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SUBJECT: SUICIDE PREVENTION

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Air Force Suicide Prevention

Chairman Heck, Ranking Member Davis, and distinguished members of the committee, thank you for the opportunity to appear before you on behalf of the men and women of America's Air Force.

The United States Air Force defends our nation with a broad range of capabilities made possible by an incredible force of professional Airmen who bear great responsibility in demanding missions. Our Airmen include members in the active component, Air National Guard, Air Force Reserve, and civilians in government service. Secretary James, General Welsh and leadership at every level of our Air Force are committed to the development of strong, resilient Airmen and the coordinated, robust support to Airmen as they confront problems inherent to life and mission.

Accordingly, the Air Force strategy for suicide prevention focuses on resilience among Airmen coupled with a community-based public health approach to prevention and timely intervention with follow-up for those in distress. This strategy includes actions across a preventive spectrum that extends from primary prevention measures focused on resilience for all Airmen to mental health care focused on Airmen in distress. This consists of layers of prevention with the broadest foundational layer reaching every Airman by fostering resilience and a culture of Airmen mutually supportive as Wingmen. The second layer provides assistance to those in personal or mission circumstances imposing stress. The third layer provides focused support and care for Airmen in distress. The program is an integrated network of policy, process and education that focuses on fostering strong, resilient Airmen, provision of assistance through stressful circumstances and focused support for those in distress. Through the program, leaders serve as role models and change agents, continuously working to sustain a culture of mutually

supportive Wingmen and working to connect Airmen with sources of assistance and care. The program was designed with 11 overlapping elements grouped into three categories: 1) leadership and community, 2) education, and 3) protections for those under administrative or legal investigation.

The Air Force is experiencing a rising rate of suicide among Airmen and a comprehensive review of our prevention strategy and program has been directed by Secretary James and General Welsh. This review is in progress and we just completed a Suicide Prevention Summit. Those activities will be described in this testimony.

Progression of Prevention

Since adoption of the strategy based upon the 11 elements, the Air Force has continuously adapted and evolved tools and procedures to apply the strategy. Through a partnership with the University of Rochester, the Air Force has continuously evaluated the effectiveness of its program. Using information gathered through the evaluation, the Air Force updated its guidance by rewriting and publishing our Suicide Prevention Instruction, which established tiered training requirements, and codified DoD Suicide Event Report requirements. We created a frontline supervisor training course tailored to career fields with the highest incidence of suicide. We developed the Airman's Guide to Assisting Personnel in Distress, and the Community Action Information Board directed all units to complete an annual end-of-year self-assessment checklist to ensure full implementation of the 11 elements of the program.

Recent suicide prevention initiatives include a renewed emphasis and enhanced format for annual suicide prevention training. This annual training for the total force is now conducted in a "live" small group discussion. Specific vignettes and discussion guides have been developed for active duty and reserve component personnel as well as DoD civilian employees in

acknowledgement of their different demographics and circumstances. This training emphasizes early intervention, risk factors and warning signs to enable Airmen to respond using the ACE (Ask, Care, Escort) model. The Air Force has also fielded an annual refresher course for frontline supervisors in career fields with the highest incidence of suicide to ensure their knowledge of tools and techniques to support and assist Airmen remains current. In 2014, we updated the Airman's Guide to Assisting Personnel in Distress. This tool provides guidance to Commanders and other leaders on effective intervention for issues including domestic violence, suicide risk, sexual assault and other sensitive and challenging problems. We also revised and expanded post-intervention guidance for Commanders and other leaders. Topics addressed included memorial guidance to ensure that unit leaders manage the aftermath of a suicide with sensitivity while focusing on appropriate messaging that would not inadvertently increase risk. Moreover, this year, we released the Air Force Family Members' Guide to Suicide Prevention to ensure that we are including family members in our coordinated community response. AF Public Affairs guidance, specific to suicide and consistent with appropriate evidence-based messaging was also updated and issued in September 2015.

Since 2012, the Air Force has been conducting successful pilot projects that embed mental health providers in operational units where performance demands and operational stress are concerns. This operational outreach reduces barriers between mental health professionals and Airmen by fostering confidence through informal interaction and familiarity of mental health providers with the mission. In addition, mental health clinicians known as Behavioral Health Optimization Providers have been placed in all Air Force Family Health Clinics. This provides quick access to mental health providers in the primary care setting, reducing concerns about stigma and assuring prompt access for Airmen and families.

The Air Force remains committed to the necessary provider staffing and training to deliver highly reliable and safe mental health care. In response to the 2010 National Defense Authorization Act, Section 714, mental health active duty authorizations are increasing and will reach the target growth of 25 percent by 2016. We thank the Committee for its support to high quality, accessible mental health support to Airmen.

Our mental health providers are trained and current in evidence-based treatments, to include Prolonged Exposure and Cognitive Processing Therapy. This training is delivered in all Air Force internships and residency programs for trainees and to all providers following completion of training. 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 Posttraumatic Stress Disorder (PTSD). Finally, the AF is committed to reducing suicides within the clinical setting by incorporating the latest research and actively seeking innovative initiatives in our mental health clinics to better manage our highest risk patients; increasing communication of safety events, disseminating lessons learned and providing enhanced risk-assessment training for primary care providers.

Recognizing the significant overlap between interpersonal violence, alcohol and substance abuse and suicide, we have also developed novel programs to assist in the prevention of child/family violence, such as Mission Dad. This effort provides on-line education and support to new fathers while we actively expand our capabilities to detect and address substance abuse by increasing the number of mental health technicians certified as Drug and Alcohol Counselors by nearly 75% in the past year.

Collaboration within DoD and National Suicide Prevention

The Air Force is actively engaged with the Defense Suicide Prevention Office (DSPO) in helping to shape suicide prevention efforts across the DoD through the Suicide Prevention and Risk Reduction Committee, the DoD General Officer Steering Committee on Suicide Prevention, along with other working groups and committees. The Air Force significantly contributes to five DSPO working groups, with significant emphasis 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 ensure Airmen have access to immediate confidential services.

The Air Force Suicide Prevention Program 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 committed to its suicide prevention program, but also eager to embrace the way ahead as we continue to evolve our program to achieve and sustain maximum efficacy in preventing suicides.

Post-Traumatic Stress Disorder

Although PTSD has not proven to be a prevalent contributing factor to suicides in the Air Force, we recognize the importance of effective identification and treatment in controlling the impact of PTSD on Airmen and families. Air Force mental health providers are trained in evidence-based treatments for PTSD and treatment has enabled the majority of Airmen diagnosed with PTSD to continue serving.

We continue to screen Airmen for PTSD symptoms via Pre- and Post-Deployment Health Assessments and at various points through the deployment cycle. All Airmen receive education and training on how to recognize symptoms of PTSD and how to access the right resources. In 2010, the Air Force established the Deployment Transition Center at Ramstein Air Base, Germany. This center provides a four-day reintegration program for Airmen returning from deployments that involved activities associated with post-traumatic stress. Since its inception, the Deployment Transition Center has processed over 8,000 re-deployers, including service members from the Navy and Marine Corps. The design of the Center is entirely consistent with the Comprehensive Airman Fitness framework and specifically targets resiliency challenges due to family separation and the demands of combat operations. While initially focused on forces returning from the U.S. Central Command area of responsibility, the Deployment Transition Center is expanding its support to re-deploying Airmen from the Africa Command area of responsibility. Over the its five years of operation, the Deployment Transition Center has proven to diminish post-traumatic stress, relationship conflict, anger problems, depression, sleep disturbance, and alcohol use problems.

Trends in the Incidence of Suicide in the Air Force

The Air Force leadership is very concerned about the increasing rate at which suicide is occurring among Airmen, a trend that has persisted since 2007 despite a focused prevention effort and adjustments to address underlying factors. The increase has been most evident in the active force. Last year 62 active duty Airmen took their lives, a rate of 19 per 100,000. To date in calendar year 2015 the Air Force has seen 70 total force suicides, 48 of which are Air Force active duty members, and 13 civilians. The Air Reserve Component had a total of 24 suicides in 2014, consistent with the rate in 2013 and 2012. The Air National Guard trended down from

2012 to 2013 and remained virtually unchanged from 2013 to 2014, while the Air Force Reserve was generally consistent with prior annual rates. While this reflects an increase in the suicide rate in the U.S. population, we are committed to reversing this troubling trend among Airmen. Deployment has not been found to be a risk factor for suicide in the Air Force. The stressors most frequently identified among Airmen that commit suicide have remained unchanged for decades and include relationship problems, legal/administrative issues, work-related stressors or a combination of these factors. The Air National Guard and Air Force Reserve report similar underlying factors. In a 2014 analysis of our Air Force data we determined that the majority (56%) of those who died by suicide were coping with three or more significant stressors.

2015 Comprehensive Review and Suicide Prevention Summit

In April 2015, General Welsh initiated a comprehensive review of Air Force suicide prevention to include an Air Force Suicide Prevention Summit. The purpose is to identify factors underlying Air Force suicides, review the latest evidence regarding effective prevention, gain insight into the experience of other organizations, refresh the Air Force strategy and identify new actions to effectively prevent suicide.

The review is in progress under the oversight of a Senior Steering Group. Elements of the review include: 1) multidisciplinary analysis of investigations and medical information on active duty suicides in 2013 and 2014, 2) review of medical care to Airmen with suicidal ideation, 3) a National Institutes of Health (NIH) funded on-site assessment of suicide prevention and Community Action Information Board processes at 17 installations. In the on-site assessments, a research team from the University of Rochester will conduct focus groups with key stakeholders, Airmen of all rank groups and family members to more fully understand the

impact of existing prevention programs, identify barriers to effective implementation, and develop recommendations to improve community prevention.

The Air Force Suicide Prevention Summit was conducted 22-25 September 2015, with 160 diverse participants consisting of total force Airmen from multiple career fields at all levels of seniority, behavioral health experts, suicide prevention experts from DoD and the Services, researchers from academic institutions, and national experts from the NIH, the Department of Veterans Affairs and the Centers for Disease Control. The participants interacted with Air Force senior leaders, received relevant presentations, and populated ten break-out groups. The breakout groups considered factors pertaining to a new generation of Airmen, the mission, new knowledge about prevention, communications, socio-economic factors, developmental education, and others to arrive at observations and recommendations. Each group discussed their recommendations directly with the Chief of Staff of the Air Force and Vice Chief of Staff of the Air Force. The recommendations are comprehensive and provide new approaches within each layer of the spectrum of prevention. The recommendations from the review and Summit are now being used to refresh the Air Force strategy and build action plans.

Conclusion

The Air Force is committed at every level to develop and support total force Airmen as resilient mutually-supportive professionals. We are working hard to meet mission demands while keeping stress on the force to a level compatible with good health and high performance among Airmen. We need every Airman across the total force, including those in uniform and our government civilians. We will continue to work closely with our colleagues in the Army, Navy, DoD, Department of Veteran Affairs, other governmental agencies and academia in this

essential endeavor. Thank you for your attention to this important matter and your continued support.