

**Adapting the Air Force Suicide Prevention Model for
Campuses
and
Achieving Success**



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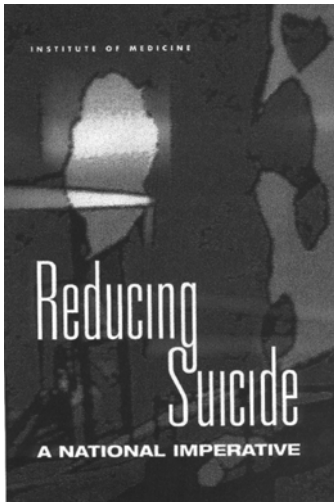
Director Counseling & Psychological Services,
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January 18, 2007

•Social factors and social integration of individuals exert a powerful influence over suicidal behavior...broad social forces account for the variation in suicide rates. *Suicide* 1897



Institute of Medicine Report - 2002



“A society’s perception of suicide and its cultural traditions can influence the suicide rate.” (p 204)

“Completed suicide occurs more often in those who are socially isolated and lack supportive family and friendships.” (p 200)

“...with one study suggesting that perceived social support may account for about half of the variance in suicide potential in youth.” (p 200)

Source: Goldsmith, SK, et al., Reducing Suicide: a national imperative. 2002.

“The work of suicide prevention must occur at the community level, where human relationships breathe life into public policy.”



**David Satcher, MD, PhD
Sixteenth Surgeon General**

Prevention Triad

❖ **Necessary Conditions for Prevention**

- ◆ Evidence base
- ◆ Social Strategy
- ◆ Political will (community readiness)

Political will is the *most necessary*

Community Norms

- ❖ **Interdependence -- interconnectedness**
 - ◆ “My brother’s keeper” -- shared responsibility
- ❖ **Knowledge and skills**
- ❖ **Positive attitudes toward help-seeking**
- ❖ **Accurate understanding of mental health and mental illness**

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

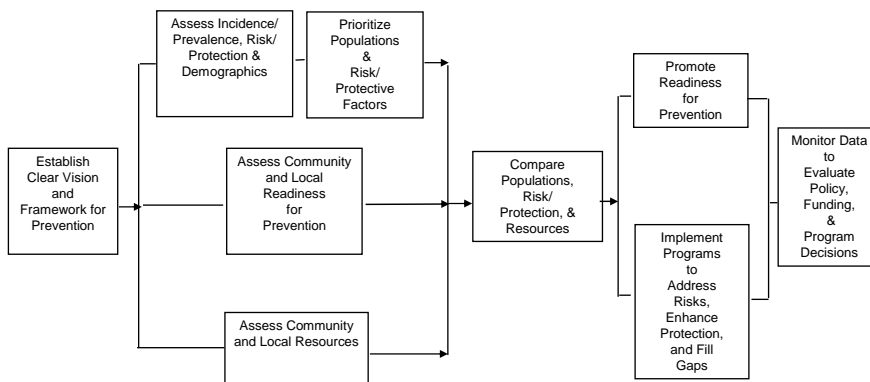
Suicide Rate -- US Air Force Members 1990-1995



USAF Community Prevention Partners

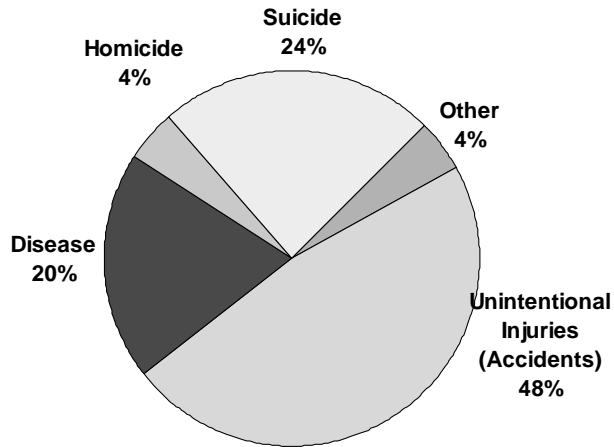
- ❖ **Medics-Mental Health**
- ❖ **Public Health**
- ❖ **Personnel**
- ❖ **Command**
- ❖ **Law Enforcement**
- ❖ **Legal**
- ❖ **Family Advocacy**
- ❖ **Child & Youth**
- ❖ **Chaplains**
- ❖ **Criminal Investigative Svc.**
- ❖ **CDC**
- ❖ **Walter-Reed Army Inst. Of Research**

Data-Driven Prevention Planning Model



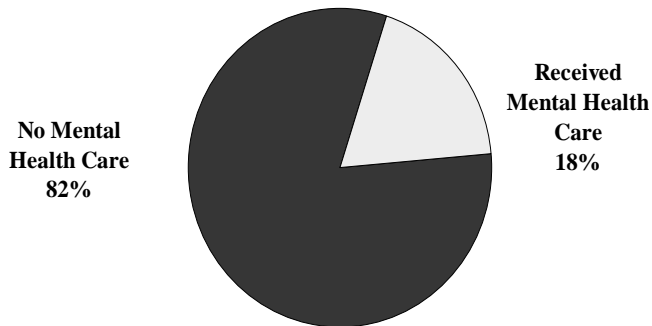
Adapted from Richard Catalano and David Hawkins, U of Washington.

Leading Causes of Death ADAF
1990 -1995

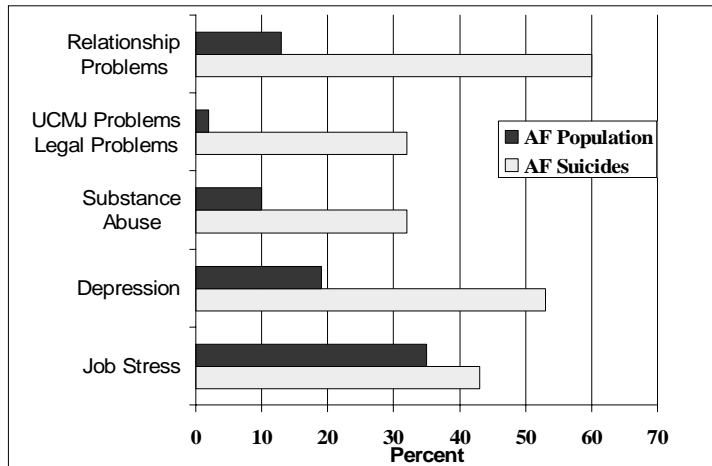


Mental Health Services
Utilization

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



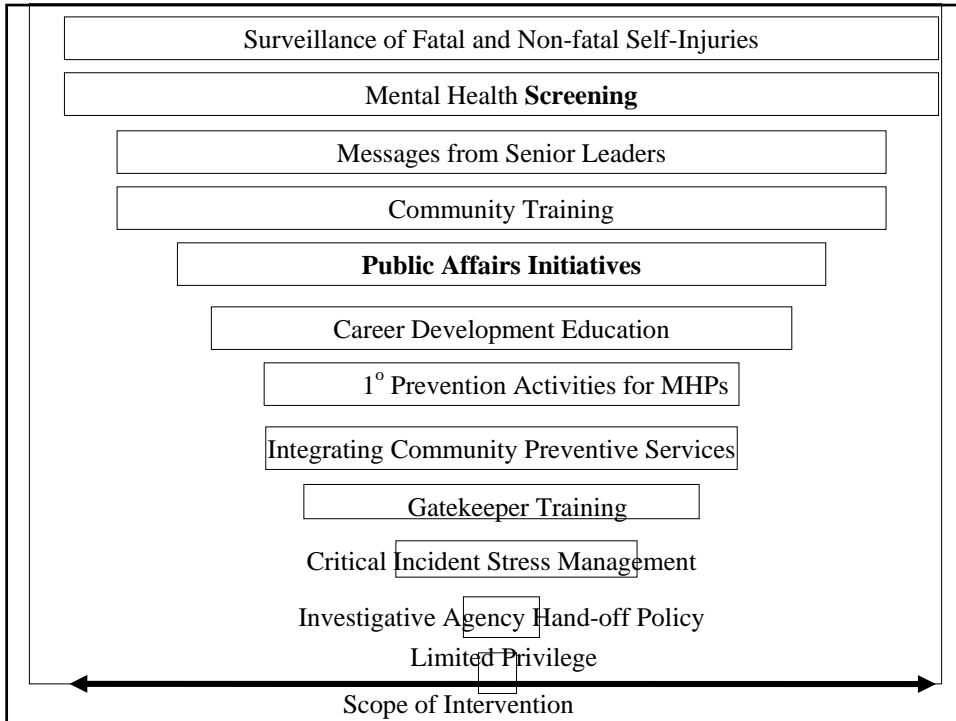
Risk Factors AF Suicides vs AF Population*



*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**



Leadership:
Changing the Community Norms

“Since relationship problems are a factor in over half of our suicides, be vigilant for risk signs and respond with help to fellow airmen having problems. Encourage your troops to get whatever assistance they need. ... We need to continually communicate that we value people who demonstrate good judgement by seeking help when they need it.”

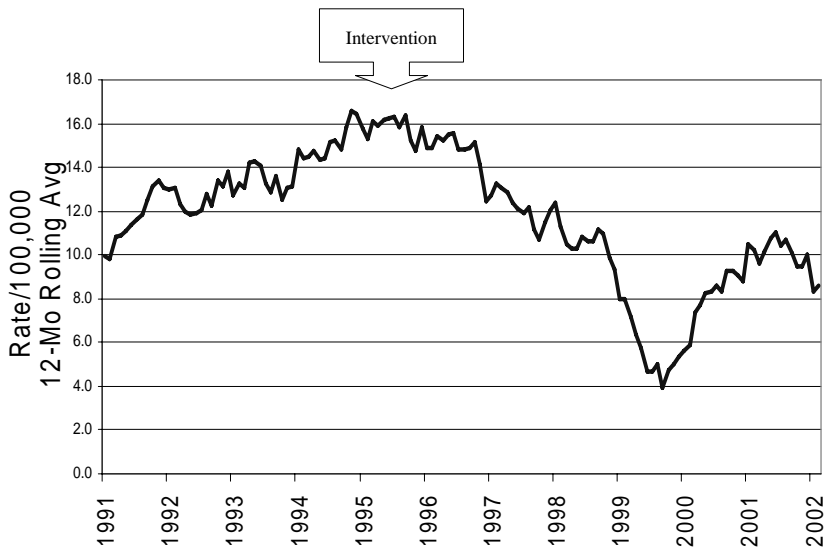
— General Michael E. Ryan
Air Force Chief of Staff, 19 Jul 99

Leadership:
Changing the Community Norms

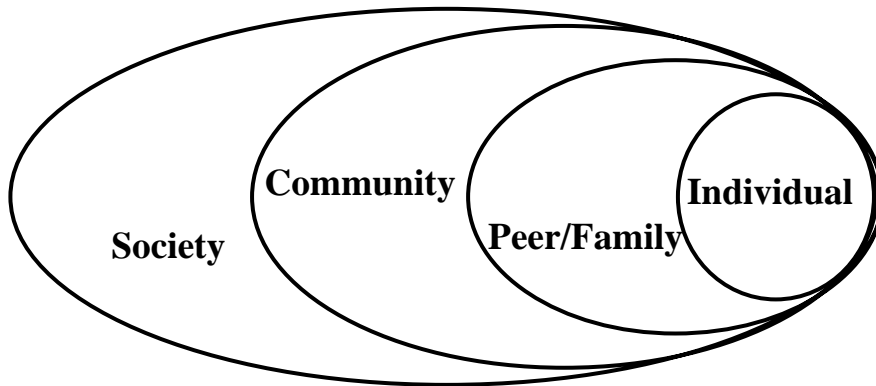
“Please go the extra mile to foster a sense of belonging. Make sure your people feel they are a member of the team at unit functions and other small gatherings. It has been repeatedly demonstrated that *social connections* save lives. ... Let’s ensure we take care of our own—our Air Force family.”

**— General Michael E. Ryan
Air Force Chief of Staff, 19 Jul 99**

Suicide Rate -- US Air Force Members 1990-2002



“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.

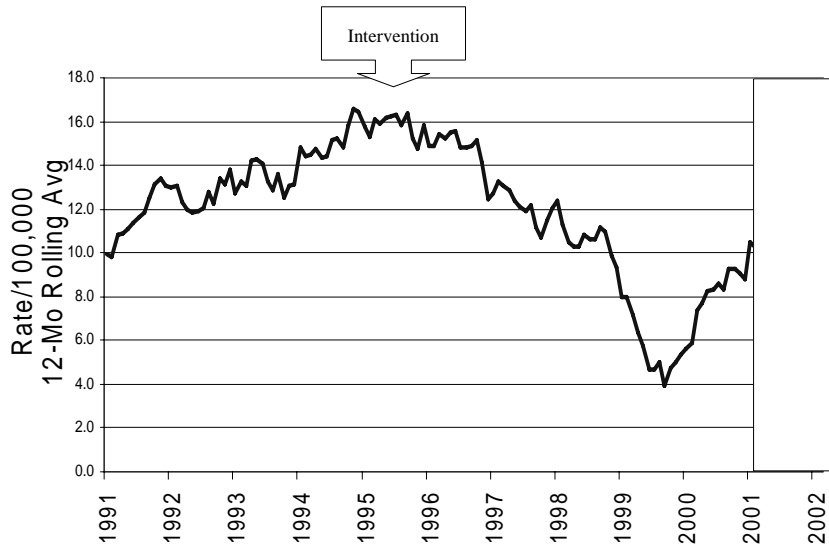
Results

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).

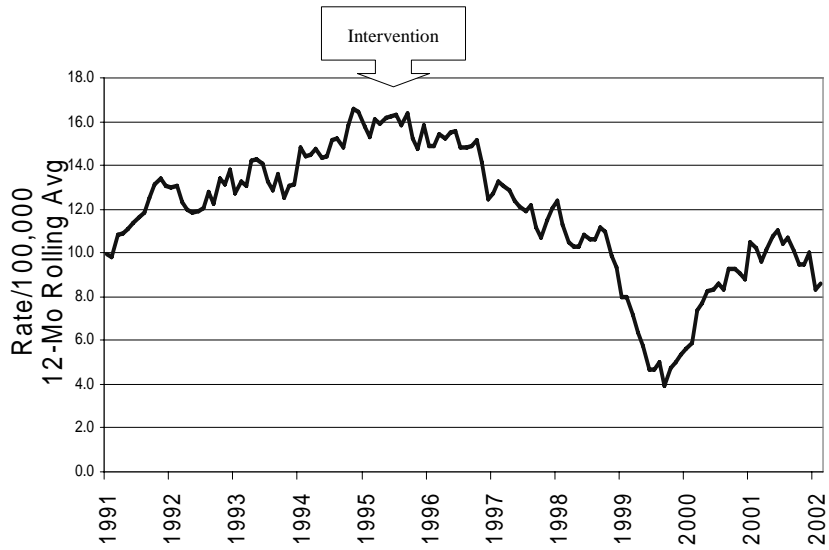
Outcome	Relative Risk (RR) and 95% CI	Risk Reduction (1-RR)	Excess Risk (RR-1)
Suicide	.67 [.5702, .8017]	↓ 33%	--
Homicide	.48 [.3260, .7357]	↓ 51%	
Accidental Death	.82 [.7328, .9311]	↓ 18%	--
Severe Family Violence	.46 [.4335, .5090]	↓ 54%	--
Moderate Family Violence	.70 [.6900, .7272]	↓ 30%	--
Mild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

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.

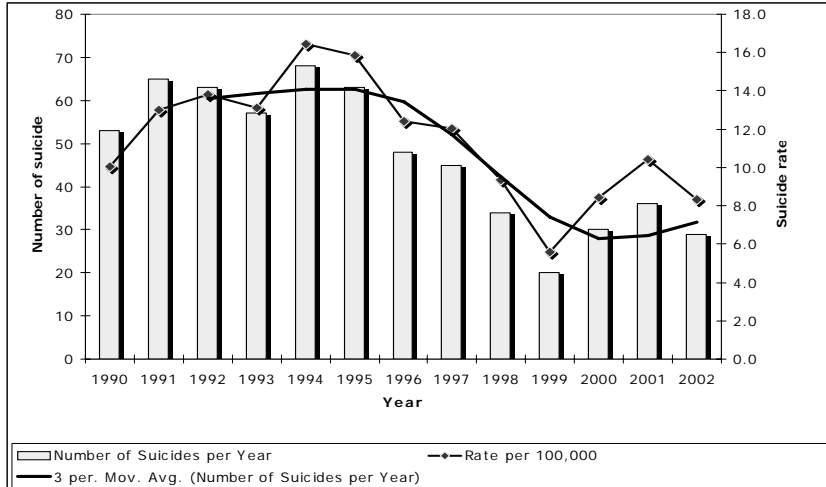
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Suicide Rate -- US Air Force Members 1990-2002



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.

Air Force Model: 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.

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 capacity and develop as necessary**
- ❖ **Sustainability.....**

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