

Suicide Awareness & Dealing with Loss

Presentation by Bob Knight,
VFW Post 7589, Jr Vice Post Commander
from briefing by USCG Chaplain Jonathan Alexander and others

Suicide Risk Factors

- Poor job performance/evaluation
- Being passed over for promotion or career opportunities
- Rejection or failed relationships
- Debilitating sickness or illness
- Death of a loved one
- Bullying
- Financial problems
- Loss of social support systems
- Facing NJP or other legal actions
- Feeling shamed or humiliated

Suicide Warning Signs

“IS PATH WARM”

- **I**deation – Thoughts of suicide
- **S**ubstance Use – Increased or excessive alcohol/drug use
- **P**urposelessness – Seeing no reason for living
- **A**nxiety – Anxiousness, agitation, nightmares
- **T**rapped – Feeling as though there is no way out
- **H**opelessness – Feeling hopeless about oneself, others or the future
- **W**ithdrawal – Isolating from friends, family, usual activities, and society
- **A**nger – Feelings of rage or uncontrolled anger, seeking revenge
- **R**ecklessness – Acting without regard for consequences
- **M**ood Changes – Dramatic changes in mood, unstable mood

Rank, in order, the following
suicidal stressors (from to a recent military study):

A: Substance abuse

B: Legal or disciplinary issues

C: Military or work stress

D: Relationship problems

Q: What is the most prevalent stressor involved in suicides?

A: Relationship problems

*And within relationships...
money, sex, and power (i.e. control)*

The right rank:

A: Relationship problems (58%)

B: Military or work stress (50%)

C: Legal or disciplinary issues (38%)

D: Substance abuse (30%)

- More than **80%** of people who commit suicide suffer from a mental health issue, usually mood (e.g. depression), substance use, PTSD, or impulse control disorders
- Alcohol use and abuse are associated with approximately **25% to 50%** of suicides

The Combination Is Lethal

How Do We Stop The Chain Of Events?

ASK

CARE

ESCORT

A-C-E

ASK

Do:

- Ask if s/he is thinking about suicide
- Actively listen
- Acknowledge talk, behavior and feelings

Don't:

- Debate whether suicide is right or wrong
- Discuss whether feelings are good or bad
- Lecture them on how they should feel

A-C-E

CARE

Do:

- Listen!
- Discuss/care about issues and troubles

Don't:

- Encourage him or her to do it as a test
- Act shocked at their desire to die
- Rush to try to “fix” or “cheer up” the person
- Judge or minimize

A-C-E

ESCORT

Do:

- Inform other (family, friends and etc.) about the issue
- Take them to medical/emergency room
- Call 911

•And do it NOW!

Don't:

- Leave them alone no matter what they say
- Be sworn to secrecy

Protective Factors

- Coping skills
- Self-efficacy
- Problem – solving skills
- Optimism
- Personal control
- Belonging
- Social support
- Access to resources
- Interconnectedness
- Marriage
- Community
- Spiritual affiliation
- Participation
- OK to seek help!

Resources for at Risk Veterans

- **Veterans Crisis Line - Connects Veterans, families & friends to trained VA responders**
 - **How? Confidential toll-free hotline, online chat, or text**
 - Call **800-273-8255 and press 1**
 - Chat online
 - Send **text message to 838255**
 - **What do you get?**
 - Confidential crisis help and support 24/7/365
 - More information is at ***<https://www.veteranscrisisline.net>***
- **Resource Locator - Helps Vet find VA resources in their area**
 - Suicide Prevention Coordinators,
 - Crisis centers
 - VAMCs, outpatient clinics, and Vet Centers.
 - More information is at ***www.veteranscrisisline.net/ResourceLocator***

Resources for at Risk Veterans

- **Make the Connection.** Online resource Connects Veterans, families & friends to:
 - Information and solutions to issues affecting their lives
 - More information is available at <https://maketheconnection.net/>
- **Coaching into Care (888-823-7458).** National VA telephone service
 - Aims to educate, support, and empower family members and friends who are getting care or services for a Veteran
 - More information is available at <https://www.mirecc.va.gov/coachinget/>.
- **VA S.A.V.E. PsychArmor.** This free course can help you play an important role in suicide prevention
 - It was developed along with the Department of Veteran's Affairs
 - Available online: www.psycharmor.org/courses/s-a-v-e/
- **VA App Store.** Access to dozens of VA apps, including ones on PTSD
 - <https://www.mobile.va.gov/appstore>
 - <https://www.ptsd.va.gov/>

Grief

Grief

DESCRIPTION

- A normal human process in response to a loss
- Progresses through various stages
- The entire process may take up to 3 years

ASSESSMENT

- Crying
- Fatigue and lethargy
- Depression
- Anorexia
- Somatic complaints
- Sense of detachment and unreality
- Guilt and anger
- Insomnia
- Agitation
- Ambivalence
- Denial

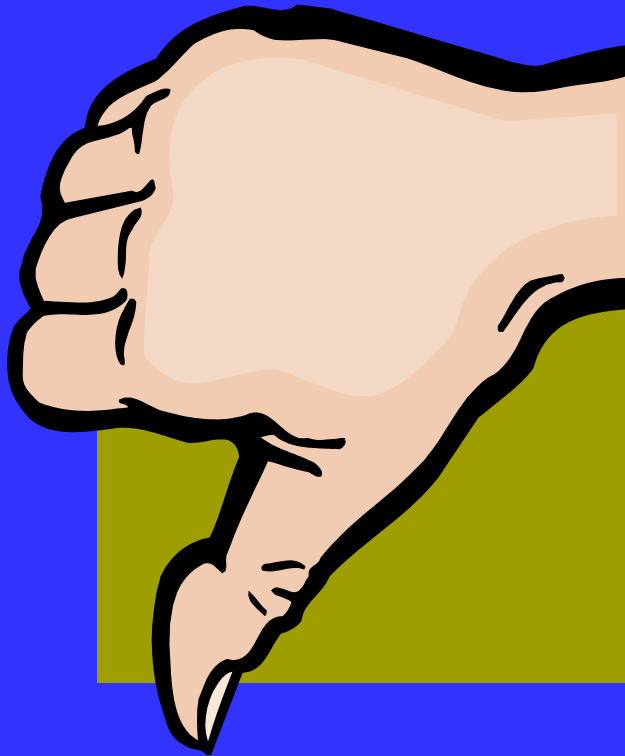
Common Losses People Grieve

- People grieve for many different reasons including lose of:
 - A loved one
 - A pet
 - A beloved public figure, leader or mentor
 - A life role, such as a career change
 - Physical ability
 - Belief in a person, idea or cause
- For Veterans grief may come from loss of:
 - Mental health (e.g., PTSD, loss of sense of safety)
 - A military comrade who died in battle
 - Disability acquired during service, traumatic brain injury, etc
 - Sense of closeness you had with fellow service members
 - Identity as a member of the armed forces

The 5 Stages of Grief

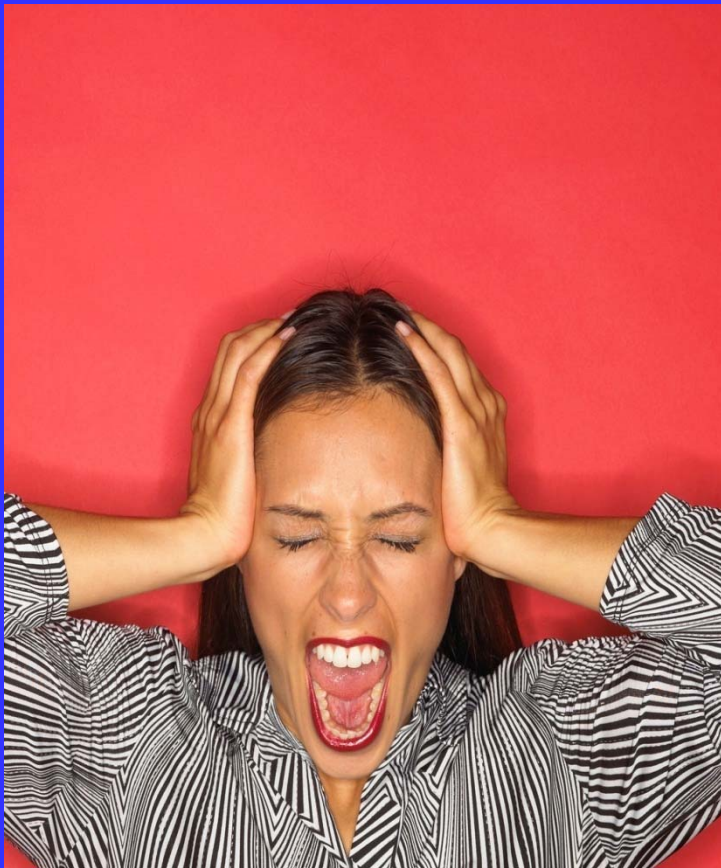
1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

Stage 1: Denial



- Refusing to believe a probable death will occur
- You can help others face it by being available for them to talk instead of forcing them to talk about it

Stage 2: Anger

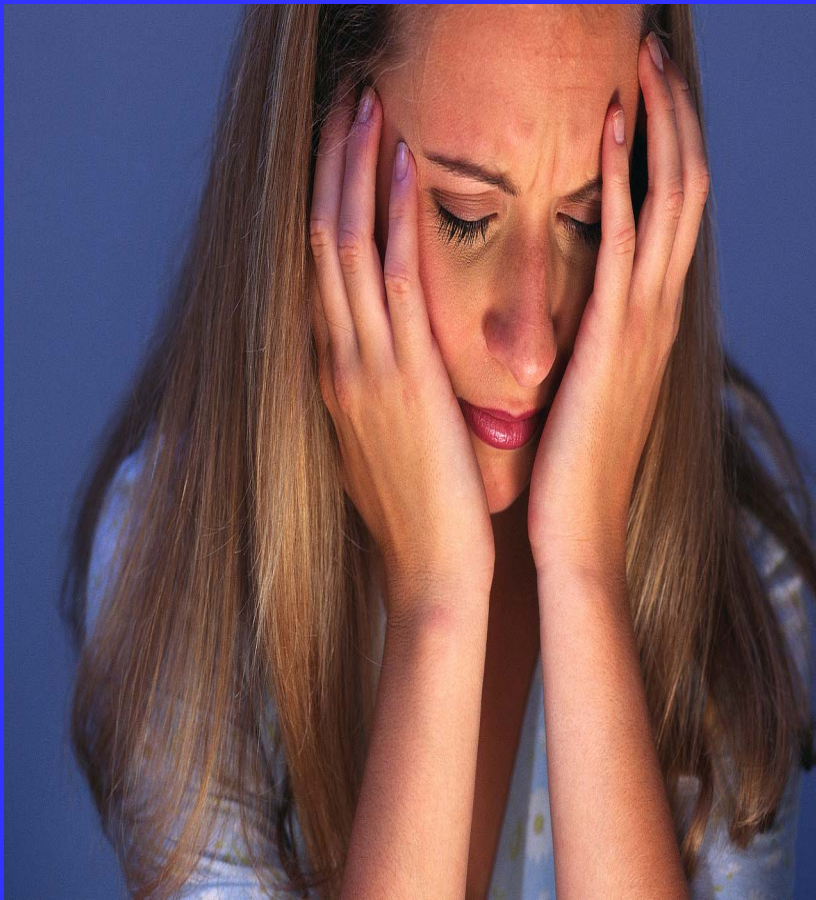


- Once the diagnosis is accepted as true, anger and hostile feelings like the following can occur:
 - Anger at God for not allowing them to see their kids grow up
 - Anger at the doctors
 - Anger at the family
- Try not to take it personally. They have a right to be angry so allow them to express themselves so they can move on in the grieving process

Stage 3: Bargaining

- They dying person may start to negotiate with God i.e. “I’ll live a healthier life,” “I’ll be a nicer person,” “I was angry so let me ask nicely to please let me live.”
- They may negotiate with the doctor by saying, “How can I get more time so I can live in my dream home, and so on.”
- There is a deep sense of yearning at this stage to be well again

Stage 4: Depression



- When reality sets in about their near death, bargaining turns into depression
- Fear of the unknown
- Guilt for demanding so much attention and depleting the family income occurs
- Be available to listen instead of cheering them up, or rambling, repetitive talk
- Distraction like talk about sports, etc., is good but don't ignore the situation

Stage 5: Acceptance



- When the dying have enough time and support, they can often move into acceptance
- There is an inner peace about the upcoming death
- The dying person will want someone caring, and accepting by their side

Summary

- The stages don't always occur in order.
- Whether you are the patient or the loved one, nobody escapes grief.
- People grieve at different rates of time. Delayed grief can occur when people suppress the emotions of the death and years later, get depressed.
- Cultural differences, age, gender, race, and personality change the way people grieve.
- Bereaved persons have higher rates of depression, and are at greater risk for illness than non-bereaved.

GRIEVING

- IMPLEMENTATION

- Explain the normal stages of the grieving process
- Assess the YOUR progress through the grieving process
- Encourage both yourself and others to express feelings about the loss and its significance on life
- Encourage expression of angry feelings
- Encourage the post team to work through the feelings associated with loss

Questions & Discussion

Helping Children Cope



- Be straightforward; distortions can do lasting harm i.e. “he’s gone to sleep” can lead to a fear of sleep or “God took her,” leads to a hate for God.
- Reassure that they are no way to be blamed and will be taken care of.
- Let child participate in the family sorrow and grief.
- Give as much attention to the child who cries as to the one who doesn’t cry.
- Silence between family and friends makes it worse.
- Don’t say, “you are the man of the house now” or “be brave.”

How to Cope with Death



- Allow yourself to grieve by looking at pictures, playing nostalgic music, and reading old letters.
- Use dance as a way to express how you felt.
- Use painting/drawing to express your feeling.
- Imagine how Jesus, Buddah, Mohammed, or a greak oak tree would tell you how to cope with it.
- Funerals, ceremonies, and rituals help people with the grieving process.

Grieving Life Events

- Events like divorce, separation from children, break-up of boyfriend/girlfriend, losing a job/unemployment, can feel like going through an inner death.
- The stages of denial, anger, bargaining, depression, and acceptance also occur in these circumstances.
- Feeling “dead” in our job, in our relationship, in our roles, in our bodies is a reality with many people.
- Do drugs “deaden” your emotions and energy?
- Does a mother or father “deaden” your enthusiasm?
- Turn away from these “deadening factors” and choose to find peace, meaning, value, and purpose in your life.

A-C-E

ASK

CARE

ESCORT

GRIEVING

- **ASSESSMENT**
 - **Crying**
 - **Guilt and anger**
 - **Fatigue and lethargy**
 - **Insomnia**
 - **Depression**
 - **Agitation**

GRIEVING

- **ASSESSMENT**

- Anorexia
- Ambivalence
- Somatic complaints
- Sense of detachment and unreality
- Denial

Resources

- Employee Assistance Program (EAP) Coordinator
- National Suicide Prevention Hotline: 1-800-273-TALK(8255)
- CGSUPRT: 1-855-CGSUPRT (247-8778)
- Local CG Medical Clinic
- Healthcare Provider
- Unit Independent Duty Corpsman
- Chaplain and Absolute Confidentiality
- http://www.uscg.mil/worklife/suicide_prevention.asp

Grieving

- **DESCRIPTION**

- A normal human process that occurs in response to a loss
- Progresses through various stages
- The entire process may take up to 3 years

- **ASSESSMENT**

- | | |
|-------------------------------------|-----------------|
| • Crying | Guilt and anger |
| • Fatigue and lethargy | Insomnia |
| • Depression | Agitation |
| • Anorexia | Ambivalence |
| • Somatic complaints | Denial |
| • Sense of detachment and unreality | |

Common Losses People Grieve

- People grieve for many different reasons.
 - Some examples include loss of:
 - A loved one
 - A pet
 - A beloved public figure, leader or mentor
 - A life role, such as a career change
 - Physical ability
 - Belief in a person, idea or cause
 - For Veterans grief may come from loss of:
 - Mental health (e.g., PTSD, loss of sense of safety)
 - A military comrade who died in battle
 - Disability acquired during service, traumatic brain injury, etc
 - Sense of closeness that was had with fellow service members
 - Identity as a member of the armed forces