Necessary Ingredients for Success in Community-Based Suicide Prevention Efforts

The Air Force Experience

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USAF Community

- 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

Rate/100,000 12-Mo Rolling Avg


USAF Community Prevention Partners

- Medics-Mental Health
- Public Health
- Personnel
- Command
- Law Enforcement
- Legal
- Family Advocacy
- Child & Youth
- Chaplains
- Criminal Investigative Svc.
- CDC
- Walter-Reed Army Inst. Of Research
Data-Driven Prevention Planning Model

Establish Clear Vision and Framework for Prevention

Assess Incidence/Prevalence, Risk/Protection & Demographics

Prioritize Populations & Risk/Protective Factors

Assess Community and Local Readiness for Prevention

Compare Populations, Risk/Protection, & Resources

Promote Readiness for Prevention

Implement Programs to Address Risks, Enhance Protection, and Fill Gaps

Monitor Data to Evaluate Policy, Funding, & Program Decisions

Assess Community and Local Resources

Adapted from Richard Catalano and David Hawkins, U of Washington.

Leading Causes of Death
ADAF 1990 -1995

Suicide 24%

Homicide 4%

Other 4%

Disease 20%

Unintentional Injuries (Accidents) 48%
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*

*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

<table>
<thead>
<tr>
<th>Mental Health Screening</th>
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<tr>
<td>Messages from Senior Leaders</td>
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<td>Community Training</td>
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<th>Public Affairs Initiatives</th>
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<td>Career Development Education</td>
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<td>1° Prevention Activities for MHPs</td>
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<td>Integrating Community Preventive Services</td>
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<td>Gatekeeper Training</td>
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<td>Critical Incident Stress Management</td>
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<td>Investigative Agency Hand-off Policy</td>
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<td>Limited Privilege</td>
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Scope of Intervention
Suicide Rate -- US Air Force Members 1990-2002

Rate/100,000
12-Mo Rolling Avg

Intervention


Suicide Rate -- US Air Force Members 1990-2002

Rate/100,000
12-Mo Rolling Avg

Intervention

Suicide Rate -- US Air Force Members 1990-2002

“Addressing risk factors across the various levels of the ecological model may contribute to decreases in more than one type of violence.”


Results

<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>
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<tr>
<td>Homicide</td>
<td>.48 [.3260, .7357]</td>
<td>↓ 51%</td>
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<tr>
<td>Accidental Death</td>
<td>.82 [.7328, .9311]</td>
<td>↓ 18%</td>
<td>--</td>
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<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>
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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.
Interventions

• Evidence-Base (Effectiveness)
  – Targets desired outcome
    • Reduce risk
    • Increase protection
    • Reduce prevalence/incidence of suicidal behaviors

“Programs that address risk and protective factors at multiple levels are likely to be most effective.”
Interventions

- Evidence-Base (effectiveness)
  - Achieves desired outcome
  - Multi-layered
  - Addresses risk and protective factors

  “…focusing on protective factors such as emotional well-being and connectedness with family and friends was as effective or more effective than trying to reduce risk factors in the prevention of suicide.”


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 and develop capacity
- Sustainability…..
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