

# ***Navy Suicide Prevention Program***

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Informational Brief to the DOD Suicide Prevention Task Force



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OPNAV N135 Behavioral Health

(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.



**Just One.**

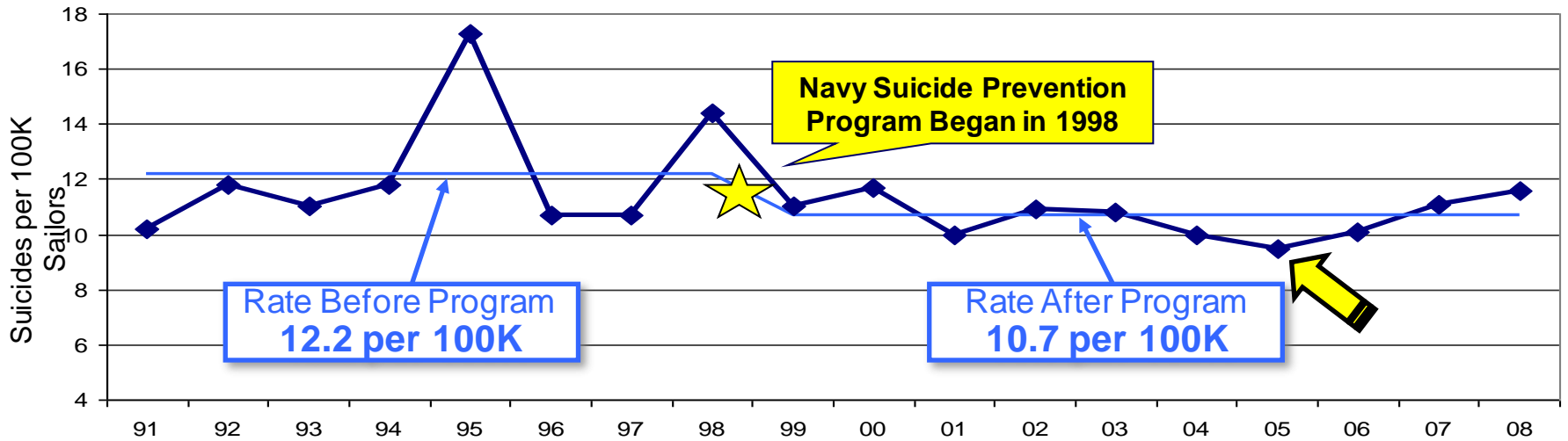
[www.suicide.navy.mil](http://www.suicide.navy.mil)

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

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



# Suicide Numbers \*



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>CY09</b>	2 (1)	6 (0)	4 (0)	3 (0)	5 (1)	3 (0)	4 (2)	8 (1)				
<b>CY08</b>	6 (1)	1 (0)	3 (2)	4 (1)	4 (0)	3 (0)	4 (1)	0 (1)	2 (2)	2 (1)	8 (0)	4 (0)

<b>Suicide CY Rates (per100K)</b>	
CY08:	11.6 (13.2)
CY07:	11.1

<b>Suicides (Aug 31)</b>	
CY09 (YTD):	35 (5)
CY08 (YTD):	25 (5)
CY08:	41 (9)

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

# Department of the Navy Suicide Incident Report (DONSIR): Summary of 1999–2007 Findings

## Profile of Sailor

### Deaths vs. End strength

• Male	95%	85%
• Caucasian	69%	61%
• Enlisted	90%	85%
• E4-E6	66%	61%
• < 5 yrs service	44%	46%
• Age 17-24	40%	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

E1-E3 = 4  
**E4-E6 = 29**  
E7-E9 = 1  
W-O3 = 3  
O4-O6 = 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

E1-E3 = 11  
**E4-E6 = 25**  
E7-E9 = 2  
W-O3 = 2  
O4-O6 = 1

**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

E1-E3 = 2  
**E4-E6 = 24**  
E7-E9 = 7  
W-O3 = 1  
O4-O6 = 1

**Gunshot = 13**

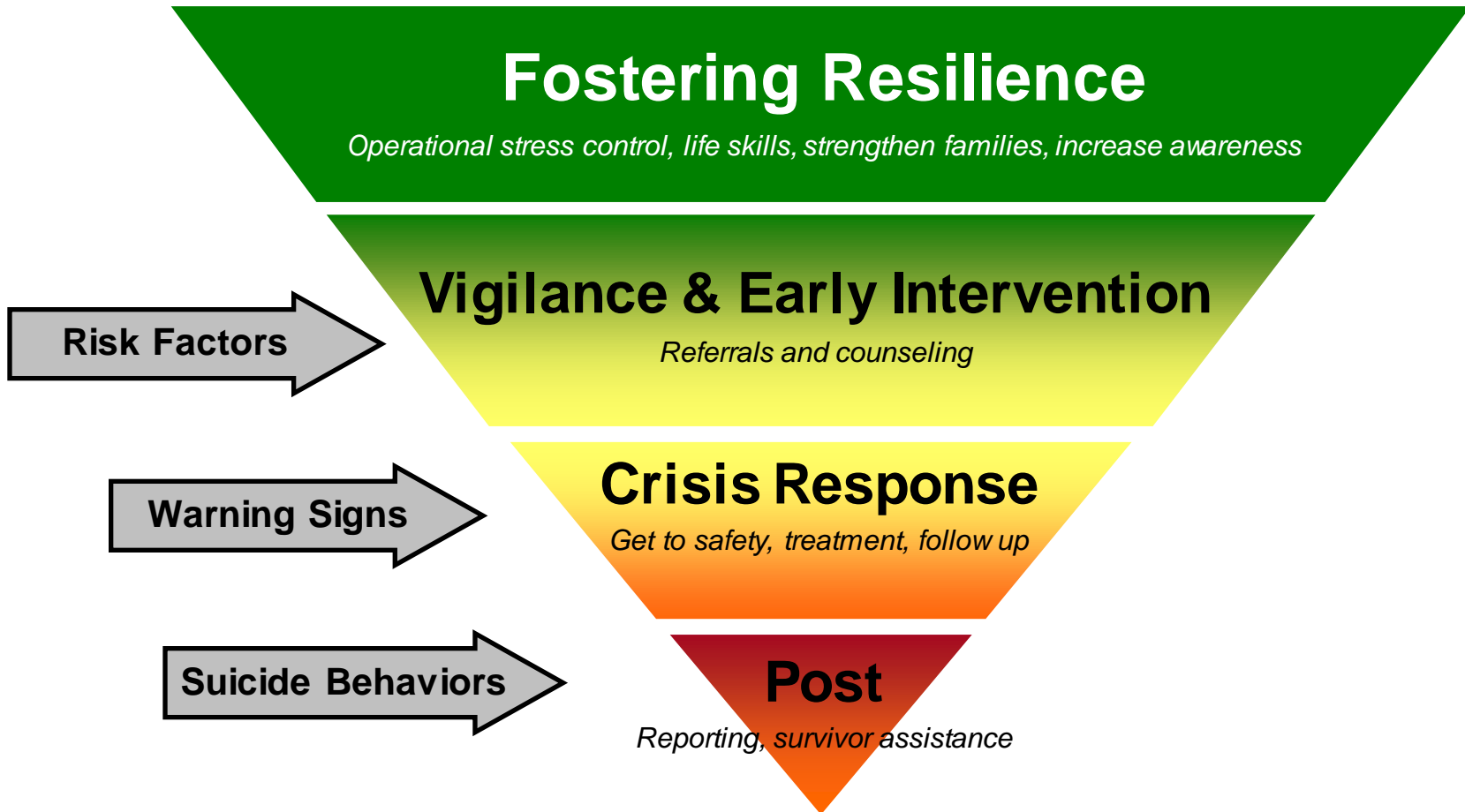
Asphyxiation = 12  
Ingestion = 2  
Carbon Monoxide = 4  
Jumped from Ship = 0  
Stabbing/Cutting = 3  
Other = 1

*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.*

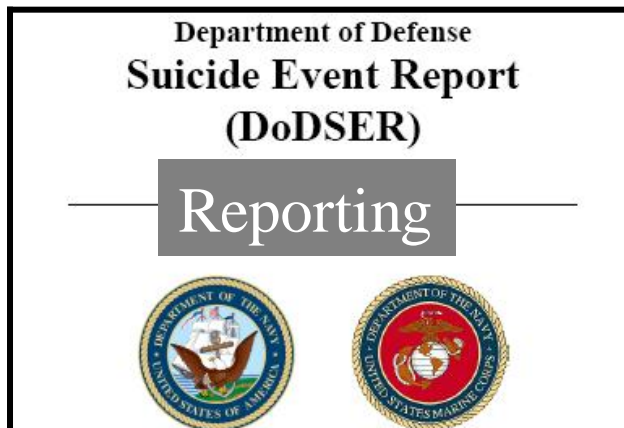
***Suicide demographics generally reflect Navy's population distribution***

# Navy Suicide Prevention Approach



***Comprehensive prevention and family support***

# Command Suicide Prevention Programs







# ***Suicide Prevention Policy OPNAVINST 1720.4A***

## ***Training***

- Annual awareness training for All Hands
- Emergency responder and targeted training

## ***Intervention***

- Command written crisis response plans
- Access to support resources

## ***Reporting***

- Message report of suicide related behaviors
- DoDSER for deaths and confirmed attempts

## ***Response***

- SPRINT / Chaplains
- Counselors
- CACO

***Suicide Prevention Coordinators at each command to assist CO in implementing command level prevention program***

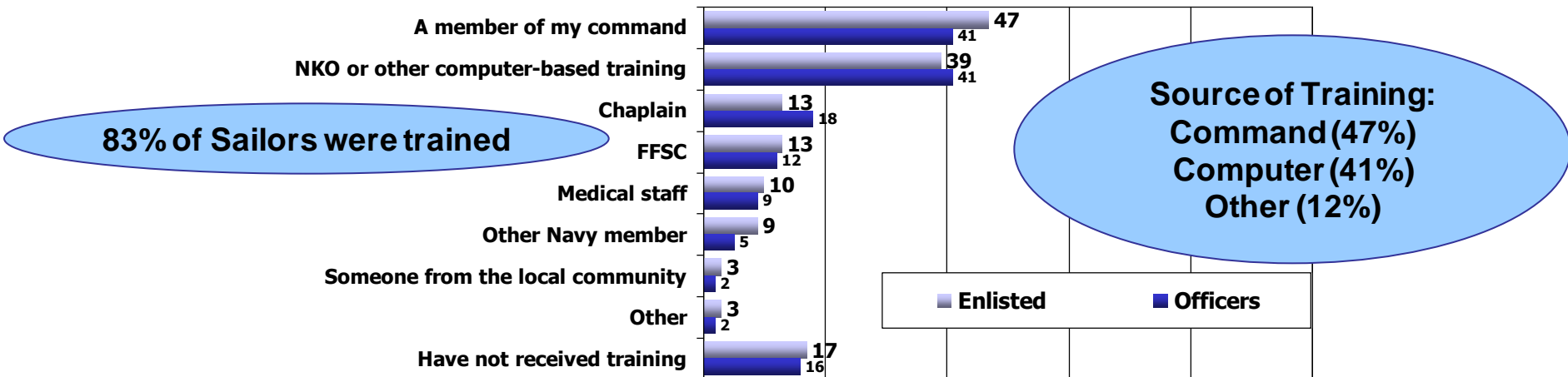


# Quick Poll Findings: Suicide Prevention Training

## Are Sailors getting trained?

## How do they get trained?

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

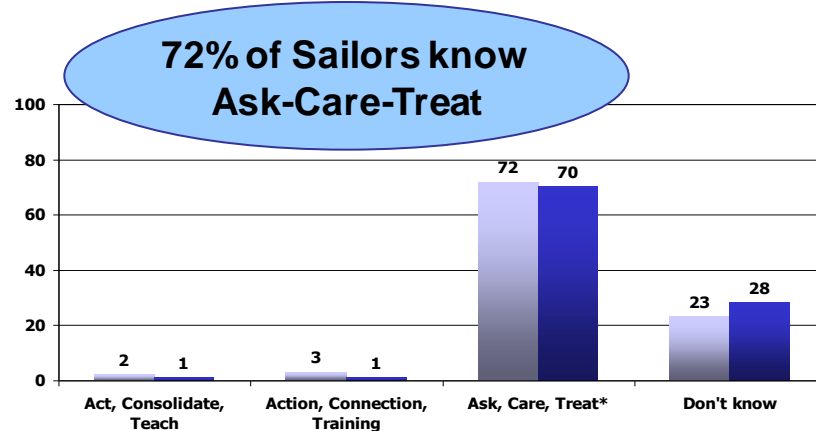
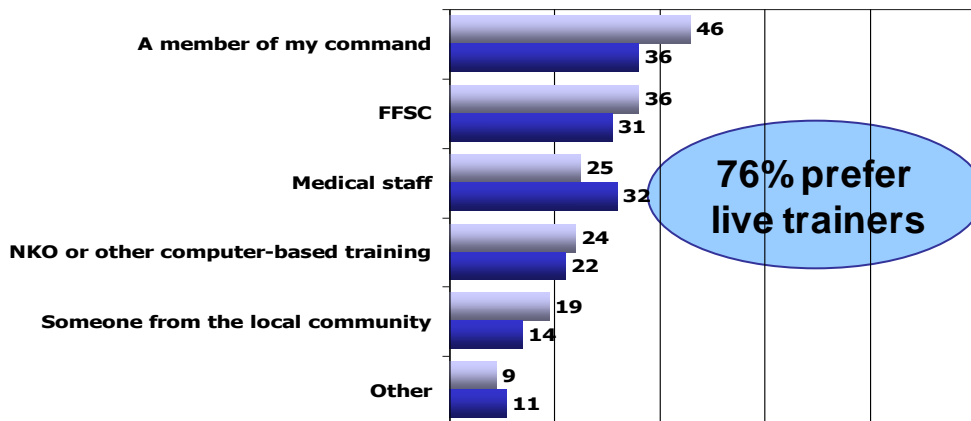


## How do they prefer to get trained?

## Did they learn?

Where or from whom would you prefer to get Suicide Prevention Training?

The Navy's Suicide Prevention slogan "ACT" stands for?

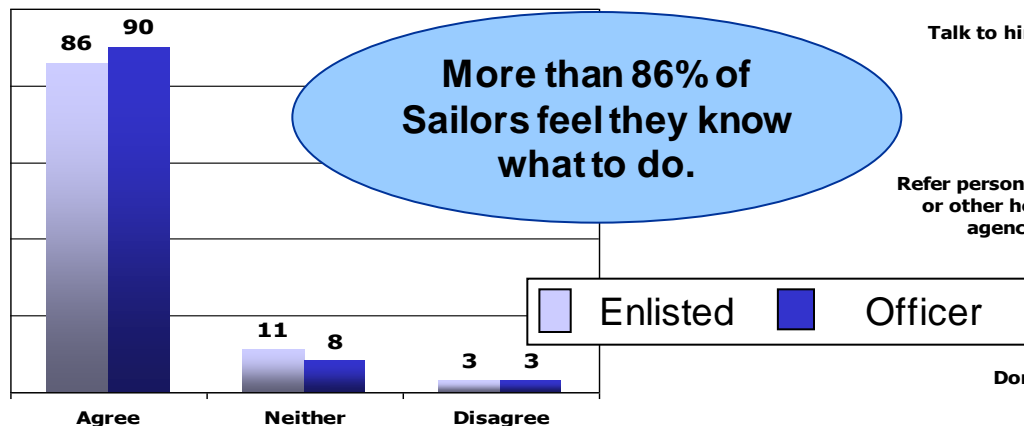




# Quick Poll Findings: Suicide Prevention Program

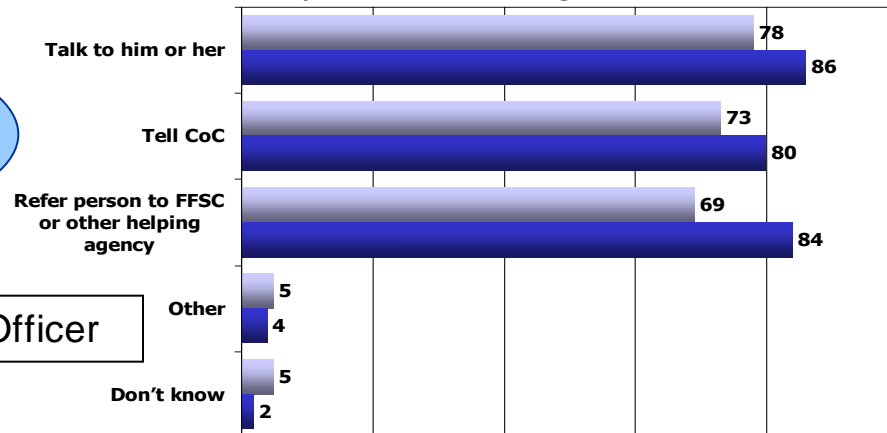
## Do Sailors know what to do?

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



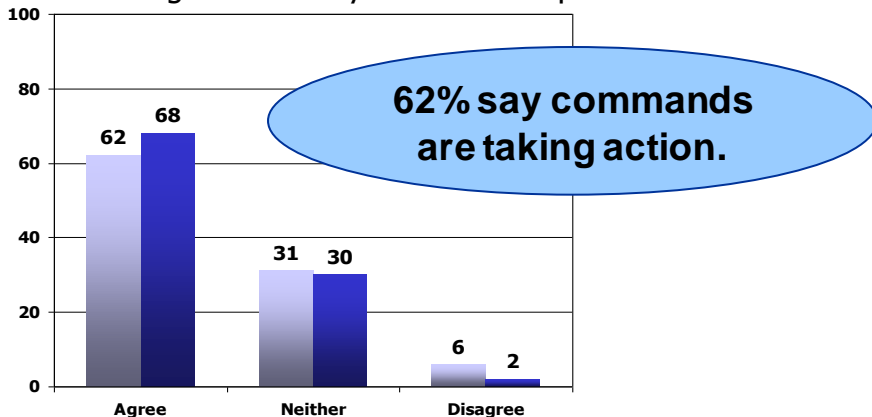
## What would they do?

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



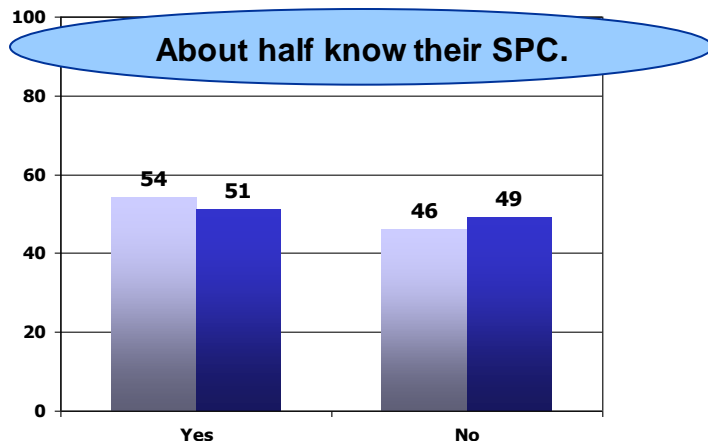
## Are commands doing things?

Actions are being taken at my command to prevent suicide



## Are SPCs in place?

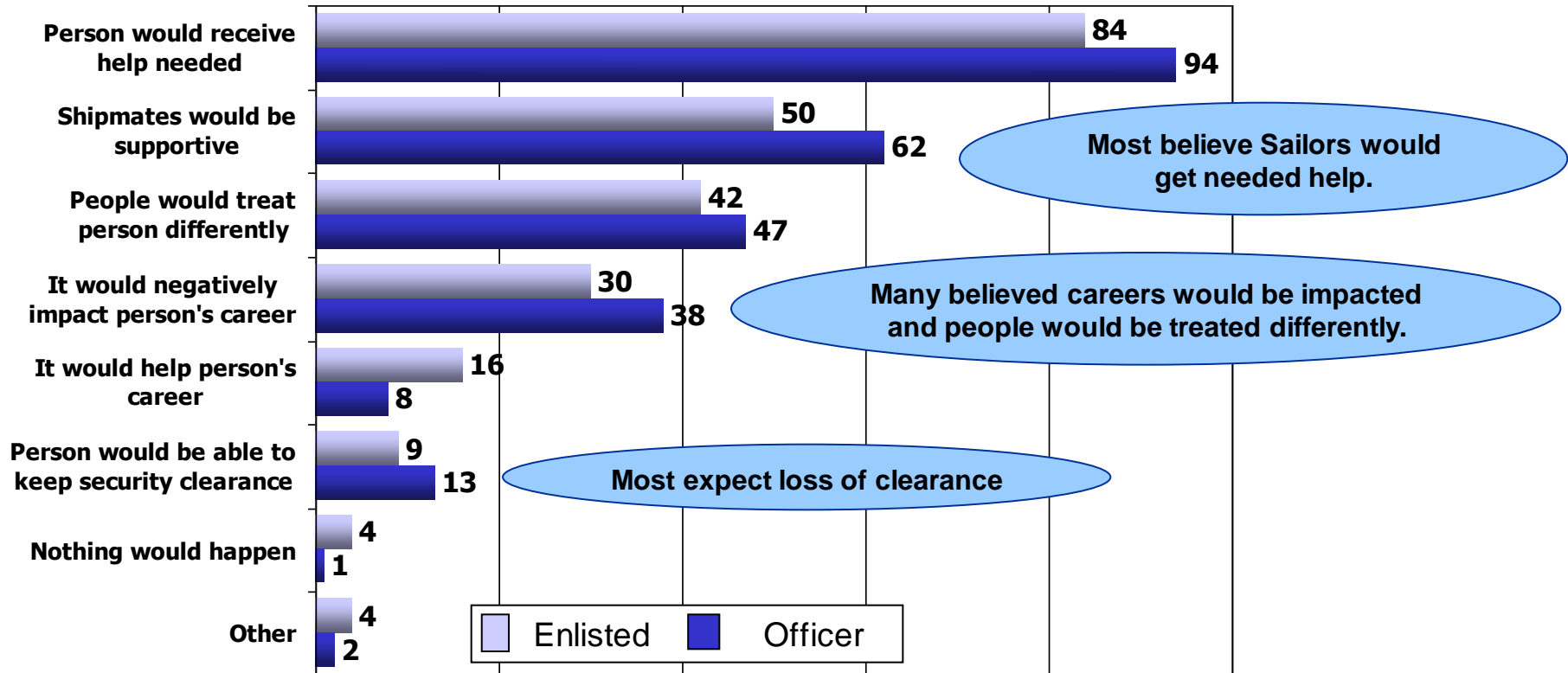
Do you know your command's Suicide Prevention Coordinator?





# 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?

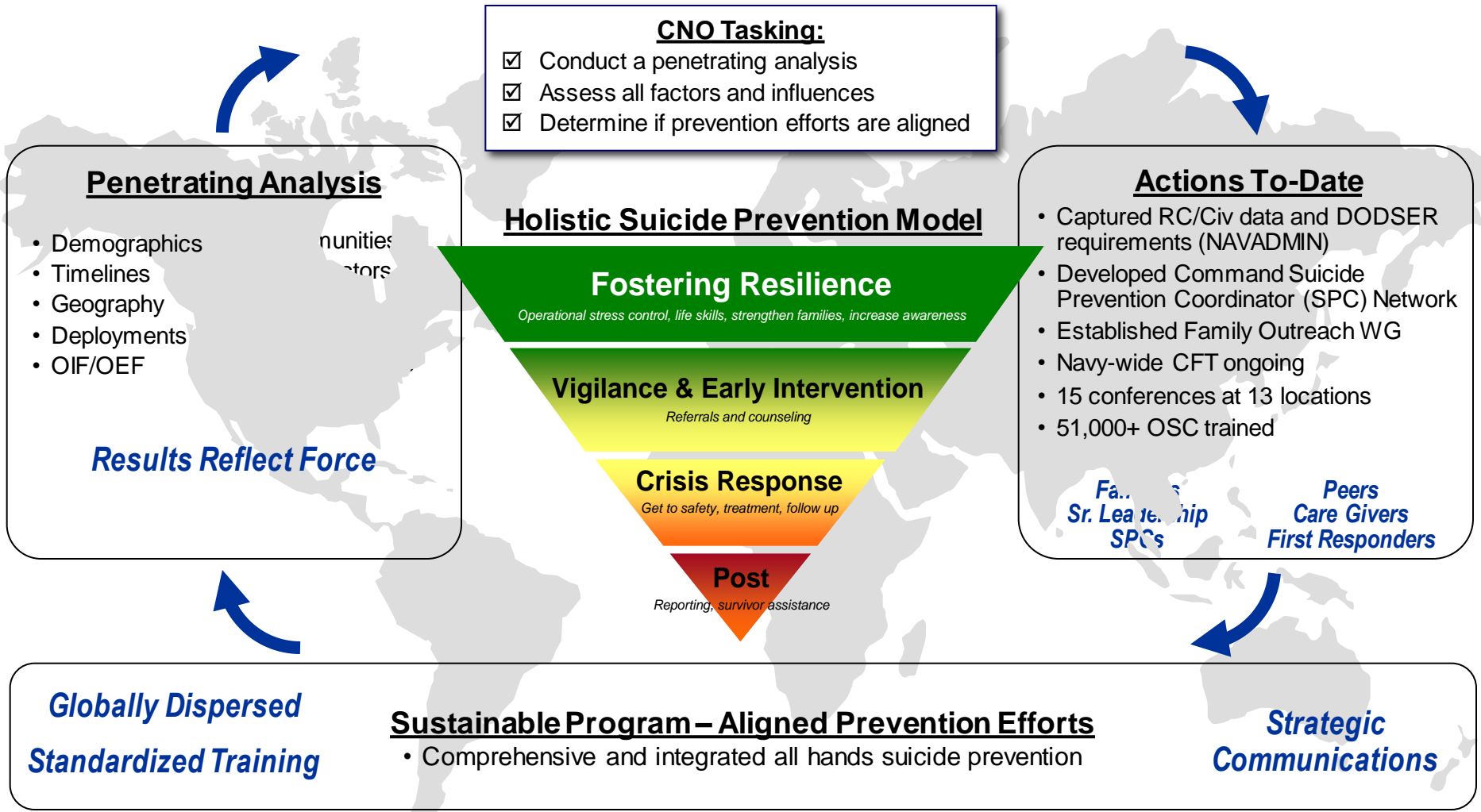


**Sailors expect that they will get help if suicidal but at a career cost.**



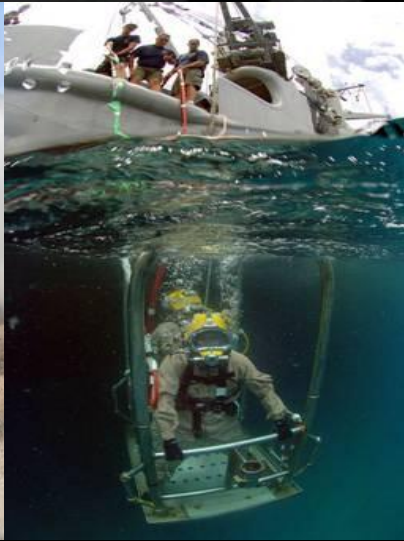
# Suicide Prevention Program

## Data to Sustained Actions



**SHIPMATES ACT! Ask. Care. Treat.**

# Operational Stress Control A Different Approach for....



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

- Messages and media
- Navy Reserve Psychological Health Outreach Coordinators
- Poster series
- [www.suicide.navy.mil](http://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

## Training Approach

OSC Training Continuum  
Front Line Supervisors Training

Annual Awareness Training  
Innovative Training Tools/Products

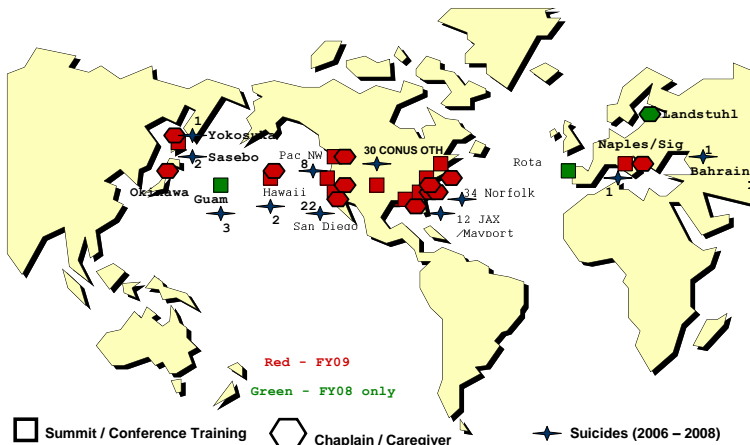
First Responder Training  
Provider / Caregiver Training  
Post-Vention Training

Suicide Prevention Coordinators

## Addressing Gaps

- Global reach
- Civilian employees
- Family outreach
- First responders
- Provider refresher

## **Suicide Prevention Related Training**



## Path

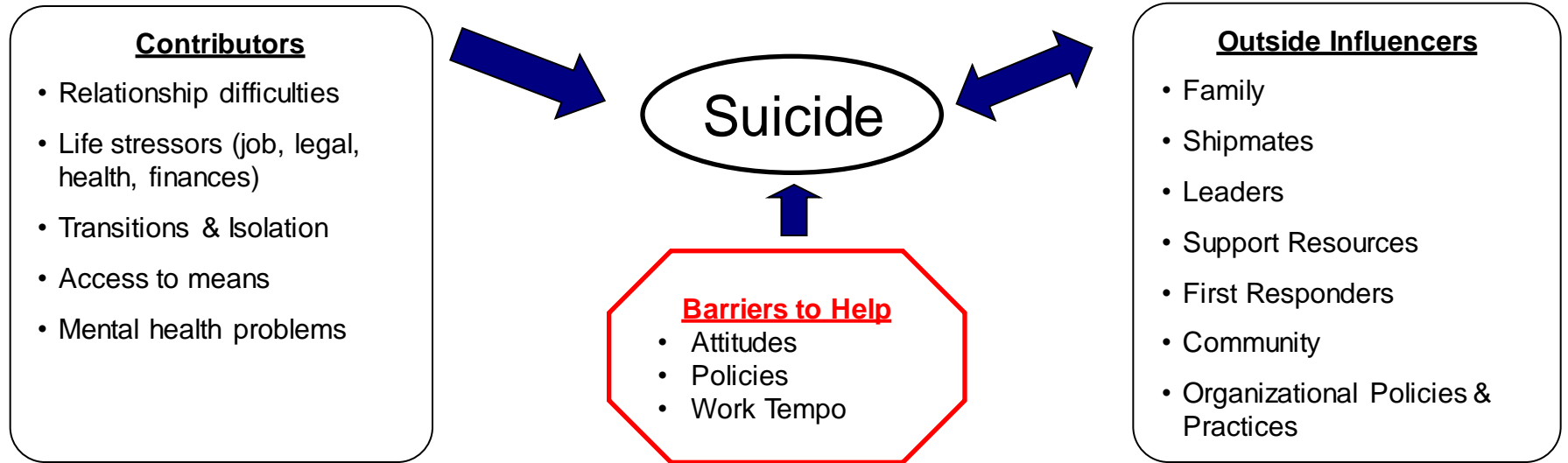
- Use existing command structure through Echelon Suicide Prevention Coordinators for command training and compliance
- Provide central support with standard curriculum and tools, have local resources for additional support
- Implement rapid dissemination of standardized training to all locations using 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



***Most Sailors who died by suicide did not seek care***

## 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?***

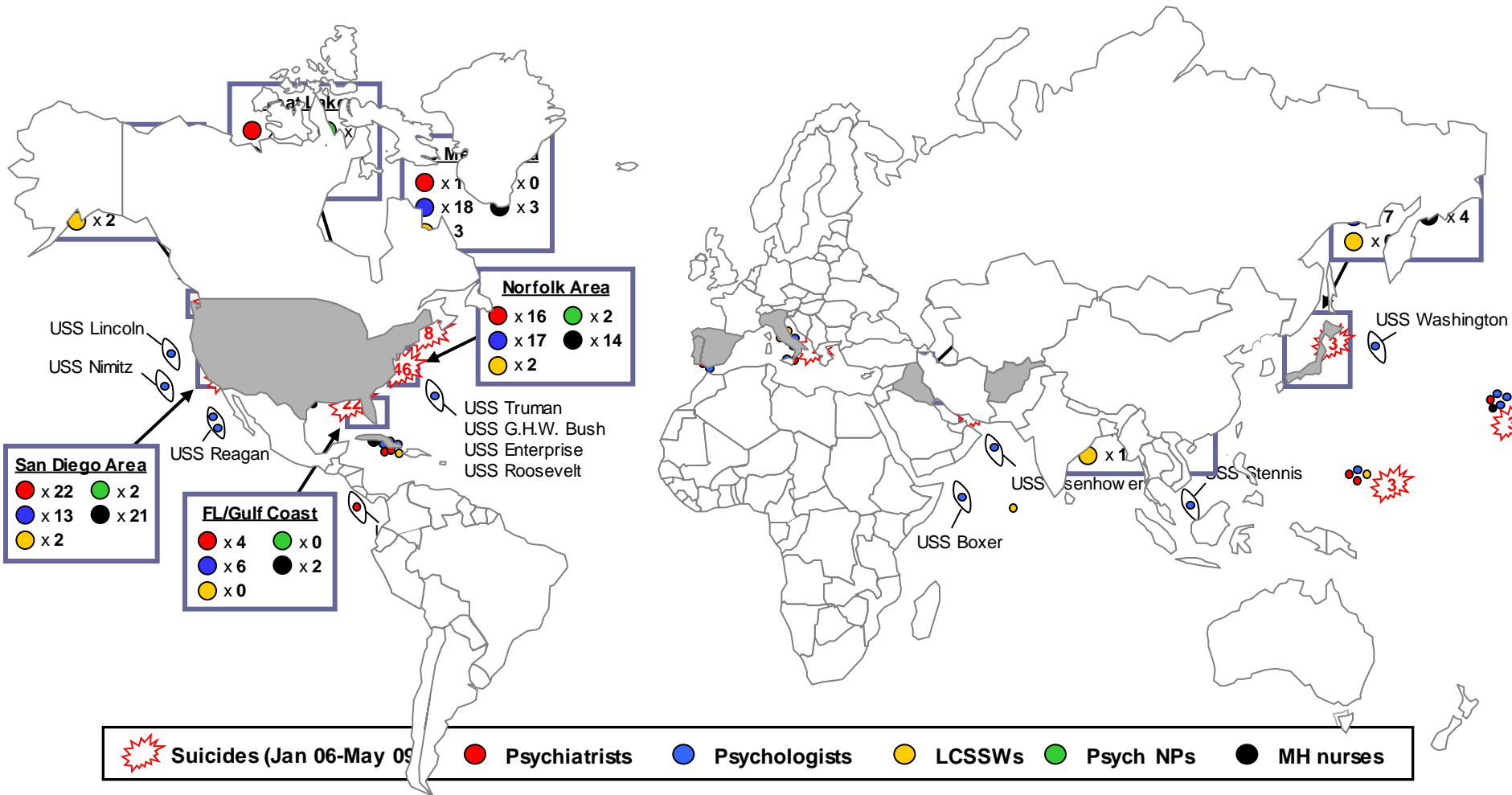
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# BACKUP

# Mental Health Provider Coverage



**Globally dispersed health care providers are critical**



# *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**