DEPARTMENT OF THE AIR FORCE

PRESENTATION TO THE COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE ON PERSONNEL
UNITED STATES SENATE

SUBJECT: THE UNITED STATES AIR FORCE AND SUICIDE PREVENTION

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1. INTRODUCTION

America's Air Force provides critical capabilities across the spectrum of conflict for the Joint team and the Nation. The Air Force mission to "*fly, fight,* and *win*...in air, space and cyberspace" has never been more vital to the Nation's defense. The ability to think and act globally; ready to deliver humanitarian relief or hold targets at risk within hours; provide unrivaled global positioning, navigation and timing through advanced space infrastructure; or defend our Nation's net-centric information architectures are just a portion of what the United States Air Force contributes as part of the Joint, Coalition and Interagency collaboration that protect and defend the United States and its global interests.

Our Airmen are proud to provide these contributions to our Nation's defense. After 18 years of continual presence in the Middle East, our current force is the most battle-tested group of Airmen in our history. Yet this era of increasing demands continues to place a heavy burden on our Airmen and their families. These Airmen have responded magnificently to their Nation's call. Nevertheless, we see evidence of the strain on personal and family relationships from frequent deployments, increased workload, and other environmental factors such as economic pressures, and are witnessing an increase in some negative behaviors and in the physical and psychological injuries borne by our force from the current conflicts.

The Air Force is dedicated to supplying, training, and equipping our Airmen with the best means possible in our Nation's defense. As part of our key priority to *Develop and Care for Airmen and Their Families*, we are also dedicated to the well-being of our Airmen and their overall physical and mental health. The tragedy that is suicide has the potential to strike across our Air Force. It is not limited only to those Airmen who have deployed or will deploy, nor is it bound by rank, gender, ethnicity, or geography. Any attempted or successful suicide receives the highest attention from Air Force leadership.

Today I would like to share with the committee data pertaining to suicide rates in the Air Force and address what steps we are taking to combat such trends, as well as report on the policies and support programs we have in place to deal with suicides. In a broader sense, the Air Force is making progress in treating psychological injuries to include Post-Traumatic Stress Disorder and Traumatic Brain Injury. The Air Force is using modern tools to address the total mental health of our Airmen. In conjunction with our Department of Defense (DOD) and Department of Veterans Affairs (VA) counterparts, we are making significant progress in the quality of medical care that our Airmen receive and deserve.

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 RATES AND PREVENTION PROGRAMS

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 further ripples through family, friends, co-workers and the community.

The Air Force has experienced a slight increase in the suicide rate for Calendar Year (CY) 2008 of 11.5 suicides per 100,000 people when compared to its ten year average of 9.7 suicides per 100,000. Since the beginning of major combat operations in Iraq, the five year average (CY03-08) for Air Force suicides is 11 per 100,000.

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. The Air Force experienced 38 suicides by active duty members in CY08, with some observable patterns. Thirty-six of the suicide victims were male (95 percent) while there were two female victims (5 percent). Officers accounted for four suicides (11 percent), while the other 34 were spread across the enlisted ranks. Over half of the victims were married (55 percent). For comparison, of the active duty Air Force population, nearly 20 percent are women, 20 percent are officers, and 60 percent are married. Another identifiable trend is the presence of firearms in 58 percent of the incidents. Medical record reviews of recent victims also indicate that a majority of victims had utilized some form of mental health services for issues ranging from alcohol abuse to marriage counseling. 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. From 2003 to 2008, 39 suicide victims had deployed in the previous 12 months but 150 victims had never deployed. 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 on 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 high risk for a poor hand-off.
- 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.

We are giving renewed attention to the 11 initiatives in our Air Force Suicide Prevention Program with a leadership emphasis on help-seeking behaviors, stigma reduction, and managing personnel in distress. Our wingman concept develops a culture of looking out for fellow Airmen. 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.

2.1 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 this field. The Air Force Suicide Prevention Program (AFSPP) is defined in Air Force Pamphlet 44-160. This program was initiated in 1996 with the purpose of reducing the number of lives lost to suicide. 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, resulting in a 28 percent rate reduction. The AFSPP centers on effective education, detection and treatment for persons at risk. Since its inception, the AFSPP has

heightened community awareness of suicide and suicide risk factors. Additionally, it has created a safety net that provides protection and adds support for those in trouble. The AFSPP is a nationally recognized program and was one among the first three suicide prevention programs to be listed on the Substance Abuse and Mental Health Services Administration National Registry.

There is no easy solution to preventing suicides; it requires a total community effort using the full range of tools at our disposal. However, we have seen a marked difference through the AFSPP. Going forward, the Air Force is committed to continued emphasis on the proven AFSPP as the best approach to dealing with those at risk of suicide.

The AFSPP is a commander's program, and thus it is the responsibility of every commander to ensure the AFSPP is fully implemented as we continue to develop effective tools to assist potential victims.

2.2 AIR FORCE SUICIDE PREVENTION PROGRAM INITIATIVES

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

Leadership Involvement. Air Force leaders actively support the entire spectrum 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 effectively track both direct patient care activities and prevention services.

Community Education and Training. Annual suicide prevention training is provided 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 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 UCMJ 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 a new tool for leadership known as the Frontline Supervisors Training. This half-day class enhances supervisor skills for assisting Airmen in distress.

3. AIR FORCE SUPPORT PROGRAMS

In support of our AFSPP initiatives, we have also 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 equipping them with 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 the unique situations that our Airmen and their families face as part of the military lifestyle, we offer military family life consultants to provide individual, marriage and family counseling; special needs families assistance; financial education services; and education, advocacy, and intervention for domestic violence and new parent issues. Additionally, through the Military OneSource program, the Air Force provides an information hotline that is available twenty-four hours a day, seven days a week and allows for immediate referrals into the mental health system. These programs provide the necessary support networks, education, skill-building services and counseling to help Airmen at risk successfully adapt to their current environment.

Another key source of support available to all Airmen is found in our 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.

4. DEPLOYMENT AND PSYCHOLOGICAL HEALTH

The current environment for many of our Airmen is one of increased operational tempo and includes more frequent and longer deployments. With this heightened operations tempo, we remain mindful of the increased stresses and requirements placed 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 and 90 to 180 days after returning from deployment complete the Post-Deployment Health Reassessment (PDHRA).

At an enterprise level, the PDHA identifies Airmen exposed to trauma in theater. The Air Force tracks symptoms from all Airmen exposed to trauma in theater 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. Additionally, the PHA/PDHA/PDHRA screen also identifies depression, alcohol abuse, and family problems that are all warning signs of at-risk Airmen.

The PDHRA completion rate for Active Duty Airmen is 89 percent, with the remaining 11 percent past due, or over the 180 day window. Nearly half of the PDHRA participants screened positive for physical or emotional symptoms. Of these screened positive, 80 percent receive medical follow-up within 30 days, with the remaining 20 percent that have not received treatment within the 30-day window contacted regarding their extenuating circumstances. The PDHRA is a survey with a positive algorithm that is intentionally overly sensitive to act as an initial filter for possible medical assistance. We continue to closely monitor these metrics, working to ensure all Airmen receive the screenings, and if necessary, the follow-on medical attention within a timely window.

4.1 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 is centered on effective risk recognition and help-seeking for Airmen during these difficult times of adjustment. Landing Gear serves as a bridge to care 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.

Twenty percent of Airmen in theater are exposed to traumatic events. 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 Post-Traumatic Stress Disorder (PTSD)

and other mental health problems. While less than two percent of deploying Airmen develop PTSD, the brief training developed for 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.

5. Psychological Health Treatment and Management

The signature injury to our Airmen and troops in the current conflicts may be Traumatic Brain Injury (TBI). We are training our medical professionals to recognize and effectively deal with TBI. Flight Nurse, Aeromedical Evacuation Technician and Critical Care Air Transport Team courses all now provide training on TBI. We are making significant progress in training these first responders to injured warriors by updating our training objective this year to accomplish an in-theater TBI assessment.

We have also made psychological health treatment more accessible to our Airmen. Since 2007, the Air Force has hired 97 contract mental health providers. Our standard of access for routine appointments is seven days. We have trained an additional 400 mental health providers on optimal PTSD treatment solutions to better deal with an increasing number of Airmen suffering from PTSD.

Finally, we have made significant progress in decreasing the stigmas attached for Airmen seeking help with mental issues. Our mental health providers have been placed in primary care clinics to emphasize the similarities of treatment for mental and physical conditions, and working to reach these Airmen for treatment when they exhibit signs of Post Traumatic Stress, and before their stresses reach the Disorder diagnosis. Air Force leaders advocate for help-seeking behavior in multiple forums and we are emphasizing a culture where seeking help is seen as a virtue rather than a failure.

6. Participation in DOD and VA Programs

While we are making 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. Other military services have enjoyed successes with recent programs. The Air Force collaborates with our sister service suicide prevention offices to share and adopt best practices. The Army has recently developed a series of interactive videos that we are exploring to determine adoption into our own suicide prevention efforts.

The Air Force is completely engaged with the Defense Center of Excellence to address psychological health and TBI issues that are experienced across the Joint Force. We are fully committed to participating in the medical advances and ground-breaking work that occurs in this area.

One of our priorities is to work closely with the VA to perform smooth transitions for returning OIF/OEF veterans and ensure their continued healthcare. When a deployed Airman is ill or injured, we respond rapidly 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. In fact, we have recently formalized policies that will afford our wounded Airmen opportunities for retention, priority retraining, and

promotions. If Airmen are separated from active duty, they are covered by the TRICARE Transitional Health Care Program until their transition to VA is completed.

It is our solemn pledge that all combat wounded and other disabled veterans will receive complete information and assistance in obtaining all services from DOD, the VA, and the Department of Labor to which they are entitled by virtue of their service to their country.

7. 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 necessary tool to commanders and Air Force leadership to assist Airmen in distress.

Airmen serving in the current conflicts are not immune from psychological injuries. The Air Force is proceeding deliberately with programs and policies designed to improve our Airmen's total mental 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.