

# Necessary Ingredients for Success in Community-Based Suicide Prevention Efforts

## *The Air Force Experience*



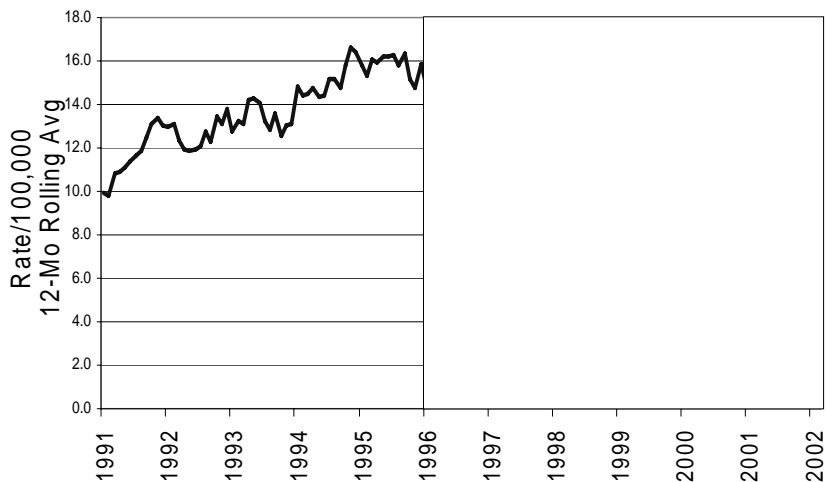
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Colonel, USAF (Retired)

December 13, 2006

## 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

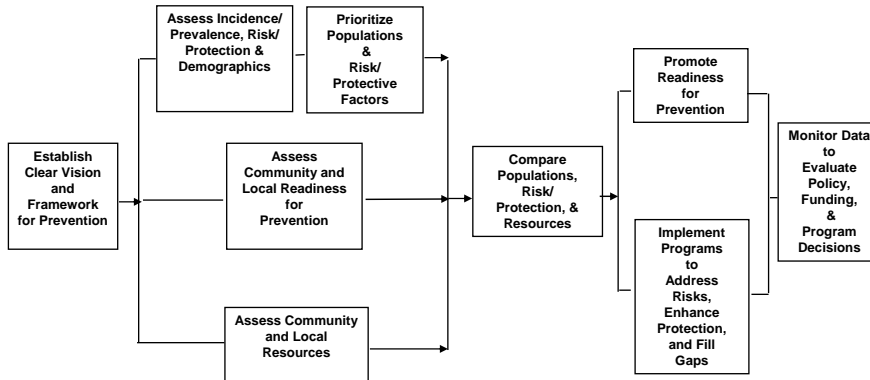
## Suicide Rate -- US Air Force Members 1990-1995



## USAF Community Prevention Partners

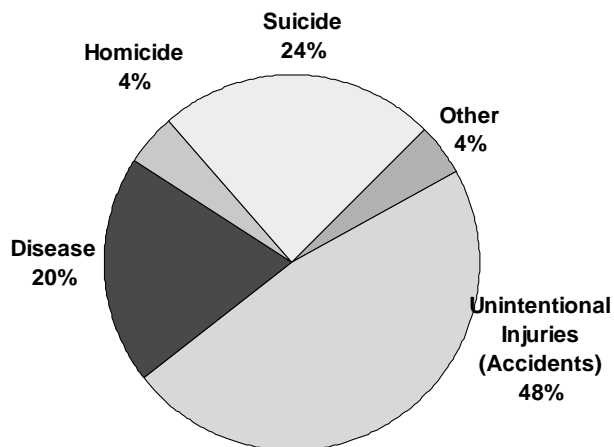
- Medics-Mental Health
- Public Health
- Personnel
- Command
- Law Enforcement
- Legal
- Family Advocacy
- Child & Youth
- Chaplains
- Criminal Investigative Svc.
- CDC
- Walter-Reed Army Inst. Of Research

## Data-Driven Prevention Planning Model



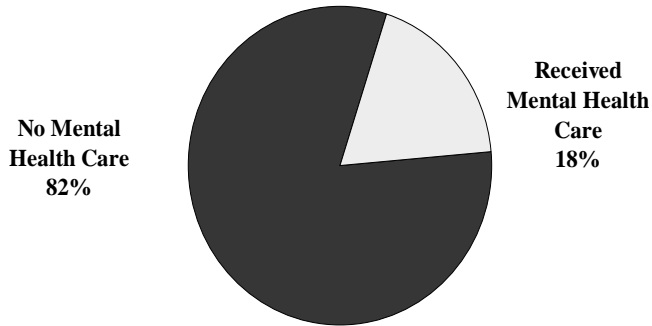
Adapted from Richard Catalano and David Hawkins, U of Washington.

## Leading Causes of Death ADAF 1990 -1995

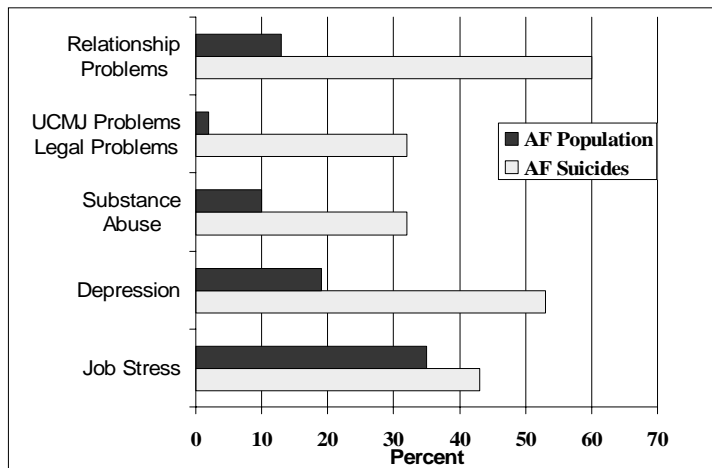


# Mental Health Services Utilization

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



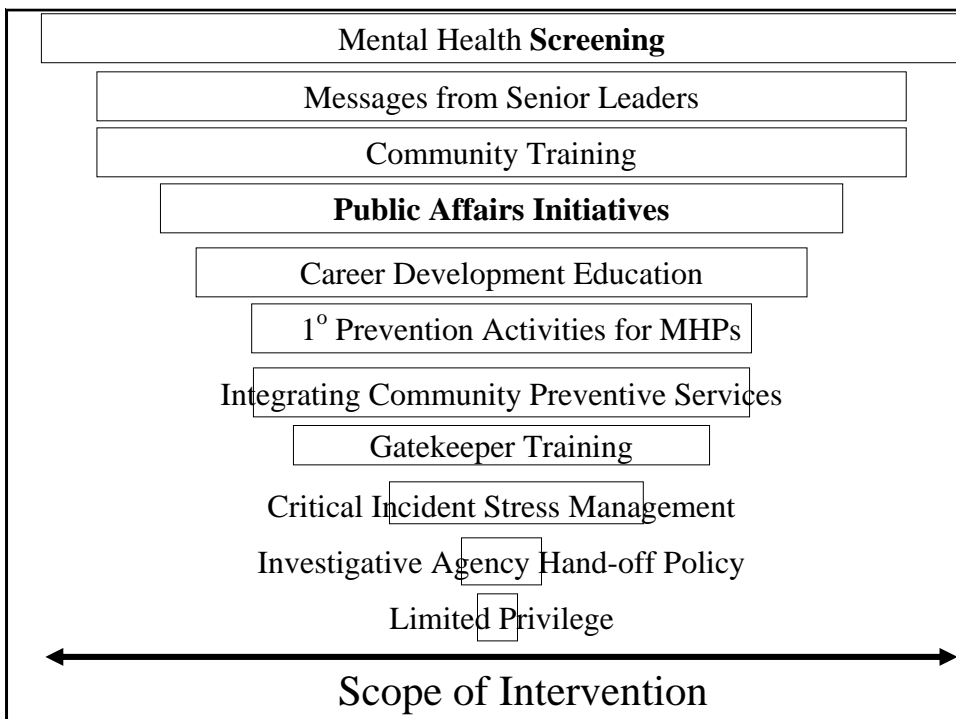
# Risk Factors AF Suicides vs AF Population\*



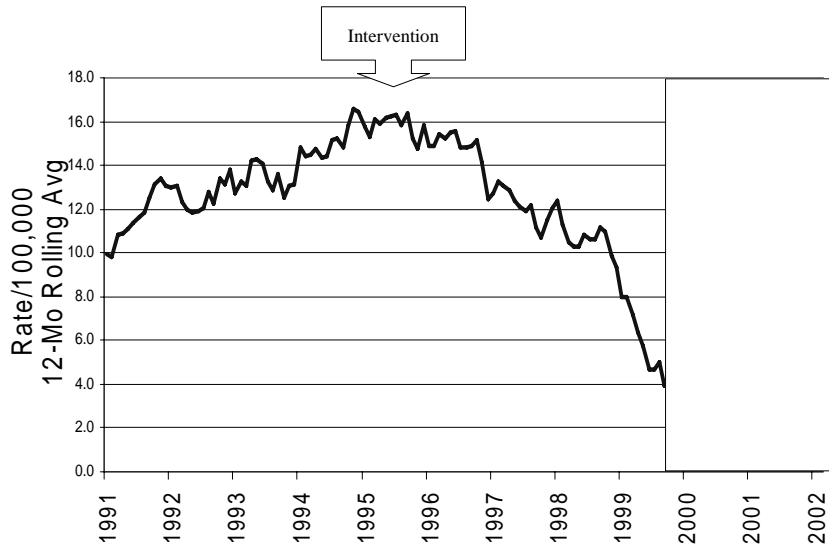
\*Data from various sources, covering various timeframes between 1990 and 1995.

## Assumptions / Approach

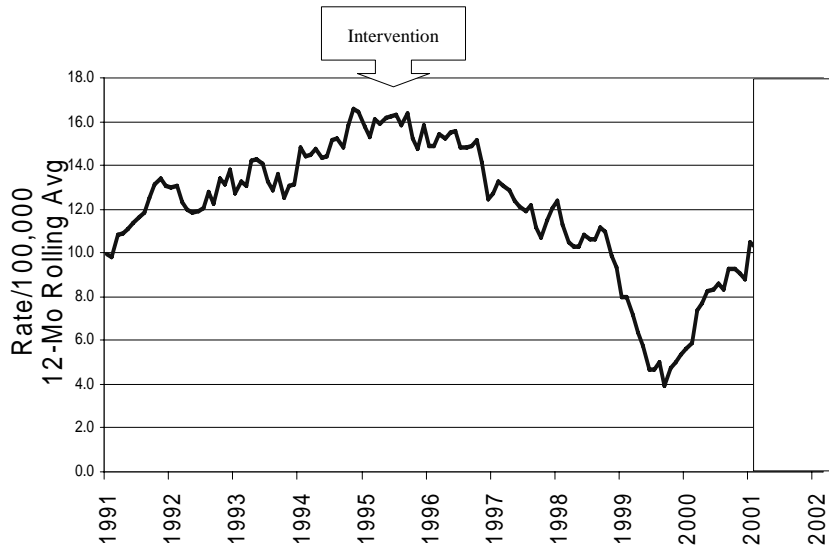
- Suicides are preventable
  - ▲ One is too many
- Tip of the iceberg
  - ▲ Address entire iceberg
- Not a medical problem
  - ▲ A *community* problem
- No proven approaches
  - ▲ Use CDC & WHO guidelines
- Partnerships key to success
  - ▲ All partners shared stake in outcome
- Cultural barriers to prevention
  - ▲ Leverage sr. leaders for cultural change



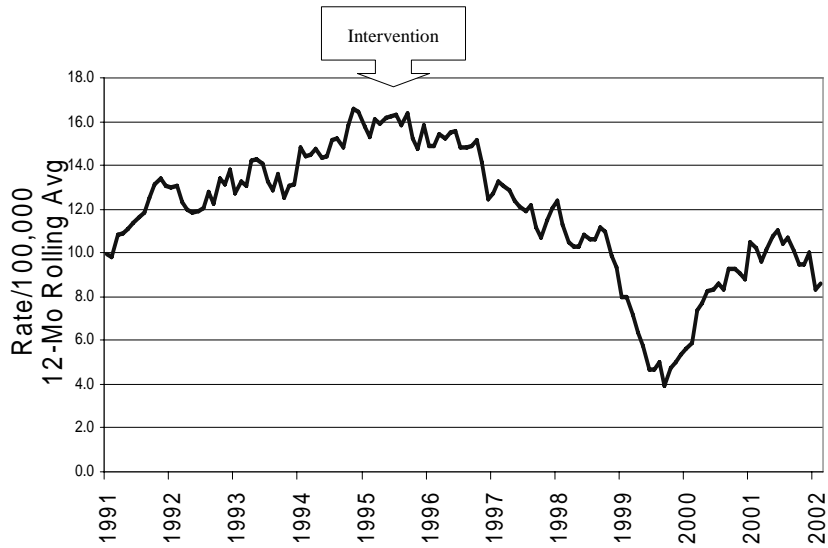
### Suicide Rate -- US Air Force Members 1990-2002



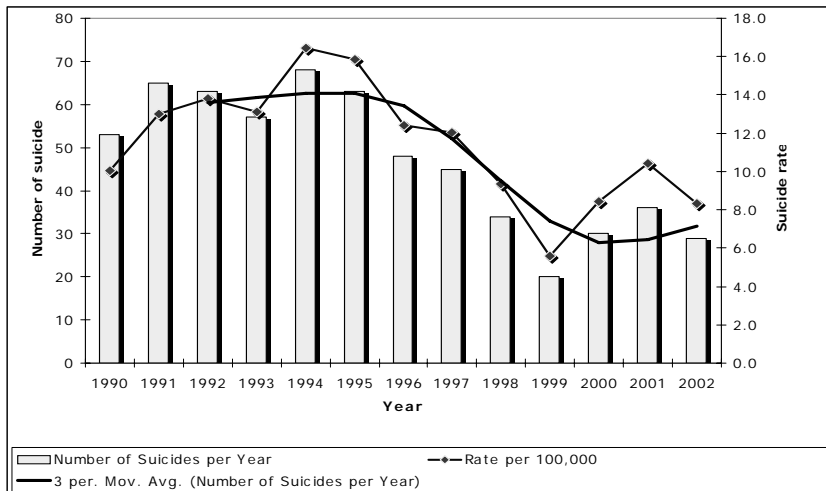
### Suicide Rate -- US Air Force Members 1990-2002



## Suicide Rate -- US Air Force Members 1990-2002



## Suicide Among Airmen



Knox, K, et al., Risk of Suicide and related adverse outcomes after exposure to a suicide programme in the US Air Force: cohort study. *British Medical Journal*, December 13, 2003.

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

*Violence – A global public health problem, World Health Organization, 2002, p. 15.*

## 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).

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

Knox, K, et al., Risk of Suicide and related adverse outcomes after exposure to a suicide Programme in the US Air Force: cohort study. *British Medical Journal*, December 13, 2003.



## 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.*

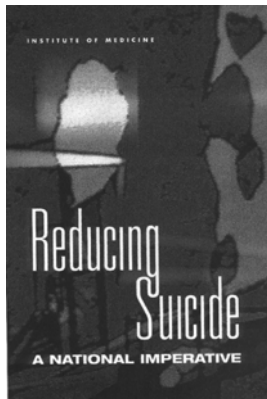
Preventing Suicide: The National Journal, Vol. 2, No. 3, p. 9, July 2003.

## Interventions

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

## Interventions

- Evidence-Base (effectiveness)
  - Achieves desired outcome



“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.”

Borowsky IW, et al. Suicide attempts among American Indian and Alaska Native youth: risk and protective factors. *Archives of Pediatrics and Adolescent Medicine*, 1999, 153: 543-547.

## 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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