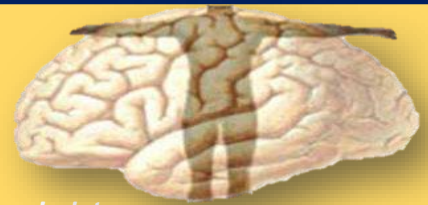


# Mind & Body



Uniting providers across Robins AFB to share their healthful insights

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## Mental Health Tip of the Week:

Find 20 minutes a day- even if it's just in 5-minute increments- to do something enjoyable. Admire nature, take a walk, listen to jazz, take a bubble bath, etc.

## Suicidal Ideation: What's the big deal?

By: Felisha Garcia, Psy.D.

Why do we become alarmed as soon as someone admits to having thoughts of harming themselves? They are just invisible words in our heads that only have meaning if we give them meaning. Everyone has or will have at least one thought about harming themselves during their lives; but something usually stops the thoughts from becoming actions. You tell yourself you would never do it because of your family, your religion, your pride in self-worth, etc. So why do we immediately panic when someone else voices this thought that we should be able to relate to?

*Continued on page 2*



## Emotional Intelligence

By: William White, LCSW

Since you probably spend more time at team Robins with your coworkers than with anyone else, it is essential to have, a courteous relationship with everyone. Hopefully, it will go beyond customs and courtesies. Harmonious workplace relationships can make going to work a pleasure.

*Continued on page 2*

## “Why?”-Thoughts from those left behind.

By: Felisha Garcia, Psy.D.

“What a coward! Weak! He must have been lonely. What a selfish person. You never know the demons people live with. He must have been sick. I bet he did it in spite. That's so sad. I would never do that.”

*Continued on page 3*

## **Suicidal Ideation: What's the big deal?** *(continued from page 1...)*

Maybe because we do not want to relate to it. We do not want to empathize nor have our minds go there. My goal in this topic is not to promote suicidal thoughts, but to normalize comfort in asking about them. In my therapeutic experience, most people want to live. It is human nature. When you really get to the reasons why someone wants to end their life, they do not really want to die, they want their situation, pain, or circumstances to stop/end/change. They feel stuck.

Although suicidal thoughts are not a big deal, they can be if these thoughts become more frequent, worsen, and turn into a plan of action. For prevention purposes, this is why we try to touch base and get people linked to resources when they are just having the thoughts. Sometimes people think that sharing their thoughts of self-harm will lead to a call to the police or hospitalization. That is not the case. There must be a plan and intent. When patients tell me about suicidal thoughts, I thank them for being brave, I discuss the content of the thoughts, and create a safety plan just in case their thoughts worsen to actions. Then, throughout treatment we keep tabs on how their suicidal ideation is.

My favorite part is when I check in on the thought and they look at me bewildered as they state, "hmm you know I can't remember the last time I had those thoughts." We pause to have a mini celebration because the client has unknowingly made life improvements that contributed to more hope for their circumstances.

I ask of you, please do not ignore the thoughts or comments about driving into oncoming traffic, shooting yourself, frustrations of waking up each morning, or hopes to stop breathing. That is the time to seek out therapeutic help and gain support to improve the quality of your life and get unstuck.

## **Emotional Intelligence** *(continued from page 1...)*

Can you remain calm, energized, and focused in the face of another's distress or during an upsetting situation?

Many mental health experts believe emotional intelligence, also known as emotional quotient (EQ), is an asset when it comes to workplace stress. Research suggests, individuals with high levels of emotional intelligence may be more resilient and better able to work with others, manage work-related stress, solve conflicts within workplace relationships, and learn from previous interpersonal mistakes.

Emotional intelligence is a set of skills that anyone can acquire. Daniel Goleman documents, emotional intelligence as the essential ingredient for reaching and staying at the top in any field, even high stress jobs. Emotional intelligence is composed of four elements: self-awareness, self-management, social awareness, and relationship management.

Emotional intelligence is more than recognizing and managing your own emotions. It also has to do with identifying, recognizing, and understanding the emotions of others. When you remember that we are all peers on an emotional level, it becomes easier to approach your supervisor, to ask a coworker to give a little more, or to understand that a coworker's irritability is nothing personal. Individuals with high EQ are better able to successfully manage interactions with others.

## **“Why?”-Thoughts from those left behind. (continued from page 1...)**

There are so many reactions to death but none more than suicide. So many comments, anger, disbelief, judgment, but mostly questions. In interviewing those left behind, the question of “why?” haunts them. Why does suicide bring on so many feelings? So much controversy? Why is it a shock to our systems yet we tiptoe around the topic and only whisper about it in the shadows? I understand, this topic is my least favorite to discuss. But with the growing number of deaths occurring at Robins AFB, specifically suicides, we should be directly and transparently having these conversations to learn and hopefully prevent more.

Why are suicides uncomfortable for us? Some of the responses given are: “because life is precious and meant to be lived,” “you just don’t do that,” and “there’s always someone to blame.” Suicide does feel unnatural because our mere existence is to live, help life, create life, and contribute to life. Therefore, it is counterintuitive for our brains to process someone wanting to end their own life. This may also be the reason those left behind wonder “why?” to help their brains process and gain closure.

Was it their fault? Could they have helped them? Did I do enough? When a person dies of suicide, I think we all share the fantasy of wanting to know if we could have helped- whether we even knew the person or not. I myself question if the person sought out therapy or was offered it, would they be alive today?

A person can check into an inpatient program to receive intensive treatment for suicidal ideation, receive outpatient therapy, be fine for months, but decide to end his life the night of his daughter’s wedding...why? Was he depressed? Was he under the influence? Was he now alone? Was he in physical pain? Did he have other problems? Was it just one thing or many things that led to this? It is true, we are left with more questions than answers. But do we need to know the answers? Sometimes it is helpful for prevention, especially if a pattern emerges.

The bigger questions are do we stop trying because “we should mind our own business?” or because “you can’t stop anyone from killing themselves?” I encourage and beg you to keep trying. One person’s death can affect hundreds of people so we must continue to try to reach out, support, ask the uncomfortable questions. We must continue to offer resources. Not just for the sake of the living, but for those left behind who also struggle.

### **A Silent War**

*-Lisa Miktuk*

*Leaving us without word, nothing left to say,  
Mom and me are never going to forget that day.  
Something must have hurt so bad and I simply turned my back,  
There's so many things I want to say, but it seems the right words I lack.  
I never got to say goodbye or tell you that I care,  
You must have felt all alone, desperate, hurt, and scared.*

*I wonder why you felt so bad that your pain engulfed your life,  
I wonder if you thought of us, your daughter and your wife.  
If I could go back in time and try to ease your pain,  
I would dry all your tears when they fell like rain.*

*It must have been a place so dark that you could not see the light,  
But here I am, your pain I feel, I cry myself to sleep at night.  
So Daddy please forgive me, I was only 15 at the time,  
I didn't realize how lucky I was that you were all mine.*

# BUT HOW CAN I HELP?

Here are some tips for assisting yourself and others, and hopefully preventing suicide:

- **“How are you doing today?”**= At the 2021 DOD/VA Suicide Prevention Conference, it was suggested to change our verbiage to be more specific because moods and circumstances can change day-to-day. Don’t just ask “How are you?”
- **Don’t ignore vague, cryptic statements**= (i.e., I don’t want to be here anymore) please ask more follow-up questions (i.e., don’t want to be here at work today or on this earth anymore?)
- **Be a nosy friend**= talk about significant changes in behavior that you see, ask if everything’s okay, and try to get them help.
- **No judgment, no shame**= If you know someone who attempted suicide, ask them what would have helped them?
- **Lock up guns**= many prevention messages and research findings suggest that if you put time between the thought of committing suicide and the actual act of doing so, then it can deter the act itself. You can use safes, gun locks, and/or store them outside. Please understand that it does not matter what your political stance is on guns, this tip is strictly for deterrence since the highest rate of suicide completions are by lethal means using a personal gun.
- **Support those left behind with their grief journey**= spouses, children, friends, coworkers, etc. experience a lot of shame, guilt, and blame so this is especially a time to help them, even if it is to just check in.
- **Remember the positive aspects of the person’s life too**= prior to taking his/her life, the person lived for years so it is important to also focus on highlighting the whole life, rather than the manner of death.
- **Check You, Check Two**= Rutgers University created a wellness initiative that focuses on taking two minutes each day to check in on yourself and your colleagues which I think is a wonderful way to promote self-care, support, and connection.

## Suicide Prevention and Crises Resources

- ❖ **Make the Connection**= hear stories of recovery. <https://www.maketheconnection.net>
- ❖ **Tragedy Assistance Program for Survivors**= offers suicide loss support. <https://www.taps.org/suicide>
- ❖ **Need a break from your daily stressors?** Hidden Heroes can help! <https://hiddenheroes.org/respite/>
- ❖ **Seeking the Military Suicide Solution**= The Military Times has a podcast that examines the alarming rate of military and veteran suicide. <https://www.militarytimes.com/podcasts/military-suicide/>

*24-Hour hotlines that you can call/text/chat online with:*

- ❖ **Coliseum Health System Lifeline**= (478) 741-1355 or 1-800-548-4221
- ❖ **24-hour Suicide Prevention Line**= 1-800-SUICIDE
- ❖ **National Suicide Prevention Lifeline**= 1-800-273-TALK
- ❖ **Georgia Crisis and Access Line**= 1-800-715-4225 (also has mobile crisis services)

# **AVOID SUMMER HAZARDS WITH CHPS!**

Summer is the time to be outside enjoying warmer weather with family and friends. Do not let summer hazards get in the way! Awareness to things like outdoor grilling safety, lightening, ticks and chiggers, flip-flop safety, mower injuries, and water-related injuries can prevent accidents and keep you having fun in the sun. Just knowing what nature can hurl at you is a great first step toward your personal, family, school, business, or community preparedness.

To protect yourself and others, join ROBINS CHPS in their health education class “Nature’s Hazards.” You will learn how to keep your family safe by being prepared, identify common natural hazards and risks, and tips to keep safe when the unexpected happens.

## **Nature’s Hazards**

Date: June 30<sup>th</sup>

Time: 1130 – 1230

## **Emergency Preparedness**

Date: June 16<sup>th</sup>

Time: 1130 – 1230

**\*Use This Adobe Connect Class Link for ALL June Classes\***

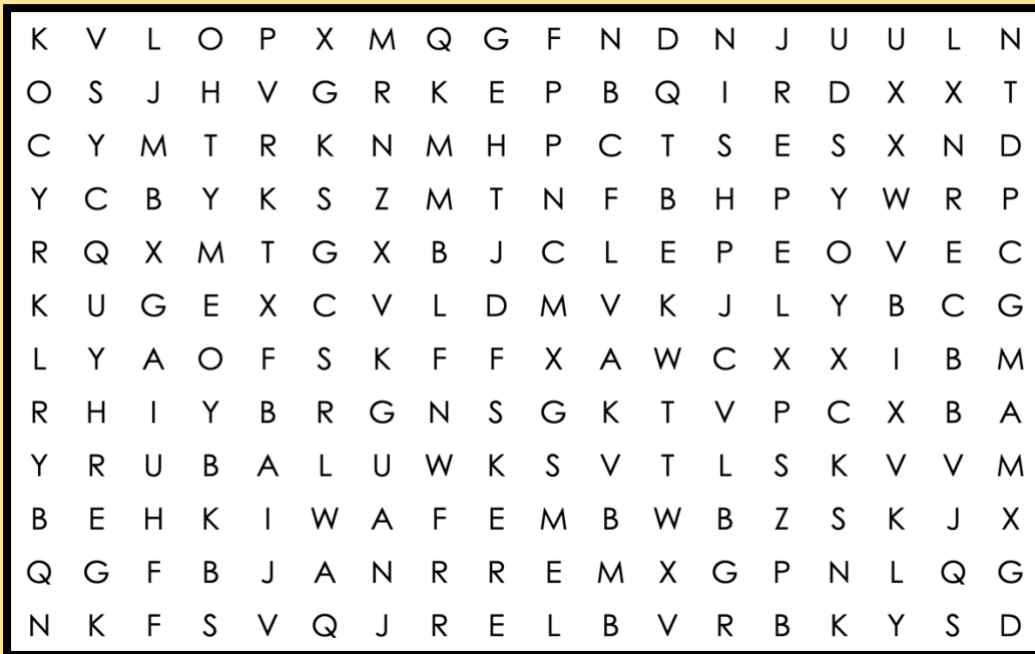
<https://fbch.acms.com/robinschps/>

**\*Contact CHPS for in-person class(s) options**

**For more information or to schedule a wellness screening or health education class in your location, contact ROBINS CHPS:**

Civilian Health Promotion Services  
**Michele Decker**, Coordinator  
100 Page Rd., Bldg. 207, Rm. C-119  
478-327-8030  
[Michele.d.decker.ctr@mail.mil](mailto:Michele.d.decker.ctr@mail.mil)

# EXERCISE YOUR MIND



## ALC Word Search

AMXG

CMXG

EMXG

MXSG

SWEG

**Can you figure out the word combinations below that represent common phrases?**

1. eggs  
easy

2. toukeepch

3. scotch  
rocks



**Do you see the young lady and the older one?**

**[Click for Answer](#)**

# JOIN US!

THE FOLLOWING **SERVICES** ARE COMING DIRECTLY TO

**Bldg 321, large conference rm, Friday,  
6/18, 0900-1030**

SO COME MEET US, ASK QUESTIONS,  
AND GET THE HELP YOU NEED.

 **OMS Psychologist**  **Civilian Health Promotion Services**

 **Military Family Life Counselors**  **Drug Demand Reduction**

 **Airman & Family Readiness Manager (116<sup>th</sup>)** 

 **Sexual Assault Prevention and Response (78<sup>th</sup> ABW & 116<sup>th</sup> ACW)**



# Flight Line LEMONADE STAND



Come Refresh Your Mind & Body!

Civilian Psychologist

Civilian Health Promotion Services

Come & also meet your OMS Athletic Trainer, Drug Demand Reduction Rep, & Community Resilience Coordinators

Free health screenings & health education information. Contact CHPS at 478-327-8030 for an appointment!

A variety of "Limbers" (spanish icees) will be available!

Outside Bldg. 49  
Time: 1330-1430

# Lemonade

Dates:  
24 June  
8 July  
22 July  
5 August  
19 August



**Email Dr. Garcia:  
Felisha.Garcia.ctr@mail.mil**



## ABOUT THE WRITERS:

Dr. Felisha Garcia is a Licensed Clinical Psychologist at Robins AFB who provides mental health services to civilians. She is a gentle and warm clinician who prides herself in the caring relationships she builds with her clients. To contact Dr. Garcia, call Occupational Medicine Services (OMS) at 478-327-7590

Dr. William White is the Director of Psychological Health at the 116<sup>th</sup> ACW. He is a Licensed Clinical Social Worker who provides mental health services to Air National Guard members and their families. He strives to provide his clients with a safe and supportive environment. To contact Dr. White, call (478) 201-1328

*Disclaimer:* The ideas expressed within this newsletter represent the writer's own point-of-view. Every effort is made to provide accurate and complete information however, we cannot guarantee that there will be no errors. We do not assume any legal liability for any direct, indirect or any other loss or damage of any kind for the accuracy, completeness, or usefulness of any information, product, or process disclosed herein.