Navy Suicide Prevention Program

Informational Brief to the DOD Suicide Prevention Task Force

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(Personal Readiness and Community Support)

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How many Sailors does it take to save a life?

ACT

ASK - CARE - TREAT

ASK if someone is thinking about suicide.
Let them know you CARE.
Get them assistance (TREATment) as soon as possible.

You are here today because what you do makes a difference.
Overview

- Data and trends
- Program approach and policy
- Compliance and efficacy
- Initiatives and way-ahead
Suicide Numbers *

Suicide Numbers

Data for SELRES not on AD indicated in parentheses, all other data reflect AC + RC on AD.

Suicide CY Rates (per 100K)
CY08: 11.6 (13.2)
CY07: 11.1

Suicides (Aug 31)
CY09 (YTD): 35 (5)
CY08 (YTD): 25 (5)
CY08: 41 (9)

Navy Suicide Prevention Program Began in 1998

Rate Before Program
12.2 per 100K

Rate After Program
10.7 per 100K

28 Sep 2009     Source: OPNAV N135
Department of the Navy Suicide Incident Report (DONSIR): Summary of 1999–2007 Findings

**Profile of Sailor**

Deaths vs. End strength
- Male: 95% vs. 85%
- Caucasian: 69% vs. 61%
- Enlisted: 90% vs. 85%
  - E4-E6: 66% vs. 61%
- < 5 yrs service: 44% vs. 46%
- Age 17-24: 40% vs. 39%

Results Reflect Force

**Statistical Findings**

USN Suicide Rate Per 100K = 10.7
Statistically significant differences in rates
- Men > Women
- Enlisted > Officers
No significant differences by age group, length of service, or enlisted pay grade

**Profile of Event**

- In private residence (63%)
- On liberty (76%)
- Used firearm or hanging (51% / 26%)
- Alcohol likely used (38%)

**Factors and Stressors**

- Psychiatric history: 30%
- Recent emotional state
  - Depression: 37%
  - Anxiety: 28%
  - Guilt/Shame: 25%
- Alcohol misuse past year: 29%
- Relationship problem: 60%
- Work related problems: 50%
- Discipline/legal action: 39%
- Physical health problems: 35%

**Support Service Use**

73% showed no evidence of support service use in the 30 days before death
Of those who did use services: 18% Outpatient medical, 10% Mental Health, 7% Chaplains
23% had received mental health counseling in the past year
10% had received substance abuse counseling in the past year

Anyone can become at risk!
## Navy Suicide Demographics

### 2007
- **Male** = 35, **Female** = 5
- **Caucasian** = 28
  - Hispanic = 6
  - African Amer. = 3
  - Native Amer. = 2
  - Asian/Pacific = 1
- **17-24 yr old** = 12
- **25-34 yr old** = 21
- **35-44 yr old** = 4
- **45+ yr old** = 3
- **Gunshot** = 20
- **Asphyxiation** = 10
- **Ingestion** = 4
- **Carbon Monoxide** = 2
- **Jumping** = 2
- **Stabbing/Cutting** = 0
- **Other** = 2

### 2008
- **Male** = 40, **Female** = 1
- **Caucasian** = 28
  - Hispanic = 2
  - African Amer. = 7
  - Native Amer. = 1
  - Asian/Pacific = 3
- **17-24 yr old** = 17
- **25-34 yr old** = 15
- **35-44 yr old** = 5
- **45+ yr old** = 4
- **Gunshot** = 21
- **Asphyxiation** = 12
- **Ingestion** = 1
- **Carbon Monoxide** = 2
- **Jumped from Ship** = 1
- **Stabbing/Cutting** = 2
- **Other** = 2

### 2009 (Jan-Aug)*
- **Male** = 33, **Female** = 2
- **Caucasian** = 25
  - Hispanic = 6
  - African Amer. = 2
  - Native Amer. = 0
  - Asian/Pacific = 2
- **17-24 yr old** = 8
- **25-34 yr old** = 17
- **35-44 yr old** = 7
- **45+ yr old** = 3
- **Gunshot** = 13
- **Asphyxiation** = 12
- **Ingestion** = 2
- **Carbon Monoxide** = 4
- **Jumped from Ship** = 0
- **Stabbing/Cutting** = 3
- **Other** = 1

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*Elevated risk within 6 months return from deployment (28 of 80 OIF/OEF deployers within 6 months 2002-2008)*

*2009 deaths include suspected suicides pending final medical examiner determination of cause of death.*

**Suicide demographics generally reflect Navy’s population distribution**
Navy Suicide Prevention Approach

Fostering Resilience
Operational stress control, life skills, strengthen families, increase awareness

Vigilance & Early Intervention
Referrals and counseling

Crisis Response
Get to safety, treatment, follow up

Post
Reporting, survivor assistance

Comprehensive prevention and family support
Command Suicide Prevention Programs

Training

Intervention

Department of Defense
Suicide Event Report
(DoDSER)

Reporting

Response
Suicide Prevention Policy OPNAVINST 1720.4A

<table>
<thead>
<tr>
<th>Training</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Annual awareness training for All Hands</td>
<td>• Command written crisis response plans</td>
</tr>
<tr>
<td>• Emergency responder and targeted training</td>
<td>• Access to support resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Message report of suicide related behaviors</td>
<td>• SPRINT / Chaplains</td>
</tr>
<tr>
<td>• DoDSER for deaths and confirmed attempts</td>
<td>• Counselors</td>
</tr>
<tr>
<td></td>
<td>• CACO</td>
</tr>
</tbody>
</table>

Suicide Prevention Coordinators at each command to assist CO in implementing command level prevention program.
Quick Poll Findings: Suicide Prevention Training

Are Sailors getting trained?
If you have received Suicide Prevention training in the past 12 months, who conducted the training?

- 83% of Sailors were trained

<table>
<thead>
<tr>
<th>Source of Training</th>
<th>Enlisted</th>
<th>Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>A member of my command</td>
<td>46</td>
<td>47</td>
</tr>
<tr>
<td>FFSC</td>
<td>32</td>
<td>31</td>
</tr>
<tr>
<td>Medical staff</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>NKO or other computer-based training</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Someone from the local community</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Other Navy member</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

How do they prefer to get trained?
Where or from whom would you prefer to get Suicide Prevention Training?

- 76% prefer live trainers

Did they learn?
The Navy’s Suicide Prevention slogan “ACT” stands for?

- 72% of Sailors know Ask-Care-Treat

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</thead>
<tbody>
<tr>
<td>Ask, Care, Treat</td>
<td>72</td>
<td>70</td>
</tr>
<tr>
<td>Act, Consolidate, Teach</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Action, Connection, Training</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>23</td>
<td>28</td>
</tr>
</tbody>
</table>
Quick Poll Findings: Suicide Prevention Program

**Do Sailors know what to do?**
I would know what to do if a family member, friend, or co-worker talked about suicide

- More than 86% of Sailors feel they know what to do.

**What would they do?**
What would you do if you knew someone in the Navy who was thinking about suicide?

- Talk to him or her: 86%
- Tell CoC: 80%
- Refer person to FFSC or other helping agency: 84%
- Other: 4%
- Don’t know: 2%

**Are commands doing things?**
Actions are being taken at my command to prevent suicide

- 62% say commands are taking action.

**Are SPCs in place?**
Do you know your command’s Suicide Prevention Coordinator?

- About half know their SPC.
Quick Poll Findings: Suicide Intervention Expectations and Barriers

If a Sailor sought help from the Navy for suicidal thoughts or actions, what would be the likely results?

- **Person would receive help needed**: 84% Enlisted, 94% Officer
- **Shipmates would be supportive**: 50% Enlisted, 62% Officer
- **People would treat person differently**: 42% Enlisted, 47% Officer
- **It would negatively impact person's career**: 30% Enlisted, 38% Officer
- **It would help person's career**: 16% Enlisted, 8% Officer
- **Person would be able to keep security clearance**: 13% Enlisted, 9% Officer
- **Nothing would happen**: 4% Enlisted, 1% Officer
- **Other**: 4% Enlisted, 2% Officer

**Most believe Sailors would get needed help.**

**Many believed careers would be impacted and people would be treated differently.**

**Most expect loss of clearance.**

Sailors expect that they will get help if suicidal but at a career cost.
Suicide Prevention Program
Data to Sustained Actions

CNO Tasking:
- Conduct a penetrating analysis
- Assess all factors and influences
- Determine if prevention efforts are aligned

Holistic Suicide Prevention Model

Fostering Resilience
Operational stress control, life skills, strengthen families, increase awareness

Vigilance & Early Intervention
Referrals and counseling

Crisis Response
Get to safety, treatment, follow up

Post
Reporting, survivor assistance

Actions To-Date
- Captured RC/Civ data and DODSER requirements (NAVADMIN)
- Developed Command Suicide Prevention Coordinator (SPC) Network
- Established Family Outreach WG
- Navy-wide CFT ongoing
- 15 conferences at 13 locations
- 51,000+ OSC trained

Penetrating Analysis
- Demographics
- Communities
- Risk Factors
- Means
- Training
- Other Services

Results Reflect Force

Globally Dispersed
Standardized Training

Sustainable Program – Aligned Prevention Efforts
- Comprehensive and integrated all hands suicide prevention

SHIPMATES ACT! Ask. Care. Treat.
Operational Stress Control
A Different Approach for....

...A Different Navy: More Missions, More Varied, More Demanding
Outreach

- Messages and media
- Navy Reserve Psychological Health Outreach Coordinators
- Poster series
- www.suicide.navy.mil
- Family Outreach WG
- Suicide prevention video
- Navy Leaders Guide

Life Counts!
Training Way Ahead

What training can do:
Training cannot protect someone from becoming suicidal
Training can:
• Assist leaders in preparing a good climate
• Improve ability to assist others in distress
• Improve responder and provider skills
• Provide a chance to ask questions / seek assistance

Suicide Prevention Related Training

Training Approach
OSC Training Continuum
Front Line Supervisors Training

Annual Awareness Training
Innovative Training Tools/Products

First Responder Training
Provider / Caregiver Training
Post-Vention Training

Addressing Gaps
• Global reach
• Civilian employees
• Family outreach
• First responders
• Provider refresher

Path
• Use existing command structure through Echelon Suicide Prevention Coordinators for command training and compliance
• Provide central support with standard curriculum and tools, have local resources for additional support
• Implement rapid dissemination of standardized training to all locations using a Navy Suicide Prevention Conference for train-the-trainer training
• Continue summit training to reach and update leaders and SPCs

Comprehensive, integrated approach with global coverage.
Support Way Ahead

Contributors
• Relationship difficulties
• Life stressors (job, legal, health, finances)
• Transitions & Isolation
• Access to means
• Mental health problems

Outside Influencers
• Family
• Shipmates
• Leaders
• Support Resources
• First Responders
• Community
• Organizational Policies & Practices

Most Sailors who died by suicide did not seek care

Barriers to Help
• Attitudes
• Policies
• Work Tempo

Actions
Current
• Family Outreach Working Group expanding education and communication to families
• Identify policies and procedures that create barriers to treatment and reintegration

Near Term (FY10)
• Review all policies and procedures that create barriers to treatment and reintegration and change or justify in light of current science/data
• Examine reintegration processes to improve viable career paths following treatment
• Continue communication efforts to dispel myths and increase use of needed resources
• Increase access to support by supporting Chaplain Corps end strength POM submission and working to fill Mental Health provider gaps
Questions?
BACKUP
Mental Health Provider Coverage

Globally dispersed health care providers are critical.

Suicides (Jan 06-May 09)
# Prevention Program Summary

## Fostering Resilience
- Operational Stress Control
- Physical readiness
- Alcohol and drug abuse prevention
- Personal financial management
- Family support programs

## Vigilance & Early Intervention
- Suicide prevention training
- Front line supervisors training
- Training and awareness summits
- Specialty & local provider training
- Fleet and family services
- Chaplains & substance abuse rehab

## Crisis Response
- Command crisis response plans
- First responder seminars
- Local and specialty training and procedures for command Suicide Prevention Coordinators (SPC), medical, chaplains, FFSC, dispatch, security, EMS
- Mental health services

## Post
- Personnel casualty reports and OPREP/SITREP
- DoD Suicide Event Report
- Casualty Assistance Calls Officer
- Special psych. rapid intervention teams
- Chaplains and FFSC command visits
- Data analysis and reports to leadership