

DEPARTMENT OF THE AIR FORCE
PRESENTATION TO THE SUBCOMMITTEE ON MILITARY PERSONNEL
COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES

SUBJECT: HEARING TO EXAMINE CURRENT STATUS OF SUICIDE PREVENTION
PROGRAMS IN THE AIR FORCE

STATEMENT OF: LIEUTENANT GENERAL DARRELL D. JONES
DEPUTY CHIEF OF STAFF MANPOWER, PERSONNEL
AND SERVICES, UNITED STATES AIR FORCE

SEPTEMBER 9, 2011

NOT FOR PUBLICATION UNTIL RELEASED
BY THE COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES

INTRODUCTION

The Air Force is committed to strengthening the physical, emotional, and mental health of our Airmen. Unfortunately, despite our preventative efforts, some Airmen have chosen to take their own lives. This is a tragedy that strikes at the heart of our Wingman concept, caring for fellow Airmen, and that we must continue to address. We have placed a greater emphasis on resilience to bolster the ability of our Airmen to withstand the pressures of military life. Our Air Force understands we can only be successful when the entire Air Force community, including leaders, Airmen, families, chaplains, and health professionals promote the importance of resilience and early help-seeking by all Airmen in distress.

Since the inception of the Air Force's Suicide Prevention Program in 1997, the Air Force has used a multi-faceted approach to address the needs of Airmen from different backgrounds and different career fields. Our efforts resulted in the Air Force Suicide Prevention Program being recognized by the Substance Abuse and Mental Health Services Administration (SAMSHA) as one of only eight evidence-based strategies for suicide prevention.

Despite our prevention efforts, suicide rates remain a concern. The Air Force continues to work diligently to improve our preventive mechanisms, and we recognize even one suicide is too many.

SHIFT IN MESSAGING

The Air Force is focusing on a strength-based approach, stressing resilience through Comprehensive Airman Fitness (CAF)—that is an Airman that is physically, mentally, socially, and spiritually strong. This represents a change from past suicide prevention training and messaging that may have over-emphasized the term and act of suicide, which some mental health

experts say could inadvertently normalize suicide. Air Force leadership believes using a strength-based approach emphasizing CAF will help Total Force Airmen (Active duty, AF Civilians, Reserve, and Guard) pursue positive options, rather than suicide or other forms of self-destructive behavior.

AIRMAN & FAMILY RESILIENCE

We are committed to building resilient Airmen and families. Our Airmen must be able to withstand, recover, and grow in the face of stressors and changing demands, regardless of time, challenge, or location. Although Airmen cannot control work hours, operational tempo, and other factors, resilient Airmen can withstand stressful life demands.

To heighten the focus on Resilience, the Air Force established a Resilience Division within Headquarters Air Force in June 2010. This division has built a corporate program with two distinct yet integrated focus areas: Airman Resilience and Family Resilience.

The Airman Resilience Program has a tiered-training model, which begins with foundational training beginning at Basic Military Training and officer commissioning sources, and continues throughout an Airman's career with targeted intervention and training at defined points. By targeting education, training, and services at different tiers, resilience is customized to meet the needs of our individual Airmen.

In 2010, the Air Force researched the Resilience and Vulnerabilities of Air Force Families and developed a definition of family resiliency: A sense of community among families along with an awareness of community resources, feeling prepared/supported during all stages of deployment, and an increased sense of unit, family and child/youth support. As a result of this research, the Air Force has reinvigorated our deployment support and reintegration programs,

revamped the Community Action and Information Board process at the Headquarters, Major Commands, and bases, and developed a support program for special needs families.

STATISTICS

So far this year, 56 Total Force Airmen and Civilians have taken their own lives which equates to a suicide rate of 14 suicides per 100,000 Airmen. This is slightly lower than the 63 Air Force suicides in the same period last year, and a rate of 15.5 suicides per 100,000 Airmen.

While no segment of the Air Force is immune to suicide, incidence is higher with some groups. The most common risk factors associated with Air Force suicides are relationship problems, financial troubles, legal issues, and history of mental health diagnosis. Over the past year, 67 percent of suicides have been Airmen under the age of 34.

The Air Force's highest risk career fields continue to be Security Forces and Aircraft Maintenance, which have suicide rates in excess of the Air Force average. Suicide prevention training for frontline supervisors is mandated for these and other at-risk career fields.

While deployments and the demanding military lifestyle can cause additional stress for Airmen, Air Force suicide rates actually show that increased deployments correlate with a reduced suicide risk for Airmen.

STIGMA OF SUICIDE

Air Force medical data shows that more Airmen who died by suicide sought mental health care prior to their death than in previous years. Still, the majority of Airmen who committed suicide did not seek mental health care. Air Force leadership has worked to reduce the stigma associated with seeking and receiving mental health care, however, it still exists. The

2010 Air Force Climate Survey found that more than half of the Airmen surveyed felt there was a stigma associated with seeking help.

To ensure our Airmen have access to care without the perceived negative stigma, the Air Force has added mental health providers in primary care clinics. We also offer care through Military Family Life Consultants (MFLCs), who offer Airmen -- and family members -- the opportunity to see a licensed counselor for short-term counseling on a range of issues without the notification of chain of command, except in cases where counselors are legally required to notify authorities.

POST-SUICIDE CARE

Following a suicide, friends and family are at increased risk for a number of negative outcomes, including suicide. To address this need, the Air Force has developed the Leader's Post-Suicide Checklist designed to assist our leaders with an appropriate response to suicides or suicide attempts. The checklist is supported by research which shows that a proactive response by unit leadership can play a role in the prevention of additional suicides or suicide events. The checklist is continually updated and incorporates lessons learned from leaders who have experienced suicides in their units.

DEPLOYMENT TRANSITION CENTER

In July 2010, the Air Force established the Deployment Transition Center (DTC) at Ramstein Air Base, Germany. Since the Center's inception, approximately 2,000 Airmen have participated in this four-day reintegration and decompression program while enroute to their homes from deployment. Redeployers participate in educational discussions on a variety of

topics, including: how to manage the effects of combat-related stress (cognitive, physical, spiritual, emotional, and behavioral); responsibilities of leadership in reintegration; family reunification; impact of deployments on married and single service members, coworkers, family, spouses and children of different developmental levels, and recommendations for successfully readjusting back to normal life routines. Our internal survey results show that the vast majority of Airmen who have transited through the DTC found the experience worthwhile.

POST TRAUMATIC STRESS DISORDER AND MENTAL HEALTH CARE

We use the Air Force Post-deployment Health Assessment (PDHA) and Post-deployment Health Reassessment (PDHRA) to screen for medical conditions including post-traumatic stress disorder (PTSD). While most Air Force career fields have a very low rate of PTSD, others such as EOD, security forces, medical, and transportation have higher rates of post traumatic stress symptoms. Though the number of PTSD cases are on the rise, part of this increase can be attributed to improved medical care and total force awareness of PTSD causes and symptoms.

The Air Force will increase mental health professional authorizations by 25 percent over fiscal years 2012 through 2016. We expect this increase in manning will improve our ability to detect and treat Airmen with PTSD.

RECENT INITIATIVES

Based on the success of the Air Force's Wingman Day program, the Chief of Staff of the Air Force instituted a minimum of two Wingman Days per year for Airmen. Wingman Day is a "stand-down" day which directs units to participate in activities emphasizing Comprehensive

Airman Fitness, small group discussions, teambuilding, and other activities designed to facilitate unit and Airmen Resiliency.

Additionally, we are in the process of benchmarking a Resilience-based program called Leadership Pathways, which was recently initiated at Dover Air Force Base. This program incentivizes participation in existing classes and programs which enhance an Airman's resilience. Examples of class and program topics include health, nutrition, and financial management.

We are also working with the RAND Corporation on a longitudinal study on families. This study is currently following more than 5,000 active duty families while tracking their resilience across a full deployment cycle, before, during, and after deployment. The information received from this study will be invaluable on how we treat and provide care for Airmen and their families in the future.

CONCLUSION

The Air Force values the service and sacrifice of each Airman and family member, and even more so during times of war. We are keenly aware that our military lifestyle poses unique and sometimes difficult challenges for our Air Force team to overcome. The Air Force must continue to build a more resilient force, identifying our at-risk Airmen, and treating Airmen in need of help. The loss of an Airman to suicide and the consequential impact to the member's family, unit, and community is not acceptable.