Maine National Guard

SUICIDE PROGRAMS

<u>PREVENTION</u> - <u>INTERVENTION</u> - <u>POSTVENTION</u>

Team Members

Suicide Prevention Program Manager: 1LT Jasmine Cain

Resiliency Coordinator: CPT Tara Young

Master Resilience Trainer: MAJ Grant Delaware

JFHQ Chaplain & Deployment Cycle Support: COL (CH) Andrew Gibson

Fulltime Support Chaplain: CPT (CH) Earl Weigelt

Director of Psychological Health: Hahna Patterson

Medical Cmd Behavioral Health Officer: CPT Edith Gagnon

Behavioral Health Case Manager: Kris Richards

Prevention Treatment Outreach: SFC Roger Brawn

Military Family Life Consultants: L. Rhoades & S. Doughty

Survivor Outreach Services: Rachel Bosse

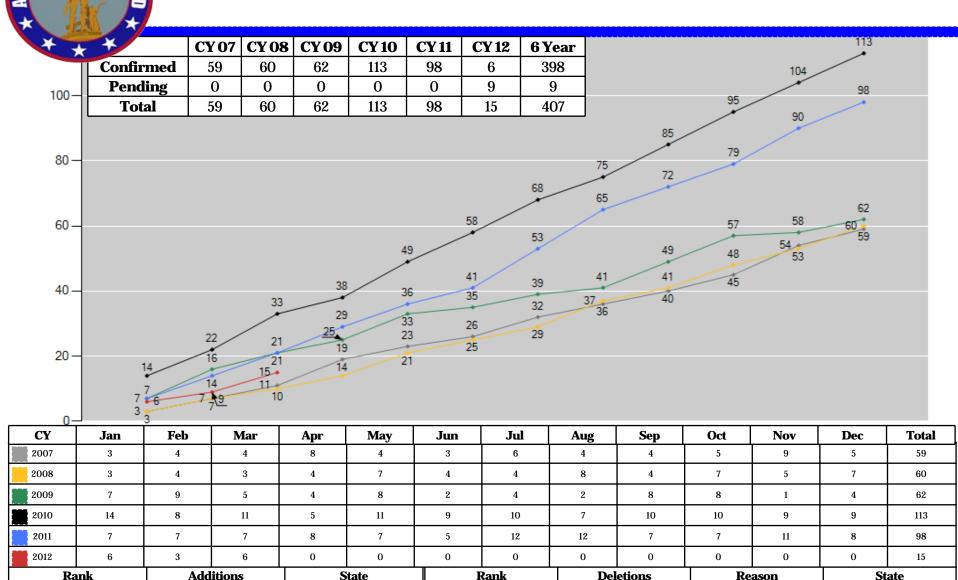
Military Suicide Statistics

- US Army reported highest suicide rate on record; 20.2 per 100K.
- More soldiers lost to suicide than to combat in either Iraq or Afghanistan in '09.
- Military suicide rate has increased over the past 6 years, from below the national average to almost double.
- From 2005 to 2010, service members took their own lives at a rate of approximately one every 36 hours.
- 31 % of Army suicides are associated with factors from the years prior to entering the Army.
- The VA estimates that a veteran dies by suicide every 80 minutes.
- Suicide among veterans accounts for 1 in 5 suicides in the U.S.
- Army National Guard 2007-2012: 407 Suicides
- Maine Army National Guard 2007-2012: 4 Suicides

UNCLASSIFIED

YTD Suicides Cumulative: 2007 - 2012

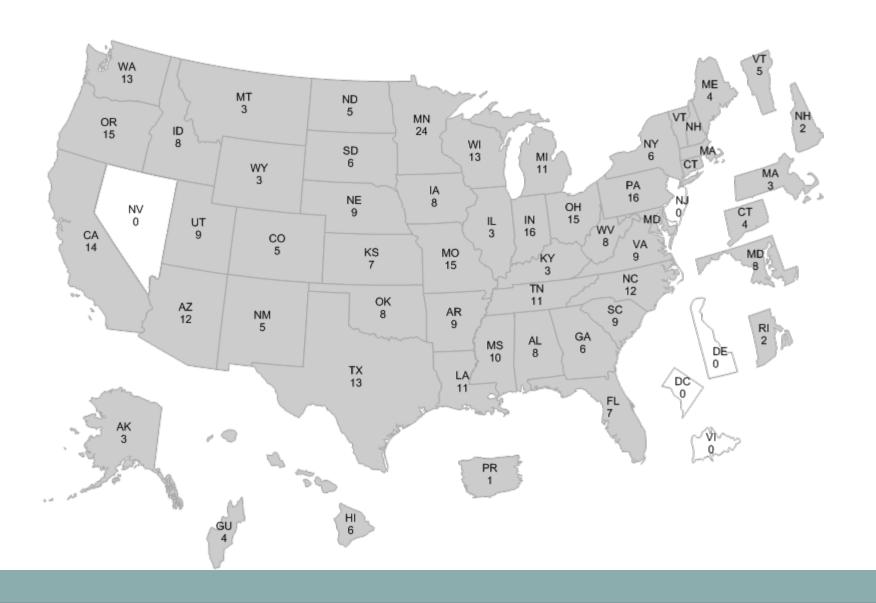
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Data as of: 15 March 2012

ARNG Suicides by State 2007–2012



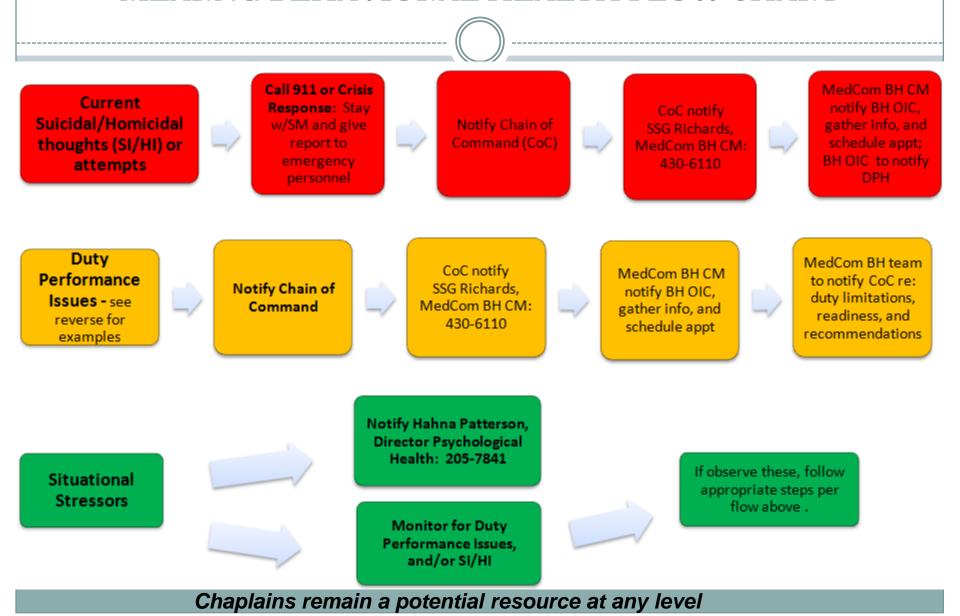
Maine National Guard Goals

- Eliminated death by Suicide and Suicide Attempts.
- Increase chain of command, battle buddy and self referrals for behavioral/mental health concerns.
- Reduce stigma associated with seeking help.
- Educate Soldiers & families on risk factors, protective factors, warning signs and intervention.

MENG Suicide Call Protocol

- Level 1: Person is considering an attempt (ideation)
- Level 2: Person is in the process of executing an attempt (attempt)
- Level 3: Person has attempted suicide and has not completed it (attempt)
- Level 4: Service member has completed Suicide (completed)

Proposed MEARNG BEHAVIORAL HEALTH FLOW CHART



<u>Prevention</u> - <u>Intervention</u> - <u>Postvention</u>

Prevention.

These activities focus on preventing normal life "stressors" from turning into life crises and keeping a service member from having suicidal thoughts.

Intervention.

These activities focus on handling a service member who has thought of suicide and/or is attempting to commit suicide.

Postvention.

These activities focus on supporting service members who have attempted to carry out suicide & support families of completed suicides.

- Prevention Training - Comprehensive Soldier Fitness

(Strong Minds – Strong Bodies)

CSF is a holistic program that strives to build balanced, healthy, selfconfident Soldiers & families whose resilience & total fitness enables them to thrive in an era of high operational tempo & persistent conflict.

5 Dimensions

Physical, Social, Emotional, Spiritual and Family

Components

The Global Assessment Tool
Master Resilience Trainer Course (MRT)
Resilience Trainer Assistants (RTA)
Comprehensive Resilience Modules
Institutional Resilience Training

- Intervention Training — ASIST

Applied Suicide Intervention Skills Training (ASIST)

- Developed by LivingWorks over 30 years ago, extensively researched and continually updated; Army standard since 2000.
- Active Duty Army goal is 10% of all Soldiers trained in ASIST.
- 16 hour training taught in Maine 3-4 times annually to designated Suicide Prevention Officers/ NCOs at each unit, leadership, gatekeepers and others interested Soldiers.
- Over 200 have been trained in the Maine National Guard since 2003.
- Training includes slides, videos and many practical exercises.

ASIST Model

- <u>Connect:</u> Explore invitations. Ask about suicide.
- <u>Understand:</u> Listen to reasons for dying and living. Review risk.
- Assist: Develop a safeplan. Follow-up on commitments.

- Intervention Training - ACE

Ask, Care, Escort Model

- Army-approved suicide prevention and awareness training model since 2008; evaluated and listed in the Suicide Prevention Resource Center and American Foundation Best Practice Registry for Suicide Prevention.
- 2-4 hr training block, annually mandatory for all members of the Army & Airforce and teaches suicide awareness, warning signs, risk factors and intervention skills.
- Training includes slides, video messages, role-playing exercises and wallet cards.

Contains five lessons:

- 1) Attitude Awareness
- 2) Protective factors/resiliency
 - 3) ACE concepts
 - 4) Role play exercise
 - 5) Resource development

Provides Soldiers with awareness, knowledge and skills to intervene with those at risk for suicide.

Postvention

Attempts & Completed Suicides

- Maine National Guard Policy, Reporting and Protocols
- New Army Leader/Unit Risk Reduction Tool
- Casualty Notification & Assistance
- Survivor Outreach Services
- Incident Response Teams
- 15-6 Investigations & Line of Duty Investigations

Many elements of MENG Suicide Prevention

- Sponsorship Program for new Soldiers
- Rear Detachments for deployed units
- Stabilization Policy
- Yellow Ribbon, Family Assistance & Readiness Programs
- Surveys PHA, GAT, URI, Command Climate
- Working Groups Wellbeing Council, Case Management, CSF, Substance Abuse
- Medical Evaluation Boards & Case Management
- Life & Financial Consultants
- Fulltime LCSWs & Chaplains
- Networking & Referral Process MMCON, VA, Vet Centers, NAMI, many others
- Substance Abuse, Sexual Assault, Equal Opportunity, Domestic Violence and IG Programs
- Mandatory Training & Additional Duty Assignments
- Information & Resource Campaigns handouts, newsletters, pamphlets, cards, directory, flyers, emails, internet sites, sponsored training events.
- Suicide Awareness Month observed each September

QUESTIONS ?