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Military Personnel Subcommittee
"Update on Military Suicide Prevention"
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Introduction

Good afternoon Chairman Wilson, Ranking Member Davis, members of the subcommittee. I appreciate this opportunity to testify before you on the topic of suicide prevention. My task today is to present the information on suicide in the general population with an emphasis on the age and demographic groups equivalent to that of junior enlisted personnel who represent the majority of military suicides. I also hope to help the subcommittee better understand if the patterns of suicidal behavior occurring in the military are unique to the service setting or representative of suicide in the general population. I will also share a few recommendations on lessons learned from our work with suicide prevention efforts in the general population.

Since 2008 I have served as the Director of the national Suicide Prevention Resource Center operated by the Education Development Center and funded by the Substance Abuse and Mental Health Services Administration. Our center is the only federally-funded suicide prevention resource center promoting the advancement of the National Strategy for Suicide Prevention, building national capacity, capturing best practices, providing training and technical assistance, and serving as a clearinghouse for suicide prevention. Prior to this position, I directed the Suicide Prevention Action Network USA, worked for a few years on Capitol Hill, served 15 years as a career civil servant managing quality of life programs with the Department of the Army and served four years on active duty in the U.S. Navy. I hold a doctorate in health related sciences from the Virginia Commonwealth University where my dissertation focused on variation among state suicide rates in older adult males. I have worked in the field of suicide prevention for the past sixteen years.

Understanding the Challenge

In recent years much attention has been paid to the burden of suicide among Service Members and Veterans. We frequently hear the statistics on the number of Service Members who die by suicide in a given month. These numbers capture our attention and rightfully, mobilize our concern. Rarely a week goes by when there is not an article in a newspaper or a feature story in a major magazine that brings this problem to the attention of the American people. These reports are certainly a call to arms. But the fact is that suicides by Service Members represent less than one percent of suicides in the nation. It is important to note that suicide is not just a defense or veteran problem; it is an American problem that must be addressed by a collective national effort. It is also important to remember that suicide is not just a problem affecting younger people. Just a few weeks ago, the Veterans Administration released the 2012 Suicide Data Report that revealed that a majority of Veteran suicides are among males aged 50 and older and that males between 50-59 years of age are the most frequent callers to the Veteran Crisis line.

The fact that suicide occurs in such numbers among older Veterans reflects a similar reality in the general population.

Suicide claims a tremendous toll on the people of the United States. In 2010, the last year for which national data are available, 38,364 Americans died by suicide. This represents a rate of 12.4 per 100,000. Suicide was the 10th leading cause of death in the nation. By comparison, homicide was the 16th leading cause of death claiming 16,259 lives in 2010 or 60 percent fewer deaths than suicide. In addition to death by suicide, there are other forms of suicidal behavior which we must acknowledge as we seek to find effective solutions. The 2011 National Survey on Drug Use and Health administered by the Substance Abuse and Mental Health Services Administration reported that 8.5 million adults over the age of 18 had serious thoughts of suicide; 2.4 million made a suicide plan; and 1.1 million made non-fatal suicide attempts. More than 600,000 of these attempts required medical treatment. In short, suicide and suicidal behavior is a national problem, warranting a national solution. The good news is that many suicide deaths are preventable and we can, through our collective action, save lives.

While suicide affects all age groups, suicide among our youngest citizens is a particular concern as these lives are cut far too short before they have had the opportunity to lead long, productive and meaningful lives. In 2010, suicide was the 3rd leading cause of death for young people ages 15-24. For those between the ages of 25-34, suicide was the 2nd leading cause of death.

Is the suicide problem in the military different than it is for the general population? The recently released National Strategy for Suicide Prevention reported that "The suicide rate for active duty military personnel has historically been significantly lower than the rate for a comparable population of Americans. However, both the numbers and rates of suicide have been increasing over the past decade." Some of the patterns of suicidal behavior in the military and the general population are similar. In both civilian life and the military, men die by suicide at higher rates than women. In 2010, 79 percent of suicides in the United States were males and 95 percent of those who died by suicide in the military were males. Men more often use guns, which generally inflict a fatal wound in an instant. In spite of these similarities, the fact that the military population is screened for mental illnesses and drug abuse on accession, is healthier than the general population, is fully employed and fully insured, is routinely screened for drug use while serving, and has virtually unlimited availability of health and mental health care, we would expect them to have lower suicide rates than the general population. And this was true until the last few years. So clearly something is happening that warrants both study and action.

Young adulthood is a time of transition. Young people are leaving the family environment and entering other settings with different rules, roles, and risks. Young people who choose to enter the military are entering a unique environment, one that offers both challenges and opportunities for suicide prevention. The military offers structure, well-defined roles, a community, housing, and health care. But as the data show, even the military environment does not protect young people from the tragic experience of suicide. While offering important opportunities for connection and support, the military presents unique pressures and demands that might elevate the risk for suicide. These include separation

from family, long work hours, deployments, and exposure to potentially traumatizing events to name a few. But we must not let media reports lead us to the conclusion that suicide in the military results directly from the stresses of combat. The National Strategy for Suicide Prevention also pointed out that "the overwhelming majority of suicides occurred in a nondeployed setting, and more than half of those who died by suicide did not have a history of deployment." The Department of Defense Suicide Event Report (DoDSER) found that less than 16 percent of those in the military who died by suicide in 2011 had direct combat experience. However, the Army STARRS study showed that combat experienced members had higher rates of suicide than their non-combat experienced peers. Therefore, we need to examine opportunities for prevention, both pre and post deployment that will inform our knowledge of the impact of combat service on suicide in our military. While it may not explain all suicides, it may provide insight to some suicides. Implicit in the social contract we make with the young people who volunteer to protect our nation is that we, the nation, will provide them with the resources to do this job as safely and efficiently as possible. We provide them with the training, arms, and technologies to engage in combat. We provide them with medical care to maintain their readiness and to help them heal when wounded. We should do no less to protect them from the behavioral health dangers they face – regardless of whether these dangers are inherent to their age or particular to the stresses of serving in the armed forces.

The Need for a Comprehensive Approach

The real question is whether there are steps we can take to effectively reduce the levels of suicidal behavior in our military. Both research and experience show that the answer to this question is "yes." We may be able to learn from the experience of suicide prevention on the campuses of colleges and universities. While there are obvious differences between service in the military and attendance at university, the age group (18-24) of those participating in each is roughly the same. The suicide rate among college age students is approximately 7.5 deaths per 100,000. This is roughly half the rate of their same-aged peers that do not attend college. College students have access to resources that their non-collegiate peers do not. These resources include access to campus counseling services, prohibitions concerning firearms on campus, reduced access to alcohol and other drugs on campus, a support structure including resident assistants, and the availability of campus support and engagement opportunities such as sororities, fraternities and clubs that encourage student engagement with their peers. College students are also actively in pursuit of a career goal or ambition. These resources may function as protective factors for those attending college. Through the federally-funded Garrett Lee Smith Memorial Act which provides grants to campuses to advance suicide prevention efforts, we hope to learn much about suicide prevention with this age group that could be helpful to inform actions which could be used to prevent suicide in the military.

I also want to acknowledge the military's own successes in implementing comprehensive and effective suicide prevention efforts. There is no doubt in my mind that much is being done to prevent suicide in the military. The Department of Defense Suicide Event Report (DoDSER) is an excellent capture of important data to use for planning interventions. The U.S. Air Force created a program that resulted in a 33 percent reduction in Airmen suicides along with corresponding reductions to other threats to the

well-being of military personnel. Their approach implemented 11 initiatives aimed at strengthening social support, promoting development of social skills, and changing policies and norms to encourage effective help-seeking behaviors. Another initiative is occurring at Fort Bliss, Texas, where the command leadership created a comprehensive approach that focused on suicide prevention, risk reduction and resilience that resulted in a reduction of suicide deaths in one year. This approach called the "No Preventable Soldier Deaths" campaign warrants a close look. Let's hope these results are sustained over time.

The successes of the Air Force and Fort Bliss programs provide testimony to the importance of creating a comprehensive response. Approaches where leadership support from the top, education and training for all who provide support to service members and their families, strengthening connections, promoting resilience and ensuring access to care are the approaches we should take moving forward. Every suicide is a tragedy. Suicide does not have one simple cause. It is not the result of a virus or a bacterium. Suicide is a complex outcome that is influenced by many factors. While individual factors are important, so too are relationships with family, peers, and others as well as influences from the broader social, cultural, economic, and physical environments. Just as there is no single path that will lead to suicide, there is no single solution or program that will solve the issue of suicide. We must create programs and support approaches that respond to the range of risks that impel individuals toward harming themselves and at the same time promote the range of protections that support those who are experiencing a difficult time. At the same time, we need to tailor these comprehensive efforts to the specific environment and culture in which we are trying to prevent suicide. We need to look at both the data on suicide in the military to understand what groups are at risk, and what role if any their military service plays in their suicide risk. I would suggest there is much that the suicide prevention community supporting efforts in the general population can add to this conversation in support of our colleagues in both DoD and VA as they engage in this important work. From my perspective, we must approach this issue with the attitude of "One Team…One Fight" and work side by side to learn from each other on behalf of all those who struggle with suicide. We all want to save lives and prevent suicide. Every life matters and while cultures and environments may differ, solutions may have much more in common than we realize. We should remember that those who serve in our military come from the general population and will return to the general population when their service is complete. The more we can provide seamless and consistent support, informed by practice and research, the more stability we can provide for those at potential risk.

Applying the Evidence

We don't need to start an exploration for a comprehensive approach to suicide prevention from scratch. We know a great deal about what works to prevent suicide. In 2005, Mann and two dozen colleagues conducted a systematic review of the evidence for suicide prevention. Their findings emphasized the importance of two strategies that the research has shown will reduce rates of suicide. One is training physicians to recognize and treat depression. The other is restricting access of people at high risk for suicide to lethal methods. While other strategies they reviewed had promise, these two had robust data on outcomes. Our knowledge of effective strategies to prevent suicide does not end with these two

approaches, or the Air Force and Fort Bliss experiences. The National Registry of Evidence-based Programs and Practices includes 13 approaches specific to suicide prevention. The SPRC/AFSP Best Practices Registry includes over 100 programs, materials, and practices that science and experience show can prevent suicidal behaviors and reduce risk. Some of these programs and materials were designed specifically for use with the military and with veterans. We need to make sure that effective programs are implemented where they can do the most good. And we need to continue to study how suicide prevention programs among Service Members and Veterans can be delivered and evaluated to expand the options available in all the settings that can have an impact upon our military, veterans, and their families.

Responding to mental health needs of our young people in the military is an essential part of our collective focus. This focus should include training physicians, behavioral health providers, and counselors on detecting and responding to the warning signs of suicide. We also need to promote a culture in which members of the military are not afraid to seek help because it may subject them to ridicule or interfere with career advancement. Preserving confidentiality would go a long way to changing help-seeking behavior in the military. If service members do not think that their problems will remain confidential, or perceive that their seeking help will have career consequences, they will not seek help. If they are concerned they will be humiliated or singled out in front of their peers in a very public way, many will not seek treatment. And if they do not seek help, their problems will remain untreated. Some may argue that members of the military have a great advantage over civilians in their access to health care, including behavioral health care. Our challenge is to ensure that they seek this access when they are experiencing behavioral health issues associated with suicide. We must also make sure that the health care professionals serving members of the military are trained to effectively treat the behavioral health problems associated with suicidal behaviors. I am pleased to report that a one-day training program offered by the Suicide Prevention Resource Center in training mental health providers the core competencies in suicide risk assessment entitled “Assessing and Management of Suicide Risk,” has been utilized by the Navy, Air Force and Marine Corps. To date over 2700 providers have been trained. Nationally, more than 20,000 mental health providers have received the training. Other important partners for suicide prevention found on our military installations are family services centers, financial counseling, legal offices, drug and alcohol services, chaplains, and other social and healthcare services. Programs and services like Military One Source, the 1-800-273-TALK network of crisis centers, and behavioral health providers in the community puts help within reach of Service Members and Veterans and encourages them to seek this help. All those on military installation have a role to play in suicide prevention. We must fully engage them in these efforts just as we are trying to do in the general population. We need to help them learn how to look for signs of stress in those they lead, serve and support, and we must engage commanders, peers, families, support staff, and others in the chain of command to know the signs of distress and ensure those in need are referred for care.

Restricting the access of individuals experiencing an emotional crisis to lethal means is a proven method of preventing suicide. This is especially true of firearms, which often prove fatal when used by an individual to harm him or herself. Reducing access to lethal means may be especially challenging in the

military environment. But it can be done without impairing the ability of the military and individuals in the military to have ready access to the weapons necessary to protect themselves and our country. If we can take steps to minimize access to a lethal mean at the time of crisis, we may introduce enough time for the crisis to subside and help those at risk connect with the support that will put them on a path to recovery.

Planning and Working Together

Addressing suicide in any sector whether military or civilian, public or private, requires a team effort and a carefully thought out and carefully implemented plan. When we go into war, we have a battle plan. And we have a national plan for preventing suicide. I had the privilege of working with our Surgeon General of the United States, Dr. Regina Benjamin, as a co-lead for the revision of the National Strategy for Suicide Prevention, our nation's battle plan for combating suicide. I also serve on the team that is coordinating implementation of this plan, the Action Alliance for Suicide Prevention, which was launched in 2010 by Secretaries Sebelius and Gates. The Action Alliance is a public-private partnership whose mission is to advance the National Strategy and to catalyze, champion and cultivate action on behalf of suicide prevention in our nation. This partnership is led by our private sector co-chair, Senator Gordon Smith, and our public sector co-chair, Secretary of the Army John McHugh. They are working side-by-side with approximately 45 representatives from the public and private sectors in an effort to save 20,000 lives over five years. This is an unprecedented effort to bring all the players to the table to ensure that we each do our part and mobilize the resources of our respective sectors to reduce suicide in the nation. The Action Alliance includes representatives from public agencies such as the Centers for Disease Control and Prevention, National Institute of Mental Health, Departments of Justice, Defense and Veterans Affairs and the Substance Abuse and Mental Health Service Administration, to name a few. It includes representatives from the private sector, including the media, health care, and the faith community. And it includes representatives from the armed services and agencies that serve Veterans. To fully protect our nation's military personnel and Veterans, it is necessary to bring together the agencies in which they serve, the agencies which serve them, and the communities in which they live, and with everyone at the table, create and implement a comprehensive plan to address the unique factors that put Service Members at risk. We have much to share and much to learn by working more closely together. We are making progress.

Sustaining Our Efforts

Another important lesson we've learned about suicide prevention is the importance of sustainability. Activities to prevent suicide are only effective insomuch as they are sustained. Again and again we have seen that when effective programs are implemented, suicide rates go down. But when attentiveness to those programs diminishes, rates once again rise. We see this in other public health problems, too. Sustainability is especially important in the military environment as personnel rotate through commands and new people enter the service as older members retire or leave the service and re-enter civilian life. Fortunately, the military has a framework for sustaining programs. It is a culture informed by regulations and compliance standards, enforced with inspections and a commitment to continuous improvement.

We need to ensure that suicide prevention efforts are knitted together by a cohesive strategy and sustained over time with vigor. It is also important that we require ongoing evaluation to find out what is working, what is not, and to keep evaluating so we sustain improvements over time. It must be maintained as a permanent component of the military's health infrastructure, as well as the Veteran's Administration health services and the other health and behavioral health providers that serve Veterans and their families.

Changing the Conversation

Finally, we have to change the way we talk about suicide in the military. Changing the conversation does not mean ignoring the problem or pretending it does not exist. But much of the current conversation about suicide in the military tends to ignore the larger context of suicide as a problem in our country. It also tends to ignore the fact that we know a lot about preventing suicide. Our conversation about suicide in the military and in the nation needs to stress how much we do to prevent suicide. We need to highlight success stories, like that of Fort Bliss. While not concealing the very real problem of suicide in the military, and the toll it entails, we need to be careful not to present suicide as more common than it actually is. We don't want to create the impression that suicide is a normal – or even acceptable – response to stress, even the most traumatic stress from combat. We don't want to stereotype our Service Members and Veterans as being damaged permanently from the psychological wounds of war. The truth is that the men and women wearing this nation's military uniforms have shown outstanding resilience in the face of over a decade of war. They have responded to their nation's call, have born the burden, and are returning to their communities as upstanding citizens. In many cases, they have weathered punishing adversity and kept going. Some have struggled with thoughts of suicide for a time, even for a long time, and most, have survived and are surviving. This in my opinion is a part of the story we must be sharing. They are truly heroes and we need to hear more of their stories. Their stories can be lifesaving for them and for others. They can provide hope and guidance to the soldier, sailor, airman or marine who may feel that a self-inflicted death is the only solution to their problems.

Conclusion/Summary

I want to thank the Committee for this opportunity to speak on behalf of suicide prevention, as well as on behalf of Service Members and Veterans of the United States Armed Forces, of which I am one. I want to encourage members of the Committee to work with us in suicide prevention, as well as those who serve the military and our Veterans, to continue our collective and collaborative efforts to prevent suicide, in the military, among our Veterans and in the general population as well. I hope I have shown that we have the knowledge and ability to take steps to reduce the toll of this needless tragedy. We have a national strategy that should guide our future efforts. What we need now is the will, the collaboration, and the resources to implement and sustain these efforts, and help protect those who have so generously volunteered to serve and to all the citizens they so graciously defend.