AF Suicide Prevention Program

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Overview

- Development of Current Program
- Results of Program Initiatives
- Current Data and Risk Factors
- Program Execution
- Recent Initiatives
Preventing Suicide

- Individual Level:
  - Crisis intervention model
  - Intervention & treatment at the point of crisis

- Community Level:
  - Public health model
  - Educate community on risk factors
  - Identification and referral of those at risk
History of AF SPP

- Implemented in 1997 by AF/CV task force
  - Embraced suicide prevention as organizational priority
  - Atmosphere of responsibility and accountability
  - Built upon existing organizational infrastructure & culture
- Clearly Articulated Vision:
  - Suicide prevention is a community responsibility
  - Leadership involvement essential for success
  - Affirm and encourage help-seeking behavior
- Prevention through early identification and intervention
  - Required widespread community knowledge & skills
- Organized around integrated system of 11 initiatives
  - Integrated network of policy and education
Functional Components

- Leadership
  - Role modeling
  - Agents of change
- Policy
  - Establish expectations for behavior
- Education
  - Develop skills & knowledge to meet expectations
- Surveillance
  - Track suicide and program related data to inform program
AFSPP 11 Elements

1. Leadership Involvement
2. Suicide Prevention in Professional Military Education
3. CC’s Guide for Managing Personnel in Distress
4. Community Preventive Services
5. Community Education and Training
6. Investigative Interview Policy
7. Critical Incident Stress Management
8. Integrated Delivery System (IDS)
9. Limited Privilege Suicide Prevention Program
10. IDS Consultation Assessment Tool
11. Suicide Event Surveillance System
Results

- University of Rochester Study, BMJ Dec 03
  - Published AF data from 1990-2002, analysis ongoing
  - No significant change in population demographics
- Implementation of AFSPP correlated with:
  - 33% reduction in suicides
  - 18% increase in mild family violence
  - 30% reduction in moderate family violence
  - 54% reduction in severe family violence
  - 51% reduction in homicides
  - 18% reduction in accidental deaths
- One of 10 suicide prevention programs listed on SAMHSA’s National Registry of Evidence-Based Programs & Practices
Suicides / Suicide Rate:  
CY09: 28 / 12.1  
CY08: 40 / 12.4  
CY07: 34 / 10  
CY06: 42 / 12.1  
CY05: 31 / 8.9  
CY04: 49 / 13.1  
CY03: 38 / 10.2  
CY03 – CY08 Average Rate = 11

2006 Civilian rate adjusted for demographics = 19.2
Suicide Risk Factors

- There were 232 ADAF suicides from CY03-CY08
  - 159 (70%) had relationship problems
  - 99 (44%) had legal problems
  - 65 (29%) had financial problems
  - 47 (21%) had deployed in previous year
  - 56 (25%) were engaged in mental health care

- Actions/Services to address risk factors:
  - 97 additional Mental Health (MH) providers hired
  - Frequent MH screening (yearly, pre- and post-deployment)
  - Financial and personal counseling via Airmen and Family Readiness Centers and Military OneSource
Suicide and Deployment

- There does not appear to be a significant relationship between deployments and suicide in the AF.
- 57% (133 of 232) of CY03-CY08 AF suicides involved Airmen who had never deployed.
- Average of 523 days between return from deployment and suicide for 99 Airmen who had deployed (‘03-’08).
- There have been very few AF suicides in which PTSD/deployment mental health concerns were cited.
- There have been 3 confirmed AF suicides in theater:
  - 1 in 2007
  - 2 in 2009
Senior Leader Involvement

- SECAF/CSAF and AF leaders are notified immediately on all suspected suicides via AF Watch
- VCSAF and senior medical leaders receive weekly updates on suicide incidents/trends each Friday
- AF Community Action Information Board (CAIB) reviews AF Suicide Prevention Program quarterly
  - CAIB engages in ongoing process improvement of AFSPP
  - AF CAIB chaired by AF/CVA; elevates to CSAF as needed
  - VCSAF policy requires event review board after each suicide; lessons learned will be sent via CAIB/IDS channels
- Annual AF Suicide Lessons Learned review sent to senior leadership and to field
Collaboration

- Functional
  - Community Action Information Board (CAIB) and Integrated Delivery System (IDS) enhance collaboration

- DoD/Cross-Service
  - AF works closely with Defense Center of Excellence to address psychological health and TBI issues
  - AF collaborates with sister Service suicide prevention offices to share best practices through the SPARRC

- Cross Agency
  - Increased AF/VA sharing for medical care
  - Enhanced transitional processes streamlines medical eval/disability process
HAF Community Action Information Board (CAIB) closely monitors AF suicides and progress/actions on the 11 AF Suicide Prevention Initiatives.

Community based approach – key support and early interventions to Airmen & families at risk:

- Assistance adapting to demands of military lifestyle
  - e.g., relocation; transition assistance; deployment & reintegration support;
- Military Family Life Consultants - short-term Individual, marriage & family counseling
- Financial Education - From Accession through Retirement
- Military OneSource – 24/7 information & referral & followup,
  - Protocols for immediate referrals into mental health system
- Domestic violence - Education, Advocacy & Intervention
Chaplains’ Role in Suicide Prevention

- Suicide interventions have increased from 1,548 (CY06) to 3,011 (CY08)
  - Confidential communication is provided to the total force and dependents
  - Individuals typically seek counseling for other issues, but respond positively when asked, “Have you thought of harming yourself?”
  - Data source: AF Form 1270 – Chaplain Corps Statistical Data

- CC Calls - Chaplains commonly tasked for suicide prevention briefs

- ASIST (Applied Suicide Intervention Skills Training)
  - 2-day intervention training for caregivers
  - All new AF chaplains and chaplain assistants since 2005 trained in ASIST

- safeTALK (Suicide Alertness for Everyone: Tell, Ask, Listen, Keep Safe)
  - 3-hour, hands-on suicide alertness training for any community member
  - 9 HC instructors trained in Aug 09 to instruct safeTALK trainers
  - Trainers will then facilitate safeTALK workshops across the Air Force
All efforts to promote psychological health are rooted in the Wingman culture
- AF mission requires Airmen to take care of themselves and their wingmen
- Core values of integrity, service before self and excellence in all we do are modeled and promoted from accession to separation/retirement
- Seeking help is seen as a virtue, not as failure
- Hinges on buddy system

Wingman Day held annually to reinforce this focus
Recent Initiatives
Continuing Improvement

To enhance the 11 Elements of the Suicide Prevention Program, the AF has launched a number of new initiatives:

- Clinical Guide to Managing Suicidal Behavior
- Frontline Supervisor Training
- Improved access to MH care and decreasing stigma

Suicide Prevention Working Group

- Initiated by CSAF tasking Safety to work with SG to review and enhance program
- Included SG, Safety, OSI, Chaplain, Personnel and Reserve reps

Task: Top-to-bottom review of all current AF suicide prevention policies and procedures

Findings: Program has a commendable track record, but there are areas to improve
SPWG Recommendations

- SPWG recommendations were made in the following main areas:
  - Leadership
  - Policy
  - Training
  - Data Collection
  - PME
SPWG (cont) Leadership

- CHALLENGE: Emphasis seems to have shifted from a community based, line led program to an increasingly SG initiative
- Increase line involvement in the Suicide Prevention Program
- Improve flow of risk factors/lessons learned to line leadership
- Develop a PA-led campaign where leaders emphasize that suicide is preventable and we need to be “All In” to prevent suicide
  - CSAF, VCSAF, CMSAF emphasis
  - All Airmen understand warning signs
  - Leaders emphasize that it is a sign of strength to seek help
  - Core: Wingmen take care of Wingmen using ACE (Ask, Care, Escort)
Ask your wingman
• Have the courage to ask the question, but stay calm
• Ask the question directly: Are you thinking of killing yourself?

Care for your wingman
• Calmly control the situation; do not use force; be safe
• Actively listen to show understanding and produce relief
• Remove any means that could be used for self-injury

Escort your wingman
• Never leave your buddy alone
• Escort to chain of command, Chaplain, behavioral health professional, or primary care provider
• Call the National Suicide Prevention Lifeline

National Suicide Prevention Lifeline:
1-800-273-8255 (TALK)
CHALLENGE: Suicide prevention program, data collection and investigation of suicides is not adequately codified

Move AF suicide prevention policy from medical (44 series) to special management (90 series) under CAIB (AFPD 90-5)

Evaluate expanding Limited Privilege Suicide Prevention Program under AFI 44-160

New policy will:

- Formalize Event Review Boards to investigate suicide events with the goal of systematically identifying and disseminating lessons learned
- Ensure CAIBs at every level (Wing, MAJCOM and HAF) review and enhance suicide prevention efforts on a recurring basis based on data and lessons learned
SPWG (cont) Training

- CHALLENGE: 2007 change to CBT has de-emphasized the vital community aspect of the suicide prevention program
- Mandate face-to-face annual suicide prevention training for all AD members
  - AF Suicide Prevention Program Manager will develop multi-media training tools for commanders
  - Training to be led by a trained IDS member in small groups
  - Training should be opened/closed by Sq/CC
- ARC and remote units will rely primarily on a revised CBT with the option of conducting in-person training
- Develop training materials for family members
- Explore outreach to civilian employers of ARC Airmen
CHALLENGE: Data collection and lessons learned dissemination is inadequate, inconsistent, and not consolidated

Establish Event Review Boards to ensure adequate data collection and review of data at base level

Ensure Total Force data is collected and utilized

- ARC will track all suicides of members regardless of status
- ARC will report ARC suicides in federalized status thru DODSER
- AF/A1 will establish tracking and reporting of DoD civilian employees

CAIB/IDS structure will establish recurrent mechanisms to review and allow leadership to act on current data and lessons learned
CHALLENGE: Ensure suicide prevention, education and resiliency training are integrated into all levels of PME & Accession schools.

AETC reviewing all PME course content for adequacy of suicide prevention content.

AF Learning Council to validate requirements and integrate suicide prevention education at all levels of PME and Accession programs.

Suicide Prevention Program Manager will review and provide standard content for all suicide prevention briefings for MAJCOM’s Squadron Commander courses. MAJCOM will tailor additional info to meet command needs.
Summary

- AF Suicide Prevention Program has proven to be effective over time in reducing suicides across our population.
- Above average rates in recent years a cause for concern, still below pre-program levels despite years of high ops tempo.
- Ongoing program enhancements and action on SPWG recommendations provide way ahead to address concerns.
Questions