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FAMILY

SUICIDE PREVENTION



OUR MISSION

The mission of The USAA Educational Foundation is to help consumers make informed decisions by providing information on financial management, safety concerns and significant life events.



TABLE OF CONTENTS

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What You Should Know	2
An introduction	
Who Is At Risk And Why?	3
Factors that can cause suicidal thoughts and actions	
Warning Signs	5
Behaviors that tend to precede suicide	
What You Can Do	6
How to help someone in crisis	
Suicide Prevention In The Military	8
Important steps for servicemembers and veterans	
When Suicide Occurs	10
Grieving the loss of someone you know	
For More Information	12

2 WHAT YOU SHOULD KNOW

According to the American Association of Suicidology (AAS), as many as 1 in 6 individuals seriously contemplate killing themselves at some point in their lives. These thoughts are usually associated with valid, complex and painful circumstances:

- Feeling worthless, burdensome or alone.
- Suffering from a severe physical or emotional crisis.
- Believing there is no way out of a serious problem.

Whatever the reasons for suicidal thoughts, they are temporary. With help, they can be overcome. This publication contains information to help you understand why suicidal thoughts may occur; how you should respond when they do; and what you can do to help prevent a death by suicide.

Help Is Available

- Call 9-1-1 if an immediate suicide danger exists.
- Call the National Suicide Prevention Lifeline, (800) 273-TALK (8255) if no immediate danger exists, but you need to speak with a trained counselor about suicidal feelings.

The Need For Concern

Suicide has become a major concern nationally with the need for better suicide prevention and awareness programs made available.

- Suicide is the leading cause of violent death in the United States, occurring nearly twice as often as murder.
- More than 34,000 Americans kill themselves annually; 95 take their own lives each day; and 1 dies by suicide every 15 minutes.
- Suicide rates among military servicemembers and veterans are at their highest levels and are increasing.

Sources: Centers For Disease Control and Prevention (CDC) National Vital Statistics Reports; U.S. Army

If You Have Suicidal Thoughts, Remember:

- If suicide seems like the only way out, it is not that better options do not exist, only that you are currently unable to see them. A physician, friend, counselor or clergy member can help you find the right answer.
- Suicidal thinking can be associated with health conditions that can be treated by a physician. In these cases, appropriate treatment may lead to improvement or complete recovery.
- You have reasons to live that are greater than the pain you are feeling. Caring individuals are willing and able to help you through your crisis.

From: American Association of Suicidology

Suicidal thoughts and actions can affect anyone.

- Men and women. Almost 4 times as many men than women kill themselves. But women attempt suicide 3 times more often than men.
- Young individuals and elders. Young individuals aged 10 to 14 have the highest rates of attempted suicide, but elderly individuals aged 80 or older have the highest rates of completed suicide.
- Every race. Although Caucasian and Native American males are more likely to die by suicide than Americans of other racial backgrounds, all racial and ethnic groups experience suicide.

Source: Centers for Disease Control and Prevention (CDC) National Vital Statistics Reports

Risk Factors

Although anyone may have suicidal thoughts, individuals who attempt or commit suicide usually have one or more of the following risk factors:

- Previous suicide attempts or a family history of attempted or completed suicide.
- A parental history of divorce, substance abuse or violence.
- A personal or family history of depression or other mental health problems.
- A history of physical or sexual abuse.
- A history of impulsive, reckless or violent behaviors.
- A history of substance abuse or other self-destructive behaviors.

Contributing Factors

The risk of suicide is further increased when an individual experiences contributing factors such as these:

- A recent agonizing event, such as the death of a loved one, divorce or breakup, or lost custody of children.
- Repeated exposure to pain, injury and death.
- Chronic physical pain or a terminal illness.
- Acute stress from financial difficulties, ongoing job loss or difficult relationships.

NATIONAL SUICIDE PREVENTION LIFELINE

(800) 273-TALK (8255)

- Press 1 if you are a military servicemember.
- Call for yourself or someone you care about.
- Anytime, day or night.
- Calls are confidential.
- Funded by the U.S. Department of Health and Human Services.

If an individual also has easy access to firearms, potentially lethal medications or other means of enacting suicide, risk increases.

Source: AAS and the American Foundation for Suicide Prevention (AFSP)

Behavioral Changes

Also watch for the following changes in behavior:

- Declining performance in school, work or other activities.
- Deteriorating physical appearance.
- Self-starvation or disobeying medical instructions (particularly among the elderly).
- Giving away belongings or getting affairs in order.
- Saying goodbye, as if for the last time.

Suicide Drivers

Risk factors alone cannot predict suicide. Many individuals live with traumatic family situations and difficult life circumstances. Many cope with isolated stressful or traumatic events.

What drives some — and not others — to end their own lives? Current research suggests that an individual chooses suicide when three mind-sets occur simultaneously.

- Having the belief of being a burden to others — the idea that those you care about will benefit more from your death than your life.
- Having a deep sense of loneliness, alienation and isolation.
- Having a fearlessness about pain, injury and death that allows you to overcome the natural inclination to protect yourself.

Not all suicides can be predicted, and some tragically occur without warning. However, most do not. You can learn to recognize the following suicide warning signs. Take them seriously when they occur and be prepared to respond immediately.

Is Path Warm?

Clinical researchers, in cooperation with the American Association of Suicidology (AAS), developed the “IS PATH WARM?” phrase as a tool for remembering suicide warning signs.

IS PATH WARM?	
I deation	<ul style="list-style-type: none"> • Threatening to commit suicide. • Communicating a desire to end one’s own life. • Looking for ways to die by seeking access to firearms, pills or other means.
S ubstance abuse	<ul style="list-style-type: none"> • Using alcohol or drugs excessively or more than usual. • Being intoxicated can make you or someone you know more likely to act on suicidal thoughts.
P urposelessness	<ul style="list-style-type: none"> • Feeling there is no reason to live. • Being overwhelmed with a sense of personal failure or worthlessness.
A nxiety	<ul style="list-style-type: none"> • Feeling agitated, worried or restless. • Being unable to sleep, or sleeping all the time.
T rapped	<ul style="list-style-type: none"> • Feeling there is no way out of current feelings or circumstances. • Feeling completely unable to reduce physical or emotional suffering.
H opelessness	<ul style="list-style-type: none"> • Having no positive feelings about self, others or the future. • Believing no one can help with a particular event or problem.
W ithdrawal	<ul style="list-style-type: none"> • Pulling away from friendships, family and other social connections. • Being uncommunicative, especially if this is unusual.
A nger	<ul style="list-style-type: none"> • Exhibiting rage or uncontrolled hostility. • Seeking revenge for perceived wrongs.
R ecklessness	<ul style="list-style-type: none"> • Acting reckless without regard to consequences. • Engaging in risky behavior, especially if this is out of character.
M ood changes	<ul style="list-style-type: none"> • Having mood swings, especially if they include extreme feelings of hopelessness, despair and self-doubt. • Becoming unusually sad, apathetic or irritable. • Being suddenly and unusually calm. This may indicate a decision to act.

These are signs of acute risk. Call 9-1-1 or (800) 273-TALK (8255).

6 WHAT YOU CAN DO

If someone you know demonstrates suicide warning signs or talks about wanting to die, even in a joking manner, take direct action.

Never Promise Confidentiality

Secrecy can be dangerous. A suicidal individual needs help from a qualified professional.

- Call 9-1-1 or the National Suicide Lifeline, (800) 273-TALK (8255).
- Accompany the individual to a local emergency room or community mental health center.
- Contact the individual's physician or mental health provider.

For An Acute Crisis

If someone you know is threatening to commit suicide, take the threat seriously.

- **Involve others.** Do not try to handle the crisis on your own. Call 9-1-1, (800) 273-TALK (8255), the individual's physician, or others who are trained to help.
- **Listen.** Let the individual relieve anguish by talking. Be understanding.
- **Avoid leaving the individual alone.** If possible, stay nearby until you are sure your friend or family member is receiving professional care.

When You Notice Warning Signs

Do not hesitate to talk to someone who may be contemplating suicide.

- **Ask direct questions.** It is alright to say, "Are you thinking about killing yourself?" If the individual has a plan and the means to carry it out, call 9-1-1 immediately.
- **Share your concerns.** Remain calm. Gently mention behaviors that worry you.
- **Listen.** Your friend or loved one will be more willing to accept your help and seek professional feelings and thoughts.
- **Help overcome guilt.** Your friend or family member may feel ashamed of wanting to die. Point out that many individuals experience similar thoughts. The important thing is getting help for painful and hopeless feelings.
- **Stress the individual's importance.** Emphasize that the individual's life is important to you and to others. Provide specific examples of how the individual makes your own life better.
- **Do not take personal responsibility.** You cannot make a suicidal individual well, but you can help someone you know find and continue treatment.
- **Provide ongoing support.** When someone you know has shared with you that they are getting professional help for suicidal thoughts, talk to them regularly. Ask how you can support them. Suicidal individuals sometimes discontinue treatment after early visits with a health professional. Your support may encourage them to continue.

In The Workplace

It takes courage to help any individual struggling with thoughts of death. When the individual is someone you work with, talking about your concerns may feel awkward. However, you could be a co-worker's or employee's only source of help.

- **Form work relationships.** Get to know those you work with. The better you know one another, the better you can help if problems arise.
- **Be observant.** Pay attention to warning signs such as increased absenteeism, decreased productivity or lost interest or pride in work.
- **Take appropriate steps.** Take time to understand and follow your company's protocol for handling sensitive issues at work. Be respectful and mindful of the individual's privacy and health information. Allow them to share what they are comfortable sharing. Should an individual confide in you that they are contemplating suicide, report this information to your leadership at once.
- **Offer compassionate help.** Refer the individual to the employee benefit programs such as your Employee Assistance Program (EAP) office or other appropriate source of help.

8 SUICIDE PREVENTION IN THE MILITARY

Tragically, servicemembers are taking their own lives at unprecedented rates. Over the past several years, all branches of service have seen an increase in suicide rates and are working to address the issue by raising awareness and enhancing their suicide prevention programs.

Contributing Factors

The suicide rate is increasing fastest among military personnel with the most ground combat. Still, no single factor accounts for every military death by suicide. Along with the issues that may contribute to any individual's suicide, servicemembers must cope with the following:

- Multiple relocations, separation from family and the demanding nature of military work. Servicemembers can experience a lifetime of stress during a few years of service.
- Being more susceptible to medical issues highly associated with suicide, such as post-traumatic stress disorder (PTSD).
- Fearing being perceived negatively for seeking mental health treatment.

POST-TRAUMATIC STRESS DISORDER (PTSD)

- PTSD occurs when the body's normal reaction to disturbing events interrupts normal living for a prolonged period.
- Without medical treatment, PTSD increases the risk of suicidal thoughts and actions.
- Symptoms include:
 - Recurring flashbacks or nightmares of the event.
 - Avoidance (to the point of phobia) of any reminder of the event.
 - Chronic sleep problems, feeling on edge and other signs of hyperarousal.
- Treatment may include medication and psychotherapy.

Leadership's Critical Role

Helping prevent suicide in the military requires caring and decisive leadership. There are steps all servicemembers can take.

- **Form relationships.** Get to know those around you. Be able to recognize when they are suffering.
- **Be informed about suicide.** Learn the risk factors, contributing factors and warning signs of suicidal thoughts and actions. Take steps to inform others.
- **Discourage high-risk behaviors that can lead to suicide.** Recent studies show increased use of alcohol, amphetamines and narcotics among some servicemembers. This dangerous trend can contribute to suicidal thoughts if not addressed.

- **Create awareness.** Stigma is the biggest deterrent to seeking appropriate treatment. Tell others that seeking help (for any problem) is an important part of fitness and readiness. Getting help shows self-awareness and a desire to achieve your best.
- **Encourage at-risk individuals to get help.** Early diagnosis and treatment are extremely important.

Military leaders must communicate to personnel that seeking help is a sign of strength: It is a courageous and honorable thing to do.

The ACE Formula

When helping an individual having suicidal thoughts, remember ACE.

ASK	CARE	ESCORT
<ul style="list-style-type: none"> • Have the courage to ask, “Are you thinking about killing yourself?” • Ask the question directly. • Stay calm. 	<ul style="list-style-type: none"> • Remove any means that could be used for self-injury. • Calmly control the situation; do not use force. • Actively listen to produce relief. 	<ul style="list-style-type: none"> • Avoid leaving a suicidal individual alone, but be alert to your own safety. • Escort the individual to the chain of command, a Chaplain, a behavioral health professional or primary care provider.
Based on the U.S. Army’s and the U.S. Air Force’s Suicide Intervention Programs.		

Getting Help

If an acute suicide crisis exists, call 9-1-1.	
If warning signs of suicide are present, call:	
<ul style="list-style-type: none"> • The National Suicide Prevention Lifeline 	(800) 273-TALK (8255)
Military personnel and their families may also contact:	
<ul style="list-style-type: none"> • A local military medical or mental health clinic. 	
<ul style="list-style-type: none"> • Military OneSource Crisis Intervention Line 	(800) 342-9647
<ul style="list-style-type: none"> • The Defense Centers of Excellence (DCoE) 	(866) 966-1020
<ul style="list-style-type: none"> • Wounded Soldier and Family Hotline 	(800) 984-8523

10 WHEN SUICIDE OCCURS

If you lose someone to suicide, your grief process will be intense, complex and lengthy. Feelings of denial, anger and guilt are much stronger when someone you care about commits suicide than when one is lost to illness or accident.

What To Expect

As you grieve, you may experience the following thoughts and feelings. While these reactions are natural, they can interfere with your ability to resolve grief.

- Overwhelming anger, guilt, confusion, sadness and forgetfulness, as well as physical aches and pains or trouble eating and sleeping.
- Persistent memories or dreams about the suicide.
- Fear or anxiety over simple activities, such as taking a shower, being in the dark or opening a closed door.
- Intense guilt over past actions or words — even guilt for surviving. You may relive past arguments or conflicts.
- Repressed acceptance of the suicide. You may attempt to rationalize that the death was an accident or even murder.
- Shame or embarrassment that keeps you from seeking necessary help and support.
- Feeling you could have prevented the suicide.
- Blaming yourself for missing warning signs of the individual's intentions.
- Imagining you were responsible for your friend's or loved one's actions.
- Worrying that others blame you for the suicide.
- A sudden resurgence of these symptoms when you hear of another suicide.
- When family and friends suffer the grief and trauma of losing someone they care about to suicide, they become more likely to kill themselves.

Steps Toward Recovery

When coping with the complex emotional and sociological factors surrounding suicide, you should try to respond in the following ways:

- Acknowledge that your friend or loved one died by suicide.
- Accept that your friend or loved one — and no one else — was responsible for choosing suicide.
- Talk or write about your friend's or loved one's death to help break a cycle of obsessive thoughts.

- Consult a physician if anxiety interrupts your normal routine for a prolonged period.
- If guilt persists, it may help to consult a clergy member, support group, counselor or therapist.
- Learn as much as you can about suicide and its causes.
- Reach out to others who have lost a friend or loved one to suicide. Join a support group or start one if there are none in your area.
- Stay in touch with family and friends during the stress-filled weeks and months following the suicide.

Grief is a natural, necessary and healthy response to the loss of someone you care about, but it is not just a feeling. It is the difficult process of facing your loss, accepting it and choosing to enjoy life again. Expect emotional and physical symptoms to come and go throughout this period. Over time, the intensity and frequency of your anguish will diminish and you will recover.

Suicide Can Be Prevented

The complex issues surrounding suicide are not easy to solve. If you or someone you know is thinking about suicide, get help immediately. Many suicides can be prevented with proper care, treatment and support.

THE USAA EDUCATIONAL FOUNDATION PUBLICATIONS, *WHEN A LOVED ONE DIES: COPING WITH GRIEF* AND *WHEN A LOVED ONE DIES: LEGAL AND FINANCIAL CONCERNS*, OFFER MORE INFORMATION. SEE “RESOURCES” ON THE INSIDE BACK COVER OF THIS PUBLICATION TO ORDER A FREE COPY.

12 FOR MORE INFORMATION

American Association of Suicidology (AAS)

5221 Wisconsin Avenue, NW

Washington, DC 20015

(202) 237-2280

www.suicidology.org

American Foundation for Suicide Prevention (AFSP)

120 Wall Street, 22nd Floor

New York, NY 10005

(888) 333-AFSP (2377)

www.afsp.org

National Institute of Mental Health (NIMH)

6001 Executive Boulevard, Room 8184, MSC 9663

Bethesda, MD 20892-9663

(866) 615-6464

nimhinfo@nih.gov

Suicide Prevention Resource Center

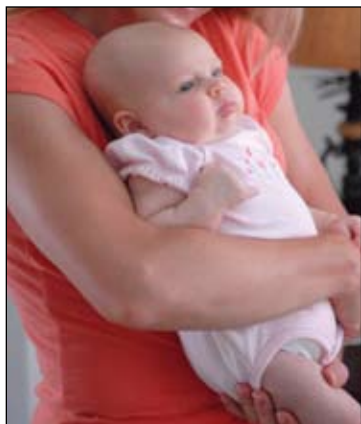
55 Chapel Street

Newton, MA 02458

(877) GET-SPRC (438-7772)

www.sprc.org

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