

DEPARTMENT OF  
DEFENSE, VETERANS AND EMERGENCY MANAGEMENT  
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**Inter-Departmental Memorandum**

**December 2, 2014**

**TO:** All Defense, Veterans and Emergency Management Employees

**FROM:** Brigadier General James D. Campbell, Commissioner/Adjutant General

**SUBJECT:** DVEM Policy 14-05, Suicide Awareness and Prevention

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1. This memorandum of policy is effective immediately and remains in effect until renewed or revoked.
2. Suicide is a major public health problem. In fact, it is a leading cause of violent death in the United States; accounting for over 34,000 deaths in 2007, the latest year for which the Centers for Disease Control has statistics available.
3. The Department of Defense, Veterans and Emergency Management (DVEM) is not immune to the problem of suicide. We care about our workforce. We believe that the loss of even one member of our family to suicide is one too many. Each of us is in a unique position to recognize employees who are at risk for suicide and to take action to get them the help they need.

Recognize some of the common warning signs:

- Depression, feelings of hopelessness, or suicidal thoughts
- Impulsiveness, extreme anxiety, agitation, irritability, or risky behavior
- Withdrawal from others; giving away treasured belongings
- Loss of interest in activities that were once enjoyed
- Abuse of alcohol, drugs, or other substances

4. Remember, if you are concerned about a co-worker, friend, or a family member, and you think they may be considering suicide, you can ACT to prevent suicide.

A – Ask the question – “Are you thinking of killing yourself?”

C – Care for your co-worker – Listen with compassion and voice your concern.

T – Take action – Seek professional help.

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5. Please review the enclosures that outline more information about this tragic public health issue.
6. Point of Contact is the Deputy Commissioner at (207) 430-6000.

5 Encls

1. How to Help a Suicidal Person  
ACT (Ask, Care, Take Action)
2. Suicide Myths
3. Suicide Warning Signs
4. Depression – What is it?
5. Maine State & Local Hotlines for  
Suicide Prevention & Emotional Crisis

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Brigadier General James D. Campbell  
Commissioner and The Adjutant General

## **How to Help a Suicidal Person ACT (Ask, Care, Take Action)**

### **ASK – are you thinking of killing yourself?**

It is okay to ask:

- “Do you ever feel so badly that you think about suicide?”
- “Do you have a plan to commit suicide or take your life?”
- “Have you thought about when you would do it (today, tomorrow, next week)?”
- “Have you thought about what method you would use?”

Asking these questions will help you to determine if your friend or family members is in immediate danger, and get help if needed. A suicidal person should see a doctor or mental health professional immediately. Calling 911 or going to a hospital emergency room are also good options to prevent a tragic suicide attempt or death. Calling the National Lifeline at 1-800-273-TALK is also a resource for you or the person you care about for help. Remember, always take thoughts of or plans for suicide seriously.

Your willingness to talk about suicidal thoughts in a non-judgmental, non-confrontational way can be the help a person needs to seeking professional help

**Never keep a plan for suicide a secret.** Don't worry about risking a friendship if you truly feel a life is in danger. You have bigger things to worry about-someone's life might be in danger! It is better to lose a relationship from violating a confidence than it is to go to a funeral. And most of the time they will come back and thank you for saving their life.

### **CARE – Listen with compassion and voice your concern**

- Don't try to minimize problems or shame a person into changing their mind. Your opinion of a person's situation is irrelevant.
- Do not attempt to argue someone out of suicide. Rather, let the person know you care, that he/she is not alone, that suicidal feelings are temporary and that depression can be treated.
- Avoid the temptation to say, “You have so much to live for,” or “Your suicide will hurt your family.”
- Reassure them that help is available, that depression is treatable, and that suicidal feelings are temporary. Life can get better!

Enclosure 1: How to Help a Suicidal Person ACT (Ask, Care, Take Action)

**TAKE ACTION - Seek Professional Help**

Professional help is available to all employees and their family members through the Employee Assistance Program (EAP). The toll free number is **1-800-755-7002**. This phone is answered by mental health professionals 24 hours a day, 7 days a week.

All employees and their family members are eligible for up to six free face-to-face counseling sessions through the EAP.

Services provided through the EAP are confidential.

## **Suicide Myths**

### **“People who commit suicide don’t talk about it.”**

**Not True.** Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like “you’ll be sorry when I’m dead,” “I can’t see any way out,” -- no matter how casually or jokingly said, may indicate serious suicidal feelings.

### **“Anyone who tries to kill him/herself must be crazy.”**

**Not True.** Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are always signs of mental illness and are not signs of psychosis.

### **“If a person is determined to kill him/herself, nothing is going to stop him/her.”**

**Not True.** Even the most severely depressed person has mixed feelings about death, and most waver until the very last moment between wanting to live and wanting to die. Most suicidal people do not want to die; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

### **“People who commit suicide are people who were unwilling to seek help.”**

**Not True.** Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths and a majority had seen a medical professional within 1 month of their death.

### **“Talking about suicide may give someone the idea.”**

**Not True.** You don’t give a suicidal person morbid ideas by talking about suicide. The opposite is true -- bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

## Enclosure 3: Suicide Warning Signs

### Suicide Warning Signs

In order to prevent suicide, it is important to be aware of the warning signs of suicidal thoughts and feelings.

**Take any suicidal talk or behavior seriously.** It's not just a warning sign that the person is thinking about suicide — **it's a cry for help.**

Talking about suicide	Any talk about suicide, dying, or self-harm. Includes statements such as “I wish I hadn't been born,” “If I see you again...,” “I want out,” and “I'd be better off dead.”
Seeking out lethal means	Looking for ways to commit suicide. Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.
Preoccupation with death	Unusual focus on death, dying, or violence. Writing poems or stories about death.
No hope for the future	Feelings of helplessness, hopelessness, and being trapped (“There's no way out”). Belief that things will never get better or change.
Self-loathing, self-hatred	Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden (“Everyone would be better off without me”).
Getting affairs in order	Making out a will. Giving away prized possessions. Making arrangements for family members.
Saying goodbye	Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.
Withdrawing from others	Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.
Self-destructive behavior	Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a “death wish”.
Sudden sense of calm	A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to commit suicide.

## Enclosure 4: Depression – What is it?

### **Depression - What is it?**

Depression is a serious, and treatable, medical illness. Depression is a major risk factor for suicide.

According to the National Institutes of Mental Health, people with depressive illnesses do not all experience the same symptoms. The severity, frequency and duration of symptoms will vary depending on the individual and his or her particular illness.

Symptoms include:

- Persistent sad, anxious or “empty” feeling
- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early–morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts

Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment.

**Maine State & Local Hotlines for Suicide Prevention & Emotional Crisis  
Statewide Hotline 1-888-568-1112**

**In an Acute Crisis**

- If a friend or loved one is threatening, talking about or making plans for suicide, these are signs of an acute crisis.
- Do not leave the person alone.
- Remove from the vicinity any firearms, drugs, or sharp objects that could be used for suicide.
- Take the person to an emergency room or walk-in clinic at a psychiatric hospital.
- If a psychiatric facility is unavailable, go to your nearest hospital or clinic.
- If the above options are unavailable, call 911 or the National Suicide Prevention Lifeline at **1-800-273-TALK** (8255).

**Crisis Programs**

<b>Androscoggin</b>	Tri County Mental Health Services	(207) 783-4680
<b>Aroostook</b>	Aroostook Mental Health Center Adult Crisis Stabilization Unit	(207) 762-4851 1-800-432-7805
<b>Cumberland</b>	Cumberland County Crisis Response (Ingraham)	(207) 774-4357
<b>Franklin</b>	Evergreen Behavioral Services	(207) 779-2843
<b>Kennebec/Somerset</b>	Crisis and Counseling Centers	(207) 626-3448
<b>Lincoln/Sagadahoc Northern Cumberland</b>	Sweetser Crisis Stabilization	(207) 373-3003
<b>Oxford</b>	Oxford County Crisis Response	(207) 364-3030
<b>Penobscot/Piscataquis Hancock/Washington</b>	WCPA/CHCS Adult Youth Crisis Stabilization Program	(207) 255-6804 1-800-499-9130
<b>Waldo/Knox</b>	Mid-Coast Mental Health Center	(207) 701-4400
<b>York</b>	Crisis Response Services	(207) 282-6136