



Suicide Prevention and Intervention Efforts in the Navy and Marine Corps

Hosted by HPW Department in Collaboration with Navy Suicide Prevention Branch (OPNAV N171) and Marine and Family Programs

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NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

Presenters

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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

- Describe current evidence-based suicide prevention and intervention efforts across the Navy and Marine Corps.
- Communicate the importance of recognizing and understanding the factors that put Sailors and Marines at risk for suicide.
- Identify helping resources available to Sailors, Marines, and their families across the Department of the Navy (DoN) and Department of Defense (DoD).



Every Sailor, Every Day



**Evidence-Based Suicide Prevention and
Intervention Tools for the Fleet**

September 1, 2015



Every Sailor, Every Day

OPNAV N171 Current Efforts and Priorities

Changing Culture, Reducing Barriers

- ✓ New scenario-based SP GMT released to Fleet
- ✓ New “Every Sailor Every Day” video produced by BUMED and distributed to all commands
- ✓ Deployed Resilience Counselors and Embedded Mental Health Providers
- ✓ Communications alignment with Action Alliance Framework for Successful Messaging
- ✓ OSC course mandate (NAVADMIN 262/13)
- ✓ NECC and C10F community specific training

Multi-Organization Collaboration

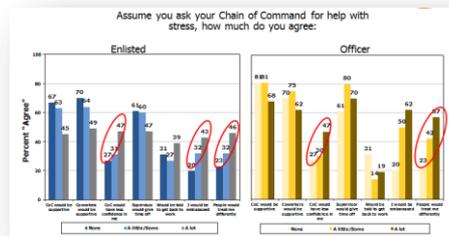
- ✓ Suicide Cross Functional Team (O6) reestablished
- ✓ Strengthened partnerships with Navy and Marine Corps Public Health Center, Navy Reserve Force, Real Warriors Campaign
- ✓ Defense Suicide Prevention Office coordination



Collaborative training on evidence-based tools



Award-winning communications to support deckplate dialogue



Analysis of Fleet feedback to shape efforts

Evidence Based Tools and Policy

- ✓ Rollout of Columbia Suicide Severity Rating Scale and VA Safety Plan training for gatekeepers
- ✓ Chief of Chaplains’ FY15 Chaplain Professional Development Training, “Pastoral Care in Suicide Prevention, Intervention, Postvention”
- ✓ NAVADMIN 263/14 implementing Under Secretary of Defense memo guidance for reducing access to lethal means through voluntary storage of privately owned firearms

Assessment and Analysis

- ✓ Released findings from 2012 Navy suicides annual case review (“Deep Dive”) and just completed review of 2013 suicides conducted by multidisciplinary team of experts
- ✓ Completing studies with USUHS, NMCPHC, Naval Postgraduate School, Centers for Naval Analyses



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Partnering to Bring Evidence Based Tools to the Fleet

- OPNAV N171 partnered with Navy Chaplain Corps to enhance the pastoral care skills of chaplains and religious program specialists in suicide prevention, intervention and postvention
 - **Columbia Suicide Severity Rating Scale (C-SSRS):** Suicide risk assessment tool proven to detect both suicidal ideation and suicide attempt risk when used by clinicians and non-clinicians alike, with the ability to capture “missed” referrals of individuals at high risk. Average administration time is 1-2 minutes.
 - **VA Safety Plan:** Evidence-based intervention tool that can be administered by non-clinicians to help at-risk individual identify positive coping strategies, contacts that may distract from crisis, professional resources and means reduction.



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Annual Deep Dives Inform Program Efforts

- Most recent data available for Deep Dive conducted in September 2014, reviewing 58 AC and 8 RC Navy suicides that occurred in 2012.
- Findings yielded recommendations for increased vigilance when:
 - Intimate relationships ending or in danger of ending (break-up, separation, divorce, death of loved one);
 - Sailors experience occupational, academic and/or disciplinary/legal issues that can potentially damage reputation or career; and
 - Sailors in transition period (e.g. PCS, advancement, retirement, transition to civilian sector, etc.).
- Barriers to seeking help due to perceived occupational risk still exist among Sailors and families.
- Failure to “connect the dots” and communicate warning signs detected by commands, providers, family members, or peers was found (most evident during transition periods).



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2012 Chain of Events and Observations

History

Trauma/Abuse (Physical, Sexual, Emotional):	38%
Mental Health Treatment in past year:	33%
Substance Abuse:	29%
Prior Suicide Related Behavior:	27%
Prior Suicide Attempt:	17%

Disrupted Social Network

Demotion, PCS:	38%
Retirement, On/Off Active Duty:	21%
Separating from Navy:	17%

Judgment Factors

Sleep Problems/Restlessness:	45%
Anger:	38%
Under the influence of Alcohol:	33%

Access to Lethal Means

Access to Firearms:	53%
Firearm Ownership:	26%

History

Stressors

Disrupted Social Network

Judgment Factors

Access to Lethal Means

Compressed intervention window

Distorted Thinking + Lethal Action

Stressors

Relationship Problems:	53%
Recent Career Transition:	44%
Disciplinary/Legal Issues:	38%
Significant Career Problems:	36%
Physical Health:	35%
Significant Loss:	29%
Financial:	29%
School/Training Issues:	11%

Contributory Risk Factors

Recent Event Causing Feelings of Helplessness:	42%
Recent Event Causing Shame, Guilt, Loss of Status:	50%
Recent Event Causing Feelings of Rejection/Abandonment:	36%
Pattern of increased alcohol/drug use :	27%



Reducing Access to Lethal Means

- [NAVADMIN 263/14](#) states that commanders and health professionals may ask Sailors who are reasonably believed to be at risk for suicide or causing harm to others to voluntarily allow their privately-owned firearms to be stored for temporary safekeeping by the command.
- Working with Navy Medicine and DoD to incorporate information on means restriction in Navy-wide suicide prevention training (e.g., removal of firearms from the residence). This will place greater emphasis on the importance of limiting access to lethal means of suicide for those deemed to be at risk.

Lethal Means Reduction

- Firearms used in half of all Navy suicide deaths in 2012 and 2013, and continue to be the primary method used in both military and civilian suicides.
- Reducing access to lethal means has been proven to save lives.
- Voluntary measures proven to interrupt the impulse and allow time to seek help, providing the opportunity for care and recovery.



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2015 Navy Suicide Prevention Month

- **1 Small ACT:** new message within *Every Sailor, Every Day* campaign, focusing on simple actions that can make a difference and ultimately save a life.
- Navy Suicide Prevention Month is launch-pad for tailored deckplate engagement throughout the fiscal year. Key initiatives for 2015 include:
 - **“1 Small ACT” Photo Gallery:** Members of the Navy community or general public can submit photo holding up “1 Small ACT” sign personalized with an example of a small act that they can perform to make a difference in shipmates’ lives. Image gallery will be housed on Facebook from Sept. 1, 2015 – Aug. 30, 2016.
 - **“1 Small ACT” Toolkit:** Downloadable resources for suicide prevention coordinators to assist with planning local efforts. Includes posters, social media posts, key messages, graphics, “1 Small ACT”-a-Day Calendar, partner organization resources and more.



Additional resources available at: [http://www.npc.navy.mil/bupers-npc/support/21st Century Sailor/suicide prevention/spmonth/Pages/default.aspx](http://www.npc.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/spmonth/Pages/default.aspx)



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Questions?

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Online

Navy Suicide Prevention: [www.npc.navy.mil/bupers-npc/support/21st Century Sailor/suicide prevention/Pages/default.aspx](http://www.npc.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/Pages/default.aspx)

Navy Operational Stress Control: navstress.wordpress.com

Facebook: www.facebook.com/navstress

Twitter: www.twitter.com/navstress

Issuu: www.issuu.com/opnavn171



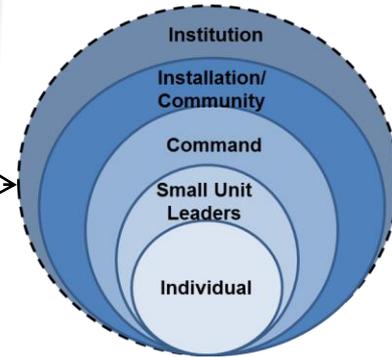
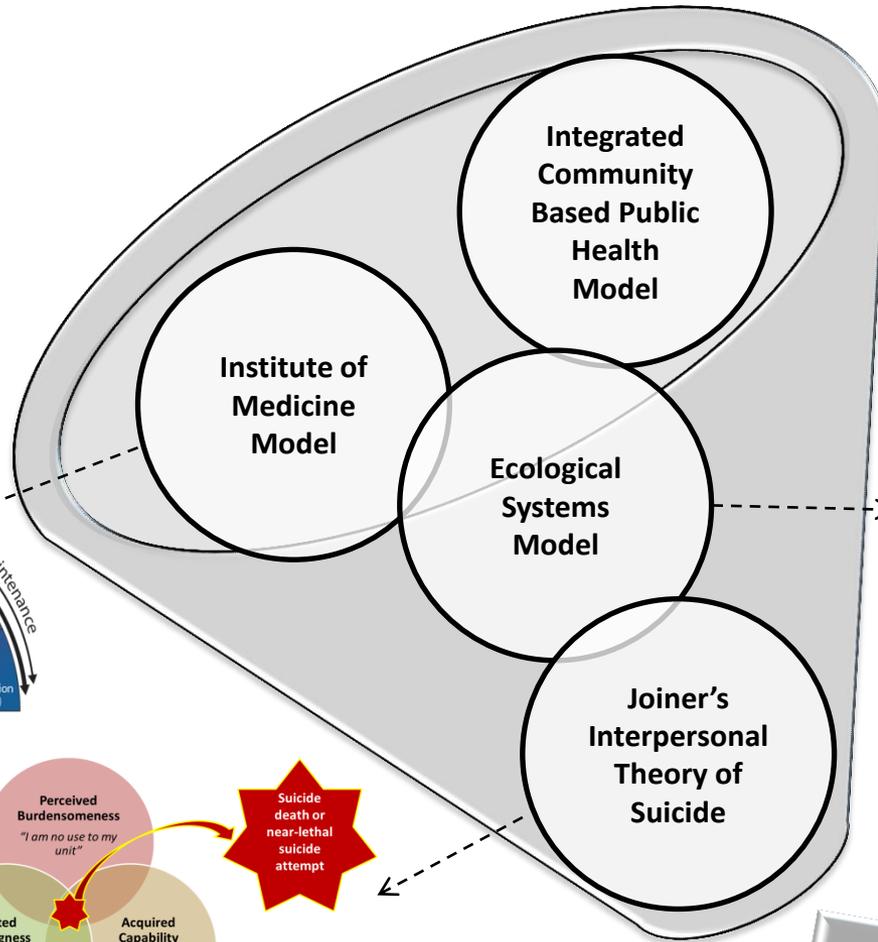
USMC Suicide Prevention Model & The Marine Intercept Program

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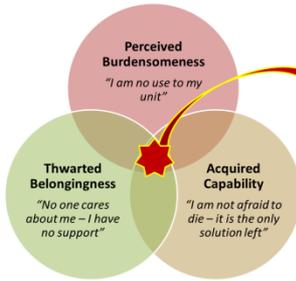
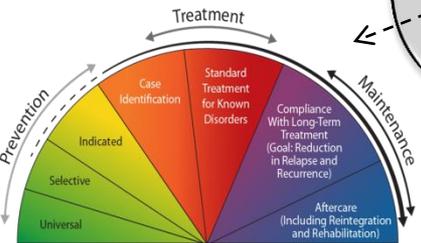
01 September 2015

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USMC Prevention Approach



Broad Conceptualization → Explanatory



USMC Suicide Prevention Approach

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Community Care for Suicide Risk

Suicide Care in Systems Framework

National Action Alliance for Suicide Prevention, 2011

- Cooperation and communication across these multiple levels of care is critical
- Care for risk must be comprehensive and continuous until the risk is eliminated
- The person at risk is everyone's responsibility
- Each setting has a critical role in verifying that the subsequent supportive services have the information and resources they can provide
- While some organizations may be able to deliver a full continuum of care, collaborative service arrangements will be required for others



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Background

In 2013, Headquarters Marine Corps (HQMC) Behavioral Health Branch (MFC) and Wounded Warrior Regiment (WWR) partnered to develop an evidence-based response that could address risk for Marines who expressed suicide ideation or attempt (SI/SA). WWR attempted to reach these Marines, with a 10% success rate

Reviewed the research for effective means of addressing risk:

- Fast contact after SI/SA
- Caring contact reflecting availability, empathy, and concern
- Continuous contact at intervals
- Focus on highest risk time period
- Use of evidence-based suicide risk assessment (C-SSRS)
- Create and update a Safety Plan, an evidence-based tool
- This type of outreach has been shown to increase treatment compliance
- SI is strongly correlated with death by suicide

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MIP Process

Purpose

- Rapid Assistance
- Ongoing risk assessment
- Focus on period of highest risk
- Increase use of existing services

Ideation is a significant step on the path to suicide and must be addressed; the path from ideation to attempt can be stopped

Reports

- SIR
- PCR

HQMC
MF
Behavioral
Health

Contacts Installation CCP

Installation
MCCS
CCP

Contacts

- Command
- Marine
- **C-SSRS**
- **VASP**

Receive

- On-going contact, 90 days
- Scheduled follow-ups

Voluntary Services:

Command
Offered:

- POC to assist in tracking the Marine's care and resources
- Assistance with re-integration
- Status and updates from MIP Outreach Coordinator

Marines
Offered:

- Counseling Services
- Care Coordination with existing services
- System Navigation
- Continuous caring contacts, risk assessment and updated safety plan
- Reintegration assistance

Benefits

- Can prevent suicides
- Leverages Commanders' influence
- Eases system navigation
- Provides POC for commander feedback
- Enhances reintegration efforts

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Some Initial Reactions

Commanders:

- We have too many “programs” already
- My Marine is covered: Emergency Dept. evaluation, inpatient treatment, appointment with hospital mental health clinic, medications, inpatient substance abuse treatment, Force Preservation Council
- This is an over response to SI: just a bad day, everyone thinks about it, Marine was intoxicated, malingering, flippant comment, medical said Marine is “low risk”
- Protect Marine: “They don’t want to hear from a stranger who knows about this”

Medical Providers:

- Suicide involves serious risk so this belongs only with medical
- Why is CCP getting involved? Marines will be experience confusion with dual “providers”
- We already have the Marine’s care covered

Counselors:

- When I cold-call them, Marines won’t like that I know this very private information
- I don’t think I am ethically covered talking to CO’s about my interactions with the Marine
- What do I say to CO’s? What if they turn me away?

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Research: Medical Alone is Not Enough

**The Marine has already been evaluated.
Isn't MIP redundant? Why ask repeatedly?**

Military personnel released from a psychiatric hospitalization were:

- 5x more likely to die from suicide
- Risk of dying from suicide within 30 days 8.2x higher than one year after hospital 1

Nationally:

- About half of psych inpatients receive outpatient mental health care within first week after discharge
- About two-thirds receive mental health care during the first month 2

A recent survey (n = 325):

- 25% of emergency department physicians felt confident in their ability to create personalized safety plans for suicidal patients
- Only 50% knew how to find these patients appropriate specialized care 3

Medical intervention is important in many cases, but not enough....

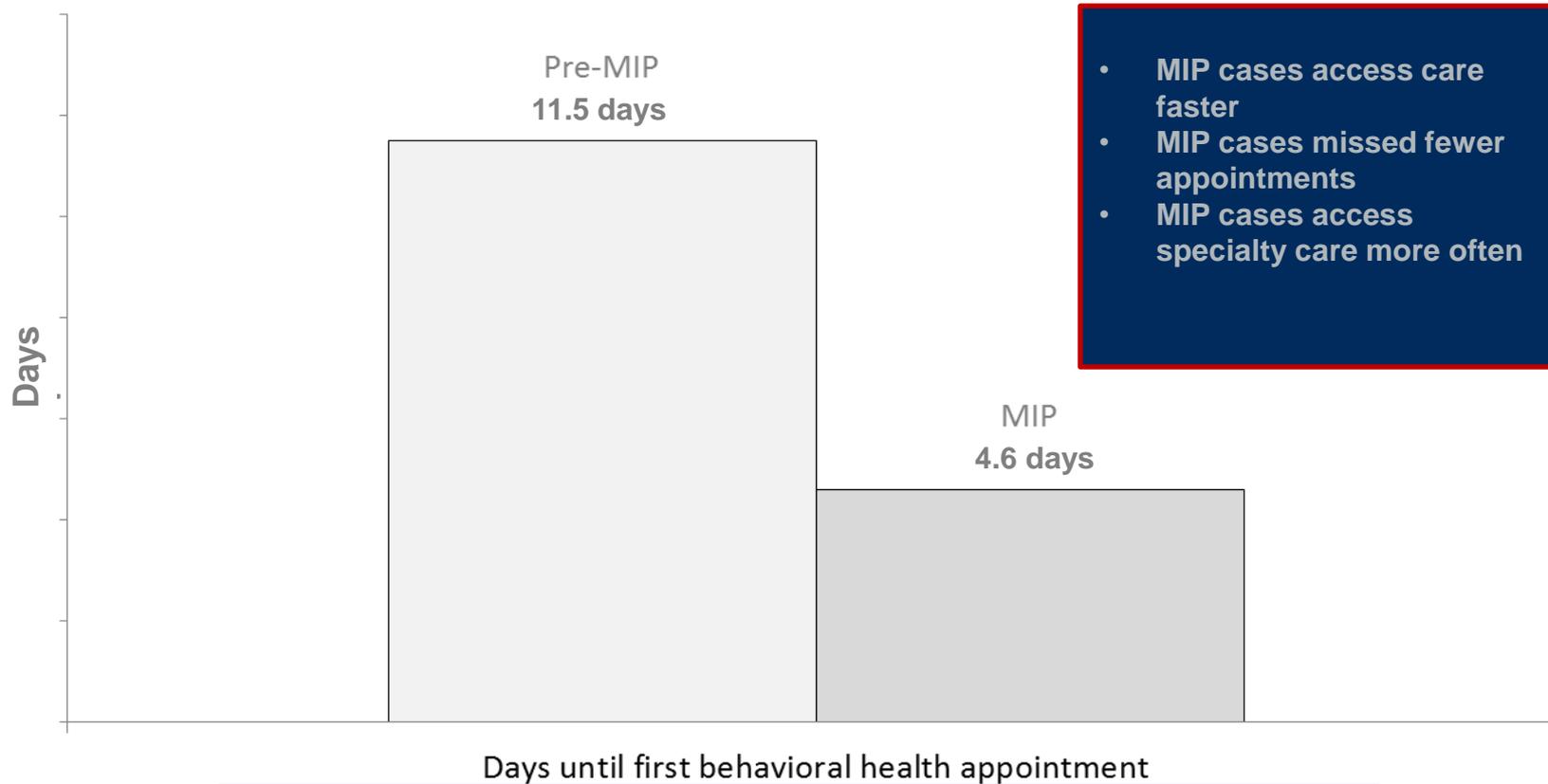
(From peer-reviewed studies. Citations available in back-up slides)

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Initial Look at MIP Impact

Average number of days between ideation/attempt and first post-incident behavioral health appointment



- MIP cases access care faster
- MIP cases missed fewer appointments
- MIP cases access specialty care more often

*Data provided by NMCPHC

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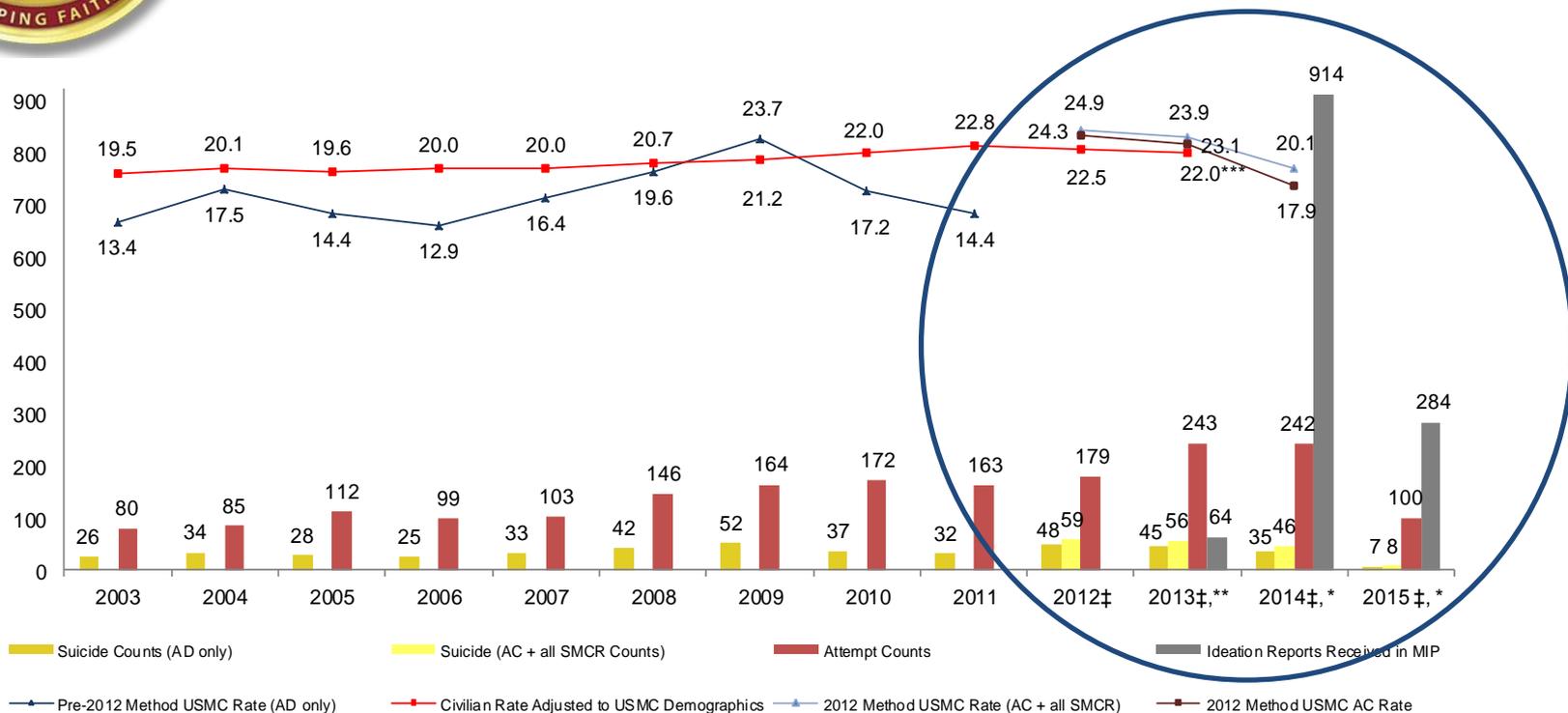
MIP Good News Stories

- Marine expressed ideations of suicide. Marine transferred to a new command due to pending deployment
 - Receiving command not notified and assigned Marine as Rifle Range Coach
 - ✓ MIP intervened, informed command and Marine was reassigned duties
- Marine barricaded himself in apartment threatening to kill himself. Immediate threat safely abated. During hospitalization Command discovered additional homicidal threat concerns
 - Command experienced difficulty navigating the system of care.
 - ✓ MIP intervened and guided Command to ensure the Marine received proper care
- Marine with SI and plan to shoot himself while in his dress blues
 - Hospitalized and released to MIP & Community Counseling (Adjustment Disorder)
 - ✓ Developed insight that transition into military and fear of failure was overwhelming
 - ✓ Promoted, continued to be a leader, and turnaround won command approval of MIP

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Ideation Identification Up / Suicides Down



- MIP leverages SIR/PCR reports to deliver support, and thus brought emphasis to requirements to report SI/SA
- Increased identification of suicide risk, and the reports that followed, have coincided with a marked decrease in death by suicide

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Why Must *Every SI* be Reported?

“Suicidal ideation, such as the wish to die during sleep, to be killed in an accident, or to develop terminal cancer, may seem relatively innocuous, but it can be just as ominous as thoughts of hanging oneself. Although passive suicidal ideation may allow time for interventions, passive ideation can suddenly turn active.”

Simon, RI: *Preventing patient suicide: Clinical assessment and management*. Arlington, VA: American Psychiatric Publishing, Inc.; 2011

Our goal is not framed strictly as *stopping a Marine’s death by suicide*, rather it is *ending distress*. Ending distress stops death by suicide.

MIP provides continuous assessment (C-SSRS) to check if ideation worsens; and skills (Safety Plan) to help Marines manage distress.

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Key Points

- A *voluntary* service offered to the Marine by licensed CCP counselors
- Offers the command feedback regarding Marine's status
- Is unique, does not duplicate or replace existing services (still needed if the Marine is an inpatient or has outpatient therapy set up)
- Is *outreach* NOT treatment (although treatment needs will be arranged, if absent)
- Does not interfere with existing services but may increase compliance with existing treatment
- Maintains a collaborative approach with healthcare providers and command leadership
- Provides continued risk assessment at intervals throughout the highest risk period
- Empowers Marines to enhance their coping skills
- Informed by research findings and recommendations

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What Leaders Must Know

- Messages from CCP trying to reach your Marine need quick response
- No existing services replace what MIP offers.
- Provide contact information
- Automatic separation is not an appropriate response to SI or SA as every case must be viewed independently
- Research has found that those considering suicide usually identify multiple reasons. Not solely to get out of something
- SI, while intoxicated, is always *equally* serious, often times more risk is present
- If Marine is currently receiving inpatient care, provide contact information *now* and inform CCP immediately upon discharge. This is one of the riskiest times
- A sense of belongingness is a protective factor. If duties are changed, provide new duties of value and show ongoing genuine concern

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Value-Added Dynamics

- Anonymous calls may tap a comfort level for those uncomfortable with traditional intervention (a “way in”)
- MIP is voluntary and centered on “caring contacts,” thus does not place additional expectations on the Marine
- Non-medical counselors can not make duty status determinations
 - No second gain to be made if suspected by command
 - Lessens Marine’s concerns based on perceived risk to career
- MIP is not conducted by the Marine’s therapist
 - Keeps focus on caring contact
 - Marine not entirely lost to follow up if therapy relationship sours
 - MIP outreach can coordinate resources such as arrange new therapist or other needed care

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Way Forward: MIP

- Improve rate of successful contact with Commands and Marines
- MIP Plus: model of enhanced services for higher risk cases
- Integrate community partnerships (Chaplains, Family, WWR)
- Staff development for MIP providers
- Promote training and use of CDC standardized definitions and nomenclature

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Way Forward: Key Gatekeepers

Universal training not appropriate when working with a *selective* population!

Selective Population	Associated Roles
Legal charges / NJP	JAG, Legal Aid, Command, PMO
Alcohol / Substance Abuse	SACC, SACO, SARC
Financial Problems	Command, Financial Counselor
Marital / Blended Family	CCP, FAP, Dependents
Chronic Pain	Primary Care
Existing Behavioral Health Diagnosis	CCP, FAP, MTF Mental Health, PCM
Sexual Assault	SARC, UVA, Nurse
Distress, Hopelessness	Chaplain, Command, ED staff
Job Stress	EO Advisor, Command, EAP staff
PCS, AdSep, Retirement, Med Board	Command, TAP, PCM, PEB staff

- **Targeted Training**
- **Depth of Training**
- **Specific to Role**
- **Screening Procedures**
- **Cross Communication**

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Way Forward: Promote CDC Standard Definitions

Definitions

Suicide

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior

Suicide attempt

A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt *may or may not result in injury*

Suicidal ideation

Thinking about, considering, or planning for suicide

“Unacceptable” Terms

Completed Suicide
Successful Suicide
Committed Suicide
Failed Attempt
Suicide Gesture
Manipulative Act
Suicide Threat

- 2011 Centers for Disease Control (CDC)
- Adopted by the Department of Defense
- MCO 1720.2 Marine Corps Suicide Prevention Program

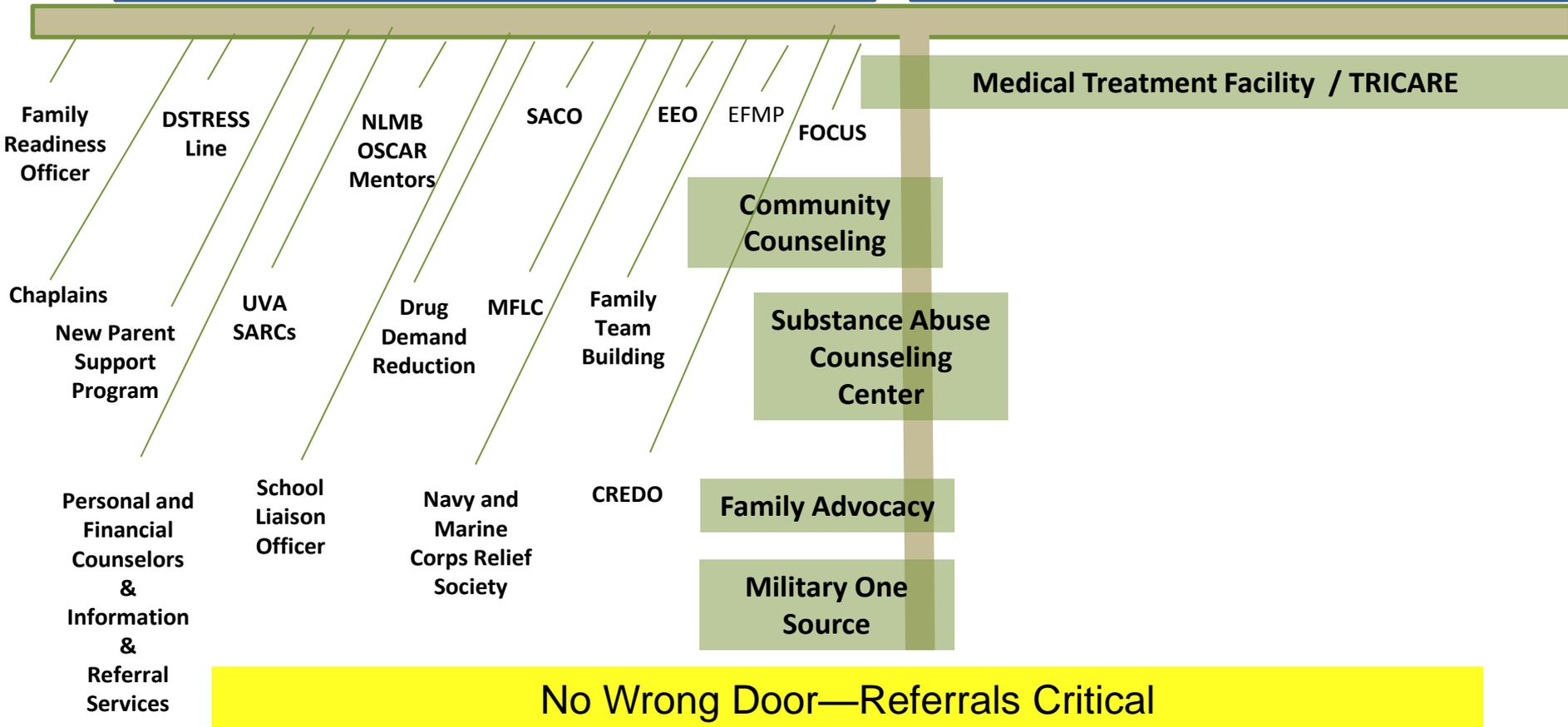
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Total Force Health

Prevention

Treatment





BACK UP SLIDES

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DSTRESS Line

- Anonymous, 24/7 Call Center
- Marine-to-Marine Counseling
- Phone, Chat, or Skype
- World-Wide Capabilities

1-877-476-7734

WWW.DSTRESSLINE.COM

Can march in mountainous terrain carrying 90 pounds of gear.

Can hit the center mass of a target 500 meters away.

Can score 300 on the PFT.

Can't talk to his wife.

Stress can affect every Marine. The Corps' DSTRESS Line provides anonymous, professional counseling for Marines, attached Sailors and families when it's needed most. Call today to speak with one of your own or visit DSTRESSLINE.com for more information.

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Relevant Policy

MARADMIN 073/14, MARINE CORPS MARINE INTERCEPT PROGRAM (MIP)

MARADMIN 568/13, GUIDANCE FOR TRANSITION TO MARINE CORPS COMMUNITY COUNSELING PROGRAM (CCP)

MCO 3504.2A, OPERATIONS EVENT/INCIDENT REPORT (OPREP-3) REPORTING

- From Deputy Commandant, Plans, Policies, & Operations
- Requires SIR for SI, SA, and deaths by suicide

MCO 3040.4, MARINE CORPS CASUALTY ASSISTANCE PROGRAM

- From HQMC Military Personnel Services (Casualty)
- Requires PCR for SA and deaths

MCO 1720.2, MARINE CORPS SUICIDE PREVENTION PROGRAM (MCSPP)

- From HQMC Behavioral Health
- Requires DoDSER for SA and deaths and references PCR requirement in MCO 3040.4

MARADMIN 236/14, THIRTIETH EXECUTIVE FORCE PRESERVATION BOARD RESULTS

- Commands are to “ensure all units are familiar with the Marine Intercept Program”

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MIP Utilization

MFC launched the Marine Intercept Program (MIP) in Nov '13.

- In CY14 1,277 cases of SI/SA were identified and reported in MIP
 - 63.2% of Marines were reached and offered services
 - 79.8% accepted
- In CY15 72.9% of Marine were offered, 76.7% accepted
- Since implementation, over 2,000 MIP events have been reported

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What is MIP?

Partnership

Commanding Officer (CO), Installation Community Counseling Program (CCP), Navy Medicine, and Headquarters Marine Corps

Evidence Informed Process

- Marine/Sailor is identified with SI/SA, primarily via Serious Incident Report and/or Personnel Casualty Report (SIR/PCR).
- CCP offers services to Marine with assistance of the CO or designee
- CCP encourages Marine to use this outreach to promote a return to hope during the highest risk period (90 days)
- MIP services include:
 - Ongoing suicide risk assessment using the Columbia-Suicide Severity Rating Scale (C-SSRS)
 - Safety Plan (continuously updated)

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Sample Research Recommendations

- “Roughly one-third of all suicides in the first year following hospital discharge have been found to occur within the first 28 days.”
...“Discharged patients viewed at being high risk of suicide require immediate community follow-up.”
- “Structured transition programs and aggressive follow-up after hospital discharge are recommended.”
- Better collaboration between mental health service providers and providers of other services, including outreach to individuals with intimate partner problems, may help reduce suicide deaths.”
- “Case management approaches are known to increase service contact and improve patient satisfaction.”

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MIP Outcomes

- For CY14 and YTD CY15, one Marine died by suicide just after hospitalization and before being offered MIP. Two Marines died by suicide after receiving one week of MIP outreach and then declining further services
- Since MIP inception in Nov 2013, one Marine died after accepting services.
- Remaining Marines died by suicide since Nov 2013 were not identified to be in need of services

Actual MIP Case shared by a CCP Counselor:

“I worked with a SM with a SI where he was going to shoot himself in his dress blues. He was hospitalized and released to [continue counseling] with me in individual therapy. Throughout therapy, this Marine realized the transition into military life and the fear of failure was very overwhelming to him. Through his process, SM became more confident and [reported he] could not believe he had even contemplated suicide. The SM was promoted and continues to be a leader in his unit. The command could not believe how this Marine came around and changed their viewpoint regarding services.”

- **MIP is not *the* answer to prevent suicide, but is a key capability to help Marines at-risk**
- **Enhances safety and provides skills to manage suicidal thoughts**
- **Evaluation and therapy with a mental health professional is important but MIP is a separate asset and required to be offered Marines that have had SI/SA**

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MIP Progress Status

**Ideation is a significant step on the path to suicide and must be addressed.
The path from ideation to attempt can be stopped**

**86.2% of all 1,201 CY14 cases and 76.7% of all 617 CY15 cases accepted MIP services when Marine reached.
Reaching Marines requires full command engagement!**

	Total Cases	Cases with CCP Notification Complete		Cases with Completed Command Contact		Cases with Marine Contact Information Provided		
		CCP did not make contact with Command	CCP completed contact with Command	Command refused to provide contact information	Command provided contact information	CCP pending contact with Marine	Marine Declined MIP Services	Marine Accepted MIP Services
CY14 Through 31 Dec 14 as of 5 Feb 15	1,201	105 (8.7%)	1,096 (91.3%)	272* (22.6%)	824 (75.2%)	107 (13.0%)	104 (12.6%)	613 (74.4%)
CY15 Through 10 Jul as of 17 Jul	617	36 (5.8%)	581 (94.2%)	78* (13.4%)	503 (86.6%)	64 (12.7%)	105 (20.9%)	334 (66.4%)

* CY14 data includes 49 cases in which command refused to provide contact information that CCP staff were able to contact through other means; of these, 14 declined and 35 accepted MIP services. CY15 data includes 13 cases in which command refused to provide contact information that CCP staff were able to contact through other means; of these, 2 declined and 11 accepted MIP services.

These data are live and subject to change.

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Reasons for Attempting Suicide Study

136 suicide attempts by 72 military members

Presented with 33 potential reasons from four behavior categories:
Emotion Relief, Feeling Generation, Avoidance/Escape, Interpersonal Influence

- 95% motivated by multiple categories, with an average of 10 reasons
- 100% of suicide attempts were motivated “to stop bad feelings” (emotion relief)
- **Only 10% “to get out of doing something,” ALWAYS identified emotional relief as another reason**

University of Utah
National Center for Veteran's Studies

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Questions?

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NMCPHC HPW Department Helping Resources

- [Suicide Prevention Web page](#)
 - Suicide Prevention Coordinators
 - Leaders
 - Clinicians
 - Behavioral Health Providers
 - Other Helping Professionals (e.g. chaplains)

PSYCHOLOGICAL AND EMOTIONAL WELL-BEING

Key Products and Topic Areas

- › Resilience
- › Sleep
- › Relaxation
- › Navigating Stress
- › Anxiety
- › Depression
- › Navy Systematic Stress Management Program
- › Operational Stress Control (OSC)
- › Mending Your Mental Health
- › Relax/Relax Toolkit
- › Navy Leader's Guide for Managing Sailors in Distress
- › Anger Management
- › Suicide Prevention
- › Traumatic Brain Injury
- › Post-Traumatic Stress Disorder (PTSD)

SUICIDE PREVENTION

Military Crisis Line
1-800-273-8255 PRESS 1

**A - ASK
C - CARE
T - TREAT**

If you or someone you know is in immediate danger, call 911. If you or someone you know is contemplating suicide, seek assistance immediately by contacting the Military Crisis Line at 1-800-273-8255.

Understanding suicide warning signs and risk factors can empower you to help identify, prevent and intervene early to save lives. Our suicide prevention resources help individuals recognize and understand suicide related behaviors, risk factors, warning signs, and protective factors as well as learn how to help if confronted with a suicide situation. These valuable resources can be used not only by Sailors or Marines who need a helping hand but also by family members and friends, command leadership, command suicide prevention coordinators (SPCs), behavioral health providers, primary care and other specialty providers and chaplains.

Resources

- Warning Signs and Risk Factors >>
- What to Do >>
- Information >>
- Prevention and Protective Factors >>
- Military and Government Suicide Prevention Resources >>
- Navy and Marine Corps Guidance >>
- Training and Conferences >>
- Suicide Prevention Coordinators >>
- Leaders >>
- Clinicians >>

Every Sailor, Every Day

Every day, each of us has the opportunity to encourage and support fellow Sailors and Marines.

Military Crisis Line
1-800-273-8255
www.militarycrisisline.net

Military OneSource
800-342-2647
www.militaryonesource.com

If you or someone you know is in crisis, visit your local Fleet and Family Support Center, or call the Military Crisis Line or Military OneSource.

For more information, visit:
NMCPHC HPW Suicide Awareness and Prevention: www.med.navy.mil/behavioralhealth/prevention/psychological-emotional/
Navy Suicide Prevention Program: www.public.navy.mil/RUPERS/AP/Support/21st_century_sailors/suicide_prevention/pages/default.aspx
Vet Affairs: www.vetaffairs.com

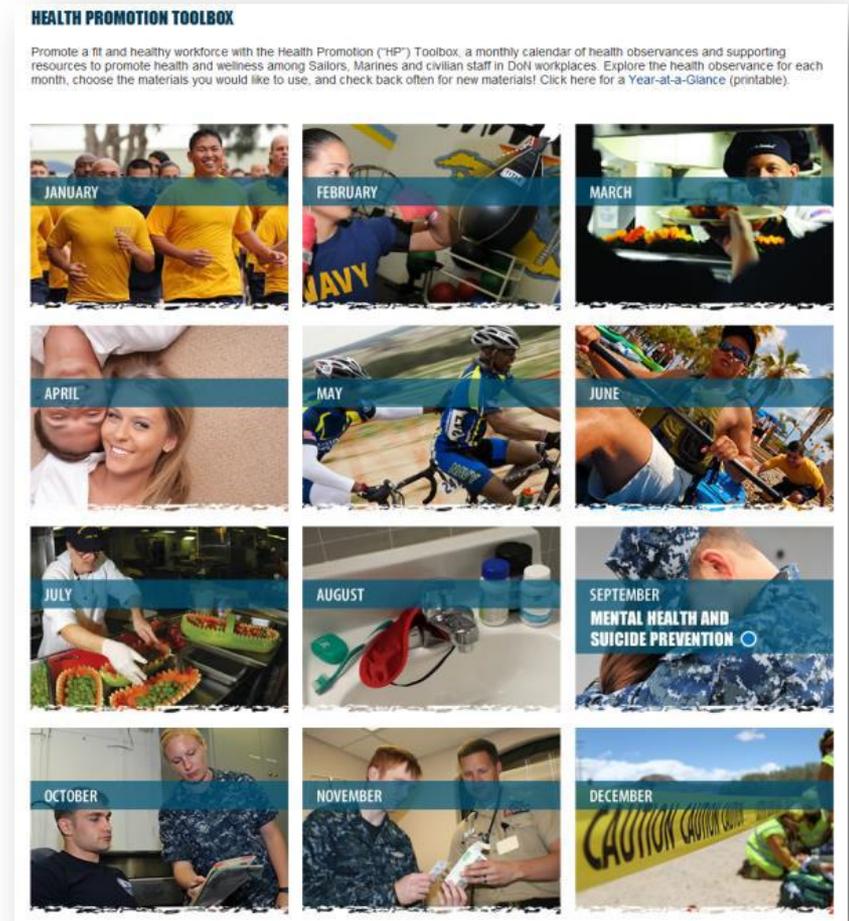
NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
Prevention and Promotion of Health and Well-Being



HPW Department Helping Resources

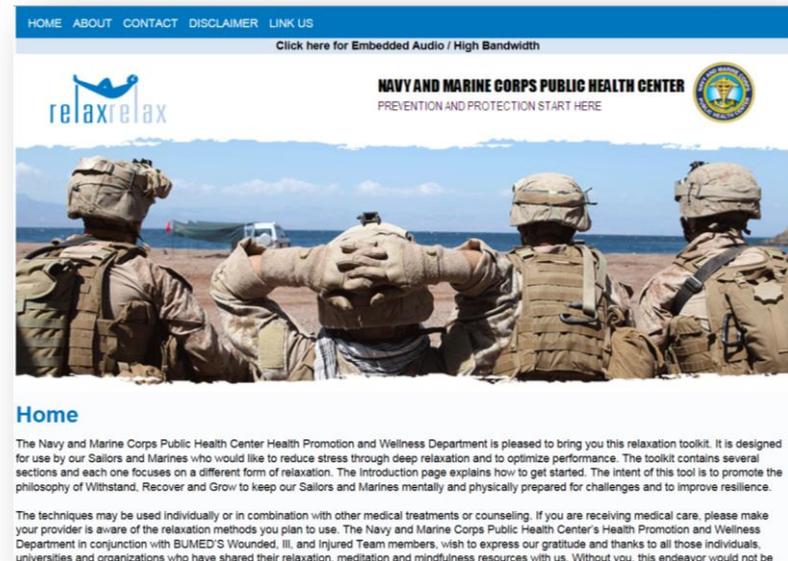
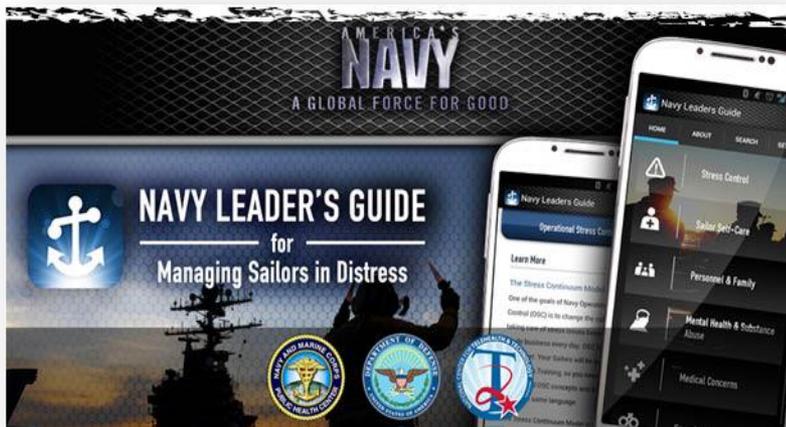
- [HP September Toolbox](#)

- Planning Ahead Documents such as Message for Commanding Officer and Activity Ideas
- Posters
- Infographics
- Fact Sheets
- Guides and Brochures



HPW Department Helping Resources

- [Navy Leaders Guide For Managing Sailors in Distress](#)
- [Relax Relax Toolkit](#)
- [Psychological and Emotional Well-Being Web page](#)



NMCPHC's Social Media

- Facebook:

<https://www.facebook.com/NavyAndMarineCorpsPublicHealthCenter>

- Twitter:

<https://mobile.twitter.com/nmcphc>

- Pinterest:

<https://www.pinterest.com/nmcphc/>



DoN Helping Resources

- Chaplains
 - [SECNAV Instruction 1730.9: Confidential Communications to Chaplains](#)
 - Contribute to everyday health and wellness of Sailors, Marines, and Families
 - Chaplain Support Fact Sheet



DoN Helping Resources

- Fleet and Family Support Centers
- Marine Corps Community Services
- Medical Home Port Clinics/ Primary Care Clinics / Branch Health Clinics

To locate a resource in your community, visit [MilitaryInstallations.dod.mil](https://militaryinstallations.dod.mil) to search for resources near you



DoD Helping Resources

- [Military OneSource](#)

- Confidential services for service members, reserves, and family members
- Non-medical counseling
- New peer-to-peer specialty consultation launched 15 June
- 1-800-342-9647



DoD Helping Resources

■ Military Crisis Line

- Provides confidential support
- 24/7 call center, online chat, and text messaging service
- Crisis support for service members or those who know a service member in crisis
- In Europe, call 00800 1273 8255 or DSN 118 *
- In Korea, call 0808 555 118 or DSN 118
- In Afghanistan, call 00 1 800 273 8255 or DSN 111

*In Europe toll free service may not be available to all callers or in all countries



DoD Helping Resources

- Marine DSTRESS Line
 - 24/7, anonymous phone and chat counseling service
 - Marines, attached Sailors, families
 - 1-877-476-7734



DoD Helping Resources

- inTransition <http://intransition.dcoe.mil/>
- Afterdeployment <http://afterdeployment.dcoe.mil/>
- Real Warriors Campaign <http://realwarriors.net/>
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury <http://www.dcoe.mil/>



Please Answer 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.

