Connect
Suicide Prevention Project

An SPRC/AFSP Best Practice Program

Suicide Prevention, Intervention and Postvention for Soldiers, and Family

A collaboration between NAMI NH and the NH National Guard

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Impact of Suicide
Ecological Model

Society Military Community Friends/Family Warrior
Army National Guard Suicide Prevention
2002 – 2008 Suicide Demographics
Unclassified/FOUO

**Deployment History**
- Deployed 48 / 29%
- Previous Deployment 28 / 17%
- Never Deployed 59 / 54%

**Race**
- White 137 / 83%
- Black 14 / 8%
- Hispanic 8 / 5%
- Native American 3 / 2%
- Asian 3 / 2%

**Duty Status**
- M-Day 87 / 52%
- AD Other 29 / 18%
- Deployed 28 / 15%
- Previous Deployment 25 / 15%

**Marital Status**
- Single 86 / 52%
- Married 79 / 48%

"One suicide is one too many."

**Suicide Rate by Service Branch**

<table>
<thead>
<tr>
<th>Service Branch</th>
<th>Suicides</th>
<th>Rate 100,000</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army</td>
<td>140</td>
<td>20.2</td>
<td>2008</td>
</tr>
<tr>
<td></td>
<td>147 (+71)?</td>
<td></td>
<td>YTD 12/31/09</td>
</tr>
<tr>
<td>Air Force</td>
<td>38 (34)</td>
<td>11.5</td>
<td>2008</td>
</tr>
<tr>
<td>Marines</td>
<td>41 (42)</td>
<td>19</td>
<td>2008</td>
</tr>
<tr>
<td>Navy</td>
<td>41 (47)</td>
<td>11.6</td>
<td>2008</td>
</tr>
<tr>
<td>US</td>
<td>33,300</td>
<td>11.1</td>
<td>2006</td>
</tr>
<tr>
<td>White Males</td>
<td>23,767</td>
<td>19.8</td>
<td>2006</td>
</tr>
</tbody>
</table>

Airforce times 4/23/09
Cultural Considerations

• Personal Inventory
• Access
• Rank
• Acronyms
• Family Supports
• Suspicion of non military?
• Postvention

Military and Death
Increased Risk For Suicide?

• One theory of suicide is that people acquire the capability to suicide (Joiner)
• Overcome fear of being in harms way
• Prepare for own death/fearlessness regarding death
• Increased threshold for physical and psychic pain
Military Intimacy

- Bonds between combat buddies and unit
- Shared Mission and values
- Shared history and culture
- Life or death moments
- Difficult to replicate intimate relationships in civilian world
- May lead to loneliness/estrangement from family and friends

Military Culture

- To survive in combat must detach from emotions
- To function at home must deal with emotions
- Death before dishonor
- Warrior Ethos
  - I will always place the mission first
  - I will never accept defeat
  - I will never quit
  - I will never leave a fallen comrade
Stigma

- We’re only as strong as the weakest link…
- Stigma surrounding mental health problems and suicide can further isolate the person.
- **Perceived difference between physical and emotional pain.**
- Military personnel **may not seek help** because of the perceived **impact it may have on their career.**
- Chaplains are safest people to share info with (ethically mandated to keep info confidential)

National Guard

- 50% of soldiers in OEF/OIF (current) are National Guard
- Citizen Soldiers
- No base installation/limited resources
- Deployment has significant distress for family
- Return from theatre to community <72 hours
NH ARNG Suicide Prevention

- Required to implement SP programs 2007
- Designated SP Program Manager 2008
- Identified community collaborators-involved in state SP efforts
- Developed protocols/training for prevention, intervention and postvention
- Use of Command Structure
- Involvement of Family Support Programs

Point of Contact (POC)

- Suicide Prevention Program Manager
- G1 – Personnel Resource Officer
- J1 – Joint Forces Personnel Officer
- Chaplains
- Family Support Programs
- Yellow Ribbon
VA Hospitals

• Have a Suicide Prevention Coordinators
• Deployed overseas to be eligible
• Services for Soldiers and Vets
• DOD has access to all records

Vet Centers:

• Operate separately from VA Hospitals
• DoD does not have access to records
• Provide supports to Vets AND Families

If you’re in an emotional crisis
call 1-800-273-TALK “Press 1 for Veterans”
www.suicidepreventionlifeline.org

It takes the courage and strength of a warrior to ask for help.....
Evaluation Results

- Participants from Connect Military Prevention and Intervention trainings demonstrated significant increases in overall suicide and suicide prevention knowledge.
- The number of participants answering correctly increased for all items from pre-test to post-test.
- Possible Score Range: 0-6
- After taking part in a Connect Military Prevention and Intervention trainings, participants report feeling better prepared to respond to suicide incidents. This includes:
  - Confidence in their own knowledge and abilities
  - Comfort with the topic of suicide prevention
  - Understanding of military and civilian resources available
- Possible Score Range: 0-60