

If you or a loved one struggles with mental health and/or suicidal thoughts, please see available resources below to get help:

Veteran Crisis Hotline:

1-800-273-8255 ext. 1
Or Text: "838225"
veteranscrisisline.net/get-help/chat

Stop Soldier Suicide:

844-889-5610
stopsoldiersuicide.org/get-help

Vet Center Call Center:

877-927-8387

Women Veterans Hotline:

855-829-6636

Military OneSource:

800-342-9647

Stop Soldier Suicide (SSS) Initiative

- SSS is a veteran founded and veteran-led organization focused on meeting at-risk veterans and active members of the military.
- SSS provides personalized care and continued case management to thousands of veterans and active members each year.
- Mission: 40% reduction in the military suicide rate by 2030.

Blue Star Families (BSF) Initiative

- Support military families to improve military readiness.
- Build stronger communities around military families through knowledge and programs that addressing unique needs of those who serve.
- Nationally recognized surveys and analysis to give military families an important voice that informs policymakers and its military family programs.

NSPM WEBINAR FACT SHEET

Suicide in the Military

- 17 veteran suicide per day.
- Military suicides are now more 4X times higher than deaths in war operations.
- Suicide ranks second (at 24.8%) behind accidents (at 31.8%) as the leading cause of death in the military.

Combat Experience

- Mental health and suicidal thoughts affect more veterans than just those who have combat experience.
- 51% of SSS clients have combat experience.
- 49% of SSS clients do not.
- Whether you have combat experience or not, you **can** seek help.

PTSD

- At least 30% of SSS clients have not been diagnosed with PTSD.

What are the signs?

Intrusion - Intrusive Thoughts Such As:

- Repeated, involuntary memories
- Distressing dreams
- Flashbacks
- The feeling of reliving traumatic events

Avoidance Of Triggers Or Reminders Including:

- People
- Places
- Activities
- Objects
- Situations

What are the signs? (cont'd)

Alterations In **Cognition & Mood** Including:

- Inability to feel positive emotions
- Inability to remember
- Self-blame
- Feeling detached

Alterations In **Arousal & Reactivity** Including:

- Angry outbursts
- Recklessness & irritability
- Easily startled
- Trouble concentrating or sleeping

Impacts of COVID-19

- More than 40% of SSS clients indicated negative impacts from COVID-19.
- Nearly 20% of SSS clients rate suicidality as “significantly” worse during the pandemic.
- 84% of SSS clients indicate worsening in their mental health during the pandemic.
- More than 40% of SSS clients report increased discrete impacts such as anger, loneliness, etc. during the pandemic.

Frequent Questions/Concerns About Suicide

What should I do if I am in crisis or someone I know is considering suicide?

- Do not leave them alone.
- Do not promise that you will keep their suicidal thoughts a secret—tell a trusted friend, family member, or other trusted adult.
- Call 911 if there is immediate danger or go to the nearest emergency room.

What can I do to prepare myself for when I have suicidal thoughts?

- Create a safety plan or crisis response plan with specific instructions for what to do and how to get help when having thoughts about suicide.

How can I prepare myself if I think a loved one may start having suicidal thoughts?

- Stay connected and follow up with them often.
- Research also has shown that increasing safe storage of lethal means can help reduce suicide attempts and deaths by suicide. In addition, collaborative assessment and management of suicidality can help to reduce suicidal thoughts.

Does asking someone about suicide put the idea in their head?

- No.
- Studies have shown that asking people about suicidal thoughts and behaviors does not cause or increase such thoughts. Asking someone directly, “Are you thinking of killing yourself?” can be the best way to identify someone at risk for suicide.

Do people ‘threaten’ suicide to get attention?

- Suicidal thoughts or actions are a sign of extreme distress and an indicator that someone needs help. Talking about wanting to die by suicide is not a typical response to stress.
- All talk of suicide should be taken seriously and requires immediate attention.