

Suicide Prevention Toolkit

for commands, supervisors, peers and families.



Table of Contents



02	Introduction	17	Family Guidance
03	Suicide Risk Factors	19	Talking about Suicide
04	Suicide Protective Factors	21	Starting a Conversation
05	Why Does Language Matter?	23	Survivor Stories
11	Command Guidance	25	Concerning Behaviors
13	Supervisor Guidance	27	Suicide Prevention Stand-Down Guide
15	Peer Guidance	31	Resources & References

Introduction

As Coast Guard Sentinels, we are all life savers. We work to save and support those in distress on the water, but we must also actively work to support and protect one another. This must happen before the situation becomes a larger issue and we find ourselves, our shipmates or our family in a crisis.

This toolkit provides opportunities to help identify the risk factors and focus on prevention as opposed to reacting to a tragedy. It is designed to support commands, supervisors, peers and families.

It is essential to talk openly about mental health and suicide prevention at all units, across all levels, and to do so in a way that connects to the unique needs of Coast Guard personnel and their families. Units should honor a member that has died by suicide while also respecting and supporting the needs of those who may be struggling.

It is also important to understand how to talk about suicide, and this can be supported by the Coast Guard Leaders Suicide Prevention Safe Messaging Guide found on the Coast Guard Suicide Prevention page at:



https://www.dcms.uscg.mil/Portals/10/CG-1/cg111/docs/Suicide/Revised%20CG%20LeaderSP_SafeMsgGuide%20May22.pdf

Sharing stories of healing and recovery empowers the workforce to seek help for themselves and to have each other's backs. Suicide can be prevented when it is talked about in a safe, positive, and effective way.

Suicide Risk Factors

Based on data on data submitted to the DODSER system within the last year, Active Component Service members who died by suicide in 2023 experienced:

Relationship Challenges

- 44% Experience a failed or failing intimate relationship
- 24% have workplace difficulties
- 2% experience assault or harassment
- Transfers or moves can separate individuals from support structures

Fall from Glory

- 29% Experience administrative or legal problems, such as non-judicial punishment, under investigation, or administrative separation
- 12% Financial difficulties

Perceived Stigma

- The majority do not have a mental health diagnosis at their time of death (e.g., alcohol use disorder, depressive disorder, anxiety disorder, adjustment disorder or posttraumatic stress disorder)
- There is a hesitancy to access mental health or other support services due to perceived stigma associated with help-seeking

Access to Lethal Means

- Many suicide deaths involve the use of a firearm
- Many people underestimate the lethality of large amounts of medication in the home

Suicide Protective Factors

These factors protect against suicide risk.

Individual Protective Factors

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity

Relationship Protective Factors

- Support from partners, friends, and family
- Feeling connected to others

Community Protective Factors

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

Societal Protective Factors

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

Why does language matter?

Research has shown that the way we talk about suicide can either increase the risk of suicide and undermine prevention efforts or promote positive behaviors and support prevention goals. Our messaging to each other has a significant impact in preventing suicide and supporting help-seeking behavior for those who may be in crisis.

Best practice recommendations say that focusing on specifics like locations or graphic descriptions surrounding a suicide death is inappropriate and retraumatizing. To help promote and support prevention efforts, the total workforce should consider the evidence-based recommendations provided in this toolkit.

A comprehensive approach to suicide prevention calls for the Coast Guard to select, implement and evaluate a range of strategies to address the many factors associated with suicide at the individual, relationship, community and organizational levels.

As such, the National Suicide Prevention Plan Strategic requires coordination for upstream prevention, lethal means safety for those at risk, postvention supports, workplace strategies, and evidence-informed communication and messaging efforts.

What Are the Key Communications Components when talking about suicide?

The National Action Alliance for Suicide Prevention (Action Alliance), the nation's public-private partnership for suicide prevention, released the Framework for Successful Messaging, a research-based resource outlining four key components when messaging to the public about suicide.

These key components include:

STRATEGY: Planning ahead to help messages succeed.

SAFETY: Avoiding potentially harmful messaging content.

POSITIVE NARRATIVE: Sharing messages that promote hope and help-seeking.

GUIDELINES: Utilizing specific messaging guidelines or recommendations.

Below are messaging guidelines and specific recommendations for commands, supervisors, peers, and Coast Guard families to support connectedness, collaboration, community and help-seeking at all levels of the service.

Strategy

Developing a strategy is the first step to any effective communications. We each have a responsibility to ensure that the way the Coast Guard functions is strategic and well thought out. To do this, leaders of all levels addressing the resilience of their crew can apply the following questions:

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- **What Are Our Goals?** Goals are most effective when they are specific. Broad goals, like “raise awareness,” are too vague and lack direction. A more effective goal would be “increase the number of personnel who are SafeTALK or ASIST trained.” This clear goal outlines exactly what needs to be achieved and provides a measurable target.
 - **Who Is Your Audience?** Messaging aimed at “everyone” is usually less effective than targeted messages. Each audience has distinct needs that should be addressed individually. For instance, communication with a senior leader differs significantly from that with a recruit or cadet. Additionally, crafting messages for the entire service will differ from those tailored to a specific group or unit.
 - **What Action/Behavior Is the Audience being Encouraged to Take?** The targeted action/behavior the audience is recommended to take should be specific and help the audience take small steps towards a broader goal. For example, a specific action might be “learn how to support a shipmate who may be struggling or in crisis by learning to identify the warning signs of suicide.” Another option maybe be to ask everyone to “Take out your phone [right now] and download the DHS Columbia Protocol App. Let’s walkthrough how to use it together.” Consider if the audience is being encouraged or asked/mandated to take a specific action, such as the Coast Guard implementing a new program.
 - **How Does This Message Align with Other Programs or Services?** Be intentional about alignment with programs, services and the Coast Guard’s mission. For example, if a program or unit develops a poster that promotes help-seeking, the program or unit should include information about available services such as a peer support program or available crisis lines. Additionally, it can be important to connect mental health programs with physical health programs and overall well-being.

Support Safety

The language used when talking about suicide is critically important. Evidence corroborates that how we talk about suicide can have an impact on suicidal behavior and may put vulnerable populations at increased risk. Everyone should review the *Coast Guard Leaders Suicide Prevention Safe Messaging Guide* to understand how to deliver messages about Suicide Prevention and the language that should be used when having these conversations. The guide can be found at:



https://www.dcms.uscg.mil/Portals/10/CG-1/cg111/docs/Suicde/Revised%20CG%20LeaderSP_SafeMsgGuide%202May22.pdf

Messaging that can contribute to increased risk includes providing details about suicide method or location, glamorizing a suicide death, portraying suicide as common or an expected response to adversity and presenting a simple explanation for a death. Public Affairs Officers (PAOs) should use terminology stating an individual died by suicide instead of sharing the specific method or location details to the workforce, the community, or the media. For instance, suicided has recently become more frequently used by the Department of Defense.

Share Positive Stories

Balance the negative aspects of suicide with stories of individuals who have sought help and gone on to recover, live and thrive. Time the messaging appropriately to ensure that you're being attentive to the needs of the community. If there has been a recent traumatic event, consult with behavioral health experts on the right interval before sharing positive stories. Think about how the message will help others envision hope, recovery, and resiliency. Some examples of how you can share positive stories include:

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- **TANGIBLE** actions your audience can take, such as knowing the warning signs of suicide risk and reaching out to a shipmate that is going through a tough time.
 - **STORIES** of coping and resiliency sharing all ends of the continuum from coping with financial troubles, to bouncing back from a broken arm, to healing from a suicide attempt.
 - **PROVIDE** available resources such as in-house mental health services, Employee Assistance programs, peer support, chaplain support, community-based resources, and crisis hotlines.
 - **HOW** people are making a difference, including stories of how people throughout the Coast Guard are supporting others or found peer support valuable. This component is not meant to downplay the seriousness of suicide, but rather apply the evidence that our messaging matters and everyone has a role in balancing the negative aspects of suicide with positive action steps people can take to help prevent suicide.

**Follow
Guidelines**

The Coast Guard recognizes that there are many helpful resources available for specific types of messaging— such as specific channels, like print materials or electronic communications, or specific goals, like increasing resilience. When developing messages, agencies should use guidelines and best practices that are already available. These guidelines and more messaging resources can be found on the Coast Guard Suicide Prevention page at:



https://www.dcms.uscg.mil/Portals/10/CG-1/cg111/docs/Suicde/Revised%20CG%20LeaderSP_SafeMsgGuide%20May22.pdf

Command Guidance

Sentinels know the priorities of their command through what and how leaders communicate interpersonally and through the chain of command. Commands need to communicate that behavioral health, the wellness of everyone and suicide prevention are priorities.

The workforce needs to know that commands are not only saying something but also truly mean, believe, and are committed to behavioral health support and suicide prevention by reinforcing what they say in actions.

It's important that leaders clearly state that asking for help is a sign of strength and being in control, not a sign of weakness. Communicating that it is normal to experience stress and trauma, and that actively maintaining one's mental health helps to normalize help-seeking behavior.

Providing regular messages on the importance of behavioral health throughout one's Coast Guard career will reinforce the service's commitment to keeping the total workforce safe and well.

Powerful stories of seeking help, surviving a suicidal crisis, managing one's anger, getting support after trauma, and recovering from an addiction normalizes help-seeking, demonstrates the Coast Guard has the leaders back and builds a culture of support.

Command Guidance

PRACTICAL TIPS

- **SHARE** stories of those who have experienced behavioral health challenges or a suicidal crisis and experienced healing and recovery.
- **COMMUNICATE** a positive, hopeful, and resilient, message indicating that support is available, treatment is effective, and, in most situations, suicide can be prevented.
- **TALK** about mental health and suicide prevention regularly before a critical incident occurs.
- **TAILOR** messages to the diverse needs of the audience considering the impact culture may have on behavioral health challenges.
- **CONSULT** a suicide prevention expert (i.e., Suicide Prevention Program Manager, Employee Assistance Program Coordinators, Behavioral Health Providers, etc.) to support outreach to your crew, external audiences or posting to social media about suicide prevention or following a suicide loss.
- **EXERCISE** caution when talking about complex issues like what contributed to suicidal behavior. Be careful not to communicate in a way that states an oversimplified cause.

Supervisor Guidance

Coast Guard supervisors have many roles associated with being the connective tissues between the deckplate and leadership. These include working to develop team unity and cohesion and being aware of situations before they escalate.

Supervisors play a key role in taking care of the members of their team, looking for signs, following up on absences, and referring personnel to CG SUPRT, 988 Suicide & Crisis Lifeline, Employee Assistance Programs, the clinic or other support when necessary.

Supervisors from all backgrounds should be mindful of the messages they convey about behavioral health and suicide prevention, and how these messages are perceived.

They play a crucial role in fostering a culture of support and belonging. By reinforcing the idea that “It is okay not to be okay,” supervisors can significantly impact the overall culture and support system.

Supervisor Guidance

PRACTICAL TIPS

- **COMMUNICATE** that it is okay to focus on and take care of yourself, because ultimately taking care of yourself is taking care of everyone else, including your family unit and your community.
- **MODEL** self-care with both action and messages.
- **ACT** as a coach when it comes to behavioral health, if possible and appropriate for the situation. A way of communicating this might include, “I am more concerned about you than the job right now.”
- **DEMONSTRATE** as much concern for the members of the team as is demonstrated for the community, risk management, or management perception.
- **MESSAGE** about behavioral health and well-being routinely and leverage the use of technology when appropriate.
- **TRAIN** through resilience skill building courses like Operational Stress Control (OSC), Ask-Care-Escort (ACE), SafeTALK or ASIST.

Peer Guidance

Peers have a unique opportunity to break through the skepticism and challenges with trust that some may have within the military or organizations. When a peer shares their personal experience with mental health struggles, substance use, or a suicide attempt, it can combat the challenge of silence that can exist around these issues. It is impossible to measure the significant and full impact of peers in communicating about suicide prevention and normalizing behavioral health challenges.

Peers sharing their experiences empower individuals in the service who might be experiencing similar challenges. The voice and presence of a peer, of someone who has been there, can send a message of “You’re not the only one, and you can get through this.” It enables an individual struggling to say, “I am going through the same thing.”

Peers show that it is brave to be vulnerable, that one does not have to be paralyzed by perceptions of getting help, and it is okay to prioritize getting better. When a peer has struggled, they often become their own champion and this passion spreads to others in the service or the groups that the individual is a part of.

Peer supporters must be able to adjust their language to meet the needs of individuals they are supporting and share their message in a genuine and engaging manner.

These messages need to be delivered in a balanced way, avoiding making it all about one person’s story or implying that what worked for one will work for all. Specific details of a suicide attempt or substance overdose should be given only if it is essential to relate to the group.

Peer Guidance

PRACTICAL TIPS

- **SHARE** stories in a genuine, approachable, and vulnerable manner while connecting with the specific needs of the groups you are communicating with. Use caution to refrain from making stories seem all about one's personal experience.
- **COMMUNICATE** in a safe manner and include graphic details only if it is necessary. If you are going to be detailed ensure you provide the proper warnings or disclaimers.
- **FOCUS** on the full spectrum of behavioral health challenges – by addressing the things that might seem less significant, one might prevent crises.
- **EMPHASIZE** help-seeking, accessing treatment, and using a variety of resources including peer support.
- **CHANGE** approach, message, and stories to the audience maintaining sensitivity to culture. One size does not fit all, and what a peer shares to the family support unit may be different with the boat crew or a shoreside staff.
- **ADJUST** the delivery of the message to fit the audience; however, the message of self-care, hope, resiliency, and recovery cannot change.

Family Guidance

The Coast Guard recognizes the vital role that families and support persons play in preventing suicide and promoting behavioral health. Through the Ombudsman network and its related members, the Coast Guard can connect with families to enhance support and share important information. Family members may be among the first to notice warning signs of a crisis, or they may be facing challenges themselves that need to be supported.

Remember that the only information a family member may have is what the Sentinel has shared with them. Units should also consider that support persons may not call a phone number off a card on a refrigerator magnet if they have no other experience or information about that resource.

It is a good practice for the professionals providing behavioral health support to be at events where families are to help build trust, even if the event is not a behavioral health-focused event.

Engage families in understanding the strength it takes to be a Sentinel, the importance of family in the military, the resilience that Sentinels and their families show every single day and the importance of being an active part of the support system.

Messages need to communicate the culture of the Coast Guard about mental health, share accurate information, and refrain from alarming families.

Family Guidance

PRACTICAL TIPS

- **INCLUDE** all support systems that Sentinel's might identify as family, beyond blood relatives or married partners.
- **EMPHASIZE** that the Sentinel and their family will experience many positive and fulfilling moments throughout their military career.
- **FOCUS** on strength, resilience, and positive messages in addition to messaging about signs and warnings to look for in family members.
- **NORMALIZE** times of challenge and behavioral health struggles. Share that suicide risk is concern without overemphasizing the concern or contributing to a heightened awareness from support persons.
- **REMINDE** family members to be active in caring for themselves and include information encouraging family members to get help for themselves when needed.
- **INFORM** families who to go to for assistance and resources if they are struggling so they can still be competent and in control.
- **ASSIST** families in understanding they can support their Sentinel's while still respecting the Sentinel and their families sense of independence and strength.
- **PROVIDE** family members information about ways to help care for their Sentinel's and their own wellbeing, who they can reach out to if concerned about their family, and what to look for regarding signs of concern across the spectrum of issues that may arise.
- **GIVE** facts on how to respond, and who to go to.

Talking About Suicide

People often think that talking about suicide in the wake of a suicide death will increase the risk for suicide in others. This is simply not true. Because the topic is not discussed often and openly, people often feel uncomfortable talking about suicide and will frequently avoid the conversation.

Talking about suicide can be a vitally important prevention tool to promote openness in talking about ones struggles and challenges. It helps everyone to know what to do for shipmates, friends, family and colleagues. It can be the difference between a life or death.

Talking about Suicide

PRACTICAL TIPS

- **FRAME** suicide as a public health issue means not framing it in a judgmental light. Keeping the information general—without speculation, blame, or shame—is key as is focusing on suicide, not as an individual problem with individual solutions. Exclude talking about the method or location of death as this may lead to action.
- **ACKNOWLEDGE** what happened. We might be worried about upsetting a person impacted by suicide or saying the wrong thing, but staying silent can make people affected feel more isolated.
- **SHARE** memories of the person who died by suicide. Memories might seem painful, but sharing memories and stories of the person who died can be comforting and help keep the connections to them strong.
- **EMPHASIZE** help and hope. Talking about suicide opens the door to talking about recovery for people who have been at risk for self-harm. Stories about help-seeking and positive coping skills can be powerfully suggestive.
- **FOCUS** on their experience. Bring up your own experiences is a method to connect, but it can also take attention away from who you're supporting.
- **TAKE CARE** with language and leverage the *Coast Guard Leaders Suicide Prevention Safe Messaging Guide* to guide word choice.
- **BE** with people. This can involve listening and active support, but it might also include just being present in the same room.
- **INCLUDE** Resources even if it's leaving behind printable materials creates an opportunity to connect people with resources.

Starting a Conversation

The best way to let people know you're willing to talk about mental health is to be open about your own challenges. Think of it just like you would your physical health.

Go into the conversation with a list of available resources that could be used in case the person needs additional support. You're being a caring person by starting a conversation, but you're not a mental health professional. If self-harm or suicide becomes part of the conversations, it's a warning sign that they should speak with a mental health professional.

Discussions should be private and start with a caring opening followed by an observation. Be sure to let them know that you are there to support, plus it's normal and okay to have both easier and tougher mental health days.

On the next page, you'll find a few example openers. These are examples, please use your own words tailored to the individual and moment to truly connect.

Starting a Conversation

OPENERS

- “Hey, I’ve noticed that you’ve seemed down lately. What’s going on?”
- “We haven’t talked in awhile, and I wanted to check in. How are you doing?”
- “I’ve been thinking about [share a fun memory] and wanted to check in.”
- “I know you’ve had a lot going on. So, I wanted to reach out and let you know that if you ever want to talk, I’m here to support you.”
- “Are you okay? I’m worried about you. You haven’t seemed like yourself today.”
- “Hey, we’re friends, so I just want to know about how you’re feeling, honestly.”
- “I care about you, and I just want to be here to support you.”
- “This might seem awkward and out of the blue, but I wanted to see how you’re doing.”
- “Whatever you’re going through just know that I have your back.”
- “It seems like something’s going on. I’m here for you. Do you want to talk?”
- “You don’t seem like yourself. I’m a little worried about you. How are you feeling?”

Survivor Stories

The Coast Guard recognizes the vital role that survivor stories and personal narratives play in suicide prevention by reducing stigma and normalizing help-seeking behavior.

This Guidance is to help Coast Guard content creators craft stories about survival, hope, and healing—aimed at saving lives and restoring hope. The Coast Guard Suicide Prevention Toolkit and Safe Messaging Guide should be utilized to ensure that best practices identified by licensed clinicians are being followed.



https://www.dcms.uscg.mil/Portals/10/CG-1/cg111/docs/Suicide/Revised%20CG%20LeaderSP_SafeMsgGuide%20May22.pdf

Suicide is complex and often caused by a range of factors, rather than by a single event, and suicide prevention content can be extremely emotional. It is important to note that all content should end on a note of hope and provide resources for how to seek and/or provide help.

Content Guidance

PRACTICAL TIPS

- **CONSULT** with suicide prevention messaging experts and the Leader Safe Messaging Guidelines.
- **PORTRAY** individuals with suicidal thoughts who do not go on to die by suicide as well as everyday characters who can be a lifeline.
- **CONNECT** a licensed provider or another supportive individual in content pieces to highlight that we are never truly alone.
- **USE LIGHT** from natural or well-lit backgrounds to help convey hope. Dark backgrounds or heavy shadows should be avoided.
- **SOUND** should be the centerpiece of the emotional narrative delivery. Use ambient and natural sound to highlight the voice and emotion from the story. Music or sound effects that tonally contextualize the narrative should be avoided.
- **DEPICT** the grieving process. It is estimated that each person who dies by suicide leaves behind 135 people who knew that person. For individuals who lost a loved one to suicide, focus on their grieving and healing process and how those around them (e.g. friends, family, and support groups) offered solace and support.
- **SHOW** that help is available by highlighting individuals that chose to seek help, such as calling or texting crisis hotlines, reaching out to a mental health professional or a social support (e.g., family, friends, and acquaintances), or finding new or alternative coping strategies.
- **INFORM** the audience of help-seeking resources available including 988 Suicide and Crisis Lifeline and CGSUPRT.com.

Concerning Behaviors

Suicide affects people of all backgrounds. No one is immune. However, there are ways to decrease risk and help Sentinels navigate these various challenges.

Most people who attempt suicide show warning signs. It is vital that we all are aware of the risk indicators and discuss concerns, ideally prior to a life-threatening mental health crisis.

Research is helping us better understand suicide.

- Suicide attempts are far more common than deaths by suicide, but any suicidal behavior is serious and can have lasting consequences.
- Most people who are suicidal do not actually want death. They are in severe emotional pain and want the pain to stop. They may not know how to move forward and are unsure if there are ways to feel better.

The good news is that suicide is largely preventable. Early identification, timely treatment and support from families, schools, friends and communities play key roles.

When you identify concerning behaviors in a shipmate, you should follow this guidance.

Concerning Behaviors

PRACTICAL TIPS

- **ENSURE** that the entire command is familiar with “Ask, Care, Escort”
- **REMAIN** calm and nonjudgemental.
- **START** a conversation with the Sentinel or family member to gain more insight into what may be troubling them and facilitate access to appropriate resources.
- **ADVISE** the Sentinel that there is no stigma associated with obtaining mental health care and help connect the member to a mental health provider or the appropriate resources.
- **RESPOND** to a perceived safety threat to the individual or others, immediately contact the command and local emergency services.
- **ASK** the Sentinel directly, “Are you thinking thinking about killing yourself?”
- **CONDUCT** a safety watch If the answer is yes or when in doubt until guidance from a medical or mental health professional is available. Assume “line of sight” control and supervision and remove anything that may be considered a hazard.

Suicide Prevention Stand-Down Guide

A voluntary Suicide Prevention Stand-Down provides an opportunity for the command to connect with the crew, dispel stigmas, and focus on prevention as opposed to reacting to a tragedy.

Any unit can host an Suicide Prevention Stand-Down. Commands should support focused discussions on topics such as suicide prevention, recognizing the risks factors and warning signs of suicide, and where to find resources and assistance.

It is important for leaders to identify local resources including such as your local Safetalk/ASIST trained personnel, regional Employee Assistance Program Coordinators (EAPCs), as well as national resources, like CG SUPRT, the DHS Columbia Protocol App, and 988 Suicide & Crisis Lifeline.

These support personnel and the Coast Guard's Suicide Prevention Program can help provide support for your Suicide Prevention Stand-Down.

Considerations and practical tips for implementing a safety stand down.

VENUE, GROUND RULES, AND AUDIENCE CONSIDERATIONS

- **Duration:** minimum of 90 minutes
- **Sound proof location:** free of distraction
- **Safe space:** free of judgment, no concerns of reprisals, ability to speak freely for all members to express the effects of stressors and strategize on ways to combat daily issues from becoming seemingly insurmountable.
- **Small group:** no more than 25 participants (preferable size is 15 - 20).

PLANNING FOR THE DISCUSSION

- Get to know your Service members on a personal level so you can recognize risk factors in individuals, assess life-coping skills, ask situational awareness questions, and seek opportunities to influence behavior positively.
- Say “I hope you are taking care of yourselves” or asking people “how they are doing” is not sufficient (people will inevitably respond with “doing well/ok” or “living the dream”). The meeting is about doing a valued check-in.
- Keep in mind that more people, between the ages 10 - 34 die from suicide annually, than those who die by homicide. This equates to a third of our force.

Considerations and tips for implementing a safety stand down.

DURING THE DISCUSSION

During the discussion, you should highlight or touch upon the following points:

- Many of our jobs require a high level of intensity, which leaves very little time for regrouping or processing challenging events. We must constantly work to support our fellow Sentinel every level, especially before an issue becomes a crisis.
- Create an inclusive environment for all Service members to promote positive coping skills in the face of adversity.
 - Start by asking “how do each of you cope with stress?”
 - Follow-up with “when time is more limited than usual, what are your outlets to sort things out”
- Promote connectedness through a buddy system or other peer support programs that promote protective factors.
 - Start by asking “who are your top three people you lean on for support?”
 - Follow-up with “if you cannot reach them, what do you do?”
- Highlight that everyone has a role to play in preventing self-harm, especially suicide. Mention that less than half of military suicide decedents had a current or past mental health diagnosis. Thus, we must keep a good pulse on ourselves and fellow service members.
- The goal is to solve any issues at the lowest levels possible (e.g. linking a friend to a financial counselor to start dealing with money better vs. reacting with letting them borrow money despite them consistently mismanaging their funds.).
- Encourage participants to ‘Connect them so that you can protect them, no matter how small the issue’!

Considerations and tips for implementing a safety stand down.

CLOSING THE DISCUSSION

When you close the discussion, ensure that you leave your members with these three points.

- **Connection:** Research has shown that connection is key to longevity. Ensure that members are staying connected to healthy family and friends which is essential to mental health and a person's outlook on life. If family is a stressor, friendships can be an outlet for discussion and a way to resolve issues before they escalate.
- **Move:** Physical activity releases high level of dopamine which directly improves people's moods. It doesn't necessarily have to be gym activity, but encouraging movement is key. Regardless of physical demands of the primary job, members should be encouraged to do other activities, outside of work.
- **Resources:** For those who have expressed challenges that are beyond the command's expertise, it is important to have a short list of providers to refer staff/colleagues to speak with (i.e., Chaplain, EAPC, Behavioral Health Provider, CG SUPRT).

Primary Suicide Prevention Resources

CG SUPRT

CG SUPRT provides assessment and short-term counseling for a wide range of issues such as stress, communication, family problems, relationships, parenting, anxiety, depression, work-related concerns, alcohol, substance abuse, as well as other issues that may be impacting your well-being.

Our counseling professionals will help you to identify and clarify your concerns, explore options and develop a plan of action to create solutions that work for you. Counseling sessions are available in-person as well as via telephone, video and chat. **These services are confidential within the bounds of the law.** You may contact us by phone, text or chat to get services started. Contact Information:



National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress, 24/7. Your call is routed to the nearest crisis center in the national network of 150+ crisis centers.

Contact Information:

Phone/Text: 988; TTY: 988

Web: 988lifeline.org

Military Resources

Defense Suicide Prevention Office

Advances holistic, data-driven suicide prevention in our military community through policy, oversight and engagement to positively impact individual beliefs and behaviors, as well as instill systemic culture change. Additional materials and resources can be found on the Defense Suicide Prevention Office website.

Contact Information:

Web: www.dspo.mil

inTransition

A free, confidential program that offers specialized coaching and assistance for active-duty service members, National Guard members, reservists, veterans and retirees who need access to a new mental health provider or wish to initiate mental health care for the first time. inTransition services are available to ALL military members regardless of length of service or discharge status.

Contact Information:

Phone: 800-424-7877

Outside the United States (international toll-free number): 800-424-4685
Outside the United States (collect): 314-387-4700

All calls are confidential and free.

Military OneSource

For non-crisis concerns, such as relationship, family or financial challenges, Military OneSource provides 24/7 service to all service members, including National Guard and reserve members and eligible family members. Arrange a face-to-face, phone, online or video counseling session via the contacts below.

Contact Information:

Phone: 800-342-9647

Chat: livechat.militaryonesourceconnect.org/chat

Web: www.militaryonesource.mil

National Resources

American Foundation for Suicide Prevention

The American Foundation for Suicide Prevention is the nation's largest nonprofit dedicated to saving lives and bringing hope to those affected by suicide.

Contact Information:

Toll-Free: 888-333-AFSP (2377)

Phone: 212-363-3500

General Inquiries: info@afsp.org Web: afsp.org

Give an Hour

Give an Hour provides care and support for those who otherwise might not receive it by harnessing the skill, expertise and generosity of volunteer mental health professionals across the country.

Contact Information:

Email: info@giveanhour.org Web: giveanhour.org

Crisis Resources DOD Resources Veterans/Military CrisisLine (VCL/MCL)

The VCL/MCL is a free, confidential resource that provides Department of Veterans Affairs support for all service members, including members of the National Guard and reserve, all veterans and their families, even if they are not registered with the VA or enrolled in VA health care. The caring, qualified responders at the VCL/MCL are specially trained and experienced in helping service members and veterans of all ages and circumstances. If you, or someone you know is in a crisis, there is help – contact the VCL/MCL.

Contact Information:

Phone: 800-273-8255, press 1

Chat: www.veteranscrisisline.net/get-help/chat

Web: www.veteranscrisisline.net

Calling from overseas:

In Europe: Call 00800 1273 8255 or DSN 118

In Korea: Call 0808 555 118 or DSN 118

National Resources

911

In an emergency, dial 911 or your local emergency number immediately. An emergency is any situation that requires immediate assistance from the police, fire department or an ambulance.

Contact Information:

Phone: 911

Web: www.911.gov

National Poison Control

If you suspect a poisoning, contact a poison control center right away, online or by phone. Knowing is safer than guessing and quick action could save a life. Help is available online with the web POISON CONTROL tool, or by phone at 800-222-1222. Both options are free, expert, and confidential.

Contact Information:

Website: www.poison.org

References

1. "Action Alliance Framework for Successful Messaging." Action Alliance Framework for Successful Messaging | Action Alliance Framework for Successful Messaging. <http://SuicidePreventionMessaging.org/>.
2. "Breaking the Silence: Suicide Prevention in Law Enforcement." <https://www.youtube.com/watch?v=u-mDvJIU9RI>.
3. Luxton, David D., Jennifer D. June, and Jonathan M. Fairall. "Social media and suicide: a public health perspective." American journal of public health 102, no. S2 (2012): S195- S200. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3477910/>.
4. "Safe Messaging Best Practices - Veterans Affairs." https://www.mentalhealth.va.gov/suicide_prevention/docs/safe_messaging_best_practices.pdf
5. "Social Media Safety Toolkit - Veterans Affairs." https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-074-SuicidePrevention-Social-Media-Toolkit-1-8_508.pdf.
6. "Suicide: Warning Signs & Treatment: Military Veterans: Make the Connection." Warning Signs & Treatment | Military Veterans | Make the Connection. <https://maketheconnection.net/conditions/suicide>.
7. "Veteran Outreach Toolkit - United States Department of Veterans Affairs" U.S. Department of Veterans Affairs, <https://www.va.gov/ve/seachToolkitPreventingVeteranSuicidesEveryonesBusiness.pdf>.

Contact Information

Office

Office of Work-Life (CG-1K11)
Suicide Prevention Program
CDR LaMar Henderson

Email

LaMar.B.Henderson@uscg.mil

