PROTECTING OUR SOLDIERS

Leaders have the power and responsibility to protect their Soldiers on and off the battlefield. This includes recognizing uncharacteristic and suicidal behaviors.

Effective suicide prevention requires everyone in the unit to be aware of the risk factors for suicide and know how to respond. Commanders, noncommissioned officers (NCOs), and supervisors must lead the way.

If a Soldier seems suicidal, the time to take action is NOW. Talk to the Soldier before it is too late.

WHAT TO LOOK FOR: WARNING SIGNS

Distress can lead to the development of unhealthy behaviors. 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, stealing).
- Significant change in performance.
- Appearing overwhelmed by recent stressor(s).
- Depressed mood; hopelessness.
- Withdrawal from social activities.

RESOURCES

Following are some of the resources available to help leaders respond to Soldiers who may be at risk for suicide.

- Leaders can contact their unit chaplain or mental health provider.
- AKO: **https://www.us.army.mil/suite/page/334798**
- USACHPPM: **http://chppm-www.apgea.army.mil/dhpw/Readiness/suicide.aspx**
- Army G1: **http://www.armyg1.army.mil/hr/suicide.asp**

EFFECTIVE SUICIDE PREVENTION REQUIRES EVERYONE IN THE UNIT TO BE AWARE OF THE RISK FACTORS FOR SUICIDE AND KNOW HOW TO RESPOND.

COMMANDERS, NCOS, AND SUPERVISORS MUST LEAD THE WAY.

USACHPPM
Readiness thru Health

http://chppm-www.apgea.army.mil/dhpw/Population/combat.aspx
1-800-222-9698

TA-060-0107
Photo courtesy of DoD

A LEADER'S GUIDE TO SUICIDE PREVENTION

CONSERVARE SALUTEM

U.S.ARMY

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WHAT TO DO

It is best for mental health or medical professionals to assess and manage suicidal Soldiers, but there may be times when unit leaders or peers find themselves on the phone with a suicidal Soldier. In any situation, if a Soldier threatens suicide, take him very seriously. You may have very limited time and only one chance to intervene. The most important thing to do is take action.

By Phone:

- Establish a helping relationship (get your foot in the door).
- Quickly express that you are glad the Soldier called.
- Immediately get the telephone number that he is calling from in case you are disconnected.
- Find out where the Soldier is located.
- Get as much information as possible about the Soldier's plans, access to means of self-harm, and intent.
- Listen and do not give advice.
- Keep the Soldier talking as long as possible until help can reach him but avoid topics that agitate him (i.e., his unfair supervisor, cheating spouse, etc.).
- Follow up and ensure the Soldier is evaluated.

In Person:

- Find out what is going on with the Soldier.
- Use open-ended questions such as: "How are things going?" or "How are you dealing with…?"
- Share concern for his well-being.
- Be honest and direct.
- Listen to words and emotions.
- Repeat what he says using his words.
- Ask directly about his intent, i.e., "Are you thinking about suicide?" This will not put new ideas in his head.
- Keep the Soldier safe—DO NOT leave him alone; have a capable Soldier with him at ALL times. Take steps to remove potential means of self-harm including firearms, pills, knives, and ropes.
- Involve security if the Soldier is agitated or combative.
- The command should escort the Soldier to the military treatment facility (MTF) or civilian emergency room (ER) if the MTF is unavailable.
- Follow up and verify that the Soldier was evaluated.
- If psychiatric hospitalization is required, talk to the MTF staff about what assistance is needed (e.g., arranging for necessary belongings, child care, or pet care).
- Monitor the Soldier until you are convinced the Soldier is no longer at risk.
- The Soldier may be so intent on suicide that he becomes dangerous to those attempting to help him. Talk to a mental health provider for advice on whether to call an ambulance or transport him yourself. If the advice is to transport him in your vehicle, a person must sit at each door to prevent the suicidal Soldier from exiting the moving vehicle. Have your appointed contact person give the mental health provider the unit commander's telephone number for feedback following the evaluation. During duty hours, contact your MTF. After duty hours, contact the post or civilian ER. Mental health evaluations must be conducted in a location where medical support and security are available. If there is not an ER on post, the MTF duty crew will handle suicide risk assessments using the local community medical or mental health facilities.

WHAT TO AVOID

Leaders should let their Soldiers know they are safe and in good hands if they ask for help.

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

TROUBLESHOOTING

Possible Scenarios:

- *The Soldier refuses voluntary evaluation for suicide risk:* Contact your local MTF for advice. In general, consent is not required to transport the suicidal Soldier to the MTF or ER.
- *The Soldier is found to be at some risk but not hospitalized:* Work with the medical staff on the best course of action. Upon return to the command, the medical staff should:
  - » Communicate the current level of risk.
  - » Recommend protective measures and monitoring, if any.
  - » Provide administrative recommendations (duty status, suitability, separation, and retention).
  - » Schedule medical follow-up appointments.
- *Treatment is offered, but the Soldier refuses treatment:* Soldiers not at imminent risk cannot be mandated to receive medical or mental health treatment. Leaders and mental health providers must collaborate to maximize the Soldier's safety. Upon return to the command, the medical staff should:
  - » Communicate the current level of risk.
  - » Provide advice on protective measures and monitoring, if any.
  - » Recommend any administrative restrictions (duty status, separation/retention).
  - » Schedule medical follow-up appointments.
  - » Provide a course of action if the Soldier's risk of self-harm increases or does not improve.
- *The Soldier is treated but is not getting better:* Work closely with the medical staff on the best course of action. Medical staff may:
  - » Have other treatment approaches available (different medications or therapies).
  - » Recommend changing the Soldier to limited duty status to receive additional treatment.
  - » Recommend administrative actions or medical retirement in cases where long-term improvement is unlikely with any reasonable treatment.

As a leader, you have the power to make a difference, to save a life, and to set a positive example.