

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

SUBJECT: SUICIDE PREVENTION

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Air Force Suicide Prevention

Suicide prevention remains a top priority of Air Force leadership, and we remain committed to doing everything possible to save lives. The Air Force Suicide Prevention Program (AFSPP), launched in 1996 and fully implemented by 1997, emphasizes leadership involvement and a community approach to reducing deaths from suicide. The program is an integrated network of policy and education that focuses on reducing suicide through the early identification and treatment of those at risk. It uses leaders as role models and agents of change, establishes expectations for Airman behavior regarding awareness of suicide risk, develops population skills and knowledge, and analyzes every suicide. The program represents the Air Force's fundamental shift from viewing suicide and mental illness solely as medical problems and instead seeing them as larger service-wide community problems. The program was designed with 11 overlapping elements that resulted in enhancing the capacity of the Air Force to recognize and respond to Airmen in distress on multiple levels. These 11 elements can be grouped into the three broad categories of Leadership and Community, Education and Protections for Those Under Investigation.

Lessons Learned

In 2004 and 2010 the Air Force joined with researchers from the University of Rochester to evaluate the effectiveness of the Air Force program in reducing suicides. The results of these efforts concluded that the program works best with a sustained focus on measured execution of all 11 Elements. Also in 2010, the Air Force program managers conducted a comprehensive gap analysis and identified areas for enhancement. Some of these improvements included publishing guidance and communication to leaders, chaplains, and public affairs on the topics of suicide prevention and post suicide response. The Air Force began updating its guidance by rewriting and publishing our Suicide Prevention Instruction, establishing tiered training requirements, and codifying DoD Suicide Event Report (or DoDSER) requirements. We identified our career fields at highest risk for suicide and tailored training specifically for them, to include requiring a frontline supervisor training course. We developed the Airman's Guide to Assisting Personnel in Distress, and the Community Action Information Board (CAIB) directed all units

to complete an annual end-of-year self-assessment checklist to ensure full implementation of the 11 Elements of our program.

Recent Initiatives

The Air Force is committed to strengthening and improving its program. Some recent suicide prevention initiatives include conducting live training for all installation suicide prevention program managers and hosting an Air Force-wide suicide prevention focus group to gather feedback on the perceptions of the program from our Airmen in the field. We queried their knowledge of the program and asked them to recommend improvements. A summary of these suggestions was briefed to senior leadership at the Air Force CAIB and those recommendations are currently being evaluated for implementation. Our required annual training was revised to increase emphasis on early help-seeking and leadership involvement with an interactive training module that emphasizes the Ask, Care, Escort model, which focuses Airmen on how to serve as good Wingmen, and specifically how to identify distress signals from fellow Airmen who may be at risk for suicide, and how to take appropriate action. Units have the option of completing this training on-line or via small group discussions. A 20-minute annual key skills frontline supervisor refresher training module is in development to sustain leadership skills in the prevention of suicides in our highest risk career fields. The Air Force Guide to Managing Suicidal Behavior, a clinical guide for mental health providers for assessing, managing, and treating suicidal ideation, is currently under revision.

Recent Research Efforts

The Air Force is fortunate to have a long history of research partnerships with DoD and non-DoD experts to expand our knowledge of suicide and suicide prevention. Current research with RAND Project Air Force is seeking to understand how Airmen use social media, to include the impact of social media use on relationships, help seeking, and emotional well-being. Research with the University of Rochester is examining the role of life events and social stressors factors in the suicides of specific clusters of personnel. The Air Force Research Lab and the University of Rochester are studying the relationships between personal well-being and suicide risk.

Active Duty, Guard, and Reserve Trend

Last year 51 active duty Airmen took their lives, a rate of 15.3 per 100,000. Although this is consistent with the upward trend in Air Force suicide rates since 2007 and is reflective of similar increases found in U.S. civilian rates during this same time period, we find this trend extremely disturbing as each member of our Air Force Total Force team is highly valued. Deployment does not seem to be a risk factor for suicide in the Air Force. The stressors most frequently experienced by Airmen prior to a suicide include relationship problems, legal/administrative issues, work-related issues or a combination of these factors. The Air Reserve Component had a total of 25 suicides in 2012, consistent with the rate of incidence in 2011 and 2010. Unfortunately, the Air National Guard trended slightly upward in 2012, while the Reserve was down. The Guard and Reserve also report similar risk factors for suicide as the Active Component.

National Perspective on Suicide

The AFSPP is actively engaged with the Defense Suicide Prevention Office (DSPO) in helping shape suicide prevention efforts across the Department of Defense through the Suicide Prevention and Risk Reduction Committee, the General Officer Steering Committee on Suicide Prevention, and other working groups and committees. The Air Force significantly contributes to 5 DSPO working groups, with significant impact on strategic messaging and stigma reduction. The Air Force also partners with DSPO and other services in promoting the "Military Crisis Line" component of the Veterans Crisis Line to assure Airmen have access to immediate confidential services as close as their phone.

The AFSPP continues to contribute to the body of scientific literature and to the study of suicide and suicide prevention. The 2012 National Strategy on Suicide Prevention states: "...the experience of the U.S. Air Force Suicide Prevention Program has shown that leadership, policy practices, and accountability can combine to produce very impressive successes. These findings should be shared and adapted for use in different settings." The Air Force is very committed to our ground-breaking program to prevent suicides and will continue to apply all the best practices science has to offer.

Post-Traumatic Stress Disorder

Although Post-Traumatic Stress Disorder (PTSD), has not proven to be contributing factor for recent suicide incidents or trends in the Air Force, newly diagnosed cases are rising on a yearly basis. However, we are encouraged that our overall rate of PTSD remains below 0.5 percent, and our retention rate for Airmen diagnosed with PTSD remains at 74 percent. We believe the best way to reduce mental health stigma is to treat and retain Airmen who seek care. Retaining the majority of Airmen with a PTSD diagnosis is concrete evidence that we are meeting that goal.

Our Airmen continue to be screened for PTSD symptoms via Pre- and Post-Deployment Health Assessments at various points throughout the deployment cycle. All Airmen receive education and training on how to recognize symptoms of PTSD and how to access the right resources. Because of the nature of their work, we know that our Explosive Ordnance Disposal (EOD), Security Forces, Medical, and Transportation career fields are at highest risk for developing PTSD. In 2010, the Air Force established the Deployment Transition Center at Ramstein AB, Germany, to provide an effective reintegration program for members of these occupational fields as they return home from a high risk deployment. To date, more than 5,000 Airmen have passed through the Center and research has shown solid evidence that the program helps Airmen by decreasing symptoms of Post-Traumatic Stress Disorder along with problematic alcohol use and relationship difficulties.

Another way the Air Force supports the growing needs of our Airmen in uniquely stressed career fields is by dedicating Mental Health and Primary Care staff to select EOD units and assigning Mental Health providers to support several Remotely Piloted Aircraft and Intelligence units. In addition, mental health clinicians known as Behavioral Health Optimization providers have been placed in 82 percent of our Primary Care clinics, with a goal of staffing 100 percent of clinics by the end of 2013. This allows the delivery of less formal and less stigmatizing care within Primary Care clinics, helping provide “the right care at the right time in the right place.”

We are also dedicated to providing adequate mental health provider staffing and training. In response to the 2010 National Defense Authorization Act, Section 714, mental health active duty

authorizations will increase 25 percent by 2016 to support the psychological needs of all Airmen. We thank the Committee for your efforts to help us meet our critical staffing needs. Our mental health providers are trained in evidence-based treatments, to include Prolonged Exposure and Cognitive Processing Therapy. This training is delivered in internships and residency programs for trainees and to all providers following completion of training. Finally, the Air Force continues to collaborate with the Departments of Defense and Veterans Affairs in advancing research on prevention and treatment of combat related injuries, including PTSD.

Conclusion

On behalf of Air Force leadership, I pledge to you that we will continue to seek the answers to why suicides occur and how we can intervene to prevent them. We need every Airman on the team as we face the difficult challenges of the future. We will continue to work closely with our Army, Navy, DoD and VA colleagues to find the best practices and to share them effectively. Thank you for your tremendous support in this endeavor.