Adapting the Air Force Suicide Prevention Model for Campuses and Achieving Success

David A. Litts, OD, FAAO
Colonel, USAF (Retired)

Greg Eells, PhD
Director Counseling & Psychological Services, Gannett Health Services, Cornell U.

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• Social factors and social integration of individuals exert a powerful influence over suicidal behavior...broad social forces account for the variation in suicide rates. *Suicide* 1897

Emile Durkheim
Institute of Medicine Report - 2002

“A society’s perception of suicide and its cultural traditions can influence the suicide rate.” (p 204)

“Completed suicide occurs more often in those who are socially isolated and lack supportive family and friendships.” (p 200)

“…with one study suggesting that perceived social support may account for about half of the variance in suicide potential in youth.” (p 200)


“The work of suicide prevention must occur at the community level, where human relationships breathe life into public policy.”

David Satcher, MD, PhD
Sixteenth Surgeon General
Prevention Triad

- **Necessary Conditions for Prevention**
  - Evidence base
  - Social Strategy
  - Political will (community readiness)

*Political will is the *most necessary*

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Community Norms

- **Interdependence -- interconnectedness**
  - “My brother’s keeper” -- shared responsibility
- **Knowledge and skills**
- **Positive attitudes toward help-seeking**
- **Accurate understanding of mental health and mental illness**
- 350,000 Service Members
- Educated, employed, housed, health care (including mental health care), one language
- Prescreened; low illicit drug use (~1%); discharge for mental illness
- Clearly identified community leaders
- Formal gatekeeper network

Suicide Rate -- US Air Force Members 1990-1995
Data-Driven Prevention Planning Model

- Establish clear vision and framework for prevention
- Assess incidence/prevalence, risk/protection, and demographics
- Assess community and local readiness for prevention
- Assess community and local resources
- Prioritize populations, risk/protection factors
- Compare populations, risk/protection, and resources
- Implement programs to address risks, enhance protection, and fill gaps
- Promote readiness for prevention
- Monitor data to evaluate policy, funding, and program decisions

Adapted from Richard Catalano and David Hawkins, University of Washington.
Leading Causes of Death ADAF 1990 -1995

- Suicide: 24%
- Unintentional Injuries (Accidents): 48%
- Other: 4%
- Disease: 20%
- Homicide: 4%

Mental Health Services Utilization

Suicides 1990 - 1995 with Criminal Problems (n = 92, 32% of total)

- No Mental Health Care: 82%
- Received Mental Health Care: 18%
Risk Factors
AF Suicides vs AF Population*

<table>
<thead>
<tr>
<th></th>
<th>AF Population</th>
<th>AF Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UCMJ Problems Legal Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
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<tr>
<td>Depression</td>
<td></td>
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<tr>
<td>Job Stress</td>
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</tbody>
</table>

*Data from various sources, covering various timeframes between 1990 and 1995.

Assumptions / Approach

- Suicides are preventable  
  - One is too many
- Tip of the iceberg  
  - Address entire iceberg
- Not a medical problem  
  - A community problem
- No proven approaches  
  - Use CDC & WHO guidelines
- Partnerships key to success  
  - All partners shared stake in outcome
- Cultural barriers to prevention  
  - Leverage sr. leaders for cultural change
"Since relationship problems are a factor in over half of our suicides, be vigilant for risk signs and respond with help to fellow airmen having problems. Encourage your troops to get whatever assistance they need. ... We need to continually communicate that we value people who demonstrate good judgement by seeking help when they need it."

— General Michael E. Ryan
Air Force Chief of Staff, 19 Jul 99
“Please go the extra mile to foster a sense of belonging. Make sure your people feel they are a member of the team at unit functions and other small gatherings. It has been repeatedly demonstrated that social connections save lives. ... Let’s ensure we take care of our own—our Air Force family.”

— General Michael E. Ryan
Air Force Chief of Staff, 19 Jul 99
“Addressing risk factors across the various levels of the ecological model may contribute to decreases in more than one type of violence.”


Results

Comparison of the effects of risk for suicide and related adverse outcomes in the USAF population prior to implementation of the program (1990-1996) and after implementation (1996-2002).

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Relative Risk (RR) and 95% CI</th>
<th>Risk Reduction (1-RR)</th>
<th>Excess Risk (RR-1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>.67 [.5702, .8017]</td>
<td>↓ 33%</td>
<td>--</td>
</tr>
<tr>
<td>Homicide</td>
<td>.48 [.3260, .7357]</td>
<td>↓ 51%</td>
<td>--</td>
</tr>
<tr>
<td>Accidental Death</td>
<td>.82 [.7328, .9311]</td>
<td>↓ 18%</td>
<td>--</td>
</tr>
<tr>
<td>Severe Family Violence</td>
<td>.46 [.4335, .5090]</td>
<td>↓ 54%</td>
<td>--</td>
</tr>
<tr>
<td>Moderate Family Violence</td>
<td>.70 [.6900, .7272]</td>
<td>↓ 30%</td>
<td>--</td>
</tr>
<tr>
<td>Mild Family Violence</td>
<td>1.18 [1.1636, 1.2040]</td>
<td>--</td>
<td>↑ 18%</td>
</tr>
</tbody>
</table>

Suicide Among Airmen


Air Force Model: Necessary Ingredients

- Leadership
- Political will/readiness
  - Vision for prevention
- Coalition
  - Shared understanding
- Data-driven prevention planning
- Resources
- Effective, multi-layered interventions
- Evaluation
- Sustainability
Resources

“The best and most effective prevention programs are ones that are directed toward using resources which are indigenous to a particular community....external programs generally don't work as well, as they don't recognize the values of the culture.

--Sherry Davis Molock, M.Div., Ph.D.

Transportability Issues

- Leadership - decentralized
- Political will/readiness – slower development
- Coalitions – elusive consensus
- Resources - competition
- Data-driven prevention planning – iterative
- Multi-layered interventions – one step at a time
- Evaluation – assess capacity and develop as necessary
- Sustainability.....
Contact us at:

www.sprc.org

info@sprc.org

1-877-GET-SPRC

dlitts@edc.org