

RESOURCES

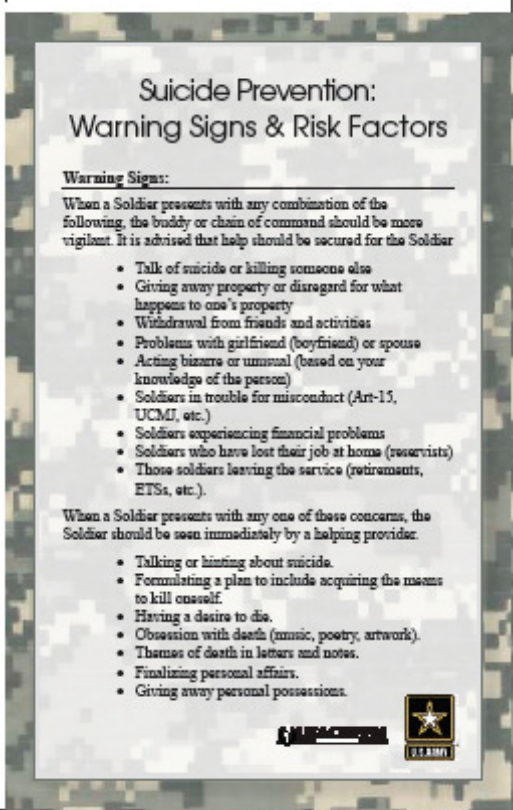
The following GTA's are available at http://chppm-www.apgea.army.mil/hio_public/orders.aspx

TG 240 - COMBAT STRESS BEHAVIORS
TG 241 - COMBAT OPERATIONAL STRESS REACTION (COSR) (BATTLE FATIGUE)
TG 242 - COMBAT OPERATIONAL STRESS REACTIONS (COSR) PREVENTION: LEADER ACTIONS
TC1 - HELPING A SOLDIER/BUDDY IN DISTRESS
TC2 - COPING WITH STRESS IN STABILITY AND SUPPORT OPERATIONS
TC3 - HELPING A SOLDIER IN DISTRESS - LEADER'S HIP POCKET TRAINING GUIDE
TC4 - HELPING A SOLDIER IN DISTRESS - LEADER'S HIP POCKET TRAINING GUIDE
TC5 - PROVIDING SUPPORT TO SOLDIERS IN DISTRESS - BUDDY AID
TC6 - COPING WITH DEPLOYMENT SEPARATION
TC7 - HOW TO FACE THE INJURED AND DEAD
TC8 - COPING WITH DEPLOYMENT SEPARATION - PARENTS AND CARE-GIVERS
TC9 - SLEEP MANAGEMENT AND SOLDIER READINESS - A GUIDE FOR LEADERS AND SOLDIERS

The following products can be downloaded at <http://chppm-www.apgea.army.mil/dhpw/Readiness/suicide.aspx>

Targeting Suicide Brochure
Suicide Helpcard

Suicide Prevention: Warning Signs and Risk Factors



**Suicide Prevention:
Warning Signs & Risk Factors**

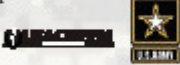
Warning Signs:

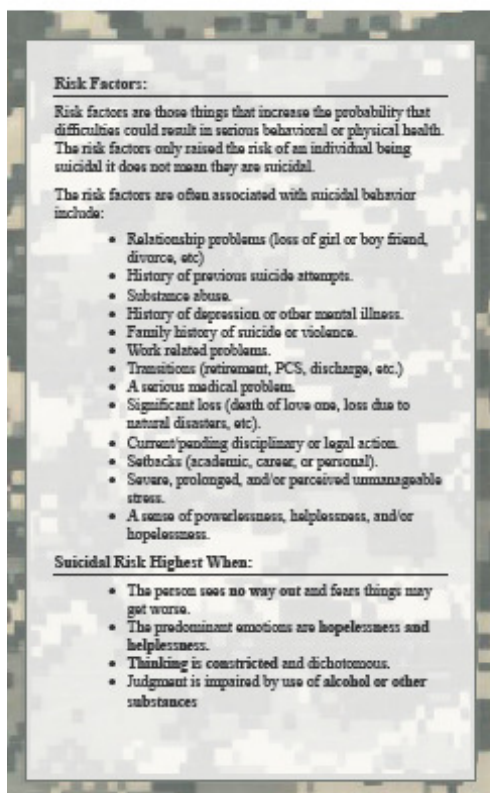
When a Soldier presents with any combination of the following, the buddy or chain of command should be more vigilant. It is advised that help should be secured for the Soldier.

- Talk of suicide or killing someone else
- Giving away property or disregard for what happens to one's property
- Withdrawn from friends and activities
- Problems with girlfriend (boyfriend) or spouse
- Acting bizarre or unusual (based on your knowledge of the person)
- Soldiers in trouble for misconduct (Art-15, UCMJ, etc.)
- Soldiers experiencing financial problems
- Soldiers who have lost their job at home (reservists)
- Those soldiers leaving the service (retirements, ETSs, etc.).

When a Soldier presents with any one of these concerns, the Soldier should be seen immediately by a helping provider.

- Talking or hinting about suicide.
- Formulating a plan to include acquiring the means to kill oneself.
- Having a desire to die.
- Obsession with death (music, poetry, artwork).
- Themes of death in letters and notes.
- Finalizing personal affairs.
- Giving away personal possessions.





Risk Factors:

Risk factors are those things that increase the probability that difficulties could result in serious behavioral or physical health. The risk factors only raised the risk of an individual being suicidal it does not mean they are suicidal.

The risk factors are often associated with suicidal behavior include:

- Relationship problems (loss of girl or boy friend, divorce, etc)
- History of previous suicide attempts.
- Substance abuse.
- History of depression or other mental illness.
- Family history of suicide or violence.
- Work related problems.
- Transitions (retirement, PCS, discharge, etc.)
- A serious medical problem.
- Significant loss (death of love one, loss due to natural disasters, etc).
- Current/pending disciplinary or legal action.
- Setbacks (academic, career, or personal).
- Severe, prolonged, and/or perceived unmanageable stress.
- A sense of powerlessness, helplessness, and/or hopelessness.

Suicidal Risk Highest When:

- The person sees no way out and fears things may get worse.
- The predominant emotions are hopelessness and helplessness.
- Thinking is constricted and dichotomous.
- Judgment is impaired by use of alcohol or other substances

Suicide Prevention Training Leaders TIP Card

Suicide Prevention Training Tip Card

This card is to be used as a training aid for the Soldier's and leadership's Suicide Prevention awareness briefs.

Most suicides and suicide attempts are reactions to intense feelings of:

Loneliness - is an emotional state in which a person experiences powerful feelings of emptiness and isolation. Loneliness is more than just the feeling of wanting company or wanting to do something with another person. Loneliness is a feeling of being cut off, disconnected from the world, and alienated from other people.

Worthlessness - is an emotional state in which a person feels low, and they lack any feelings of being valued by others.

Hopelessness - is a spiritual/relational issue. It often stems from feeling disconnected from a higher power or other people. Connection with a higher power and other people is a key to helping individuals to withstand grief and loss. This connection allows individuals to rebound from most severe disappointments of life.

Helplessness - is a condition or event where the Soldier thinks that they have no control over their situation and whatever they do is futile such as repeated failures, receipt of a "Dear John or Dear Joan" letter, etc.

Guilt - is a primary emotion experienced by people who believe that they have done something wrong.

Depression:

Depression - is diagnosed when one of the following two elements is present for a period of at least two weeks: depressed mood or inability to experience life pleasures. If one of these elements are identified, depression is diagnosed when five symptoms from the list below are presented over a two-week period.

- Feelings of overwhelming sadness and/or fear, or the seeming inability to feel emotion (emptiness).
- A decrease in the amount of interest or pleasure in all, or almost all, daily activities.
- Changing appetite and marked weight gain or loss.
- Disturbed sleep patterns, such as insomnia, loss of REM sleep, or excessive sleep (Hypersomnia).
- Psychomotor agitation or retardation nearly every day.
- Fatigue, mental or physical, also loss of energy.
- Intense feelings of guilt, helplessness, hopelessness, worthlessness, isolation/loneliness and/or anxiety.
- Trouble concentrating, keeping focus or making decisions or a generalized slowing and memory difficulties.
- Recurrent thoughts of death (not just fear of dying), desire to just "lay down and die" or "stop breathing", recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
- Feeling and/or fear of being abandoned by those close to the individual.

For some individuals, a combination of many factors may cause depression. For others, a single factor may trigger the illness. Depression often is related to the following:

- Imbalance of brain chemicals called neurotransmitters - Changes in these brain chemicals may cause or contribute to clinical depression.
- Negative thinking patterns - People who are pessimistic, have low self-esteem, worry excessively, or feel they have little control over life events are more likely to develop clinical depression.
- Family history of depression - A genetic history of clinical depression can increase one's risk for developing the illness. But depression also occurs in people who have had no family

- **Difficult life events** - Events such as the death of a loved one, divorce, financial strain, history of trauma, moving to a new location or significant loss can contribute to the onset of clinical depression.
- **Frequent and excessive alcohol consumption** - Drinking large amounts of alcohol on a regular basis can sometimes lead to clinical depression. Excessive alcohol consumption is also sometimes a symptom of depression.

Warning Signs:

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References

The following references acknowledge the responsibility for the care of the soldier and state the need for suicide prevention:

AR 165-1, Chaplain Activities in the United States Army, 25 Mar 2004.

AR 600-63, Army Health Promotion, ?, 2007.

DA PAM 600-24, Suicide Prevention and Psychological Autopsy, September 30, 1988.

DA PAM 600-70, Guide to the Prevention of Suicide and Self-Destruction Behavior, November 1, 1985.