

WELCOME



Brian Gillespie
Corporal, 1982-1986
1st Tank Battalion/1st Marine Division

MARINE CORPS LEAGUE

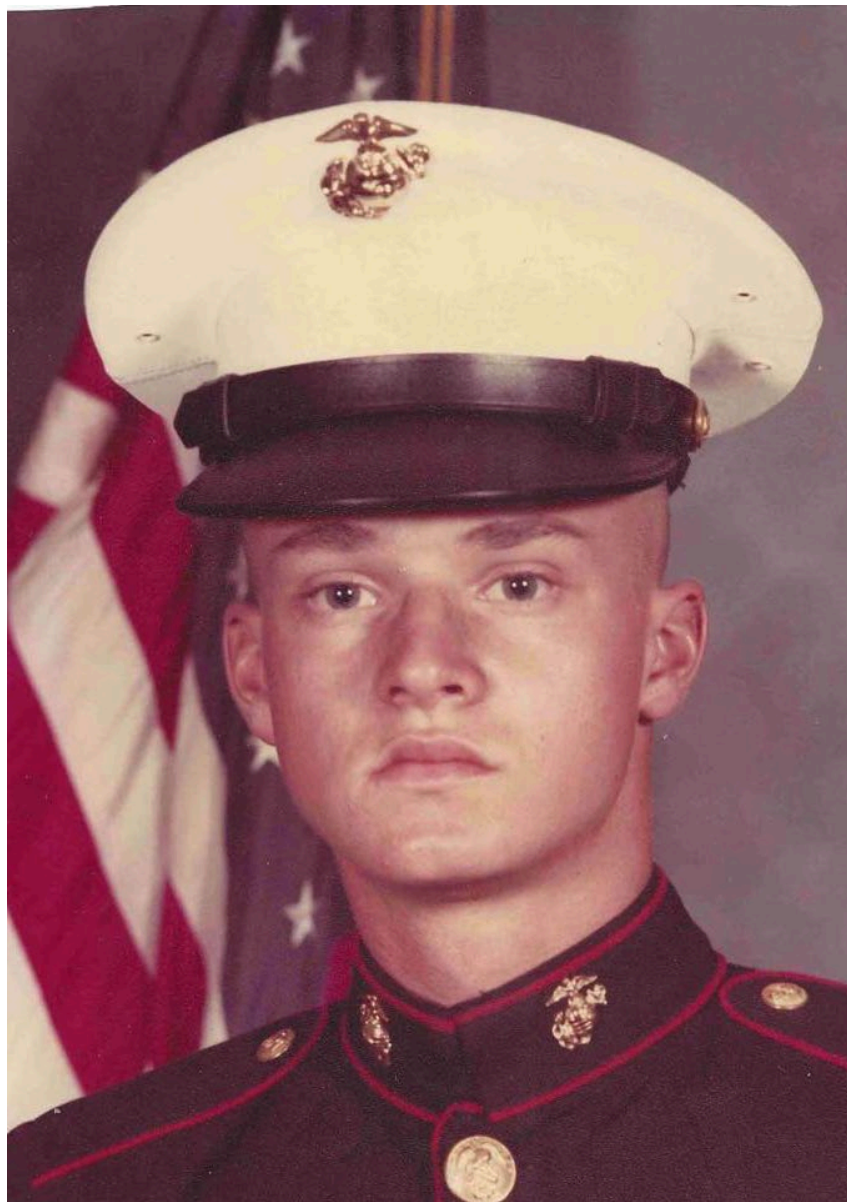
- Founder/Past Commandant Jersey Shore Marines #1319
- MODD Jersey Skeeters Pound #136
- Past National Public Relations Chair
- Past Chief of Staff, Department of NJ
- Past District Vice Commandant, Department of NJ
- Northeast Division Marine of the Year
- Jersey Shore Marines Detachment Marine of the Year



Brian Gillespie

- Manasquan Police, Retired (NJ) 1989-2010
 - *Patrolman, Detective, Community Policing*
- Rutgers University Behavior Healthcare
 - *Vets4Warriors, Supervising Mental Health Specialist*
 - *Cop2Cop, Supervising Mental Health Specialist*
- Recovery Centers of America at Raritan Bay
 - *Treatment Advocate for RESCU First Responders*







MAY 17, 2015

HAMSAL

“Help A Marine, Save A Life”



MISSION STATEMENT

- To aid and assist Marine Corps League members and their families when needed with resources, referrals, and compassionate care. Understanding the difficulties faced by individual Marines, the committee stands at the ready to take care of our own.
- Identify MCL members who can help members and their families with mental health issues and substance use disorder. Not just any member or from specific regions since we will be dealing with very sensitive topics and issues, stigma will need to be eradicated with the trust put into the committee to find appropriate care for said members to come to us in a confidential manner.

2023 VA National Suicide Report

- The latest data shows veterans who died by suicide rose 11.6%. That is 6392 deaths too many in one year.
- The highest rate for suicide was in young veterans, ages 18-34.
- The most common issue reported by those that died by suicide was chronic pain (55.4%). Veterans that did not seek VA healthcare had a higher rate of increase in suicide than those who were in VA care (62.6% increase in males and 95% in females).



- The US Department of Veteran Affairs reports that 1 in 10 veterans from the wars in Iraq and Afghanistan have alcohol or drug substance use disorders.
- Additionally, they report that 1 in 3 veterans seeking treatment for substance use disorder have PTSD.



BEWARE!

Military Family Predators

- Anger
- Alcoholism
- Workaholic
- Cynicism
- Love Triangles
- Mental Health - Depression - Suicide



**Q-P-R
for the
Marine Corps League**

*Question, Persuade
Refer*



-QPR is *not* intended to be a form of counseling or treatment.

-QPR *is* intended to offer hope through positive action.



QPR

SUICIDE MYTHS AND FACTS

Myth: No one can stop a suicide, it is inevitable.

Fact: If a veteran in a crisis gets the help they need, they will probably never be suicidal again.

Myth: Confronting a veteran about suicide will only make them angry and increase the risk of suicide.

Fact: Asking someone directly about suicidal intent lowers anxiety and opens up communication and lowers the risk of an impulsive act.



QPR

SUICIDE MYTHS AND FACTS

Myth: Only experts can prevent suicide.

Fact: Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide

Myth: Suicidal veterans keep their plans to themselves.

Fact: Most suicidal veterans communicate their intent sometime during the week preceding their attempt.



QPR

SUICIDE MYTHS AND FACTS

Myth: Those who talk about suicide don't do it.

Fact: People who talk about suicide may try, or even complete, an act of self-destruction.

Myth: Once a veteran decides to complete suicide, there is nothing anyone can do to stop them.

Fact: Suicide is the most preventable kind of death, and almost any positive action may save a life.



QPR

Suicide Cues & Warning Signs

The More Clues and Signs Observed,
the Greater the Risk.

Take All Signs **Seriously.**



SUICIDE SIGNS/CUES

- Previous suicide attempt
- Previous suicide by loved one, friend, colleague
- Despair
- Hopelessness
- Depression
- Increase drug or alcohol intake
- Marital/family issues
- Financial crisis
- Criminal Charges



SUICIDE SIGNS/CUES

- **Direct Verbal Cues** - I wish I were dead, If “x” doesn’t happen, I’m going to kill myself.
- **Indirect Verbal Cues** - My family would be better off without me...Soon you won’t have to worry about me anymore...Here take this, I won’t be needing it.



SUICIDE SIGNS/CUES

- **Behavioral Cues** - Making or changing a will, giving away possessions, sudden interest or disinterest in religion, relapse into substance abuse.
- **Situational Cues** - Rejection by a loved one or divorce, anticipated loss of financial security, death of spouse, friend (especially if by accident or sudden).



SUICIDE SIGNS/CUES

- Making a will
- Giving away possessions
- Sudden change in religion
- Increased anger
- Co-worker complaints
- Citizen complaints
- Change in work habits
- Any change that is out of the ordinary



DIRECT VERBAL CLUES

- “I’ve decided to kill myself.”
- “I wish I were dead.”
- “I’m going to commit suicide.”
- “I’m going to end it all.”
- “If (such and such) doesn’t happen, I’ll kill myself.”



INDIRECT VERBAL CUES

- “My family would be better off without me.”
- “Soon you won’t have to worry about me anymore.”
- “They’ll be sorry.”
- “I can’t take it much longer.”



INDIRECT VERBAL CUES

- “I’m tired of life, I just can’t go on.”
- “Who cares if I’m not around anymore.”
- “I just want out.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”



SITUATIONAL CUES

- Being fired or suspended
- A recent unwanted move
- Loss of any major relationship
- Death of spouse, child, or friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or spiritual leader
- Fear of becoming a burden to others



QPR

Tips For Asking The Suicide Question

- If in doubt, don't wait...**ASK THE QUESTION**
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely (active listening)
- Give yourself plenty of time (be present)
- Have your resources handy; phone numbers, counselor's name and any other information that might help

Remember: How you ask the question is less important than that you ask it



Q

Question

Less Direct Approach:

- “Have you been unhappy lately”
- “Have you been very unhappy lately”
- “Have you been so very unhappy lately that you’ve been thinking about ending your life”

“Do you ever wish you could go to sleep and never wake up”



Q

QUESTION

Direct Approach:

“You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way, too?”

“You look pretty miserable, I wonder if you’re thinking about suicide?”

“Are you thinking about killing yourself?”

If you cannot ask the question, find someone who can!



P

PERSUADE

HOW TO PERSUADE SOMEONE TO STAY ALIVE

- Listen to the veteran and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- Do not rush to judgment

Offer HOPE in any form



P

PERSUADE

Then Ask:

- Will you go with me to get help?
- Will you let me help you get help?
- Will you promise me you won't kill yourself until we've found some help? (Safety Pact)

***YOUR WILLINGNESS TO LISTEN AND TO HELP CAN
REKINDLE HOPE AND MAKE ALL THE DIFFERENCE.***



R

REFER

- Suicidal veterans often believe they cannot be helped, so you may have to help them get the help they need.
- The best referral involves taking the veteran directly to someone who can help.
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- The third best referral is to give referral information and try to get a good faith commitment not to attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.



IMPORTANT!

If you are dealing with a veteran that is not open to referral of any sort and you believe significant risk for suicide, it is very important that you initiate the proper psychiatric emergency protocols to ensure the veterans safety as well as the safety of you and others is secured.



FOR EFFECTIVE QPR

REMEMBER

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don't hesitate to get involved or take the lead.



FOR EFFECTIVE QPR

REMEMBER

- Join the effort, become a contact person for wellness in your Detachment/Department. Offer to be trained, work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.
- Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them. Your caring just may save a life.



FOR EFFECTIVE QPR

Say: “*I want you to live,*” or “*I’m on your side...We’ll get through this.*”

- Get others involved. Ask the person who else might help. Fellow veterans, respected supervisor, family, friends, brothers, sisters, pastors, priest, rabbi, bishop, physician?



PROTECTIVE MEASURES

- Talk to your fellow veterans
- Monitor your emotions - keep track of how you feel
- Share your life with your family and friends – the good, bad and the ugly...disclosure clears the soul.
- Stick to the basics of good health
 - Exercise
 - Balanced diet
 - Regular sleep habits



PROTECTIVE MEASURES

- Engage in a program of *ACTIVE* relaxation (and we're not talking about grabbing a beer at the corner tavern here...)
- Take time off, *DECOMPRESS*
- Laugh as much as you can, *PARTICULARLY AT YOURSELF*
- Work to make positive changes in the veteran culture
- Get involved in something you believe in, something bigger than yourself, serve a higher purpose (*volunteer program for kids/schools, etc.*)





MENTAL HEALTH

IS...

- A part of everyone
- Something to look after
- Real and complex
- Really important
- Something you can change

ISN'T...

- A sign of weakness
- All in your head
- Something you can just snap out of
- Always a negative thing
- Something to be ashamed of



High Risk - Substance Abuse

The specificity of the CAGE is about 89%. (Dr. John A. Ewing, 1970)

C	Have you ever felt you should <u>C</u> ut down on your drinking	YES	NO
A	Have you ever been <u>A</u> ngry or <u>A</u> nnoyed by anything anyone said about your drinking?	YES	NO
G	Have you recently felt <u>G</u> uilty about your drinking?	YES	NO
E	Have you ever needed an <u>E</u> ye Opener? An eye opener is a drink taken usually early in the morning following a binge to avoid withdrawal.	YES	NO

Scoring:

If you answered YES to 3 of the 4 questions, you are highly likely alcohol dependent.

If you answered YES to 4 of the 4 questions, you are virtually guaranteed to be alcohol dependent.



24/7 Confidential Crisis Support for Veterans and Their Loved Ones

If you're having thoughts of suicide:

Call Dial 988 then Press 1

Chat VeteransCrisisLine.net/Chat

Text 838255



**Veterans
Crisis Line**
DIAL 988 then PRESS 1





KNOW THE WARNING SIGNS

Suicide prevention begins with awareness and support

There are many reasons that someone could experience an emotional or mental health crisis. For some, it might be the end of a personal relationship or the loss of a job. For others, multiple circumstances occur at the same time to create a complex crisis.

No matter the cause of the crisis, not everyone at risk for suicide will show signs of intent to harm themselves. Familiarize yourself with the actions or statements that can be signs that a person needs help or is considering self-harm. The following can all be warning signs:

- **Appearing sad or depressed most of the time**
- **Hopelessness; feeling like there's no way out**
- **Anxiety, agitation, or extreme mood swings**
- **Sleeping too little or too much**
- **Feeling as if there is no reason to live**
- **Feeling excessive guilt, shame, or sense of failure**
- **Rage or anger**
- **Engaging in risky activities; Behaving recklessly**
- **Losing interest in hobbies, work, or school**
- **Increasing alcohol or drug use**
- **Neglecting personal welfare; a deteriorating physical appearance**
- **Withdrawing or isolating from family and friends**
- **Showing violent behavior**
- **Giving away prized possessions**
- **Getting affairs in order, tying up loose ends, or writing a will**

The following signs require immediate attention:

- **Thinking or talking about hurting or killing oneself**
- **Looking for means to kill oneself**

Living in a home with a firearm can significantly increase the risk for self-harm. Safely storing any firearms in the home can put time and space between thoughts and actions — and could save a life.



U.S. Department
of Veterans Affairs

Veterans
Crisis Line
1-800-273-8255
PRESS 1

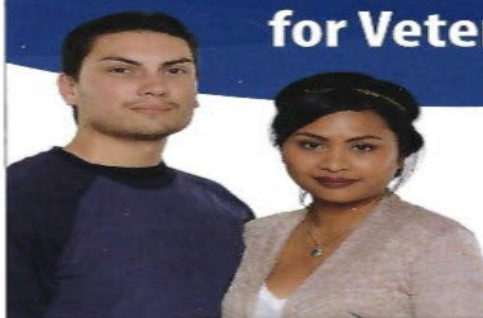




KNOW WHERE TO GET SUPPORT


If you or someone you know is experiencing a crisis, contact the **National Suicide Prevention Lifeline** or the **Veterans Crisis Line**. Responders at these hotlines provide immediate counseling and support and can connect you with local services.

#BeThere
for Veterans



**Veterans
Crisis Line**
1-800-273-8255
PRESS 1

Confidential crisis chat at
VeteransCrisisLine.net



U.S. Department
of Veterans Affairs

#BeThe1To
If you think someone might be considering suicide,
be the one to help them by taking these 5 steps:

**ASK. KEEP THEM
SAFE. BE THERE.
HELP THEM CONNECT.
FOLLOW UP.**

Find out why this can save a life at
www.BeThe1To.com
If you're struggling, call the Lifeline at
1-800-273-TALK (8255)



RESOURCE LIST

- MyVA411 Main Information Line 800-698-2411
- VA Benefits Hotline 800-827-1000
- National Call Center for Homeless Veterans 877-424-3838
- Hope For The Warriors 877-2HOPE4W (877-246-7349)

www.hopeforthewarriors.org

- Vets4Warriors 855-VET-TALK (855-838-8255)

www.vets4warriors.com

- Stop Soldier Suicide / ROGER 844-907-1338

www.stopsoldiersuicide.org



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***“Never underestimate the impact
that you may have on someone else’s life”***