



Leadership Toolkit: Suicide Prevention Talking Points Overview



Overview/Purpose:

The Suicide Prevention talking points are designed to supplement Suicide Prevention Annual Training. This toolkit will assist commanders and wing leadership with safe messaging, creating a regular and repeated conversation with Airmen regarding suicide prevention. The intent is to spend a few minutes during a regularly scheduled briefing or meeting to discuss the suggested topics.

Guidance:

Commanders and/or wing leadership are highly encouraged to discuss the Leadership Talking Points with their personnel **on a regular basis**. Ideally, the talking points will be delivered at the Squadron or Group level. For 2019, the Suicide Prevention Talking Points are highly encouraged and recommended to be completed quarterly. This recommendation is for the ANG only.

Delivery of this material can be flexible but should be delivered by key leadership within your Squadron or Group. Research has shown that messaging delivered by leadership around connectedness, and communicating that each member is valued- reduces a person's potential for suicide. Suggested tools are provided in this toolkit to supplement the talking points. Those delivering the message are encouraged to reach out your local Suicide Prevention Program Manager and Director of Psychological Health. These points of contact are for your reference but should not deliver the talking points/messages. Based on the research, it is highly encouraged that these messages and talking points be delivered by leadership.

Sensitivity Notice:

- Leaders should refrain from using certain types of communication ([See FOUO//Public Affairs Guidance](#)) ← Hyperlink) that may inadvertently glorify suicide rather than discourage it; thus causing suicide to appear as a more appealing option for vulnerable Airmen in crisis.
- Messages should emphasize early help-seeking, appropriately highlighting stories of individuals who were in crisis, responsibly sought help and recovered in order to dispel perceived stigma of mental health treatment.
- As a minimum, every type of communication (briefings, articles, trainings) should include the Military and Veterans Crisis Line phone number: 1-800-273-8255 (TALK) Option 1.

Support:

Commanders and leaders can seek support from Suicide Prevention Program Manager, Director of Psychological Health, Chaplains, Airmen and Family Readiness Program Manager, Vet Centers and other local or military helping professionals available to your wing. The ANG Suicide Prevention Office is also available as a resource.

Resources:

For additional resources or access to the talking points online, visit the [Suicide Prevention Program Prevention Page](https://www.ang.af.mil/suicideprevention/) at <https://www.ang.af.mil/suicideprevention/>

Supplemental Information:

Supplemental information will be provided with more in-depth information on the quarterly talking points and Suicide Prevention.

Schedule:

Talking Point 1: Identification of Suicide Warning Signs, Risk Factors, & Protective Factors

Talking Point 2: Social Media and Time Based Prevention

Talking Point 3: Resiliency, Overall Wellbeing, the Key to Readiness

Talking Point 4: Connectedness, Belonging and Being Part of the Team



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Talking Point 4: July - Sept 2019

Connectedness, Belonging and Being Part of the Team

Message:

****Suggested Visual Aid: Talking Point 4 PowerPoint Slides****

Connectedness, Belonging and Being Part of the Team. Every person in this room/hangar/office are valuable contributors to our mission and without you, we would have a hard time getting the job done. And just like with any team, your contributions to our unit/group/section/office are important.

****Suggested personalization: Give an example of how an unexpected member is vital to the mission. OR Give an example of how teamwork is important to your overall success.****

When times get tough, *and they do for all of us at one time or another*, who do you turn to? Is it a neighbor, friend, co-worker, fellow airman, someone from our team? Positive and supportive social relationships and community **connections** can help buffer the effects of risk factors in people's lives.

****Suggested group engagement: Ask the audience what connectedness means to them**

Connection looks different to everyone. But generally, connectedness is the degree of which a person or group is socially close, interrelated, or shares resources with other people or groups. It has been proven that strong, positive relationships and social connections with others can be a protective factor against suicidal thoughts and behaviors. A person with strong connections, has greater motivation and ability to cope and adapt to changing situations and adversity.

****Suggested personalization: Give an example of ways to build connectedness in your sqdr/grp/Wing.****

The quality of the connection is most important. **Individual connectedness** rather than the number of connections, allows us to experience or share joyful moments; and provides a safe environment to express life challenges, difficulties, and struggles. It is quality over quantity.

****Suggested personalization: Express in your own words how building appropriate relationships improves overall well-being.****

The connections you make through relationships, places, and social activities **can** build a safety net for your physical and **mental health**. **Healthy, positive** connections with family, friends, partners and co-workers, and having a pet, are known to **lower** levels of anxiety and depression, and **raise** self-esteem.

****Suggested personalization: Give an example how you, as a leader, leans on or consults with others you are connected:**

Command Level (use of command channels and unit 1SG when executing mission tasks);

Professional level (discussing with friends/colleagues regarding educational opportunities, advisement of career moves/future success planning); or,

Interpersonal Level – Close friends/family spouse to discuss stress or rely on for physical, emotional support.

****Express how each type of connection is critical to overall personal success.**

Another type of connection is community connectedness. A **community** is a familiar thread used to bring people together to advocate and support each other in the fight to overcome a difficult time. As Airman, we need to build a sense of belonging or community, to support, encourage, and strengthen each other. Everyone here is inherently connected to the Air National Guard and the U.S. Air Force.

It is **all** of our responsibilities to help monitor each other's behavior, take responsibility for one another's well-being, and offer or recommend assistance and support when needed. It takes great strength and courage to seek help and we are all here to support each other through difficult times.

Our access to Chaplains, Director of Psychological Health, Airmen and Family Readiness, and military support resources through Military One Source are membership benefits provided to us and our families as members of this Wing; as members of this community and team.

Connectedness, social support, and being part of a team are important protective factors against suicide. As you go through drill weekend, think about becoming a Wingman to someone who may need your friendship. Also reflect on the important role you play as a valued team member and support you can received anytime you need it!

Slide 1

Slide 2:
Being Part of a Team

Slide 3:
Connectedness

Slide 4:
Individual Connectedness

Slide 5:
Community Connectedness

Slide 6: **
Prevention Resources

****Make sure to update these slides with your local resources****



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SUPPLEMENTAL INFORMATION

Optional Activities Related to Talking Point:

- Send email to Squadron/Group members with helping profession information
- Challenge your members to get to know someone or find out something new about a person in your group/sq/office
- Challenge your members to learn something new about one person each day. Use this information to connect with them again at a later date.

Connectedness

Connectedness: The degree to which a person or group is socially close, interrelated or shares resource with other persons or groups.

Includes connections both within and between multiple levels including:

- Connectedness between individuals
- Connectedness between individuals and their families to community organizations
- Connectedness among community organizations and social institutions

Individual connectedness:

- Includes relationships with friends, neighbors, and co-workers
- Allows us to experience or share joyful moments together
- Provides a safe environment to express life challenges, difficulties, and struggles.
- Can lead to increased frequency of social contact, lowered levels of social isolation or loneliness, and an increased number of positive relationships.
- Allow us to be ourselves and affords the opportunity to connect and share thoughts and ideas.

We are more likely to feel less overwhelmed, less depressed, and more hopeful after speaking with someone we feel connected and who listens without judgement.

Community Connectedness: the value of connectedness of individuals and families to community organizations.

- Includes faith communities, schools, cultural groups, extracurricular teams, and your connection to your unit, the Air National Guard and the U.S. Air Force
- Stronger connection can increase a person's sense of belonging or "mattering" to a group
- Can increase the person's sense of personal value or worth
- Can give greater motivation and ability to cope adaptively in the face of adversity

The focus is on POSITIVE CONNECTIONS.

SOURCES: Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration (SAMHSA), Suicide Prevention Resource Center

ACE Review

ASK: Ask your wingman directly about what's going on. Ask early rather than waiting for things to escalate. Take all comments about suicide seriously. Ask the tough question, "Are you thinking about suicide?" If the answer is yes, or you suspect the answer is yes, don't leave the person alone.

CARE: Calmly listen and express concern. Don't be judgmental or promise secrecy.

ESCORT: Do not leave the person alone. Escort to a professional (DPH, Chaplain, Emergency Room, First Sergeant, etc.). If the airmen is distressed or refuses help and you are not sure what to do, call 911. Never leave an Airman that is having thoughts of suicide alone, even to go to the bathroom or make a phone call.



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Proper Terminology:

When Describing:	Say This:	NOT This:
<ul style="list-style-type: none"> ▪ Individuals who have experienced suicidal thoughts, feelings and actions, to include suicide attempts 	<ul style="list-style-type: none"> ▪ Attempt Survivors ▪ People with Lived Experience 	<ul style="list-style-type: none"> ▪ They were unsuccessful at suicide They had a failed or incomplete suicide attempt ▪ Anything that indicates weakness or cowardliness
<ul style="list-style-type: none"> ▪ When referring to the act of suicide during which a person survives the attempt 	<ul style="list-style-type: none"> ▪ Attempted suicide ▪ Non-fatal suicide attempt 	<ul style="list-style-type: none"> ▪ Failed suicide attempt ▪ Incomplete suicide ▪ Unsuccessful suicide
<ul style="list-style-type: none"> ▪ The individual who died by suicide and/or the suicide event 	<ul style="list-style-type: none"> ▪ Use the person's name ▪ Died by/from suicide ▪ Death by suicide ▪ Suicide death ▪ Killed him/herself ▪ Took his/her life 	<p>Do not:</p> <ul style="list-style-type: none"> ▪ Sensationalize or glorify suicide ▪ Discuss the suicide event in detail ▪ Discuss the content of a suicide note ▪ Say the act was inevitable, cowardly or selfish ▪ Do not use the terms: <ul style="list-style-type: none"> ○ Completed suicide ○ Successful suicide ○ Commit or committed suicide
<ul style="list-style-type: none"> ▪ Individuals who lost a friend or loved one to suicide 	<ul style="list-style-type: none"> ▪ Survivor of Suicide ▪ Suicide Survivor ▪ Suicide Loss Survivor 	<ul style="list-style-type: none"> ▪ Anything to indicate guilt or culpability

Resources and Points of Contact:

- Wing Director of Psychological Health
- Chaplain
- Local Emergency Room
- Local Veteran Health Administration (VA)
- Local Vet Centers <https://www.vetcenter.va.gov/>
- Military and Veterans Crisis Line phone number: 1-800-273-8255 (TALK) Option 1
- Tragedy Assistance Program for Survivors (TAPS): 800-959-TAPS (8277)
- Military One Source: 1-800-342-9647
- ANG Prevention Website: <https://www.ang.af.mil/suicideprevention/>
- AF Resiliency Website: <https://www.resilience.af.mil/>
- Give an Hour: <https://giveanhour.org/get-help/>
- Wingman Online: <http://www.wingmanonline.org/Home>
- American Foundation for Suicide Prevention: <https://afsp.org/>
- Suicide Prevention Resource Center: <https://www.sprc.org/>
- Defense Suicide Prevention Office: <http://www.dspo.mil/>
- ANG Suicide Prevention Office: usaf.jbanafw.ngb-sg.mbx.ang-suicide-prevention-program@mail.mil Staff: Mr. Lewis (DSN 612-9298, Phillip.J.Lewis16.civ@mail.mil), Lt Morsch (DSN 612-8581, katherine.a.morsch.mil@mail.mil)
- ANG Drug Demand Reduction Office: Col Harvey (DSN 612-8239, gilbert.t.harvey.mil@mail.mil)



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The Columbia-Suicide Severity Rating Scale (C-SSRS) is evidence supported, simple and available to anyone, anywhere to prevent suicide.

A "YES" to any question requires further evaluation/safety precautions.

Always ESCORT a person that you feel is a danger to themselves or others to a professional (DPH, emergency room, etc.)

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

	Past Month	
	YES	NO
Ask questions that are bolded and <u>underlined</u>.		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> <i>E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."</i>		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		

How long ago did the Worst Point Ideation occur?

	YES	NO
	6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</i>	
If YES, ask: <u>Was this within the past three months?</u>		

- Low Risk
- Moderate Risk
- High Risk

A "YES" to any question requires further evaluation/safety precautions.