Suicide Prevention Awareness month: ACTing, reducing barriers

By Chaplain William Stewart

As we continue our focus on Suicide Prevention and Awareness (SPA) for the month of September, I would like to discuss the last two themes the CNO would like us to address. One of the greatest strengths of any person is to possess hope. To never lose hope, means to never lose a vision of positive outcomes even in the midst of challenging times, and is actually an important component in building our resilience. However, hope in itself has no physical energy and therefore depends upon the one who holds it to be manifested into some form of action and positive outcomes. A good example might be a person walking down a pier. As he looks out over the water, he is shocked to see what appears to be someone in danger of drowning. While he hopes the person will be ok, the reality is, he has to take that hope and act upon it by throwing the person the life ring he sees hanging on the rail. Without him, the person has little hope, of survival.

This brings us to our third focus which is "Encouraging Bystander Intervention to "A-C-T." Unlike a multitude of acronyms we use in the Navy that have no meaning or association other than the words the letters represent, I like the Navy suicide prevention model of A-C-T because it spells out what we must do... act! As many of us already know, the "A" in the model stands for Ask. When we see a person with signs of possible suicide, we cannot afford to merely hope they will be okay. We need find a place of privacy and ask the very direct question, "Are you thinking of suicide?" or "Are you thinking of killing yourself?" We cannot afford to be vague with such a critical issue and although it can feel a bit awkward, the reality is that if the person is suicidal, you have just started an intervention that will save the person's life! How about if the person does not have thoughts of suicide? Honestly, if the person feels that you are doing it because you care all you have done is simply prove just that . . . you care for the person.

The second letter in the model is, "C" which stands for Care. I have worked in the people business for many a year now and I am convinced that are few things in the world that better show we care for someone than to give him or her, our time. Let's be honest, it's precious, and oftentimes even more valuable than money. We can give time to people in different ways, but the greatest way of giving it to someone who might be contemplating suicide is by listening. We need to use active listening skills, giving them time to talk about their situation; their concerns, their fears, their feelings of pain and even their desperation and hopelessness. We do this without judgment and create a relationship of care which will earn us the trust to carry out the final part of the model which is "T" for Treat.

If it feels rather daunting to contemplate how you would treat someone in this kind of situation, then you are not alone, and that in itself is actually the solution; you are not alone! Each of us has to realize that there are professionals to help people going through these challenges and it is not up to us to take on this responsibility. We simply throw them the lifeline of asking and caring which starts the process of saving their lives, and then we get them to the experts who can treat them. It is important to understand the role of each caregiver in the process; each one critical, from the person who notices and cares enough to listen and ask, to those later who help the person climb out of their desperation to a place where there is once again . . . hope!

And now, let's take a look at our final SPA theme. As the cooler night air of fall sets in, it usually takes me down memory lane when my family, friends and I would head out to those wonderful state fairs. Besides all the great cholesterol packed food we just couldn't seem to get enough of, the rides were probably my favorite lure. And it wasn't always the highest, fastest or centrifugal spinners that gave me the thrill, it was things like the glass houses where you had to navigate your way through a labyrinth of glass walls. My first couple attempts were a little embarrassing and painful as I ran into quite a few, not paying attention. The barriers were there, but I couldn't see them! Interestingly, it also affected me in a rather strange way. After I smashed my nose on those glass walls a few times, I started actually imagining walls that weren't even there! I found myself confused, slowing down and having to hold out my hand to just make sure. This makes me reflect on our final theme for Suicide Prevention and Awareness month which is our need to lower barriers that stand between people contemplating suicide and the help they need.

Just like the glass house, some barriers exist while others are only perceived, but both affect the person needing help as well as the caregiver. For the person who is in an elevated risk of suicide, one barrier is the stigma and fear of what others might think if they reveal they are having thoughts of suicide. As we learn in suicide training, we know the person is not "crazy" if they are have these thoughts, it's just the tremendous emotional pain they cannot see a way out of, which can happen to anyone in the right situation and series of life events. Oftentimes, due to this pain, the person at risk also has a difficult time being rational. It's like when we have great physical pain. It's extremely difficult to concentrate on anything well; we just want to find a way to stop it. We need to remove this barrier by helping those at risk understand we do not think they are crazy, but we want to just help them find a healthy solution to removing their pain. A third barrier is fear of repercussions to one's career if they reveal they are suicidal. This is yet another myth, as less than two percent of personnel actually lose their clearance due to reporting feelings of suicide. While this may have happened much more in the past, experts now see this as a sign of sound judgment and responsible behavior. We can lower this barrier by good education on the subject and putting folks at ease about coming forth with their challenges.

We also need to understand that barriers not only exist for persons at risk; there are as many or more for caregivers. While giving training on suicide, I oftentimes poll what makes it so difficult to ask someone directly, whether he or she is thinking of suicide. Interestingly, the most common answer has been, fear that the person will actually say yes! This should reveal to us something very important then. Strangely, many people feel more comfortable with the "hope" a person is not suicidal rather than seeking out the truth. Ambiguity then becomes a very dangerous comfort zone. It also implicitly divulges the fact that many feel the burden will all be on him or her to take care of the person with suicidal thoughts, and that is very scary, especially for someone who does not work as a professional in this field. This is a serious barrier we have to lower. We must have the truth in order to help the person at risk because their life is too precious to gamble with; again, "hope" without action doesn't help much! We also need to help everyone understand that none of us can do it alone. We have a great number of resources for help and we need to know them. Additionally, we must work together as a team, as a family, each doing our part and understanding that we are never alone, either as the person having thoughts of suicide or the person helping to save a life. Shipmates and families, may God bless each of you as we garner the love and courage to look out for one another, reduce the barriers that may stand in our way and when the time comes . . . ACT!

***OMBUDSMAN** cont. from page 1*

"Over here, we can run into different sorts of challenges because we are in Japan we have the language barrier, the culture barrier, different resources but we work with those things and make them our strengths instead of a weakness" said Brenda Ray, Yokosuka ombudsman coordinator.

Some of the ombudsman are the same ones who help families and commands during the March 11 earthquake and tsunami last year and some ombudsman are new to the area and volunteered after being here only a few months. Ray explained that the diversity of the group helps ombudsman understand what families are dealing with whatever it may be.

The newest ombudsman and the CFAY commanding officer are traditionally chosen to cut the cake. Accompanying Owen this year was *USS George Washington* (CVN 73) Ombudsman Sharmana Perkins.

"I think that all of us [ombudsman] were happy to get recognized," said Perkins. "But, for us, this is something we've done from the heart, we happy to do it even without an award."

After the dinner was served, Owen took photos with each of the ombudsman while handing them their certificates of appreciation. The ombudsman also received a bag full of gifts from the community.

***SUICIDE** cont. from page 9*

By paying attention to what the person is saying, taking it seriously, offering support, and getting help, you can prevent a potential tragedy.

The first step in getting a suicidal person the proper professional treatment needed during his/her time of despair begins with a peer or loved one recognizing potential warning signs. Many are lost to suicide because immediate support wasn't offered. Suicide Prevention is an All Hands Evolution.

If you feel overwhelmed and alone, do not let barriers prevent you from reaching out to friends, family, your Chaplain, medical provider, or your Fleet and Family Support Center.

In the same light when you see others in trouble, encourage them to seek counseling. Remember to A-C-T (Ask, Care, Treat).

To sign up for Applied Suicide Intervention Skills Training (ASIST), or learn ways to A-C-T , also referred to as "suicide first aid," email kimberly.tullos.ctr@fe.navy.mil or call 243-6931. For suicide prevention trainings and resources or to talk with a counselor, call 243-7878 or 243-FFSC.

Kinnick Sports

Week of Sept. 28 - Oct. 4

Volleyball

Sept. 28	Edgren at Kinnick	TBD*
Sept. 29	Edgren at Kinnick	TBD*
Oct. 2	Seisen at Kinnick	5:30 p.m.
Oct. 4	Kinnick at Zama	5:30 p.m.

Tennis

Oct. 3	Kinnick at YIS	3 p.m.

Football

Sept. 28	Yokota at Kinnick	5:30 p.m.
Oct. 6	Seoul/MCPJV at Kinnick	TBD*

Cross-Country

Sept. 28	DoDDS/Int. at Tama	9 a.m.
Oct. 1	Kanto schools at Tama	TBD*

* For more information call 243-7392