



# Department of the Air Force RESILIENCE

SUPPORTING BOTH OUR AIR AND SPACE FORCES AND FAMILIES



Prevention - #22

## Medical/Mental Health

### SUICIDAL BEHAVIORS

The Air Force sees suicide prevention as the responsibility of the entire Air Force community. As leaders and wingmen, each Airman is responsible for creating a culture that encourages responsible help-seeking and healthy coping skills. All personnel must know the risk factors for suicide and be prepared to ask directly about suicide if they notice any of these risk factors.

#### Signs Wingmen Should Know/Look For

- Current/pending disciplinary or legal action (see Investigative Handoff and Limited Privilege Suicide Prevention program).
- Relationship problems.
- Substance abuse.
- Financial problems.
- Work-related problems.
- Transitions (retirement, PCS, separation from service, etc.).
- A serious medical problem, such as chronic pain or terminal illness.
- Significant loss, such as through death or divorce.
- Setbacks (academic, career, or personal).
- Stress that is severe, prolonged, and/or that a person thinks they cannot manage.
- A sense of powerlessness, helplessness, and/or hopelessness.
- A sense of being a burden to others.
- Presence of a weapon in the home.
- History of previous suicide attempts or self-injurious behavior such as cutting or burning.

#### Recognizing Distress in Individuals with Risk Factors

Coworkers, family, and friends are in the best position to recognize behavioral changes that indicate distress or difficulty coping, to discuss these changes with the individual, and to provide care and support. Changes may be exhibited in one or more of the following:

- Mood.
- Concentration.
- Sleep.
- Energy.
- Appetite.
- Substance use.
- Impulse control.
- Reduced capacity for enjoyment.
- Helplessness or hopelessness.
- Peer relations (withdrawal or arguments).
- Work performance.
- Military bearing.
- Personal hygiene and grooming.
- Ineffective problem solving.



**In addition, wingmen must be vigilant when someone shows:**

- An inability to see a future without pain.
- A view of themselves as worthless or burdensome to others.
- An absence of control over their life or life circumstances.
- Feeling alone.
- Excessive guilt or shame.
- An inability to stop negative thinking.
- Pessimism and a belief that there is no solution to life's problems.
- Constant/frequent thoughts about death, dying, and/or weapons.
- Challenging people in an aggressive manner.
- Giving away possessions.
- Excessive sorrow for past behaviors.

**Recommended Wingman Action**

You can help your wingman more effectively if you know what is going on. Talk to your wingman like you would any friend to find out what is causing the changes you have noticed. Be willing to ask about possible thoughts of wanting to die by suicide. It will help you know what type of help they may need.

- Use the ACE Model for discussing suicide. ACE stands for Ask, Care, and Escort. If you notice signs of distress or suicide risk factors, Ask your wingman what's going on and if they are having thoughts of self-harm; be an active listener and show that you Care about your wingman; and if necessary, Escort your wingman to the appropriate helping resource.
- Be especially vigilant if people are facing multiple stressors.
- Be honest and direct.
- Involve unit leaders or Security Forces if necessary to protect the person from harming himself or herself. The person may be so intent on suicide that they become dangerous to those attempting to help them.
- If possible, remove all potential means of self-harm from their area, such as firearms, pills, knives, rope, and machinery.
- Never leave someone alone who is believed to be at risk for suicide.

**Seek immediate assistance from the Mental Health Clinic for any of the following:**

- Reported thoughts of suicide.
- Discussion of a suicide plan.
- Disclosure of a recent suicide attempt.
- Self-injurious behavior such as cutting or burning.

**Leadership Considerations**

- Seek consultation from the Mental Health Clinic as needed if you have concerns about a potentially suicidal unit member.
- Commanders should consider referring members for a Commander Directed Evaluation (routine or emergency) as appropriate.
- Take steps to ensure the safety of the member and others.
- Maintain awareness (follow-up) of the individual's situation until the suicidal crisis is completely resolved.
- Assess needs of the individual's family as applicable.
- Consider safety considerations such as duty limitations and restricting access to weapons (government and personal).