

Navy Suicide Prevention Program

Informational Brief to the DOD Suicide Prevention Task Force



LCDR Bonnie R. Chavez, Ph.D.

OPNAV N135 Behavioral Health

(Personal Readiness and Community Support)

1 October 2009

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.

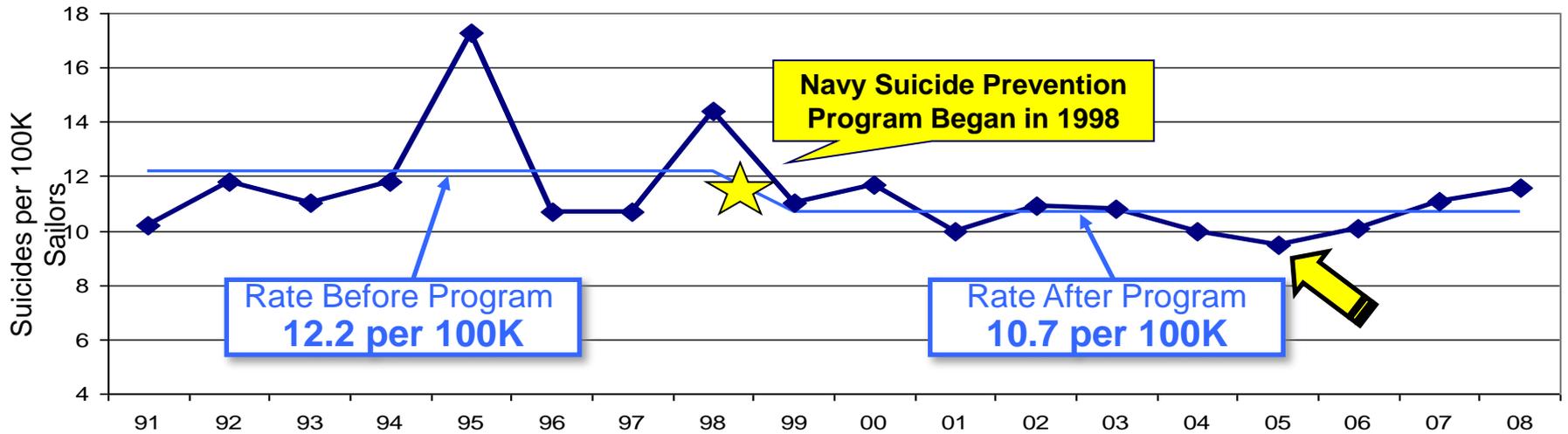
www.suicide.navy.mil

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
CY09	2 (1)	6 (0)	4 (0)	3 (0)	5 (1)	3 (0)	4 (2)	8 (1)				
CY08	6 (1)	1 (0)	3 (2)	4 (1)	4 (0)	3 (0)	4 (1)	0 (1)	2 (2)	2 (1)	8 (0)	4 (0)

Suicide CY Rates (per100K)	
CY08:	11.6 (13.2)
CY07:	11.1

Suicides (Aug 31)	
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

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 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

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

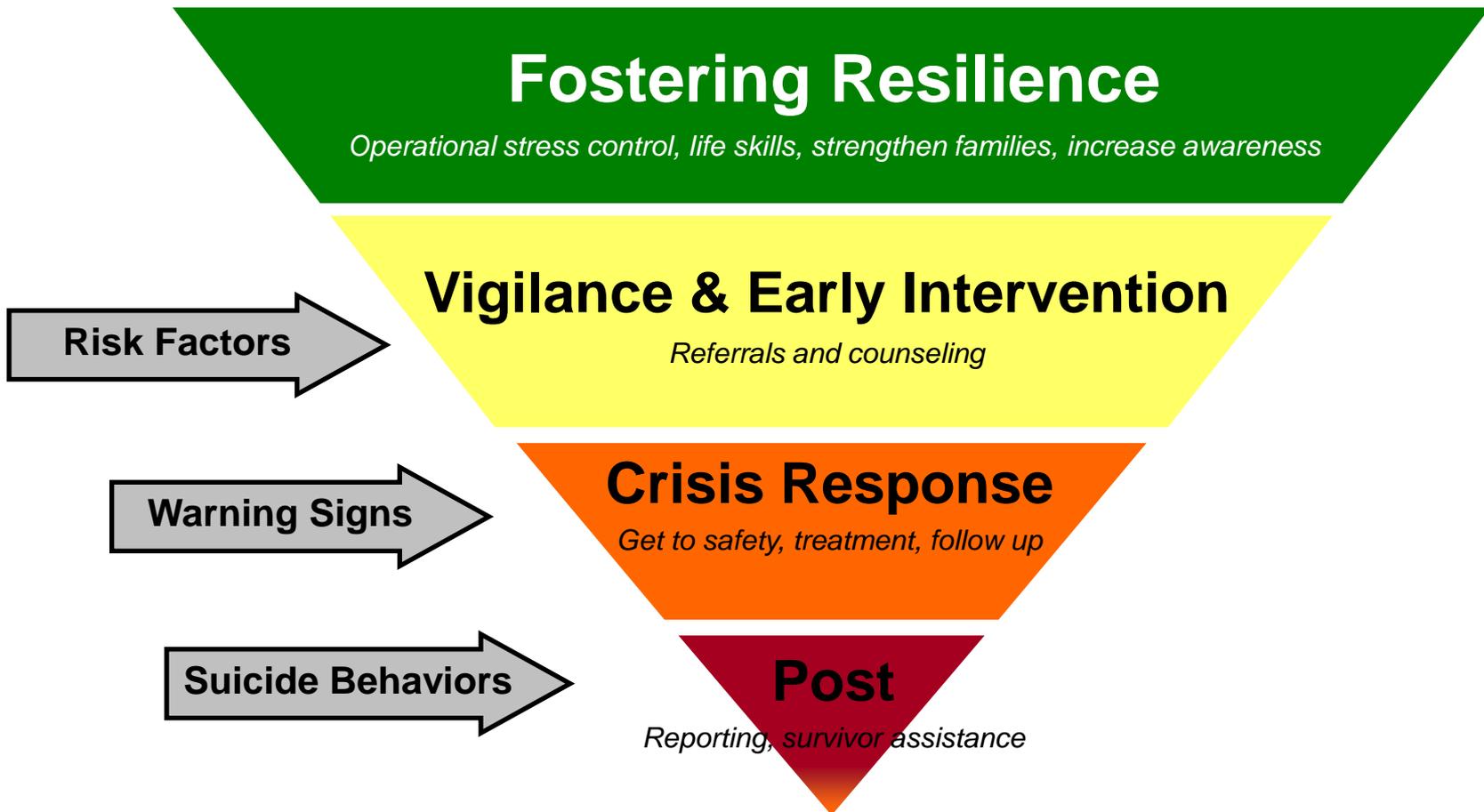
Asphyxiation = 12
Ingestion = 2
Carbon Monoxide = 4
Jumped from Ship = 0
Stabbing/Cutting = 3
Other = 1

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.*

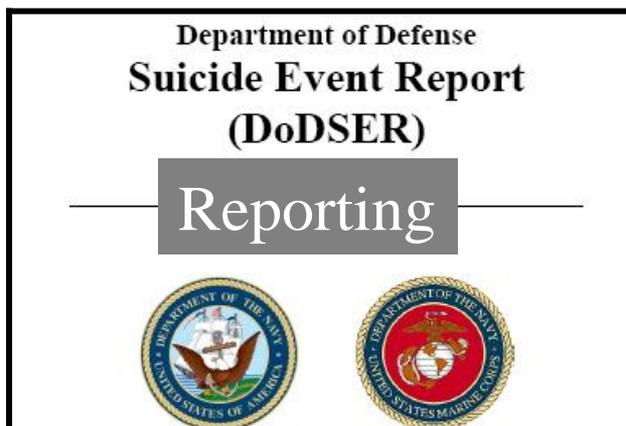
Suicide demographics generally reflect Navy's population distribution

Navy Suicide Prevention Approach



Comprehensive prevention and family support

Command Suicide Prevention Programs





Suicide Prevention Policy OPNAVINST 1720.4A

<i>Training</i>	<i>Intervention</i>
<ul style="list-style-type: none">• Annual awareness training for All Hands• Emergency responder and targeted training	<ul style="list-style-type: none">• Command written crisis response plans• Access to support resources
<i>Reporting</i>	<i>Response</i>
<ul style="list-style-type: none">• Message report of suicide related behaviors• DoDSER for deaths and confirmed attempts	<ul style="list-style-type: none">• SPRINT / Chaplains• Counselors• CACO

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

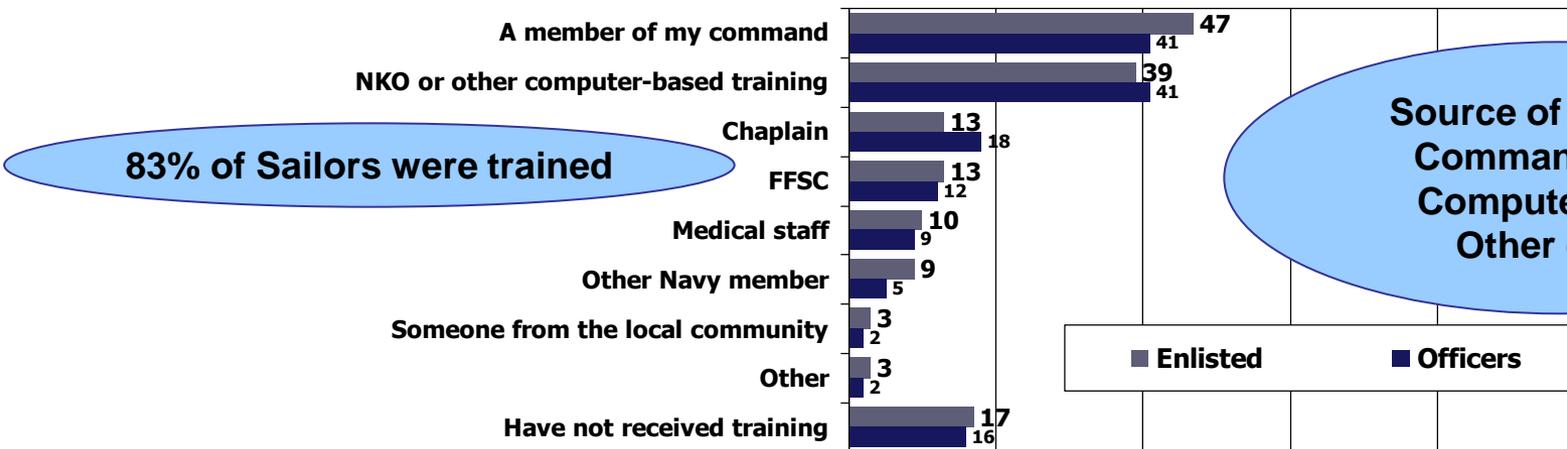


Quick Poll Findings: Suicide Prevention Training

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?



83% of Sailors were trained

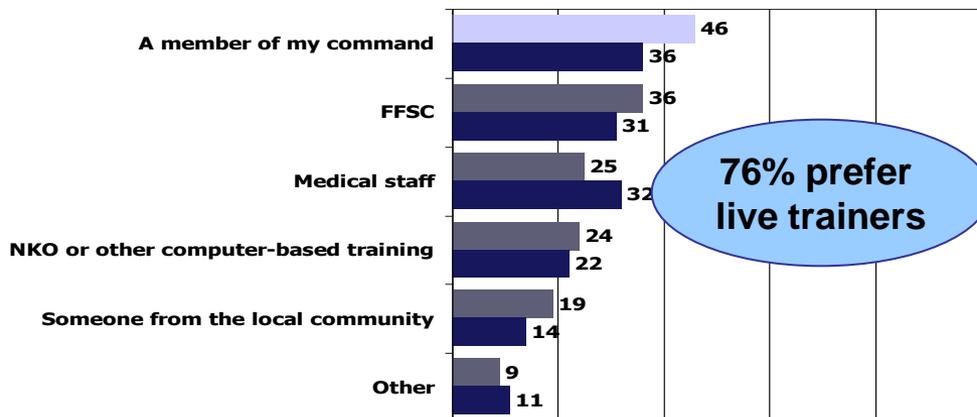
Source of Training:
Command (47%)
Computer (41%)
Other (12%)

How do they prefer to get trained?

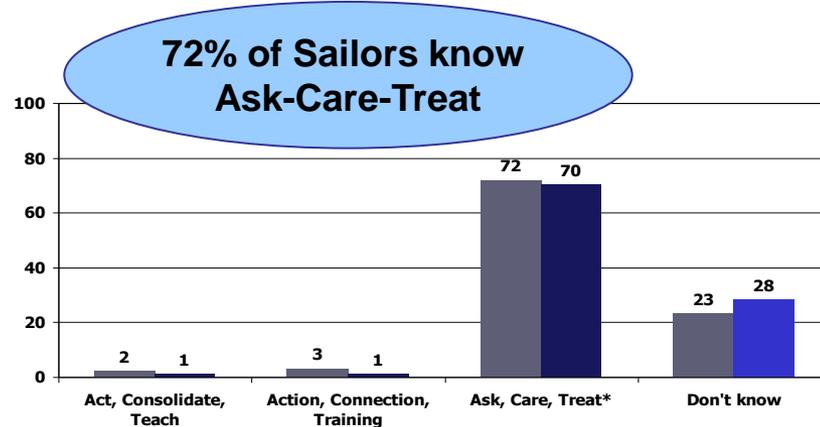
Did they learn?

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

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



76% prefer live trainers



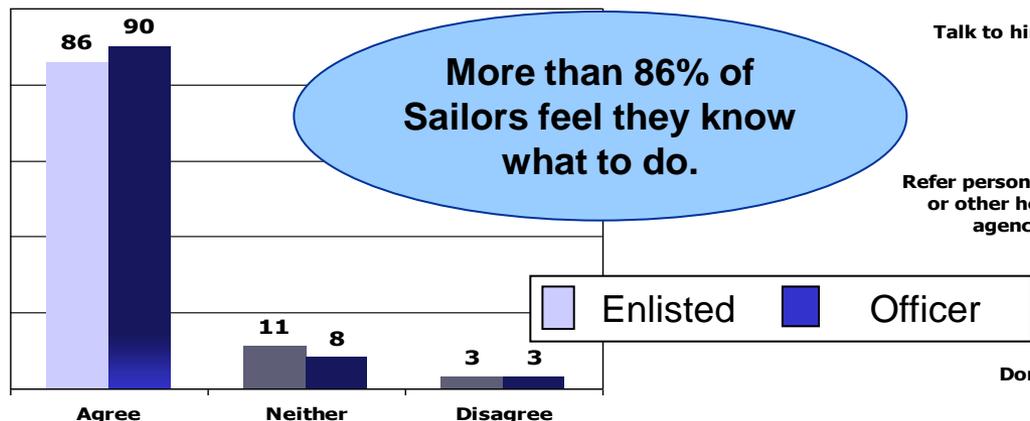
72% of Sailors know Ask-Care-Treat



Quick Poll Findings: Suicide Prevention Program

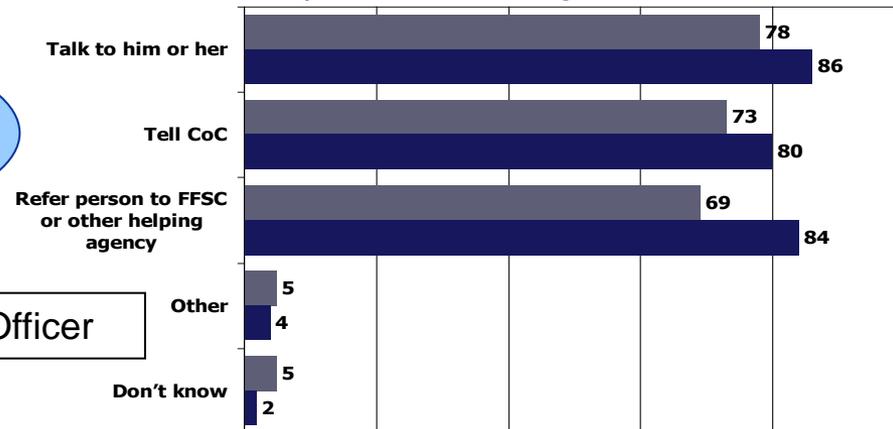
Do Sailors know what to do?

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



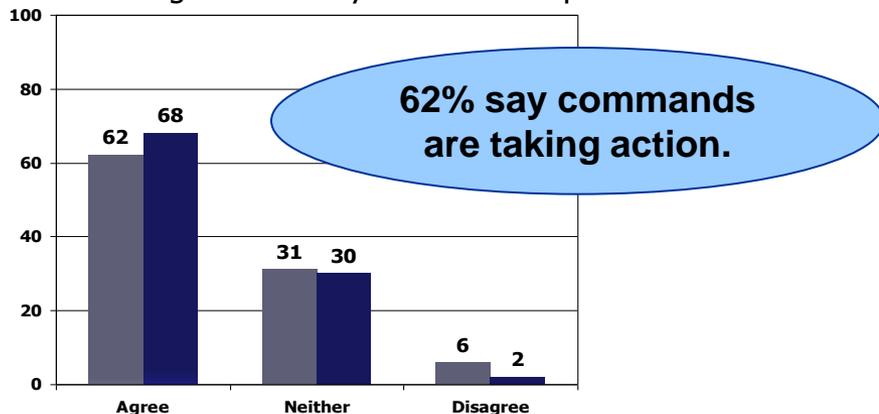
What would they do?

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



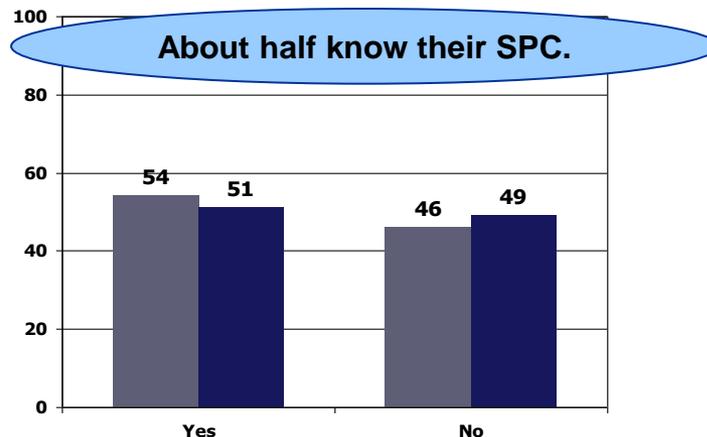
Are commands doing things?

Actions are being taken at my command to prevent suicide



Are SPCs in place?

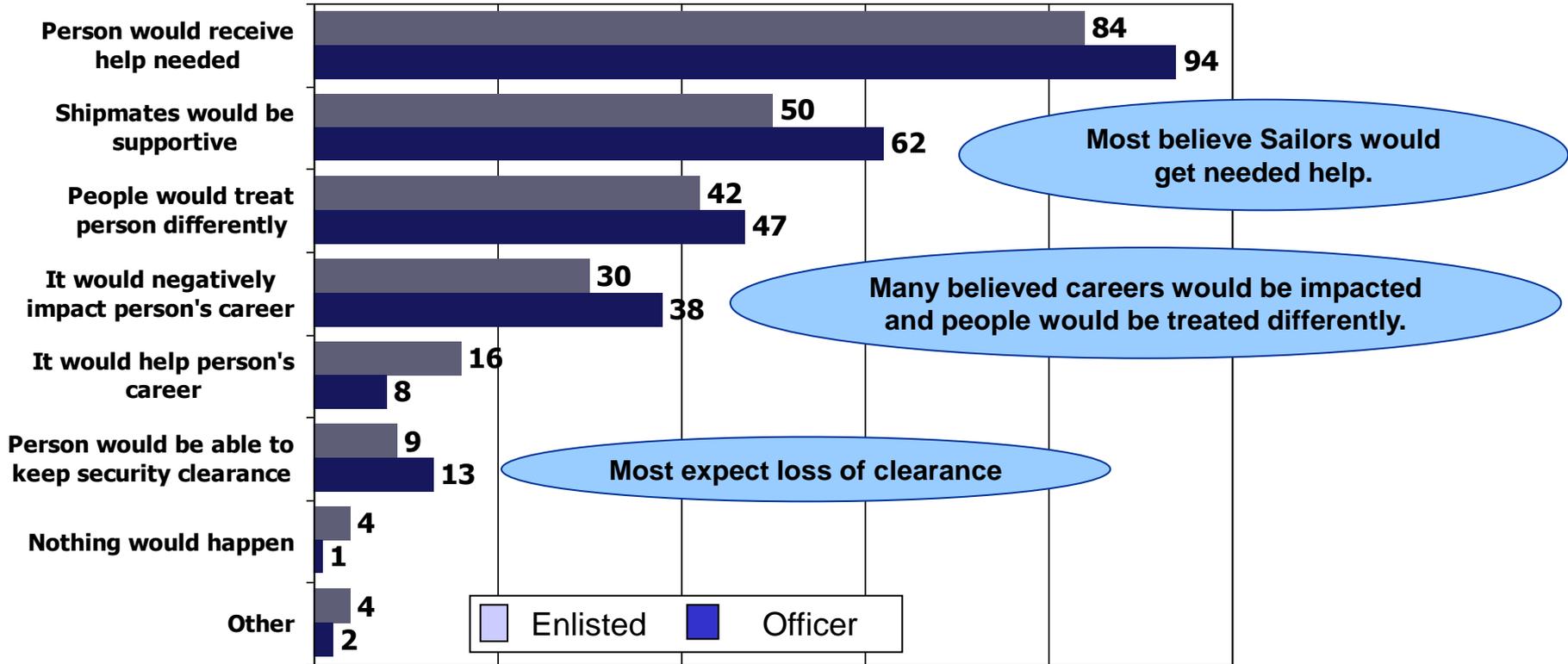
Do you know your command's Suicide Prevention Coordinator?





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?

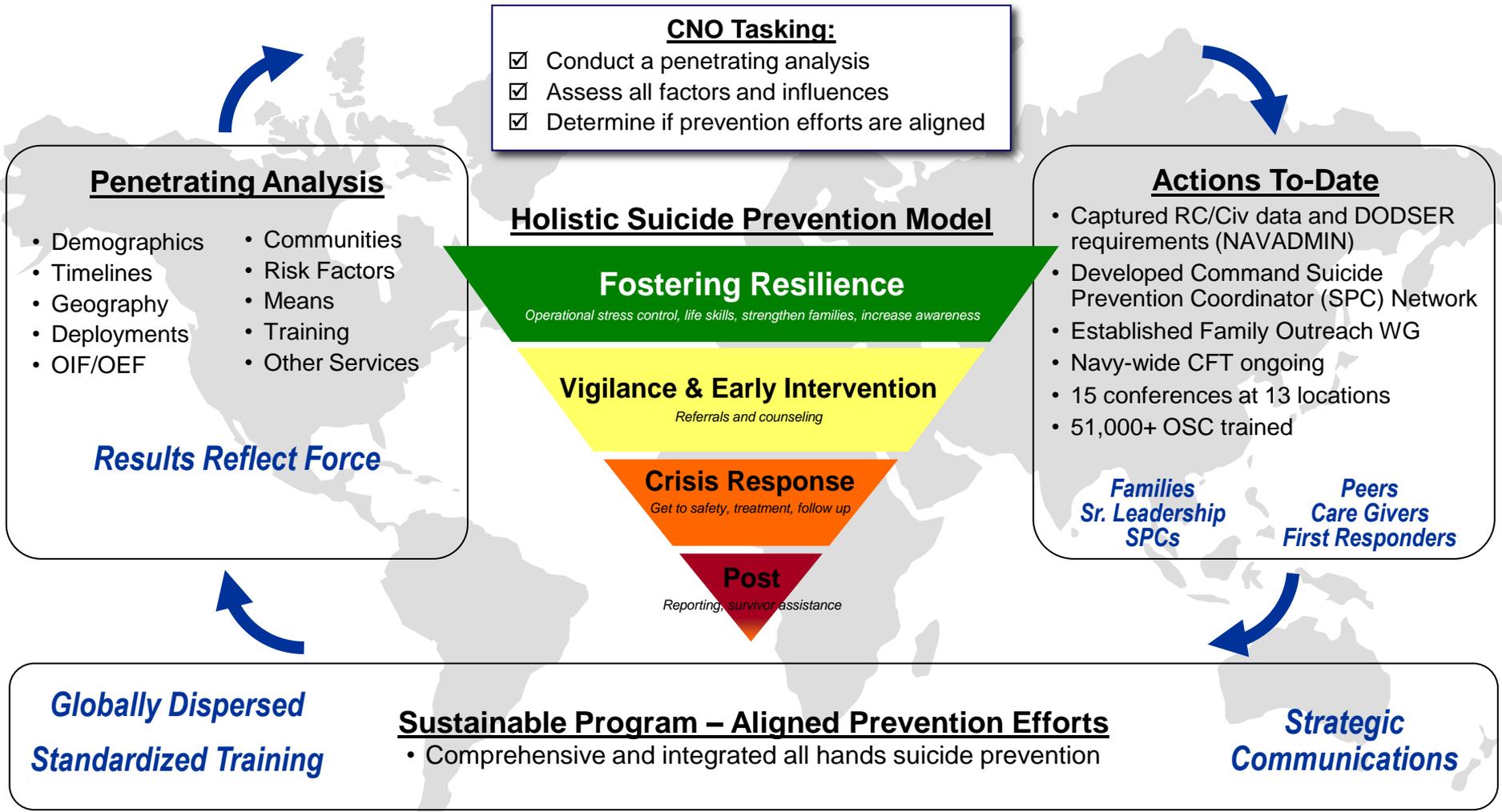


Sailors expect that they will get help if suicidal but at a career cost.



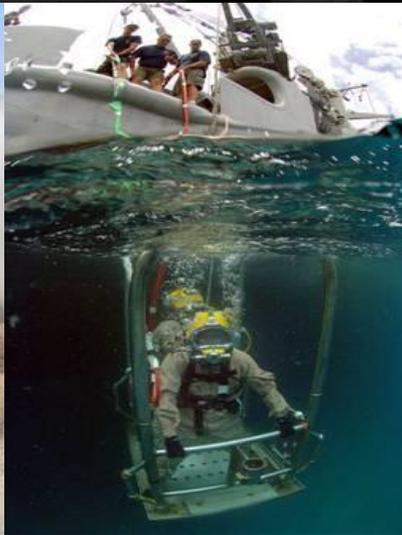
Suicide Prevention Program

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
- 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

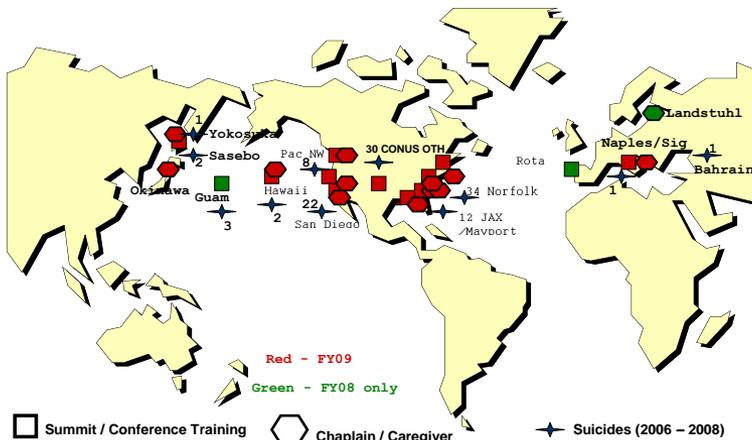
First Responder Training
Provider / Caregiver Training
Post-Vention Training

Suicide Prevention Coordinators

Addressing Gaps

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

Suicide Prevention Related Training



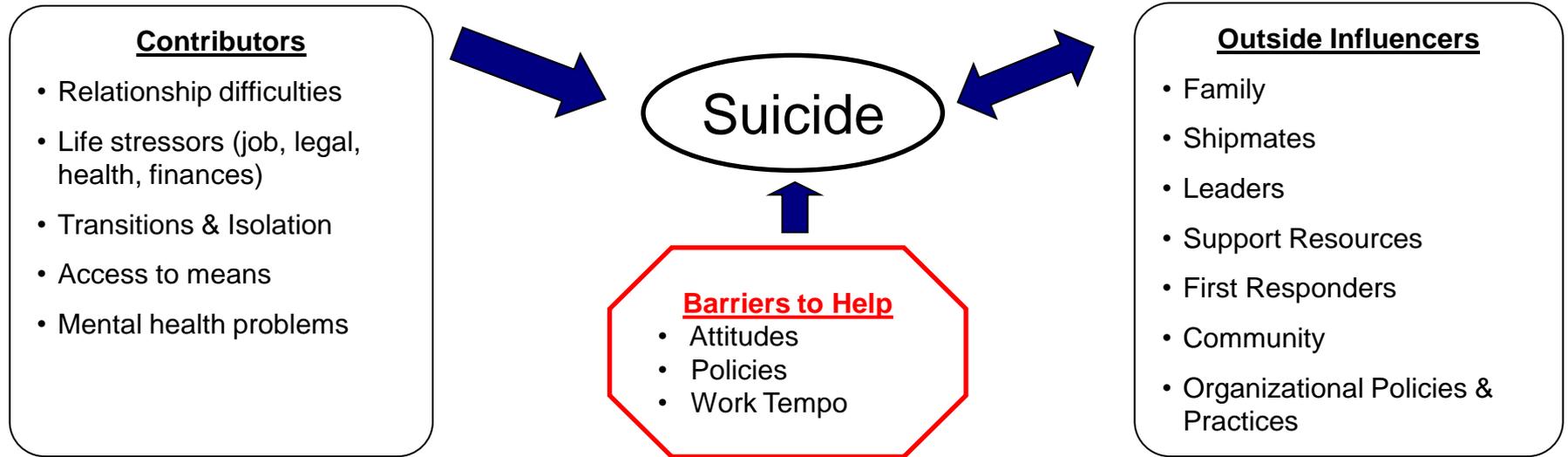
Path

- 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)

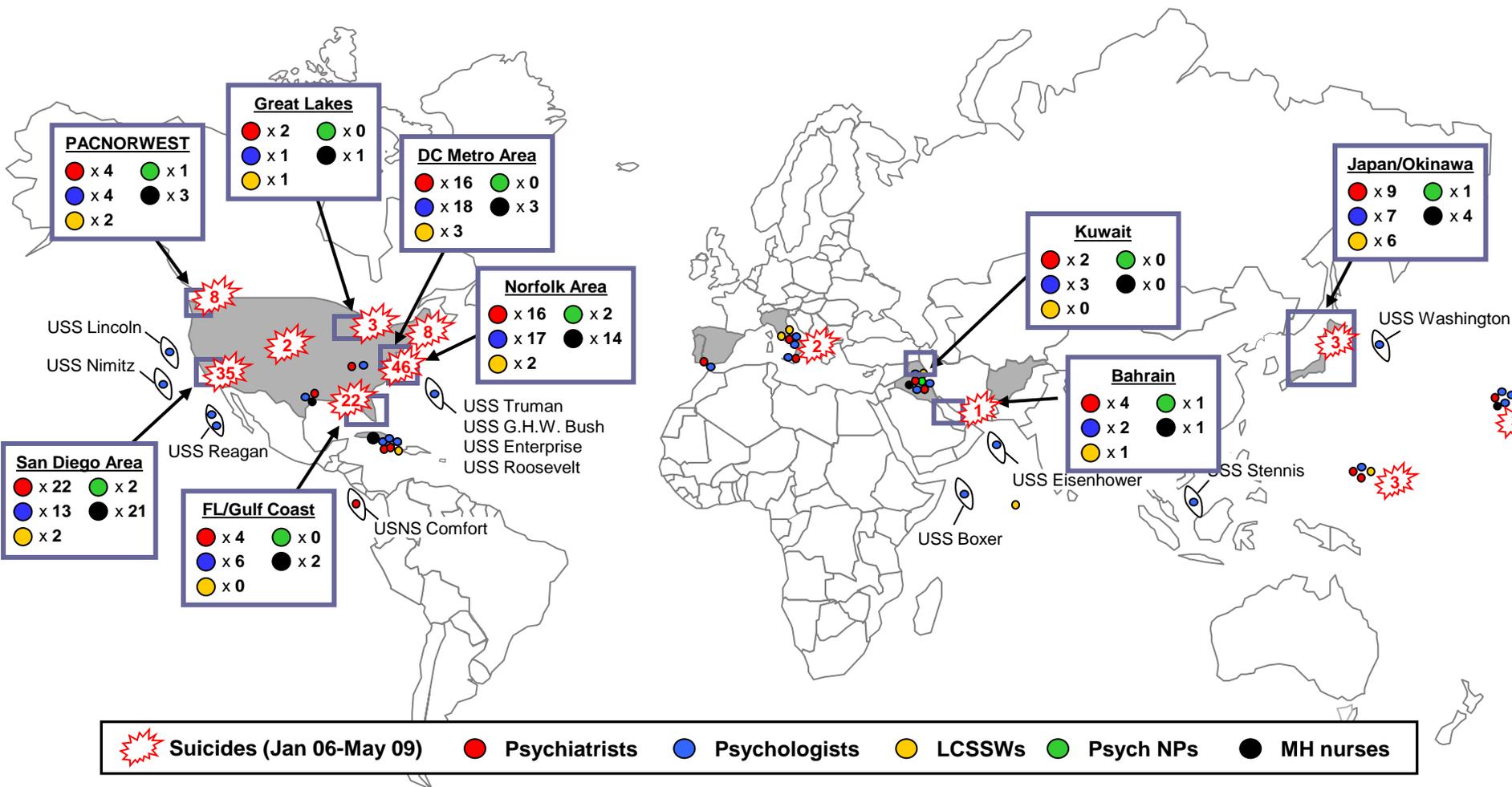
- Review all policies and procedures that create barriers to treatment and reintegration and change or justify in light of current science /data
- Examine reintegration processes to improve viable career paths following treatment
- Continue communication efforts to dispel myths and increase use of needed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

Questions?



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**