

**NOT FOR PUBLICATION UNTIL
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HOUSE ARMED SERVICES COMMITTEE**

**STATEMENT OF
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BEFORE THE
HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON MILITARY PERSONNEL
CONCERNING
UPDATE ON MILITARY SUICIDE PREVENTION PROGRAMS
ON
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INTRODUCTION

Chairman Heck, Ranking Member Davis, and distinguished Members of the Subcommittee, on behalf of the U.S. Marine Corps, thank you for holding this hearing and the opportunity to update you on our suicide prevention efforts.

When a Marine chooses to end their own life, all of us are impacted – families, friends, and the entire Marine Corps community. We all share in the responsibility to do what we can to protect each Marine's life.

The Marine Corps embraces prevention efforts through a series of actions to foster hope and connection for those at risk for suicide. We will continue to apply the resources necessary to combat this difficult issue. Early intervention is key; it is a continuous challenge to engage Marines in help-seeking services early. We remain vigilant. This means continuing to analyze the data, seek new evidence-based research and empirical tools, and ensure training and resources are available.

UNDERSTANDING SUICIDE STATISTICS AND RISK FACTORS

For calendar year (CY) 2015, through 31 August, there have been 33 Marine Corps (Active Duty and Selected Marine Corps Reserves) suicide deaths. This is slightly higher than the number of Active Duty and Selected Marine Corps Reserve suicide deaths at the same period of time in CY 2014 (32 suicide deaths during CY2014 through 31 August 2014). The number of CY 2015 suicide deaths is lower than the number of CY2013 deaths occurring at the same period of time (38 suicide deaths through 31 August 2013).

A continuous challenge for the Marine Corps is to engage Marines in help-seeking services early, before problems worsen to the point of suicide. Suicidal ideation is a reflection of

distress that requires intervention. The Marine Corps began collecting data on suicidal ideation in late 2013. Limited data is available for comparison, but there were 907 events of suicidal ideation reported in 2014 and 587 events in 2015 through 31 August.

For CY 2015, through 31 August, there have been 197 Active Duty suicide attempts. This number is higher than the number of CY 2014 Active Duty suicide attempts (162) through 31 August 2014, and higher than the number of CY 2013 Active Duty suicide attempts (185) through 31 August 2013. We believe that the increase in attempts and the rates of suicidal ideation are reflective of better identification of at-risk Marines and more emphasis on reporting requirements that support interventions.

We consistently track Active Duty suicides through the Department of Defense Suicide Event Reporting, Armed Forces Medical Examiners Service, Department of Defense Suicide Prevention Office, and various reporting mechanisms for the Reserve component and have several suicide prevention efforts underway to continue to explore the underlying reasons for suicide.

Marines contemplating suicide may have several interactive factors that may be chronic, acute, or gradually emerging. The cumulative risk is dynamic for any group of Marines and any individual Marine over time. Examples of risk factors include financial stress, loss of relationships, substance misuse, legal problems, behavioral health conditions, history of trauma, family history of suicide, and many forms of transition that erode a critical protective factor inherent to Marine Corps culture: a sense of belonging. Transitions such as Permanent Change of Status (PCS), separation and retirement, change of occupation, or divorce can be particularly challenging when combined with other risk factors. Additionally, a Marine's significant change in status within their unit due to a legal action can result in feelings of shame, loss of face, and

perceived or real alienation from peers that is equally detrimental. Research to date has not correlated deployment experience with suicide risk. However, further research may identify specific deployment variables or deployment combined with particular risk factors that could increase risk of suicide.

SUICIDE PREVENTION EFFORTS

Due to the complex nature of suicide that often manifests as an outcome of other behavioral health issues, the Marine Corps has focused on a holistic prevention and early intervention approach. There are usually many warning signs that precede a suicide and it is imperative that everyone in our community be able to recognize the warning signs and know how to help someone connect with appropriate care.

A key component of our behavioral health efforts is to have engaged leaders at all levels. It is vital for leaders to know their Marines and know how to respond immediately and effectively to warning signs. Additionally, successful prevention efforts require a command climate of vigilance and a concerted effort to ensure that each Marine understands that seeking any form of assistance to ensure wellness is the desired course of action.

The Marine Corps, through our leadership, has worked tirelessly to ensure each Marine knows that help is literally a fingertip away—whether by pushing a button on a telephone to call our DSTRESS line, opening the door to their local Community Counseling Program (CCP), knocking at the door of their unit chaplain, or texting a team leader.

Our Marine Expeditionary Force (MEF) Prevention provides another avenue to understand and mitigate the risk factors within a command. The Marine Corps has embedded civilian behavioral health personnel in the Active Duty operating forces to assist commanders.

Prevention Directors serve as a direct link between Marine Expeditionary Force commanders and Headquarters to improve communication on prevention initiatives, data requests, and feedback to and from the operating forces.

One of the most integrated suicide prevention efforts in the Marine Corps is the implementation of the evidence-based Columbia-Suicide Severity Rating Scale (C-SSRS). All Marine Corps Community Services Behavioral Health programs use the C-SSRS; as do all those interacting with Marines at risk for suicide, including but not limited to: chaplains, Marine Corps Defense Counsel, legal aid, medical staff, substance abuse treatment personnel, Sexual Assault Prevention and Response personnel, Family Advocacy personnel, and financial counselors. This effort identifies Marines considering suicide, facilitates communication, and allows for coordination of care among the many professional roles supporting Marines as a team.

The Marine Corps has a variety of non-medical, prevention-oriented programs where Marines and their families can find solutions to life's stressors that may add to suicide risk. In 2013, the Marine Corps launched our Community Counseling Program (CCP). CCP services are located on installations worldwide to increase access to care and assist Marines and their families in navigating the many support resources available for various behavioral health issues. Whether a Marine or family member is seeking help for stress, relationship challenges, parenting struggles, or concern about substance misuse, the Marine will receive immediate support in accessing all needed resources regardless of why they first sought counseling. The concept is that there is "no wrong door" in accessing care.

CCP counselors are licensed clinicians, who provide evidence-based screenings and assessments, short-term, non-medical counseling interventions, psycho-education, clinical case management, and care coordination. These services are provided to individuals, couples, and

families coping with a wide variety of behavioral health issues. Less than two years from when CCP was first implemented, in the third quarter, our case load in fiscal year (FY) 2015 is 2,098 new cases opened; 1,599 full assessments completed; and 8,026 individual session hours provided, of which 1,758 were with spouses and 735 with children.

In conjunction with the launch of CCP, in November 2013, the Marine Corps implemented the Marine Intercept Program (MIP) to ensure that Marines who experience suicidal ideation or attempt suicide receive ongoing risk assessment, safety planning, and coordination of care. MIP, founded on suicide prevention research, is designed to interrupt the potential path to suicide by providing timely intervention. MIP partners with the Marine's leadership, CCP, and Navy medical services in a combined effort to support the Marine during a known period of high risk.

In the event a Marine or attached Sailor is identified with a suicidal ideation or suicide attempt, CCP immediately reaches out to the Marine through his or her command to offer services. MIP services include an evidence-based suicide risk assessment and a coordinated safety plan that is continuously updated through a series of caring contacts for a minimum of 90 days. CCP is responsible for contacting the command within 24 hours of receiving a new case if the command does not initiate contact with the CCP. In a preliminary review of MIP cases, Marines who receive MIP services access care 2.5 times faster than Marines who access care from military treatment facilities (an average 4.6 days vice 11.5 days), miss fewer appointments, and access specialty care more often.

Within the first full year of MIP (CY 2014), 1,196 occurrences of suicidal ideation or suicide attempts were reported and assigned to MIP. In CY 2015 (through 31 Aug 2015), 793 occurrences of suicidal ideation or attempted suicides have been reported and assigned for MIP

services. Since its implementation in November 2013, of the 2,086 Marines accepting MIP services (66.3 percent of the Marines accept services), only one Marine has died by suicide to date.

Additional prevention and early intervention services are provided by the Military Family Life Counselors (MFLCs) who are funded by Department of Defense. MFLCs are licensed mental health professionals who provide non-medical, solution-focused counseling to military personnel and their families, assisting them in exploring alternate solutions to daily life stressors. For the second quarter of FY 2015, there were 138,125 face-to-face MFLC sessions.

Since 2010, the DSTRESS Line has been available to Marines, attached Sailors, and family members, providing anonymous 24/7/365 phone, chat and Skype support. DSTRESS continues to be a critical resource in suicide prevention. Since August 2010, program staff have successfully intervened 35 times to interrupt the cycle of suicide (meaning, program staff effectively assessed, ensured safety and connected the Marine to local resources).

The Marine Corps is also continuing our efforts of suicide prevention with our Reserve Marines. The Psychological Health Outreach Program addresses post-deployment behavioral health concerns and enables crisis-related interventions through social worker contractors. These social workers provide an array of referral services in the community to include follow-up with service members. The programs have proven effective in the overall management of identifying Marines in need of behavioral health assistance and have provided an avenue to those service members who seek behavioral health assistance. This program is an essential resource for treatment referral and follow-up to ensure our Marine receive appropriate health services.

Because Marines and families often utilize social media to stay in touch with friends and family, the Marine Corps launched a suicide prevention campaign in August and September of

2015 that included Facebook, Twitter, and printed materials distributed throughout the Corps. This campaign leveraged technology to demonstrate how to notice signs of at-risk thoughts, identify resources available, and highlighted the trend of individuals expressing suicidal thoughts on social media. In addition, the campaign encouraged Marines and family members to use social media to stay connected with their loved ones, especially during Permanent Change of Station (PCS) when Marines are separated from their support networks and are most vulnerable. The posts directed users to the DSTRESS Line, and instructed users on how to use Facebook's Suicide Prevention Tool to report alarming content. To date, the four social media posts have been seen by over 55,000 people and shared more than 300 times.

TRAINING MARINES TO RECOGNIZE SUICIDE

In addition to our services and preventive efforts, educating those in leadership positions to recognize at-risk Marines is vital. Various warning signs commonly precede a suicide. Those who surround a Marine must know the warning signs of suicide—whether that is the Marine, his or her fellow Marines in the unit, the commander, or a family member. Annually, all Marines are trained to apply the acronym **R.A.C.E.**— **R**ecognize suicide warning signs, **A**sk one another about suicide, **C**are for one another through listening and support, and **E**scort fellow Marines to help.

In response to efforts by this Subcommittee, the Marine Corps has initiated a training program titled “Conquering Stress with Strength (CSWS).” CSWS is the first available family-focused training that provides Marine Corps families the skills for appropriately responding to high-stress situations. As of today, there are 22 Marine Corps Family Team Building trainers trained in CSWS across Marine Corps installations. Although CSWS is a new and growing

workshop, it has been conducted in 13 sessions thus far and prepared 120 participants to respond to suicide.

Effective 1 January 2015, we replaced our annual training “Never Leave A Marine Behind” with Unit Marine Awareness and Prevention Integrated Training (UMAPIT). UMAPIT training educates Marines and attached Sailors in evidence-based interventions to provide them with the skills to build self-resilience and provide support to and empower their peers. UMAPIT is designed to consolidate and replace required training sessions for four separate areas: the Family Advocacy Program (FAP), Substance Abuse Program (SAP), suicide prevention and response, and combat operational stress control (COSC). Topics covered include common risk and protective factors, warning signs, intervention strategies, referral and reporting, definitions, and the “big five” resources (peers, chain of command, chaplain, medical/Marine Corps Community Services counselors, and the DSTRESS hotline).

Operational Stress Control and Readiness (OSCAR) is a Marine-led training that builds teams of Marine leaders, medical providers, and chaplains in maintaining warfighting capabilities by identifying, managing, and preventing combat and operational stress issues as early as possible. As of 31 March 2015, more than 33,000 Marines are trained as OSCAR team members in units across the Marine Corps. We developed a new version of OSCAR in January 2015. The updated OSCAR is a 4-hour curriculum that teaches skills to prevent and mitigate stress injuries. OSCAR teams are key members of the Force Preservation Councils and Human Factors Boards, which provide Marine Corps leaders an opportunity to share information to promote the welfare of Marines. This knowledge allows leaders to identify crisis intervention requirements or early warning signs of mounting issues.

CONCLUSION

Suicide prevention is, and remains, a top priority for the Marine Corps. We are working tirelessly to ensure we are effectively preventing and addressing behavioral health issues, stressors, and underlying vulnerabilities that increase the risk of death by suicide. We can prevent suicide by promoting protective factors and genuine caring contacts within our units. Being part of the Marine Corps community reinforces the idea of a profession of arms and the participation in something larger than oneself. Connections save lives.

The Marine Corps will continue to provide the necessary attention and resources to prevent suicide, ensuring all Marines are fit, fortified and strengthened, and better able to withstand the tensions and stressors of life in and out of the Marine Corps.