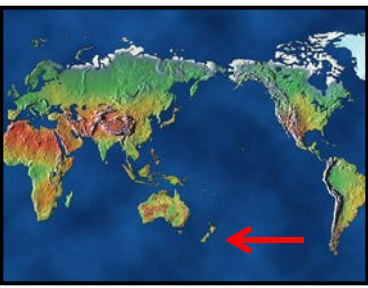




# Mental Health in the NZDF – Insights for Suicide Prevention





Colonel Clare Bennett  
Chief Mental Health Officer  
New Zealand Defence Force



# Context – Our Force



Total Defence Force personnel (including Reservists) by Service and Civilians **14,199**

	Navy	2,570	18.1%
	Army	6,255	44.1%
	Air Force	2,615	18.4%
	Civilian	2,759	19.4%

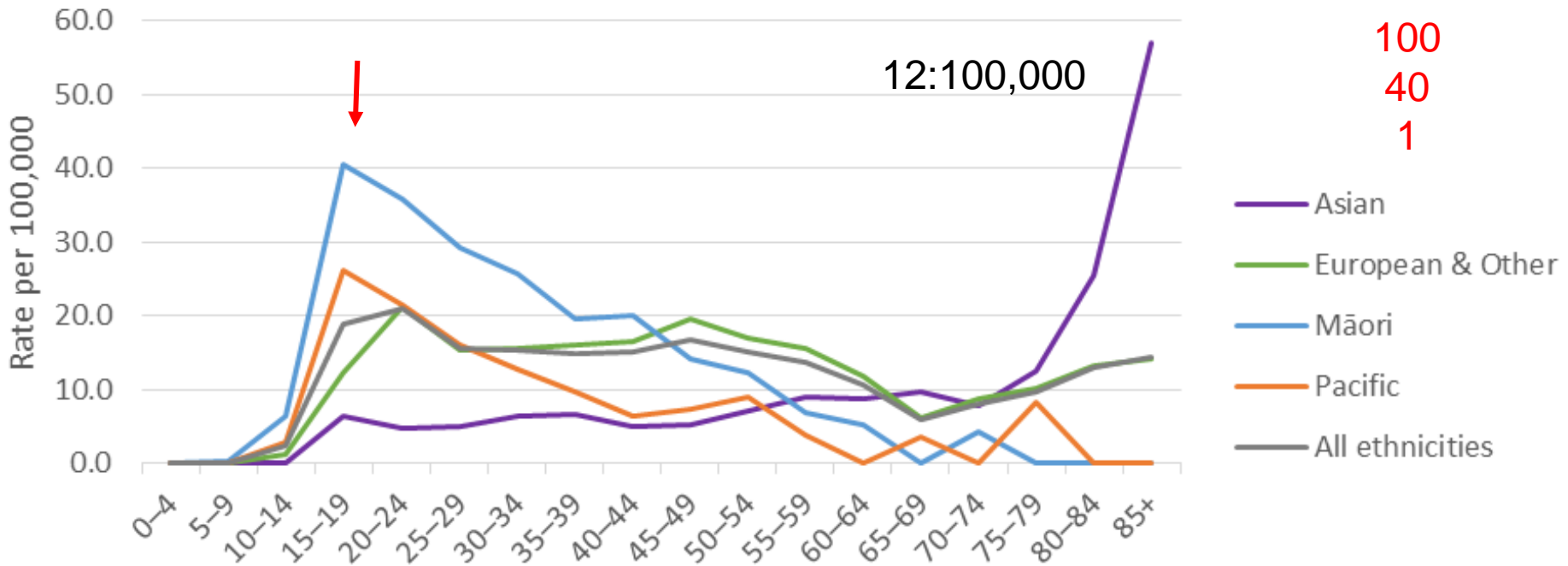


# Mental Health in NZ

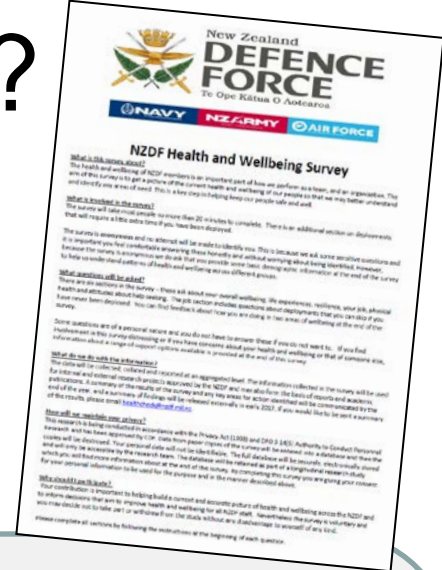
1 in 5 will experience mental illness or addiction in any one year, half in their lifetime



1 in 6 will be diagnosed with depression or anxiety during lifetime

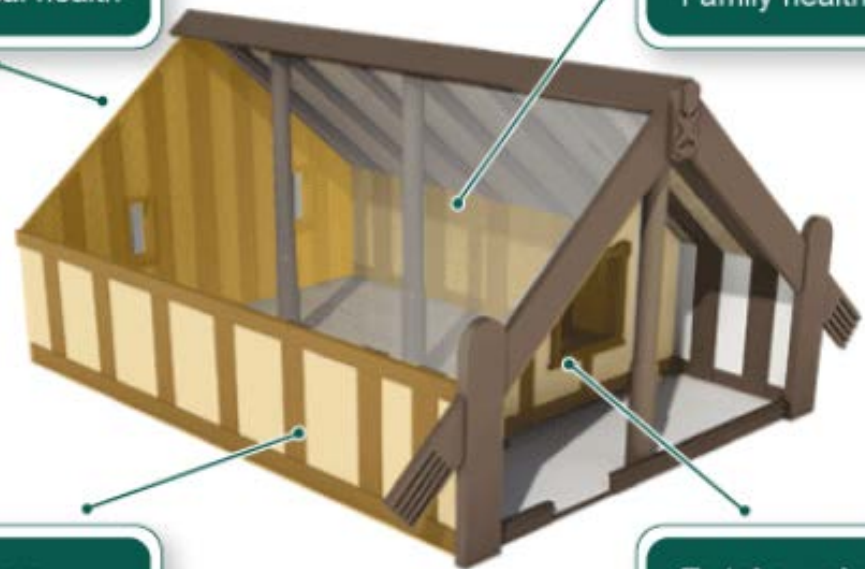


# How Are Our People Going?



Te taha hinengaro  
Psychological health

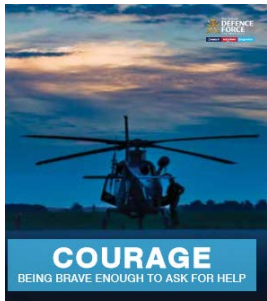
Te taha whānau  
Family health



Te taha tinana  
Physical health

Te taha wairua  
Spiritual health

- Te Whare Tapa Wha*
- Overall wellbeing
  - Life experiences
  - Resilience
  - Work (including deployments)
  - Physical health
  - Help seeking



# Help Seeking



Those at higher risk less likely to seek help



Concern about career impacts



Some people say they would not seek help at all

Preference to manage self

Some people only go outside for help

# Most Commonly Reported Problematic Life Stressors

## Protective Factors

- ✓ Healthy habits
- ✓ Leadership
- ✓ Team culture
- ✓ Social Support
- ✓ Job Satisfaction
- ✓ Sense of purpose

Those with strongest relationship with SR

- Loneliness
- Sleep
- Lack of job satisfaction
- Experience of a previous stress disorder
- Conflict with others
- Finances

# Suicide Risk Analysis

Think about suicide?

Think that you would be better off dead or wish you were dead?

Want to harm yourself?

Have a suicide plan?

Deliberately harm or injure yourself?

Attempt suicide?

based on Mini-  
International  
Neuropsychiatric Interview

## Model 1 - Demographic

Age, Service, Gender, Ethnicity, Prior deployment

## Model 2 – Contextual risk and protective factors

- Happiness
- Resilience
- Social support
- Acute life stressors
- Attitudes towards help seeking
- Job satisfaction
- Leadership

## Model 3 Mental health risk factors

- Mod psych distress K10
- High psych distress
- Mod stress disorder PCL
- High stress disorder

# Multinomial Logistic Odds Ratios for Suicide Risk

	Model 1		Model 2		Model 3		
	1 risk vs none	2+ risks vs none	1 risk vs none	2+ risks vs none	1 risk vs none	2+ risks vs none	
Demographic	25-29 vs under 25	1.12	1.24	1.06	1.11	0.99	1.11
	30-39 vs under 25	0.91	0.85	0.99	0.97	1.10	1.34
	40-49 vs under 25	0.67	0.62	0.67	0.53	0.78	0.87
	50+ vs under 25	0.56	0.88	0.72	1.19	0.81	1.59
	Male	1.11	1.49	1.17	1.51	1.06	1.31
	Māori	0.84	0.82	0.82	0.82	0.79	0.65
	Pacific Islander	0.84	0.35	0.74	0.35	0.61	0.22
	Ever deployed	1.21	1.18	1.24	1.17	1.36	1.10
Contextual Risk & Protective Factors	Happiness			0.76**	0.63**	0.89*	0.76**
	Resilience			1.33	1.22	1.28	1.11
	Social Support			0.66**	0.68*	0.67*	0.69
	Acute Life Stressors			1.09*	1.23**	0.96	1.04
	Negative Attitudes to Help Seeking			1.07	1.62**	0.93	1.50**
	Job Satisfaction			0.94	1.38	1.16	1.67
	Positive Leadership			1.03	0.96	0.98	0.91
Mental Health Risk	Moderate Psych Distress					2.62**	3.48*
	High Psych Distress					8.25**	20.21**
	Moderate Stress Disorder					2.16*	1.32
	High Stress Disorder					1.84	2.62**

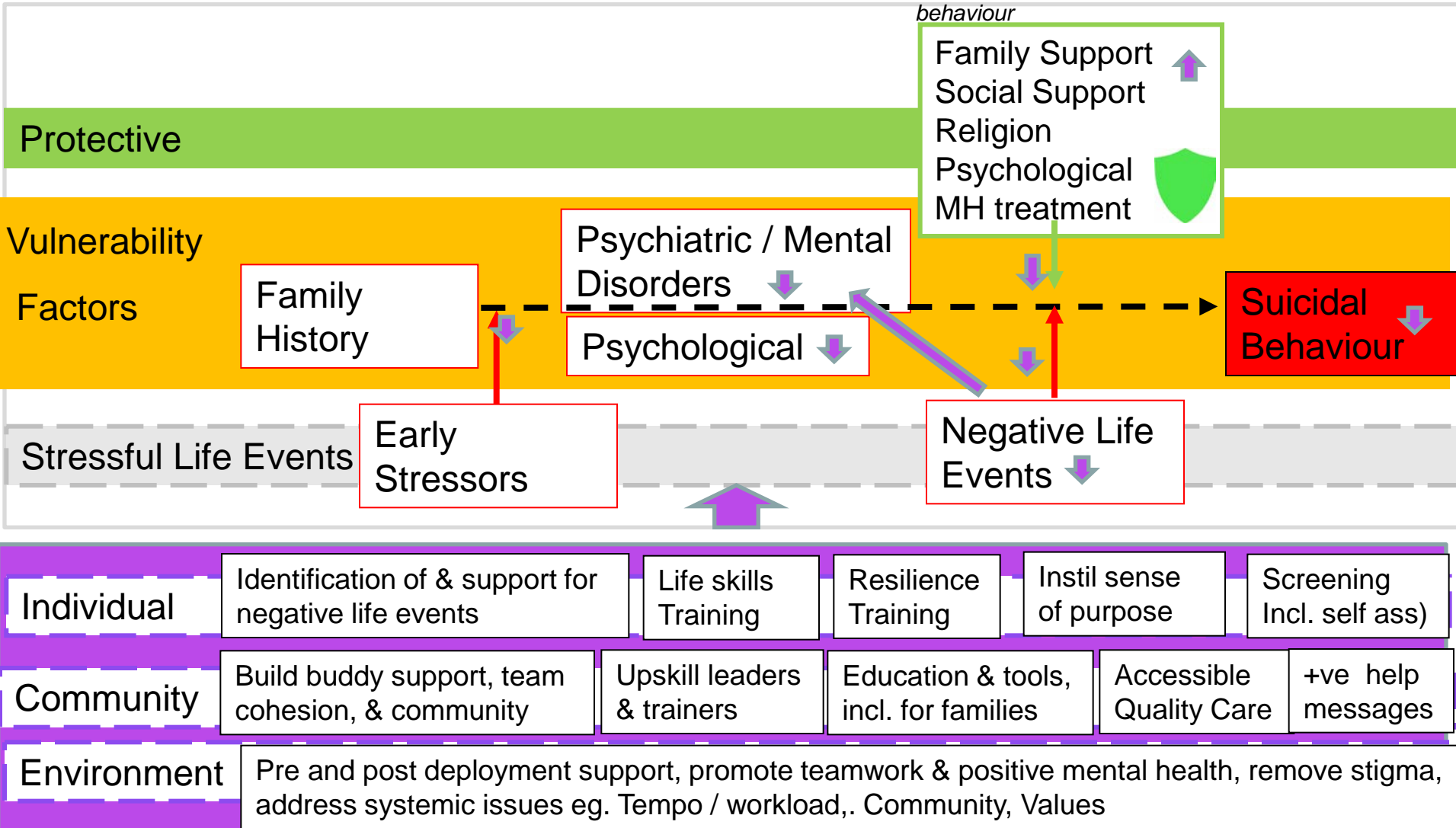


# Key Findings

- Mental health status has greatest impact on suicide risk
- Life stressors can increase mental health risk, which in turn predicts suicide risk
- The effect of life stressors on suicide risk is mediated by the experience of mental health risk
- Negative attitudes about help seeking, and poor social support linked to increased suicide.
- Alcohol misuse linked to SR, Sense of belonging reduces SR
- Demographic factors (age, gender, ethnicity), resilience, positive perceptions of leadership and job satisfaction were not found to be predictive of suicide risk

# Suicide Vulnerability and Intervention Points

Based on Nock et al 2013  
 Vulnerability-stress model of suicide  
 behaviour



# Recommendations for Practice

- Leverage protective factors and strengthen focus on maintaining positive health (incl Id & team cohesion)
- Prevention – education, training, awareness building
- Mitigate areas of risk – life events, mental health
- Address stigma and barriers to care
- Screening
- Accessible quality care
- Transition support

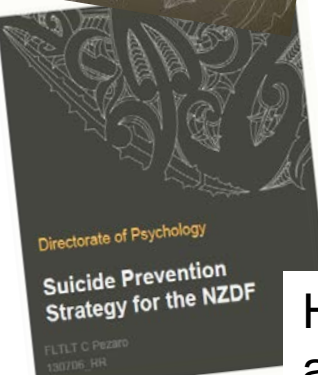
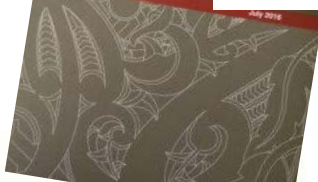
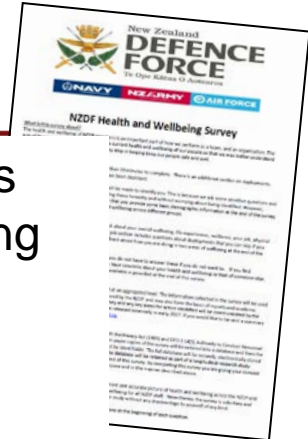
# NZDF Initiatives

LEAD

Governance & Coordination  
 Positive Culture  
 Stigma Reduction  
 Leadership Support  
 Alignment & Partnerships  
 Communication and Engagement

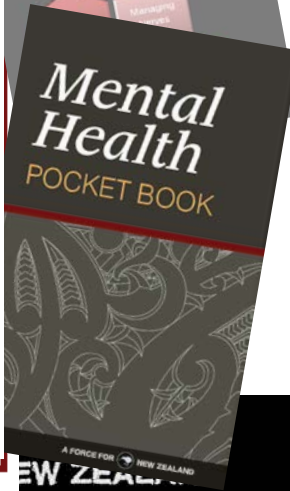
UNDERSTAND

Key Outcome Measures  
 Monitoring and Reporting  
 Coordinated Research  
 Focus on Evaluation  
 Longitudinal Impact



High quality, timely, accessible care & support  
 Comprehensive approach  
 Multidisciplinary Care  
 Long term support, incl. vets

Build Resilience  
 Grow Awareness  
 Empower Self-management  
 Build Peer & Community Support Networks  
 Targeted training for high risk groups



CARE

PREPARE



# Integrated Wellness Programme

## Life Cycle Approach

### GOVERNANCE

#### Governance



- Governance accountability framework
- Roles and responsibilities
- Building awareness and skills for required cultural change.

#### Performance & Quality



- Establishing KPIs and defined outcome measures.

#### Resourcing



- Ensuring business cases for targeted resourcing for IWP
- Budget allocation across camps and bases for community engagement.

#### Policies & procedures



- Policies and protocols for all key aspects of IWP
- Standardised systems and procedures across NZDF.

### SERVICE DELIVERY

#### Belonging



- Services to support foundation strengths

#### Keeping Well



- Services to support operational readiness

#### Care & Support



- Services to support people who are unwell or experiencing difficulty

#### Transition



- Services to support people as they change roles or leave NZDF

### ENABLING FUNCTIONS

#### Stakeholder relationships



- Engagement and support to ensure all stakeholders understand and contribute to IWP development.

#### Professional development



- Ensure providers and command are familiar with IWP requirements
- Training and development of professional skills and competencies to deliver services safely and to quality standards.

#### Role clarity



- Standardising roles, competencies and responsibilities for all providers
- Updated position descriptions

#### Technology



- Ensure wellness providers document all consultations to required standard and protocol.
- Transition all providers to Profile system

# Discussion

