DEPARTMENT OF THE AIR FORCE

PRESENTATION TO THE COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE ON MILITARY PERSONNEL
UNITED STATES HOUSE OF REPRESENTATIVES

SUBJECT: UNITED STATES AIR FORCE SUICIDE PROGRAMS

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1. INTRODUCTION

America's Airmen are proud of their contributions to our Nation's defense, responding magnificently to their Nation's call. Yet increasing demands from frequent deployments, increased workload, and other environmental factors such as economic pressures place a heavy burden on our Airmen and their families. As a result, we continue to see evidence of the strain on personal and family relationships, and are witnessing an increase in some negative behaviors and in the psychological injuries borne by our force from the current conflicts. Whether deployed or at home station, there are immense pressures on our men and women in uniform.

As part of our key priority to Develop and Care for Airmen and Their Families, we are dedicated to the well-being of our Airmen and their overall physical and psychological health. The tragedy of suicide has the potential to strike across our Air Force and is not limited to Airmen who have deployed or will deploy, nor is it bound by rank, gender, ethnicity, or geography.

We continue to take aggressive action to deal with these trends, closely monitoring suicide prevention programs and implementing policies benchmarked across the federal government and military Services. Using modern tools to address the total psychological health of all our men and women, Active Duty, Guard, Reserve and Civilian, we are making significant progress in the quality of medical care that our Airmen receive and deserve. Through this Total Force approach, and recognizing that no one is immune to the consequences of this destructive act, we are doing all we can to heighten awareness, focus on prevention, prepare Airmen for deployments and redeployments, support military families, and take care of our Air Force's most vital asset: its people.

2. AIR FORCE SUICIDE TRENDS

We recognize the personal tragedy of any suicide attempt. While any discussion here will necessarily focus on statistics and measure effectiveness through quantifiable data, each case represents a unique scenario and personal crisis for one of our Airmen. Each incident has further dramatic impacts on family, friends, co-workers and the community.

Since the beginning of major combat operations in Iraq, the five year average (CY03-08) for Air Force suicides is 11 per 100,000. The Air Force has averaged 12.4 suicides per 100,000 people (as of 10 July 2009) thus far for Calendar Year (CY) 2009, which matches the overall rate for CY2008. While this rate is still below the adjusted average for American society as a whole, we recognize that even one suicide is too many.

We have unfortunately experienced a small number of suicides thus far in 2009, consistent with identified suicide trends during the full reporting year of 2008, yet across years, we have witnessed some observable patterns. From CY03-CY08, 70% of the Active Duty Air Force suicides had relationship problems, 44% had legal problems, 29% had financial problems, 21% had deployed in the previous year, and 25% were receiving psychological health services. There does not appear to be a strong correlation between deployments and suicide, with only one Airman committing suicide

while deployed in Afghanistan in 2007. Similarly, from CY03-CY08, the most frequent reasons people were seen in mental health clinics have been relationship problems, alcohol abuse or dependence, and adjustment disorders to life stressors. While these numbers are specific to our Active Duty component, we find similar trends across the Air Force Reserve and Air National Guard components of our Total Force.

In response to recent suicides, our Air Force Chief of Staff, General Norton Schwartz, communicated the importance of supporting Airmen in distress to all Air Force Major Command (MAJCOM) Commanders. We have also re-invigorated the components of the Air Force Suicide Prevention Program with a renewed focus in the following areas:

- Male E1-E4s between the ages of 21 and 25 are at the highest risk for suicide.
- Relationship problems continue to be a key risk factor.
- Members who receive care from multiple clinics or agencies are at risk for poor hand-off of care.
- Airmen appear most at risk to commit suicide between Friday and Sunday, highlighting the need by leadership to stress weekend safety planning.
- Good communication between commanders, first sergeants and mental health providers and staff is critical for the success of this team effort.

The senior leadership of the Air Force also continues to closely monitor suicide programs, with the Secretary and Chief of Staff notified immediately on all suspected suicides and receiving weekly updates on suicide incidents and trends. The Air Force Community Action Information Board (CAIB), chaired by the Assistant Vice Chief of Staff, reviews the Suicide Prevention Program quarterly to address continuous improvement of the program and is working to better understand the trends in suicide data.

We are giving renewed attention to the 11 elements in our Air Force Suicide Prevention Program with a leadership emphasis on help-seeking behaviors, stigma reduction, and managing personnel in distress. These initiatives are also informing actions across our force, such as moving mental health care providers to primary care clinics to decrease the stigma of seeking help. Our wingman concept develops a culture of looking out for fellow Airmen, helping to define the community approach to strengthening suicide prevention. We are also standardizing risk assessments and enhancing treatment of suicidal members while providing high-quality annual training on suicide risk factors to all Airmen.

3. THE AIR FORCE SUICIDE PREVENTION PROGRAM

The Air Force has a long history of focusing on suicide prevention and is recognized as a key leader in the field. The Air Force Suicide Prevention Program (AFSPP), first implemented in 1997, is a benchmarked effort in the area of suicide prevention, standing as one of only 12 evidence-based suicide prevention programs identified by the Substance Abuse and Mental Health Services Administration. The program itself is devoted to reducing the number and rate of Air Force suicides, advocating for a community approach to suicide prevention, providing assistance and guidance to

organizations and individuals involved with AFSPP components, and developing responses to reduce the impacts of factors contributing to suicides.

Since implementation, the program has achieved dramatic results. The pre-AFSPP suicide rate from 1987 to 1996 was 13.5 suicides per 100,000. The post-AFSPP suicide rate average from 1997 to 2008 is 9.8 suicides per 100,000, a 28% rate reduction. The AFSPP centers on effective education, detection and treatment for persons at risk, heightening community awareness of suicide and suicide risk factors. Additionally, it creates a safety net which provides protection and adds support for those in trouble.

Recognizing that leadership is necessary for the proper prevention of suicide, the AFSPP is a commander's program, and thus the responsibility of every commander to ensure it is fully implemented as we continue to develop effective tools to assist potential victims. The AFSPP also embraces the Wingman culture, focusing on the total community effort and shared responsibility to use the range of programs available.

3.1 AIR FORCE SUICIDE PREVENTION PROGRAM INITIATIVES

The Air Force Suicide Prevention Program consists of 11 specific policy and training elements which collectively comprise our approach to taking care of Airmen. These initiatives include:

Leadership Involvement. Air Force leaders actively support the entire range of suicide prevention initiatives in the Air Force community. Regular messages from the Air Force Chief of Staff, other senior leaders and commanders at all levels motivate Airmen to fully engage in suicide prevention efforts.

Addressing Suicide Prevention Through Professional Military Education. Suicide prevention education is included in all formal military training.

Guidelines for Commanders: Use of Mental Health Services. Commanders receive training on how and when to use mental health services and their role in encouraging early help-seeking behavior.

Community Preventive Services. Community prevention efforts carry more impact than treating individual patients one at a time. The Medical Expense and Performance Reporting System (MEPRS) was updated to track both direct patient care activities and prevention services.

Community Education and Training. Annual suicide prevention training is mandatory for all military and civilian employees in the Air Force.

Investigative Interview Policy. The period following an arrest or investigative interview is a high-risk time for suicide. Following any investigative interview, the investigator is required to hand-off the individual directly to the commander, first sergeant or supervisor. The unit representative is then

responsible for assessing the individual's emotional state and contacting a mental health provider if any question about the possibility of suicide exists.

Trauma Stress Response (formerly Critical Incident Stress Management). Trauma Stress Response teams were established worldwide to respond to traumatic incidents such as terrorist attacks, serious accidents or suicide. These teams help personnel deal with their reactions to traumatic incidents.

Integrated Delivery System (IDS) and Community Action Information Board (CAIB). At the Headquarters Air Force, MAJCOM, and base levels, the IDS and CAIB provide a forum for the cross-organizational review and resolution of individual, family, installation and community issues that impact the readiness of the force and the quality of life for Air Force members and their families. The IDS and CAIB help coordinate the activities of the various agencies at all levels to achieve a synergistic impact on community problems.

Limited Privilege Suicide Prevention Program. Patients declared at risk for suicide are afforded increased confidentiality when seen by mental health providers as part of the Limited Privilege Suicide Prevention Program. Additionally, Limited Patient-Psychotherapist Privilege was established in 1999, limiting the release of patient information to legal authorities during Uniform Code of Military Justice proceedings.

IDS Consultation Assessment Tool (formerly Behavioral Health Survey). The IDS Consultation Assessment Tool was released in December 2005. This tool, administered upon the request of the commander, allows commanders to assess unit strengths and identify areas of vulnerability. Commanders use this tool in collaboration with IDS consultants and other AFSPP initiatives to design interventions to support the health and welfare of their personnel.

Suicide Event Surveillance System. Information on all Air Force active duty suicides and suicide attempts are entered into a central database that tracks suicide events and facilitates the analysis of potential risk factors for suicide in Air Force personnel.

To further enhance the AFSPP program, we are focusing our prevention efforts on effective detection and treatment. The Air Force implemented computer-based training in 2007 as part of the Chief of Staff's Total Force Awareness Training initiative, and continues to monitor the impact of this training through ongoing research studies. The Air Force has also recently introduced Frontline Supervisors Training to enhance supervisor skills for assisting Airmen in distress.

4. AIR FORCE SUPPORT PROGRAMS

In support of our AFSPP initiatives, we have developed other programs dedicated to recognizing and aiding Airmen at risk. Our Air Force Community and Family Readiness programs follow a community-based approach and build resilience and strength in Airmen and their families by giving them the skills to adapt to the demands of military life.

These programs provide early interventions to support Airmen and families at risk. They also help families cope with issues such as relocation and transition assistance and assist families with deployment and reintegration. Further, to support our Airmen and their families facing specific challenges, we offer military family life consultants to provide individual, marriage and family counseling; financial education services; and education and advocacy on a number of other areas. Through the Military OneSource program, the Air Force provides an information hotline that is available 24 hours a day, 7 days a week and allows for immediate referrals for non-medical counseling. These programs provide the necessary support networks, education, skill-building services and counseling to help Airmen at risk adapt to their current environment.

4.1 DEPLOYMENT AND PSYCHOLOGICAL HEALTH

The current environment for many of our Airmen is one of increased operational tempo which includes more frequent and longer deployments. We remain mindful of the increased stresses and requirements these place on our Airmen and their families.

The Air Force employs a variety of screening tools to monitor Airmen's health, increase awareness of psychological issues and provide for early intervention when required. All Airmen are screened for mental health concerns upon accession and annually via the Preventive Health Assessment (PHA). Additionally, those that deploy complete a Post-Deployment Health Assessment (PDHA) at the time they leave theater, as well as a Post-Deployment Health Reassessment (PDHRA) 90 to 180 days after returning from deployment. Collectively, these programs screen for a spectrum of mental health concerns, including Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), depression, alcohol use, and family problems.

At an enterprise level, the PDHA identifies Airmen exposed to trauma in theater and tracks symptoms to identify Air Force-wide trends. The PHA/PDHA/PDHRA process facilitates the identification and treatment of Airmen with significant trauma exposure history and/or traumatic stress symptoms. It also increases awareness by commanders and unit members who can refer Airmen to appropriate Military Treatment Facilities.

4.2 LANDING GEAR PROGRAM

Just as an aircraft's landing gear serve as the critical component during launch and recovery, we recognize that the time immediately surrounding departure and homecoming are critical phases of a deployment for Airmen. Our Landing Gear Program, which borrows from benchmarked initiatives of the Army's *Battlemind* program, is centered on effective risk recognition and help-seeking for Airmen during these difficult times. The Landing Gear Program serves as a bridge to care and is designed to increase the recognition of Airmen suffering from traumatic stress symptoms and connect them with helping resources. It provides a standardized approach to the mental health requirements for pre-exposure preparation training for deploying Airmen and reintegration education for redeploying Airmen. Specifically, the program helps Airmen recognize the risk factors, including those associated with deployments, and when and how to get help.

We also recognize the realities Airmen face in theater. Groups at the highest risk include security forces, explosive ordnance disposal crews, medics, Airmen imbedded with other service combat units, and those with multiple deployments or deployments greater than 180 days. This exposure to battlefield trauma places Airmen at risk for PTSD and other mental health problems. Landing Gear is effective at identifying those at risk and getting them the necessary help. Recent data suggests that prompt medical intervention greatly improves the outcomes for Airmen dealing with PTSD and related mental injuries.

4.3 AIR FORCE CHAPLAINS

The Air Force continues to examine a myriad of other outlets for conducting suicide prevention programs, including the use of the Air Force Chaplaincy. Our military chaplains are trained and ready to help Airmen in facing difficult social and domestic issues as well as providing for their spiritual well-being. Chaplains play a critical role for Airmen in all facets of their military career, including counseling activities related to suicide prevention. Chaplains also track data as part of a larger Chaplaincy program to identify trends in suicide interventions, providing confidential communication, and counseling to deal with suicidal tendencies when warning signs are identified.

While Chaplains are often called upon to provide briefings on suicide and grief counseling at the Wing level, the Air Force Chaplaincy has also instituted programs specifically designed to target suicide prevention. The Applied Suicide Intervention Skills Training (ASIST) program, built in conjunction with LivingWorks Education, Inc., prepares Chaplains with tools to intervene appropriately when they recognize suicidal warning signs. ASIST provides Chaplains with tools to be more comfortable, competent, and confident when dealing with at-risk Airmen, and has been provided to all incoming Chaplain and Chaplain Assistants since 2005. The Chaplaincy has also partnered with LivingWorks to utilize their safeTALK program to ensure Air Force personnel are equipped to connect those considered to be at risk with counselors properly trained to provide suicide first aid.

5. PARTICIPATION IN DOD AND VA PROGRAMS

While we continue to make significant progress on suicide and mental health issues within the Air Force, we are fully committed to partnering with our sister Services and Interagency associates. Collaborating with these partners, the Air Force has both shared and adopted best practices across respective suicide prevention offices, including our recent work to benchmark from the Army interactive suicide prevention videos.

At the Department of Defense-level, the Air Force works across the Services and other defense agencies to participate in the medical advances and ground-breaking work that occurs through this collaboration. These mutual efforts include work with the Defense Center of Excellence to address psychological health and traumatic brain injury issues. The Air Force is also fully engaged with the newly forming Defense Health Board Task Force on the Prevention of suicide by Members of Armed Forces, working closely with the task force leadership on identifying new areas for suicide

prevention in the future. In collaboration with other agencies, the Air Force participates in the Department of Defense's Suicide Prevention and Risk Reduction Committee (SPARRC) to share best practices Department-wide. Created in 2001, Air Force representatives meet with other SPARRC members from across the Defense Department to discuss suicide trends and prevention practices and to provide information for their annual report on trends and activities in suicide prevention.

At an interagency level, we are focused on working with the Department of Veterans Affairs to ensure a smooth transition for returning Operation Iraqi Freedom and Operation Enduring Freedom veterans and ensure their continued healthcare. When a deployed Airman is ill or injured, we rapidly respond through a seamless system from initial field response, to stabilization care at expeditionary surgical units and theater hospitals, to in-the-air critical care in the aeromedical evacuation system, and ultimately home to a military or VA medical treatment facility. Our goal is to keep wounded Airmen on active duty until we are assured that they have received all necessary follow up care, and should a combat wounded Airman want to reenlist, we will provide every opportunity for them to remain a part of the Air Force team. To that end, we recently formalized policies that will afford our wounded Airmen opportunities for retention, priority retraining, and promotions.

6. Mental Health Professional Manning

Recognizing the criticality of our healthcare providers in suicide prevention programs, we continue to closely monitor manning issues in our mental health field. Currently, we are at 90% of our total Active Duty manning requirements in our mental health field, meeting the full 100% requirement when supplementing our personnel with contractor support. While this requirement continues to evolve and is closely monitored, we feel that we have the right mix of personnel based on the current requirement. In the uniformed sector, the Air Force capitalizes on Air Force residency programs as a key source of psychologists and psychiatrists, simultaneously providing them training in Air Force issues and their military specialty. Since we rely on our uniformed mental health providers as deployable assets, deploying 18 psychologists, 8 psychiatrists and 12-13 social workers for 179-day rotations, we continue to utilize special pay initiatives, including accession and retention incentive bonuses up to $31,000 per year, to ensure we meet our authorizations and maintain a force able to meet all requirements.

7. Suicide Prevention Working Group

Recognizing the need to continually refine our programs and processes, the Air Force Chief of Staff tasked a collaborative effort between Air Force Safety and the Air Force Surgeon General in February 2009. One month later, the group was officially chartered as the Suicide Prevention Working Group. The working group, tasked with reviewing and enhancing existing suicide prevention efforts, is comprised of representatives from the offices of the Surgeon General, the Director of Safety, the Chief of Chaplains, The Air National Guard, the Air Force Reserve, the Deputy Chief of Staff for Manpower and Personnel, the Judge Advocate General and the Office of Special Investigations. The group recently conducted a top-to-bottom review of all current suicide

prevention policies and procedures, and made additional recommendations to the Vice Chief of Staff which centered on improving policies, training, data collection, education and resourcing.

8. CONCLUSION

Our Air Force leadership is committed to providing the best possible training and care to our Airmen and their families. We recognize the serious threat that suicide represents to our Airmen and its tragic consequences for Airmen, their families, and our Air Force community. We have seen measurable successes with the programs we have implemented, and we continue to focus on providing every tool to assist Airmen in distress.

The Air Force is proceeding deliberately with programs and policies designed to improve our Airmen's total psychological health, collectively and individually. We are committed to working closely with our DOD and VA counterparts to ensure a continuity of care and treatment options. Caring for our Airmen is a moral duty that we require of ourselves and that the Nation expects. We look forward to executing these programs and supporting our Airmen and their families.