

2010 Military Health System Conference

Preventing Suicide Among Military Personnel

Overview of RAND Study

Sharing Knowledge: Achieving Breakthrough Performance

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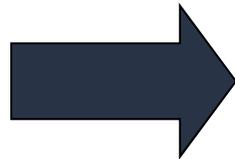
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DoD Patterns of Suicide Similar to Those in the Civilian Population



National suicide rate is 4 to 5-times higher for males than females



In each service, suicide rate is higher among males than females

National suicide rate among non-Hispanic Whites and Native Americans is double the rate for other ethnic minorities



Same racial trends in Navy, Marines, and Army (did not have evidence on Air Force)

Similarities suggest that effective programs in civilian sector would also work in DoD

Literature Shows Three Strong Risk Factors



Prior suicide attempts

- ~50% of suicides occur after a first attempt
- 5-15% of non-fatal attempts die by suicide

Mental Illness (MI)

- 90% of suicides have mental disorder
- 4% with depression will die by suicide
- Relationships with PTSD, TBI, and comorbidity

Substance Use (SU) & Associated Disorders

- ~40% of suicides comorbid MI & SU disorder
- ~25% suicide cases intoxicated at time of death

Emerging Evidence in Other Areas



Psychological Correlates	<ul style="list-style-type: none">▪ Among those with MI, hopelessness predicts suicide▪ Some evidence for impulsivity, problem solving deficits
Genetics	<ul style="list-style-type: none">▪ Evidence from family, twin, & adoption studies
Neurobiology	<ul style="list-style-type: none">▪ Serotonin and norepinephrine getting attention
External Factors	<ul style="list-style-type: none">▪ Child abuse may be independent or mediated effect▪ Triggering events interact with underlying vulnerability
Societal Factors	<ul style="list-style-type: none">▪ Firearm access is correlated with suicides▪ Clusters among teens, maybe military personnel▪ Imitative suicides interact with underlying vulnerability

We Posed Three Research Questions



What are the DoD and each service doing to prevent suicides?

What is considered "state of the art" for suicide prevention?

Do DoD and service-specific approaches reflect the "state of the art"?

Recommendations for enhancing current approaches

Approach



What are the DoD and each service doing to prevent suicides?

What is considered “state of the art” for suicide prevention?

- Reviewed materials and policy on current approaches
- Conducted key-informant interviews with stakeholders

Do DoD and service-specific approaches reflect the “state of the art”?

Approach



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- Conducted key-informant interviews with experts

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Do DoD and service-specific approaches reflect the “state of the art”?

- Identify characteristics of effective programs
- Analyze DoD programs for presence of those characteristics

Our Approach for Exploring Best Practices



Indicated Prevention

(e.g., Medical Management of Suicidality)

Attempts

Selective Prevention

(e.g., Hotlines)

High Risk

Some Risk

Primary Prevention

(e.g., Reduce Stigma)

General Population

Our Approach for Exploring Best Practices



Indicated Prevention

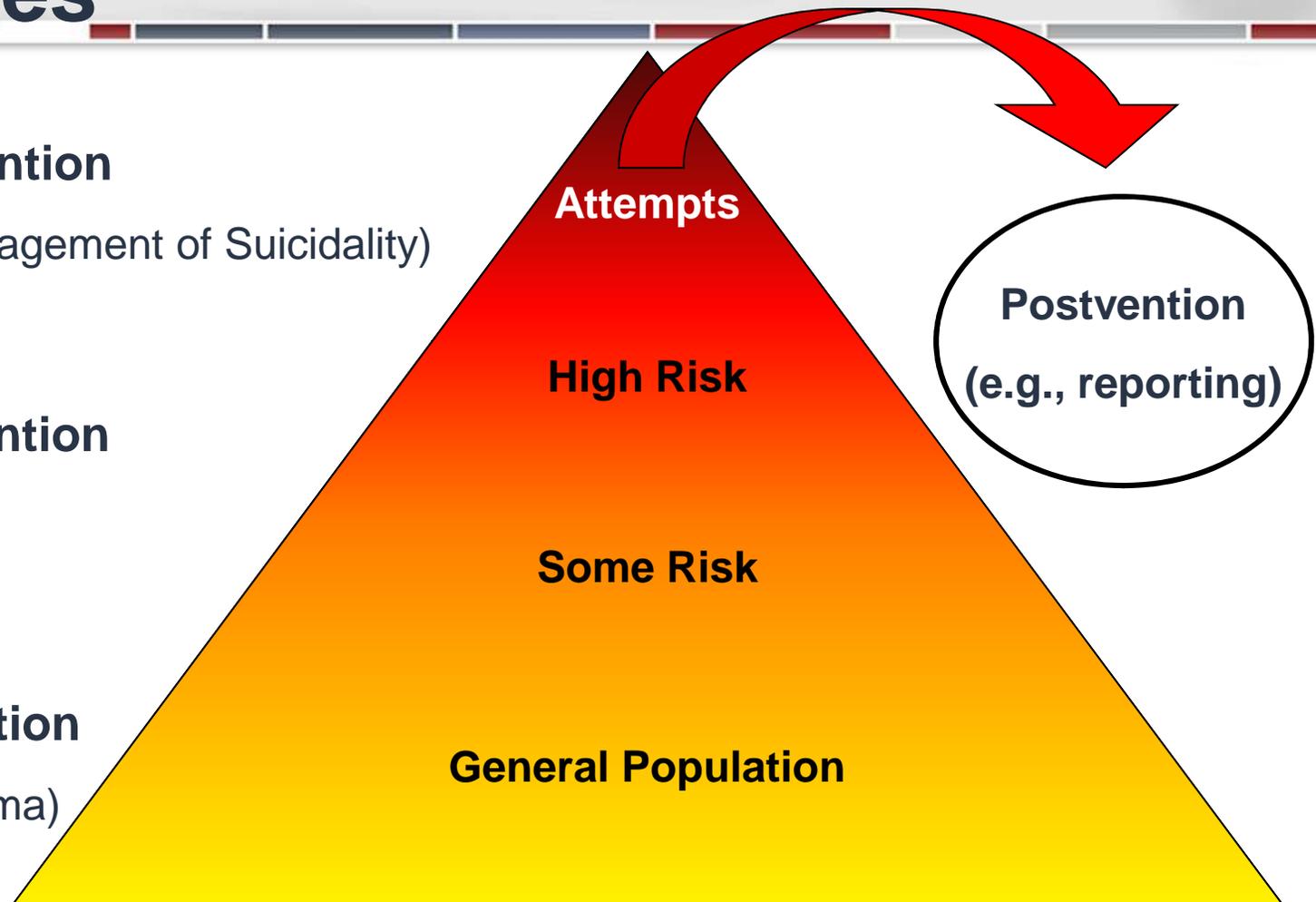
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Selective Prevention

(e.g., Hotlines)

Primary Prevention

(e.g., Reduce Stigma)



Forthcoming RAND Report



- Analyses of the epidemiology of suicide
- Characteristics of state-of-the-art prevention programs
- DoD suicide prevention programs & how they compare with state of the art
- Conclusions and Recommendations

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