



Training Professionals & Communities in
Suicide Prevention & Response

Connect Suicide Prevention Project



A National Best Practice Program



**Reducing Risk and Promoting
Healing For Warriors, Family
and Communities After Suicide
DoD Conference 2010**

Copyright NAMI NH, 2009. Do not use printed or web version of this document for other than personal use without permission from NAMI NH

Public/Private Partnerships

- Irving and Barbara C. Gutin Foundation
- NH Charitable Foundation
- Geoffrey E Clark and Martha Fuller Clark Fund
- NH Dept of Health and Human Services
- Substance Abuse and Mental Health Services Administration



Topics

- Suicide Death Data
- Concepts related to Suicide/Postvention
- Postvention as Prevention
- Responding to a suicide death
- Supports to Family and Friends

The Loss From A Suicide

- All of us have been touched by loss at some point in our lives.
- If you are a survivor grieving a suicide, you are not alone. There are many people who have experienced a loss from suicide and there are resources for survivors.
- If you find that the following information brings up painful emotional memories, take care of yourself and seek the support that would be helpful.

The “S” Word:

*Why Don't We Talk About
It?*

Personal Impact of Suicide

“I will blame myself for the rest of my life for not doing more to help my son...It never goes away”

General Mark Graham 4/09

Son Kevin 21 (ROTC) died by suicide in 2003



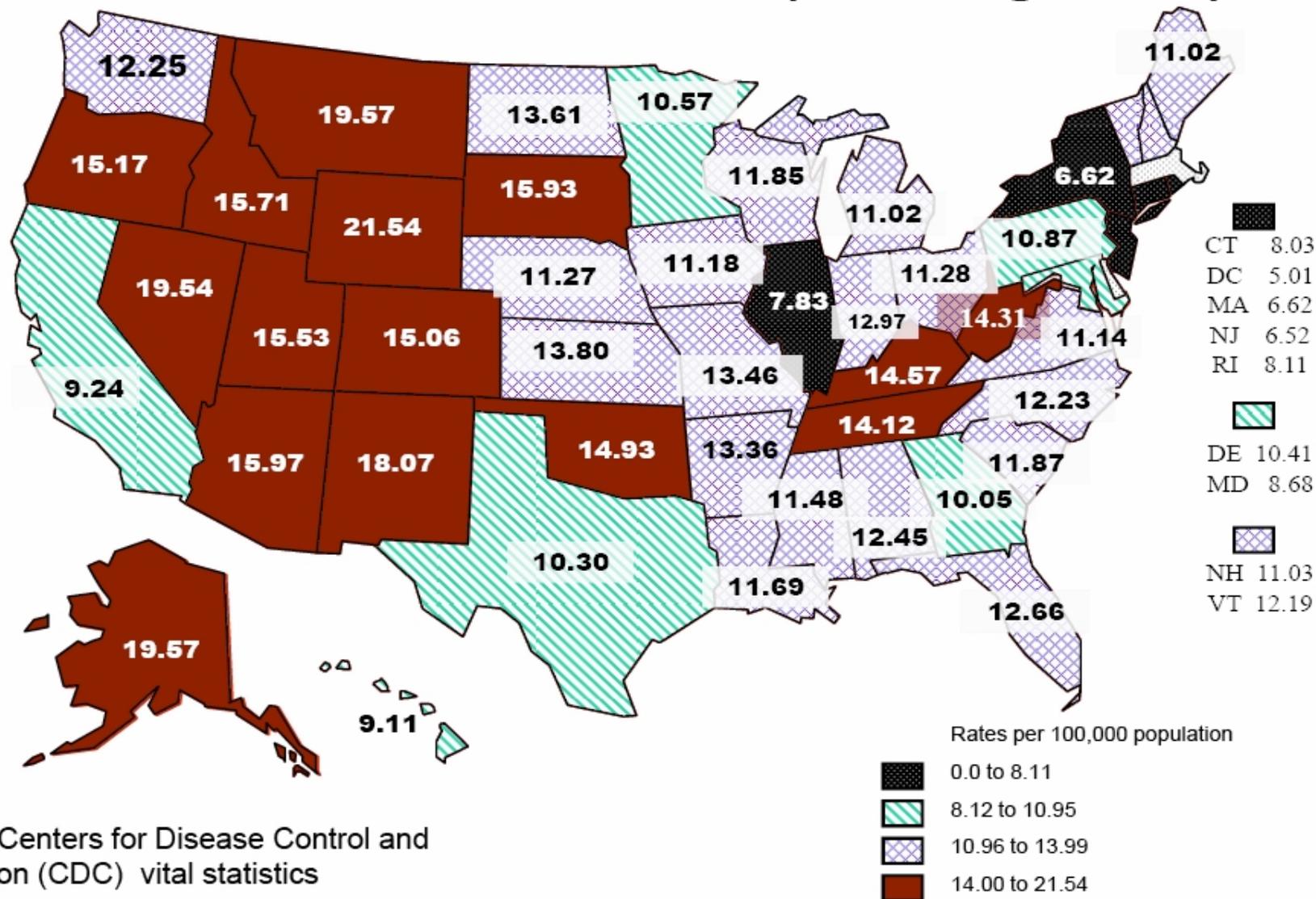
Carol and Mark Graham

10 Leading Causes of Death, United States 2000 - 2005, All Races, Both Sexes

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 33,674	Unintentional Injury 10,203	Unintentional Injury 7,144	Unintentional Injury 9,088	Unintentional Injury 90,410	Unintentional Injury 75,747	Unintentional Injury 98,224	Malignant Neoplasms 297,001	Malignant Neoplasms 564,507	Heart Disease 3,380,356	Heart Disease 4,097,515
2	Short Gestation 27,649	Congenital Anomalies 3,214	Malignant Neoplasms 3,046	Malignant Neoplasms 3,143	Homicide 31,374	Suicide 30,037	Malignant Neoplasms 93,972	Heart Disease 222,840	Heart Disease 384,000	Malignant Neoplasms 2,336,661	Malignant Neoplasms 3,334,232
3	SIDS 13,690	Malignant Neoplasms 2,410	Congenital Anomalies 1,160	Suicide 1,629	Suicide 24,491	Homicide 27,620	Heart Disease 79,408	Unintentional Injury 91,415	Chronic Low. Respiratory Disease 69,763	Cerebro-vascular 828,377	Cerebro-vascular 945,213
4	Maternal Pregnancy Comp. 9,812	Homicide 2,322	Homicide 782	Homicide 1,265	Malignant Neoplasms 10,224	Malignant Neoplasms 22,757	Suicide 39,838	Liver Disease 43,608	Diabetes Mellitus 61,590	Chronic Low. Respiratory Disease 648,644	Chronic Low. Respiratory Disease 749,140
5	Placenta Cord Membranes 6,359	Heart Disease 1,095	Heart Disease 589	Congenital Anomalies 1,203	Heart Disease 6,342	Heart Disease 18,945	HIV 32,022	Suicide 38,065	Cerebro-vascular 59,401	Alzheimer's Disease 359,512	Unintentional Injury 645,277
6	Unintentional Injury 5,883	Influenza & Pneumonia 717	Influenza & Pneumonia 290	Heart Disease 970	Congenital Anomalies 2,876	HIV 10,751	Homicide 19,929	Cerebro-vascular 36,665	Unintentional Injury 53,182	Influenza & Pneumonia 338,784	Diabetes Mellitus 436,398
7	Respiratory Distress 5,519	Septicemia 540	Benign Neoplasms 277	Chronic Low. Respiratory Disease 468	Cerebro-vascular 1,194	Diabetes Mellitus 3,733	Liver Disease 18,368	Diabetes Mellitus 32,709	Liver Disease 37,744	Diabetes Mellitus 324,933	Influenza & Pneumonia 380,856
8	Bacterial Sepsis 4,646	Perinatal Period 414	Chronic Low. Respiratory Disease 263	Influenza & Pneumonia 315	Influenza & Pneumonia 1,118	Cerebro-vascular 3,466	Cerebro-vascular 14,596	HIV 26,116	Suicide 21,944	Nephritis 205,437	Alzheimer's Disease 363,297
9	Circulatory System Disease 3,665	Benign Neoplasms 327	Septicemia 222	Cerebro-vascular 277	HIV 1,110	Congenital Anomalies 2,692	Diabetes Mellitus 12,168	Chronic Low. Respiratory Disease 21,075	Nephritis 21,749	Unintentional Injury 203,470	Nephritis 246,539
10	Intrauterine Hypoxia 3,364	Chronic Low. Respiratory Disease 318	Cerebro-vascular 211	Benign Neoplasms 255	Chronic Low. Respiratory Disease 1,071	Liver Disease 2,154	Influenza & Pneumonia 5,839	Viral Hepatitis 13,084	Septicemia 20,678	Septicemia 155,206	Septicemia 198,905

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

Age-adjusted suicide rates among all persons by state -- United States, 2006 (U.S. avg 10.95)



Source: Centers for Disease Control and Prevention (CDC) vital statistics

Suicide is Not An Equal Opportunity Destroyer

- 33,000 confirmed deaths each year
- 80% of suicide deaths in the US are white men
- Males die at a rate 3x higher than women; women attempt 4x higher than men
- Nationally approximately 450 law enforcement die by suicide annually
- Veterans account for 1/5 of the suicide deaths
- US Suicide rate has increased from about 5% between 1999-2005 mostly in 40-64 year old age group

Race/Ethnicity US 2000-2004

Race/Ethnicity	Percent of Deaths	Rate per 100,000
White Non- Hispanic (NH)	84%	14.0
Hispanic	6%	5.8
Black NH	6%	5.8%
Other NH	4%	8.1

*From SPRC-US Fact Sheet

Suicide Rate by Service Branch

	Suicides	Rate 100,000	Year
Army	140 147(+71)?	20.2	2008 YTD 12/31/09
Air Force	38 (34)	11.5	2008
Marines	41 (42)	19	2008
Navy	41 (47)	11.6	2008
US	33,300	11.1	2006
White Males	23,767	19.8	2006

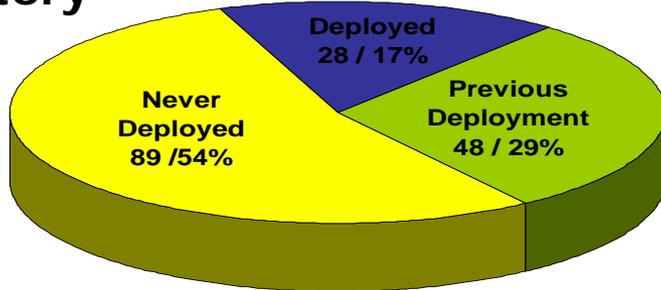


Army National Guard Suicide Prevention

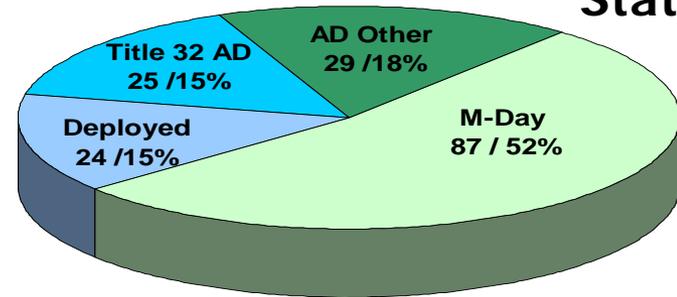
2002 – 2008 Suicide Demographics

Unclassified/FOUO

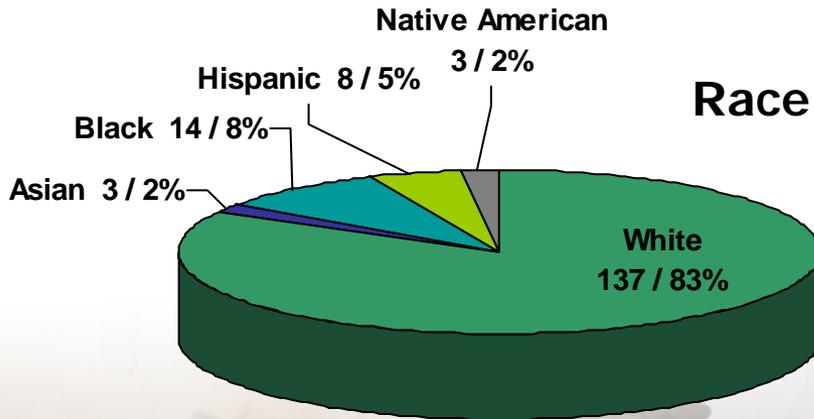
Deployment History



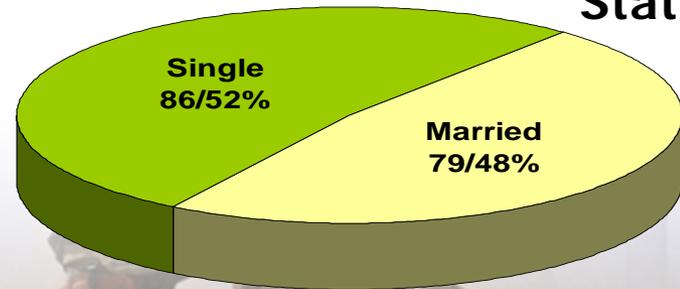
Duty Status



Race



Marital Status

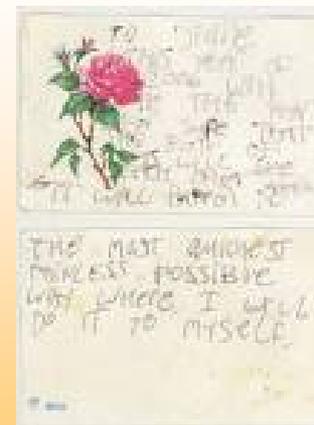


“One suicide is one too many.”

AS OF 17 Sep 08

Suicide Notes

- 35% of people who die by suicide leave a note (NVISS data set)
- 29% For Youth (under 18)
- Notes rarely answer the question “why”
- Many ask for forgiveness, express love or give instructions
- Some are angry, blaming, caustic
- Law enforcement takes notes as part of the investigative process



MENTAL ILLNESS AND SUICIDE

- High correlation between major mental illnesses and suicide (and suicide attempts)
- US Center for disease control estimates 90% of suicide deaths have either a mental illness or substance use disorder
- Increased risk for individuals with PTSD and TBI

“When my father was diagnosed with cancer, the doctors told us he had a 40% chance of living a year. When my son was diagnosed with bipolar disorder, no one told us about the high correlation between the illness and suicide/suicide attempts. If we had known what to look for, he might still be alive today.....I think every family (dealing with mental illness) should be informed of these risks...”

A survivor of suicide – American
Association of Suicidology Conference 4/06

Suicide and Alcohol/Drugs

- 25% of individuals who die by suicide were intoxicated at the time of their death
- Alcohol involved in 64% of attempts
- Drug overdose deaths are typically ruled accidental in the absence of information confirming suicide



Health Care and Suicide Deaths

Location	Within 1 Year	Within 1 day of discharge
Psychiatric Inpatient Care	41%	9%
Community Based Mental Health Care	11%	4%
Primary Care Provider	83%	20%



(Pirkis & Burgess, 1998).



Activities and response following a suicide death

Goals of postvention include:

- To promote healing
- To reduce risk of contagion
- To identify those at risk and connect them to help

Postvention planning should occur prior to a suicide death

Postvention Becomes Prevention!

Contagion

- Exposure to a suicide may influence others (who may already be at risk) to take their life or attempt suicide.
- Having known someone who dies by suicide is one of the most significant risk factors for suicide
- Though a rare event, research has established the phenomenon of contagion.
- Teens and young adults are particularly prone to contagion.
- Sensational media reports and inappropriate memorial services may contribute to contagion

CLUSTER

- Consecutive suicides in the same area among a demographically similar group (e.g. two New England towns within the last two years).
 - **Note:** If a community feels a sense of anxiety/trauma over a group of suicides and seeks intervention, CDC would qualify this as “cluster” even if it is not statistically significant.

COPY-CAT

- A suicide that copies the same characteristics of another suicide, e.g. same song playing, same means of death, etc.

PACT

An agreement by two or more individuals to die by suicide

Suicide Hot Spots



Estimated 75% of suicides occur at home or in primary residence



Stigma

(the shame or disgrace attached to something regarded as socially unacceptable)

Stigma as it relates to suicide is complex.

- Positive stigma prevents people from acting on suicidal impulses.
- Negative stigma prevents people from seeking help, or it can isolate family members and fellow Soldiers following a suicide death.

Positive Action: Encourage help-seeking and support for people impacted by suicide.

“One suicide is one too many!”

"Not all wounds are visible. If you are feeling depressed or suicidal, seek help. We need you on the Army team."



SMA Kenneth O. Preston

AIRMEN LOOKING OUT FOR AIRMEN

LEAVE NO ONE BEHIND

SUICIDE WARNING SIGNS

Trouble eating or sleeping
Drastic change in behavior
Withdraws from friends >
Gives away possessions
Makes out a will
Preoccupied with death
Takes unnecessary risks
Had a recent severe loss
Lost interests in personal appearance
Increased use of alcohol or drugs
Loss of interests in hobbies, work, school, etc.

1-800-SUICIDE



Survivors Of Suicide



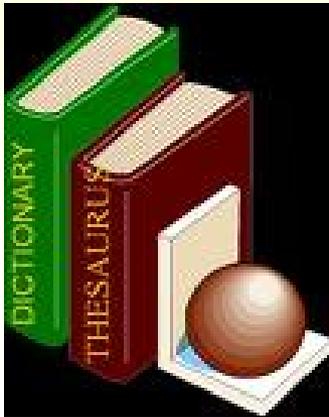
- The term survivor is used for family, friends and colleagues who have lost a loved one to suicide
- 20% of all United States citizens will experience the suicide death of a family member
- 60% of all United States citizens will experience the suicide death of someone they know

-American Foundation for Suicide Prevention, AFSP

Language

Some terms are preferred and/or more comfortable for survivors

- **Terms to Avoid:**
- Committed suicide
- Successful suicide
- Chose to kill himself



- **Terms to Use:**
- Took his/her own life
- Suicided
- Died as a result of a self-inflicted injury
- Died by suicide
- Died by own hand

A person dying of suicide dies as does the victim of physical illness or accident against his or her will. People die from physical heart attacks, AIDs and accidents. Death by suicide is the same except that we are dealing with an emotional heart attack, emotional stroke, emotional aids, emotional cancer and an emotional fatality.



Rev. Ron Rolheiser (1998)

The Implications of Not Addressing Suicide

- Survivors feel isolated, blamed.
- Emotional turmoil can impair decision makers
- People who were impacted may not seek help and counseling that would be beneficial.
- People who are vulnerable, may be at greater risk.
- Facts may be replaced by rumor and innuendo
- The stigma of suicide reinforces the silence around suicide.



Impact of Suicide

Ecological Model

Society

Military

Community
Base

Friends/Family

Warrior

CONNECT

A COMPREHENSIVE PUBLIC HEALTH PROGRAM

- Prevention- education about early recognition
- Intervention- skills for responding to attempts and threats
- Postvention- appropriate response after a suicide. Postvention is prevention!



Connect Postvention

- Utilizes evidence supported protocols to promote an integrated community based response
- Protocols developed after research of best/evidence supported practices
- Development involved input from key groups involved with postvention:
- Incorporated recommendations from National Suicide Prevention Strategy
- Postvention training developed for identified service providers including military communities

Postvention Core Principles

- **Postvention becomes Prevention:** Appropriate response after a suicide can be prevention for future suicides.
- Postvention training should be integrated with suicide prevention efforts
- **Suicide prevention extends across** all ranks and ages.
- Helping those left behind **deal with the loss and grief in an appropriate way** is important for reducing risk and promoting resilience.
- **Cultural factors** are important in suicide postvention.
- **Education and linkages** between civilian and military systems will help in postvention and prevention efforts.

CONNECT! - KEY SERVICE PROVIDERS



- Emergency Medical Services
- Law Enforcement
- Medical Examiner-Coroner
- Clergy/Faith Leaders
- Schools/Educators
- Mental Health and Substance Abuse Providers
- Social Service Agencies
- Primary Care Providers
- Community Coordinator
- Funeral Directors
- Emergency Departments
- Military



Guidelines For Acknowledging a Suicide

- The military does not need the permission of the family to disclose the manner of death (cause and manner of death are public in most states)
- Make decision on what reduces risk and promotes healing for all
- Confidentiality may prevent family from knowing of any treatment/supports unless Warrior had informed family prior to death
- With the family's permission, the military/VA may speak of the suicide as a result of depression or a mood disorder.
- However, it is generally best not to speak on causes for the suicide unless the family specifically requests this.

Public Disclosure By Family About the Cause of Death:



- Who to inform and how is a personal decision each family needs to make based on their own cultural and religious beliefs. Options include:
 - Disclosing privately with family/friends.
 - Including this information in any wake or memorial service.
 - Though seldom used, the obituary is one way some families publicly disclose how the person died:
 - By having the obituary ask for donations to a suicide prevention program (in lieu of flowers), a family can indirectly acknowledge that the death was a suicide.



[View/Sign Guest Book](#)

Derek J. Bilodeau



LAS VEGAS -- Derek James Bilodeau, 23, chose to end his life Sept. 1, 2008.

He was born Feb. 25, 1985, in Manchester, N.H., and was a resident of Nevada for seven years.

He was a student at Green Valley High School before he joined the U.S. Army in 2004. He was a member of the 10th Mountain Division (Light) Infantry. He fought in

Afghanistan.

He was awarded the U.S. Army Commendation Medal with V Device for saving the lives of members of his unit who were trapped in a Humvee. He received the Purple Heart, National Defense Service Medal, Afghanistan Campaign Medal, Global War on Terrorism Expeditionary Medal, Global War on Terror Service Medal, Army Service Ribbon, Overseas Service Ribbon, NATO Medal, and the Combat Infantryman Badge.

Family includes his father and stepmother, Rick and Tricia (Moody) Bilodeau, of Manchester, N.H.; his mother and stepfather, Deborah (Karam) and Michael Florek, of Las Vegas; a brother, Kurt Bilodeau of Los Angeles; a sister, Amanda Bilodeau, of Manchester, N.H.; two half-brothers, Max Bilodeau of Manchester, N.H., and Joshua Florek of Las Vegas; a half-sister, Makenzie Bilodeau of Manchester; two stepbrothers, Philip Florek of Umatilla, Ore., and Bryan Florek of Chicopee, Mass.; his paternal grandfather, Henry Bilodeau, and his maternal grandfather, Albert Karam, both of Manchester; three nieces; one nephew; and several aunts, and uncles.

SERVICES: There are no calling hours. A Mass of Christian burial is Saturday at 10 a.m. at St. Francis of Assisi Church, Litchfield, N.H. Internment will follow in St. Augustin Cemetery, South Beech Street, Manchester, N.H.

Memorial donations may be made to The Wounded Warrior Project (www.woundedwarriorproject.org) or to a veterans' support group of your choice.



NAMI

New Hampshire

Postvention Planning

- Bring together key stakeholders to plan a coordinated community response (Chaplains, CNO's, CAO's, Leadership, Family Program Staff etc)
- Establish communication links, including after hours contact information.
- Discuss roles and limitations in the event of a suicide death.
- Involve faith-based communities and funeral directors.
- Anticipate that key providers may be directly impacted by the death.

Implementing A Community Response Plan

- Get the Facts/Confirm the death
- Work with other providers to identify people with the **closest relationship** to the deceased.
- What information/support does family need?
- Offer **grief and trauma counseling to local schools, businesses etc.**
- Provide information on risk and Warning Signs to **identify high risk individuals.**
- Be sensitive to the needs of first responders and caregivers to grieve and utilize assistance.
- Provide information on memorial services

Initial Steps: Military

- Casualty Operations Officer (G1) notified
- Bring together leadership/response team*
- Confirm available information
- If possible get official cause and manner of death from CMOAC, Coroner/Medical Examiner
- Status Determined (CMOAC and/or State G1)
- Casualty Notification if needed (CNO deployed)
- Deploy Casualty Assistance Officer
- Determine who else needs to be notified – and who will do the notification.
- Prepare a script for what to say/communicate.
- Schedule debriefing for Warriors and family if indicated.
- Leadership can help role model and guide the response and healing process.

Military Benefits & Honors With A Suicide Death

Military Honors:

- Funeral and Military Honors should be accorded to all Warriors for their service (not cause of death)
- If entitled, families are given option of military honors or not
- Utilize Memorial Service Guidelines to honor the person without glorifying the death

Benefits:

- Warrior's family may be eligible for death benefits
- This recognizes the psychological impact of war similar to other kinds of casualties
- Discussing this benefit, however, should be done with discretion on a "need to know" basis

Inappropriate Memorial Activities

Avoid glorifying the individual or the act

- Flying the flag at half staff
- Special plaques or permanent markers
- Dedications
- Exclusive focus on the deceased's positive qualities without also identifying the mental health problem or poor decision that led to his/her death.
- Develop guidelines in advance to promote consistent response

Debriefing with Unit/Community

- Provides opportunity for education, sharing, and mutual support
- Chaplain opens with prayer
- High ranking officer provides facts on incident
- Provide information on grieving a suicide death
- Normalize reactions of bewilderment, regret, self blame, anger, shock –WHY?
- Emphasize no one is to blame (best preparation doesn't guarantee positive outcome)
- Review warning signs and self care skills
- Reinforce watching out for each other and asking for help

Promoting Responsible Reporting



USA TODAY
FRIDAY, JUNE 12, 2009

Army suicides top combat deaths in May

Military leaders killed themselves in May that exceeded the Army's total of 1,000 combat deaths in the month, according to a report from the Pentagon. The report also showed that the number of suicides among active-duty soldiers exceeded the number of deaths in Iraq and Afghanistan in May. There are 82 combat deaths in the month, according to the report.

Family that sued VA over Marine's suicide settles lawsuit

Northampton VA Medical Center in Loudon County, Va., has agreed to pay \$1.5 million to settle a lawsuit filed by the family of a Marine who died by suicide in 2005. The lawsuit was filed in federal court in Loudon County, Va., in 2006. The family claimed that the VA medical center failed to provide adequate mental health care to the Marine before he died. The settlement is the largest in the history of the VA medical center.

Her suicide compels wife to testify at hearing

Her suicide compels wife to testify at hearing. The wife of a man who died by suicide is being asked to testify at a hearing. The hearing is being held in a court of law. The wife is being asked to testify about the circumstances of her husband's death.

Suicide on the rise for middle-aged whites

Suicide on the rise for middle-aged whites. The number of suicides among middle-aged whites has increased significantly in recent years. This is a concerning trend that needs to be addressed.

Suicide in America

Year	Rate per 100,000
2008	10.8
2007	10.6
2006	10.4
2005	10.2
2004	10.0
2003	9.8
2002	9.6
2001	9.4
2000	9.2

With strain of war, thoughts of suicide

With strain of war, thoughts of suicide. The strain of war has led to an increase in thoughts of suicide among military personnel. This is a serious issue that needs to be addressed.

SUICIDE RISE LINKED TO MENTAL HEALTH

concern over psychological time bomb

EXCLUSIVE
By Liz Trabnor

MENTAL health-related deaths have rocketed in U.S. in the past decade.

UNION LEADER

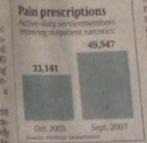
THURSDAY, JAN. 5, 2006
Vol. 143, No. 235 • 72 Pages • 50 Cents

Man dies in grisly suicide

Man dies in grisly suicide. A man died in a grisly suicide. The incident occurred in a residential area. The police are investigating the case.

Troops popping more painkillers

Troops popping more painkillers. The use of painkillers among troops has increased significantly. This is a concern for military leaders.



A soldier's story

Painkillers easy to get, 2A

Man jumps to death from building

Man jumps to death from building. A man jumped to his death from a building. The incident occurred in a residential area. The police are investigating the case.

Suicide prompts scrutiny of VA services

Suicide prompts scrutiny of VA services. The VA is being scrutinized for its services to veterans who have committed suicide. This is a serious issue that needs to be addressed.

Boston Globe, 1/23/07
A6 The World

Research Shows An Increase In Suicide May Occur When:

- The number of stories about individual suicides increases.*
- A particular death is reported at length or in many stories.*
- The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast.*
- The headlines about specific suicide deaths are dramatic (A recent example: "Boy, 10, Kills Himself Over Poor Grades").*

**Reporting on Suicide: Recommendations for the Media; US CDC; 2001

Safe Reporting What To Do

- Provide Media with copy of Media Guidelines
- Always include information on where/how to get help (local and national) 1 800-273 TALK
- Emphasize recent advances in treating mental illness and substance abuse
- Include information about warning signs
- Report on local efforts to prevent suicide
- (No one is obligated to speak with media).

Social Networking Sites/Internet

- Search and monitor postings for information related to the death, a suicide pact, or warning signs of the deceased/friends.
- Sites can often be deactivated or placed on memorial status when requested by next of kin.
- Recognize that social networking sites can serve as a connected community.

Positive Action:

- **Notify others of individuals at risk.**
- **Post warning signs and NSPL 1-800-273-TALK**
- **Continue to monitor.**

Public Affairs Officers/ Media

- Review Media/Safe Messaging Guidelines before talking with media or providing personal information about the deceased
- The family is not obligated to speak with any media person.
- The family may wish to identify a spokesperson (who is familiar with how to speak with the media about suicide) to talk on their behalf.
- Focus media on local resources and prevention efforts

Promoting Healing by Providing Support To Survivors

- Community Response Begins with Individuals
- Make sure family has support and helpful information
- 75% of suicides occur in the home
- Identify immediate circle of friends, neighbors and colleagues
- Identify others who are impacted (first responders)

Grief is A Complex Process

- The length and expression of grief may vary by individual.
- Grief responses may be different depending on the age of the person experiencing the grief.
- The response that society or a community gives can help or hinder the healing process.
- It is important to acknowledge cross-cultural considerations when looking at grief.

WHY?????

- For Survivors of Suicide, the grief is often combined with a relentless search for an explanation or answer.
- Grieving a suicide can include intense feelings of:
 - **Shame**
 - **Anger**
 - **Guilt**
 - **Regret**
 - **Self-Blame**

Talking With Survivors

- Use the deceased person's **name**.
- Use the word **suicide**.
- **Avoid trite responses:** “I know how you feel.”
- **Don't** feel like you need to respond or **provide an answer. LISTEN!**

Providing Support

- Accept the **intensity and duration** of their emotion.
- Let the individual go at their **own pace**.
- Allow the person to speak freely and **tell their story over and over** again.
- **LISTEN** with your heart.
- Don't just offer to help. **Step forward** and **initiate** assistance.

How Do We Explain Suicide To A Child?

- “ He had an illness in his brain (or mind) and he died”.
- “Her brain got very sick and she died”.
- “The brain is an organ in the body just like the heart, liver, and kidneys. Sometimes it can get sick, just like other organs”.
- “She had an illness called depression. Like most illnesses, people can get treatment and stay well. But sometimes, people either don’t get help or they might not get better. It is always important to ask for help when we need it.”

Staying Connected

- Recognize **anniversaries** and other key dates .
- If the person is interested, help him/her connect with a **suicide survivors** group or other bereavement group.
- Remember that he/she may be at risk for suicide due to the loss; **watch for Warning Signs.**

Key Points To Remember If a Suicide Occurs

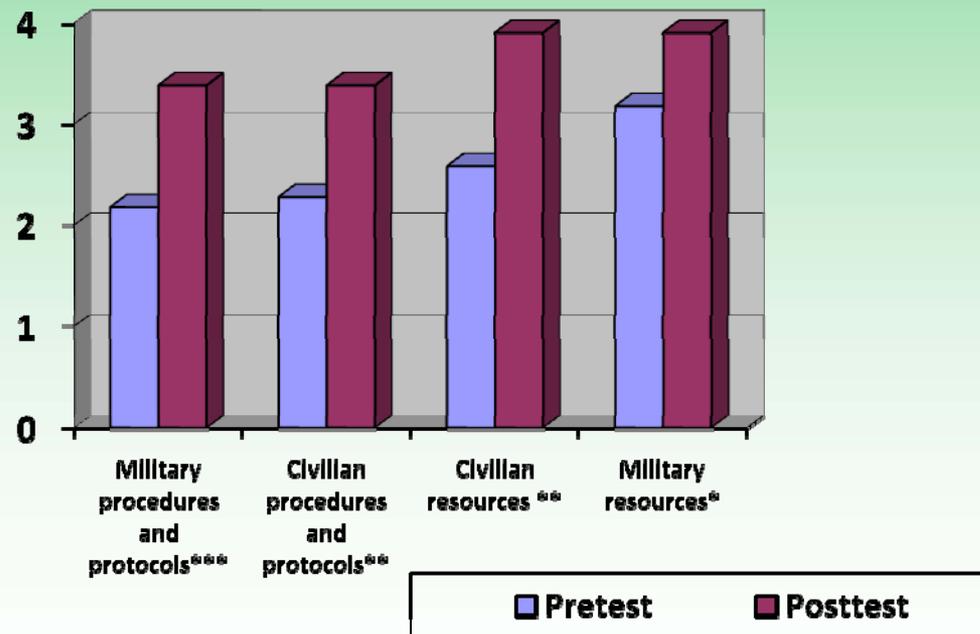
- We all grieve differently.
- Stress importance of self care skills/asking for help – promote warning signs for suicide
- Watch out for who is not doing well and get the additional support needed.
- Take any threat of suicide seriously.
- Help others understand how to prevent contagion.
- Pay attention to Anniversary dates

Positive Results



Connect postvention training has consistently demonstrated statistically significant positive outcomes both in knowledge about suicide and understanding of appropriate responses to its occurrence.

Figure 1: Preparedness to Respond / Access Resources



Practice Self Care Skills

- Ask for help



- Talk to others

- Get plenty of rest



- Drink plenty of water, avoid caffeine



- Avoid (increased) use alcohol and other drugs



- Exercise



- Use relaxation skills



TAPS

Tragedy Assistance Program for Survivors



1-800-959-TAPS (8277)

*Providing Comfort
24 Hours a Day*



- 24/7 Front Line Resource for all who are grieving the death of a a loved one who died in service to our country
- Supports to family and caregivers
- Website www.taps.org
- Online community
- Crisis line – 1 800 959 TAPS (8277)
- Support Groups - Activities

Civilian Websites

- American Association of Suicidology:
www.suicidology.org
- American Foundation for Suicide Prevention:
www.afsp.org
- Suicide Prevention Action Network:
www.span.org
- Suicide Prevention Resource Center:
www.sprc.org
- NAMI National Alliance On Mental Illness
- www.nami.org



It
takes
the
courage
and
strength
of a warrior
to ask
for help.....

**If you're in an emotional crisis
call 1-800-273-TALK "Press 1 for Veterans"**

www.suicidepreventionlifeline.org



Ken Norton LICSW

(603) 225-5359

knorton@naminh.org

www.theconnectproject.org