Defense Suicide Prevention Office (DSPO)

Overview of Means Safety Initiatives

Stop Texas Suicide Now

Dr. Keita Franklin, Director, DSPO
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Objectives

- Overview of the Means Safety Task Force
- Understanding the significance of suicide means
- Review of firearm use in the military
- Translating research into practice and policy
Standing up a Means Safety Task Force

**Background** – The need for a collaborative public-private forum on Lethal Means Safety in suicide prevention was a key finding of the 2015 DoD Suicide Prevention Research Summit.

– Sec Wrights Memo
– White House interest

**Basis** – The Defense Lethal Means Safety Task Force directly supports Goal 6 of the 2015 Defense Strategy for Suicide Prevention – “Promote efforts within the Department of Defense to reduce access to lethal means of suicide among individuals with identified suicide risk.”

**Outcome** – The development of recommendations to advocate lethal means safety and restriction through military interventions (leadership, peers, family members).
Task Force Members

- Keita Franklin, Working Group Chair, DSPO
- Wendy Lakso, DSPO
- Adam Walsh, DSPO
- Lt Col Charles Knapp, Joint Staff J1
- Mike Anestis, University of Southern Mississippi
- Shannon Frattaroli, Johns Hopkins SPH
- Joseph E. Logan, CDC
- Emma B. McGinty, Bloomberg SPH
- LTC Dennis McGurk, MOMRP
- Richard McKeon, SAMHSA
- Kate Nassauer, MOMRP
- Jane Pearson, NIMH
- Jerry Reed, SPRC
- Mike Schoenburg, University of South Florida
- Caitlin Thompson, VA
### Objective: Prevent suicide among military members

**Risk:** Access to lethal means  
**Protective Factor:** Implementing means safety/restriction

#### Process Overview

<table>
<thead>
<tr>
<th>Process Stage</th>
<th>Definition</th>
<th>Activities</th>
<th>Outcome</th>
</tr>
</thead>
</table>
| Analyze Needs | Determine needs to address means safety to enhance military suicide prevention | • Gather data sources to understand problem  
• Determine problem impact | Agree on 1 or 2* priorities in the areas of: Policy, Strategic Communications, Training, Further Research |
| Build Capacity | Identify resources & readiness to address means safety | • Identify key stakeholders  
• Establish/strengthen collaboration  
• Assess readiness  
• Prepare key stakeholders | Determine readiness assessment |
| Plan Actions | Structure actions to achieve agreed upon priority(ies) effectively* | • Prioritize gaps  
• Build a logic model  
• Identify metrics (related to priorities) and expected outcomes~ | Develop Implementation & Risk Management Plan** |
| Implement Plan | Execute Implementation & Risk Management Plan** | • Collect metrics  
• Monitor progress  
• Conduct risk management activities, as needed | Assess success of Implementation Plan execution |
| Evaluate Outcomes | Quantify/qualify the challenges & successes of expected outcomes~ | • Analyze metrics  
• Conduct lessons learned meeting with stakeholders  
• Communicate evaluation results | Determine remaining existing needs |
Mission
Provide targeted recommendations for policy, programs, and practices to improve the effectiveness of Lethal Means Safety towards reducing suicide.

Objectives
1. Refine the DoD lethal means safety policy
2. Develop DoDI policy guidance on lethal means safety training programs
3. Synchronize DoD lethal means safety research and activities
4. Ensure update/creation of DoD lethal means safety policies, programs, and practices
Logic Model

**Means Safety Levers**
- Federal and state laws
- Military training
- Family support centers
- Research data
- Crisis lines

**Targets**
- Develop means safety policy
- Pilot implementation of means safety policy

**Near-term outcomes**
- Standard SOPs on military bases
- Improvements on training
- Increased peer involvement
- Implementation of evidence-based practices

**Long-term outcomes**
- Reduction in military suicide rates
- Reduction in use of firearms in military suicide behavior

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CLASSIFICATION (U)
From Policy to Implementation

- Strategic communications, training, and a change in culture will facilitate policy implementation.
- Further research will assess effectiveness of implementation and if further policy is needed.

Further Research

Policy

- Legal issues (Federal vs. State law)
- Presence of gun manufacturers
- Other

Strategic Communications

Training

Culture

Implementation

Controllable

Uncontrollable
Moving from “Why” to “How”

Public Health Continuum* (2774 studies)
- Prediction/Risk Factors (80% of all studies)
- Stigma/Help-Seeking
- Training
- Technology
- Means Restriction
- Media/Reporting
- Policy
- Community Services
- Gatekeeper

We know what the risk factors are

Top Lethal Means
- Firearms
  - USA
- Pesticides
  - Asia
  - Latin America
- Drugs
  - UK
  - Nordic Countries
- Jumping
  - Urban Areas
- Hanging
  - Eastern Europe

* WHO and CDC
“How” in the U.S.
Suicide Deaths

- Firearm: 50%
- Suffocation: 27%
- Poisoning: 16%
- Other: 7%

*2014 CDC
U.S. Suicides by Method
“How” in the Military Suicide Deaths

- **Firearm**: 70%
- **Hanging/Asphyxiation**: 25%
- **Other**: 5%

*2014 DoDSER Suicide Event Methods All Services*
“Restricting access to the means for suicide works. An effective strategy for preventing suicides and suicide attempts is to restrict access to the most common means, including pesticides, firearms and certain medications. Implementation of effective policies coupled with community interventions has been instrumental in reducing suicide through means restriction.”

Preventing Suicide: A Global Imperative
World Health Organization

Despite fear that means restriction would cause a “substitution effect,” several research studies show no significant substitution effect after implementation of a means restriction policy. (Cox 2013; Law 2014; Leenaars 2007; Mann 2013)
Non-military issued weapons: Specific area of concern

- Since 2008, the use of non-military issued guns in suicide deaths has increased 73% and in suicide attempts it has increased 515%.
- Since 2008, the use of military issued guns in suicide deaths has decreased 72% and in suicide attempts it has decreased 57%.

### Deaths by Suicide

<table>
<thead>
<tr>
<th>Year</th>
<th>Military Firearm/Gun</th>
<th>Other Firearm/Gun</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>51</td>
<td>102</td>
</tr>
<tr>
<td>2009</td>
<td>52</td>
<td>120</td>
</tr>
<tr>
<td>2010</td>
<td>39</td>
<td>136</td>
</tr>
<tr>
<td>2011</td>
<td>31</td>
<td>141</td>
</tr>
<tr>
<td>2012</td>
<td>36</td>
<td>158</td>
</tr>
<tr>
<td>2013</td>
<td>16</td>
<td>134</td>
</tr>
<tr>
<td>2014</td>
<td>14</td>
<td>177</td>
</tr>
</tbody>
</table>

- **72% decrease**

### Suicide Attempts

<table>
<thead>
<tr>
<th>Year</th>
<th>Military Firearm/Gun</th>
<th>Other Firearm/Gun</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>35</td>
<td>13</td>
</tr>
<tr>
<td>2009</td>
<td>27</td>
<td>19</td>
</tr>
<tr>
<td>2010</td>
<td>17</td>
<td>23</td>
</tr>
<tr>
<td>2011</td>
<td>17</td>
<td>44</td>
</tr>
<tr>
<td>2012</td>
<td>9</td>
<td>34</td>
</tr>
<tr>
<td>2013</td>
<td>20</td>
<td>58</td>
</tr>
<tr>
<td>2014</td>
<td>15</td>
<td>67</td>
</tr>
</tbody>
</table>

- **57% decrease**
- **515% increase**
- **73% increase**

Source: DoDSER Data (February 2016).
Firearm Usage by Gender and Minority Status

- DoD is largely made up of White Non-Hispanic males, a high risk group for suicidal behaviors.
- Firearms are a highly lethal method.
- Females in both Minority-Status groups are less likely to choose a firearm than males. Compared to females, males are 5X more likely to choose a firearm than another method.
- White Non-Hispanic males are slightly more likely to choose a firearm than Minority Groups.

Source: DoDSER, 2008-2015
From 2008-2015, 17-24 year olds were disproportionately involved in suicidal behaviors (see the bar above the % population line, the other groups are below it).

Looking within groups (chart on right), older groups are more likely to use a firearm.

Despite fewer suicidal behaviors, the older groups exhibit more lethality as there are disproportionate numbers of deaths given the number of suicidal behaviors.
Together, Never Married and Married statuses generate 88% of all suicidal behaviors.

Married individuals are more likely to use a firearm (thus more lethal).

Surprisingly, Legally Separated individuals are less likely to use a firearm than Divorced individuals.

Widowed individuals are a small group but have a much higher tendency to use a firearm: 22 attempts resulted in 9 deaths (8 by firearm).
### States with Most Military Suicides

<table>
<thead>
<tr>
<th>State</th>
<th>Deaths</th>
<th>Population</th>
<th>Suicide Rate</th>
<th>Chose Firearm</th>
<th>Died by Firearm</th>
<th>CONUS Suicide%</th>
<th>CONUS Pop'n%</th>
</tr>
</thead>
<tbody>
<tr>
<td>KY</td>
<td>39</td>
<td>38,445</td>
<td>33.8</td>
<td>40%</td>
<td>63%</td>
<td>5.3%</td>
<td>3.3%</td>
</tr>
<tr>
<td>SC</td>
<td>34</td>
<td>36,723</td>
<td>30.9</td>
<td>22%</td>
<td>82%</td>
<td>4.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>KS</td>
<td>21</td>
<td>24,658</td>
<td>28.4</td>
<td>21%</td>
<td>87%</td>
<td>2.9%</td>
<td>2.1%</td>
</tr>
<tr>
<td>CO</td>
<td>30</td>
<td>35,872</td>
<td>27.9</td>
<td>26%</td>
<td>71%</td>
<td>4.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>NC</td>
<td>85</td>
<td>109,906</td>
<td>25.8</td>
<td>17%</td>
<td>63%</td>
<td>11.7%</td>
<td>9.5%</td>
</tr>
<tr>
<td>GA</td>
<td>52</td>
<td>68,280</td>
<td>25.4</td>
<td>19%</td>
<td>69%</td>
<td>7.1%</td>
<td>5.9%</td>
</tr>
<tr>
<td>TX</td>
<td>96</td>
<td><strong>132,505</strong></td>
<td><strong>24.2</strong></td>
<td><strong>21%</strong></td>
<td><strong>67%</strong></td>
<td><strong>13.2%</strong></td>
<td><strong>11.4%</strong></td>
</tr>
<tr>
<td>FL</td>
<td>37</td>
<td>54,486</td>
<td>22.6</td>
<td>26%</td>
<td>70%</td>
<td>5.1%</td>
<td>4.7%</td>
</tr>
<tr>
<td>VA</td>
<td>64</td>
<td>104,462</td>
<td>20.4</td>
<td>27%</td>
<td>67%</td>
<td>8.8%</td>
<td>9.0%</td>
</tr>
<tr>
<td>WA</td>
<td>32</td>
<td>57,616</td>
<td>18.5</td>
<td>15%</td>
<td>64%</td>
<td>4.4%</td>
<td>5.0%</td>
</tr>
<tr>
<td>HI</td>
<td>23</td>
<td>47,099</td>
<td>16.3</td>
<td>7%</td>
<td>24%</td>
<td>3.2%</td>
<td>4.1%</td>
</tr>
<tr>
<td>CA</td>
<td>69</td>
<td>151,970</td>
<td>15.1</td>
<td>9%</td>
<td>53%</td>
<td>9.5%</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

**Notes**
3. Chose Firearm: % all attempts (lethal & non-lethal) by firearm; 2013-2015, source: DoDSER.
4. Died by Firearm: % suicides (lethal attempts) by firearm; 2013-2015, source: DoDSER.
5. Highlighted states produced a disproportionate share of suicides.
Recommended Bases for Pilot

Based upon the state suicide rate and the installation size, the following installations are recommended for pilot studies:

TX- Fort Hood or Fort Bliss

KY- Fort Campbell

SC- Fort Jackson or MCRD Parris Island/MCAS Beaufort

NC- MCB Camp Lejeune or Fort Bragg

GA- Fort Stewart or Fort Benning
Translation Success Story: Means Safety Task Force

Identify Gap
At 2015 Research Summit, Evidence-Based Means Safety identified as gap in practice. The Means Safety Task Force stood up. DSPO employed both CDC and SAMHSA models for an efficient, evidence-based decision-making process.

Leverage Data
Data surveillance provided scope of problem

Leverage Knowledge
Research and policy was scanned, assessed, synthesized

Assess Context and Experience
The MSTF used data and knowledge synthesis, provided expertise for military implementation

Develop Recommendations
The MSTF provided DSPO with Informed recommendations

Implementation
Training Pilots
Policy
Gun Shop Owner Pilot

• Implementation pilot to determine the effectiveness of education materials at gun shops near a military base

• Comparison of 3 groups
  1. Control (no intervention)
  2. Educational materials only (modeled on New Hampshire Gun Shop Owner Project)
  3. Educational materials plus safe storage devices (modeled on the Washington State Project)

• Determine the specific elements of an education program that are most effective
Perceptions and Beliefs about Gun Lock Policies in Military Gun Culture

• Research study to:
  – Determine number of firearms used in suicide that were registered on base
  – Understand the perceptions and beliefs about gun lock policies in the military

• The results of this study will help shape means safety policy, education/training, and communication campaigns
  – Important to thoroughly understand the culture of the population for the successful implementation of any program or policy
  – Military perception about means safety is currently a gap in understanding—assumptions are not sufficient
Embedding Means Safety into Current Training Programs

- Important to provide training specific to peers, command, family
- CALM (Counseling for Access to Lethal Means)
  - Free training program on SPRC website
- Peer-to-peer training webinar in August 2016 on San Francisco VA website
- Joint Knowledge Online: potential to embed means safety training for DoD
Way Forward: Collaboration to Address All Means Safety

• Collaboration driven by the National Action Alliance for Suicide Prevention including:
  – Centers for Disease Control and Prevention
  – Substance Abuse and Mental Health Administration
  – Suicide Prevention Resource Center
  – American Foundation for Suicide Prevention
  – Veterans Affairs
  – Department of Transportation
  – Pharmaceutical Industry
  – Poison Control