



Every Sailor Every Day Starts with YOU: Understanding Evidence-Based Intervention Tools for Sailors at Risk of Suicide

Hosted by the HPW Department in Collaboration with Navy Suicide Prevention Branch (OPNAV N171)

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NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

Webinar Courtesy

- Good Afternoon and thank you for joining us!
- We ask that all participants please mute your phone lines either by pressing *6 or the mute button on your phone.
- Please do not put your phone on hold at any point during the call.



Objectives

- Discuss the ways in which local advocates and program managers can be leaders in suicide prevention;
- Promote understanding and application of Navy's evidence-based prevention and intervention resources; and
- Empower culture change through collaboration, education and action.



Presenters

- CDR Tara Smith, PhD., MSC
SME, Navy Suicide Prevention Branch (OPNAV N171)
21st Century Sailor Office
- Mr. Steve Holton
Deputy Director, Navy Suicide Prevention Branch (OPNAV N171)
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- Dr. Mark Long
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Every Sailor, Every Day Starts with YOU

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#BeThere for Every Sailor, Every Day.

Navy Suicide Prevention Branch

Navy Suicide Prevention Branch, OPNAV N171, is comprised of the Suicide Prevention and Operational Stress Control (OSC) Programs.

Together, these programs provide policies, resources and support to the fleet, helping to foster an organizational climate that supports and develops leaders, builds resilience and encourages Total Sailor Fitness.

The goal of the Navy Suicide Prevention Program is to reduce suicides by enabling Sailors—through knowledge, personal responsibility and resources—to thrive as a psychologically healthy, resilient and mission-effective force.



1 Small ACT can make a difference—or save a life.
It's about being there for Every Sailor, Every Day.



Every leader has a responsibility to foster a command climate that encourages Sailors to seek help, receive help and be welcomed back to the unit.



Working Together to Prevent Suicide

- Health Promotion staff offer resources and programs to keep Sailors “in the green”
 - Primary and collateral duty staff help to ensure readiness and foster healthy quality of life at medical and non-medical commands
 - Examples: ShipShape, Tobacco Cessation, Nutrition, Active Living, HRA, Education, and Health Observances
 - The mission of NMCPHC’s Health Promotion and Wellness Department is to provide tools and resources “to facilitate readiness and resilience, prevent illness and injury, hasten recovery, and promote lifelong healthy behaviors and lifestyles”
- Suicide Prevention Coordinators are command suicide prevention program managers
 - Each command is required to have an SPC to ensure local engagement and policy compliance
 - Annual command training, outreach and education, crisis response plan, reintegration
 - [Commanding Officer’s Suicide Prevention Program Handbook](#) provides guidance and tools to develop and maintain a robust and comprehensive program
- Opportunities for collaboration to expand dialogue, increase readiness and promote Total Sailor Fitness
 - Normalize healthy behaviors through building skills, changing attitudes, training, awareness
 - Promote healthy environments through enhanced self-care, group belonging, access to resources



Means Safety Awareness and Application

- “Reducing access to lethal means of self-harm for a person at risk of suicide is an important part of a comprehensive approach to suicide prevention.” ([Suicide Prevention Resource Center](#))
 - The acute period of increased risk for suicide related behavior is often very brief; means safety efforts can buy critical time to interrupt the impulse
 - Connecting the dots, working together to save lives
 - Suicide prevention means safety includes gun locks, bridge barriers, structural modifications, etc.
 - Exists outside of suicide prevention as well: condoms, seat belts, designated drivers, etc.
- [NAVADMIN 263/14](#): Guidance for Reducing Access to Lethal Means through *Voluntary Storage of Privately-Owned Firearms*
 - Firearms are the most lethal and commonly used method of suicide in the United States
 - Participation is voluntary, Sailors have autonomy, no infringement on constitutional rights
- Means safety works! To take action:
 - Accurate training; collaboration with security, triad, medical, local resources; increase awareness among Sailors, commanders, health professionals
 - Promote the [Truth About Sailors and Suicide](#), recognize those at risk, have the conversation, ACT



Recognizing Risk and Promoting Safety

***Minimum of 3 Questions**

***Max of 6 Questions**

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS		YES	NO
Ask questions that are bolded and <u>underlined</u> .			
Ask Questions 1 and 2			
1) Wish to be Dead: <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2) Suicidal Thoughts: <u>Have you actually had any thoughts of killing yourself?</u>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): <u>Have you been thinking about how you might kill yourself?</u>			
4) Suicidal Intent (without Specific Plan): <u>Have you had these thoughts and had some intention of acting on them?</u>			
5) Suicide Intent with Specific Plan: <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>			
6) Suicide Behavior Question: <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>			

If 2=no, ask 6

If 2=yes, ask 3-6



The C-SSRS and VA Safety Plan are evidence-based prevention and intervention tools that are proven to help save lives—and can be used by anyone.



Connecting the Dots – Who is at Risk?

History

History of Abuse (Physical, Sexual, Emotional):	65%
Prior Suicide Related Behavior:	57%
Mental Health Treatment in Past Year:	33%
Prior Suicide Attempt:	28%
Substance Abuse:	20%

Disrupted Social Network

Transition (Pending demotion/PCS/Upcoming Separation from the Navy, Retirement):	89%
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Judgment Factors

Sleep Problems:	59%
Recent event causing anger:	50%
Under the Influence of Alcohol:	30%

Access to Lethal Means

Access to Firearms:	57%
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History

Stressors

Disrupted Social Network

Judgment Factors

Access to Lethal Means

Compressed Intervention Window

Distorted Thinking + Lethal Action

Stressors

Experienced Loss:	84%
Intimate Relationship Problems:	74%
Work Problems:	65%
Disciplinary/Legal Issues:	54%
Financial Issues:	35%

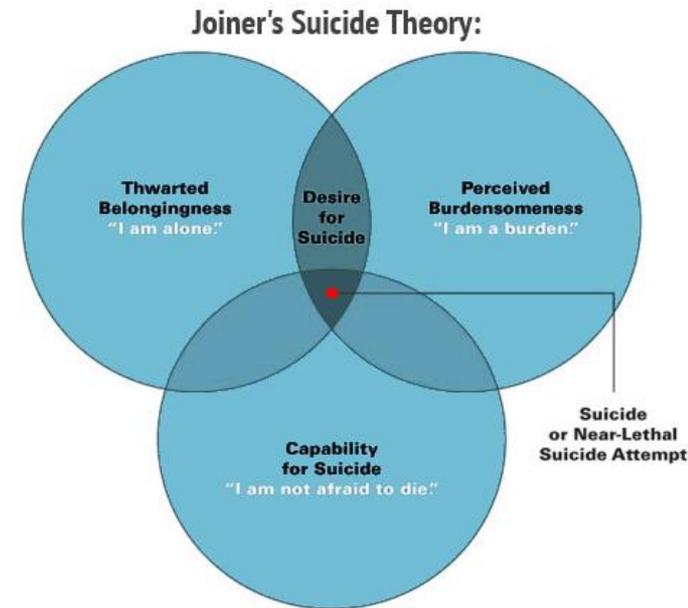
Contributory Risk Factors

Recent Event Causing Shame, Guilt, Loss of Status:	72%
Recent Event Causing Feelings of Rejection/Abandonment:	63%
Feelings of Hopelessness:	48%
Recent Event Causing Feelings of Helplessness:	39%
Pattern of increased alcohol/drug use:	22%



Annual “Deep Dives” Inform Navywide Efforts

- Joiner’s Theory: thwarted belongingness + perceived burdensomeness + capability for suicide = desire for suicide
- Annual Cross Disciplinary Case Review (“Deep Dive”) findings consistently reveal that:
 - Suicide risk is higher when Sailors are experiencing multiple stressors, including transitions, relationship issues, fall from glory
 - Missed opportunities to “connect the dots” ahead of destructive behaviors, tipping point
 - Failure to communicate the warning signs or risk factors detected by commands, providers, family members or peers (most evident during transition periods)
 - Barriers to seeking help perceived by Sailors and families
 - Access to lethal means
- Would you recognize signs of risk in your shipmates or patients?



Joiner, T. (2005) Why People Die by Suicide.
Cambridge, MA: Harvard University Press.



Every Sailor, Every Day

Together, we can be there for Every Sailor, Every Day

- Collaborating to Change Navy Culture
 - Quality leadership
 - Engaged leadership
 - Mentorship and peer support
 - Instilling the courage to seek help
- Navy Suicide Prevention Resources
 - Navy Suicide Prevention Website:
www.suicide.navy.mil
 - Navy OSC Blog:
navstress.wordpress.com
 - Navy OSC Facebook:
www.facebook.com/navstress
 - Navy OSC Twitter:
www.twitter.com/navstress
 - Commanding Officer's Suicide Prevention Program Handbook:
https://issuu.com/opnavn171/docs/commanding_officer_s_suicide_preven



*2016 Navy Suicide Prevention Month Toolkit is now available on
www.suicide.navy.mil > Every Sailor, Every Day*

NMCPHC's Health Promotion and Wellness Department

- NMCPHC has resources on suicide prevention, resilience, and other psychological health and emotional well-being materials that complement the Navy Suicide Prevention program resources
<http://www.med.navy.mil/sites/nmcphc/health-promotion/psychological-emotional-wellbeing/Pages/suicide-prevention.aspx>
- The HPW September Toolbox has ready-to-use materials to support Suicide Prevention and Mental Health Month
<http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/hp-toolbox-september.aspx>
- The Navy Leader's Guide for Managing Sailors in Distress has two versions available for use - a mobile app and a web-based edition
<http://www.med.navy.mil/sites/nmcphc/Documents/LGuide/index.aspx>



Other Programs and Resources

- Defense Suicide Prevention Office (DSPO)
<http://www.dspo.mil/>
- Navy Suicide Prevention Branch http://www.public.navy.mil/BUPERS-NPC/support/21st_century_sailor/suicide_prevention/Pages/default.aspx/
- Marine Corps Community Services Suicide Prevention
<http://www.usmc-mccs.org/services/support/suicide-prevention/>
- Department of Veterans Affairs Suicide Prevention
http://www.mentalhealth.va.gov/suicide_prevention/



Please answer the poll question



Discussion and Questions



Additional Questions

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Continuing Education

- NMCPHC is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) to receive 1 Category 1 CECH but only when viewed during the live webinar. If you are a CHES and you viewed the live webinar, email your name and CHES number to: delquesha.f.boyette.ctr@mail.mil.

