

United States Department of Defense Strategy for Suicide Prevention: Development, Implementation, and Recommendations

HFM Symposium on Military Suicide Prevention – Riga, Latvia

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Agenda

- Rationale for a National Strategy
- Strategic Questions
- Strategic Paradigms
- Development of the DSSP
- Operationalization and Implementation
- Summary



Rationale for a National Strategy

“Regardless of where a country currently stands in terms of commitment to and resources for suicide prevention, the process of establishing a national response [Strategy] itself can improve prevention.” WHO Report: Preventing Suicide, A Global Imperative. Pg 54

Translated – Implementing a Suicide Prevention Strategy is an evidence-based practice!

“A national strategy does not need to be the starting point for suicide prevention. Many countries have existing activities and responses already in place. However, a national strategy can assist in providing a broad plan. Regions within a country can then implement the plan at the relevant level.” WHO Report: Preventing Suicide, A Global Imperative. Pg 56

Analogously – The Components and Services have long-standing activities. DoD can operationalize a unified strategy via a strategic plan and the Services can implement it at the operational and tactical level.





Strategic Questions

The questions asked of DSPO tend to be variations of the following:

- Why are Military Service Members dying by suicide?
- What is DoD doing to prevent suicide in the Military?
- Why is DoD doing what it is doing for suicide prevention?
- What is the relationship of DoD's plan to the National strategy?
- Is what DoD is doing for suicide prevention effective?
- How much does suicide prevention in DoD cost?

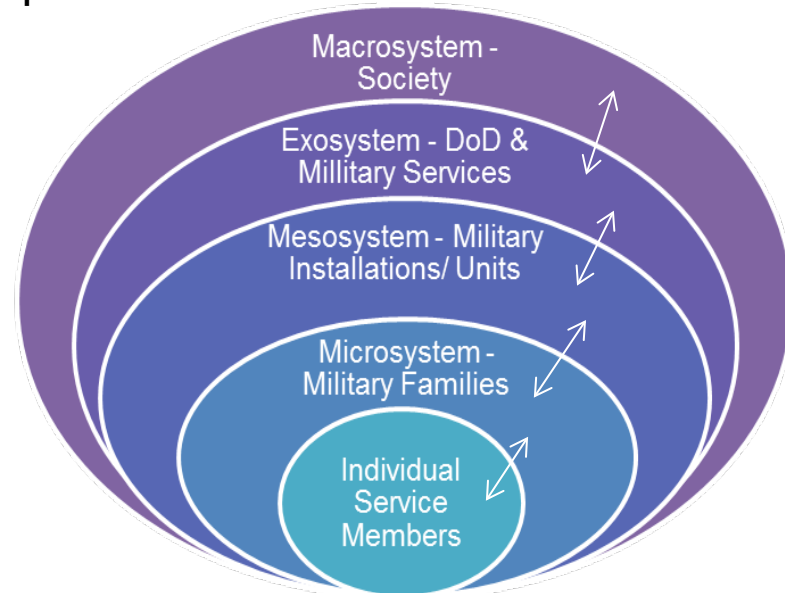
These Questions Help to Infuse Strategic Thinking into a Strategic Plan



Strategic Paradigm #1: DoD-Adapted Social Ecological Model (SEM)

- Adapted from Bronfenbrenner's (1979) SEM
 - A way of understanding how factors within individuals interact – in a top-down and bottom-up way – with the micro-, meso-, exo-, and macro-systems, over time, which shape an individual's biology, personality, and behaviors
 - The levels represent different spheres of influence DSSP can create behavior change

Service members have agency in the SEM -- especially those who serve in leadership roles, to make changes in the larger systems that surround them. We add the arrows to reflect this agency

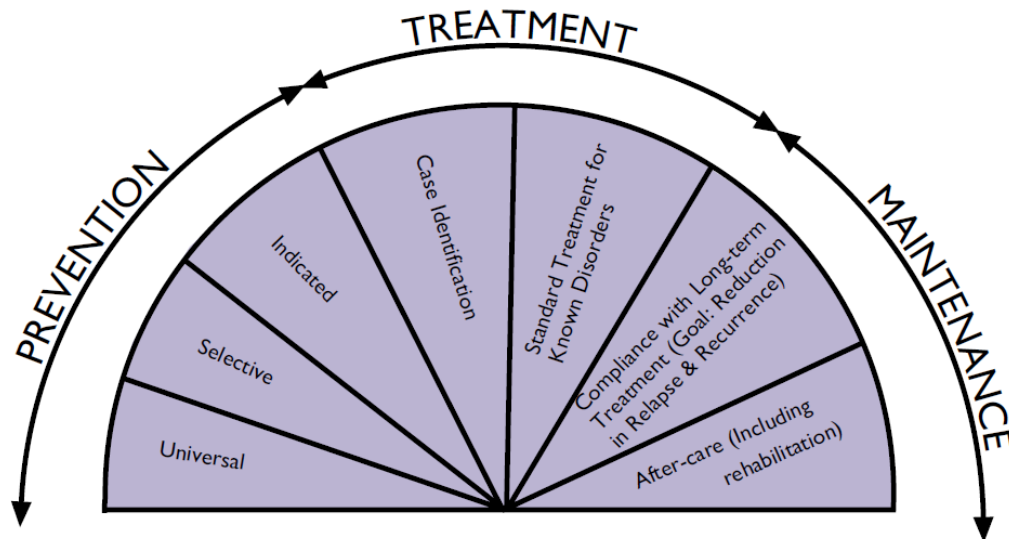




Strategic Paradigm #2: Protractor for Care Delivery

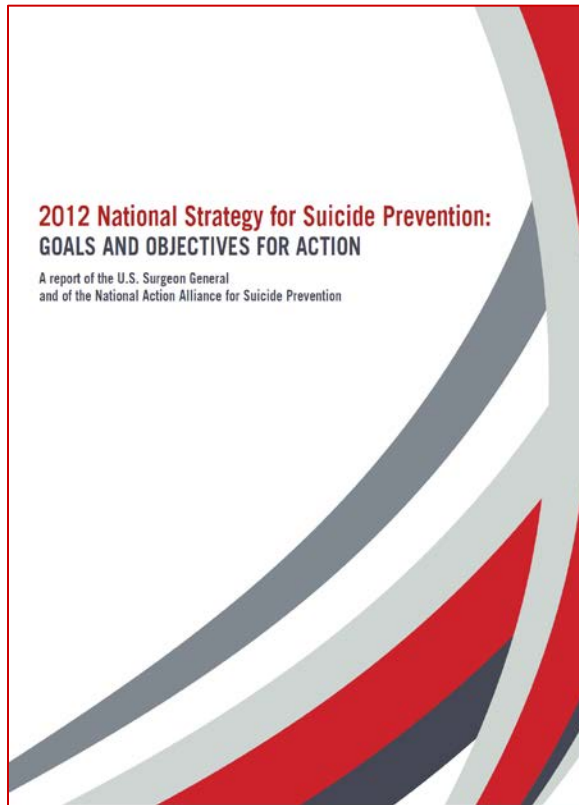
- Not all Service members have the same risk for suicide
 - Variability comes from a combination of socio-demographic and Service-specific factors as well as differences in exposure to stressors and adverse life experiences
- The Institute of Medicine's Protractor framework customizes prevention approaches based on risk in the population or sub-population

**Going from left-to-right means a progression...
(a) in scope from broad to narrow; and
(b) in severity of disease or injury from low to high**





DSSP Development: US National Strategy for Suicide Prevention (NSSP)



- The U.S. Surgeon General released the original National Strategy in 2001 and an updated National Strategy in 2012.
- Two years after release of the 2012 National Strategy, 40 of 50 states and the District of Columbia have used or are currently using the National Strategy as a resource in revising and updating state plans for suicide prevention.
- In, June 2014 The Department of Defense formally adopted the NSSP as the guiding framework for suicide prevention efforts within DoD.
- Additionally, the Director of DSPO was tasked to develop a Defense Strategy for Suicide Prevention that is consistent with the NSSP.



DSSP Development: Combining NSSP with the Strategic Paradigms

Strategic Directions:

1 - Healthy and Empowered *Individuals, Families, and Communities*

- Who and How?

2 - *Clinical and Community Preventive Services*

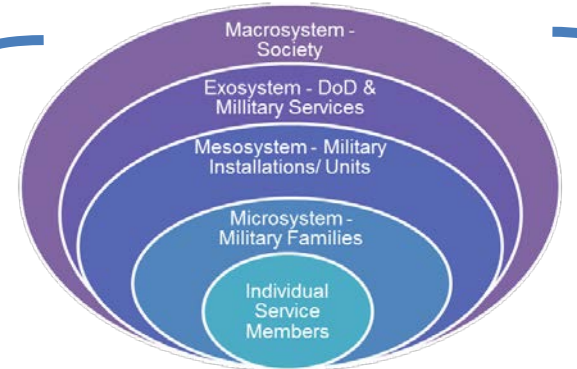
- What and Where?

3 - *Treatment and Support Services*

- What and Where?

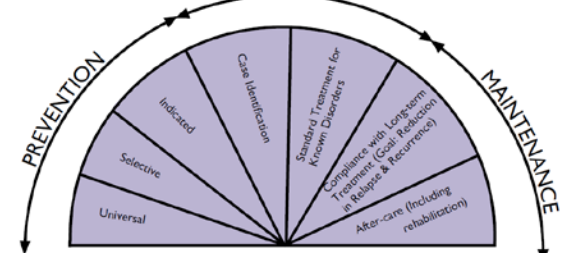
4 - *Surveillance, Research, and Evaluation*

- Who to focus on; How to prevent, etc.; Evidence Basis; Cost-Effectiveness?
- Is the overall strategy working?

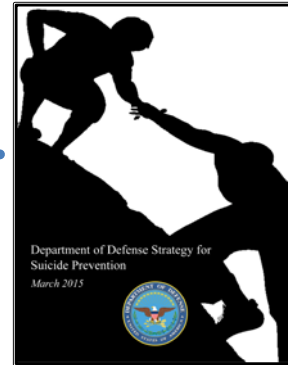


DoD Ecological Model of Influences for Comprehensive Suicide Prevention

Prevention, Intervention, *Postvention* up front



IOM Protractor for Care Delivery



The NSSP and DSSP share Strategic Directions and Themes. The continuum of suicide prevention care and influence models as well as the oversight “wrapper” are woven into the DSSP Goals and Objectives



DSSP Development: Five-Step Process

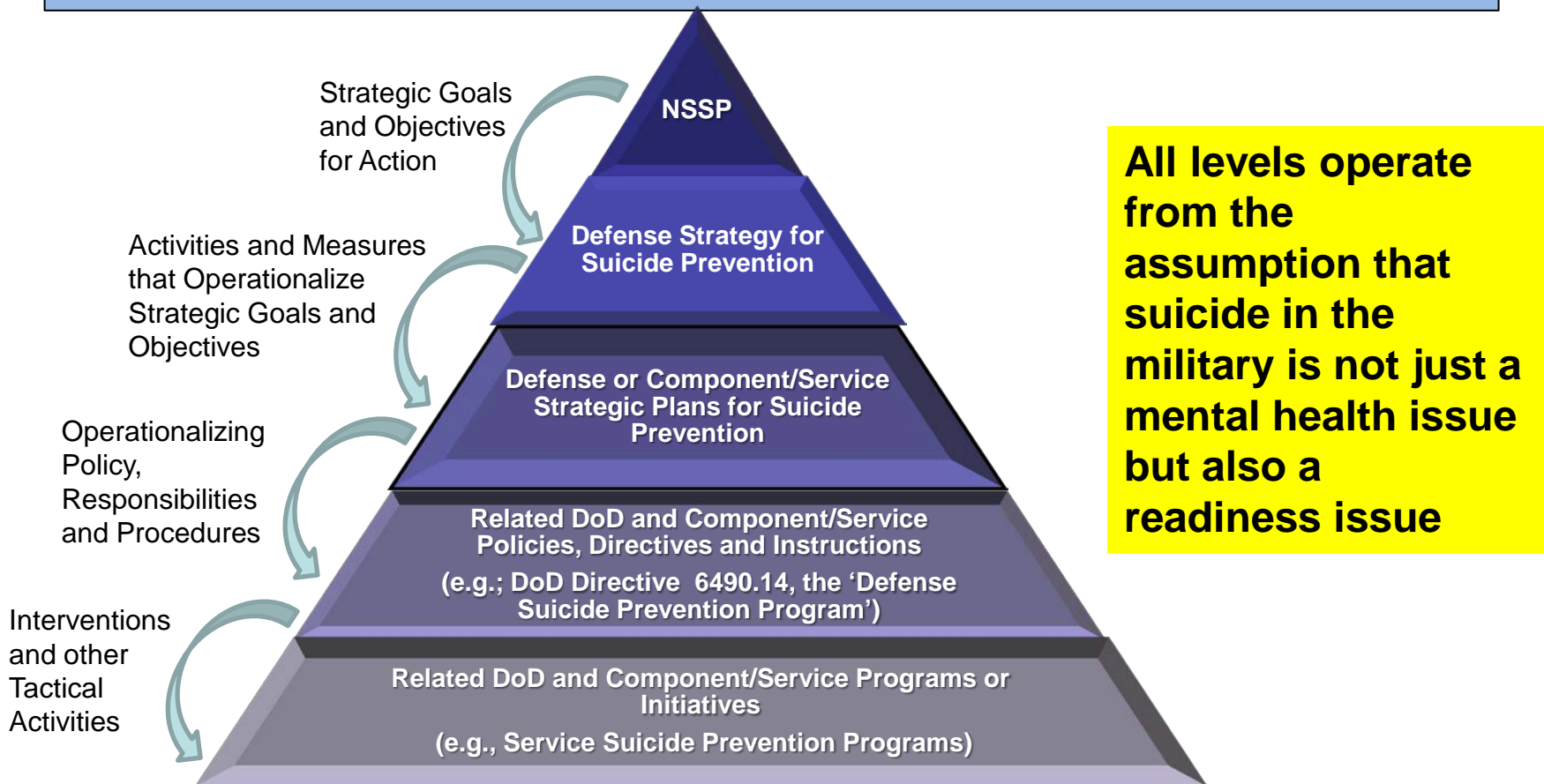
How do you translate NSSP goals to a local department set of goals?

1. Utilize the NSSP as your foundation document
2. Organize all of your stakeholders (internal and external) and identify their areas of interest
3. Determine your approval chain (signatories for the strategy)
4. Assess the needs of your organization as you develop your strategy as should be consistent with the programs in your portfolio
5. Critique any existing policy as it must fit within your scope of your strategy



DSSP Development: Utilize NSSP as the Foundation

- The product of each level feeds the levels below
- Policies, Directive, and Instructions institutionalize strategic guidance
- Operational and Tactical activities must nest within Goals and Objectives



All levels operate from the assumption that suicide in the military is not just a mental health issue but also a readiness issue



DSSP Development: Organize Your Stakeholders

Ensure stakeholders reflect the full range of perspectives on military suicide prevention





DSSP Development: Determine Your Approval Chain

- Solicit informal feedback on subject matter through your stakeholders
 - Critical
 - Substantive
 - Administrative
- Revise strategy based on informal feedback
- Focus formal review on senior leader approval and fit of strategic plan with external environment
 - Current laws and regulations
 - Interests from legislative branch (i.e., US Congress)
 - Interests from advocacy organizations, media and general public



DSSP Development: Assess the Need of Your Organization

Categories of wording changes in developing the DSSP Goals/Objectives from the NSSP

DoD Scope

National Scope

Significant Changes

Minor Changes

Category	Description
DoD Scope	Determine if DoD can implement this Goal/Objective Outcome: A list of Goals/Objectives reworded to reflect DoD scoping
National Scope	Determine if DoD can only indirectly support this Goal/Objective Outcome: A list of Goals/Objectives reworded that DoD can only <i>support</i>
Significant Changes	Determine if Goal/Objective required extensive wording changes beyond “DoD” level scoping Outcome: A list of Goals/Objectives extensively reworded
Minor Changes	Determine if Goal/Objective required minimal wording changes beyond “DoD” level scoping Outcome: A list of Goals/Objectives minimally reworded



DSSP Development: Assess the Need of Your Organization (continued)

Goal or Objective Number	NSSP 2012	DSSP 2015
Goal 2.0	Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.	Implement research-informed communication efforts <i>within the Department of Defense</i> that prevent suicide by changing knowledge, attitudes, and behaviors.
Objective 2.1	Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.	Develop, implement, and evaluate <i>research-informed</i> communication efforts to reach defined segments of the <i>Military Community regarding suicide prevention</i> .
Objective 2.2	Reach policymakers with dedicated communication efforts.	<i>Communicate DoD suicide prevention</i> efforts to relevant policymakers, <i>internal and external to the Department, through appropriate channels</i> .
Objective 2.3	Increase communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.	<i>Monitor and Improve DoD</i> communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.
Objective 2.4	Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care.	<i>Educate the Military Community on the risk factors and</i> warning signs for suicide and how to connect individuals in crisis with assistance and care.
Goal 3.0	Increase knowledge of the factors that offer protection from suicidal behaviors that promote wellness and recovery.	<i>Educate the Military Community on the protective factors against suicide</i> that <i>also</i> promote <i>resilience</i> , and recovery <i>in the Department of Defense</i> .
Objective 3.1	Promote effective programs and practices that increase protection from suicide risk.	Promote effective, <i>evidence-based</i> DoD activities and practices that increase protection from suicide risk <i>while also enhancing resilience</i> .
Objective 3.2	Reduce the prejudice and discrimination associated with suicidal behaviors and mental and substance use disorders.	<i>Reduce existing barriers to care and promote help-seeking for individuals within the Military Community</i> with suicidal behaviors and mental health and substance use disorders.



DSSP Development: Critique Existing Policy

Compare current policy with strategic goals and objectives using questions similar to what we did for the DSSP:

- Which goals are being addressed in your current suicide prevention programs? How are they being addressed?
- Which goals do you believe are not being addressed in your current suicide prevention programs and why are they not being addressed?
- For the goals not being addressed in your current suicide prevention programs, please identify any constraints that could impact your implementation (resourcing or manpower constraints, policy, etc.).
- What future efforts or initiatives are you pursuing that will help bridge any gap(s) in your implementation of the DSSP?
- What is your overall assessment on your implementation of the DSSP and when do you project meeting the intent of the DSSP in areas you may be deficient in?
- What can DSPO do to help you in moving forward with implementation of the DSSP?



DSSP Operationalization and Implementation

Based on the elements identified in the WHO Report

Conduct Baseline Assessment

Identify the “Keys”

Develop / Implement a Strategic Plan

Evaluate the Plan and Strategy

Step	Description
Strategic Baseline Assessment	Conduct a baseline assessment of ongoing strategic activities and current progress in each strategic area Outcome: A Strategic Baseline Assessment
Identify the “Keys”	Identify key stakeholders, interfaces, activities, Inputs, Outputs and Outcomes for each strategic area Outcome: The basis for an informed strategic plan
Develop / Implement a Strategic Plan	Develop and Implement a Strategic Plan that is both durable and prioritized. Outcome: The Initial Defense Suicide Prevention Strategic Plan
Evaluate the Plan and Strategy	Annually evaluate the progress toward the plan and against the strategy. Outcome: A Strategic Benchmark and updates to the plan

Our immediate attention is focused mostly on the first three steps

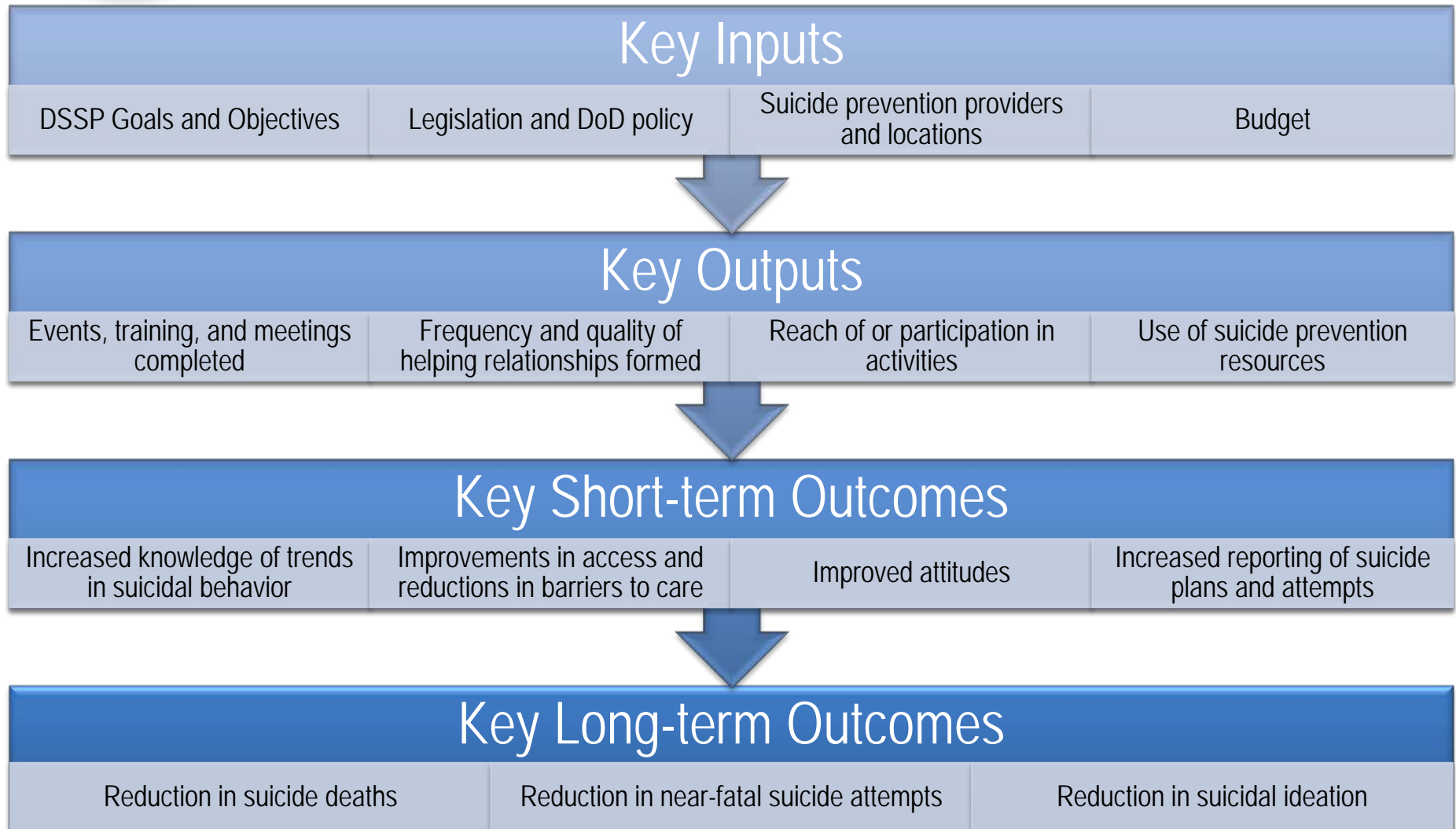


Operationalization: Understanding the Current State

Characteristic	Clinical	Non-clinical
Provider	<ul style="list-style-type: none"> Licensed medical health providers to include physicians, nurses, dentists Licensed mental health providers to include psychiatrists, psychologists, and social workers 	<ul style="list-style-type: none"> Chaplains Attorneys Military Crisis Line Military Family/Life Consultants Military Unit Leaders
Content	<ul style="list-style-type: none"> Treatment of maladaptive thoughts, emotions, and behaviors related to suicide Elimination of symptoms of underlying mental health disorders 	<ul style="list-style-type: none"> Prevention of maladaptive thoughts, emotions, and behaviors related to suicide Development of adaptive life skills
Methods	<ul style="list-style-type: none"> Clinical practice guidelines Emergency care / medical evacuation protocols Diagnostic tools Safety planning 	<ul style="list-style-type: none"> Clinical practice guidelines translated for non-clinical use Crisis intervention protocols Peer counseling/communication guidelines Diagnostic tools Safety planning
Location	<ul style="list-style-type: none"> Military Hospital/Clinic Sick Bay 	<ul style="list-style-type: none"> Chapels Dormitories Family Support / Counseling Centers Recreational Facilities Unit Operating Environments

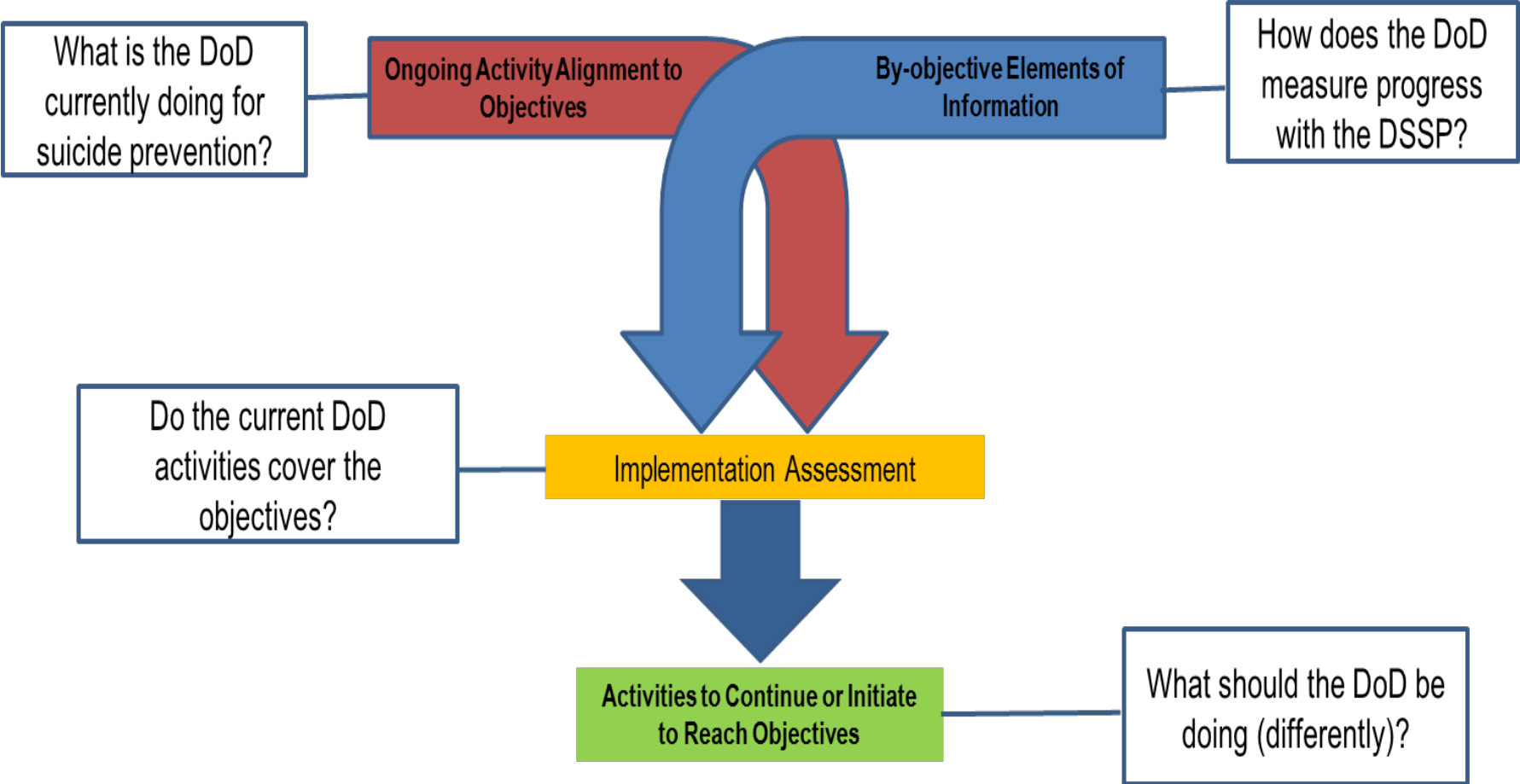


Operationalization: Identifying the Keys





Implementation: Overall Process





Implementation: Self-Assessment

<p>Program/Activity Name: The <i>ComponentName</i> Suicide Prevention Program (CSPP)</p>	<p>Program/Activity Description: The <i>ComponentName</i> Suicide Prevention Program (CSPP) specifies the US <i>ServiceName</i> and US <i>ServiceName</i> policy, responsibilities and training requirements with regard to suicide prevention.</p>			
<p>Program/Activity DSSP Objective Coverage</p>	<p>DSSP Objective Alignment Correct (Y/N)</p>	<p>Rationale for Objective Alignment (or mark N/A)</p>	<p>Is there a Shortfall or Gap? (Provide summary or mark N/A)</p>	<p>Is there a mitigation plan and suspense date for Shortfall or Gap? (Provide Summary or mark N/A)</p>
<p>Objective 2.3 - Monitor and Improve DoD communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.</p>	<p>Y</p>	<p>Section 5.3 of the CSPP supports monitoring and improving communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.</p>	<p><i>ComponentName</i> is not certain that all sponsored websites are compliant with this aspect of DoD and <i>ComponentName</i> Policy</p>	<p><i>ComponentName</i> is reviewing all sponsored websites for compliance and will complete review in June 2016</p>
<p>Objective 3.2 - Reduce existing barriers to care and promote help-seeking for individuals within the Military Community with suicidal behaviors and mental health and substance use disorders.</p>	<p>Y</p>	<p>Section 8.2 of the CSPP provides policy and responsibilities for access to care for all members of <i>ComponentName</i></p>	<p>N/A</p>	<p>N/A</p>
<p>Objective 4.4 - Develop and disseminate guidance for Defense Information School regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.</p>	<p>N</p>	<p>Guidance for DINFOS is not in <i>ComponentName's</i> purview and is not covered by the CSPP</p>	<p>N/A</p>	<p>N/A</p>



Implementation: Prioritization

Related DSSP Goal	Gaps
<p>Goal 1: Integrate and coordinate suicide prevention activities across the Department of Defense</p>	<ul style="list-style-type: none"> • Lack of synchronization amongst clinical and non-clinical support staff • Lack of understanding from unit leaders on evidence-based suicide prevention practices
<p>Goal 4: Encourage responsible media reporting and portrayals of suicide and mental illnesses occurring within the Department of Defense and promote the accuracy and safety of online content related to suicides in the Department.</p>	<ul style="list-style-type: none"> • Significant expenditures on outreach campaigns without sufficient research base and metrics of effectiveness • Confusion from unit leaders and some support staff on safe communication guidelines about suicide • Sensationalistic news media coverage on individual suicide events and facts and trends about suicide in the US military
<p>Goal 6: Promote efforts within the Department of Defense to reduce access to lethal means of suicide among individuals with identified suicide risk</p>	<ul style="list-style-type: none"> • Significant non-US research evidence on the effectiveness of means safety interventions for reducing suicidal behaviors • Current legislative barriers that make civilian-funded means safety research and interventions difficult to fund and execute • Lack of collaboration with industry and advocacy organizations relating to firearms, pharmaceuticals, poison control, and railroads to reduce barriers for research and intervention



Implementation: Evaluate the Strategic Plan

Objectives	Ongoing Activity	Key Info	Coverage	New Activities
1.1 Integrate suicide prevention into the values, culture, leadership, and work of all DoD organizations and programs with a role to support suicide prevention activities within the Department.	3			2
1.2 Oversee collaborative, effective, and sustainable suicide prevention programming across the Department.	3			5
1.3 Sustain and strengthen DoD collaborations across Federal and State agencies to advance suicide prevention within the Department.	26			1
1.4 Develop and sustain public-private partnerships to advance suicide prevention within the Department.	16			1
1.5 Integrate suicide prevention into all relevant Military Healthcare reform efforts.	2			3

Complete
 In Work
 Not Available
 Not begun



Summary

- The implementation of the Department of Defense Strategy for Suicide Prevention culminated over 18 months of informal/foundational, and formal development efforts involving numerous DoD stakeholders and Federal and private-sector partners
- The DSSP was signed December 29, 2015
- The DSSP is consistent with the NSSP but has been shaped to a DoD Social Ecological Model of influences.
- The DSSP is the foundation and strategic reference point for suicide prevention efforts within the Department of Defense
- Challenges were convening a diverse set of stakeholders to translate and the NSSP to the DSSP and then operationalize it
- Key to our success was starting with a great foundation in the NSSP and DoD stakeholders understanding the value in having a military-specific strategy document to guide suicide prevention efforts