

Healthbeat



Suicide awareness begins with knowing warning signs, risk factors

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September is Suicide Awareness Month. All of us are a part of the solution for preventing suicide by knowing the warning signs, risk factors and what to do.

Warning signs

A Soldier's buddy and chain of command should be more vigilant if the Soldier presents any combination of the following:

- Talk of suicide or killing someone else
- Giving away property or disregard for what happens to one's property
- Withdrawal from friends and activities
- Problems with spouse or significant other
- Acting bizarre or unusual
- Soldiers in trouble for misconduct
- Soldiers experiencing financial problems
- Part-time Soldiers who have lost their job at home
- Soldiers leaving the service

When a Soldier presents any one of the following concerns, they should be seen immediately by a mental health professional:

- Talking or hinting about suicide
- Formulating a plan to include acquiring the means to kill oneself
- Having a desire to die
- Obsession with death
- Themes of death in letters and notes
- Finalizing personal affairs
- Giving away personal possessions

Risk factors

Risk factors increase the probability that difficulties could result in serious behavioral or physical health. Risk factors only raised the risk of an individual being suicidal; it does not mean they are suicidal. Risk factors often associated with suicidal behavior include:

- Relationship problems
- History of previous suicide attempts
- Substance abuse
- History of depression or other mental illness

- Family history of suicide or violence
- Work-related problems
- Transitions
- A serious medical problem
- Significant loss
- Current or pending disciplinary or legal action
- Setbacks (academic, career or personal)
- Severe, prolonged or perceived unmanageable stress
- A sense of powerlessness, helplessness or hopelessness

Suicidal risk is highest when:

- The person sees no way out and fears things may get worse
- The predominant emotions are hopelessness and helplessness
- Thinking is constricted and dichotomous
- Judgment is impaired by use of alcohol or other substances

What to do:

- Provide aid.
- Don't be afraid to ask, "Are you thinking about hurting yourself?"
- Intervene immediately.
- Don't keep it a secret.

Follow the acronym LIFE: Locate help, Inform the chain of command of the situation, Find someone to stay with the person, and Expedite help immediately.

Hospital steps up 'Warriors in Transition' care

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FORT SAM HOUSTON, Texas – Since June, Brooke Army Medical Center here has implemented a series of sweeping changes designed to improve the quality of care for "warriors in transition" and their families.

The changes are driven by the Army Medical Action Plan, an Army initiative designed to eliminate bureaucratic roadblocks for warriors in transition so they can focus on recovery and have a smooth transition back to military duty or civilian life.

The first and perhaps most dramatic change is the formation of a Warrior in Transition Battalion. The battalion, which stood up June 15, replaces the former active-duty Medical Hold and reserve Medical Holdover companies. Reserve and active-duty warriors in transition

now are combined in three companies under the battalion.

"We're all one team, so it makes sense to keep everyone under the same umbrella," said Master Sgt. Scott Waters, senior operations noncommissioned officer for the Warrior in Transition Battalion.

Reserve and active-duty Soldiers were separated in the past to ensure familiarity with administrative processes, which differ for each component. However, the Army Medical Action Plan "gives us the resources we need to accommodate all Soldiers without differentiation," Waters said. "We now have the extra help we need to successfully manage and track our warriors in transition without separation."

Since the plan was introduced, the ratio of Soldier to platoon sergeant has reduced dramatically. Whereas before there were 50

Soldiers to each platoon sergeant and no squad leaders at Brooke, there are now 12 Soldiers per squad leader and about 30 Soldiers per platoon sergeant.

But with myriad issues, ranging from severe injuries to family problems, there's "a lot to be done even with that ratio," Waters said. To ensure warriors in transition have top-notch care, the Army created the "Triad of Care" concept, which is an integral part of the battalion.

Each triad comprises a case manager, primary care manager and squad leader or platoon sergeant. Each warrior in transition is assigned a triad, which ensures consistency of care for Soldiers and their families.

"It eases the process for both the Soldiers and the health care

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PHOTOS BY CLARENCE DAVIS III

Early morning run

From front left, Lt. Col. Richard A. Walker, acting commander of Troop Command, William Beaumont Army Medical Center, Col. Homer J. LeMar Jr., WBAMC acting commander, and Maj. Gen. Robert P. Lennox, Fort Bliss commanding general, lead WBAMC Soldiers on an early morning run at Biggs Army Airfield Aug. 29.



Cornyn visits Bliss

U.S. Sen. John Cornyn, left, a member of the Senate Armed Services Committee, tours the Fort Bliss Restoration and Resilience Center on Fort Bliss Aug. 29. The center's director, Dr. John E. Fortunato, right, provided insight on the medical capabilities and expectations of the center, which opened July 11 to treat Soldiers returning from deployments with post-traumatic stress disorder.



Pollock visits WBAMC

Maj. Gen. Gale S. Pollock, acting surgeon general for the Army, visited William Beaumont Army Medical Center Aug. 29. During the visit, Pollock received the WBAMC command briefing, held two commander's calls and attended a retirement dinner in honor of Col. Lenore Enzel, who is retiring with 30 years of active service.