



Suicide **PREVENTION**

**Understand the Epidemic,
Know your People,
Know your Shipmates**



The goal of the Navy Suicide Prevention Program is to reduce suicide by enabling Sailors through knowledge, personal responsibility, and resources to thrive as a psychologically healthy, resilient and mission effective force

Introduction

- ✓ **The Basics, A.C.T. and M.A.D.**
- ✓ **Defining our Terms**
- ✓ **The Suicide Model**
- ✓ **National Statistics vs. Navy Statistics**
- ✓ **What's causing this?**
- ✓ **Recognizing Risk Factors**
- ✓ **Recognizing Signs & Symptoms**
- ✓ **So what do we do?**
- ✓ **CNIC Crisis Action Plan**
- ✓ **Knowing your Resources**

The topic of Suicide Prevention is as diverse and complicated as any modern issue of concern, in and beyond the Navy enterprise. The subsequent training will be split into the provided sub-topics, with the ultimate goal being de-mystifying a tough subject, removing the stigma from concepts such as depression and mental illness, and taking a hard look at our shared profession.

This training aims to go beyond the standard scope of Navy suicide prevention training and provide context, which is best described in the following analogy:

There are two types of Commanding Officers: The first orders his troops to get a task done, telling them what to get done and when it needs to be done. It's a hard job, but he simply says "do it." The second type does this as well, but takes the additional step of providing insight, context, and explaining why the order is important. In doing so, the second Commanding Officer helps his troops care about the problem and makes them a part of the decision-making. He makes it personal to them.

The Suicide crisis needs to become personal. It affects our wives, husbands, daughters, sons, and shipmates.

This PowerPoint includes recorded speech for the visually impaired. At any point, this recording may be employed by clicking the icon found at the bottom right.

A.C.T.

First, the basics: Implementing A.C.T. (*Ask, Care, Treat*) is the bedrock for everything thing which follows. It is keeping vigilant. It is making an effort. Most importantly, it becomes both cumulative and powerful as more practice it.

✓ Ask

- Ask your shipmate if he/she is thinking about suicide
- Actively listen to what he/she has to say
- Acknowledge his/her talk, behavior, and feelings

✓ Care

- Let your shipmate know you care and understand
- Discuss and care about what is troubling him/her
- Maintain good eye contact and give your undivided attention
- Care if a shipmate has a plan for suicide

✓ Treat

- Obtain professional help as soon as possible

M.A.D.

Don't get M.A.D. about Suicide! After A.C.T., M.A.D. is just as important to remember...

- ✓ **Miss signs of suicide**
 - Ignore issue of Suicide
 - Do not take their suicide talk and behavior seriously!
- ✓ **Avoid signs of suicide**
 - Keep a secret
 - Act disinterested
- ✓ **Disregard signs of suicide**
 - Don't ask about suicide
 - Debate and challenge

Defining our Terms

Moving forward, the following terminology will be used in frank discussion about the Navy's suicide epidemic. None of this terminology is interchangeable.

✓ **Suicide**

- Self-inflicted harm with evidence of intent to die.

✓ **Self Harm**

- A self inflicted potentially injurious behavior for which there is evidence that the person did not intend to kill themselves.

✓ **Suicide Attempt**

- An intentional act, causing self-harm, where death would have occurred without direct intervention

✓ **Suicide Gesture**

- Similar to a suicide attempt, except there is NO attempt to kill ones self

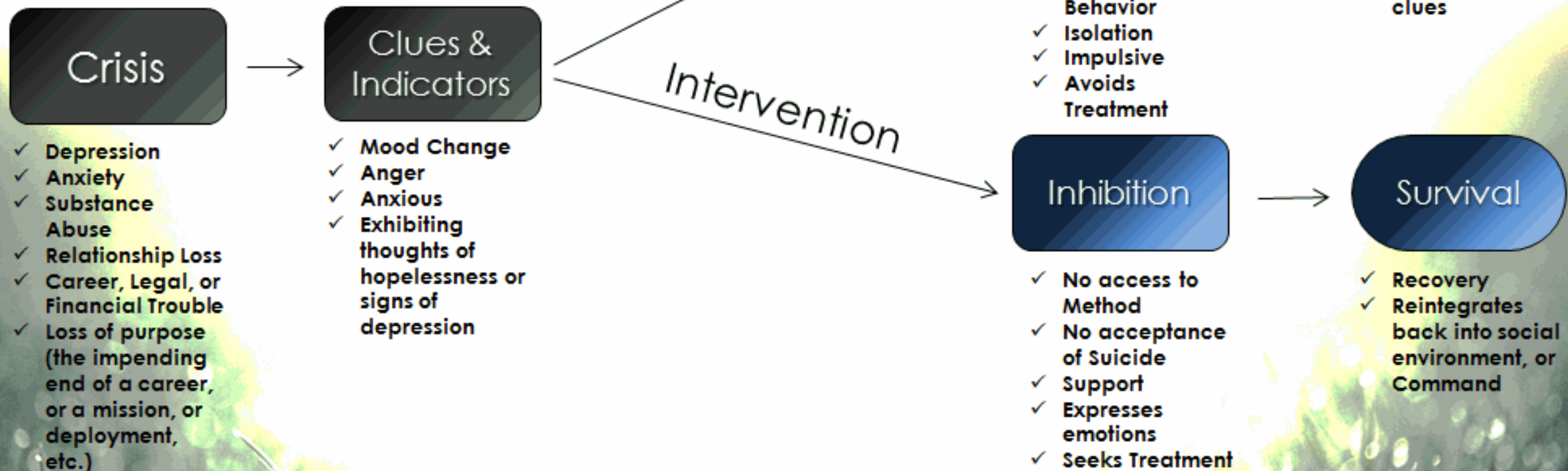
✓ **Suicidal Ideation/Behaviors**

- A broad range of acts, including suicide attempts, gestures, threats, and communication of suicidal thoughts.

The Suicide Model

Based on a model by Dr. David Shaffer, *Columbia University*

The following flowchart outlines the arc that suicidal individuals often experience. The way in which the road forks makes all the difference.



National Statistics and Figures

SUICIDE – BASIC FACTS

An American dies by suicide every **12.95 minutes**ⁱ



Americans attempt suicide an estimated

1 MILLION
times annuallyⁱⁱⁱ

90% of those who die by suicide had a diagnosable psychiatric disorder at the time of their deathⁱⁱ



In 2012, firearms were the most common method of death by suicide, accounting for **50.9%** of all suicide deaths, followed by suffocation (including hangings) at **24.8%** and poisoning at **16.7%**



For every **woman** who dies by suicide, four **men** die by suicide, but women are 3x more likely to attempt suicideⁱ

Over **40,000** Americans die by suicide every year.ⁱ Suicide is the **10th leading cause of death**ⁱ in the United States

- **2nd** leading cause of death for ages 10-24
- **5th** leading cause of death for ages 45-59
- The suicide rate among American Indian/Alaska Native adolescents and young adults ages 15-24 is **1.8 times** the national average



Veterans comprise **22.2%** of suicides^{iv}

SUICIDE – THE COST

\$44
BILLION

The combined medical and work loss costs in the United States each yearⁱ

More than

1.5
MILLION
years of life are lost annually to suicideⁱ

Understanding National Statistics

In April 2016, the American Society of Addiction Medicine reported America's opiate crisis is on the rise. Cliffside Malibu Rehabilitation Center's CEO, Richard Taite, on 6 May, went on record stating that **pill addiction had risen from 20% to over 90%** in a few short years (*even Super Bowl commercials are tackling the subject now*). And why is this happening? Taite gives this reason: **"We live in a depressed country; Pain killers work on emotional pain better than physical pain."**

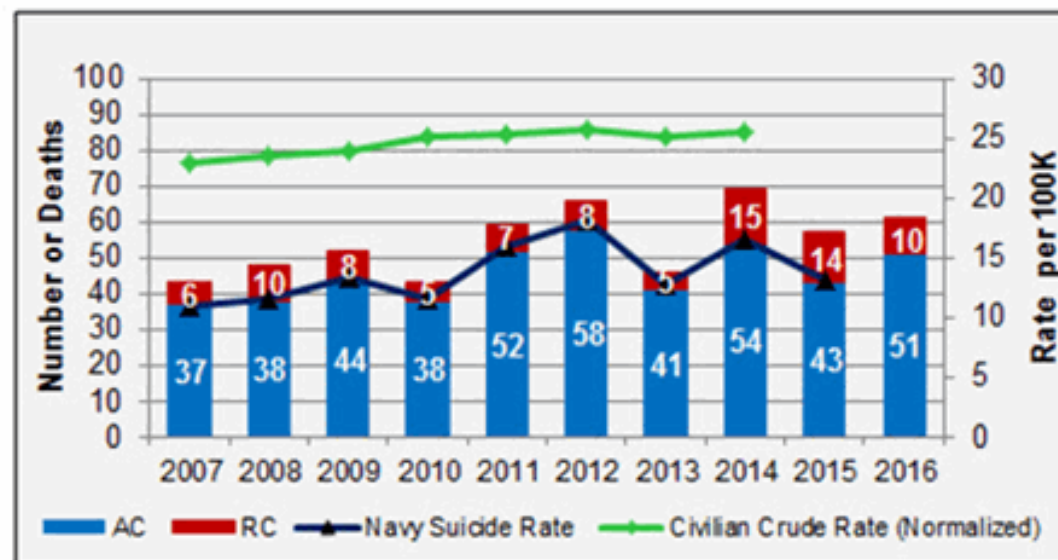
Statistics show suicides, for over a decade now, have been on the rise as well, and **the military, as a unique demographic, is still a subset of this larger group**. The upward trends for both addiction and suicide have a relationship (*see the first figure on the next slide*).

One of the greatest risk factors for suicide is drug abuse, which, in turn, is triggered just as much by depression as by any predisposition towards addictive behavior.

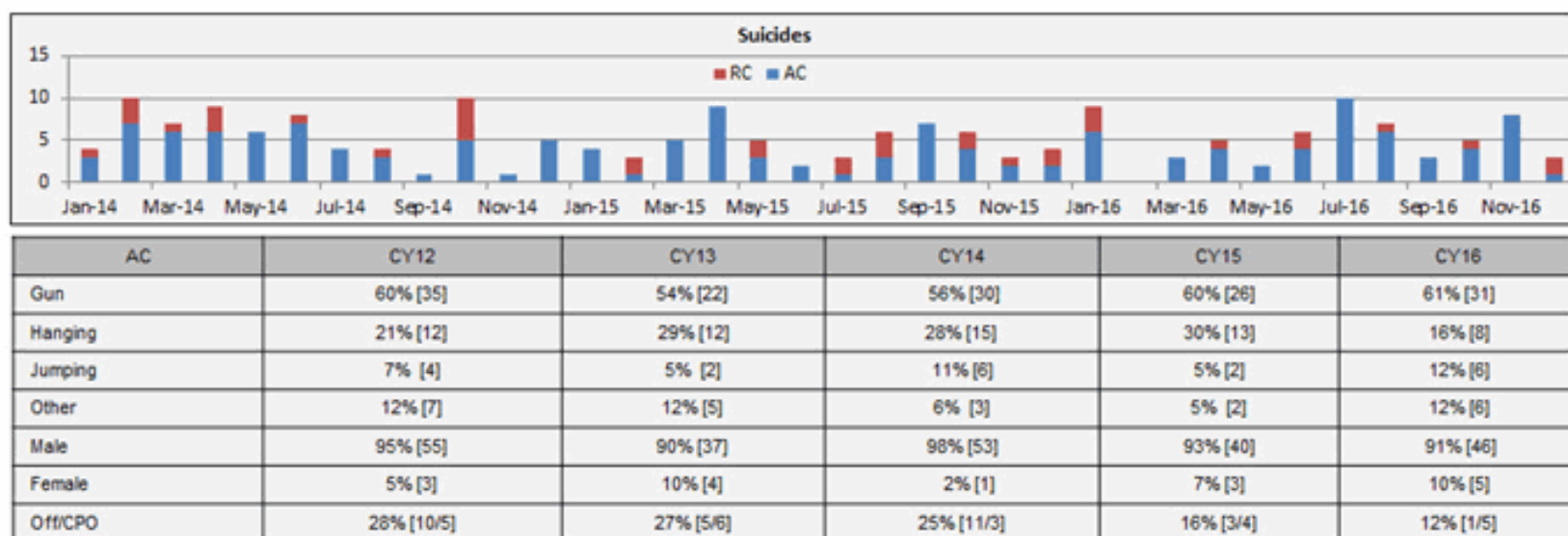
Navy Statistics and Figures

In April 2016, USA Today wrote the following:

“The Pentagon reported Friday that 265 active-duty service members killed themselves last year, continuing a trend of unusually high suicide rates that have plagued the U.S. military for at least seven years.”



Navy Suicides, Jan 2014 – Nov 2016



From the Navy's Health of the Force Report and the CNO's Suicide Report, 2017

Navy Statistics and Figures

Navy Suicide Data

2017 YTD	Total
Active Component	36
Reserve Component	5
Previous Month (August)	Total
Active Component	4
Reserve Component	0

Updated September 5, 2017

Active Component		
Calendar Year	Total	Rate
2006	32	9.1
2007	37	10.9
2008	38	11.5
2009	44	13.3
2010	38	11.6
2011	52	15.9
2012	58	18.1
2013	41	12.7
2014	54	16.6
2015	43	13.1
2016	52	15.9 (preliminary)

Note: For comparison, the most recently available demographically adjusted civilian rate from 2015 is 26.4 per 100,000. This rate is adjusted for males aged 17-60.

Reserve Component	
Calendar Year	Total
2006	13
2007	6
2008	10
2009	8
2010	5
2011	7
2012	8
2013	5
2014	15
2015	14
2016	10

Note: Per Department of Defense requirements, reserve component statistics include all reserve component Sailors regardless of duty status. This number does not include individual ready reserve (IRR) Sailors.

Understanding Navy Statistics

On 4 April 2016, CHINFO, citing U.S.A. Today in a pentagon report, painted a somewhat pessimistic view of the suicide problem, **calling the amount of suicides since 2009 “unusually high”** based on the past seven years trending upward.

However, if you narrow the numbers to 2014 through 2016, the trend appears to be decreasing. **NAVPERS’ Health of the Force Report presents the suicide crisis optimistically, indicating improvement.**

Unfortunately, the larger trend continues to rise, despite minor declines within the last couple years.

Demographic breakdowns provide even more puzzling information, especially based on organization type. **In January alone, 4 out of 5 Navy suicides took place on shore duty.**

So what's causing this?

Between January 2016 and April 2016, the vast majority of suicides have had certain factors in common: relationship problems, mental health issues, a significant life crisis or event, substance abuse issues, etc.

The most common of these stressors, (1) relationship problems, is followed closely by (2) mental health issues (such as depression) and then the broad category of a significant life event which serves to trigger suicidal ideation.

It is dangerous to pigeonhole suicidal Sailors, to generalize, or say that every person suffering is suffering the same or going through the same experience. No experience is the same, and every Sailor is unique, different, and special.

At the same time, understanding that since many of these factors were shared by our fallen shipmates (and perhaps shared by others who may be thinking about suicide as they read this now), it's best to remember that nobody is alone. Many factors connected those who took their own lives, but many factors also connect them with those who survived, who dealt with similar issues and overcame them.

In recognition of this, the following slides deal with these probable stressors, the "why."

January 2016							
Date	Demographics						Probable Stressors
	Age	Grade	Rating	M/F	Method	Assigned to	
1/8	39	O5	1125	M	Asphyxiation	NR OSU	Relationship, Legal
1/10	40	E7	YN	M	Gunshot	CNRF	Life Event, Relationship, Legal
1/15	26	E3	HM	M	Overdose	NMC	Mental Health, Substance Abuse
1/16	22	E3	AD	M	Gunshot	FRC	Relationship
1/24	26	E4	LS	M	Hanging	VAQ	Legal
1/26	23	E2	BM	F	Hanging	NAVSTA	Relationship, Legal, Transition, Mental Health, Substance Abuse
1/27	29	E7	CTN	M	Gunshot	NAVYSEAWAR DEVERDU	Relationship
1/28	20	E5	CTT	M	Overdose	CVN	Substance Abuse, Life Event
1/29	19	E1	AR	M	Hanging	NATTC	Mental Health, Transition

Relationship Issues



Sailors, much like in the rest of the military, endure unique hardships specific to extended deployments, work related commitments, and time away from loved ones. For dual working households, unless the Sailor is tied to one location due to special duty, the spouse is often expected to get up and move with every PCS, sacrificing their own personal progression in the civilian workforce for their military spouse's career, pulling up their roots every few years.

For families with small children, the prospect of alternating between happily married husband or wife to temporarily single parent (with deployment), all the while juggling work or school without help, is a challenge many in the civilian sector don't experience. It could even lead to resentment.

Many Sailors and their families are prepared for this extraordinary level of commitment, have talked about it, and understand how to deal with it.

Many others, however, can not deal with it, and this might trigger a figurative Pandora's box of problems between couples.

The stress the Navy puts on relationships is recognized in a variety of life skills training and classes offered through Fleet & Family, with resources available from your local Chaplain.

Mental Health Issues

Mental Health issues carry a “stigma” which many are afraid to acknowledge or talk about. “How can something so intrinsically linked to the way I think be a disease,” some might ask, or perhaps not ask based on it being so counter-intuitive.

Depression, anxiety, and bi-polar disorder, to name a few, are ailments, just like any other physical ailment, and should be treated as such.

If left unchecked, affected mental processes might spiral into a sense of isolation, unspecific sadness or pain, experiences of fatigue or insomnia, poor concentration, or thoughts about ending it all. This isn't the fault of the person suffering, and there are ways of beating it. Know yourself and know your people. Look out for this.

◀ IT'S NOT YOUR FAULT: *Factors that Contribute to Depression* ▶



Genetic



Chemical



Biological/hormonal



Psychological



Social



Environmental

◀ SYMPTOMS OF DEPRESSION ▶ ◀ WARNINGS SIGNS OF SUICIDE ▶

- ▶ Hopelessness
- ▶ Persistent feelings of sadness
- ▶ Loss of interest in activities
- ▶ Thoughts of death or suicide
- ▶ Changes in weight or appetite
- ▶ Sleep disturbances

- ▶ Threats of suicide
- ▶ Withdrawal from family and friends
- ▶ Talking, writing or thinking about death
- ▶ Reckless behavior
- ▶ Increased aggression
- ▶ Increased drug or alcohol use



Significant Life Events

The broadest category of possible suicide stressors is the “trigger point,” or a significant life event which pushes a person over the edge. That event may be current, on going, or in the distant past (i.e. abuse, trauma, or latent guilt). That life event may be a loss of status due to pending legal action, or the result of Post-Traumatic Stress. If it is strong enough to affect you, change your personality, and lead you down a dark path, it should be considered a significant life event.

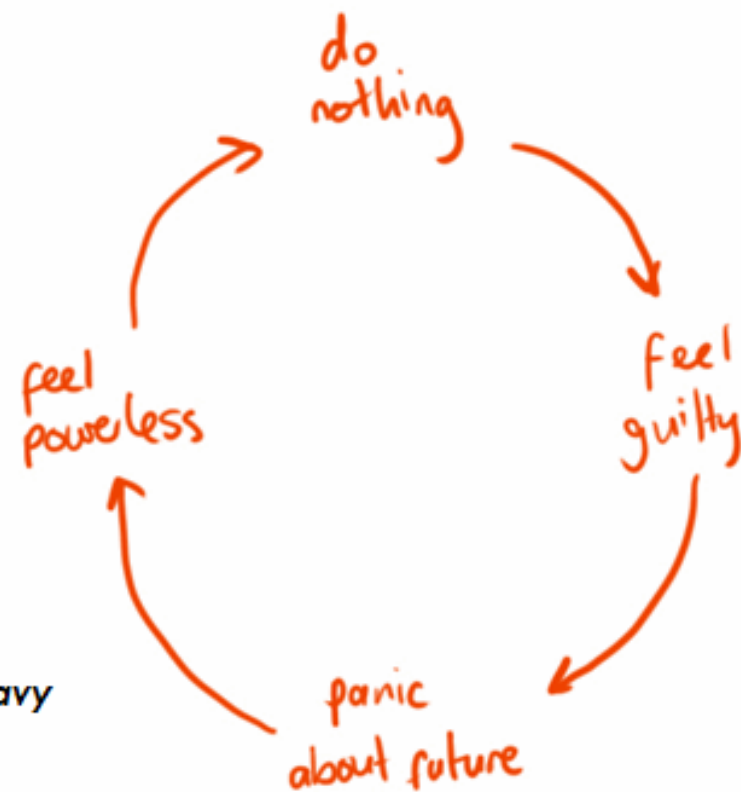
“A Loss Of Purpose?”

If a notable change is approaching, such as a retirement, an impending separation, or even the end of a deployment or a mission (*), that future event can be perceived as a significant life event. More importantly, the end of a mission, the culmination of a career, or (referring back to relationship problems) the end of a marriage, or the breaking up of a family all have the potential to translate into a loss of “purpose.”

What makes a 20 year Sailor take his or her own life before retirement? Each person lives for many ends, but what if there is only one end that really matters to a person? The mission can become that “purpose.” Family can be that purpose too. A significant goal can be that purpose as well. And what if that purpose in some way comes to an end (*such as it did for a young BUDS recruit who killed himself on 5 April 16 after a life of wanting to be a Navy SEAL and being unable to fulfil his dream*)?

What is your purpose? *Don't just have one.*

* Previously mentioned Navy statistics regarding the prevalence of suicide on shore duty or returning from deployment may be linked to this



Joseph Campbell

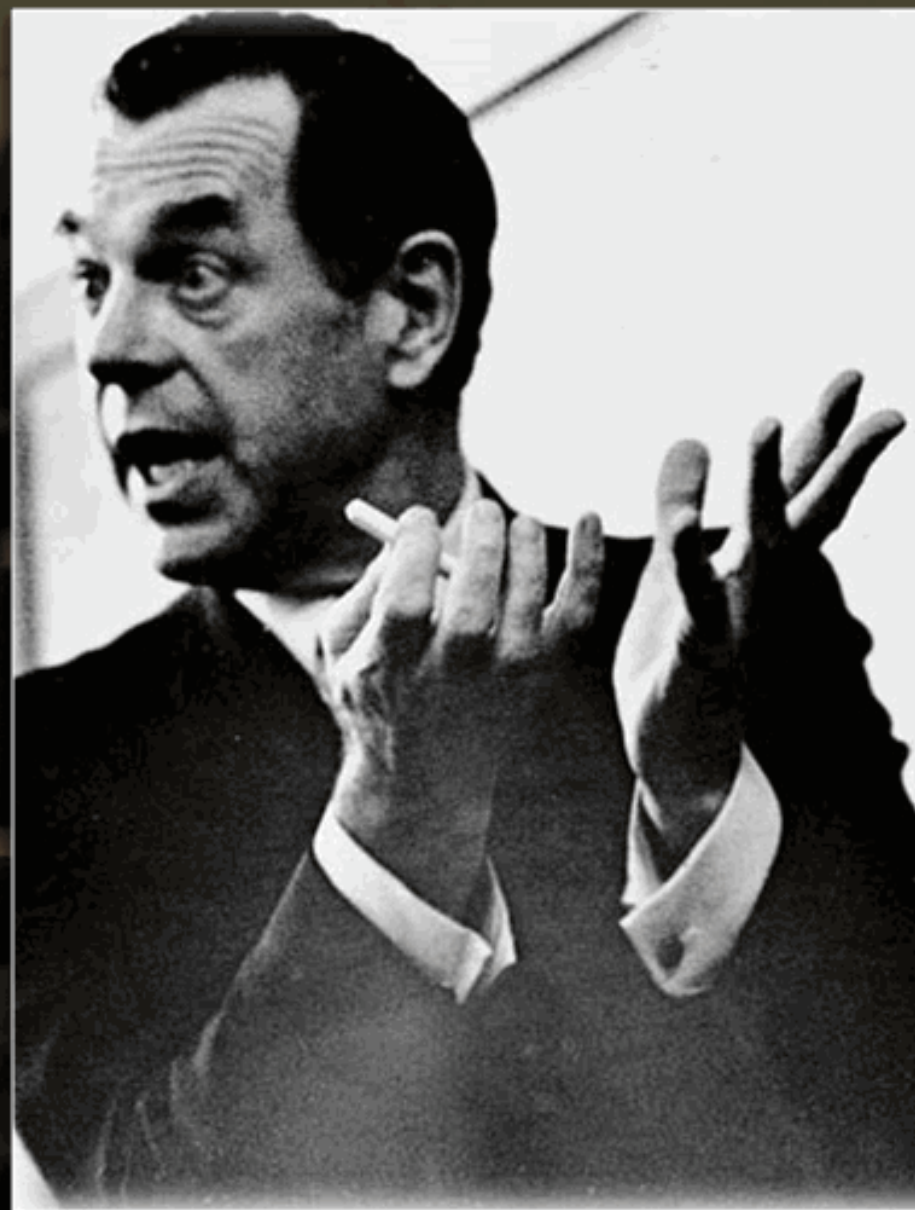
(1904-1987)

“In our modern, western society, which has much more respect for the individual values and individuality, the person who identifies himself with his role we call a *stuffed shirt*... Not only are you, in our society, supposed simply to put the role on and put it off, but also, you're supposed to develop your critical faculties.”

Joseph Campbell was a professor of comparative mythology, but he was also an authority on post-Jungian psychology (which he also gave lectures and, with Jung, edited papers on). His main thesis was that we are not wired to live “programmatically” lives. He would give the example of the *executive* coming home, greeted by the *executive's wife*, and playing ball with *the executive's son*. After a lifetime of working a job, the worker might become that job, or rather find that the job is all he or she can identify as. If a person devotes his or herself to an end, with their one *purpose* being solely that end, he or she runs a serious risk.

In the military, we take considerable pride in wearing the uniform, but every Sailor, Marine, and Soldier has met that one person who identifies as their role and only their role, at home and in uniform. They may be so dedicated that role they will sacrifice friends, personal goals, and marriage just to maintain that role.

There's nothing wrong with the roles a person takes on, especially in the military, but be careful that the day doesn't come where you take the uniform off and find nobody underneath.



Recognize the Warning Signs

So, how do you know whether someone is suicidal? You look for warning signs in addition to the key risk factors. It is those warning signs that call our attention to the potential for suicide or suicidal behavior.

✓ **Some general warning signs include:**

- Buying a weapon
- Excessive spending
- PRT Scores are slipping; Poor Sleep; Excessive Social Media use
- Giving away possessions
- Impulsive anger or behavior (rage and suicide are correlated)
- Inability to connect with potential help
- Isolation or withdrawal from family and friends
- Mood changes

Most people considering suicide show more than one sign, but remember, there is no "typical" suicide victim. One person may show many warning signs, and another may show none at all. It is better to look for warning signs and possibly help someone considering suicide than stand by and let it happen.

So what do we do?

Suicide is a precipice reached by many ladders, but there are just as many ways of coping and surviving. It all starts with finding help.

Utilize A.C.T. if you are on the outside looking in.
And, from the inside looking out, understand that it can get better.

So what is the next step? Remember, a healthy suicide Prevention program has four elements:

- **Training**
- **Intervention**
- **Response**
- **Reporting**



Training

Training is the first step of being proactive in Suicide Prevention. There are resources that give individuals the tools to recognize symptoms, in either others or themselves, and to reach out and help others in need.

Safe Talk

SafeTALK is partial-day alertness training that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper.

ASIST

Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan to support their immediate safety.

Are you or someone you know on a path to suicide?

Know the
WARNING SIGNS!

	I	Ideation	Thoughts of suicide (expressed, threatened, written)
	S	Substance Abuse	Increased or excessive alcohol or drug use
	P	Purposelessness	Seeing no reason for living, having no sense of meaning or purpose in life
	A	Anxiety	Awareness, agitation, nightmares, inability to sleep or excessive sleeping
	T	Trapped	Feeling as though there is no way out of current circumstances
	H	Hopelessness	Feeling hopeless about oneself, others or the future
	W	Withdrawal	Isolating from friends, family, usual activities, society
	A	Anger	Feelings of rage or uncontrollable anger, seeking revenge for perceived wrongs
	R	Recklessness	Acting without regard for consequences, excessively risky behavior
	M	Mood Change	Dramatic changes in mood, unstable mood

What to do:

ASK

Ask your shipmate questions that will help you get help: "Are you thinking about killing yourself? Do you have a plan to kill yourself?"

CARE

Tell your shipmate that you are concerned about him or her. Without judgment, express why you're concerned. They may not show it, but they likely appreciate that someone cared enough to say something.

TREAT

Take your shipmate to get help immediately by seeking a Navy chaplain, medical professional or trusted leader. Call 911 if danger is imminent.

You don't have to see every sign to ACT.

Help is always available through the Military Crisis Line.
Call 1-800-273-TALK (press 1), text 838255 or visit
www.militarycrisisline.net

1SmallACTO
@BeThere for Every Sailor, Every Day

Intervention

Being a positive presence in the life of a person who's struggling can be the difference between life and death. But it's tricky to know who needs you. Anybody could be a potential suicide risk, or slip into a depressive state, whether they're smiling or hip-deep in their workload. There could be clues to pick up on and notice, or perhaps there may not be.

Every person is different. All problems are different.

What doesn't change is your ability, every day, to treat others with respect and compassion, and to notice when personalities change.

We are all leaders, every one of us. And, as leaders, the tool of empathy, showing that we care across the board, and being decent people can be as important a gesture as anything else.

And if you're charged with Sailors: Approach your Sailors' problems as if you yourself were suffering from them. Even before you become aware that anything is wrong, question yourself in the way you go about business in your work center. Know your people.

Treating everyone with the same concern, care, and decency will ensure the silent suffering among us are taken care of.



Intervention

If a Crisis Situation occurs however, with the threat of suicide escalating, it's important to know that, until Base Police arrive, you must do your very best to be a positive presence. **DO NOT PUT YOURSELF AT RISK**, however do not abandon a person in need if you have the ability to help.

- Ensure you contact First Responders or have somebody else call as soon as feasible.
- Keep the person talking and try your best to deescalate the situation.
- Remove all hazards from the at-risk individual's surroundings without putting yourself at risk.
- Treat the at-risk individual with respect; Utilize A.C.T.
- Be yourself. Your concern will show.
- Listen, stay calm, be supportive, and be kind.

It is everybody's duty to obtain assistance for others in the event of suicidal threats or behaviors.



Intervention/Gun Safety

PROPERLY STORING YOUR FIREARM CAN HELP PREVENT SUICIDE

A few extra moments to retrieve and unlock your firearm can interrupt the impulse for suicide and open the door for help.

DID YOU KNOW?

Firearms are the most common method of suicide in the US and military.¹



Most who died by suicide were in crisis and were not mentally ill.



When under more stress than usual, using a gunlock on your personal firearm can help prevent suicide. Store in a secured safe or cabinet separate from ammunition.



Every Sailor, Every Day

navstress.wordpress.com

INTERVENTION

Ensuring timely access to needed services and having a plan of action for crisis response includes the following:

- CO's will foster a command climate that supports and promotes psychological health consistent with operational stress control principals. This includes:
 - Fostering unit moral and cohesion
 - Promoting physical fitness
 - Knowing your service members
 - Deglamorizing alcohol use and destructive behavior
- CO's will have written suicide prevention and crises intervention plans.
- CO's will provide support for those who seek help with personal problems

FIRE ARMS

Firearms are most commonly used for suicide in the Navy and across the United States, due in part to their high lethality. Navy Suicide Prevention Branch, OPNAV (N171), with the Veterans Affairs Department, is providing free gun locks to Sailors and their families—available at Fleet and Family Support Centers and Navy Operational Support Centers.

Reporting

Reporting incidents of suicide and suicide related behaviors is of paramount concern:

DoDSER

- For suicides and undetermined deaths for which suicide has not been excluded, commands will complete the Department of Defense Suicide Event Report (DoDSER) within 60 days of notification of death.
- For suicide attempts, DoDSER will need to be submitted within 30 days of medical evaluation.
- Commands will need to produce a situation report in Navy message form in addition to the DoDSER.



Overcoming Mental Illness

Recognize the symptoms. Recognize something's wrong. Know you have the ability to seek the answers and the strength to fix it.

Anxiety, depression, bi-polar disorder, and any of these illnesses creep up on people over time. In the military, we assign a certain stigma to these problems and, for some of us, worry that making these kinds of issues known might affect our career as a whole. This is NOT true.

Treatment is the answer, not ignoring the problem. Ignoring the problem WILL affect your career, your loved ones, and your life.



HOSPITALIZATION

Patients who have psychotic symptoms, are suicidal or homicidal or have severe illness may need to be hospitalized for stabilization.

The initial antidepressant leads to remission in only 1 out of 3 patients with depression.



PRESCRIPTION TREATMENT

Some of the most common types of medications used to treat major depression are SSRIs, SNRIs, other new generation antidepressants like vilazodone, whereas folate, some atypical antipsychotics, lithium, thyroid hormone, and some psychostimulants are often used as adjuncts in partial responders. ECT, rTMS and VNS are used in treatment resistant cases.

DID YOU KNOW? Some prescription medications including beta-interferon, corticosteroids, benzodiazepines, mefloquine, and tamoxifen can cause depression as a side effect.



CONTINUED TREATMENT

Patients with 3+ episodes of depression, or patients with their first episode after the age of 50, may need lifelong maintenance treatment.



PROPER MEDICATION USE

When treating depression with antidepressants a 10 - 12 week trial is necessary to achieve remission. The dose and the combination of medicine that gets you better, keeps you better and should be continued for maintenance therapy for at least 1 year.



THERAPY

Most patients with depression will benefit from a combination of medications and psychotherapy. Cognitive behavior therapy and interpersonal psychotherapy are as efficacious as antidepressants in mild to moderate depression.



SUBSTANCE ABUSE TREATMENT

There is a high rate of comorbid substance abuse in major depression. Often it is necessary to treat the depression first even though ideally you would like the patient to stop abusing substances before treating depression. If the substance abuse is not treated, remission of depression is unlikely and recurrences of both more common.

Overcoming...

(Continued)

Those undergoing mental struggles such as depression or bi-polar disorder describe treatment as a chance to breath, or like wearing an invisible suit of armor which allows a moment for emotional recovery, or (even better) being able to take a vacation from those problems.

This is precisely what those abusing other types of drugs, such as opiates, are trying to achieve illicitly. Dulling the pain helps in coping with it, and in a way this is exactly the right step in recovery, only the illicit path yields more problems than benefits.

A combination of therapy, treatment/medication, outside exercise, and social interaction has been shown to help.

Depression treatments	% who used	% helped a lot
Prescription medication	80%	69%
Meditation	21	36
Yoga	10	35
Deep-tissue massage	10	28
Deep-breathing exercises	18	22
Over-the-counter medication	7	15
Vitamin B complex	14	13
Fish-oil supplements	15	10
Multivitamins	18	8

Differences of less than 8 percentage points are not meaningful.



Major Depressive Disorder

1 out of 6 people in the US will succumb to clinical depression during their lifetime



Experiences with MDD

- Depressed mood
- Decreased energy
- Trouble concentrating
- Lost interest in activities
- Guilt or feelings of hopelessness
- Sleep disturbances
- Appetite changes
- Suicidal thoughts or attempts

32 average age of MDD onset

Women are twice as likely to develop MDD

Neurobiology & Neural Circuitry of Depression

Deep brain stimulation

Electrical stimulation of the subgenual cingulate cortex (Cg25) or nucleus accumbens (NAc) can help patients with severe MDD.

Ghrelin and leptin

Hormones that act on the hypothalamus (HYP) and other limbic regions (HP, VTA, and NAc) modulate mood.

Stress

Increases in cortisol levels can reduce the amount of neurogenesis in the hippocampus (HP) depressing mood.

Dopamine

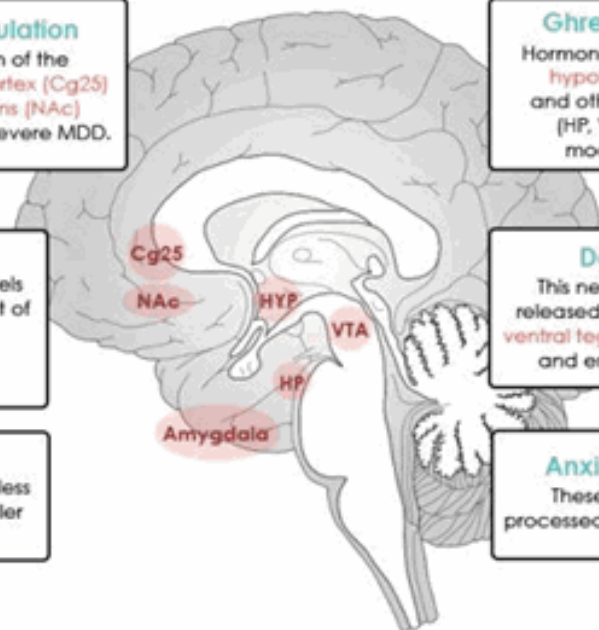
This neurotransmitter is released by neurons in the ventral tegmental area (VTA) and enhances mood.

Neurogenesis

People with MDD have less neurogenesis and smaller hippocampi (HP).

Anxiety and Fear

These emotions are processed by the amygdala.



Neurobiological studies continue to deepen our understanding of depression (There is hope!)

References and Resources:

Global Medical Education: <http://www.gmeded.com/gme-info-graphics/major-depression>
Mayo Clinic: <http://www.mayoclinic.com/health/depression/>
Krishnan V. & Nestler E.J. (2008). The molecular neurobiology of depression, Nature, 455 (7215) 894-902.

© 2013 <http://knowingneurons.com>

Every Sailor Every Day

Some may be more at risk than others for Suicide...

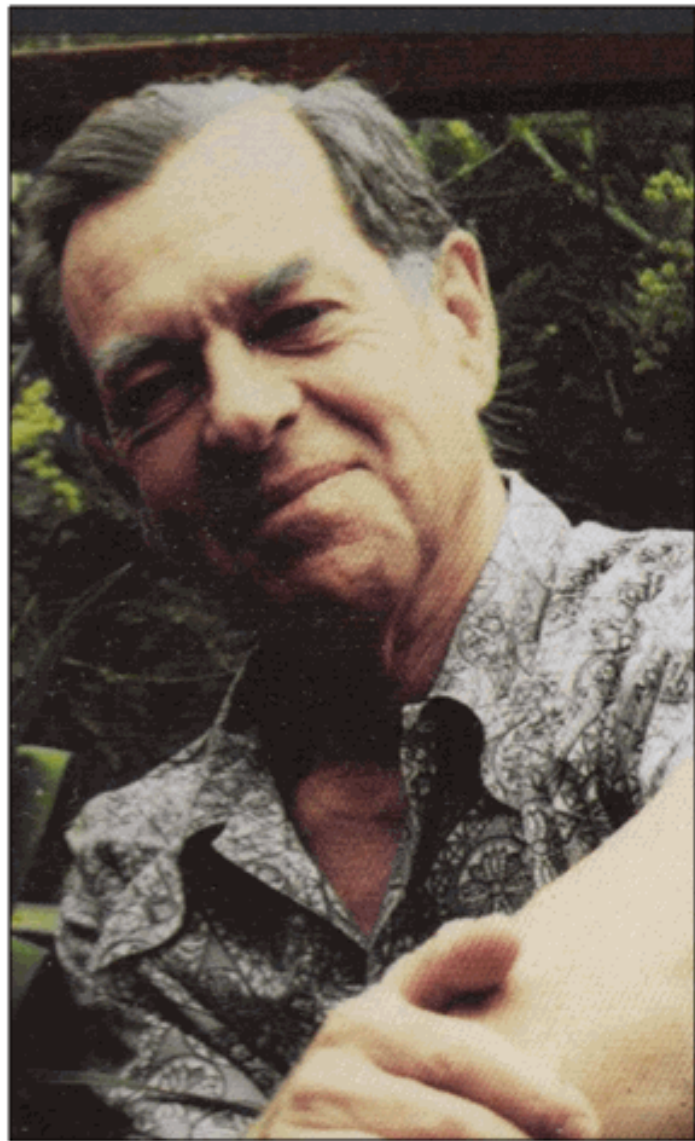
“The Every Sailor, Every Day campaign launched during 2014’s Suicide Prevention Month and continues to serve as Navy’s core Suicide Prevention and Operational Stress Control campaign. Through a variety of digital and print content, the campaign seeks to empower behavior change by providing Sailors and families with tips to support themselves and each other. The campaign promotes ongoing and active engagement to enable early recognition of risk, proactive intervention and champion seeking help.”

1 Small Act

In addition to Every Sailor Every Day...

“In September 2015, 1 Small ACT was introduced as the suicide prevention campaign’s newest message, encouraging simple actions that can make a difference in the lives of others while leveraging relationships between peers and community members. This message is based on Navy’s Ask Care Treat (ACT) model, aligning with broader collaborative communications efforts between the armed forces, Dept. of Defense Suicide Prevention Office (DSPO) and Veterans Affairs (VA) to promote the Power of 1 concept.”

Personal Vs. Professional Development



Joseph Campbell's quote warning of becoming a proverbial "stuffed shirt" has deeper implications. Being devoted to developing your trade is fine, but you must also be devoted to developing yourself.

The Navy makes "Personal" development desirable with incentives, making it a requisite item for advancement and special considerations such as boards. However, the question could then be lodged: "Is that really *true* Personal development?" Or more specifically: "Is personal development, as a requisite item for advancement, truly genuine in the heart of the Sailor?" By giving these incentives, and making career goals more attainable, does that not transform Personal development back into Professional development?

What makes you who you are? Is your "purpose" solely your job? What about your people? As leaders, we must find our Sailors' passions, and our own in the process. Bring your people together. Galvanize them. Discover what excites them, what motivates them. Help them seek out their life outside of the Navy, even if they are years from retirement or separation, and help them find what's missing. Maybe nothing is, they'll tell you. Don't let it stop the conversation. At the very least, help push your people to do it for themselves. Challenge them. Encourage them to "follow their bliss" (as Campbell said). Morale, Welfare, and Recreation (MWR) offers such a wide variety of opportunities to begin a hobby, or learn a craft outside of our professions. Build skills and relationships. Find something and do it for yourself.

Purpose is vital to building health in our ranks, but it can't only be our single professional purpose. Our best assets are our people, and this is how we maintain them.

Fixing & Building Relationships

As previously mentioned, the most common of all factors in suicide concerns relationships. How do we approach this? Life pulls us in different directions. Sometimes the ones we love can't understand our commitment to the job we do. Sometimes that divide is too much to heal, but sometimes it isn't.

Fleet & Family Support Center offers classes and resources for families and married couples to work on resiliency for these sorts of issues. Stress and distance can do damage, but effort and understanding can make a difference.



Sometimes relationship issues can be more complex.

For a young sailor on deployment, a shattering incident occurring at home while he or she is out to sea, helpless and unable to do anything, can feel like too much to endure. In this case Navy Chaplains and behavioral health medical professionals are standing by to assist you. You don't have to be religious to visit the Chaplain, and you don't have to feel like you have a mental illness to speak with a psychologist. These are resources for a reason, and they are available. Talk to somebody.

And for the leaders: Fostering healthy relationships, strengthening bonds, and developing oneself socially are necessary parts of life and, indeed, the truest part of Personal Development. It should be treated as such, even if it's something which can't be quantified on paper. As leaders we control what we own, and if it could be as simple as bringing somebody outside of their shell, being that guiding light by introducing a quiet Sailor to others, or putting an emphasis on family life, relationships could make all the difference. Strengthening relationships, in short, strengthens Sailors.

“What can we learn from the Marines?”



In our armed forces, each branch shoulders its own particular load, so the answer for the Navy may not be the answer for the rest of the armed forces. We, however, adapt from situation to situation, and, in that way, this challenge is really no different.

Did you know that less than 20% of the military will ever see combat, however 50% of service members who leave the military claim some form of a mental disability from the VA? Why is this? The Marines believe they know the answer: you become a part of a group, live and bleed with a group, and—one day—are expected to reintegrate into the outside world. The group is strength. Leaving it can be more difficult for some than for others.

On 12 May 2016, NPR broke a story about a new tactic the Marines are using to curb suicides and build post-deployment comradery: Battalion Reunions. The Dark Horse Battalion lost three former Marines to suicide in one year alone, and are promoting the idea of “getting the crew back together” to fight this problem. The Commandant of the Marine Corps, General Neller, interviewed in that same story, remarked:

“The great majority of these Marines that took their life have not been in combat, but that doesn't matter. You know, we've got to do better. And I do believe our leadership is totally focused on this. So we continue to work on that. Our progress is not what I would like it to be. It's a tough problem, as it is a tough problem in the nation.”



Sailor Assistance and Intercept for Life (SAIL) Program

- Voluntary service offered to all Sailors identified with a suicide-related behavior (SRB)
- Series of caring contacts during the first 90 days following an SRB conducted by Fleet & Family Support Center counselors
- Risk is assessed at key intervals using the Columbia Suicide Severity Rating Scale (C-SSRS) and managed using the VA Safety Plan
- Care coordination and reintegration support

SAIL Program Snapshot

- Program became available Navy-wide in February 2017
- Supplements mental health treatment at regular intervals through a Sailor's first 90 days after a SRB (highest risk period)
- Contact occurs at 3, 7, 14, 30 and 90 days after SRB
- Not intended to replace needed mental health services
- SAIL case managers are Navy Fleet and Family Support Center (FFSC) counselors
- Additional information: www.suicide.navy.mil > [Command & Leaders > SAIL](#)



Navy Suicide Prevention



Deckplate Engagement

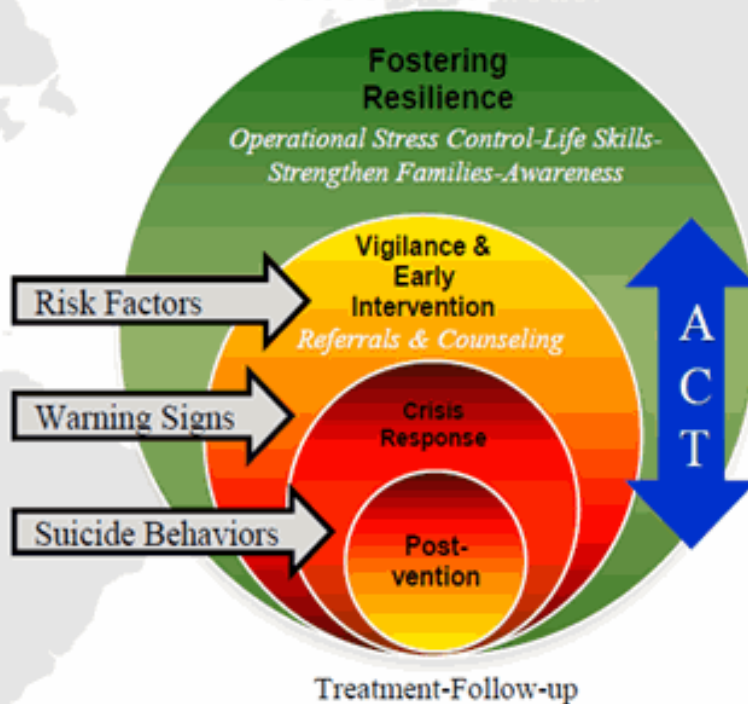
- ☑ Command Suicide Prevention Coordinator
- ☑ General Military Training
- ☑ Communications tools and program resources
- ☑ Ongoing engagement and health promotions

Ongoing Reporting and Analysis

- Cross Functional Case Reviews (Deep Dives)
- Analysis and reporting of destructive behaviors from message traffic, DoD Suicide Event Report tracking and analysis
- Post-suicide review and command consultation
- Behavioral Health Quickpoll, studies with Navy and Marine Corps Public Health Center and Uniformed Services University of Health Sciences.

*Globally Dispersed
Standardized Training*

Prevention Model



Comprehensive and sustainable program integrating resilience, total force fitness, evidence based prevention and intervention practices = all hands, all of the time approach

Strategic Focus

- On-demand Mobile Training Teams providing leader-focused education to commands worldwide
- Reducing barriers, reshaping perceptions through strategic communications resources and campaigns
- Evidence-based prevention and intervention tools

Every Sailor, Every Day

*Leaders
Individuals
Shipmates*

*Families
Caregivers
First Responders*

*Strategic
Communications*

The CNIC Crisis Action Plan

On 19 May 2016, Admiral Smith signed the revised CNIC Instruction 1720.4A, which solidifies guidance and establishes Headquarters Suicide Prevention responsibilities, which continues under Admiral Jackson.

The basic take-away for the regular employee would be this: **CALL BASE POLICE, ALERT THE SUICIDE PREVENTION COORDINATOR AND CHIEF OF STAFF.** If a situation has escalated, and is spiraling out of control, the Security element on the Navy Yard will handle it. If, however, the situation has not escalated (and there is no risk to life), ensure the Chief of Staff and Suicide Prevention Coordinator are informed so the member in question may be escorted to Fleet & Family Support Center for the help they deserve.

If a member is returning from treatment, it is incumbent upon ALL HANDS to ensure that person is welcomed back to a healthy environment. **Reintegration is as important as treatment.** What we do matters.

Key Messages

- ❑ **1 Small ACT can make a difference and save a life. #BeThere for Every Sailor, Every Day.**
- ❑ **Every Sailor, Every Day starts with US. All members of the Navy community should lead by example and take proactive steps toward strengthening physical, psychological and emotional wellness on a daily basis, recognizing when it's necessary to seek help.**
- ❑ **If you notice anything out of the norm from your shipmate, one conversation—1 Small ACT—can open the door for support by breaking the silence and facilitating early intervention.**
- ❑ **Suicide prevention is not about numbers; every life lost to suicide is one too many.**

Know your resources

Where to Seek Help

- ❑ Your local Navy Chaplain, Fleet and Family Support Center (FFSC) or medical
- ❑ Military Crisis Line: call 1-800-273-TALK, Press 1; text 838255; visit www.militarycrisisline.net
- ❑ BeThere Peer Support Call and Outreach Center: 1-844-357-PEER, text 480-360-6188 or visit www.betherepeersupport.org
- ❑ Military OneSource: www.militaryonesource.mil

Additional Sources of Information

- ❑ Defense Suicide Prevention Office: www.dspo.mil
- ❑ Suicide Prevention Resource Center: www.sprc.org
- ❑ American Foundation of Suicide Prevention: www.afsp.com
- ❑ Human Performance Resource Center: www.hprc-online.org
- ❑ Navy & Marine Corps Public Health Center:
<http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/default.aspx>
- ❑ Real Warriors Campaign: www.realwarriors.net
- ❑ Guard Your Health Campaign: www.guardyourhealth.com

The **suicide problem** is a tough nut to crack and it's not going away anytime soon. What everyone can agree on though is who is best equipped to deal with it, and, as a Force, tried and true, the answer is in our greatest resource: **ourselves**. It is incumbent upon our leaders on the deck plates to take this challenge head on. It is vital each of us open our eyes and take action. This isn't passing the buck from above but rather waging the fight from the frontlines because **addressing suicide on the deck plates can only make our shared profession stronger.**

Questions?

Please write johnny.flynn@navy.mil or jazmine.anderson@navy.mil if you have questions, comments, or for more information

**Congratulations, you have completed this course.
You must continue to the next page to record
your training as complete and to view or print
your certificate.**