



An SPRC/AFSP Best Practice Program



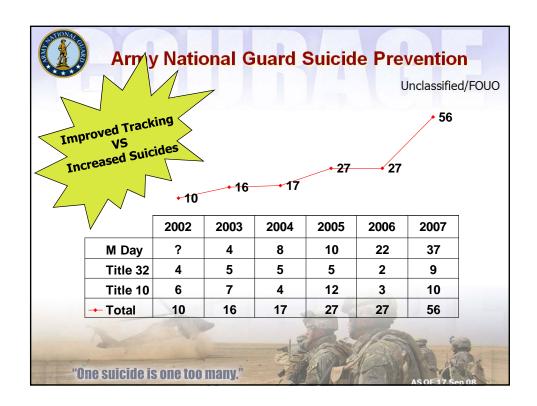
Suicide Prevention, Intervention and Postvention for Soldiers, and Family

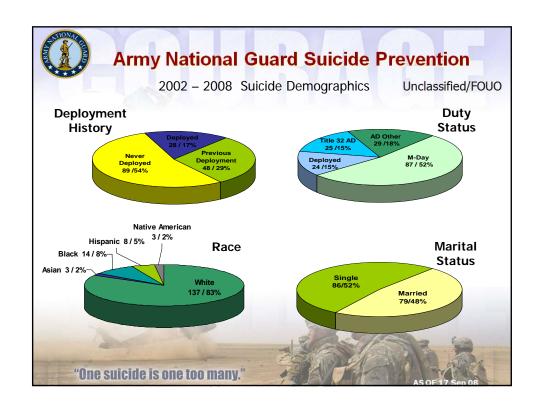
A collaboration between NAMI NH and the NH National Guard

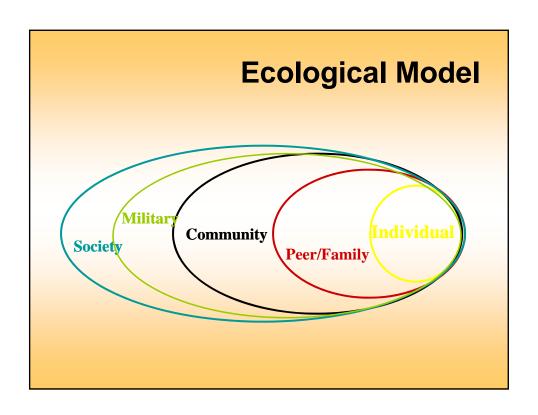




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Cultural Considerations

- Personal Inventory
- Access
- Rank
- Acronyms
- Family Supports
- Suspicion of non military?
- Postvention

National Guard

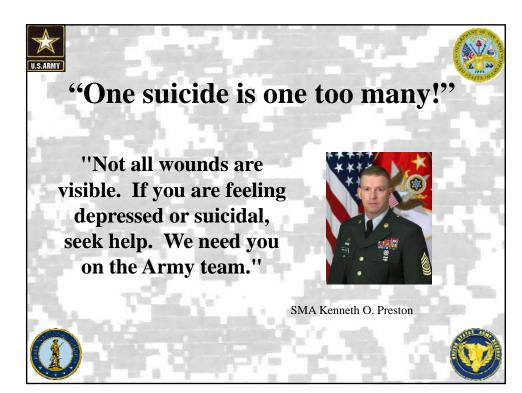
- 50% of soldiers in Iraq (current) are National Guard
- Citizen Soldiers
- No base installation/limited resources
- Deployment has significant distress for family
- Return from theatre to community <72 hours

Suicide Prevention

- Required to implement suicide prevention program
- Designated Suicide Prevention Program managers
- Use of Command Structure
- Available supports

Stigma

- Stigma surrounding mental health problems and suicide can further isolate the person.
- Perceived difference between physical and emotional pain.
- Military personnel may not seek help because of the perceived impact it may have on their career.
- Chaplains are safest people to share info with (ethically mandated to keep info confidential)

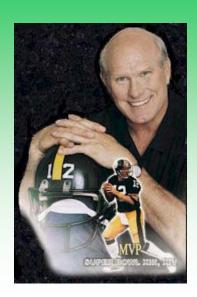


Unit Stigma (Postvention)

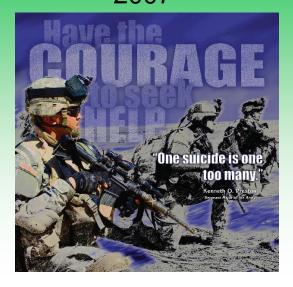
- "It happened in their Unit, Not Mine!"
- "Our deployment was tougher and we dealt with it"
- "We can handle it ourselves"
- "I am from the Unit that PVT Smith was from"
- "It was deployment related..."

If You Are in Pain

Seek Help!



Suicide Awareness for Soldiers 2007



Veterans Administration

- Have a Suicide Prevention Coordinators
- Deployed overseas to be eligible
- Services for Soldiers and Vets
- DOD has access to all records
- Vet Centers provide supports to family

Connecting With The Person

Shoulder to Shoulder: No Soldier Stands Alone



Photo Credit:

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National Suicide Prevention Lifeline Vets Call Center

- "Press 1" for Soldiers/Veterans Option
- Call center in Canandaigua NY
- Specially trained in Veterans/Military Issues

