



MILITARY SUICIDE PREVENTION RESOURCES

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MILITARY SUICIDE **PREVENTION RESOURCES**

FOR FAMILIES:

Courage to Care

Suicide Facts: What Military Families Should Know to Help Loved Ones Who May Be At Risk

https://www.cstsonline.org/assets/media/documents/CSTS_C2C_Suicide_Facts_Families.pdf

Real Warriors

Identifying Warning Signs of Suicide on Social Media

<https://www.health.mil/News/Articles/2020/09/29/Real-Warriors-provides-suicide-prevention-tools-for-all-beneficiaries>

Coaching into Care

<https://www.mirecc.va.gov/coaching/parents-family.asp>

Veterans Crisis Line - (800) 273-8255 and press 1

<https://www.veteranscrisisline.net/>

Other contact options include text, chat, and support for deaf and hard of hearing

U.S. Department of Veterans Affairs

Suicide Prevention: Risk Factors and Warning Signs for Family Members and Caregivers

<https://www.healthquality.va.gov/guidelines/MH/srb/PHCoESuicidePreventionTrifold3112020FINALweb508.pdf>

Suicide Prevention: A Guide for Military and Veteran Families

<https://www.healthquality.va.gov/guidelines/MH/srb/AGuideForMilitaryAndVeteranFamilies.pdf>

FROM THE SPECIFIC MILITARY BRANCHES:

Army

US Army Public Health Command – Suicide Prevention

<https://phc.amedd.army.mil/topics/healthyliving/bh/Pages/SuicidePrevention.aspx>

Army National Guard – Risk Reduction and Suicide Prevention

<http://dmna.ny.gov/r3sp/>

Army Suicide Prevention Program

<https://www.armyresilience.army.mil/suicide-prevention/index.html>

Navy

Navy Personnel Command – Suicide Warning Signs

<https://www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Suicide-Prevention/Facts-Warning-Signs/>

Navy Personnel Command – Getting Help

<https://www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Suicide-Prevention/Getting-Help/>

Marine Corps

Marine Corps Community Services – Suicide Prevention

<http://www.mccsmcrd.com/suicide-prevention/>

US Marine Corps – Additional Suicide Prevention Link

<https://www.usmc-mccs.org/services/support/suicide-prevention/>

Air Force

Air Force - Resilience

<https://www.resilience.af.mil/Suicide-Prevention-Program/>

Air Force - Prevention Tools

<https://www.resilience.af.mil/prevention-tools/>

Air Force - Intervention Tools

<https://www.resilience.af.mil/intervention-tools/>

Coast Guard

US Coast Guard – Suicide Prevention Program

http://www.uscg.mil/worklife/suicide_prevention.asp

FROM THE U.S. DEPARTMENT OF VETERANS AFFAIRS:

For Providers

MIRECC – Mental Illness Research, Education, and Clinical Center

- SRM: Suicide Risk Management Consultation Program provides free consultations to providers, including those outside of the VA, working with Veterans at risk of suicide
<https://www.mirecc.va.gov/visn19/consult/index.asp>
- Tools and Training
<https://www.mirecc.va.gov/visn19/consult/tools-and-training.asp>
- Lethal Means Safety Counseling
<https://www.mirecc.va.gov/visn19/lethalmeanssafety/>

For Veterans and Families

ACE – Suicide Prevention for Veterans and Their Families and Friends

http://www.mentalhealth.va.gov/docs/VA_Brochure_08_25_2009.pdf

U.S. Department of Veterans Affairs - Suicide Prevention

http://www.mentalhealth.va.gov/MENTALHEALTH/suicide_prevention/index.asp

FROM OTHER ORGANIZATIONS:

U.S. DoD - Suicide Prevention

https://dod.defense.gov/News/Special-Reports/0916_suicideprevention/

Defense Suicide Prevention Office

<https://www.dspo.mil/Tools/>

National Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/help-yourself/veterans/>

Military One Source

<https://www.militaryonesource.mil/health-wellness/mental-health/suicide/>

Veterans Crisis Line – Military Crisis Line

<https://www.veteranscrisisline.net/get-help/military-crisis-line>

FOR PROVIDERS:

U.S. Department of Veterans Affairs - Suicide Risk Assessment Guide

<http://www.mentalhealth.va.gov/docs/VA029AssessmentGuide.pdf>

VA/DoD Clinical Practice Guideline for the Assessment Management of Patients at Risk for Suicide – Full Guidelines

<https://www.healthquality.va.gov/guidelines/MH/srb/VADoDSuicideRiskFullCPGFinal5088212019.pdf>

VA/DoD Clinical Practice Guidelines – Pocket Card

<https://www.healthquality.va.gov/guidelines/MH/srb/VADoDSuicideRiskCPGPocketCardFinal5088212019.pdf>

VA/DoD Clinical Practice Guidelines – Provider Summary

<https://www.healthquality.va.gov/guidelines/MH/srb/VADoDSuicideRiskCPGProviderSummaryFinal5088212019.pdf>

U.S. Department of Veterans Affairs - Safety Plan Worksheet: Brief Instructions for Providers

<https://www.healthquality.va.gov/guidelines/MH/srb/PHCoESafetyPlanInstructionsSelfPrint3302020508.pdf>

U.S. Department of Veterans Affairs – Lethal Means Counseling

<https://www.healthquality.va.gov/guidelines/MH/srb/LethalMeansProviders20200527508.pdf>



Compliments of:

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(800) 245-3333

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PRACTICAL POINTERS FOR MANAGING RISK WHEN TREATING PATIENTS WITH SUICIDAL BEHAVIORS

- 1.** Include specific exploration of suicidal potential in examinations at the outset of treatment and at other points of decision during treatment. Suicidal potential should be re-assessed at least, 1) whenever there is an incidence of suicidal or self-destructive ideation or behavior, 2) when significant clinical changes occur, 3) when any modification in supervision or observation level is ordered, and 4) at the time of discharge or transfer from one level of care to another. Make adjustments to the treatment plan, as needed, based on reassessments.
 - 2.** Explore past treatment. Obtain treatment records where possible for new or returning patients. Record attempts to obtain records if they cannot be obtained.
 - 3.** Review patient records prior to lifting precautions or otherwise reducing the nature or intensity of treatment. Review the entries of other professionals as well as your own.
 - 4.** Conduct follow-up discussions with staff members whose record entries may be inconsistent with treatment options under consideration. Include the basis for resolution of the inconsistency in a record entry of the decision.
 - 5.** Instruct staff to notify you immediately if they are concerned about a patient's potential for suicide.
 - 6.** Communicate with other treaters, especially when the patient is being treated in a split or collaborative treatment arrangement.
 - 7.** At the outset of treatment, or after breaks in treatment, consult family members or others close to the patient, as appropriate, for information about the patient's history, presenting condition, and life circumstances.
 - 8.** Address the need for a safe environment for patients with suicidal behaviors. The accessibility of firearms or other weapons should be assessed and an appropriate plan for safety should be instituted, including getting information from and instructing family/significant others about this issue.
 - 9.** Record all potentially relevant information provided by family and close friends.
 - 10.** Know the criteria and procedures for involuntary hospitalization in your state.
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11. Do not rely solely on “no-harm” contracts as a guarantee of patient safety. These “contracts” have no legal force and cannot take the place of an adequate suicide risk assessment. It may be appropriate for a “no-harm” contract to be one part of a comprehensive treatment plan but it is the clinician’s responsibility to evaluate the patient’s overall suicide risk and ability to participate in the overall treatment plan.
12. Be alert for, and respond to, developments in a patient’s life that may increase the risk of suicide.
13. Address financial constraints directly. If recommended treatment is not financially possible, then attempt to find equivalent alternatives. Document the adequacy of the alternative that is ultimately chosen.
14. Document all relevant information about a patient’s condition, treatment options considered, risk/benefit analysis performed, and the rationales for choosing or rejecting each option.
15. Never alter or destroy a patient record after an adverse incident.
16. Develop a follow-up treatment plan for discharge or for transfer from one level of care to another that is consistent with a patient’s situation and abilities. You may need to take steps to monitor patient compliance if another psychiatrist or professional has not yet assumed care.
17. Familiarize yourself with the policies of all hospitals or other institutions/organizations where you provide treatment. Practice accordingly.
18. The decision about type and amount of medication given to a suicidal patient - and the resulting record entry - should reflect the extent of your experience with the patient, your knowledge of the patient, the severity of the patient’s suicidality, and the extent to which physician prescribed medications may be of significance to the patient.
19. Refill prescriptions for other psychiatrists’ patients with care. Review such refills with the psychiatrist if possible. Where such review is not possible, consider prescribing only enough medication to cover the patient until the psychiatrist returns or can be consulted.
20. Terminate treatment with potentially suicidal patients with extreme care. Avoid terminating during periods of crisis. Consider termination during inpatient treatment, if termination is necessary.
21. Prepare patients for scheduled absences and make provisions for coverage.
22. Consider alerting family members to the risk of outpatient suicide when:
 - 1) the risk is significant,
 - 2) the family members do not seem to be aware of the risk, and
 - 3) the family might contribute to the patient’s safety.
23. Consistently use an authoritative guideline to assess the level of suicide risk and facilitate the development of a reasonable intervention and treatment plan based on the assessed risk level.



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COURAGE TO CARE



A Health Campaign of Uniformed Services University of the Health Sciences, www.usuhs.mil, and the Center for the Study of Traumatic Stress, Bethesda, Maryland, www.cstsonline.org

SUICIDE FACTS: *What Military Families Should Know to Help Loved Ones Who May Be At Risk*

Suicide has increased dramatically in the military since the start of the global war on terrorism. Family members and military leaders are all working together to address the needs of our service members, and to get them the help and care that will restore their hope and relieve their stress.

Suicide has increased dramatically in the military since the start of the global war on terrorism.

Suicide is the 11th leading cause of death among Americans. While suicide is a difficult topic to discuss, it is an important one for military families because the number of suicides is rising within the military population. The increased operational tempo, redeployment, combat exposure injury, and the impact on marital and family relationships create extreme stress and are contributing

factors. Additionally, the reluctance of service members to seek treatment plays a role in the delay in getting care.

Suicide, by definition, is fatal — a loss to the family and the nation. Those who attempt suicide and survive can be left with serious injuries such as broken bones, brain damage,

organ failure, and permanent physical disability. Suicide affects one’s family and community and leaves feelings of despair, grief, and anger. Like any health problem, it is important to educate oneself about suicide. *The more you know, the more likely you are to identify warning signs and to help prevent the loss or injury of a loved one.*

Warning Signs

Thinking about suicide and making suicide plans are the most serious signs and require immediate assistance. These include:

- Talking about, threatening, or wanting to hurt/kill self
- Obtaining means to kill/hurt self (e.g., obtaining firearm, pills)
- Conveying thoughts of death (e.g., such as “others being better off without me”, “never wanting to wake up again”)

Other warning signs include:

- Increase in alcohol or other substance use
- Hopelessness (e.g., does not see way the situation will change)
- Helplessness (e.g., feeling trapped, “there is no way out of this”)
- Worthlessness (e.g., feeling that he/she is not valued, “not one would miss me”)
- Withdrawal (e.g., from hobbies, family, friends, job)
- Irritability, anger

Risk Factors

Men are 4 times more likely than women to die from suicide. However, 3 times more women than men attempt suicide. In addition, suicide rates are high among young people and those over age 65.

Several factors can put a person at risk for attempting or committing suicide, but having these risk factors does not always mean that suicide will occur.

- Prior suicide attempt
- Family history of mental disorder
- Alcohol or other substance abuse
- Family history of suicide
- Family violence, including physical or sexual abuse
- Firearms in the home, the method used in more than half of suicides

Continued on reverse side

Action Steps

If you are experiencing any of these signs/symptoms, please seek help. If someone you know is experiencing these symptoms, please offer help. If you think someone is suicidal, *do not leave him or her alone*. Try to get the person to seek immediate help from his/her doctor, bring them to the nearest hospital emergency room, or call 911. If possible, try to eliminate access to firearms or other potential means for self-harm.

Resources

- National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255)
- Suicide Prevention Resource Center: www.sprc.org
- American Association of Suicidology: <http://www.suicidology.org/web/guest/thinking-about-suicide>
- Military Onesource: 1-800-342-9647, www.militaryonesource.com

PLACE LOCAL CONTACT INFORMATION HERE

Courage to Care is a health promotion campaign of Uniformed Services University and its Center for the Study of Traumatic Stress (CSTS). CSTS is the academic arm and a partnering Center of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury.



Uniformed Services University of the Health Sciences
Bethesda, MD 20841-4799 • www.usuhs.mil

Tips Regarding How to Use the ACE Card

Ask the Veteran

- To determine if a Veteran is suicidal it is helpful to
 - Interact in a manner that communicates concern
 - Know how to manage your own discomfort in order to directly address the issue
- The most difficult ACE step is asking
 - You look upset. Have you thought of hurting yourself?
 - Do you wish you were dead?
- When to ask the question
 - Ask the question anytime you think the Veteran may be a danger to themselves

Care for the Veteran

- Show the Veteran that you care about what they are saying and that you are not passing judgment on what they think or feel
 - Actively listen to their story
 - Nod your head and encourage them to tell you more
- Accept that their situation is serious and deserving of attention

Escort the Veteran

- Do everything you can to encourage and expedite the Veteran getting help
- Explain that there are trained professionals available to help
- Suggest that treatment might help
- If the Veteran tells you that they have had treatment before and it has not worked, try asking: "What if this is the time it does work?"

Safety Guidelines

Call 911 or take the Veteran to the emergency room if

You are not in face-to-face contact but are speaking over the phone or computer with a Veteran who expresses intent to harm self or others

A Veteran is displaying threatening behavior with a weapon or object that can be used as a weapon

A Veteran tells you that they have overdosed on pills or other drugs or there are signs of physical injury

Resources for Families and Friends

VA Suicide Prevention Hotline

1-800-273-TALK (8255) and press "1" for Veterans

VA Mental Health Home Web Page

<http://www.mentalhealth.va.gov>

Information and Support after a Suicide Attempt:

A Department of Veterans Affairs Resource Guide for Family Members of Veterans Who are Coping with Suicidality

http://www.mirecc.va.gov/vision/docs/Resource_Guide_Family_Members.pdf

Nearest Local Emergency Room: _____

Contact Information for Local VA Provider: _____



Suicide Prevention for Veterans and Their Families and Friends



Goal of ACE

The purpose of ACE is to help Veterans, their family members and friends learn that they can take the necessary steps to get help.

The acronym ACE (Ask, Care, Escort) summarizes the steps needed to take an active and valuable role in suicide prevention.



Ask your VA provider for an ACE card to carry with you

What Veterans and Their Family Members and Friends Should Know about Suicide

- Asking a Veteran about suicide does not create suicidal thoughts any more than asking about chest pain causes a heart attack
 - The act of asking may give the Veteran permission to talk about thoughts or feelings
- Many people who die by suicide have communicated some intent, wish, or desire to kill themselves
 - Someone who talks about suicide gives you an opportunity to intervene before suicidal behaviors occur
- Many suicidal ideas are associated with the presence of underlying treatable conditions
 - Providing treatment for an underlying condition can save a life
 - Helping the person survive the immediate crisis so that they can seek such treatment is vital
- Suicidal thinking can overwhelm even the most rational person
 - Protective factors may not provide a sufficient buffer during periods of crisis
- Anyone experiencing serious suicidal thoughts should be referred to a health care provider who can evaluate their conditions and provide treatment as appropriate

Additional Warning Signs

The presence of these signs requires contact with a professional

- Inability to sleep or sleeping all the time
- Withdrawing from friends, family and/or society
- Increasing alcohol or drug use
- Acting recklessly or engaging in risky activities
- Rage, anger, seeking revenge
- Avoiding things or reliving past experiences
- Anxiety, agitation
- Dramatic changes in mood
- No reason for living – no sense of purpose in life
- Feeling trapped – like there is no way out
- Hopelessness

Protective Factors

Factors that can protect one from suicidal behavior

Protective factors include:

- Family, friends, social support, close relationships, battle buddy
- Coping/problem-solving skills
- Ongoing health and mental health care relationships
- Reasons for living
- Cultural and religious beliefs that discourage suicide and support living

Recognizing Suicide Warning Signs

Warning signs are early indicators of heightened risk

These signs require immediate attention

- Thinking about hurting or killing self
- Looking for ways to kill self
- Seeking access to pills, weapons or other means
- Talking or writing about death, dying or suicide



Confidential help is available for Veterans and their families and friends.

**Veterans Crisis Line:
1-800-273-8255 and Press 1,
confidential chat at
VeteransCrisisLine.net, or text to 838255**

**SUICIDE RISK
ASSESSMENT GUIDE**

You can save a life. It's your call.

References:

American Psychiatric Association. Practice Guidelines for the Assessment and Treatment of Patients with Suicide Behaviors, 2nd ed. In: Practice Guidelines for the Treatment of Psychiatric Disorders Compendium. Arlington VA 2004. (835-1027).

Rudd et al. Warning signs for suicide: theory, research and clinical applications. Suicide and Life Threatening Behavior, 2006 June 36 (3)255-62. © 3/12 VHA

- 4 steps to assessing suicide risk among Veterans.**
- **LOOK** for the warning signs
 - **ASSESS** for risk and protective factors
 - **ASK** the questions
 - **RESPOND** in the appropriate way
- All patients who present with positive depression screens, history of mental health diagnosis, or any of the warning signs listed should be further assessed for suicide risk.



U.S. Department of Veterans Affairs

Veterans Crisis Line



1-800-273-8255 PRESS 1



U.S. Department of Veterans Affairs

Veterans Crisis Line
1-800-273-8255 PRESS 1

• • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • • •

1 LOOK FOR THE WARNING SIGNS

Presence of any of these warning signs requires immediate attention and referral. Consider hospitalization for safety until a complete assessment can be made.

- Threatening to hurt or kill self
- Looking for ways to kill self
- Seeking access to pills, weapons, or other means
- Talking or writing about death, dying, or suicide

Additional Warning Signs

For any of these signs, refer for mental health treatment or follow-up appointment.

- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug abuse
- Withdrawing from friends, family, and society
- Anxiety, agitation, inability to sleep, or sleeping all the time
- Dramatic changes in mood
- Perceiving no reason for living, no sense of purpose in life

2 ASSESS FOR SPECIFIC FACTORS THAT MAY INCREASE OR DECREASE RISK FOR SUICIDE

Factors that may **increase** risk

- Current ideation, intent, plan, access to means
- Previous suicide attempt or attempts
- Alcohol/substance abuse
- Previous history of psychiatric diagnosis
- Impulsiveness and poor self-control
- Hopelessness—presence, duration, severity
- Recent losses—physical, financial, personal
- Recent discharge from an inpatient unit
- Family history of suicide
- History of abuse—physical, sexual, or emotional
- Co-morbid health problems, especially a newly diagnosed problem or worsening symptoms
- Age, gender, race—elderly or young adult, male, white, unmarried, living alone
- Same-sex sexual orientation

Factors that may **decrease** risk

- Positive social support
- Spirituality
- Sense of responsibility to family
- Children in the home, pregnancy
- Life satisfaction
- Reality testing ability
- Positive coping skills
- Positive problem-solving skills
- Positive therapeutic relationship

3 ASK THE QUESTIONS

- **Are you feeling hopeless about the present/future?**

If yes, ask...

- **Have you had thoughts about taking your life?**

If yes, ask...

- **When did you have these thoughts, and do you have a plan to take your life?**

- **Have you ever had a suicide attempt?**

4 RESPONDING TO SUICIDE RISK

Ensure the patient's immediate safety and determine the most appropriate treatment setting.

- Refer for mental health treatment or ensure that a follow-up appointment is made.
- Inform and involve someone close to the patient.
- Limit access to means of suicide.
- Increase contact and make a commitment to help the patient through the crisis.

Provide the number of an ER/urgent care center to the patient and significant other.



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