



59th Medical Wing

Wilford Hall Medical Center



Air Force Suicide Prevention Program (AFSPP)

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U.S. AIR FORCE

Integrity - Service - Excellence



DISCLAIMER

The views expressed in this presentation are those of the speaker, and do not reflect the official position of the U.S. Government, the Department of Defense, or the Air Force.



Key References

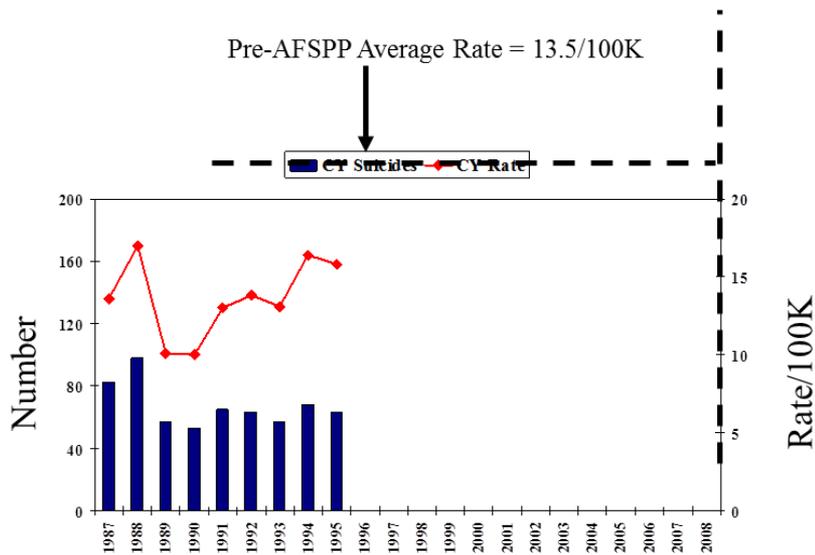


- Air Force Pamphlet 44-160, *The Air Force Suicide Prevention Program*
- Knox K. L. et al. (2003) Risk of suicide and related adverse outcomes after exposure to a suicide prevention program in the US Air Force: cohort study. *British Medical Journal* 327:1376-1380.
- Knox, K. L. et al. (2010) *The Air Force Suicide Prevention Program: Implications for public health policy worldwide.* (In press).
- U.S. Department of Defense, Public Affairs. (1999, June). Community approach to suicide prevention program expanded. Press release.
<http://defense.gov/Releases/Release.aspx?ReleaseID=2121>
- *Future of the Public's Health in the 21st Century*, Institute of Medicine, Nov 2002



Active Duty Suicides

UNCLASSIFIED



- Air Force Suicides continued to increase.
- How do you identify the individual, somewhere in the world who is contemplating suicide and then stop them?



AFSPP Overview



- **AF Vice Chief of Staff**
 - **Suicide prevention an organizational priority beginning in 1996**
- **Convened 75 member task force**
 - **Military community helping agencies**
 - **Operational commanders & supervisors**
 - **Military safety experts**
 - **Military medical & mental health personnel**
 - **Military legal experts**
 - **Experts from Centers for Disease Control**



The Problem



- **Roughly 350,000 personnel worldwide**
- **High turnover in personnel**
 - **Average 4-year enlistments**
- **Suicide is a low base rate occurrence**
- **Difficult to predict suicide in individual case**
- **Many distressed airman who later commit suicide never come to the attention of medical professionals**



AFSPP Overview



- **Task Force Vision:**
 - **Suicide prevention is a community responsibility**
 - **Leadership involvement essential for success**
 - **Affirm and encourage help-seeking behavior**
- **Focuses on prevention**
 - **Early identification**
 - **Early intervention**
- **Requires widespread community knowledge & skills**
- **Built around an integrated system of 11 initiatives**



*Community Prevention
targets more than
“Tip of the Iceberg”*

Optimize Resiliency



Minimize Vulnerability



AFSPP 11 Elements



- 1. Leadership Involvement**
- 2. Suicide Prevention in Professional Military Education**
- 3. Information for Commanders on Mental Health Services**
- 4. Provide Community Preventive Services**
- 5. Community Education and Training**
- 6. Investigative Interview Policy**
- 7. Traumatic Stress Response Teams**
- 8. Integrated Delivery System (IDS)**
- 9. Limited Privilege Suicide Prevention Program**
- 10. IDS Consultation Assessment Tool**
- 11. Suicide Event Surveillance System**



1. Leadership Involvement



- **AF leaders will support the entire spectrum of suicide prevention initiatives**
- **Visible in their concern about suicides**



2. Professional Military Education



- **Suicide prevention education is included in all formal military training**



3. Commanders: Use of Mental Health Services



- **Commanders will receive training on how and when to use mental health services, and their role in encouraging early help seeking behavior**



4. Community Preventive Services



- **Community prevention efforts are as important as treating individual patients with mental health problems**
- **Mental Health professionals become more involved in community efforts to mitigate stress**



5. Investigative Interview Policy



- **Following any investigative interview, the investigator is required to ‘hand-off’ the Airman under investigation directly to the commander, first sergeant, or supervisor.**



6. *Community Education and Training*



- **Annual suicide prevention training is provided for all military and civilian employees in the USAF**



7. Traumatic Stress Response



- **Trauma Stress Response teams were established worldwide to respond to traumatic incidents and help people deal with the emotions they experience in reaction to traumatic incidents**



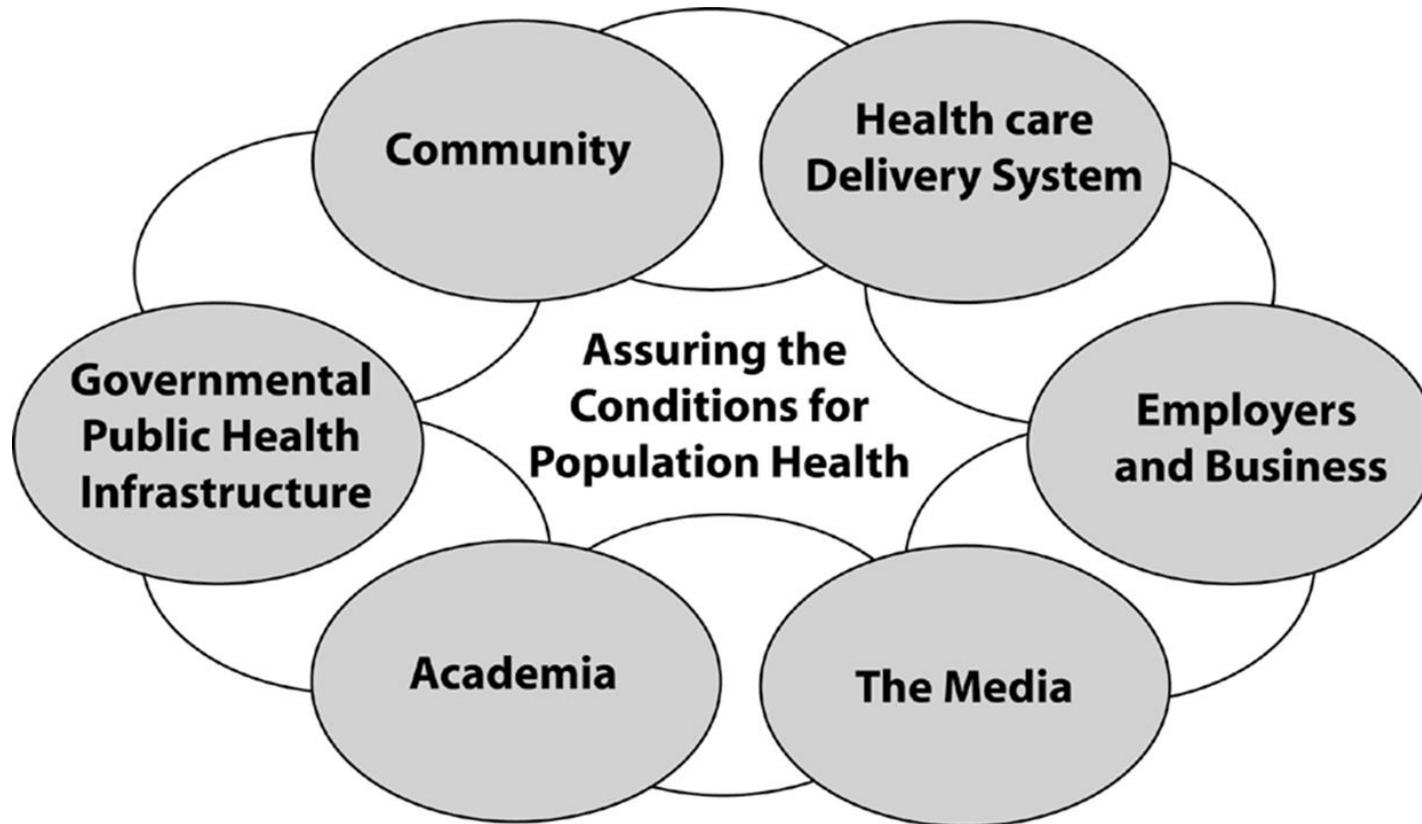
8. Community Action Information Board (CAIB)



- **The Integrated Delivery System and CAIB coordinate the activities of the various base helping agencies to identify and resolve community problems**
- **Examples would include financial assistance, child care, mental health services, legal services etc...**



Future of the Public's Health in 21st Century



*Future of the Public's Health in the 21st Century,
Institute of Medicine, Nov 2002*



9. Limited Privilege Suicide Prevention Program



- **Patients at risk for suicide are afforded increased confidentiality when seen by mental health providers**



10. Consultation Assessment Tool



- **The IDS Consultation Assessment Tool allows commanders to assess unit strengths and identify areas of vulnerability**



11. Suicide Event Surveillance System



- **All Air Force active duty suicides and suicide attempts are entered into SESS**
- **Purpose is tracking and identifying trends**



Community Approach to Suicide Prevention Program Expanded

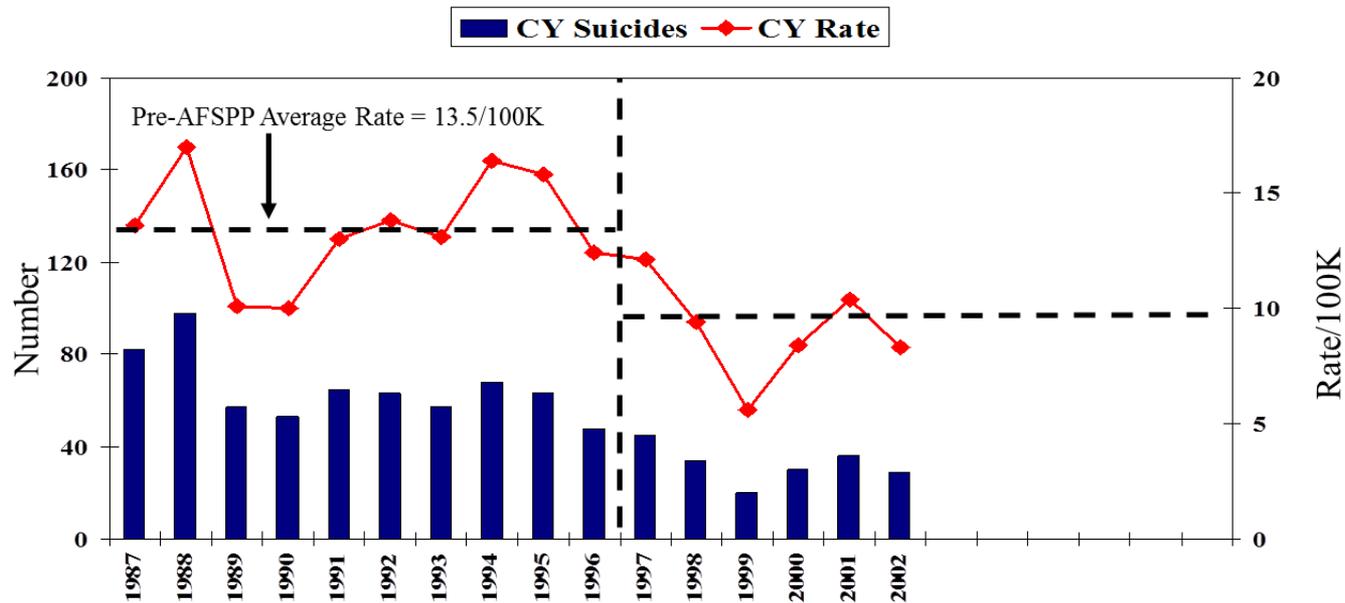


- **President Clinton announced expansion of Air Force Suicide Prevention pilot program throughout the military by the end of 1999.**
- **Pilot demonstrated a community approach to building stronger individuals and resilient communities.**
- **DoD-wide program will incorporate recommendations aimed at mitigating risk factors and strengthening the protective factors for suicide.**

U.S. Department of Defense, Public Affairs. (1999, June). Community approach to suicide prevention program expanded. Press Release (<http://defense.gov/Releases/Release.aspx?ReleaseID=2121>)



Active Duty Suicides



Air Force Suicide Trends

Program ongoing for 6 years; Suicide rate remained lower; Reduction appeared to be sustained.



Program Evaluation



- **A Model For Community & Organizational Approaches to Prevention**

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Risk of Suicide Among Air Force Personnel



- **Landmark study:**
 - Cohort study with quasi-experimental design and analysis of cohorts before (1990 – 1996) and after (1997 – 2002)
- **Implementation of AFSPP correlated with:**
 - 33% Relative Risk Reduction in suicides
 - 54% Reduction in severe family violence
 - 51% Reduction in homicides
 - 18% Reduction in accidental deaths

Knox, et al. (2003). Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study. *BMJ*, 327, pages 1-5.



Conclusions

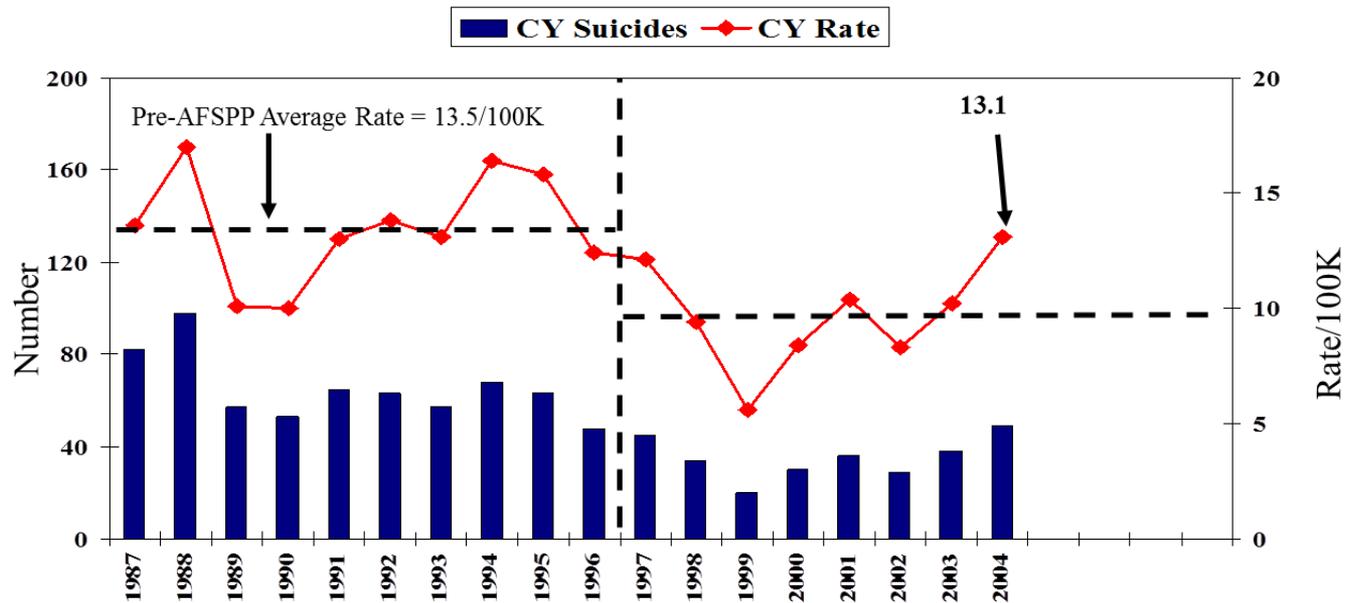


- Systemic intervention aimed at changing social norms about seeking help and incorporating training in suicide prevention has a considerable impact on promotion of mental health
- The impact on adverse outcomes in addition to suicide strengthens the conclusion that the program was responsible for these reduction in risk

Knox, et al. (2003). Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study. *BMJ*, 327, pages 1-5.



Active Duty Suicides



Air Force Suicide Trends

The rate rose to pre – program levels sparking extreme Concern among senior Air Force leadership.



Suicide Prevention Program Sustainment



- **A Model For Community & Organizational Approaches to Prevention**

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AFSPP Survey



- Suicide rates increasing through FY04
- AF-wide survey launched
 - Assess compliance with AFSPP 11 Initiatives
 - Survey initiated in Oct 04 and completed by Dec 04
- AF/CVA memo to MAJCOM leadership in Jul 05
 - Bases to correct shortcomings identified by survey
 - Bases submitted findings to AF/CAIB in Dec 05



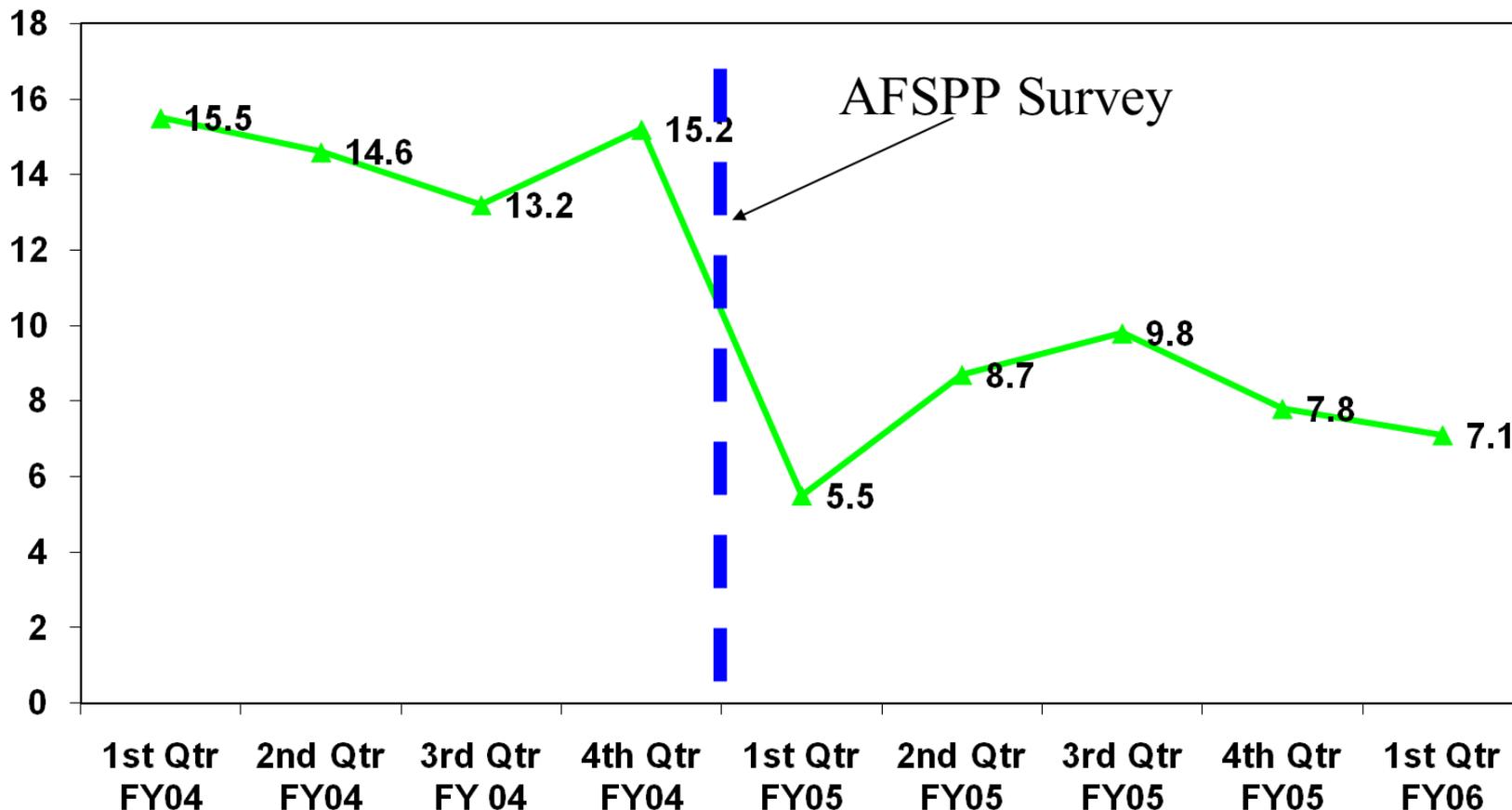
AFSPP Survey Results



Initiative*	CY04	CY05
Overall Average	58%	92%
#1: Leadership	65%	100%
#3: CC Guidelines	51%	89%
#4: Prevention	67%	95%
#5: Annual Training	53%	91%
#6: Investigations	43%	87%
#7: CISM	49%	88%
#8: IDS	96%	100%
#9: Limited Privilege	41%	85%
*Initiatives #2, #10, #11 not graded at installation level		



AFSPP Survey & Quarterly Suicide Rates





Applications beyond the USAF



- **USAF admittedly unique population**
 - **Initiatives can be required for all personnel**
 - **Organizational and community elements**
 - **Differences may be more superficial than substantive**
- **Results suggest that a coordinated network of policy and education initiatives may be effective in decreasing suicide risk in a population**
 - **Program may *be* particularly adaptable in workplace, university, or other organizational settings**
 - **Organizational initiatives**
 - **Community education**



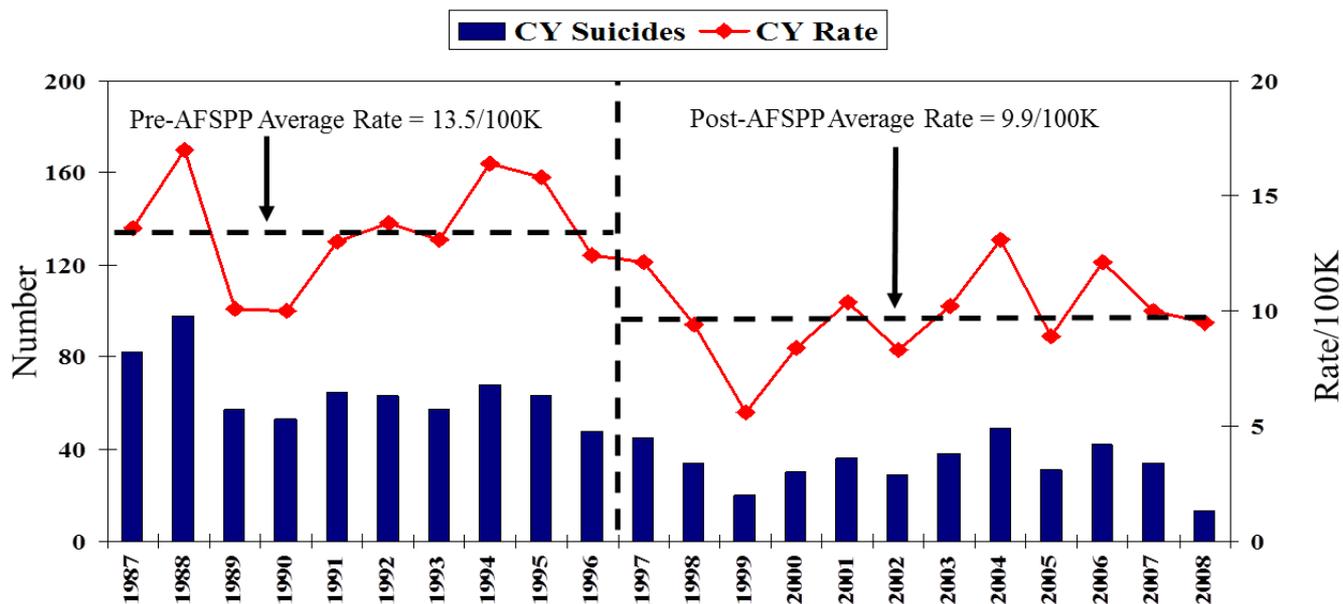
Air Force Suicide Prevention Program (AFSPP) in a Nut Shell



- **AF ten-year average annual suicide rate is down 28%**
 - Year-to-year fluctuations within expected range of variation
- **Nationally-recognized benchmark program:**
 - Included on SAMHSA's National Registry of Evidence-Based Programs and Practices
- **Prevention centered on lowering risk and early detection**
 - AFSPP is integrated network of 11 policy and training initiatives
- **Continued emphasis on proven AFSPP**
 - Every commander must ensure 11 initiatives are implemented
 - Suicide prevention requires a total community effort



Active Duty Suicides



There were no ADAF suicides this week.

	<u>CY08</u>	<u>CY07</u>
<i>Suicides / Suicide Rate through 30 May each year:</i>	<i>13 / 9.5</i>	<i>14 / 9.9</i>
<i>CY07 EOY Suicides / Suicide Rate:</i>	<i>34 / 10.0</i>	
<i>10-Year CY Average Suicides / Suicide Rate:</i>	<i>34 / 9.6</i>	



Air Force Suicide Prevention Program



“ The Air Force Suicide Prevention Program is the first long-term sustained effort of its kind to serve as an example of what communities can accomplish in reducing the morbidity and mortality due to suicidal behaviors, if there is ongoing commitment to do so.”

Knox, K. L. et al., The Air Force suicide prevention program: Implications for public health policy worldwide.



QUESTIONS?