USAF Suicide Prevention Program: Lessons for Cornell

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Building capacity in states and communities to implement the National Strategy for Suicide Prevention.

Equipping and empowering prevention networks; developing communities of practice

www.sprc.org

1-877- GET-SPRC

*Prevention Networks are coalitions of change-oriented organizations and individuals working together to promote suicide prevention. Prevention Networks might include statewide coalitions, community task forces, regional alliances, or professional groups.
Funded through a cooperative agreement by the Substance Abuse and Mental Health Services Administration (SAMHSA)

Based at Education Development Center, Inc., (EDC), Newton, MA

With 10 national partner organizations
Background
Air Force Suicide Prevention Program
Outcomes
Lessons Learned
Prevention goes beyond changing individuals--it changes cultural norms

--Murray Levine (1998)

The National Strategy for Suicide Prevention is designed to be a catalyst for social change with the power to transform attitudes, policies and services.

-- The National Strategy (2001)
Necessary Conditions

Prevention

- Knowledge base
- Social strategy
- Political will
Variations in suicidal behaviors

- Sociology
- Politics
- Economics
Age-adjusted suicide rates among all persons by state -- United States, 2001

Source: CDC vital statistics
Suicide Rates by Age, Race, and Gender
United States - 1999-2001

Source: National Center for Health Statistics
Suicide Rates
United States, 1933-2001

Source: Natl. Center for Health Statistics; Rates prior to 1999 Age-adjusted to 1940 U.S. population; 1999 and after adjusted to 2000.
Suicidal Behaviors Among High School Students; U.S. 2003
Replication of YRBS Findings
ACHA (2000) 16,000 students surveyed

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Sad (≥3x/yr)</td>
<td>55.5%</td>
<td>41.9%</td>
<td>50.3%</td>
</tr>
<tr>
<td>Hopeless (≥3x/yr)</td>
<td>36.5</td>
<td>28.3</td>
<td>33.4</td>
</tr>
<tr>
<td>So depressed could not function (≥3x/yr)</td>
<td>24.0</td>
<td>19.0</td>
<td>22.1</td>
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</table>
Replication of YRBS Findings
ACHA (2000) 16,000 students surveyed

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<th>Male</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>Seriously considered suicide ($\geq 1x/yr$)</td>
<td>9.9%</td>
<td>9.7%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Attempted suicide ($\geq 1x/yr$)</td>
<td>1.4%</td>
<td>1.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Diagnosed with depression</td>
<td>4.8%</td>
<td>2.3%</td>
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</table>
Conceptual Model of Domains of Factors for Suicidal Behaviors Among Young People

Genetic and biological Factors

Social and Demographic Factors
(Age, Gender, Socioeconomic status, Educational Achievement)

Childhood Adversity
(Parental psychopathology, discord, parental loss, parental care characteristics, abusive experiences, other family dysfunction)

Personality Traits and Cognitive Styles

Exposure to Stress and Adversity
(Life events, unemployment, sexual orientation)

Psychiatric Morbidity
(Mental disorders, personality disorders, comorbidity, previous suicide attempts)

Suicide and Suicide Attempt

Personal Characteristics

- Psychopathology (mood disorders, substance abuse)
- History of prior attempt
- Cognitive and personality factors, including hopelessness and poor interpersonal problem-solving
- Biological factors (primarily serotonin function)

Risk Factors for Youth Suicide

- **Family characteristics**
  - History of suicidal behavior
  - Parental psychopathology

- **Adverse life circumstances**
  - Stressful life events, loss, legal/disciplinary problems, bullying
  - Physical abuse
  - Sexual abuse

- **Socioenvironmental**
  - Academic problems/failure
  - Media influence (contagion)

Protective Factors for Youth Suicide

- Family cohesion
- Religiosity
- Resiliency, self esteem, direction, mission, determination, perseverance, optimism, empathy
- Coping and problem solving skills, insight, intellectual competence
- Social support, close relationships, caring adults, participation and bond with school

Individual Factors

**Risk**
- Age/Sex
- Mental illness
- Substance abuse
- Loss
- Previous suicide attempt
- Personality traits or disorders
- Incarceration
- Access to means (e.g., firearms)
- Failure/academic problems

**Protective**
- Cultural and religious beliefs that discourage suicide and support self-preservation
- Coping/problem solving skills
- Resiliency, self esteem, direction, mission, determination, perseverance, optimism, empathy
- Intellectual competence (youth)
- Reasons for living
## Peer/Family Factors

<table>
<thead>
<tr>
<th>Risk</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of interpersonal violence/conflict/abuse/bullying</td>
<td>Family cohesion (youth)</td>
</tr>
<tr>
<td>Exposure to suicide</td>
<td>Sense of social support</td>
</tr>
<tr>
<td>No-longer married</td>
<td>Interconnectedness</td>
</tr>
<tr>
<td>Barriers to health care/mental health care</td>
<td>Married/parent</td>
</tr>
<tr>
<td>Access to means (e.g., firearms)</td>
<td>Access to comprehensive health care</td>
</tr>
<tr>
<td><strong>Risk</strong></td>
<td><strong>Protective</strong></td>
</tr>
<tr>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>Isolation/social withdrawal</td>
<td>Access to healthcare and mental health care</td>
</tr>
<tr>
<td>Barriers to health care and mental health care</td>
<td>Social support, close relationships, caring adults, participation and bond with school</td>
</tr>
<tr>
<td>Stigma</td>
<td>Respect for help-seeking behavior</td>
</tr>
<tr>
<td>Exposure to suicide</td>
<td>Skills to recognize and respond to signs of risk</td>
</tr>
<tr>
<td>Unemployment</td>
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</tbody>
</table>

**Community Factors**

- Isolation/social withdrawal
- Barriers to health care and mental health care
- Stigma
- Exposure to suicide
- Unemployment

- Access to healthcare and mental health care
- Social support, close relationships, caring adults, participation and bond with school
- Respect for help-seeking behavior
- Skills to recognize and respond to signs of risk
<table>
<thead>
<tr>
<th>Risk</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>Urban/Suburban</td>
</tr>
<tr>
<td>Rural/Remote</td>
<td>Access to health care &amp; mental health care</td>
</tr>
<tr>
<td>Cultural values and attitudes</td>
<td>Cultural values affirming life</td>
</tr>
<tr>
<td>Media influence</td>
<td>Media influence</td>
</tr>
<tr>
<td>Alcohol misuse and abuse</td>
<td></td>
</tr>
<tr>
<td>Social disintegration</td>
<td></td>
</tr>
<tr>
<td>Economic instability</td>
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“The complexity of causes necessarily requires a multifaceted approach to prevention that takes into account cultural context. Cultural factors play a major role in suicidal behavior.”

“...not just the sum of its citizens, but rather the web of relationship between people and institutions that hold communities together.”

Community Capacity

Social Capital

- Extent to which community members:
  - Demonstrate a sense of *shared responsibility* for the general welfare of the community and its members, and
  - Evidence *collective competence* in confronting situations that threaten the integrity of the community and the safety and well-being of its members.
Community Types

Collective Competence

Low      High

Low       Anomic Communities
          LL

Shared Responsibility

High      Detached Communities
          LH

Intentional Communities
          HL

Empowered Communities
          HH

Low

High
Cultural Norms

- Interdependence -- interconnectedness
  - “My brother’s keeper” -- shared responsibility
- Knowledge and skills
- Positive attitudes toward help-seeking
- Accurate understanding of mental health and mental illness
Prevention

- Knowledge base
- Social strategy
- Political will
A population strategy of prevention is necessary where risk is widely diffused through the whole population.

High-risk Approach

Identify and treat high-risk

Mortality threshold

Population

Suicide risk

Low

High
High-risk Approach

Identify and treat high-risk

Population

Mortality threshold

Suicide risk

Low

High
“A large number of people at small risk may give rise to more cases of a disease than a small number who are at high risk.”

Population-based Approach

Population

Suicide risk

Low

High

Mortality threshold

Move population risk
- 350,000 Service Members
- Educated, employed, housed, health care (including mental health care), one language
- Prescreened; low illicit drug use (~1%); discharge for mental illness
- Clearly identified community leaders
- Formal gatekeeper network
- Medics-Mental Health
- Public Health
- Personnel
- Command
- Law Enforcement
- Legal
- Family Advocacy
- Child & Youth
- Chaplains
- Criminal Investigative Svc.
- CDC
- Walter-Reed Army Inst. Of Research
Understanding the Problem

- Reaching a common understanding ("Job 1" for coalitions)
  - Patients
  - Suspects/defendants/inmates
  - Congregants
  - Troops/future civilians
  - Clients
  - Students

- Making sense of scarce/disparate data
- Overcoming stigma & misconceptions
- Grasping a ecological or population view
- Suicides are preventable
- Tip of the iceberg
- Not a medical problem
- No proven approaches
- Partnerships key to success
- Cultural barriers to prevention

- One is too many
- Address entire iceberg
- A community problem
- Use CDC & WHO guidelines
- All partners shared stake in outcome
- Leverage sr. leaders for cultural change
Air Force and U.S. Suicide Rates
18-54 Year Old Males

1993 Rates/100,000

USAF: 15.5
United States: 24.4
Leading Causes of Death  ADAF
1990 -1995

- Suicide: 24%
- Unintentional Injuries (Accidents): 48%
- Disease: 20%
- Other: 4%
- Homicide: 4%
Suicides 1990 - 1995 with Criminal Problems (n = 92)

- No Mental Health Care: 82%
- Received Mental Health Care: 18%
Risk Factors

AF Suicides vs AF Population*

*Data from various sources, covering various timeframes between 1990 and 1995.
Surveillance of Fatal and Non-fatal Self-Injuries

Mental Health Screening

Messages from Senior Leaders

Community Training

Public Affairs Initiatives

Career Development Education

1º Prevention Activities for MHPs

Integrating Community Preventive Services

Gatekeeper Training

Critical Incident Stress Management

Investigative Agency Hand-off Policy

Scope of Intervention
“Since relationship problems are a factor in over half of our suicides, be **vigilant for risk signs** and respond with help to fellow airmen having problems. Encourage your troops to get whatever assistance they need. ... We need to continually communicate that **we value people who demonstrate good judgement by seeking help when they need it.**"

— General Michael E. Ryan
Air Force Chief of Staff, 19 Jul 99
“Please go the extra mile to foster a sense of belonging. Make sure your people feel they are a member of the team at unit functions and other small gatherings. It has been repeatedly demonstrated that social connections save lives.

... Let’s ensure we take care of our own—our Air Force family.”

— General Michael E. Ryan
Air Force Chief of Staff, 19 Jul 99
Outcomes
Lessons Learned
Prevention

- Knowledge base
- Social strategy
- Political will
Leadership
- Government/Community/Grassroots
- Authority
  - Moral, political, economic, social, scientific
- Continuity/Sustenance
  - Policy
“Problems are complex and go beyond the capacity, resources, or jurisdiction for any single person, program, organization, or sector to change or control.”

Increase Community Readiness

- Tolerance/no knowledge
- Denial
- Vague awareness
- Preplanning
- Preparation
- Initiation
- Institutionalization/stabilization
- Confirmation/expansion
- Professionalization

Data-Driven Prevention Planning Model

Establish Clear Vision and Framework for Prevention

Assess Incidence/Prevalence, Risk/Protection & Demographics

Prioritize Populations & Risk/Protective Factors

Assess Community and Local Readiness for Prevention

Compare Populations, Risk/Protection, & Resources

Promote Readiness for Prevention

Implement Programs to Address Risks, Enhance Protection, and Fill Gaps

Monitor Data to Evaluate Policy, Funding, & Program Decisions

Assess Community and Local Resources

Adapted from Richard Catalano and David Hawkins, U of Washington.
“The complexity of causes necessarily requires a multifaceted approach to prevention that takes into account cultural context. Cultural factors play a major role in suicidal behavior.”

“Programs that address risk and protective factors at multiple levels are likely to be most effective.”
“…focusing on protective factors such as emotional well-being and connectedness with family and friends was as effective or more effective than trying to reduce risk factors in the prevention of suicide.”

“Research suggests that coping skills can be taught.”
“A society’s perception of suicide, or its stigma, can influence its rates. . .”
“Addressing risk factors across the various levels of the ecological model may contribute to decreases in more than one type of violence.”

There are no easy solutions to complex problems; but, there are complex solutions!
Contact us at:

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