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**STATEMENT OF
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(MANPOWER, PERSONNEL, TRAINING AND EDUCATION)
BEFORE THE
SUBCOMMITTEE ON MILITARY PERSONNEL
OF THE
HOUSE ARMED SERVICES COMMITTEE
ON
UPDATE ON SUICIDE PREVENTION**

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Chairman Wilson, Ranking Member Davis, and distinguished members of the Committee, thank you for holding this important hearing and for affording me the opportunity to offer an update on Navy's Suicide Prevention and Resiliency Programs.

The loss of a single shipmate to suicide is a tragedy that affects many; it takes away a life, shatters a family, and hurts unit cohesion and morale. We have been working closely with the Office of the Secretary of Defense and the other Services in their broader efforts of implementing the President's Military Mental Health Executive Order. As part of these efforts all of our programs are being internally reviewed and vetted to ensure we provide access to servicemembers and their families to best quality services and care. Only when we work together will we be able to make a difference. We remain resolute in our efforts as we focus on the root causes and contributing factors that lead to suicide-related behaviors and suicides, and creating an environment in which Sailors are comfortable coming forward when they feel they may harm themselves, or when they know of a shipmate contemplating harm or showing symptoms of excessive stress that may lead to suicidal thoughts or acts.

We continue to vigilantly monitor the health of the force and investigate every suicide and suicide related behavior. The suicide prevention team examines each case for pertinent information about the circumstances leading to the behavior and action that might inform our prevention program. Lessons learned from these case examinations are applied towards training improvement. Our observations continue to support that:

- Demographic distribution of suicides largely mirrors the demographics of the Navy as a whole. (Typically a male in pay grades E4 to E6 who completes the act of suicide with a firearm.)
- Suicides typically occur at a time in which Sailors are experiencing increased work responsibilities and family demands.
- Recent deployment experiences may contribute to suicide in some instances, although, overall, deployment history alone does not appear to increase suicide risk.
- Sailors who complete suicide tend to have experienced stress factors across multiple aspects of their lives, including relationship, legal, financial problems, or mental health issues.

While stressors may contribute to suicide risk, resiliency is strengthened through leadership and peer support, strong family bonds, support services, and a sense of purpose. Suicide prevention training requires leader-focused action and responsibilities to promote resilience and well being in Sailors, which is where Navy's efforts remain focused.

Suicide Prevention – All Hands, All of the Time

Suicide prevention is an “all-hands – all of the time” effort, involving Sailors, family members, peers, and leadership. We have adopted a comprehensive, tailored approach to resilience-building, suicide prevention training, intervention, research, and analysis. This includes a solid foundation of unit-level suicide prevention coordinators, mental health providers, installation first responders skilled in handling behavioral emergencies, and increased family awareness of suicide risk, warning signs, and support resources.

Command awareness and intervention remain a critical component of our suicide prevention strategy. Leadership provides Sailors with a clear sense of mission and purpose while creating an environment of trust and unit cohesion in which Sailors and families can thrive in the face of multiple demands and stressors. We remain vigilant about known risk factors such as: the effects of work related stress, financial concerns, legal problems, relationship issues and their impact on the physical health and psychological well-being of Sailors. Identifying such issues, we must intervene and offer assistance. Current efforts are focused on:

- Education and Awareness
- Prevention and Intervention
- Sailor Care and Crisis Response

Education and Awareness

One of the keys to successful suicide prevention in the Navy is robust education and awareness aimed at improving knowledge and understanding throughout the Navy. Our Operational Stress Control (OSC) training program provides an integrated structure of health promotion, family support, and prevention information, and focuses on building resilience, addressing problems early, and promoting a healthy and supportive command climate.

OSC offers Sailors a lexicon by which to self-identify stress reactions, and encourages them to seek help before the situation escalates to an unmanageable state. Engaged leadership promotes awareness of the stress continuum and underlines the importance of mind and body fitness to support Navy's tenets of *Warfighting First, Operate Forward and Be Ready*. Every

uniformed member, from our newest recruit to the Chief of Naval Operations, receives basic OSC and Suicide Prevention training. Institutionalized across the fleet and embedded in various career milestone courses, more than 32 advanced OSC modules are tailored to the career milestones of the Sailor and incorporate tangible skills to strengthen resilience and mitigate stress.

Recognizing the importance of a leadership-driven effort in de-stigmatizing help-seeking behaviors, leaders receive additional specialized training in five core areas of responsibility:

- (1) Strengthen Sailors, families, and units;
- (2) Identify signs of stress response;
- (3) Mitigate the effects of stress;
- (4) Treat (and support treatment of) stress injuries, and
- (5) Reintegrate the Sailor into the unit and/or society following suicide-related behaviors or other interventions.

Confronted with increased tempo of operations (OPTEMPO) and stress placed on Sailors, we launched four Mobile Training Teams (MTTs) in support of OSC training, based in our two largest fleet concentration areas, Norfolk and San Diego. These MTTs provide world-wide, on-demand interactive training to Navy commands, both afloat and ashore, which offers a more personal and relevant method of delivery that meets the needs of our Sailors in varied operational environments. There is a significant demand for these services and we will continue to evaluate the location and number of teams available, providing additional teams when and where necessary.

Prevention and Intervention

We appreciate Congress including in the National Defense Authorization Act for Fiscal Year 2013, language that authorizes health care professionals and for commanding officers to inquire about personal firearms when there are reasonable grounds to believe a Sailor may be at risk for suicide or causing harm to others. Engaging with Sailors on a personal level is the foundation of effective prevention and intervention. Empowering shipmates, leaders, family, and community members to recognize early signs of risk and to take actions that address such concerns at the earliest possible point is a fundamental tenet of suicide prevention. We are acutely cognizant that recognition of stress-related behaviors must be followed by effective action. Mobilizing the network of shipmates to help fellow shipmates in distress is a critical protective factor against suicide.

Our prevention and intervention strategy promotes training Sailors to Ask, Care and Treat (ACT). This brings a command-level focus to the issue of suicide and the importance of breaking down barriers and reducing stigma, thereby promoting a more resilient force. Behavioral Quick Polls reflect that over 90 percent of our force knows to *ASK* a shipmate what is bothering him/her and then to *CARE* about the Sailor, engage in conversation and then to escort the Sailor to *TREATMENT*. All hands receive stress first-aid intervention training to ensure they are able to recognize a shipmate in trouble, break the code of silence and intervene, and connect the shipmate to the right leader or caregiver for support. When integrated with our OSC curriculum, Sailors are taught to look beyond stereotypical warning signs, recognize changes in behavior and initiate helpful actions to save lives, reduce further injury, and promote personal growth.

This deck plate level focus is reinforced by providing every commanding officer with a Suicide Prevention and Response Toolkit containing a wealth of resources, checklists and tools including intervention strategies and information to address known suicide risk factors, and assessments for key command Sailor readiness programs (e.g., Physical Fitness, Navy Alcohol and Drug Abuse Prevention, Sexual Assault Prevention, Operational Stress Control). Each toolkit includes post-intervention guidance for leaders and addresses required actions when a command experiences suicide-related behavior or a suicide.

Sailors increasingly recognize the importance and courage needed to seek help when distress becomes overwhelming. A 2010 Behavioral Health Quick Poll reflects that the majority of Sailors are confident in their ability to effectively respond to a Sailor who talks about suicide and the ability of their commands to support Sailors seeking help for suicidal thoughts or actions. Our Navy web sites include the message, “Life is Worth Living” and a link to the Military Crisis Line. reinforcing a coordinated and systematic year-round communications strategy that includes leadership messaging, internal media, and educational materials to raise awareness about suicide risk and provides ready access to resources. In 2012, over 1,900 Sailors requested and received command assistance for reported suicidal ideations. Others have sought help from chaplains, family services or medical professionals. It is clear leadership plays a critical role in creating an environment that promotes resilience, encourages use of resources to address potential problems before thoughts of self-harm occur, and actively supports reintegration into the unit following intervention or treatment.

Navy’s suicide prevention program focuses on Sailors as well as the families who support them. We provide resiliency support for Navy families struggling to cope with the challenges of long separations, disruption to family routine, anxiety over the safety of the deployed parent, and

the well-being of the parent caring for the family at home. Fleet and Family Support Centers (FFSCs) provide comprehensive family and deployment support, life skills training, counseling, and transition support.

Project FOCUS (Families Overcoming Under Stress), initiated by the Navy Bureau of Medicine and Surgery (BUMED) in 2008, provides state-of-the-art family resiliency services to military children and families at over 20 Navy installations and online for those in remote locations. FOCUS promotes a culture of prevention and reduction of stigma through a family-centered array of programs, such as community briefings, education workshops, individual and family consultations, and resiliency training. This approach teaches Sailors and their families to understand their emotional reactions, communicate more clearly, solve problems more effectively, and set and achieve goals throughout the deployment cycle. FOCUS has been recognized by the Executive Office of the President and the Office of the First Lady as a model for prevention/intervention of psychological health services for military families. More than 300,000 Service members, families, providers and community members have participated in FOCUS.

Our efforts are not limited to our Active component, in addition to leveraging all of the mental health programs, Reserve component (RC) Sailors and their families receive specific support through the Navy Reserve Psychological Health Outreach program. Psychological health outreach team coordinators and members, located at the five regional reserve commands, provide RC Sailors psychological health assessments, education, and referrals to mental health specialists. This program has facilitated successful reintegration of countless citizen/warriors mobilized in support of national defense requirements.

The increased attention on suicide prevention and behavioral challenges faced by today's force has motivated Sailors to step up and care for each other. The Coalition of Sailors Against Destructive Decisions (CSADD), a grassroots peer-mentoring program led by, and for, young Sailors, continues to grow with over 200 chapters Navy-wide. CSADD focuses on empowering junior Sailors with the tools and resources to promote good decision-making processes, bystander intervention and leadership development, while reinforcing a culture of shipmates-helping-shipmates. CSADD promotes awareness and discussion among peers across a range of areas, including suicide prevention, financial management, and responsible use of alcohol, personal safety, and domestic violence. CSADD initiatives include the "Stop and Think Campaign," which highlights the potential consequences of poor decisions, an active *Facebook* page on which Sailors can ask questions, access information and training materials, share lessons learned, and access a semi-annual newsletter which highlights best practices across the Navy.

Sailor Care and Crisis Response

While most Navy suicide prevention activities focus on resilience-building and early intervention, we must also be prepared to intervene at any stage of a crisis. It is not enough to know what to do. We must also know how to do it. Every Navy command is required to maintain a crisis response plan to ensure individuals understand how to quickly and effectively get help to someone in distress, and to ensure the safety of someone at acute risk, until they can receive professional care.

To better support deployed Sailors, we created the Navy Mobile Care Team (MCT). This team, which consists of mental health clinicians, research psychologists, and enlisted psychiatry technicians, has been continuously deployed to Afghanistan since its inception in 2009. The

team routinely travels across all regions of Afghanistan providing behavioral health surveillance using the Navy Behavioral Health Needs Assessment Survey (BHNAS), individual, unit, and command consultations, and combat and operational stress control training (including psychological first aid) to Sailors serving in the combat zone. The MCT mission is to provide preventative mental health services and immediate unit level feedback and consultation to Sailors and unit leaders, frequently engaging Sailors in close proximity to their units after critical stressful events with the expectation of returning them to duty. It routinely links Sailors in the combat zone with mental health providers as a means of reducing stigma associated with seeking care.

In addition to the Mobile Care Team, the Medical Home Port Program is a team-based model focused on optimizing the relationship between patients, providers and the broader healthcare team. Mental health providers are embedded within Medical Home Ports to facilitate regular assessment and early mental health intervention. This model enables Sailors to be treated in settings in which they feel most comfortable and reduces the stigma associated with the care they receive. Additionally, improving early detection and intervention in the primary care setting reduces the demand for time-intensive intervention in mental health specialty clinics.

When a suicide occurs, timely and compassionate resources and assistance are the first step to mitigating the effects on those impacted by the tragedy. Navy formalized a memorandum of understanding with the renowned Tragedy Assistance Program for Survivors (TAPS), enabling them to offer their unique support services directly to Navy families during the long grief and recovery process following a suicide loss. Additionally, Navy Special Psychiatric Rapid Intervention Teams (SPRINT) are on call 24 hours-a-day, seven days-a-week, for circumstances requiring a higher level of support, and local chaplains and Fleet and Family

Support Centers regularly provide command consultation, assistance in arranging memorial and funeral services, and grief counseling.

Investigations into completed Navy suicides indicate that when contemplating suicide a Sailor may come in contact with key personnel, such as legal professionals, first responders, and chaplains, who have the opportunity to intervene. We implemented targeted training to ensure these individuals are prepared to identify risk factors and respond appropriately. Specialized training for officers of the Judge Advocate General Corps (JAGC) and agents of the Naval Criminal Investigative Service (NCIS) has proven critical in recognizing and intervening when suicide ideations and gestures are made. We are creating new training products specifically for installation emergency first responders, such as Emergency Medical Services (EMS), dispatch, and security personnel, which covers safety, de-escalation, and response coordination for behavioral health emergencies and suicide risk situations.

Conclusion

We ask an incredible amount of our Sailors and their families. In return, we are inherently responsible for providing them with the level of support and care commensurate with their personal sacrifices. On behalf of all the men and women of the United States Navy and their families, thank you for your commitment to this critical issue and for your continued support of our Sailors and their families.