



## Where to seek help

Reading this fact sheet has been a good start. There are however, many other self-help resources available for you to obtain more information. These include:

<http://www.healthinsite.gov.au/>

<http://www.health.gov.au/mentalhealth>

<http://beyondblue.org.au/index.aspx>

You may also wish to discuss things with a **close friend or family member** who you trust to be supportive. Sometimes it can really help to share a problem and get a different perspective on it by talking it over.

**ADF Chaplains** are also available and can provide support and impartial guidance without needing a referral or going through the Chain of Command.

**The Family Information Network for Defence (FIND)** (1800 020 031) is a telephone service that provides easy access to personnel information on matters of everyday interest and concern such as ADF pay, entitlements, allowances or conditions of service. This is a toll-free, confidential service. It is available to Service members and their families anywhere in Australia.

## Further support available

If you need further support, there are more resources available to you.

Your **chain of command** can provide advice, support and referral if necessary to the local Medical Centre or Mental Health and Psychology Section (MHPS).

You can also approach your local **Medical Centre** directly and speak with a Nursing Officer or Medical Officer, or you can approach your local **Mental Health and Psychology Section (MHPS)**.

If you need to speak to someone urgently after hours, the **ADF Mental Health Strategy All-hours Support Line (ASL)** is available. This is a confidential telephone triage support service for ADF members and their families that can be contacted 24 hours a day, 7 days a week on 1800 628 036 (FREECALL within Australia) or 61 2 9425 3878 (outside Australia).

**VVCS – Veterans and Veterans Families Counselling Service** is available to veterans of all deployments and their families.

**The Defence Community Organisation (DCO)** also provides services to families of ADF members 24 hours a day, 7 days a week all year round, including public holidays. During normal business hours, the first point of call is the Duty Social Worker or Military Support Officer. Outside these hours, calls should be directed to the National Welfare Coordination Centre (NWCC) on 1800 801 026, or if calling from overseas, 61 2 9359 4842.



ADF Mental Health Strategy

# SUICIDE

The one thing that will save a human life is a human relationship. Although suicide remains a relatively uncommon event, it is still a tragic loss of life with devastating consequences for families, work mates/colleagues and the organisation in general. With a focused and determined commitment from all members of the ADF, it is possible to intervene and potentially prevent a person from acting on their thoughts of suicide or engaging in suicidal behaviour.

Suicide is a difficult subject but it is everyone's business!

What makes a person engage in suicide behaviour(s)?

ALMOST ANYTHING can lead to thoughts of suicide or to suicide related behaviour; it just depends upon HOW THE PERSON FEELS ABOUT IT!

Everyone has different levels of tolerance to stress and pain and we all try to cope as best we can during significant and sometimes painful changes in our lives. However, sometimes the burden of pain and suffering can be so overwhelming that a person's usually effective coping abilities do not help. During these times, suicide or death may seem the best or only option. However, within that person there is also a desire and want to live. It is up to others around that person to know the risk factors of suicide, the signs which indicate that someone is thinking about suicide, and how they can help make that person's desire and will to live stronger.

## Risk Factors

While there is no 'typical' profile for someone who may contemplate suicide, there are some common risk factors. These risk factors include, but are not limited to:

- Any perceived significant losses (e.g. death of a loved one, breakdown of a relationship or loss of job or income);
- Feelings of helplessness and hopelessness;
- Lack of current and accessible social supports that the person is willing to use;
- Mental health concerns;
- Past history of suicide related behaviour; and
- Emotional pain that does not seem to have an end.

## Signs

Signs may appear as changes in a person's situation, their behaviour/s, physical state, thoughts, and/or emotions/feelings. These may include, but are not limited to:

- Talking about or dropping hints of suicidal behaviour;
- Preoccupation with death;
- Giving away possessions;
- Isolation or withdrawal;
- Increased alcohol and/or drug use;
- Lack of interest in hobbies or appearance.

It's normal to be frightened if we see these signs, but it's vital to remember that signs may be an attempt by a person at risk of suicide to communicate that they are not coping and that they are overwhelmed by intense emotional pain. This pain is often associated with stressful events and/or loss. Remember that someone making jokes about suicide may be a disguised 'cry for help' and should be checked out to make sure there is not something more to it.

## What should I do?

**Ask the Question.** Risk factors and signs are simply those things that alert us to the possibility that someone may be thinking about suicide. They provide us with an important opportunity to ask if the person is thinking of suicide. Research shows that asking does not increase the likelihood of suicide nor make the person consider it as an option if they were not previously considering it.

Asking questions like 'you're not thinking of doing anything stupid, are you?' is not likely to help, as for the person at risk, the thought of suicide may not be stupid to them. On the other hand, having the courage to ask clearly and directly about suicide, despite how uncomfortable we may feel at the time, shows that we take the topic of suicide seriously and are willing to help. If you feel more comfortable doing so, you can mention any changes you may have noticed in their behaviour and any other risk factors you may have noticed, to support why you think they could be at risk of suicide.

## What to do if you think someone is thinking about suicide:

Provide AID

- A ASK directly and don't be afraid - 'are you thinking of killing yourself?'
- I INTERVENE immediately
- D DON'T keep it a secret

Secure LIFE

- L LOCATE HELP
- I INFORM Chain of Command
- F FIND someone to stay with the person
- E EXPEDITE getting help immediately (see 'Where to Seek Help')

## The Supervisor's Role in Suicide Prevention/Intervention

- Know the risk factors and signs;
- Actively support suicide intervention efforts and recognise that suicide prevention/intervention requires effort from all members of the ADF;
- Be aware of the resources that can help your people ;
- Encourage staff to seek further suicide awareness (information on Joint Health Command Website - Directorate of Mental Health);
- Take all thoughts of suicide and suicide related behaviour/s seriously;
- Enhance the development of 'esprit de corp' in the work place by:
  - Building a work unit culture that fosters both a sense of belonging and 'looking after your mates';
  - Offering social support;
  - Developing a culture that encourages early intervention and supports those seeking help.