



Suicide: What Unit Leaders Need to Know

What is Suicide?

Suicide is the deliberate act of ending one's life. It is a serious concern for the nation as well as the Defense Department. Although suicide in the services is rare, combat exposure and other job related stressors on relationships are thought to contribute to a rise in suicide rates over the past few years. As always, leaders must be vigilant in order to help prevent even one suicide from occurring. Unit leaders are in the best position to identify and intervene when a service member may be suicidal. The following graphic highlights warning signs that service members may exhibit at work and helps leaders understand issues that might be under the surface.

Facts about Suicide:

- Suicide is the 10th leading cause of death in the United States
- When adjusting for demographic factors, the suicide rate among service members has historically been lower than the national average
- Several conditions resulting from exposure to combat, such as traumatic brain injury, posttraumatic stress disorder, depression, chronic pain and substance abuse can increase an individual's risk for suicide

TIP OF THE ICEBERG

- Dramatic Mood Changes
- Reckless Behavior
- Withdrawing from Friends and Family
- Giving Away Prized Possessions
- Losing Interest in Their Appearance
- Talking About Death or Self-harm
- Losing Interest in Previously Enjoyable Things
- Loss of Appetite

BELOW THE SURFACE

- Relationship Problems
- Clinical Depression
- Feelings of Hopelessness
- Severe Anxiety/Distress
- Financial Problems or Legal Troubles
- Drug Abuse or Abusing Alcohol
- Prior Suicide Attempts

A service member who is thinking of suicide due to being overwhelmed by their problems may take foolish risks, withdraw from the world, give away possessions and not take care of themselves. Many of these happen because the service member isn't actually worried about the future because they don't intend to be around. A good leader will know to look "below the surface" and find out the reasons for the service member's behavior change.

When someone's problems have piled up or seem so large that they consider suicide, they need help from peers and leaders. Due to the stigma associated with seeking psychological help or having suicidal thoughts, many service members will hide any signs of problems from others and delay or completely avoid seeking help. Your role is to recognize the things above the surface and know to ask about other problems that may be driving these changes. Engaged unit leaders are the front line in preventing suicide.



What can you do to help your service members?

- Know your service members so that you recognize when their behavior, mood or job performance change
- Learn what symptoms to observe for and do not be afraid to ask if a person is thinking about suicide
- Take any discussion of suicidal feelings seriously, despite how casually they may be expressed
- Know where to seek professional help and ensure that a person in need seeks out the appropriate resources
- Express concern and emphasize that seeking care is a sign of strength

Things to avoid when it comes to helping

- Don't ignore the problem — assuming the person will never follow through with suicide is not acceptable
- Do not try to act as a counselor or therapist — if the service member needs help, encourage them to see a professional
- Don't act shocked or engage in moral discussions that may produce feelings of guilt or shame
- DO NOT leave a service member who is suicidal alone — immediately get them to a professional qualified to do a medical evaluation
- Do not discuss the service member's issues with others in the unit

Example Case: Specialist Jeff Hall

Specialist Hall served in the Army National Guard for two years and was several months away from his first deployment when his younger brother was killed in a car accident. Hall's mother and younger sister were devastated by this loss, and Hall himself was trying to hold his family together. In the weeks following his brother's death, Hall's mother became increasingly depressed, drank heavily and blamed herself for the loss of her son. She also began pressuring Hall to "get out of your deployment," saying it would kill her to lose her only other son. Specialist Hall felt increasing pressure to try to hold things together and escalating anger at his situation — he wanted to deploy with his unit but felt responsible to his family, which seemed to be falling apart right in front of him. He grew distant from his friends and began fighting with his girlfriend, who said he was "losing it" because of the stress. Over the next few weeks he slept little, was constantly on edge and more hopeless about his future. One night, Hall was arrested after getting into a fight at a bar, adding Uniform Code of Military Justice charges to his growing list of worries.

After a night of worrying and feeling trapped, he called his girlfriend, who hadn't spoken to him since he was arrested. Rather than being supportive, she told Hall that they needed to take a break, especially with the upcoming deployment. Feeling overwhelmed and without options, Hall sent a text message to his sergeant saying, "you won't have to worry about me anymore." Hall's sergeant had seen many changes in him over the past weeks and immediately came to his house. The sergeant drove Hall to the emergency room after talking him into getting help. After a short period of treatment, Hall joined his unit on the deployment.

Why Every Unit Leader Needs to Care About Psychological Health Conditions

Leaders at all levels need to know the realities of how psychological health conditions affect the unit's ability to perform its mission. Untreated psychological health conditions can lead to a loss of personnel or a loss in mission capability.

Loss of Personnel

- **Administrative Separation** — Service members who have unrecognized psychological health conditions are at risk of separation for patterns of misconduct (driving under the influence, insubordination, unauthorized absence (UA)/absent without leave (AWOL))
- **Medical Separation** — When service members delay care too long, psychological conditions may worsen and increase the likelihood of a medical separation
- **Suicide** — Service members who feel trapped with no options may turn to suicide

Loss of Mission Capability

- **Attrition** — Units that lose people because they don't recognize the problems or delay getting service members into care may not be able to accomplish their missions
- **Low Productivity** — Service members who suffer from posttraumatic stress disorder or other conditions are not able to perform at their best
- **Mistakes** — Service members who are not able to concentrate and are tired from lack of sleep are more likely to make errors, which can affect a unit's ability to meet requirements