

The goal in responding to a Soldier's expression of suicidal ideation is to prevent a suicide attempt by actively engaging and intervening before they are overwhelmed by life stressors and risk factors. Suicidal ideation, or suicidal thoughts, means thinking about planning suicide. Thoughts can range from a quick consideration to a detailed plan. If you see someone in crisis, use the information below to intervene.

PREVENTION: WHAT TO DO TO PREVENT AND PREPARE

- 1. Know your teammate: Have you noticed any changes in mood? Has a Soldier experienced any recent setbacks? Consider work, Family, social, spiritual areas.
- 2. Know Risk Factors: Change in behavior, domestic concerns, change in performance, alcohol abuse, drug use, financial concerns, recent loss, talking about suicide not wanting to go on, constant pain without relief, access to lethal means, change in relationship status.
- 3. Know resources and how to contact them. Suicide Prevention Lifeline, 1-800-273-TALK (8255). For the Military Crisis Line dial 1-800-273-8255, Press 1.

NTERVENTION: WHAT	TO DO WHEN YO	OU SEE A PROBLEM
-------------------	---------------	------------------

	INTERVENTIO	N: V	VHAT TO DO WHEN YOU SEE	A PROBLEM
Do no	t hesitate and act immediately. Ask YES or NC	que	stions. ALWAYS ask Questions 1, 2 and 6.	think the same of the same
01	Have you wished you were dead or wished you could go to sleep and not wake up?	>	IF YES – go to questions 3-6 If NO – go to question 2	
02	Have you actually had any thoughts about killing yourself?	>	IF YES – go to questions 3-6 If NO – go directly to question 6	
03	Have you thought about how you might do this?	>	If YES – inform PLT SGT; ESCORT If NO – go to question 4	
04	Have you had any intention of acting on these thoughts of killing yourself, as opposed to you having thoughts but definitely would not act on them?	>	If YES – high risk, call 911/ then PLT SGT If NO – go to question 5	NOT
05	Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	>	If YES – high risk, call 911/ then PLT SGT If NO – go to question 6	EVERY FIGHT IS
06	Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	>	In the past 3 months? if YES, inform PLT SGT, ESCORT In the past 3 days – high risk, call 911/ then PLT SGT If NO – inform PLT SGT of your observations	ON THE BATTLEFIELD
Any YE	S answers indicate the need for further care and elevat	ion to	Chain of Command. However, if the answer to #4, 5	i, or 6 is yes, immediately ESCORT to the nearest Chapla

behavioral health provider, Unit Leader or Emergency Department. DO NOT LEAVE THE PERSON ALONE. STAY WITH THEM until they are in the care of professional help.

POSTVENTION: WHAT TO DO AFTER AN ISSUE IS IDENTIFIED AND SOLDIER RETURNS TO DUTY

Check in on the Soldier/person with privacy in mind. Make an effort to stay in touch by periodically checking in. You and the Chain of Command play a role in suicide prevention by showing your support for the Soldier's return to readiness.

I OCAL CONTACT INICODMATION AND DESCRIBES

LOCAL CONTACT INFORMATION AND RESOURCES					
UNIT INFO:	INSTALLATION/LOCAL PHONE NUMBERS:				
	CHAPLAIN:				
BEHAVIORAL HEALTH:	Military (IICIDE				
MILITARY FAMILY LIFE COLINSFLOR:	Crisis Line DEVENTION				

www.armyresilience.army.mil/suicide-prevention | @ArmyResilience (f) (y)

1-800-273-8255 PRESS

