

SUICIDE PREVENTION



**"WHOEVER PRESERVES ONE LIFE,
IT IS AS IF HE PRESERVED AN
ENTIRE WORLD"**

-FROM THE TALMUD



SUPERVISOR'S ROLE IN SUICIDE PREVENTION

Know your personnel. Be keenly aware of changes in attitudes, behaviors, performance.

Identify "at risk". Spot individuals with problems and get help for them.

Be a leader who is actively concerned about welfare and morale within the command. It is important that you show interest in the problems of sailors and their families.

Be aware of resources that can help you help your people.

Be available. Be supportive. Be an active listener.

Reassure the person that you will listen and try to help him/her.

Temporarily "put yourself in the person's shoes" and try to understand what he/she is feeling.

Allow the sailor to talk. Don't judge his/her actions. Don't try to cut off the conversation. Don't belittle or criticize what they are saying.

Know the suicide warning signs and risk factors.

If a person attempts or threatens suicide, take it seriously. Follow emergency procedures:

***Do not leave the individual alone.
Call for professional help immediately.***

TAKE ALL THREATS SERIOUSLY!



RESOURCES

*** FAMILY SERVICE CENTERS**

***North Island - 545-6071
Naval Station - 566-7404
Miramar - 537-4099***

*** USS CONSTELLATION**

***Command Duty Officer - 545-2113 ext. 7201
Emergency Medical - 545-7040 ext. 7911
Duty Chaplain - 545-5660 ext. 7074***

*** NAVAL HOSPITAL**

***Emergency - 532-8275
Ambulance - 911***

*** SUICIDE HOTLINE - 236-3339**



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SUICIDE FACTS

Do You know that...

Suicide is on the rise nationwide.

The most common cause for suicide is difficulty in a relationship (divorce, break-up, separation) or family problems.

The second most common cause for suicide is difficulty with job, or the Navy.

Approximately 80% of all suicide victims give some advance warning of the suicide.

Among sailors, alcohol is related to 41% of completed suicides.

Sailors take their lives most often by violent means such as firearms or hanging.

Most Navy suicides occur in homes, quarters, or barracks/ships.

Among Navy suicides, almost 40% had a history of previous psychiatric disturbance.

Suicide can be prevented by supervisor's involvement and action.



WHAT NOT TO DO

- * DON'T LEAVE ANYONE ALONE IF YOU BELIEVE THE RISK OF SUICIDE IS IMMINENT.**
- * DON'T ASSUME THE PERSON ISN'T THE SUICIDE TYPE.**
- * DON'T ACT SHOCKED AT WHAT THE PERSON TELLS YOU.**
- * DON'T KEEP A DEADLY SECRET. TELL SOMEONE WHAT YOU SUSPECT.**

WHAT TO DO

- * TAKE THREATS SERIOUSLY**
- * ANSWER CRIES FOR HELP.**
- * CONFRONT THE PROBLEM.**
- * BE DIRECT.**
- * TELL THEM YOU CARE.**
- * GET PROFESSIONAL HELP.**

SUICIDE WARNING SIGNS

Verbal statement of wish to die or direct threat to self harm.

An unusual interest in or talk about the subject of death--reflected in speech, art, letters, etc.

Talks about feeling worthless.

Decline in job performance and/or personal appearance.

Changes in sleep patterns and/or appetite.

Drug or alcohol abuse.

Unusual withdrawal, isolation, aggression, disinterest, moodiness, or crying spells.

Making final arrangements, giving away favorite possessions, writing a will.

Being accident prone.

Depression over recent death of friend or relative.



SUICIDE RISK FACTORS

The suicide risk is higher in a person who:

Has problems with family, relationships, job, the Navy, finances.

Has made previous suicide attempts.

Has a family history of suicide.

Has experienced a recent suicide of a friend or relative.

Threatens suicide.

Has possession of a weapon.

Has specific, well-thought out plan.