

what to do

- Take the signals seriously. If you think someone is considering suicide, ASK THEM.
- Show interest in the person and be supportive of him or her.
- Offer hope that there are alternatives to suicide.
- Take action. Remove methods they might use to kill themselves.
- Seek help from his or her family, friends, physician, clergy, etc.
- IMMEDIATELY contact a person or organization that specializes in crisis intervention or suicide prevention for help. (See the back of this brochure.)

Clinical Care

To find the closest Dept of Veterans Affairs facility to you that has mental health professionals, go to the VA's Facilities Locator and Directory (<http://www1.va.gov/directory>) and enter your ZIP code.

Tennessee contacts for Veteran's Administration Hospitals' Suicide Prevention Coordinators:

Renee Brown	Memphis	(901) 523-8990,	renee.brown3@va.gov
Paul D. Fisher, Ph.D.	Tennessee Valley (Murfreesboro)	(615) 867-6000, extension 6980	paul.fisher3@va.gov
Leslie Murray	Tennessee Valley (Nashville)	(615) 327-4751, extension 2861	leslie.murray@va.gov
Pam Willis	Mountain Home	(423) 926-1171,	pamela.willis@va.gov

Kentucky contacts for Veteran's Administration hospitals' Suicide Prevention Coordinators:

Barbara Kaminer	Louisville	(502) 287-4011	barbara.kaminer@va.gov
Sandra Roe	Lexington	(859) 233-4511, extension 3233	sandra.roe1@va.gov

The Tennessee Suicide Prevention Network offers further information on veteran suicide prevention on its website, including links to information on health benefits, armed forces suicide prevention and mental health programs, depression, PTSD, and TBI:

<http://www.tspn.org/veterans.htm>

where to get help

If you or someone you know is thinking about suicide, call **800-273-TALK** (8255).

The National Suicide Prevention Lifeline will automatically connect you with a certified local crisis center 24 hours a day, 7 days a week.

Veterans and people calling on their behalf should dial the number and then press "1" to speak with a counselor operating from within their local VA facility.



For additional information on suicide prevention or publications, contact:

Tennessee Suicide Prevention Network



P.O. Box 40329, Nashville, TN 37204
ph: 615-297-1077 f: 615-269-5413
www.tspn.org



**Saving
Veteran Lives
in Tennessee**



the facts

The U.S. Army reported 115 confirmed suicides among soldiers in 2007. The number represents the fourth increase in as many years, and is the highest since the first Gulf War.

The number of Army suicides per year has risen by 46% since the start of the current conflict in Iraq. 43% of the victims died following their return home from combat deployments. Approximately one-fourth occurred in the combat theatre among soldiers on their first deployment; however, about the same number of victims had never been sent overseas.

Roughly one-quarter of the victims had at least one psychiatric disorder at the time of their death. 20% had been diagnosed with a mood disorder (bipolar disorder, depression, etc.) and 8% had been diagnosed with post-traumatic stress disorder (PTSD) or another anxiety disorder.

4,969 active service personnel died by suicide between 1980 and 2002--more than the number who died as a result of hostile action, terrorist attacks, and homicides combined during this period.

A 2007 CBS News investigation estimated that 6,256 veterans died by suicide in 2005--an average of 120 a week--based on data provided by 45 states. For veterans aged 20-24 (from the Afghanistan or Iraq campaigns), the suicide rate was twice that of civilians in the same age group.

Members of the United States Marine Corps (USMC) are of particular concern to mental health professionals because they typically enter the armed forces at younger ages with less life experience and because this branch of the military adheres to a more rigid code of conduct.



risk factors

Experts on suicide prevention say there are some particular signs to watch for in veterans:

- Calling old friends, particularly those from the military, to say goodbye
- Cleaning a weapon that they may have as a souvenir
- Visits to graveyards
- Obsession with news coverage of current military operations
- Wearing their uniform or part of their uniform, (boots, etc.), when not required
- Frequent talking about how honorable it is to be a soldier
- Sleeping more (sometimes the decision to attempt suicide brings a sense of peace of mind, and potential victims sleep more to withdraw)
- Becoming overprotective of children
- Standing guard over the house (this may take the form of staying up while everyone is asleep, staying up to watch over the house, or obsessive locking of doors and windows)
- Stopping dosage of prescribed medication or hoarding medications
- Hoarding alcohol; this may include wine as well as hard liquor
- Sudden spending sprees, buying gifts for family members and friends "to remember me by"
- Defensive speech ("you wouldn't understand," etc.)
- Failure to talk to other people or make eye contact

Also look out for the following more universal warning signs:

- Talking about wanting to hurt or kill oneself
- Trying to get pills, guns, or other ways to harm oneself
- Talking or writing about death, dying, or suicide
- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting in a reckless or risky way
- Feeling trapped, like there's no way out
- Saying or feeling there's no reason for living

PTSD and TBI

Posttraumatic Stress Disorder

PTSD is an anxiety disorder that can occur after a traumatic event. Anyone who has experienced a life-threatening or fear-inducing event can develop PTSD. Situations associated with PTSD in military personnel include but are by no means limited to the following:

- Explosions, such as bomb blasts or improvised explosive device (IED) detonations
- Sniper attacks
- Terrorist attacks
- "Friendly fire" incidents
- Exposure to civilian or military casualties

There are generally four symptoms of PTSD consistent over all cases:

- Reliving the event
- Avoiding situations that remind you of the event
- Feeling numb
- Feeling "keyed up", always on alert and expecting danger

After a traumatic event, it is normal to feel frightened, angry, or disoriented. But if these feelings continue for an extended period of time or get even worse, disrupting your life to the point you have difficulty with everyday activities, you may have PTSD.

Traumatic Brain Injury

Traumatic brain injury (TBI) is caused by an external physical force resulting in total or partial disability. In civilian life, TBI is typically caused by vehicle crashes or falls where the head abruptly stops moving and the brain bounces against the walls of the skull. TBI is common in active war zones as a result of explosions.

People with TBI often have problems with judgment, memory, planning, and decision-making. They may also suffer from headaches, seizures, or failure of motor skills. Also common are behavioral or emotional effects, mood swings, sexual difficulties, increase or decrease in emotional affect, egocentricity, impulsivity, irritability, and reclusive tendencies. The effects of the injury may cause problems in employment and family life. Many TBI sufferers appear perfectly healthy, and the effects of TBI may not show up until some time after the injury.