



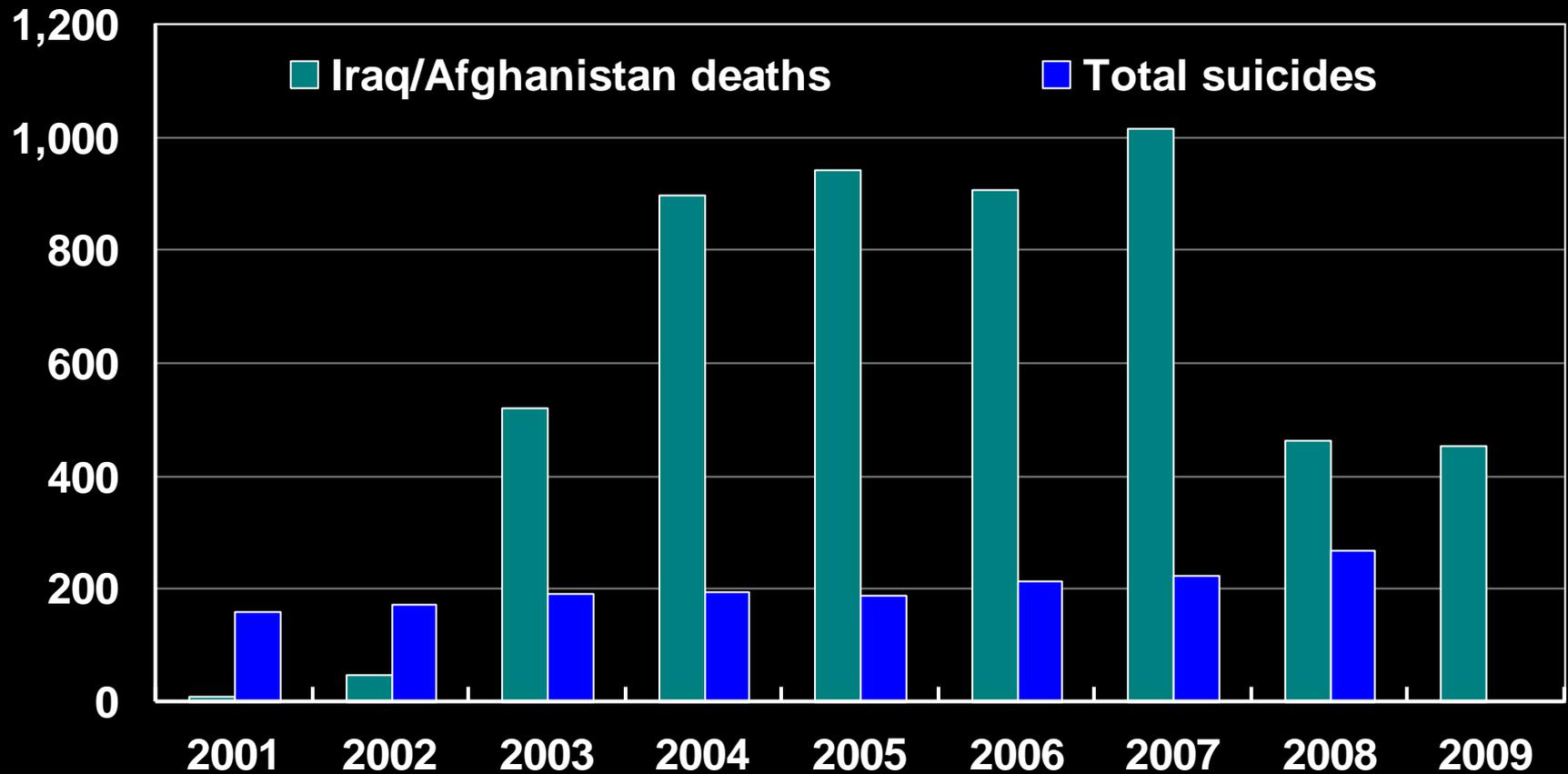
NATIONAL DEFENSE RESEARCH INSTITUTE

***The War Within:
Preventing Suicide in the U.S. Military***

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DoD Concerned About Increase in Suicides Among Military



We Posed Three Research Questions

What are the DoD and each service doing to prevent suicides?

What is considered “state of the art” for suicide prevention?

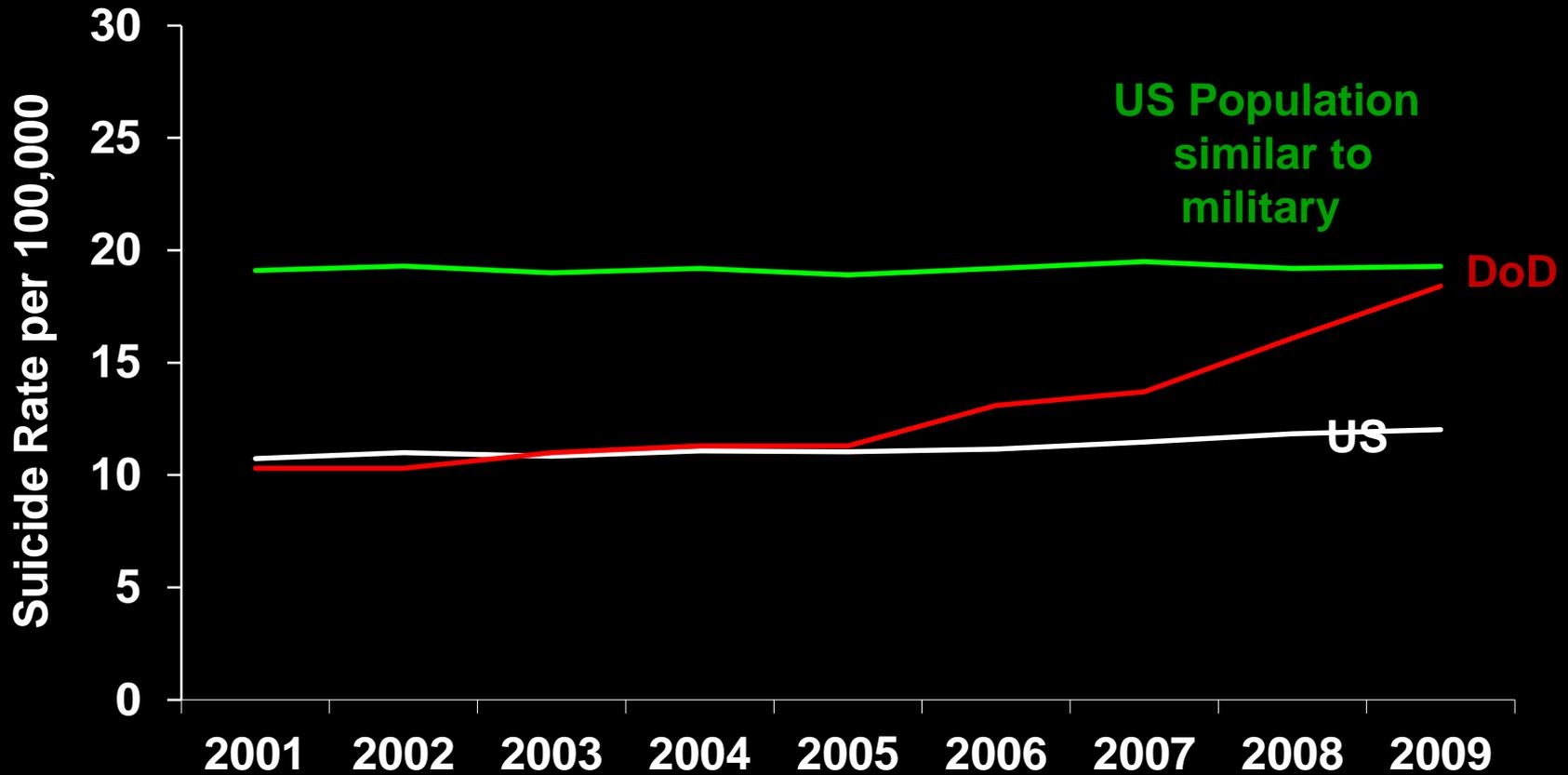
Do DoD and service-specific approaches reflect the “state of the art”?

Recommendations for enhancing current approaches

Outline

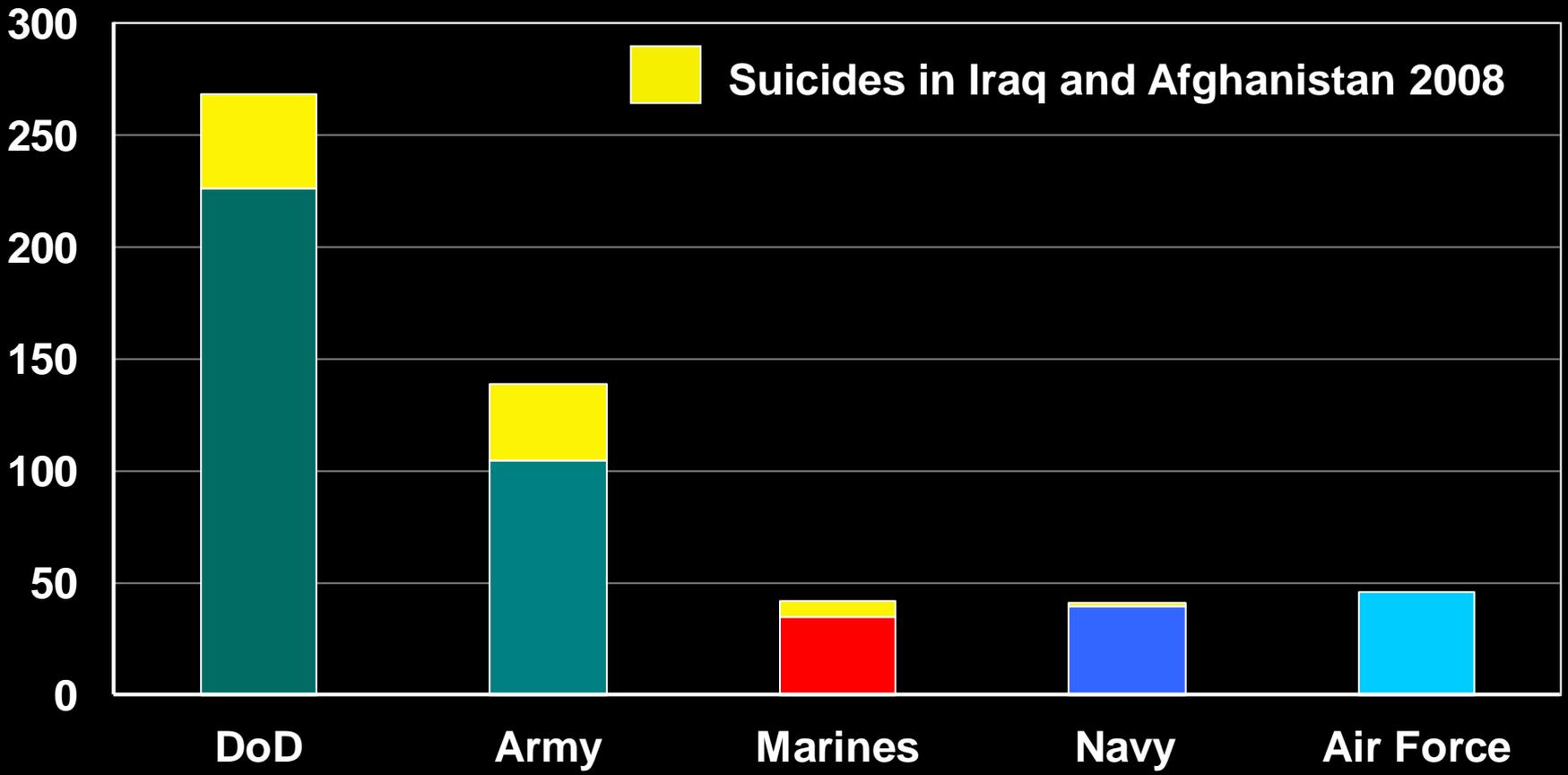
- ➔ • **The epidemiology of suicide**
- Characteristics of state-of-the-art prevention programs
- DoD suicide prevention programs and how they compare with state of the art
- Conclusions and recommendations

DoD Suicide Rates: Actual, Expected, and Civilian



Note: Most recent national data is for CY2008

Army and Marine Corps Have Highest Number of Suicides in Theatre



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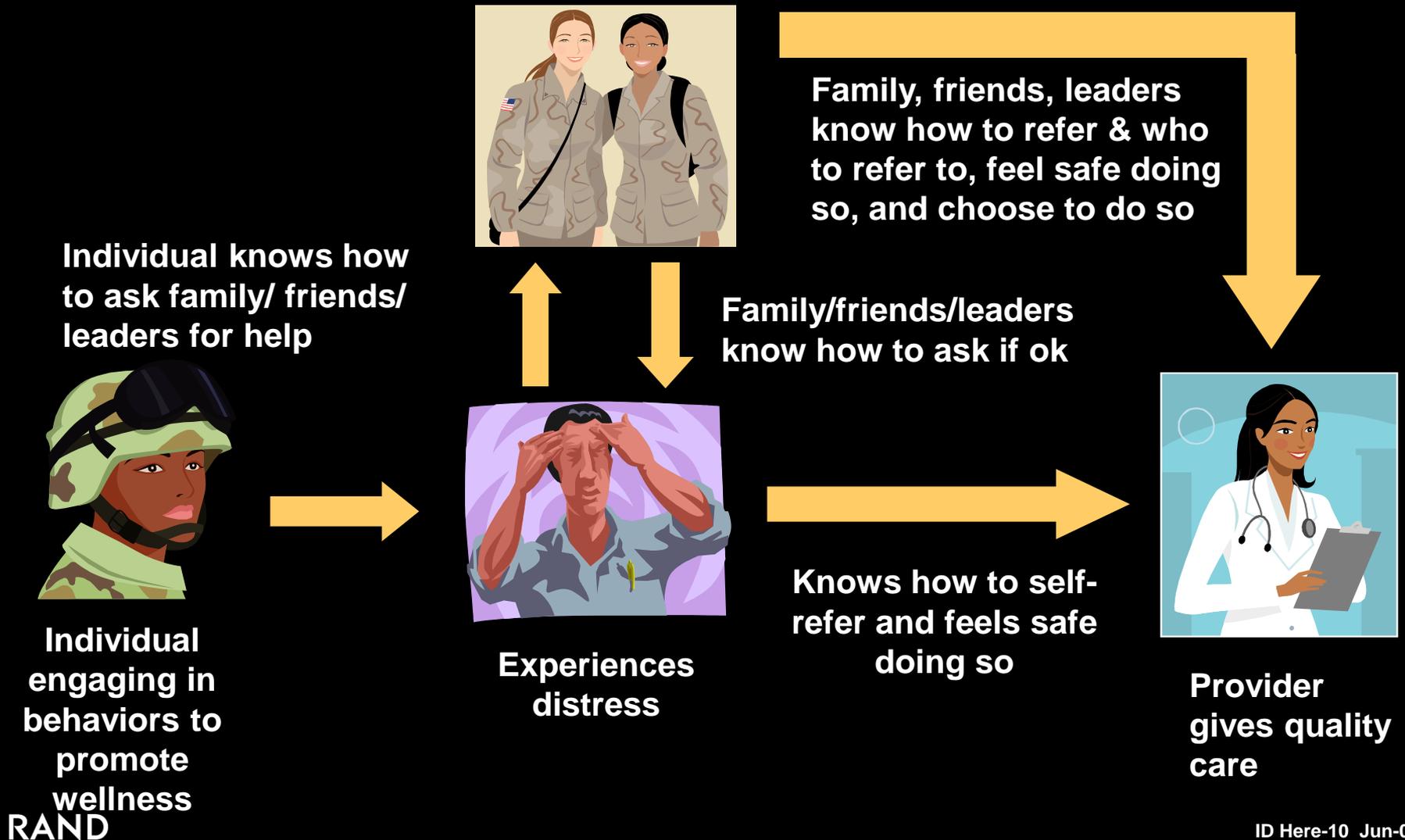
State-of-the-science for Studying Suicide Prevention Limits Strong Conclusions

- **Challenges to evaluating suicide prevention programs:**
 - **Low base rate of event (10 per 100,000)**
 - **Long time frame needed to observe outcomes**
 - **Inconsistent measures of “suicide”**
 - **Programs typically include multiple components**
- **Alternative strategies provide useful information**
 - **Randomize control trials among those at high risk (persons with mental illness, nonfatal attempts)**
 - **Use of proxy outcomes: suicide attempts, suicide ideation**
 - **Use of alternative outcomes: Changes in knowledge, attitudes, and behavior (e.g., referrals to mental health)**
 - **Ecological studies to see social trends**

RAND Identified Six Components of a Comprehensive Suicide Prevention Strategy

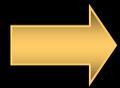
- **Raise awareness and promote self-care**
 - **Identify those at risk**
 - **Facilitate access to quality care**
 - **Deliver quality care**
 - **Restrict access to lethal means**
 - **Respond appropriately**
- Necessary to ensure access to quality care**
- Strongest evidence of effect**
- 

Components of Comprehensive Suicide Prevention Program Work Together



Outline

- The epidemiology of suicide
- Characteristics of state-of-the-art prevention programs



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Prevention Philosophies of Service Programs in a Few Words

Army	Buddy System (peers as gatekeepers) and resiliency training
Navy	Suicide as an adverse event on a “stress continuum” → early intervention
Air Force	Community-based approach that promotes culture change
Marines	Community-based approach that relies heavily on gatekeepers

Largest Gaps in DoD Programs Are Where Evidence of Effect is Strongest

	Army	Navy	Air Force	Marines
Raise awareness and promote self-care	Awareness campaigns are generally good, though more efforts are needed in promoting self-care			
ID those at risk	Expansive but rely mostly on gatekeepers	Mostly rely on gatekeepers	Investigation policy a good start; others? (deployment)	Mostly rely on gatekeepers
Facilitate access to quality care	Stigma addressed primarily by locating behavioral health care in non-traditional settings			
	No policy to assuage privacy or professional concerns		Limited Privilege	No Policy
	No education about benefits of accessing behavioral health care			
Deliver quality care	Not considered in domain of suicide prevention		Past efforts exist, but not sustained	
Restrict access to lethal means	No current policies exist			
Respond appropriately	Personnel/teams available, but limited guidance			

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-  • **Conclusions and recommendations**

Conclusions

- **Most DoD and Service efforts to prevent suicides fall under:**
 - Raising awareness about suicide
 - Gatekeeper trainings to identify those at risk
 - Addressing stigma by locating behavioral health in untraditional settings
- **More efforts needed to:**
 - Promote self-care
 - Facilitate access to quality behavioral health care
 - Educate behavioral health care providers
 - Restrict access to lethal means
 - Guide interventions following suicide (“postvention”)

Recommendations

Overarching	1. Systematic Surveillance 2. Evaluate existing and new initiatives
Raise Awareness and Promote Self-Care	3. Teach Skill-Building and Help-Seeking 4. Form Partnerships
Identify Those At High Risk	5. Evaluate Gatekeeper Trainings 6. Conduct Research to Identify Risk Factors 7. Respectfully Ensure Continuity of Care
Facilitate Access to Quality Care	8. Inform servicemembers about benefits of and repercussions for accessing behavioral health care 9. Inform servicemembers about referral endpoints 10. Improve communication between caregivers 11. Assess capacity of providers and chaplains
Provide Quality Care	12. Train providers and chaplains to deliver quality care
Restrict Access to Lethal Means	13. Consider creative ways to restrict access
Respond Appropriately	14. Provide policies and procedures to facilitate postvention

NDRI's Ongoing Work On Suicide Prevention in the Military

- **Inform military leaders on how to best respond to suicides that occur within their ranks (“postvention”)**
 - **Currently under review**
- **Creating an “evaluation toolkit” to help guide sound evaluations of suicide prevention activities**
 - **Expected to be complete by September 2012**
- **Understand perspectives of NCOs and chaplains on their role as “gatekeepers” to preventing suicide**
 - **Expected to be complete by September 2012**



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