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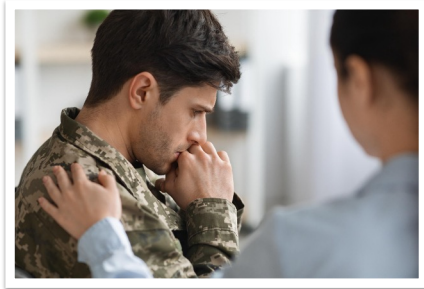
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Public Health Approaches to Suicide Prevention: Working with Military Service Members

Public Health Approaches to Suicide Prevention: Working with Military Service Members



Event Materials

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3

3



This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Military Family Readiness Policy, U.S. Department of Defense under Award Numbers 2019-48770-30366 and 2023-48770-41333.

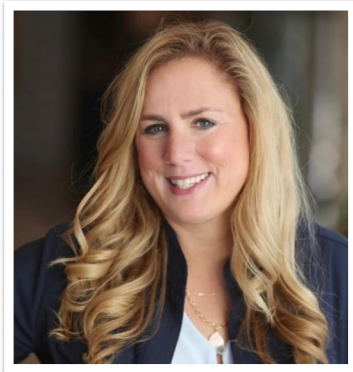
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4

4

The presenter has no relationships or conflicts of interest to report.

Today's Presenter



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LCSW, Ph.D.

Specialist Executive Deloitte
Government and Public Sector
Co-Director,
The Columbia Lighthouse Project

5

5


Learning Objectives

1. Utilize the Columbia Suicide Severity Rating Scale to screen for suicide risk.
2. Understand the full spectrum of public health approaches for saving lives.
3. Determine the connection between anxiety and depression and suicide risk.
4. Understand the evidence-based approaches for engaging with military-connected adults who are struggling with anxiety and depression.

6

6

Pre-Webinar Check-In



7

7





Poll

Only mental health clinicians can/should work to prevent suicide?

1. True
2. False

8

8



Short Answer Response

Why did you prioritize attending this webinar?

Share your response in the chat-pod.

9

9

Prevalence Rates

	Youth	Adults	Military-Connected Community
Depression	15%	19%	23%
Anxiety	31%	19%	24%

Source: Centers for Disease Control and Prevention. (2023, November 29). *Suicide data and statistics*. Centers for Disease Control and Prevention. <https://www.cdc.gov/suicide/suicide-data-statistics.html>.

10

10

Suicide

- 48,183 adult **and** child deaths in 2021
- One death every 11 minutes
 - The number of people who think about or attempt suicide is even higher
- **Ideation** –
In 2022, 12.3 million adults seriously thought about suicide.
 - 3.5 million planned a suicide attempt
 - 1.7 million attempted suicide

Source: Centers for Disease Control and Prevention. (2023, November 29). *Suicide data and statistics*. Centers for Disease Control and Prevention. <https://www.cdc.gov/suicide/suicide-data-statistics.html>.

11

11

Military Active Duty Suicide Data

- For Q1 CY 2023, the number of Active Component suicide deaths increased by 19 compared to Q1 CY 2022 (94 versus 75 suicide deaths)
 - Army Active Component suicide deaths increased by 12
 - Marine Corps Active Component suicide deaths increased by 6
 - Navy Active Component suicide deaths stayed the same
 - Air Force Active Component suicide deaths increased by 1
 - Space Force Active Component has no suicide deaths to date

Source: Defense Suicide Prevention Office (DSPO). (2023). Department of Defense (DoD) Quarterly Suicide Report (QSR) 3rd Quarter, CY 2023. https://www.dspo.mil/Portals/113/Documents/QSR/2023/Q3%20CY23%20DOD%20Quarterly%20Suicide%20Report_1.pdf?ver=usmZ4QeH66NxxN_CIOlBg%3d%3d.

12

12

Reserve Suicide Data

- For Q1 CY 2023, the number of Reserve suicide deaths stayed the same when compared to Q1 CY 2022 (18 suicide deaths)
 - Army Reserve suicide deaths decreased by 2
 - Marine Corps Reserve suicide deaths increased by 2
 - Navy Reserve suicide deaths increased by 2
 - Air Force Reserve suicide deaths decreased by 2

Source: Defense Suicide Prevention Office (DSPO). (2023). Department of Defense (DoD) Quarterly Suicide Report (QSR) 3rd Quarter, CY 2023.
https://www.dspo.mil/Portals/113/Documents/QSR/2023/Q3%20CY23%20DOD%20Quarterly%20Suicide%20Report_1.pdf?ver=usmZ4QeH66NxxN_CIOlBg%3d%3d

13

13

Reserve Suicide Data

- For Q1 CY 2023, the number of National Guard suicide deaths stayed the same when compared to Q1 CY 2022 (23 suicide deaths)
 - Army National Guard suicide deaths decreased by 4
 - Air National Guard suicide deaths increased by 4

Source: Defense Suicide Prevention Office (DSPO). (2023). Department of Defense (DoD) Quarterly Suicide Report (QSR) 3rd Quarter, CY 2023.
https://www.dspo.mil/Portals/113/Documents/QSR/2023/Q3%20CY23%20DOD%20Quarterly%20Suicide%20Report_1.pdf?ver=usmZ4QeH66NxxN_CIOlBg%3d%3d

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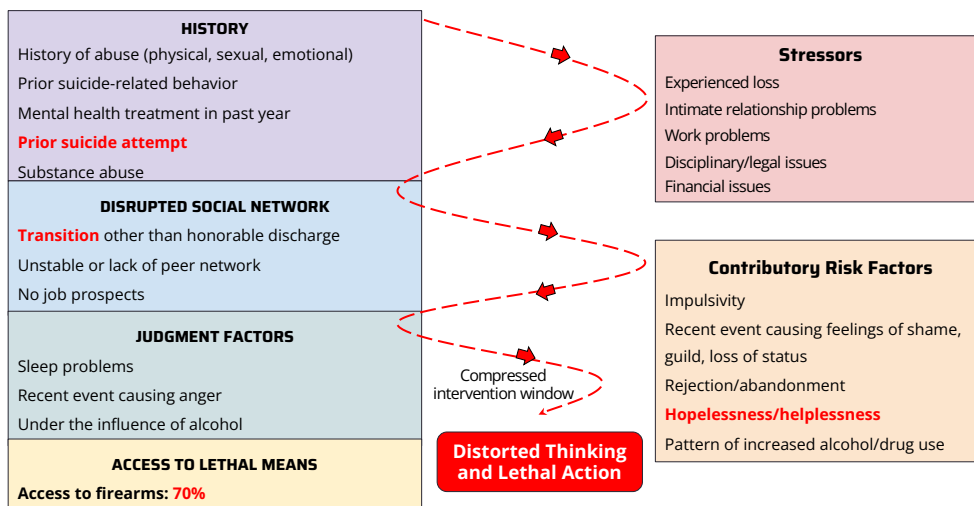
14

Suicide

- 10th leading cause of death in the US
- 2nd leading cause of death in younger populations
- Affects Military and Veteran community at higher rates than civilian counterparts
- **Is preventable**

Source: Centers for Disease Control and Prevention. (2023, November 29). *Suicide data and statistics*. Centers for Disease Control and Prevention. <https://www.cdc.gov/suicide/suicide-data-statistics.html>.

Suicide: Who is at Risk?



Firearms Facts

Misconception: Owning a firearm is not associated with suicide risk.

Fact: Owning a firearm increases the risk of someone dying by suicide in the home where the gun is; and keeping a loaded, unlocked firearm increases risk for dying by suicide 4 to 6 times.

Source: Dempsey CL, Benedek DM, Zuromski KL, et al. Association of Firearm Ownership, Use, Accessibility, and Storage Practices With Suicide Risk Among US Army Soldiers. *JAMA Netw Open*. 2019;2(6):e195383. doi:10.1001/jamanetworkopen.2019.5383

17

17

Talking about Suicide

Misconception: Talking about suicide will lead to and encourage suicide.

Fact: Talking about suicide does not lead to suicide

Source: Dazzi, T., Gribble, R., Wessely, S., & Fear, N. T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence?. *Psychological medicine*, 44(16), 3361–3363. <https://doi.org/10.1017/S0033291714001299>

18

18

Suicide Impacts Everyone

135 people affected by every death and effects linger across generations

Ripple effect: 123 x 135

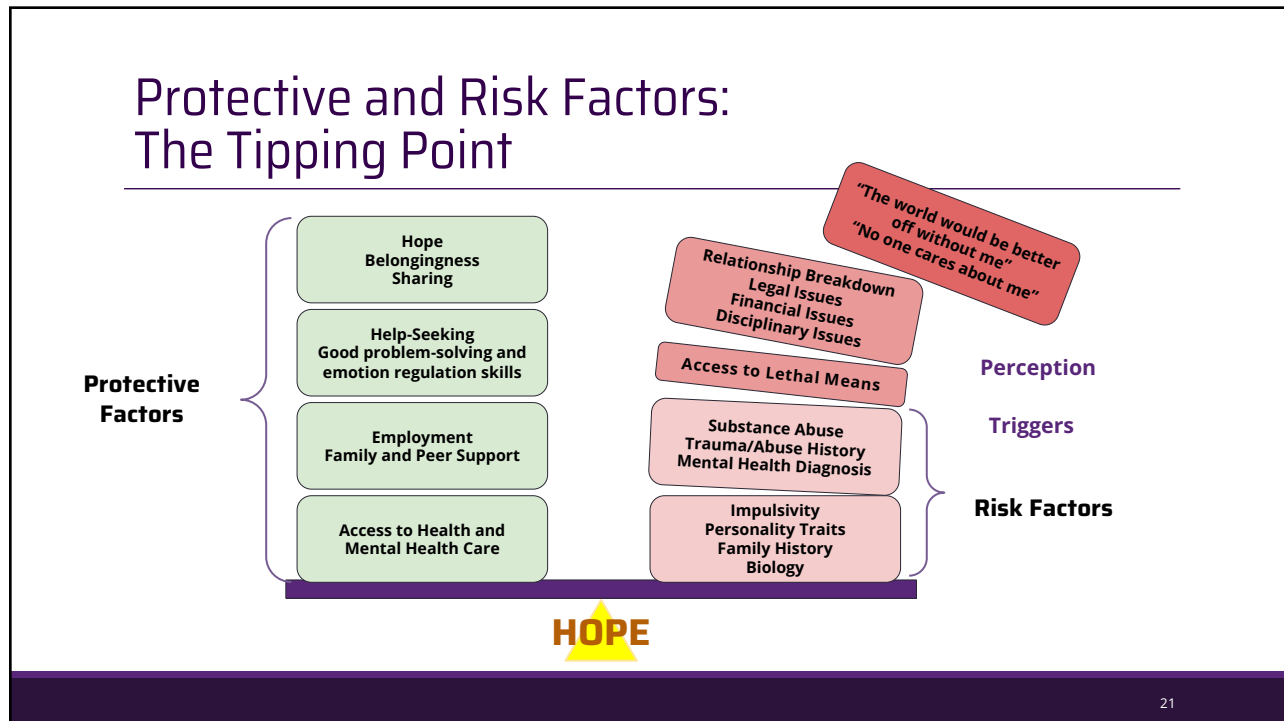
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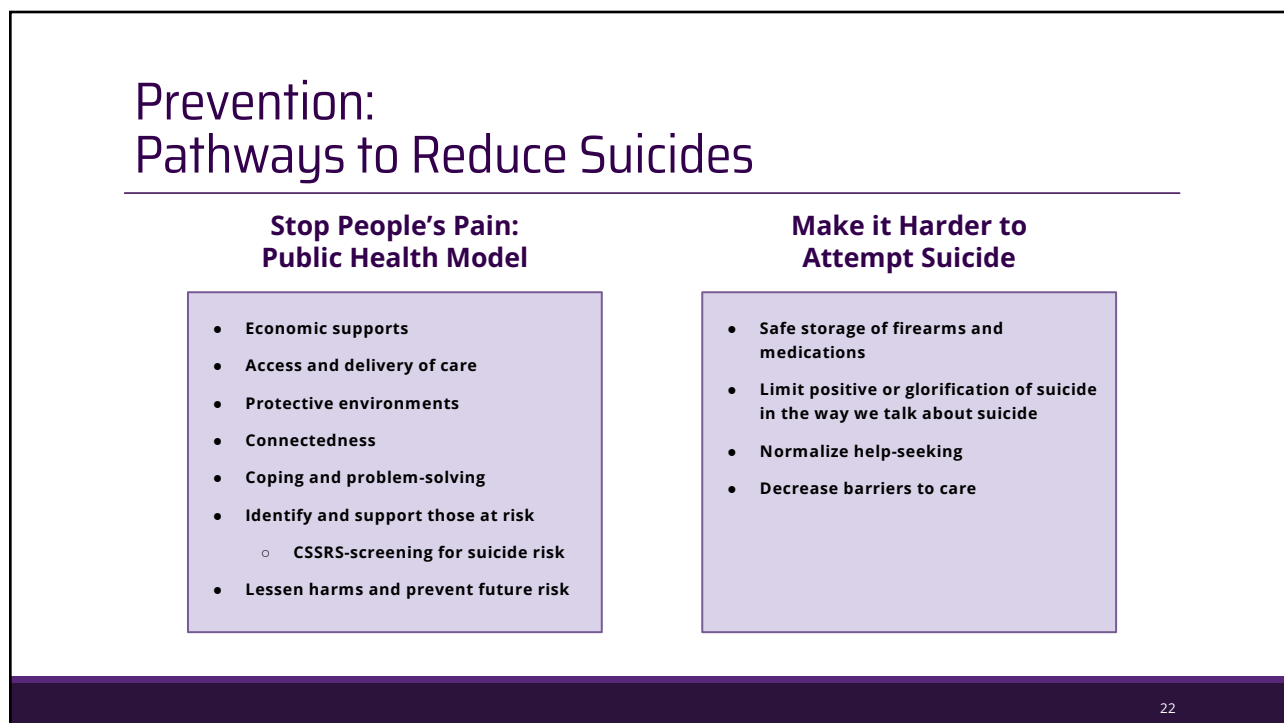
What is a Public Health Approach to Suicide Prevention?

20

20



21



22

Stigma Reduction

- Those who do seek help are more likely to do so either from family, friends, or mental health providers outside of the military system.
- Top reasons for not seeking help:*
 - Perception of being “broken”
 - Confidentiality concerns
 - Jeopardizing career
- Need additional prevention strategies beyond getting people into medical care.

23

23

Depression

- Hopelessness
- Helplessness
- Loss of interest or pleasure in activities
- Interrupts ability to perform role – parent, job, student, etc.
- Variable – comes in many different forms
- Stressful life events
- Bereavement
- Loneliness
- Alcohol

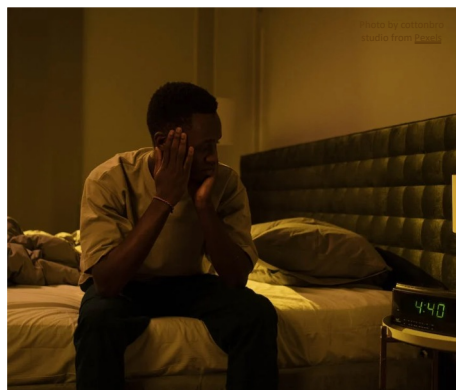


24

24

Anxiety

- Feeling on edge
- Irritable
- Difficulty concentrating
- Sleep issues
- Trauma
- Panic
- Physical Symptoms



25

25

CSSRS-Screening for Suicide Risks

1-Have you wished you were dead or wished you could go to sleep and not wake up?
2-Have you actually had any thoughts of killing yourself?
<i>If yes to 2, ask 3, 4, 5, and 6.</i>
3-Have you been thinking about how you might do this? <i>E.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it ... and I would never go through with it."</i>
4-Have you had these thoughts and had some intention of acting on them? <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>
5-Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
6-Have you ever done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.</i>
<i>If yes: How many times in your life did this happen?</i>
<i>If yes: Was this within the past three months?</i>



cssrs.columbia.edu/the-columbiascale-cssrs/about-the-scale/

26

26

Your Mission

Care for the person in front of you

Keep the person in front of you safe

Leave a good impression for future help-seeking

Ensure clients are aware of 988

Take care of yourself afterwards

27

27

Case Study

A 24 year-old Airman, Zachary, is having problems at work. Zach is newly assigned to this unit and feels like he doesn't fit in. His supervisor passes by him in the office, does not say hello or seem to recognize him at all. Zach thinks that his prior commander may have told his new commander about his work issues at his last assignment. This frustrates him, as he wanted a clean slate and fresh start.

He doesn't want to talk to his wife about this as he is concerned that if she finds out his is struggling, she will immediately blame him. He has been drinking as a way to cope and he realizes it has gotten out of hand.

One day on his way home from work, he gets a DUI - and has to tell his wife because she has to come with his supervisor to pick him up from jail. She is very angry and the next day takes the children and moves across the country to live with her parents.

28

28

Case Study

He feels like he is now off on a bad note with his new unit and feels very alone. He has had to get a lawyer related to his DUI.

He has to start substance abuse treatment and feels like everyone in his group is a lot worse with their drinking than he is and so he doesn't feel like he needs the treatment or like he belongs there.

He is not in touch with his parents, as they were not happy with his decision to join the military and they did not get along with his wife. Zach hasn't really spoken to them since he joined the USAF.

His co-worker realizes he is emotionally struggling and asks him if he is okay. He feels like his only way out is to end his life – he thinks people will be better off without him. He feels like a burden at work and at home.

29

29

Case Study - Discussion

Let's talk about...

- Risks / Vulnerability Factors



30

30

Case Study - Discussion

Let's talk about...

- Protective Factors




31

31

Case Study - Discussion

Let's talk about...

- What to **Say**




32

32

Case Study - Discussion

Let's talk about...

- What **Not** to Say




33

33

Case Study - Discussion

Let's talk about...

- What to **Do**



34

34



Effective Communication: Key to Building Trust and Collecting Accurate Information

35

35

Effective Communication

- Stay in this moment = clear your mind and free yourself of as many distractions as possible
- Positive body language = arms loosely at your side, head up, eyes connecting to the person in front of you
- Stay attentive and responsive, but calm
- Voice is steady and clear
- Listen carefully
- Do not judge
- Paraphrase/reflect back important details

36

36

What to do if the person is at imminent risk of suicide...

37

37

Imminent Risk

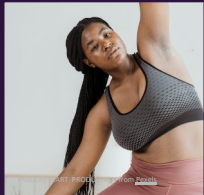
- If the person is at imminent risk of attempting suicide, we are going to:
 - 988
 - Stay with the person and keep them safe
 - Talk about reasons for living
 - Make warm hand-off
 - Follow-up, if possible
- If the person is not at imminent risk:
 - Stay and talk with them - ask them about their social support network, who could they talk to (e.g., trusted friend, clergy, spouse, etc.)
 - What community/veteran resources could you connect them with?



38

38

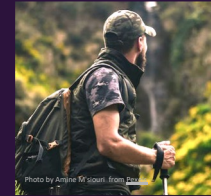
Evidence-Based Approaches That Work



- Caring Outreach
- Sense of Belongingness



- Activity
- Healthy Diet and Exercise
- Predictable Routine
- Social Support
- Therapy
- Relaxation Techniques - medication, mindfulness
- Challenging Your Thoughts - reality testing



- Volunteerism
- Nature – outdoor activities

Role Play

What are the major contributing factors to military suicide that we need to think about and address?

41

41

Contributing Factors to Military Suicide

- Loss of belongingness
- Loss of purpose
- Relationship problems
- Financial problems
- Legal problems
- Rural isolation
- Access to care
- PTSD and other mental health issues
- Rugged individualism (mostly male)

42

42

CSSRS-Screening for Suicide Risks

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3-Have you been thinking about how you might do this? *E.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it ... and I would never go through with it."*


4-Have you had these thoughts and had some intention of acting on them? *As opposed to "I have the thoughts but I definitely will not do anything about them."*

5-Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

6-Have you ever done anything, started to do anything, or prepared to do anything to end your life? *Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.*

If yes: How many times in your life did this happen?

If yes: Was this within the past three months?





43

Post-Webinar Check



44




Poll

I am comfortable asking someone I am concerned about if they are thinking of suicide.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree

45

45



Short Answer Response

What is one thing YOU can do if someone you know might be struggling with depression or anxiety?

Share in the chat-pod.

46

46

OneOp Webinar



Suicide Prevention and Working with Military Families

Become more informed on military suicide data including trends and common risk factors. Culturally competent best practices and resources for professionals working with service members and military families are provided.

oneop.org/learn/126282/



47

47

OneOp Webinar



Suicide Prevention and Intimate Partner Violence

Risk factors for suicide and for intimate partner violence (IPV) are similar. Understanding how these factors impact the military community from both a suicide response and IPV perspective is important to supporting families and couples. This presentation overviews of the intersection of suicide and IPV risk factors and discover prevention strategies for advocates and clinicians serving the military community.

oneop.org/learn/126288/



48

48

OneOp Podcast



An Ecosystem of Military Family Support with Nicola Winkel

A conversation about building an ecosystem of support and addressing issues upstream with Nicola Winkel, Project Director at the Arizona Coalition for Military Families, a nationally recognized public/private partnership focused on building Arizona's capacity to care for and support all service members.



oneop.org/learn/learning-from-each-other-s-5-ep-5/

49

49



Download a list of webinar resources on the event page!

Resources

- Anxiety Disorders | SAMHSA <https://www.samhsa.gov/mental-health/anxiety-disorders>
- CDC Suicide Prevention – Facts About Suicide <https://www.cdc.gov/suicide/facts/index.html>
- Defense Suicide Prevention Office <https://www.dsps.mil/>
- National Action Alliance for Suicide Prevention <https://theactionalliance.org/>
- Reporting on Suicide, SAVE | Best Practices and Recommendations for Reporting on Suicide <https://reportingonsuicide.org/recommendations/>
- The Columbia Lighthouse Project <https://cssrs.columbia.edu/>
- What is Depression? | SAMHSA <https://www.samhsa.gov/mental-health/depression>

50

50

References and Citations

- Centers for Disease Control and Prevention. (2023, November 29). Suicide data and statistics. Centers for Disease Control and Prevention. <https://www.cdc.gov/suicide/suicide-data-statistics.html>.
- Dazzi, T., Gribble, R., Wessely, S., & Fear, N. T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence?. *Psychological medicine*, 44(16), 3361–3363. <https://doi.org/10.1017/S0033291714001299>.
- Dempsey CL, Benedek DM, Zuromski KL, et al. Association of Firearm Ownership, Use, Accessibility, and Storage Practices With Suicide Risk Among US Army Soldiers. *JAMA Netw Open*. 2019;2(6):e195383. doi: 10.1001/jamanetworkopen.2019.5383.
- Defense Suicide Prevention Office (DSPO). (2023). Department of Defense (DoD) Quarterly Suicide Report (QSR) 3rd Quarter, CY 2023. https://www.dspo.mil/Portals/113/Documents/QSR/2023/Q3%20CY23%20DOD%20Quarterly%20Suicide%20Report_1.pdf?ver=usmZ4QeH66NxxkN_CIOIBg%3d%3d.

51

51

Questions?
Closing Comments?

52

52

Continuing Education



This webinar has been approved for **1.5 continuing education (CE) credit hours** from the following:

- The American Association for Family and Consumer Sciences
- The University of Texas at Austin, Steve Hicks School of Social Work
- The Commission for Case Manager Certification
- The National Council on Family Relations
- The Patient Advocate Certification Board
- Certificates of Attendance

Evaluation Link

Go to the event page for the evaluation and post-test link.

[CONTINUING EDUCATION](#)

Questions?

Email us at ce@oneop.org



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53

53

Upcoming Webinar



Mind & Money: Connecting Mental Health and Financial Well-Being

March 27 @ 11:00 am - 12:30 pm EDT

This webinar establishes the connection between financial and mental health, addressing its relevance for individuals, couples, and families.

Continuing education credits are available!



RSVP on the webinar event page!



OneOp.org/learn/160019/

54

54

Upcoming Webinar



Public Health Approaches to Suicide Prevention: Working with Military Spouses and Families

April 4 @ 11:00 am - 12:30 pm EDT

Discover how service providers can best support military spouses and family members through a trauma-informed lens of suicide prevention.

Continuing education credits are available!



RSVP on the webinar event page!



OneOp.org/learn/160017/

55

55

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Topics of Interest

- Family strengthening
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56

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