LESSON ASSIGNMENT

LESSON 2
Burnout, Depression, and Suicide.

LESSON ASSIGNMENT
Paragraphs 2-1 through 2-5.

LESSON OBJECTIVES
After completing this lesson, you should be able to:

2-1. Define and identify the causes of burnout.

2-2. Identify the symptoms and preventive techniques for burnout.

2-3. Identify two major types of depression.

2-4. Identify the signs/symptoms of severe depression.

2-5. Identify the techniques and drugs used for the management of depression.

2-6. Identify circumstances which aid in the identification of potential suicide victims.

2-7. Identify the factors which differentiate a suicide gesture from a suicide attempt.

2-8. Identify the methods of managing a potential suicide victim.

SUGGESTION
After completing the assignment, complete the exercises of this lesson. These exercises will help you to achieve the lesson objectives.
LESSON 2

BURNOUT, DEPRESSION, AND SUICIDE

2-1. INTRODUCTION

Burnout, depression, and suicide occur much more often than most people realize. Unrelieved burnout can lead to depression, and prolonged depression will often lead to suicide or at least to the planning of suicide. In a combat situation, this deadly chain of psychiatric illness can cost the lives of many soldiers and seriously endanger the mission. As a first line medical care provider, it is your job to recognize the symptoms of burnout and depression, and provide or refer the patient for medical care so that suicide does not happen. Depending on the type and the severity of the symptoms, you may need to refer a patient back from the front line for extended inpatient treatment. This lesson will provide the information you need to make this kind of decision.

2-2. BURNOUT

a. Definition. Burnout can be defined as a state of physical and emotional exhaustion in which one feels a negative self-concept and negative attitude toward his job. Burnout is a symptom that suggests that a person's job expectations are higher than reality. Burnout is the attitude that "a job is a job is a job." Burnout is often seen among individuals in the health care setting because these individuals are very idealistic. They want to save the world from disease and death; not everyone can be saved.

b. Causes: General. There are a variety of causes of burnout. Some causes come from inside the person—internal causes. A person may set unrealistically high goals. He is totally committed to the job, a perfectionist who wants to tackle all the problems himself, and takes on all possible responsibilities. Once he finds that there are simply not enough hours in the day for him to do everything perfectly, he experiences burnout. Other internal causes of burnout include personal problems: domestic problems (trouble at home); stress in a personal relationship; etc. Sometimes the chief causes of burnout come from outside the individual—external causes. Included in this classification are:

(1) Overwork.

(2) Shortage of staff and supplies.

(3) Unresponsive leadership.

(4) Lack of group cohesiveness (or no esprit de corps).
(5) Lack of recognition for a job well done.
(6) Short-fused suspenses.
(7) Lack of resources.
(8) Lack of rewards.

c. **Causes: Burnout in the Military.** There are characteristics of military life that some people find frustrating and upsetting. For some, family separations and frequent moves are external factors that contribute to burnout. There may be a feeling of isolation from society in general. Frequent changes in staff can cause a lack of feeling of group cohesiveness. The combination of these four elements sometimes produces a feeling of hopelessness, ending in burnout.

d. **Burnout in Combat (Battle Fatigue).** Burnout in combat and battle fatigue are deliberately nondescriptive names for a wide variety of behaviors, mental symptoms, and physical symptoms which can happen to any soldier. The basic causes are the many stresses a soldier is subject to in combat. What happens is that these stresses temporarily overwhelm and short circuit the individual's psychological defenses; the result is a type of burnout. Causes of combat burnout include the following:

(2) Fear of death or injury.
(3) Lack of preparation or training.
(4) Fear of failure or losing face in combat.
(5) Lack of adequate rest and/or nutrition.
(6) Lack of adequate sanitation.
(7) Feeling of facing overwhelming odds.
(8) Long periods of an extremely high stress situation without relief.

e. **Signs/Symptoms of Burnout.** Included are the following:

(1) Physical and mental exhaustion. The person gets tired very easily.
(2) Less production/enjoyment at work. The person seems to work harder, but he is producing less and enjoying the work less.
(3) Disenchanted with work and life. The individual may be a chronic complainer.
(4) Unexplained depressions.

(5) Irritable and short-tempered.

(6) Impotent or lack of sexual desire.

(7) Less contact with co-workers. The individual does not enjoy talking and being with others at work.

(8) More physical complaints.

(9) Inability to relax and enjoy free time.

(10) Withdrawn and quiet with little to say.

(11) Absentminded.

(12) Increased drug or alcohol consumption. A teetotaler may begin to drink.

(13) Decreased social interaction with family and friends. He withdraws, is preoccupied and moody when with family and friends, is unable to share or talk about his frustrations with these people. The burnout sufferer will state that no one wants to listen to his problems. On the other hand, when someone asks him directly about what is troubling him, he will respond either that he doesn't want to talk about work or that the person who asked wouldn't understand.

f. **Techniques to Prevent Burnout.** There are several techniques used to prevent burnout. Here are some techniques which you can use to prevent burnout for yourself or which you can recommend to someone else:

(1) **Monitor yourself.** Be alert to changes in your body or normal habits.

(2) **Communicate.** If you find yourself withdrawing, force yourself to be outgoing with other people. Do not retreat within yourself and build a prison of loneliness.

(3) **Listen to your "inner self."** Understand yourself.

(4) **Obtain feedback from coworkers or contemporaries.** Your strongest support may be among your coworkers. When work becomes a topic for social discussion, learn to discuss it until everyone has had a say. Decide what can be done, and, then, change the subject.
(5) Actively develop and foster an “esprit de corps” in your unit. If you are a manager and are trying to prevent burnout in your unit, try to develop a sense of togetherness in the unit. Studies have shown that individuals with a highly developed sense of togetherness and spirit suffer from burnout less often than those without this characteristic.

(6) Do not try to be perfect. You are only human. Stop expecting too much of yourself.

(7) Set realistic goals. It is stimulating to set high goals. If, however, these goals cannot be reached and this fact bothers you, set goals that can be met.

(8) Focus on one thing at a time. Do not try to do everything at once. Do not try to be everything to everyone.

(9) Learn to relax. Leave work at work. Do not take unnecessary paperwork home every night and on weekends. Plan to take vacations away from your working area. Go to the mountains or the coast for a few days every couple of months. Take a break at specific intervals to "recharge your batteries." You can also learn and practice relaxation techniques. This does not mean getting extra sleep. Yoga is one relaxation technique, but other approaches are available, simple, and beneficial.

(10) Develop outside interests. Be sure there is something else in your life in addition to work. Active sports such as baseball, volleyball, skiing, bowling, swimming, etc., are good relaxers for some people. Other individuals find enjoyment in music, reading, writing, painting, etc. Whether you have a passion for stamp collecting or scuba diving, an interest not connected with work will give you something else to think about as well as something else to talk about.

2-3. DEPRESSION

a. Definition. This type of depression is a mood disturbance which is so severe that the individual needs some type of help. Depression can be defined as a mental state characterized by feelings of sadness, despair, unhappiness, worthlessness, and hopelessness. Everyone has mood changes: sometimes feeling great and at other times feeling a little down. Usually, we can swing up out of our depressed states by ourselves. When a person's depression becomes such that the individual cannot function or is a danger to society, that depression has moved out of the normal range. The individual must have professional help.
b. **Types of Depression.** Depression may be classified as either exogenous or endogenous. **Exogenous depression** is often referred to as situational depression because it comes from something outside the person. Possible causes include the loss of a loved one (death or departure of a parent or child); loss of self-esteem due to business failure, rejection, or divorce; or inability to express or admit anger toward others ("holding it in"). **Endogenous depression** just comes out of the blue and is not caused by any situation or event. It may be caused by a chemical imbalance in the brain. Much research in this area indicates that this type of depression may be due to some mental illness or even a dietary deficiency. Endogenous depression, the type that comes out of the blue, is more severe than exogenous depression. The patient may need to have psychiatric help immediately.

c. **Signs and Symptoms of Severe Depression: General.** There are a number of signs and symptoms of severe depression. Included are the following:

- (1) Trouble with concentration and memory.
- (2) Feelings of guilt about inconsequential events.
- (3) Insomnia or excessive sleepiness.
- (4) Feelings of hopelessness and worthlessness.
- (5) Withdrawal from activities and interests.
- (6) Decreased interactions with family and friends.
- (7) Decreased work productivity.
- (8) Decreased relationship with coworkers.
- (9) Changes in bowel habits.
- (10) Weight loss or gain.
- (11) Decreased libido (sexual drive).
- (12) Slowed speech and/or motor activity.

d. **Signs and Symptoms of Severe Depression: Symptom Clusters.** An individual suffering from severe depression will usually have more than just one sign or symptom. He may have several signs/symptoms—a cluster of signs/symptoms.
(1) **Exogenous depression.** A typical symptom cluster for exogenous depression includes:

(a) Precipitating event.

(b) Trouble getting to sleep at night.

(c) Feeling fine in the morning and getting worse as the day goes on.

(d) Weight loss of less than 10 pounds.

(e) Reaction to the environment--if the person is with an "up" crowd, he will seem to come out of his depression for a while.

(2) **Endogenous depression.** A typical symptom cluster for endogenous depression includes:

(a) Retardation of thought and motion (thinks in "slow motion").

(b) Substantial weight loss due to very poor appetite.

(c) Feeling that depression "crept upon him" and "came out of the blue."

(d) Wakes very early in the morning and can't get back to sleep.

(e) Feels worse in the morning and improves as the day goes on.

(f) Does not react to the environment.

(3) **Evaluation.** The evaluation of the symptom clusters requires you to inquire about specific symptoms such as weight loss and the amount of loss over a given period, sleeping patterns, and feeling of hopelessness. Arrange the symptoms into appropriate clusters if indicated. Patients may have components of more than one type of depression or other complicating mental illness.

e. **Management of Depression.** Types of medications used with severely disturbed depressive patients include antidepressant, tranquilizing, and antianxiety drugs. Usually, drug treatment is combined with other forms of therapy such as individual or group psychotherapy. Medications given to treat depression are classified in three groups: antianxiety, antidepressant, and antipsychotic agents.
(1) Antianxiety medication includes agents such as:
   (a) Hydroxyzine (Atarax®, Vistaril®).
   (b) Meprobamate (Equanil®, Miltown®).
   (c) Chlordiazepoxide (Librium®).
   (d) Diazepam (Valium®). Central nervous system (CNS) depressants producing mild sedation are included in antianxiety medication.

(2) Commonly used antidepressant agents include:
   (a) Imipramine (Tofranil®).
   (b) Amitriptyline (Elavil®).
   (c) Amitriptyline and Perphenazine (Triavil®).
   (d) Doxepin (Adapin®, Sinequan®). CNS depressants producing mild sedation are also included as antidepressants. Improvement of depression may take one to four weeks.

(3) Antipsychotic agents that are commonly used are:
   (a) Thioridazine (Mellaril®).
   (b) Haloperidol (Haldol®).
   (c) Lithium (Lithane®, Lithonate®). CNS depressants used as antipsychotic agents are sedative or hypnotic and do not depress the vital centers.

(4) Generally, central nervous system depressants are NOT used to treat depression. Amphetamines (Benzedrine®) and Methylphenidates (Ritalin®) fall in this category.

2-4. SUICIDE

   a. Introduction. Suicide is defined as the intentional taking of one's own life. A leading cause of death in most Western countries, it is estimated that over 200,000 persons in the United States attempt suicide each year. Of that number, about 26,000 are successful in their suicide attempt. The actual number of suicides may be higher since official records often list a suicide as another form of death.
b. **Suicide in the Army.** The United States Army is made up of people from all walks of life, people performing their duties all over the world. The demands of their mission place soldiers under unusual amounts of stress which sometimes leads to depression and then suicide attempts. Suicide ranks as one of the top ten killers among civilians and is one of the top three killers in the active duty peacetime military. Suicide is not more common in the peacetime Army. Soldiers are screened at the time of entry into the Army and are physically fit. Additionally, these individuals are serving in the Army during their peak years of physical fitness. Nevertheless, frequent moves, continually learning new tasks, and separation from family can take their toll. The most commonly used methods of suicide in the military have been firearms, poison such as carbon monoxide, and hanging. The highest rate of suicides in recent years has been among E-2s in the period between the completion of basic training and the start of the next duty assignment. This is a time of transition, with anticipation of pass/fail training assessments, moving, separation from friends, and disrupted personal relationships.

c. **Types of Suicidal Behavior.** Suicidal behavior is usually broken down into these types: suicide threats, suicide attempts, suicide gestures, and the successful suicide. The suicide threat usually takes place before an actual suicide attempt. Suicide threats include statements such as "I just can't take it anymore." or "Will you remember me when I'm gone?" or "Take care of my family for me." The suicide threat is an indication that the person can't make up his mind but is thinking of suicide. Suicide attempts include any actions taken by the individual toward himself that will lead to death if not interrupted. A suicide gesture is really a cry for help. The individual carefully thinks out the ways in which he may be rescued from his suicide attempt. His plans may include a call to someone to say that he has just taken an overdose of some medicine or a suicide attempt in a place where he will be found and rescued. The methods most frequently used in a suicide gesture are superficial cutting of wrists and single drug overdose. The successful suicide is, of course, the individual who tries and succeeds in taking his own life.

d. **Terms Relating to Potential Suicides.**

1. **Behavior signs.** The person's actions or behaviors may suddenly change greatly. A very thrifty person may suddenly begin spending more money than he earns. A moderate drinker may increase his alcohol consumption.

2. **Crisis.** This is the point at which the usual problem-solving or decision-making methods are no longer adequate. At this point, the person may be so overwhelmed that he selects suicide as the only way to solve his problems.

3. **Depression.** Feelings (moods) of sadness, despair, and discouragement describe depression. Depression may be disruptive to the soldier causing decreased ability to think, diminished physical ability, guilt, self-condemnation, hopelessness, and disorders of eating and sleeping.
(4) **Intervention.** This term refers to treatment by health care personnel when there is some question of the individual's ability to cope by using his own resources. The person needs help. Crisis intervention is professional help when the person shows signs of reaching a crisis point.

(5) **Stress.** This is a normal pattern of mental and physiological responses to changing life circumstances. Even a favorable change--promotion or marriage--causes some stress to the individual.

(6) **Stressors.** The event or circumstance which causes stress is defined as the stressor.

(7) **Suicide.** Suicide is the act of taking one's own life voluntarily and intentionally.

e. **Causes of Suicide.** No one knows positively why people choose to kill themselves. An individual is usually so emotionally upset and overwhelmed that he wants to stop the pain of living. A person who is suicidal feels overwhelmingly lonely and isolated. He feels helpless, hopeless, and worthless. Such people often truly believe that it does not matter whether they live or die; if they were dead, no one would miss them. A suicidal individual feels that he cannot cope with his problems and that suicide is the only way out. Possible causes include the following:

   (1) Ending of a close, personal relationship or difficulty with a relationship.

   (2) Death of a loved one; spouse, child, parent, brother or sister, friend, or pet.

   (3) Worry about job performance, fear of failure, or fear of doing less well than expected.

   (4) Move to a new place causing loss of friends which made up a support system.

   (5) Health problems, particularly those which interfere with job goals.

   (6) Disorientation and other complications of excessive use of drugs and/or alcohol.

f. **Myths and Facts About Suicides.** There is a great deal of misinformation about suicides. Here are some of the more common myths and the facts.
(1) Myth: People who talk about suicide don't actually commit suicide.

Fact: About 80 percent of those people who talk about suicide attempt or commit suicide. A person who talks about suicide may be giving a warning that he may try suicide.

(2) Myth: A suicidal person will commit the act if he talks about his suicidal feelings to another person.

Fact: If you ask a suicidal person about his suicidal feelings, he will often feel relieved that someone finally realizes that he is in emotional difficulty. He will not commit the act just because you asked about his suicidal feelings.

(3) Myth: All suicidal people want to die, and there is nothing anyone can do about their death wish.

Fact: Most suicidal people are undecided about whether to live or die. They often call for help just before or just after a suicide attempt.

(4) Myth: Suicide is an impulsive act with no previous planning.

Fact: Not always. Most suicidal people have planned carefully and thought about the act for weeks.

(5) Myth: A person who attempts suicide will not try again.

Fact: The majority of people who commit suicide have tried before.

(6) Myth: The danger of suicide is over when the suicidal person begins to recover.

Fact: No. The majority of suicides occur within about three months after the person starts to improve. At this time, the individual has enough energy to act on his morbid thoughts and feelings. His desire to escape from life may be so great that the thought of suicide seems a relief from a hopeless situation. Frequently, the suicide follows a period when the individual has been very calm.

(7) Myth: Suicidal people are actually mentally ill.

Fact: Studies of many suicide notes reveal that the suicidal person is desperately unhappy, but that he is not necessarily mentally ill.
g. **Depression.** Depression has been discussed earlier in this lesson, but it is important to remember that depression is the single most outstanding characteristic of individuals who attempt suicide and suicide victims. Refer to paragraphs 2-3a through 2-3d for information on depression.

h. **Potential Suicides.** People most at risk as potential suicides include individuals who have:

1. Made a previous attempt to commit suicide.
2. A family history of suicide. (Suicide does not, however, run in the family.)
3. Lost a friend recently through suicide.
4. Been involved with drugs or alcohol.
5. Alcoholics in the family.

i. **Psychosocial Symptoms of Potential Suicide.** Most people who commit suicide give clues that they are experiencing serious difficulties. Some of these clues are related to human emotions and a change in the life-pattern of the person. Many of these symptoms are caused by stress due to some current situation. Remember that a substance abuser may exhibit some of these same symptoms. The symptoms are:

1. **Depressed mood.**
   (a) Feels low, sad, gloomy.
   (b) Expresses self-reproach, self-depreciation.
   (c) Tearfulness and/or trembling.

2. **Change in appearance.** Changes in appearance may indicate a person's mood and self-image.
   (a) Neglect of hair and/or personal hygiene.
   (b) Lack of concern for dress.
   (c) Bodily movement slowed, decrease in gestures, stooped and bent posture.
   (d) Facial expression may be blank, old, or sad.
(3) **Change in work habits.**

(a) Lowered quality/quantity.

(b) Inconsistent work pace. The work pace is likely to change frequently, without apparent reason.

(c) Compulsive worker.

(d) Lack of interest in work.

(4) **Changes in usual patterns of behavior.**

(a) Loss of interest in recreation/hobbies.

(b) Loss of interest in people. The individual may avoid family and friends and may also have a decreased sexual drive.

(5) **Marital and family problems.**

(a) Separation/divorce.

(b) Difficulties with spouse.

(c) Child-rearing problems.

(d) Loss of self-control.

(e) Social isolation.

(6) **Financial problems.**

(a) Debts.

(b) Living within a tight budget.

(7) **Interpersonal problems.**

(a) Lover’s quarrels.

(b) Difficulty in accepting authority.

(c) Homesickness.
(d) Loss of supportive friends/family ties.

(e) Difficulty with people at work.

j. **Immediate Danger Signals of Suicide Intent.** One or more of the following signs seen in a person may indicate an immediate problem:

1. **Depressive symptoms.** Included, but not limited to, are:
   
   - (a) Insomnia.
   - (b) Inability to concentrate.
   - (c) Loss of appetite.
   - (d) Apathy/social withdrawal.
   - (e) Poor personal hygiene/sloppiness.
   - (f) Crying.
   - (g) Feelings of worthlessness.

2. **Verbal warnings.** The mythology surrounding suicide leads people to believe that the person who talks about suicide does not commit suicide. That is not true. Some examples of verbal warnings are:
   
   - (a) "I'm getting out," or "I'm tired of it all."
   - (b) "I wish I were dead."
   - (c) "I can't go on any longer."
   - (d) "If such and such happens (or doesn't happen), I'll kill myself."
   - (e) "You're going to regret how you've treated me."
   - (f) "Here, take this (valued possession). I won't be needing it anymore."
(3) **Behavior warnings.** A person may not make statements that indicate he is considering suicide. Instead, he may show through his behavior that he is suicidal. Some of these behavioral warnings are:

(a) Organizing personal-business matters as if he were going away for a long time.

(b) Planning his own funeral shortly after the death of a loved one.

(c) Suddenly resigning from clubs and church groups to which he belongs.

(d) Crying for no apparent reason.

(e) Composing a suicide note. These are sometimes found days before the suicide occurs.

(f) Attempted suicide is the strongest behavioral warning.

(g) Unexplained change from usual behavior patterns. A non-drinker begins drinking to excess. A person who hates guns suddenly buys one.

(h) Sudden, unexplained recovery from a severe depression. Some persons who have decided to kill themselves may appear quite happy. Actually, they are not happy but relieved because they have made the decision to kill themselves. You cannot tell just by looking at the person.

k. **Management of the Potential Suicide.**

(1) **When to intervene.** The medical specialist should take appropriate intervention actions when an individual displays potentially suicidal behavior, or when a person is a clear and present danger to himself or to others.

(a) Communication with the patient should convey the message that you care about him. Assure the person that help is available, and you will assist him in getting that help.

(b) It is not easy to determine if a person is about to commit suicide. If you suspect that a soldier has suicidal intentions, refer him to specifically trained personnel, such as an MOS 91X (Mental Health Specialist).

(c) If an individual should confront a medical specialist with immediate means of suicide on his person, such as medication, a knife, or a gun, use caution in intervening so as not to endanger other people or yourself.
(2) **Appropriate intervention actions.** Do not leave an individual with suspected suicidal intentions alone at any time; he might kill himself. Notify your immediate supervisor or NCOIC of possible need for intervention. The following actions are appropriate:

(a) If physical and psychosocial symptoms along with verbal and behavioral warning signs are observed in the soldier, discuss the situation with the NCOIC or with personnel in accordance with local directives. If the person seems to be about to attempt suicide soon, contact professional medical personnel by emergency call and proceed in accordance with local directives.

(b) You may accompany the individual to a referral agency or to a consulting professional for assessment, or you may turn the individual over to the official in charge of transportation arranged for by professional personnel.

### 2-5. CLOSING

As a medical specialist, you should become familiar with and knowledgeable about potentially suicidal patients. Awareness of presuicidal symptoms and signs could lead to intervention and prevention of suicide. Surely all of us experience times in our lives when we simply cannot face another day. There are times when life just doesn't seem worth the agony and pain it forces us to endure. Yet, however "appropriate" and strong these feelings of utter hopelessness seem to be and the fleeting impulse to end it all, most of us don't give in to the impulse. The most important response to any suicide threat is to take it seriously--as if someone's life depended on your being concerned.

Continue with Exercises

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EXERCISES, LESSON 2

INSTRUCTIONS. The following exercises are to be answered by completing the incomplete statement or by writing the answer in the space provided. After you have completed all the exercises, turn to the solutions located at the end of the exercises and check your answers.

1. Burnout, as defined in this lesson, is ______________________________________
   _______________________________________.

2. List four external causes of burnout.
   a. _______________________________________.
   b. _______________________________________.
   c. _______________________________________.
   d. _______________________________________.

3. List four characteristics of military life which contribute to burnout for some people.
   a. _______________________________________.
   b. _______________________________________.
   c. _______________________________________.
   d. _______________________________________.

4. List three possible causes of burnout in combat.
   a. _______________________________________.
   b. _______________________________________.
   c. _______________________________________.
5. List four signs/symptoms of burnout.
   a. __________________________________________.
   b. __________________________________________.
   c. __________________________________________.
   d. __________________________________________.

6. Learning and practicing relaxation techniques does not mean get extra sleep. It means getting away from work from time to time and not taking unnecessary paperwork __________________ on week nights and/or weekends.

7. Depression can be defined as a mental state in which the person has feelings of sadness, __________, unhappiness, worthlessness, and ________________.

8. List three signs/symptoms of severe depression.
   a. __________________________________________.
   b. __________________________________________.
   c. __________________________________________.

9. Types of medications commonly given to severely depressed patients include antianxiety medications, __________ agents, and __________ agents.

10. Suicide may be defined as the act of taking one’s own life ______________ and ________________.
11. List three possible causes of suicide.
   a. __________________ ________________________.
   b. __________________ ________________________.
   c. __________________ ________________________.

12. Is it a myth or fact that people who talk about suicide don't actually commit suicide? ______________________.

13. Is it a myth or fact that suicidal people want to die, and there is really nothing anyone can do about their death wish? ______________________.

14. List four psychosocial symptoms of a potential suicide victim.
   a. __________________ ________________________.
   b. __________________ ________________________.
   c. __________________ ________________________.
   d. __________________ ________________________.

15. Do not leave an individual with suspected suicidal intentions alone at any time because ______________________.

Check Your Answers on Next Page
SOLUTIONS TO EXERCISES, LESSON 2

1. A state of physical and emotional exhaustion in which one feels a negative self-concept and negative attitude toward his job. (para 2-2a)

2. You are correct if you listed any four of the following:
   - Overwork.
   - Shortage of staff and supplies.
   - Unresponsive leadership.
   - Lack of group cohesiveness.
   - Lack of recognition for a job well done.
   - Lack of resources.
   - Lack of rewards.
   - Short-fused suspenses. (para 2-2b)

3. Family separations.
   - Frequent moves.
   - Feeling of isolation from society in general.
   - Frequent change in staff. (para 2-2b(9))

4. You are correct if you listed any three of the following:
   - Fear of death or injury.
   - Lack of preparation or training.
   - Fear of failure or losing face in combat.
   - Lack of adequate rest and/or nutrition.
   - Lack of adequate sanitation.
   - Feelings of facing overwhelming odds.
   - Long periods of a very high stress situation without relief. (para 2-2d)

5. You are correct if you listed any four of the following:
   - Physical and mental exhaustion.
   - Less production/enjoyment at work.
   - Disenchanted with work and life.
   - Unexplained depressions.
   - Irritable and short tempered.
   - Impotent or lack of sexual desire.
   - Less contact with coworkers.
   - Decreased social interaction with family and friends. (para 2-2e)

6. Home. (para 2-2e(9))

7. Despair.
   - Hopelessness. (para 2-3a)
8. You are correct if you listed any three of the following:

- Trouble with concentration/memory.
- Feelings of guilt about inconsequential events.
- Insomnia or excessive sleepiness.
- Feelings of hopelessness and worthlessness.
- Withdrawal from activities and interests.
- Decreased interactions with family and friends.
- Decreased work productivity.
- Decreased relationship with coworkers.
- Changes in bowel habits.
- Weight loss or gain.
- Decreased sexual drive.
- Slowed speech and/or motor activity. (para 2-3c)

   Antipsychotic. (para 2-3d)

10. Voluntarily.
    Intentionally. (para 2-4d(7))

11. You are correct if you listed any three of the following:

- Ending or/trouble with a close personal relationship.
- Death of a loved one.
- Worry related to job.
- Move to a new place.
- Health problems.
- Complications with excessive use of drugs or alcohol. (para 2-4e)

12. Myth. People who talk about suicide do usually attempt suicide. (para 2-4f(1))

13. Myth. In fact, people who are suicidal are often undecided about whether to live or die. Suicide may be a call for help. (para 2-4f(3))

14. You are correct if you listed any four of the following:

- Depressed mood.
- Change in appearance.
- Change in work habits.
- Changes in usual patterns of behavior.
- Marital and family problems.
- Financial problems.
- Interpersonal problems. (para 2-4i(1) thru (7))

15. He might kill himself. (para 2-4k(2))