

SUICIDE PREVENTION

A RESOURCE MANUAL FOR THE UNITED STATES ARMY

PREPARED BY

THE AMERICAN ASSOCIATION OF SUICIDOLOGY

AND

**THE U. S. ARMY CENTER FOR HEALTH PROMOTION
AND PREVENTIVE MEDICINE**



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Army Suicide Prevention

INTRODUCTION

On July 28, 1999, the Surgeon General of the United States, David Satcher, M.D., publicly declared suicide a serious public health threat, launching a national effort entitled a “Call to Action” to develop strategies to prevent suicide and the suffering it causes. This was an historic first, a recognition at the highest levels of government that this country could no longer ignore or deny the significant numbers of Americans who kill and harm themselves each year, and the trauma these events have on surviving loved ones and colleagues.

On average, more than 30,000 Americans die by suicide each year. An unknown and difficult to calculate number of others (some estimate these to be one hundred times as frequent as completions) make nonfatal attempts to suicide, about one-fourth of which require medical and psychological intervention to prevent further suicidal acts and possible death.

Military personnel are not exempt from this public health problem. Suicide is the third leading cause of death among active-duty personnel in peacetime U.S. armed forces, after accidents and homicides. Although the suicide rates in the military are lower than rates among comparable age, sex, and racial groups in the general population, military suicide rates are higher than one should expect, given that more seriously disturbed and maladjusted persons are weeded out through pre-induction screening (see chart, page 28 and the Office of the Chief of Staff, Personnel (ODCSPER) Website: <http://www.odcsper.army.mil/default.asp?pageid=66f>)

Prevention programming is intended to save lives and reduce the impact of self-harm behaviors. The Army Suicide Prevention Program (ASPP) involves the entire military community in a three-tiered approach to achieve the best-coordinated prevention possible. The first level, called **primary prevention** consists of those command programs designed to anticipate critical junctures in a person's career and make them less stressful. The second level, called **secondary prevention** includes those command programs of special support and crisis counseling needed when persons encounter times of crisis and may be helped by a caring professional. The third level is called **tertiary prevention**. When someone needs immediate care for a potentially life threatening crisis, they require care by a mental health professional.

The first aim of the Army Suicide Prevention Program (ASPP) is to prevent individuals from reaching the point where suicide is seriously contemplated. If these first efforts fail then the aim becomes one of early intervention. The ASPP strategy consists of **support, screen, spot, and secure**, as depicted in table 1. The goals of the support and screen components are primary prevention, that is, to identify and build *internal* or personal characteristics, and to build and increase awareness of and access to *external* support systems that can sustain individuals in times of distress. The **spot** component is secondary prevention and involves increasing the awareness of suicide and risk factors for suicidal behaviors among all levels of personnel and improving the

recognition and assessment of suicide risk by military caregivers. The **secure** component is tertiary prevention, providing guidelines for health care professionals to effectively assess for treatment those believed to be at risk.

Table 1

SUICIDE PREVENTION STRATEGY

SUPPORT	SCREEN	SPOT	SECURE
<ul style="list-style-type: none"> • Army structure & services • Individual skills • Accessible confidantes • Integrated into group • Sense of contribution 	<ul style="list-style-type: none"> • MEPS initial assessment & history • Periodic & milestone screening • Suicide Risk Assessment 	<ul style="list-style-type: none"> • Gatekeeper Training <ul style="list-style-type: none"> ◦ Myths ◦ Warning Signs ◦ Risk Factors ◦ Initial Response 	<ul style="list-style-type: none"> • Policies & Procedures • Help <ul style="list-style-type: none"> ◦ Accessible ◦ Coordinated ◦ Trained

Support continues throughout the strategy life-cycle as the Army structure & services, Individual skills, Accessible confidantes, Group integration and Sense of contribution permeate the Screen, Spot and Secure aspects of the Army Suicide Prevention Program.

Support is the most critical prevention strategy for any community or organization. It is mainly a primary prevention strategy in that it serves to reduce the incidence of suicidal thoughts and behaviors by moderating individuals' responses to stressful events or conditions. In public health terms, support involves the promotion of *protective factors* that consist of internal and external resources that can help an individual cope with challenges, changes, and feelings of stress. As such, **support is critical prior to the emergence of suicide. However, support is also an important part of the screen, spot, and secure prevention components, and therefore must be present prior to, during, and after a crisis.** The **Army Structure and Leadership** are the central components of this support.

Regardless of the level of available support, some individuals will become suicidal, usually due to disorders such as depression, alcohol abuse, and anxiety, or their particular response to stressors. **Screen** represents another primary prevention technique that attempts to identify individuals who have personal or situational factors that carry increased risk of suicide. Initial screening of recruits at the Military Entrance Processing Service (MEPS) Station can identify suicidal thoughts or previous attempts. Personnel who are currently or chronically suicidal may be denied entrance into the military. Annual well-being screening and subsequent periodic screening, particularly before deployments and during transitions, can identify troubled or at-risk individuals.

Increased risk for suicide may arise in *vulnerable* individuals for a variety of reasons that will be discussed as *risk* and *precipitating* factors. Therefore, the next line of defense is alert and

informed personnel who can **spot** an at-risk individual. This is called secondary suicide prevention because it involves identifying at-risk personnel.

In order to prepare *all* service members to **spot** and provide a supportive response for at-risk individuals, Gatekeeper Training must be widely disseminated. Different levels of knowledge and skills are required of individuals ranging from fellow soldiers to mental health professionals as will be described in the spot or gatekeeper section. All service members, including all new service members, should at least know how to refer troubled or at-risk individuals.

Once at-risk individuals have been spotted, there must be clear policies and procedures and accessible, coordinated resources to **secure** adequate help that will assess, manage, and intervene with suicidal individuals. This is tertiary suicide prevention because it involves assessment for treatment of suicidal behavior.

Each of these approaches will be addressed in detail in the sections that follow this general introduction. They are presented separately for training purposes, but they are interrelated and complementary. For example, familiarity with policies and procedures by all military personnel facilitates their responding to and obtaining help for troubled individuals in a timely and efficient manner. When individuals know what resources are available, how to access them, and how they will respond, this provides part of the structure that is a key element of the support that can prevent suicidal behavior. Also, as previously noted, the Army Structure provides an overarching framework for all suicide prevention efforts.

This manual provides guidelines for promoting protective factors and screening for individual well-being within the context of Army leadership and structure. The aim here is to prevent individuals from reaching the point where suicide is seriously contemplated. In addition, the manual provides lessons and materials that help to prepare Army personnel to respond to, assess, and obtain help for individuals who appear to be troubled, show warning signs for being at risk for suicide, or are making overt suicide threats or attempts.

The Suicide Prevention Standing Committee

Every Installation or Community Commander will establish and chair a Suicide Prevention Standing Committee (SPSC). The SPSC is responsible for integrating and coordinating community helping agencies. It administers the program by overseeing training, reporting and maintaining data, and conducting psychological autopsies when there is a confirmed or suspected suicide. The SPSC reports to the Major Command (MACOM) Suicide Prevention Program Manager.