

After an Attempt or Gesture

Steps to take for a attempt or gesture:

- ◇ Render First Aid (if needed)
- ◇ Call 911 (for medical help if needed)
- ◇ DO NOT leave the person alone
- ◇ Remove all Harmful Objects
- ◇ Notify Others who can help
- ◇ Escort to Emergency Room and stay with them
- ◇ Arrange for Social Work Assistance
- ◇ Give Social Support to patient and/or family for as long as you are able

After a Suicide

- Recognizing the unique challenges in grieving the loss of a loved one from suicide.
- Reaching out to intentionally draw survivors into the fabric of the community's normal activities. Deliberate inclusiveness is an important antidote to the inappropriate stigma that so often accompanies a death due to suicide. The faith community should be an important source of love and grace for the grieving.
- Supporting them with the same gestures of kindness that are extended to others who have deaths in the family (taking in meals, etc.).
- Talking with the survivors about the deceased in the same sensitive way they would about any other person who had recently died. This openness will help the surviving family overcome any embarrassment or shame they may be feeling.
- Encouraging them to seek specialized support in their grieving process, either through support groups for survivors of suicide or by seeking professional grief counseling with a therapist experienced with suicide survivors.

Definitions

1. **SUICIDAL IDEATION** - Suicidal ideation is the pre-suicidal person expressing thoughts of either dying or killing him/herself. This type of behavior warrants immediate intervention.
2. **SUICIDAL GESTURE** - A suicidal gesture is a self destructive act which the person doing the gesture does not wish to result in death. Unfortunately, the suicidal gesture may result in death if the means are sufficiently lethal.
3. **SUICIDE ATTEMPT** - A suicide attempt is a self destructive act which the person feeling suicidal wants the action to result in death.



Suicide corrodes society, devastates morale, and causes profound and often lifelong suffering and guilt for the families, friends, and leaders of the suicide victim. Leaders can help decrease the number of suicides by stressing suicide prevention.

Civilian Leaders Suicide Prevention Quick Guide

Seek Life!



1-800-273-TALK (8255)

Information from

the Fort Sill

Suicide Prevention Program

At the

Army Substance Abuse Program

Well-Being Center

BLDG 3415 Miner Rd.

Telephone: 442-4205/1618

For Suicidal Behaviors,

Call

1-800-273-TALK (8255)

Causes of Suicidal Behavior

Suicide is a significant and growing cause of death among Americans. Although there are differences in suicide rates based on such factors as age, gender, and ethnicity, a person from any background can commit suicide, or go through a period of seriously contemplating it.

People considering suicide often have been "worn down" by many stressors and problems. Often they feel hopeless, helpless, and worthless. Actual or expected loss, especially a love relationship, is most often a contributing factor. Financial problems, death of a loved one, health problems can also contribute to suicidal thoughts. The suicidal person is frequently lonely and without a solid support system. A geographic move, death, or a divorce may deprive an individual of the connection and support they enjoyed. Leaders must remain dedicated to promoting resiliency, coping skills, and help-seeking behavior

Preventing Suicides

Preventing suicides is a top priority of every leader. You can be proactive in the prevention of suicides by:

- Encourage and support help-seeking behavior
- Staying vigilant. Listen carefully to what people are saying--people thinking about suicide often give hints about their intentions. Talking about not being present in the future, giving away prized possessions, and making funeral plans are examples of possible hints of suicidal intent. If you hear such talk, question it, respectfully but firmly.
- Being alert to changes in behavior. A deterioration in job performance, personal appearance, punctuality, or other habits can be a sign of many problems, including suicidal concerns.
- Providing problem solving and conflict resolution training.
- Allowing easy access to clinical care by referring an person in need to appropriate program/service providers and facilitating and monitor participation
- Take measures to mitigate potential stressors before they occur – look for marriages, divorces, deployments, reintegration, administrative actions, and major changes.

When talking to a person who is suicidal

Do:

- Be yourself. Let the person know you care, that he/she is not alone. The right words are often unimportant. If you are concerned, your voice and manner will show it.
- Listen. Let the suicidal person unload despair, ventilate anger. No matter how negative the conversation seems, the fact that it exists is a positive sign.
- Be sympathetic, non-judgmental, patient, calm, accepting. Your friend or family member is doing the right thing by talking about his/her feelings.
- Offer hope. Reassure the person that help is available and that the suicidal feelings are temporary. Let the person know that his or her life is important to you.
- If the person says things like, "I'm so depressed, I can't go on," ask the question: "Are you having thoughts of suicide?" You are not putting ideas in their head, you are showing that you are concerned, that you take them seriously, and that it's OK for them to share their pain with you.

But don't:

- Argue with the suicidal person. Avoid saying things like: "You have so much to live for," "Your suicide will hurt your family," or "Look on the bright side."
- Act shocked, lecture on the value of life, or say that suicide is wrong.
- Promise confidentiality. Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word.
- Offer ways to fix their problems, or give advice, or make them feel like they have to justify their suicidal feelings. It is not about how bad the problem is, but how badly it's hurting your friend or loved one.
- Blame yourself. You can't "fix" someone's depression. Someone else's happiness, or lack thereof, is not your responsibility.



Get Help

As a general rule, anyone feeling enough pain to be considering suicide should be referred to a mental health professional, at least for evaluation. Make it clear that you want the person to get the best possible help, and that some types of assistance are outside your own area of competence.

Usually, the Employee Assistance Program (EAP) is a referral source for mental health assistance in a workplace and many workplaces have one. If the employee consents, call the EAP yourself, emphasizing that the situation is serious and needs timely attention.

- If for some reason the EAP is not immediately available, with the employee's permission, take them to the emergency room at Southwestern Medical Center.
- Should there appear to be immediate danger, do not hesitate to call 911.

Follow Up

Once the person is involved in a treatment program, try to stay in touch with them. This does **not** mean that you should involve yourself with specific personal problems that the person is discussing with a therapist. What you do need to know, however, is how you can work with the treatment program and not at cross purposes to it.

Mental health professionals will not, for ethical reasons, release information without the person's consent. If you make it clear to the person and their treatment team what your goals are -- to support them, not to delve into their private concerns -- you will probably have no difficulty getting cooperation.

With an employee's consent, an Employee Assistance Program (EAP) counselor can often play a coordinating role between the employee's health care provider and the employee's supervisor. A meeting involving the supervisor, the employee, and the EAP counselor can be particularly helpful in clarifying relevant issues and assuring that the supervisory approach is consistent with the employee's treatment.

Does the employee need to adjust work hours to participate in therapy?

Has the employee been prescribed medications whose side effects could affect job performance?

Should the employee be challenged by work as usual, or should they be temporarily reassigned to less demanding duties?