# **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 considered 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 is 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 members with depression.

- Difficult life events Events such as the death of a loved one, divorce, financial strains, 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:

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
- Withdrawal 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 adverse behavioral or physical health. The risk factors only raise the risk of an individual being suicidal, it does not mean they are suicidal.

The risk factors often associated with suicidal behavior include:

- Relationship problems (loss of girlfriend/boyfriend, 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 loved 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 with a tendency to perceive his or her situation as all bad.
- Judgment is impaired by use of alcohol or other substances.





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