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STATEMENT OF

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SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

HOUSE ARMED SERVICES COMMITTEE

ON

MILITARY SUICIDE PREVENTION PROGRAMS

OCTOBER 8, 2015

NOT FOR PUBLICATION UNTIL RELEASED BY THE HOUSE ARMED SERVICES COMMITTEE Chairman Heck, Ranking Member Davis, and distinguished members of the Committee, thank you for holding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 Resilience 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 work closely with the Office of the Secretary of Defense and the other Services in a collaborative effort to implement highly-effective suicide prevention programs. We remain resolute in our efforts as we focus on the risk factors that contribute to suicide-related behaviors and suicides, and how we can enable commanders to foster environments conducive to physical and psychological health. It starts with commitment toward creating a culture in which seeking help is not only viewed as a sign of strength, but which is an inherent way of life for every Sailor and Navy family member.

Sadly, in 2013, Navy experienced the loss of 46 shipmates through suicide. Although that represented a decrease of 20 from the previous year, in 2014 we saw an increase in our suicide total, with 68 deaths. We've suffered the loss of 44 shipmates thus far in 2015. Suicide is complex, and as such, it is difficult to draw conclusions from numbers alone. We continue data assessment and analysis in order to identify patterns to support and inform measures to detect suicide risk and intervention points, identify potential program gaps, and recommend improvements for Navy Suicide Prevention efforts. We continue to vigilantly monitor the health of the force and investigate every suicide and suicide attempt. The suicide prevention team examines each case for pertinent information that might inform our prevention program. Results of these reviews consistently reveal that:

- Demographic distribution of suicides largely mirrors overall Navy demographics.
- Suicides typically occur when Sailors are experiencing some combination of multiple recent stressors, including: intimate relationship problems, loss, recent career transitions, disciplinary/legal issues, work problems, sleep problems, and financial strain.

While stressors may contribute to suicide risk, resilience is strengthened through leadership, peer support, strong family bonds, support services, and a sense of purpose. Suicide prevention training requires both leader-focused and peer-driven action and responsibilities to promote resilience and overall well-being in Sailors.

In January 2013, the Vice Chief of Naval Operations established Task Force Resilient to explore factors that impact resilience. The resulting report recommended establishment of the 21st Century Sailor Office to focus on creating and maintaining more coordinated and streamlined efforts in resilience programs supporting Sailors and their families. Suicide prevention is among the programs in the 21st Century Sailor Office portfolio.

Suicide Prevention – Every Sailor, Every Day

Findings from case reviews support the continuation and expansion of Navy's "Every Sailor, Every Day" campaign. This campaign was launched in September 2014 to emphasize personal responsibility, peer-support and bystander intervention, through an array of evidence-based communication strategies. Messaging, products and resources are provided to enable tailored engagement for command-level implementation. The "Every Sailor, Every Day"

campaign is consistent with, and expands the aperture of, the previous "all hands, all the time" messaging, which engaged Sailors, family members, peers and leadership.

The Suicide Prevention Program provides comprehensive evidence-based support to the fleet through policy, training, strategic communications and analysis. Together, these efforts are designed to promote resilience by helping Sailors, commands, families and Navy civilians proactively identify and mitigate stress reactions before crises occur and to create a culture supportive of good psychological health.

The Navy Suicide Prevention Program strives to reduce the prevalence, and minimize the risk factors, of suicide by enabling Sailors—through knowledge, personal responsibility and resources—to thrive as members of a healthy, resilient and mission-ready force. It emphasizes the importance of leadership taking steps to establish a climate in which all feel comfortable using resources to stay fit and ready, while promoting the notion that seeking help is a sign of strength. Equally important are proactive engagement and bystander-intervention efforts by all members of the Navy community, which are essential to helping our people safely navigate stress and, ultimately, prevent suicide.

Navy adopted a comprehensive and tailored approach to building resilience, suicide prevention training, intervention, research, and analysis. This approach 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 factors, warning signs, and support resources. Current efforts are focused on:

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

Education and Awareness

Navy Suicide Prevention Program educational efforts are aimed at increasing knowledge and understanding of suicide risk and protective factors, and building skills that enable early intervention. Fleet engagements have proven effective in delivering the message to Navy leaders. Participating in Personal Readiness Summits, community-specific training, and other similar forums, focuses leaders' attention on suicide prevention and Total Sailor Fitness. During these forums, leaders are encouraged to exercise heightened vigilance during periods of increased risk among Sailors, including times of transition, loss, and relationship problems. Active communication and engagement on multiple levels—command-to-family, leader-to-Sailor, and peer-to-peer—are heavily emphasized as means to connect the dots and facilitate early intervention. Trusting and meaningful connections are protective factors against suicide, providing opportunity for those most attuned to changes in a Sailor's behavior or circumstances to share their concerns, while serving as a constant reminder that we are not alone in navigating life's challenges.

In fiscal year 2015, fleet engagements included co-developing and co-facilitating a Professional Development Training Course (PDTC) for chaplains, enhancing their pastoral care skills in suicide prevention, intervention and postvention. Additionally, these three-day training events underscored the chaplains' invaluable role in advising command triads on command-

climate issues, such as negative perceptions and attitudes related to coming forward about psychological health concerns, and how to encourage help-seeking behavior at the deck plate-level. Chaplains are consistently promoted as a resource throughout Navy Suicide Prevention educational efforts, emphasizing their unique and unbreakable confidentiality. As such, PDTCs included training in the use of evidence-based prevention and intervention tools including the Columbia Suicide Severity Rating Scale and the Veterans' Affairs Safety Plan. PDTCs were conducted in 14 key concentration areas around the fleet to equip chaplains with the knowledge and resources necessary to assist Sailors and family members in crisis.

Suicide Prevention Coordinator (SPC) training is conducted via webinar and during Personal Readiness Summits. Over 800 additional SPCs were trained in 2014, and another 500 in 2015, enhancing local suicide prevention efforts at the deck plate by having a qualified program advocate at nearly every command.

Our Operational Stress Control (OSC) Program—a key component of proactive suicide prevention—promotes an understanding of stress, awareness of support resources, and provides practical stress navigation tools to help build resilience of Sailors, families, and commands. Engaged leadership reinforces the importance of mind and body fitness to support Navy's tenets of *Warfighting First, Operate Forward and Be Ready*. OSC training promotes leader-focused actions to assess individual and unit stress levels, and to provide leaders with tools to help Sailors better navigate operational and personal stress and build resilience. On January 1, 2014, Navy implemented policy that requires all deployable units to receive OSC training within sixmonths prior to deployment. This dialogue-driven training is delivered in-person by OSC Mobile Training Teams (MTTs). More than 55,000 Sailors have been trained in Navy OSC for Leaders (NAVOSC-Lead, E7 and above) and Deck-plate Leader OSC (DPL-OSC, E4-E6) to

date. Efforts are currently underway to tailor courses to leaders in specific communities, for example, within the reserve component or in the medical community.

Institutionalized across the fleet and embedded in various career milestone courses, over 26 advanced OSC modules are tailored to career milestones of the Sailor, and incorporate tangible skills to strengthen resilience and mitigate stress.

After a comprehensive review, Navy overhauled Suicide Prevention General Military

Training, aligning it with National Strategy for Suicide Prevention training standards. This

modernized, interactive training is conducted in small group settings to facilitate active dialogue,

using realistic scenarios to build Sailors' skills in early recognition and intervention. Training

released early this year has garnered positive initial feedback across the fleet.

Prevention and Intervention

Engaging with Sailors on a personal level is the foundation of effective prevention and intervention. To that end, last year we released guidance for commanders and health care professionals on reducing access to commonly-used, highly-lethal, methods of suicide, by encouraging voluntary storage of privately-owned firearms.

In 2014, we started assigning Deployed Resilience Counselors (DRCs) on every aircraft carrier and large deck amphibious assault ships. DRCs are credentialed, civilian clinical counselors. This initiative essentially extends the reach of the Navy's Fleet and Family Support Center programs to deployed units, providing short-term counseling and prevention education.

DRCs provide services to the crew while deployed and enable a warm hand-off to shore installation services upon return to homeport.

While leadership engagement is critical, we place significant emphasis on peer-to-peer interaction, especially in promoting behavioral change to, ultimately, prevent suicide. We have developed a strategic communications effort aimed at engaging Sailors and family members in the fight to break down barriers, reshaping the conversation about stress and suicide in the fleet, and promoting ongoing dialogue. Our efforts are audience-driven; focusing on proactive and positive messaging that resonates with Sailors and families. We communicate these messages through an array of products, using channels that Sailors and families embrace in their everyday lives, such as social media networks. Additionally, we release a monthly newsletter for Suicide Prevention Coordinators (SPCs) and key fleet personnel, providing fresh tips and best-practices to strengthen local programs, and key policy updates. We frequently add new resources to our catalog of educational products, such as fact sheets on best practices for discussing suicide in everyday conversation and/or media reporting. These products are available online, or may be ordered in-bulk, at no cost to commands.

Following the industry-recognized *NavyTHRIVE* campaign in 2013, providing Sailors and families with tools to "thrive, not just survive," Navy Suicide Prevention adopted and expanded the Bureau of Medicine and Surgery (BUMED) *Every Sailor, Every Day* concept into a Navy-wide communications campaign. This evidence-based campaign launched during Suicide Prevention Month, in September 2014, emphasizes personal responsibility, peer support and bystander intervention. Because Suicide Prevention Month is used to catalyze engagement and introduce sustainable efforts and messaging, *Every Sailor, Every Day* continues to serve as our core Suicide Prevention and Operational Stress Control communications campaign.

This year, Navy Suicide Prevention released a new video as part of the campaign illustrating practical applications of the *Every Sailor, Every Day* concept. The video is being shipped to every command in the Navy. This year, we used Navy Suicide Prevention Month to add a new dimension to the campaign by introducing the "1 Small ACT" message. This message encourages simple, yet meaningful, interactions between peers, leaders and family members, to promote cohesion, intervene, and save lives, based on the Ask Care Treat (ACT) model. The "1 Small ACT" message ties into broader collaborative communications efforts among the armed forces, Department of Defense Suicide Prevention Office (DSPO) and the Department of Veterans Affairs (VA) to promote their "Power of 1" concept. As part of the new message's launch and to reenergize engagement across the fleet, we developed printable signs that Sailors, and all members of the Navy community, can personalize with examples of a small act that can make a difference in the lives of others and ultimately prevent suicide.

In the past two years, our partnerships have helped expand the reach of our suicide prevention efforts to broader audiences. In 2013, we significantly increased collaboration with the Navy Chaplain Corps, helping to promote chaplain confidentiality through a variety of multimedia products. We continue to collaborate on key efforts, from training to strategic communications, to ensure Sailors and families are aware that chaplains are available to talk through life's challenges without fear of being judged or experiencing adverse career impacts.

Additionally, in 2014, Navy Suicide Prevention formed a partnership with Navy and Marine Corps Public Health Center's Health Promotion and Wellness Department, advancing our public health approach to suicide prevention. Since that time, we have collaborated on over a dozen communications products and produced two webinars for "high touch point" personnel,

to educate them on current evidence-based tools and resources. We have also partnered with the award-winning *Real Warriors Campaign*, heralded by service members and families for its authenticity as a trusted resource for navigating psychological health and stress-related challenges. *Real Warriors Campaign* has helped publicize our efforts and extend reach beyond the Navy to the entire Department of Defense community, most recently promoting the "1 Small ACT" Photo Gallery and accepting submissions through their popular mobile application.

Leveraging resources at the Bureau of Medicine and Surgery, and the Office of the Chief of Navy Reserve, targeted messaging and products for the reserve component were developed to specifically address the challenges associated with our citizen-Sailors. Through the Navy Reserve Psychological Health Outreach Program (PHOP), teams of licensed mental health professionals visit reserve units on a periodic basis. During these visits, PHOPs conduct psychological health screening, Operational Stress Control training and suicide prevention briefs. PHOP teams are also available via a 24/7 information line by which unit leaders, Sailors and their families can access resources for employment, finances, psychological health, family support and child care. This program continues to facilitate successful reintegration of countless citizen-warriors mobilized in support of National Defense requirements.

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 ensure the safety of someone at acute risk, until he or she can receive professional care.

Navy's 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 steps to mitigating the effects on those impacted by the tragedy. The Navy Gold Star program, established in October 2014, provides long term support for surviving family members of Sailors who die on active duty, including combat fatalities, accidental death, and suicides. Navy Gold Star coordinators connect survivors to support groups and grief and bereavement counselors, provide benefits milestone management, request copies of documents, and offer information and referral services. Navy continues to maintain a strong partnership with the Tragedy Assistance Program for Survivors (TAPS), which offers unique support services directly to Navy families during the long grief and recovery process following a suicide. 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 are made. We are creating new training products specifically for installation emergency first responders, such as Emergency Medical Services (EMS), dispatchers, and security personnel, which cover 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.