



HEALTHCONNECT

connecting patients for better health

SEPTEMBER 2016



SUICIDE PREVENTION

Certain factors have been found to be associated with suicide and suicidal behavior. Those who are experiencing the following are at higher risk of suicide. Take a moment to talk to them and finding out what's going on.

- History of depression and other mood disorders
- Major physical illnesses
- A significant personal loss or loss of a relationship
- Alcohol and other substance use disorders
- Severe and prolonged unmanageable stress and/or anxiety
- Feeling like a burden to others, feelings of helplessness, or feelings of hopelessness
- Job, financial, school or legal problems

Those who are unsure of how to approach someone who is dealing with any of these factors should use the A.C.T. NOW method, which is suggested by the Navy and Marine Corps Public Health Center.

- Ask: Ask if someone is thinking about suicide or are considering hurting themselves. Be sure to actively listen to what they have to say, and acknowledge what they have to say, their behaviors, and feelings.
- Care: Let them know they are not alone and discuss what is troubling them.
- Treat: Get help as quickly as possible from a chaplain, friend, medical personnel, or others who can help, but do not leave the person alone.

Important resources:

Military Crisis Line: Call (800) 273-8255 and press 1; text at 838255, live chat online at www.veteranscrisisline.net

Nurse Advice Line 24/7
800-TRICARE
(800-874-2273)

**Hampton Roads
Appointment Center**
(866) 645-4584

Emergency Room
(757) 953-1365

Pharmacy Refill
Local: (757) 953-MEDS (6337)
Toll Free: (866) 285-1008

Information
(757) 953-5008

Customer Service Office
(757) 953-2600

Relay Health Secure Messaging
www.RelayHealth.com

SUICIDE FACTS

Suicide is death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Many of us have probably thought that we would never encounter a tragic event such as this happening, but chances are, we knew someone who committed suicide or has thought about it. Statistics show that for every suicide death, there have been at least 25 suicide attempts. Suicide-related behavior includes both ideation and attempts.

There are many reasons why military members may not seek help when they are experiencing suicidal thoughts. These include not being able to see a way out and feelings of hopelessness; they do not know where to turn for help; a negative perception; they feel disconnected or isolated; or they may be worried about their careers. Their reason for not reaching for help should not make others afraid to address someone who might be at risk for suicide. Urge them to seek help. This simple gesture might literally save their life.





ASK • CARE • TREAT

FOCUS ON RESILIENCY

In light of the focus on National Suicide Prevention Awareness Month there are other important factors to consider. One of these factors is resiliency. Resiliency is the ability and process of adapting well when faced with traumatic, tragic, adverse or significantly stressful situations. Many military members may struggle with this, especially after deployments. The following are helpful ways to increase resiliency.

- Accept that that not every situation can be controlled, and big changes can happen that may alter your life.
- Making and keeping connections is vital. Whether it's with a family member, a friend, or even a coworker, keeping good relationships and accepting help can strengthen resiliency.
- While highly stressful events will still occur, reaction to them is important. Don't focus on the negative aspects of the current moment.
- Even though goals may change, it's important to develop realistic goals and keep moving toward them.
- Keep a positive outlook and develop confidence in abilities to solve and handle problems. An optimistic outlook enables the expectation of good things in the future.
- Visualize goals and expectations instead of worrying about the things that have not happened yet. Find a positive outlet to express feelings during times of stress, such as meditation or writing down thoughts. Although helping others can be beneficial, caregivers should never forget to take care of themselves. They should pay attention to their thoughts, feelings and needs, and engage in activities that are enjoyable and relaxing.

HEALTHY WEIGHT

ShipShape Weight Management Program - 8-week intensive program for adults. To register, call the HRAC at (866) 645-4584

Right Weigh - 4-week program for learning to manage your weight the right way. To register, call (757) 953-1925 or 953-9247

For more information on Health Promotions and Wellness Department programs and resources, call (757) 953-1925

TOBACCO CESSATION

Workshop - 1st Mondays, 8 a.m. to noon

4-week class - begins 1st Tuesdays, 1-2:30 p.m.

Tobacco Meditation Walk-In Clinic - 1st Tuesdays, 2-4 p.m.

For more information, call (757) 953-1927 or 953-1925



#BeThere

#SmallACTSelfie

1 Small ACTO can make a difference—or save a life.
It's about being there for Every Sailor, Every Day.





HEALING AFTER SUICIDE

By Lt. Cmdr. Angelica M. Pucha, Naval Medical Center Portsmouth suicide prevention coordinator

The suicide of a family member, friend or co-worker often has a powerful and sometimes devastating impact on the people who are left behind. Grief is a complex, but normal and natural human response to the death of a person with whom you are close. When the death is sudden, unexpected, and potentially traumatic, as in a death by suicide, the grief process can become complicated. Some common reactions to death by suicide are:

- Shock. Disbelief and emotional numbness might set in. You might think the suicide couldn't possibly be real.
- Guilt and self-blame for not being able to prevent the suicide.
- Anger at the person who died for leaving you behind with so many unanswered questions, at yourself and/or others for missing clues about suicidal intentions, and at a higher being for not protecting the deceased from harming himself or herself.
- Despair. You might be gripped by sadness, loneliness or helplessness. You might even consider suicide yourself.
- Confusion. Many people try to make some sense out of the death, or try to understand why their loved one took his or her life. However, you may always have unanswered questions.
- Feelings of rejection. You might wonder why your relationship wasn't enough to keep the deceased from dying by suicide.

Our response to the aftermath of suicide is shaped by a number of things, such as past experiences with death and loss, other current life stressors, our mental health, our family cultural traditions, our relationship with the deceased (e.g., strength of bond, presence of conflict), the circumstances surrounding the death, our support system and our personality. For that reason, everyone's grief is unique. Some will find support groups helpful; others may rely on the support of friends. Some may turn to books; others may work with mental health specialist. Some may take weeks to get back to "normal life." Others may find that life as they remember it no longer exists, and they need to redefine themselves and establish new routines.

How do we help ourselves and each other cope following the tragedy of a suicide?

- Take each day as it comes. Losing someone to suicide is a tremendous blow, and healing must occur at its own pace. Don't be hurried by anyone else's expectations that it's been "long enough."
- Perform self-care, such as eating, sleeping, hydrating and exercising.
- Talk about the loss. Talking about suicide doesn't give a person morbid thoughts. Rather, it helps cultivate a culture that supports seeking help as a sign of strength.
- ACT: Ask - care - treat. ASK directly, "Are you thinking of killing yourself." Show that you CARE. Get the person or yourself immediate assistance, TREATMENT.

Losing a shipmate or loved one to suicide is tragic. Just remember healing is possible, even though it may take time, work and support to assist in the recovery process.

GET CONNECTED

Download the NMCP app today and get access to:

- News and announcements
 - Interactive maps
 - Pharmacy wait times
 - Telephone directory
 - Safe Ride
 - Relay Health
 - ICE feedback
- and so much more!**



118,000

patients with a PCM at one of our ten facilities

22

Medical Home Port teams

440,000

patients we serve - active duty, retired and families

Did you know what contributes to suicide...

History

- History of Abuse (Physical, Sexual, Emotional): 65%
- Prior Suicide Related Behavior: 57%
- Mental Health Treatment in Past Year: 33%
- Prior Suicide Attempt: 28%
- Substance Abuse: 20%

Stressors

- Experienced Loss: 84%
- Intimate Relationship Problems: 74%
- Work Problems: 65%
- Disciplinary/Legal Issues: 54%
- Financial Issues: 35%

Disrupted Social Network (Number One Contributor)

- Transition (Pending demotion/PCS/Upcoming Separation from the Navy, Retirement): 89%

Judgment Factors

- Sleep Problems: 59%
- Recent event causing anger: 50%
- Under the Influence of Alcohol: 30%

Access to Lethal Means

- Access to Firearms: 57%

Contributory Risk Factors

- Recent Event Causing Shame, Guilt, Loss of Status: 72%
- Recent Event Causing Feelings of Rejection/Abandonment: 63%
- Feelings of Hopelessness: 48%
- Recent Event Causing Feelings of Helplessness: 39%
- Pattern of increased alcohol/drug use: 22%

