



Suicide Prevention in the National Guard

Role of the Psychological Health Program

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21 JUNE 2012

Suicide Trends in the National Guard

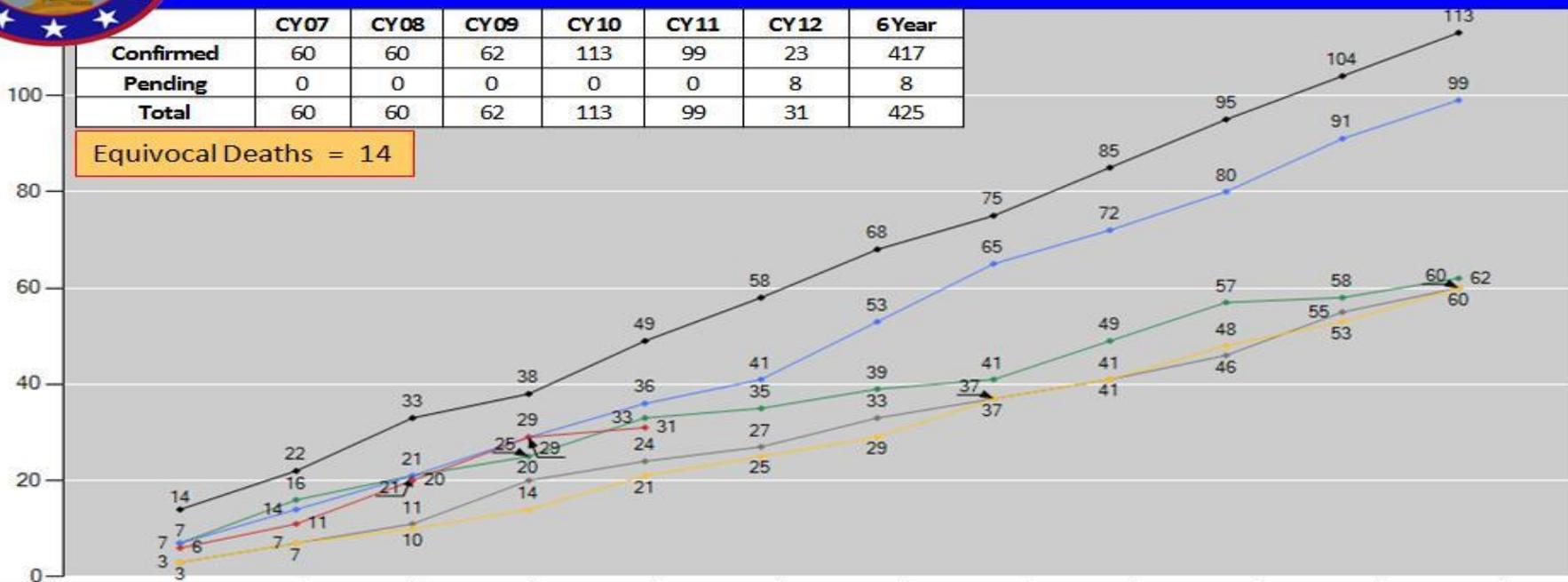
UNCLASSIFIED

YTD Suicides — Cumulative: 2007 – 2012



	CY07	CY08	CY09	CY10	CY11	CY12	6Year
Confirmed	60	60	62	113	99	23	417
Pending	0	0	0	0	0	8	8
Total	60	60	62	113	99	31	425

Equivocal Deaths = 14



CY	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2007	3	4	4	9	4	3	6	4	4	5	9	5	60
2008	3	4	3	4	7	4	4	8	4	7	5	7	60
2009	7	9	5	4	8	2	4	2	8	8	1	4	62
2010	14	8	11	5	11	9	10	7	10	10	9	9	113
2011	7	7	7	8	7	5	12	12	7	8	11	8	99
2012	6	5	9	9	2	0	0	0	0	0	0	0	31



Suicide Trends in the National Guard

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YTD Suicides — Monthly: 2007 – 2012



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2007	3	4	4	9	4	3	6	4	4	5	9	5	60
2008	3	4	3	4	7	4	4	8	4	7	5	7	60
2009	7	9	5	4	8	2	4	2	8	8	1	4	62
2010	14	8	11	5	11	9	10	7	10	10	9	9	113
2011	7	7	7	8	7	5	12	12	7	8	11	8	99
2012	6	5	9	9	2	0	0	0	0	0	0	0	31

	CY 07	CY 08	CY 09	CY 10	CY 11	CY 12	Total
Confirmed	60	60	62	113	99	23	417
Pending	0	0	0	0	0	8	8
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Data as of: 22 May 2012



Suicide Trends in the National Guard



Unclassified/FOUO

ANG Suicides 2012

Review of ANG suicide data (1 Jan 12 – 31 May 12)

- Total events = 10 confirmed suicides (5 this time last year)
 - Enlisted (8): E3 = 2, E-4 = 1, E5 = 3, E7 = 2
 - Officer (2): O3=1, O5=1
 - Male: 10
 - Ages : 20(2), 25(3), 30, 38, 46, 47, 56
 - Gun Shot 8, Hanging 2
 - SQ: COMM=1 FM=1, HQ=1, LRS =1, MXG =4, OPS=1, STU FLT = 1
 - Deployments: 4

**Data as of 31 May 12 *Guarding America - Defending Freedom*

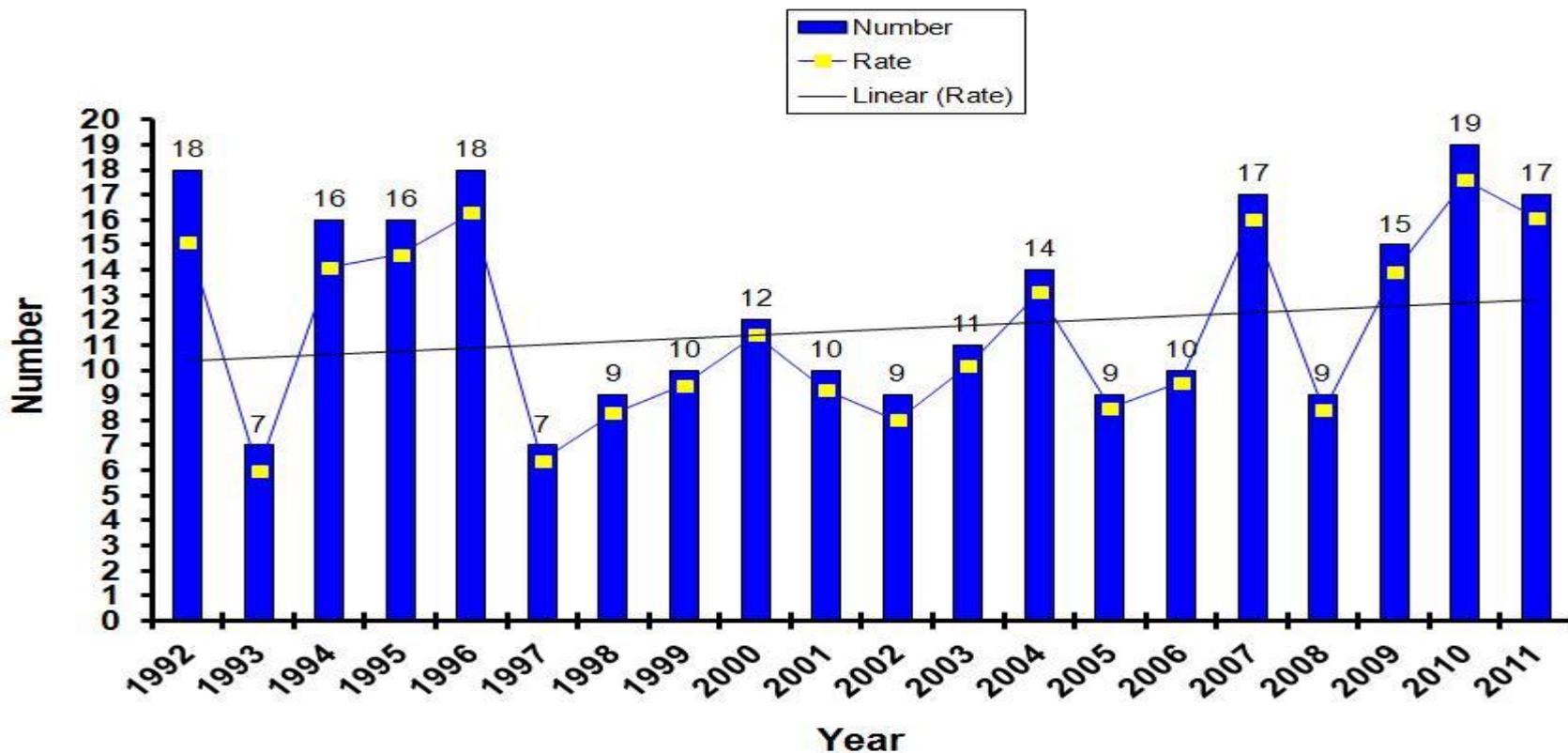
Created by NGB/SGPK



Suicide Trends in the National Guard



Unclassified/FOUO
ANG CY Number/Rate of Suicides – 1992- 2011



Guarding America - Defending Freedom



National Guard Psychological Health Challenges

- Armories and Wings are community-based
- Locations are seldom within the catchments' area of a military treatment facility
- Non-provision of health care treatment
- All care is received externally through TRICARE, the Veterans Health Administration, and health insurance provided through a Guard member or spouse's civilian employer
- Varying degrees of capability between communities
- Inconsistency between a state's abilities and resources

Our Mission

NGB Psychological Health Mission

To advocate for and support NG members and families by promoting mental fitness and personal wellness for operational readiness

- **Develop community-based behavioral health networks**
- **Educate NG members and their families**
- **Assess and refer NG members (families) who may have behavioral health issues**
- **Conduct Leadership Education and Training**
- **Build psychological health fitness and resilience while dispelling stigma**
- **Document and track data to provide quality services and identify needs/trends**

Goals of Psychological Health



NGBPHP Survey of Suicide Prevention Practices

- DPHs support local priorities and fulfill contract deliverables,
 - Survey might best reveal how these priorities resulted in actions
- National Guard is a hybrid between military and community cultures,
 - Thus, criteria chosen was the National Strategy for Suicide Prevention

Suicide Prevention Survey Rating Scale

1 = Not Involved

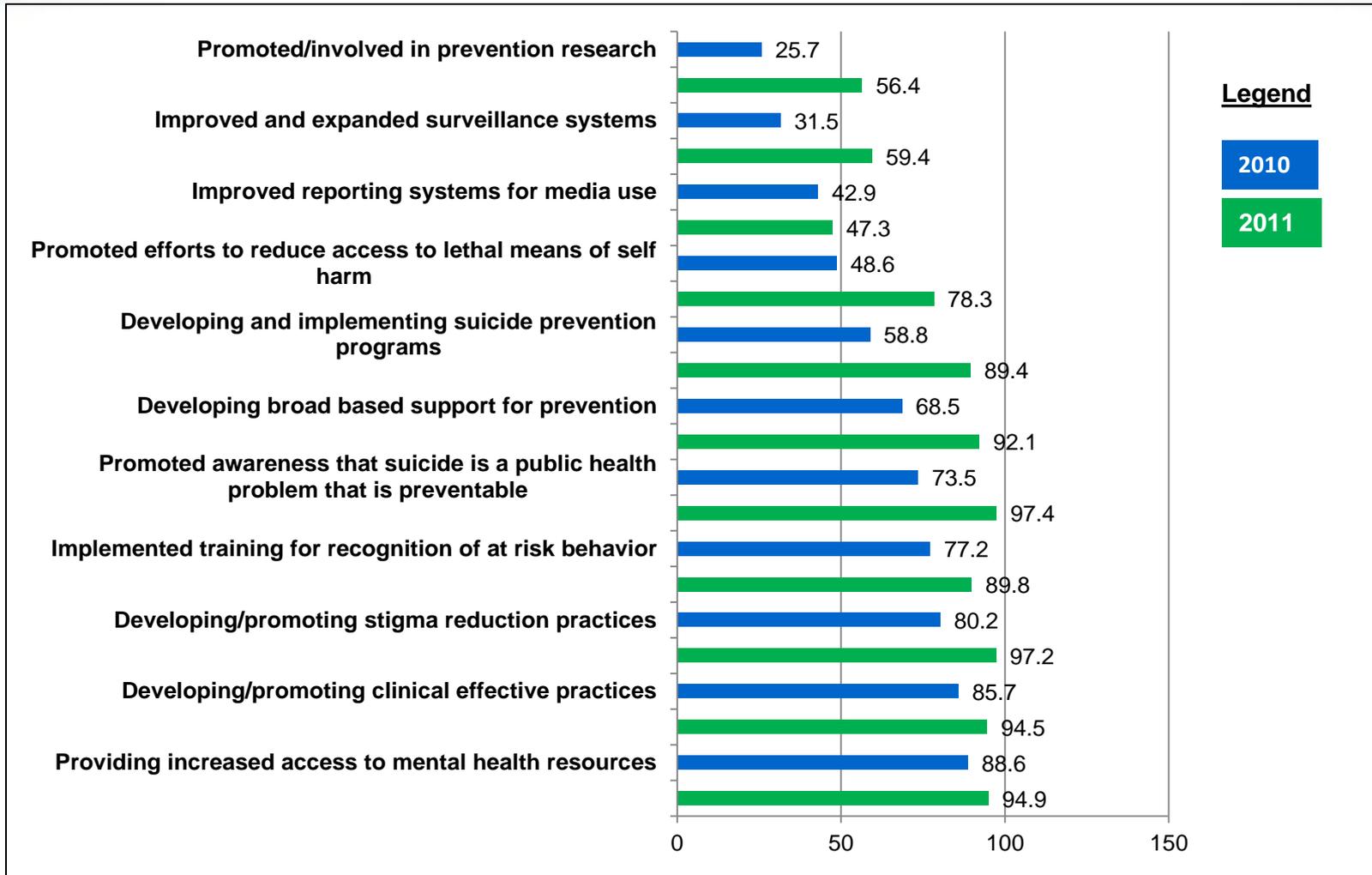
2 = Involved after others initiated the program

3 = Actively involved

4 = Involved in both planning and implementation

5 = Assumed leadership role in planning and implementation

DPH Proactive Involvement in Suicide Prevention Efforts



Impact of PH Services

- Formal evaluation still on-going, we believe DPH efforts have resulted in:
 - Significant numbers of Service Members receiving timely clinical services that in the past would have had problems because of the lack of a single point of contact for mental health services;
 - The awareness level for risk and prevention with both family members and communities has risen , resulting from a high level of involvement in Yellow Ribbon events and community briefings throughout the nation;
 - The awareness level and competence of Service Members has increased through the DPH involvement in Beyond the Front gatekeeper training, and the ASIST suicide first aid intervention program;
 - The local military and civilian mental health systems are better prepared to collaborate to provide effective services to Service Members and their families.

PH Involvement on National Level

- Participating in Reserve Components Stakeholders Meeting
 - Assisted with development of Postvention Guide for Commanders
- Participating in SPARRC
- Consultation with Senior Leadership
- ANG- Suicide IPT
 - SG, Safety, Chaplains, A1
- ARNG- brief DDARNG for VTC with TAGs and brief to VCSA on ARNG suicides
- Postvention Training for ARNG CSMs and Spouses
- PH briefs to ANG EFAC and ELS

PHP- Internal Initiatives

- Trained all State DPHs in MIRREC definitions of suicidal behaviors
- ASIST training for State and Wing DPHs
- State DPHs trained by SPRC in Risk Assessment
- State and Wing DPHs systematically examining use of Columbia- Suicide Severity Rating Scale for use in assessment
- State and Wing DPHs working to create crisis response plans that can integrate with community and state agencies
- Some State DPHs trained in ARNG's Traumatic Emergency Management (TEM)

Future Endeavors in Suicide Prevention

- Develop a suicide prevention strategic plan with stakeholders using SAMHSA National Strategic Plan as a framework
- Promote consistent reporting system for known suicide attempts in order to track prevention and intervention practices
- Consider a national model of suicide prevention that includes:
 - the development of coordinated teams to address prevention, early intervention, emergency response, and post-incident recovery
- Seek support and funding to link military and civilian mental health resources to more effectively deal with Citizen Soldiers and families

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