members and the unit's organization and mission. A suicide can damage unit cohesion and have a strong negative impact on the unit's performance. It may shake the members' confidence and cause them to question whether or not they played a role in the loss.

A suicide in the military needs attention from unit leaders and sometimes leaders outside the unit.

- » Expect many reactions: disappointment, shock, denial, confusion, nausea, numbness, anguish, anger, grief and depression.
- » Meet with unit leaders to discuss the loss. Keep communication open; this will help unit members heal.
- » Provide group support led by a trained crisis team.
- » Offer understanding and sympathy as well as practical advice.
- » Do not try to answer "why?"
- » Frame suicide as an unfortunate personal choice by someone who faced many problems at the same time, and saw them as endless and impossible to overcome.
- » Do not equate suicide with line-of-duty death.
- » Use a program of support services, not one single tactic.



# Are You Considering Suicide?

If you are a Veteran or know a Veteran who is having thoughts of suicide, you should talk to someone right away. Your family and friends may already know that you're having a tough time. You may want to turn to them and let them know what you're feeling and thinking.

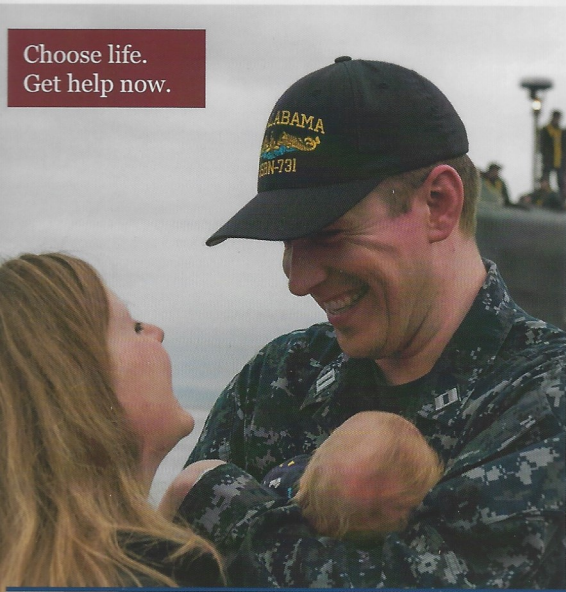
No matter how hard, endless or insurmountable your problems seem right now, they are temporary and there are solutions. **Suicide is not a solution.** Help is available and depression, anxiety and hopelessness can be treated – even if you can't see a solution right now.

- » Problems are rarely as bad as they seem at the time. With time, your problems will seem much more manageable or less important than they do right now.
- » Suicidal thoughts are a sign you need help; don't keep them to yourself. Treatment is available.
- » Suicidal thoughts are just thoughts. You don't need to act on them.
- » You may not be able to think of solutions to your problems, but that doesn't mean there are none. You may only need help to come up with them. Help is available. You are not alone.
- » Most suicidal thoughts last only a short while. Suicidal thinking is a short-term crisis. Circumstances and feelings change, and unexpected solutions can arise. You have more reasons to live than you might think.
- » Emotional distress can cloud your view of life and make you withdraw from the people and things you love. Those reasons to live are still there and you can rekindle them.
- » The people who love you will be profoundly saddened if you die by suicide. Your death will serve as a life sentence for them. Don't let your legacy be one of pain, grief and unanswered questions.

No matter what you may be experiencing, there is support for getting your life on a better track. Many Veterans have found the strength to reach out and make the connection.

Veterans of all ages and eras have sought help for the issues they are dealing with and are living better lives today.

Choose life.  
Get help now.



## Veterans Crisis Line / Military Crisis Line

You are not alone. The Veterans/Military Crisis Line has answered nearly 3 million calls since it began in 2007.

Call: 800-273-8255, press 1

Online chat: [www.veteranscrisisline.net/chat](http://www.veteranscrisisline.net/chat)

Text: 838255

ARE YOU IN CRISIS?

GET HELP!

ARE YOU  
IN CRISIS?

# Help from VA

## Veterans Crisis Line / Military Crisis Line

The Veterans/Military Crisis Line offers free, confidential help for Veterans and their families 24 hours a day, 7 days a week, 365 days a year.

Callers may remain anonymous or disclose their identities to allow staff to access their VA medical records during the call.

Call: 800-273-8255, press 1

In Europe: 00800 1273 8255 or DSN 118

In Korea: 0808 555 118 or DSN 118

In Afghanistan: 00 1800 273 8255 or DSN 111

Online chat: [www.veteranscrisisline.net/chat](http://www.veteranscrisisline.net/chat)

Text: 838255

## VA Medical Centers

Each Department of Veterans Affairs (VA) Medical Center has a suicide prevention coordinator to make sure Veterans receive needed counseling and services.

## Vet Centers

Combat Veterans can speak with a counselor or therapist, many of whom are Veterans themselves, for free, without an appointment and regardless of VA enrollment status (bring your DD214).

Find a VA location:

[www.veteranscrisisline.net/gethelp/resourcelocator.aspx](http://www.veteranscrisisline.net/gethelp/resourcelocator.aspx)

[www.va.gov/directory/guide](http://www.va.gov/directory/guide)



## Resources

### Veterans Crisis Line / Military Crisis Line (24/7, 365 Days)

Call: 800-273-TALK (8255), press 1

Text: 838255

[www.veteranscrisisline.net](http://www.veteranscrisisline.net)

### Help for Homeless Veterans

877-4AID-VET (424-3838)

### Defense Suicide Prevention Office

[www.dspo.mil](http://www.dspo.mil)

### Military OneSource (24/7)

800-342-9647

[www.militaryonesource.mil](http://www.militaryonesource.mil)

### National Center for Post-Traumatic Stress Disorder (PTSD)

802-296-6300 (PTSD information voice mail)

[www.ptsd.va.gov](http://www.ptsd.va.gov)

### U.S. Department of Veterans Affairs – Mental Health

[www.mentalhealth.va.gov](http://www.mentalhealth.va.gov)

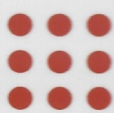
[www.maketheconnection.net](http://www.maketheconnection.net)

[www.vetselfcheck.org](http://www.vetselfcheck.org)

### International Critical Incident Stress Foundation

410-750-9600

[www.icisf.org](http://www.icisf.org)



# Veterans Crisis Line

1-800-273-8255 PRESS 1

# VETERANS AFFAIRS

## Suicide Prevention

Learn to spot the warning signs for suicide so you can guide fellow Veterans and loved ones to care and recovery.

- » Suicide prevention and intervention
- » Suicide risk assessment
- » Managing a suicidal crisis
- » Supporting families and friends



**Veterans  
Crisis Line**  
1-800-273-8255 **PRESS 1**



Developed in collaboration with the International  
Critical Incident Stress Foundation  
[www.icisf.org](http://www.icisf.org)

**Disclaimer:** This guide presents only general commonsense guidelines to assist people in a suicidal crisis. These guidelines provide direction in estimating if a person is likely to commit suicide and instructions for offering temporary support during an urgent situation. This guide is not a substitute for proper crisis intervention training. In addition, the principles in this guide are not a form of psychotherapy or a substitute for psychotherapy. The suggestions presented in the guide are not intended to cure psychological disorders. The user should keep in mind that people in a suicidal crisis, more often than not, need the services of professional mental health personnel. When in doubt, always refer a person to a professional for further evaluation.

Photos used for illustrative purposes only; the people shown are not linked to the topic.  
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[www.quickseries.com](http://www.quickseries.com)

01-0342-030-01 | 0342-014  
ISBN 978-1-69423-386-1 | Printed in Canada