

what to do

- Take the risk factors and signals seriously. If you think someone is considering suicide, ASK HIM OR HER “Are you suicidal?” or “Do you want to kill yourself?” If the answer is “yes,” GET HELP.
- Show interest in the person and be supportive.
- Offer hope that there are alternatives to suicide. DO NOT LEAVE THE PERSON ALONE.
- Take action. Remove methods he or she might use to kill him or herself.
- 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.

clinical care

TN Veterans Administration Medical Centers

Nashville Campus: 1-800-228-4973

Murfreesboro: 1-800-876-7093

Memphis: 1-800-636-8262

Mountain Home – Johnson City: 1-877-573-3529

Knoxville Outpatient Clinic: 1-865-545-4592

Returning Combat Veterans

Nashville OEF/OIF Transition Clinic:
1-800-228-4973 ext 67764

Murfreesboro OEF/OIF Transition Clinic:
1-800-876-7093 ext 24778

Memphis, TN VA OEF/OIF Program:
1-800-636-8262 ext 7319

Mountain Home – Johnson City, TN VA OEF/OIF:
423 926-1171 ext 7362 or ext 2644

VA Returning Combat Veteran Site

www.oefoif.va.gov

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.

Active, Guard and Reserve personnel can access a 24/7 resource for Military Members, Spouses and Families at 1-800-342-9647 or MilitaryOneSource.com.

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



For additional information on suicide prevention or publications contact:

Tennessee Suicide Prevention Network



295 Plus Park Blvd., Suite 201
Nashville, TN 37217
ph: 615-297-1077 f: 615-269-5413

www.tspn.org



Saving Veteran Lives in Tennessee



Saving Lives in Tennessee

the facts

- Between 2005 and 2009, there were 606 confirmed suicides among active-duty Army personnel. 55 of these involved soldiers stationed at Fort Campbell.
- For veterans aged 20-24, the suicide rate was twice that of civilians in the same age group.
- For FY09, Tennessee VAMCs (Memphis, Mt. Home, TVHS, also including CBOCs) received 179 reports of suicide attempts among veterans.
- An estimated 6256 veterans died by suicide in 2005 alone, an average of 120 a week.
- 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.



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:

tspn.org/veterans

risk factors

- Calling old friends, particularly those from the military, to say goodbye
- Cleaning a weapon kept as a souvenir
- Visits to cemeteries
- Obsession with news coverage of current military operations
- Wearing dress uniform or part of their uniform, when not required
- Frequent talking about how honorable it is to be a soldier
- Change in sleeping patterns
- Becoming overprotective of children
- Standing guard over the house
- Abusing alcohol or other drugs
- Give away prized possessions
- Defensive speech
- Believe they are a burden to others
- Talking about wanting to hurt or kill oneself
- Trying to obtain pills, guns, or other items that could be used to inflict self-harm
- Talking or writing about death, dying, or suicide
- Feelings of hopelessness or helplessness
- 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

POST-TRAUMATIC STRESS DISORDER

PTSD is an anxiety disorder that can occur after a traumatic event. Some of those include:

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

Common symptoms:

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

TRAUMATIC BRAIN INJURY

Traumatic brain injury (TBI) is caused by an external physical force resulting in total or partial disability. TBI is common in active war zones as a result of explosions. Symptoms can include:

- Problems with judgment, memory, and decision making
- Headaches
- Seizures
- Failure of motor skills
- Mood swings
- Sexual difficulties

After a traumatic event, it is normal to feel frightened, angry, or disoriented. If these feelings continue for an extended period of time or becomes disruptive to everyday activities, seek professional help.

