The United States Air Force Suicide Prevention Program (AFSPP) is a population-oriented approach to reducing the risk of suicide. The Air Force implemented 11 initiatives aimed at strengthening social support, promoting development of social skills, and changing policies and norms to encourage effective help-seeking behaviors. AFSPP’s 11 initiatives include: 1) Leadership Involvement, 2) Addressing Suicide Prevention in Professional Military Education, 3) Guidelines for Commanders on Use of Mental Health Services, 4) Community Preventive Services, 5) Community Education and Training, 6) Investigative Interview Policy, 7) Trauma Stress Response, 8) Integrated Delivery System (IDS) and Community Action Information Board (CAIB), 9) Limited Privilege Suicide Prevention Program, 10) IDS Consultation Assessment Tool, and 11) Suicide Event Surveillance System.

The program manual [2] is available at no charge.

**Designation as a "Program with Evidence of Effectiveness"**

SPRC designated this intervention as a “program with evidence of effectiveness” based on the World Health Organization’s 2014 publication Preventing Suicide: A Global Imperative [3]. The report states:

"**Multicomponent interventions.** There are multiple causes and pathways for suicide. Interventions that contain more than one prevention strategy might therefore be particularly useful for preventing suicide. Indeed, research suggests that multicomponent programme strategies are associated with successful reductions in suicide rates. For example, the United States Air Force programme, consisting of 11 community and health-care components with accountability and protocols, was shown to be highly effective in preventing suicides in the Air Force" (p. 63).

**Outcomes**

A cohort of active-duty U.S. Air Force personnel exposed to the intervention between 1997 and 2002 was compared to a cohort not exposed between 1990 and 1996. The intervention cohort experienced a 33% relative risk reduction compared to the control cohort (p < 0.001). The intervention cohort also experienced relative risk reductions for homicide (51%, p = 0.05), accidental death (18%, p = 0.05), severe family violence (54%, p < 0.0001), and moderate family violence (30%, p < 0.0001) when compared to the control cohort (Knox et al., 2003).

A follow-up study assessed the AFSPP's impact on suicide rates from 1981 through 2008, providing 16 years of data before the program’s 1997 launch and 11 years of data after launch. Implementation of program components
was measured at 2 points in time: during a 2004 increase in suicide rates, and 2 years afterward. Suicide rates in the Air Force were significantly lower after the AFSPP was launched than before, except during 2004. The study determined that the program was being implemented less rigorously in 2004 (Knox et al., 2010).

References


Links within this resource


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