Suicide Prevention Program Manager
SUICIDE FACTS – MILITARY

- Roughly **20 veterans** are completing suicide per day, or one every 72 minutes.

- The **Army** has had the highest proportional number of suicides compared to the other services.

- 97% of suicides in the military are males.

- Female military veterans die by *suicide* at nearly six times the rate of other women.
SUICIDE FACTS – MILITARY (Cont.)

• Every 40 seconds a person dies by suicide / 800,000 year.
• Suicide is the third leading cause of death in the World (15-44 ages).
• 1 death by suicide in the US every 12 minutes/ 38,000 year.
• Depression affects 20-25% of Americans ages 18+ in a given year.
• An estimated quarter million people each year become suicide survivors.
• According to the latest research, approximately 70 percent of military suicide deaths involve the use of firearms.

• The most prevalent issues reported by service members at risk for suicidal behavior -- relationship problems, work stress, legal problems, physical health problems -- are consistent with risk in the U.S. population. Nearly three-fourths -- 73 percent -- of Soldiers with suicidal behavior had previous behavioral health diagnoses.

• The National Suicide Prevention Lifeline, 1-800-273-TALK (8255), which also services the Military Crisis Line, can connect you to crisis staff in your area to best address immediate concerns and assist service members and their families with finding resources, support, and help. All calls are kept confidential.
Collaborate with AFSP for a joint walk for Suicide Awareness Month

- The Out of the Darkness walk took place on September 24 in Fuquay-Varina.
- The walk was an opportunity for Soldiers to participate as walkers and as guest speakers.

ASIST/ACE-SI Workshops to be scheduled in conjunction with drill weekends

- Current budget request for FY18 reflects an allotment for weekday workshops in quarters 2, 3, and 4.
- Will promote the use of T4Ts within units that can conduct ASIST workshops.
- Note: ASIST Workshop to be conducted at various times during the year,

Propose all units to update and maintain current metrics in DTMS NLT 5 days after completion.

- Current ACE training reflects 35% completion with the majority of training occurring at the end of the training year.
  - Not all completions reflect the total end strength of a unit.
- Positive Effect:
  - Meet the 100% Mandatory Training requirement tracked by NGB and enforced by AR 600-63
  - Increase the number of Soldiers trained and enable Soldiers to intervene and encourage seeking help

Contact Information:

- SFC Burnie Brodie: Burnie.l.Brodie.mil@mail.mil
- 984-664-6376
**Best Practices**

**Practice**
- Mobile ASIST Training Teams conducting monthly workshops throughout the State.
- Conducting ACE training at Yellow Ribbon Events.
- SME’s attending the Resource Scheduling Workshop.

**Effect**
- Reaching out to all MSC’s and enabling accessibility to training.
- Soldiers are trained and encouraged to seek help Pre & Post deployment.
- Provide MSC’s with an accurate Training Plan and Training Resources.

**Success Stories**

**Success Story**
- The Parent of NCNG soldier reached out to the R3SP office seeking help for his son who was having thoughts of suicide and was returning from a deployment. Quickly the R3SP office reached to IBHS, Leadership, and the Yellow Ribbon Program and provided assistance to the Parent as well as the Soldier.

**Trends Noticed**

**Noticed Trend**
- Soldiers are excited about the ASIST workshops and would like more training at every level.
- Soldiers believe that classes are repetitive and dull. Soldiers suggest that classes should be more conversational and encouraging with less PowerPoint.

**Effect of Trend**
- Soldiers are seeking help and are more aware of resources available.

**Possible Influencers**
- Suicide Prevention Training and Awareness of the Program.

**Assistance Needed**

**Where assistance is needed:**
- Utilizing SIOs to conduct yearly ACE training (100% of soldiers).
- Utilizing MSC’s ASIST T4T to conduct ASIST training
- Educating the soldiers on available resources.
- Unit Training NCOs upload ACE and ACE trained personnel to DTMS.

**Recommended Approach:**
- Identify all ASIST trained personnel and assign as SIOs.
- Enforce ACE & ASIST training as a mandatory requirement and not as an additional tasking.

- For input to DTMS:
- DA-GMT14 (Ask, Care, Escort—ACE) *Yearly requirement*
FY Training Comparison

Suicide Prevention Programs

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FY Suicides Comparison

Suicide Metrics

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Stop the Pain Concert in observance of Suicide Awareness Month

**WHO:** NC National Guard Soldiers/Family/Civilians

**WHAT:** Conduct the Stop the Pain Concert with Jody Medford and Southern Halo to promote Suicide Awareness.

**WHEN:** 1 September 2016

**WHERE:** Asheville, NC

**WHY:** To promote Suicide Awareness, reduce the number of suicides while building resilience and encouraging those at risk to seek help.

**RESULTS:** We partnered with the American Foundation for Suicide Prevention to promote Suicide Awareness Month. SSG Christopher Cich shared his survival story and transformation into a more resilient Soldier in front of over 280 participants. 15 Veterans and their Families, 3 Guest speakers and over 20 Survivors attended the concert.

1. Jody Medford and Southern Halo performing for over 280 participants.
2. Survivor testimonies encouraging others to seek help and build resilience.
3. NC National Guard Suicide Prevention & Resilience Team with guest speaker SSG Christopher Cich.
Out of the Darkness Walk in Fayetteville & Fuquay-Varina, NC

WHO: NC National Guard Soldiers/Family/Civilians
WHAT: Conduct the Out of the Darkness Walk with the North Carolina American Foundation for Suicide Prevention
WHEN: 18 Sep 2016 & 24 Sep 2017
WHERE: Fayetteville & Fuquay-Varina, NC
WHY: To promote Suicide Awareness, reduce number of suicides while building resilience and encouraging those at risk to seek help.

RESULTS: We partnered with the American Foundation for Suicide Prevention, Stop Soldier Suicide and the Veterans Crisis line to promote Suicide Awareness Month. We provided awareness materials and resources to Civilians, Veterans and their Families. Over 400 participants and 3 Guest speakers attended the event.

1. Over 400 participants committed to raise awareness on suicide and depression.
2. Survivors of Suicide loss walked 3 miles to connect with families like Dave and Lori to remember “Zach.”
3. Veterans demonstrated their commitment to Stop Soldier Suicide.
4. First Responders engaged with the community to encourage seeking help.

First Responders engaged with the community to encourage seeking help.
Integrated Behavioral Health System
SERVICES:

- Telephone and office clinical needs assessments
- Crisis intervention and phone or office counseling support
- Commander/Line Leader/Battle Buddy/Family Member guidance on handling behavioral health issues in persons of concern

MISSION: The NCNG Integrated Behavioral Health System (IBHS) was stood up on 1 NOV 2010 and is driven by a team of contracted, qualified, licensed clinicians and behavioral health case managers known collectively as the Psychological Services Section (PSS). We are dedicated to helping NCNG Servicemembers and their Families by assessing for immediate behavioral health needs and offering therapeutic support, connection, and case management services to internal referrals as well as federal, state, and community (external) referrals for both clinical and non-clinical needs.

SERVICES:
- Telephonic and in-office clinical Needs Assessments
- Crisis intervention and free telephonic or in-house transitional counseling support
- Commander/Line Leader/Battle Buddy/Family Member guidance on handling behavioral health issues in persons of concern
- Critical Incident Stress Debriefings (CISD)
- Wellness and Subject Matter Expert (SME) trainings
- Benefit (insurance) enrollment and behavioral health resource identification
- Referral, connection and case management services regardless of duty status or ability to pay
MEMORANDUM FOR All North Carolina National Guard (NCNG) Personnel

SUBJECT: NCNG Behavioral Health Crisis and Suicide Intervention Policy

1. PURPOSE: This policy is to reduce behavioral health crises and suicides amongst NCNG service members. It is crucial that observant leaders, fellow service members, and NCNG personnel intervene and refer struggling service members to the appropriate resource. The NCNG Behavioral Health Crisis and Suicide Intervention Policy provides guidance for behavioral health crisis and suicide intervention response.

2. SCOPE: This policy applies to all NCNG service members and employees. Service member is defined by this policy as the Soldiers and Airmen serving in the North Carolina National Guard. Employee is defined by this policy as federal, state, and contracted civilian employees of the NCNG.

3. GENERAL: Responsibilities.
   a. State Behavioral Health Programs Director:
      (1) Acts as clinical and administrative oversight of the NCNG Integrated Behavioral Health System (NCNG IBHS).
      (2) Informs commanders of areas of concern through statistical trends indicating stressors affecting the NCNG.
      (3) Develops, recommends, publishes, and updates procedures for all integrated Behavioral Health Services.
   b. NCNG Integrated Behavioral Health System (IBHS):
      (1) NCNG IBHS provides direct support to commanders, service members, and Family members when a service member presents with signs of behavioral health crisis, attempts suicide, or completes suicide.
NGNC-TAG
SUBJECT: NCNG Behavioral Health Crisis and Suicide Intervention Policy

(2) NCNG IBHS is tasked to reduce the stigma of seeking or receiving behavioral health services by helping to build a command climate that encourages and empowers service members to seek help.

(3) NCNG IBHS will provide command support with unit participation in regards to behavioral health awareness and intervention activities.

c. Deputy State Surgeon:

(1) Through the State Behavioral Health Officer, work in conjunction with IBHS to provide NCNG command guidance on Command Directed Mental Health Evaluations (CDMHE) when necessary. See DoDI 6460.04 for more information.

(2) Make recommendations for improvement of the state's Behavioral Health Crisis and Suicide Intervention Policy.

d. All service members including leaders and employees of the NCNG:

(1) Will recognize that seeking help is a sign of strength.

(2) Will live up to the Army Values and the Air Force Core Values in caring for NCNG service members and employees.

(3) Will call the NCNG IBHS to seek guidance on handling behavioral health and suicidal crises in NCNG service members and employees of concern.

4. The Point of Contact (POC) for this memorandum is Stephanie W. Nissen, State Behavioral Health Programs Director at (984) 664-6128 or extension 46129 or, email at stephanie.w.nissen.ctr@mail.mil.

FOR THE ADJUTANT GENERAL:

Encl
Behavioral Health Crisis and Suicide Intervention Checklist

MARVIN T. HUNT
BRIGADIER GENERAL, GS, NCARNG
Director of Joint Staff
Q1 2017 Raw Data

Total number of calls into the IBHS in 2016: 315
Total number of clinical assessments: 63
Total number of Command, NCO, Battle Buddy, Family member consultations: 252
Total number of calls that were emergent: 5
Total number of ASIST facilitated interventions: 0
Total number of calls since IBHS inception (1 NOV 10): 6,679

Suicide Rate

NCNG SUICIDE RATE:

- 2010 - 5 (4 Army and 1 Air)
- 2011 - 4 (4 Army)
- 2012 - 5 (4 Army and 1 Air)
- 2013 - 4 (4 Army)
- 2014 - 3 (3 Army)
- 2015 - 3 (3 Army)
- 2016 - 2 (1 Army and 1 Air)
- 2017 - 0

Q1 2017 Emergent Breakdown

CRISES BREAKDOWN:

5 Interventions: 5 Soldiers; 0 Airmen;
0 Army Family Member; 0 Air Guard Family; 0 Other

PRECIPITATING FACTORS IN Q1 2017 CRISES (RANK ORDERED):
Depression, alcohol, employment crisis, financial crisis and legal crisis

Q1 2017 Referral Trends

REFERRAL TRENDS (RANK ORDERED):

481 referrals were sourced in Q1 2017. 213 referrals for clinical care or treatment, and 268 for non-clinical assistance.

Referrals to private health insurance providers, TRICARE providers, in-house IBHS Clinicians, the VA, and Vet Centers were the most referred to clinical resources.

Employment, financial assistance, housing & food, Veteran Affair issues (benefits), entitlement enrollment (Medicaid, TRICARE) and connection to County Services Offices were the most sourced non-clinical referrals.