



Developing Tomorrow's Leaders Today:



**Changing the Culture and
Stigma of Help Seeking
through Education and
Outreach**

Suicide Prevention at USNA



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Disclaimer



The viewpoints and information are those of the presenters and do not reflect the views of DoD, DoN, or USNA



Scope of the Problem

- Suicide continues to be a critical challenge in the military.
 - Attempts in the USN were three times higher than 2005*
- Service Academies (USMA, USNA, USAFA, USCGA) are not immune.
 - Student body with combat experience, staff/faculty under stress.
 - 4 completed suicides last yr among students, faculty, staff; widely publicized
- *2008 Department of Defense Survey of Health-Related Behaviors.



Scope of the Problem (cont.)



- A joint military and civilian task force concluded that current mental health care efforts within the **DOD** and the Department of **Veterans Affairs** fall significantly short of adequately serving military members and their families.*
- * --"An Achievable Vision: Report of the Department of Defense Task Force on Mental Health"



College Student Statistics

- 80% of those that die by suicide never participate in college counseling services*
- Given known risk factors students in counseling should be 18 times more likely to commit suicide, but data suggests they are actually 3 times more likely to commit suicide **
- 74% unaware of campus MH resources ***

*Gallager (2004) National Survey of Counseling Center Directors
** Schwartz (2006) College Student suicide in the United States: 1990-1991 through 2000-2004
*** Wessels et al. (2005) Perceptions concerning college student suicide: Data from four universities
**** Drum, Brownson, et al. (2009) New Data on the Nature of Suicidal Crises in College Students: Shifting the Paradigm



College Student Statistics (cont.)



- 69% report more than one period of SI in the past 12 months****
 - 8% report at least one previous suicide attempt
 - 18% report seriously considering attempting suicide*
 - Students' believe Professors mistake depression for laziness, ineptitude
- Two thirds who discuss their suicidal ideation, tell a friend first. ****
- (considerable overlap with Navy stats)

*Gallager (2004) National Survey of Counseling Center Directors
** Schwartz (2006) College Student suicide in the United States 1990-1991 through 2003-2004
*** Westefeld et al. (2005) Perceptions concerning college student suicide: Data from four universities
**** Drum, Brownson, et al. (2008) New Data on the Nature of Suicidal Crises in College Students: Shifting the Paradigm



Campus Approach

- Problem Focused
 - Defines as a group problem vice individual problem
 - Campus approach, engaging all facets of campus life
 - Resident Assistants, Professors, Coaches, Peers
 - Most common training models are Gatekeeper Training and Question, Persuade, Refer (QPR)
 - Teaching how to recognize warning signs and how to question, persuade and refer for assistance
- “GateKeeper Training”
 - Personalizing crisis based on personal experience
 - “remember the thoughts and feelings you experienced, and behaviors in which you engaged when in crisis”
 - Helps trainees to understand thoughts, feelings and behaviors of those at risk.



Campus Approach (cont.)

- How do we react?
 - Fear and Anxiety (OMG, my fault, suicide will occur, helpless, incompetent)
 - Anger (situation hopeless, why is s/he doing this to me, attempt to control person to ensure safety)
 - Over-worrying and under-worrying
- Non-Verbal interviewing
 - “draw picture as a question.” No symbols, letters, #'s
 - Goal to keep simple and concrete
 - More elaborate and abstract = more confusing



Campus Approach (cont.)

- Anxiety of Sitting with Suicidal Individual
 - Sensitize to emotion; anxiety over asking questions
- GateKeeper Training Role-playing
 - Experiential component showing to be important part of training experience
 - Reduces anxiety, increases confidence in gatekeepers



Lessons learned from Fleet experience



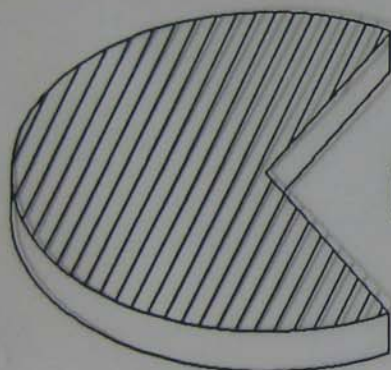
- Throughout career little change in the next slide you will see
 - Personnel receive much training but little “trickle-down” to deckplates in terms of ownership
 - Similar to College Campus (80% and 70% don’t have contact with helping provider or support prior to attempt)
- This led to thoughts of how to change and improve suicide awareness and prevention

CALENDAR YEAR 1995

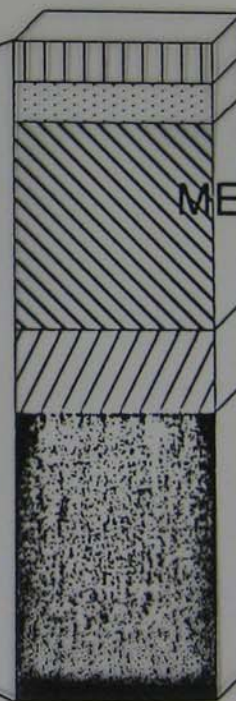
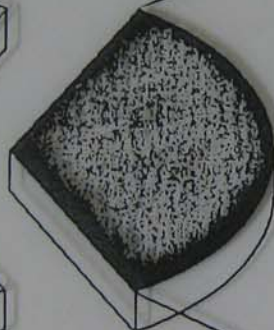
SUICIDE ACTIVITY

CONTACT WITH FORMAL HELPERS WITHIN 90 DAYS OF DEATH

NO
31 66%



YES
16 34%



(Chap+MH) 1 6%
(FSC+Chap) 1 6%

MENTAL HEALTH 5 31%

CHAPLAIN 2 13%

MEDICAL 7 44%

ANY CONTACT WITH FORMAL HELPERS

TYPE OF CONTACT

Lessons learned from Fleet experience (cont.)



- Focus on Cultural Shift
 - What if we start with our Future Leaders
 - Begin w/first year of College
 - Receive throughout 4 years; witness the impact
 - Change perception, attitude, and stigma
 - Importance of relationships (wardroom, pep, outreach)





Genesis of USNA Approach



- The challenge was to develop an approach that integrated the needs of a college age population with the demands of the military culture.
 - Transition from family of origin
 - Normal development vs. military expectations
 - Help seeking in a competitive environment



Genesis of USNA Approach (cont.)



- Additionally, a suicide prevention program must adapt to variables that military leaders can understand and accept.
 - Different views on managing risk
 - Statistics based language
 - Mental health services as a performance enhancement tool
 - Return to duty rate



Challenges unique to USNA



- Competitive nature of USNA
 - Military order of merit
- Fear of disqualification from service selection
- Time
 - Academic and military demands
 - Minimum 18 credit hours
 - Mandatory sports involvement and military training (SMT)
- Very few opportunities for respite from stress
- Limited experience managing challenging events



Scheduling Challenge



A Day in the Life of A Midshipman

0530- 0630: Physical training (athletes, remedial)

0630- 0700: Morning Formation

0700- 0730: Breakfast

0755-1145: Class

1210-1240: Noon Meal Formation

1240-1320: Training Time (Free time)

1330-1520: Class

1530-1730: ECA, Sports Period

1820-1945: Dinner, ECA

2000-2200: Mandatory Study

2200: Lights Out



Scheduling Challenges (cont.)



- Able to request training to extend into Study Hour
 - Not often approved
 - Scheduled events encroach (evening mandatory lectures)
- Compete with all other staff and faculty for limited availability
- Lunch most feasible for many



The Challenge

- With all of the demands on the Brigade, how do we make suicide prevention training a priority?
- Midshipmen receive many briefs. How do we engage them?
- How do we make it okay to talk about suicide and other mental health issues?



Our Solution

- Develop a leadership based approach modeled on current US Navy training.
 - The USNA is a “leadership laboratory”
 - Every Midshipman is a leader
 - These are essential skills to be an effective leader.
 - They will experience a peer, subordinate, or leader in distress
 - Preventing suicide is an “All Hands Approach”



Receive Approval from Leadership



- Gain support from leadership
 - Education
 - Communication
 - Understanding the benefit
 - Consistent follow-up



Structure of USNA

- **Brigade**
 - Approximately 4400 Midshipmen
- **Battalion**
 - Five companies of approximately 140 Midshipmen from all different classes
- **Company**
 - Company Officer
 - Senior Enlisted
 - Midshipmen Leaders
 - Company Officer
 - Training Officer
 - Squad leaders



Sell the Program

- Similar to selling a product
- Not typical of a “traditional” model of providing psychological services where clients seek psychologists through referrals
- Many psychologist are reluctant to engage in marketing their services



Sell the Program (cont.)

- In person meeting with senior leadership
- Email sent out to all company officers and senior enlisted leaders.
 - Data on military trends
 - Data on referrals
 - 50% of psychiatric hospitalizations were peer referred
 - Reason for the training
 - Asking for participation
- Follow-up emails detailing participating companies



Train the Trainers

- Senior Midshipmen in the role of company training officers were trained and provided the resources to conduct the training to their companies.
- Benefits:
 - Viewed as a creditable figure by classmates
 - Behavioral modeling of a leadership focused approach to suicide prevention
 - Ability to tailor the training to meet the needs of individual companies
 - Ability to conduct the training to approximately 4,400 Midshipmen in groups of 40 students.



Train the Trainers (cont.)

- A power point presentation was created based on the Navy's Front Line Leadership Suicide Prevention Training.
- Each Midshipman Training Officer attended an hour long training session that focused on how to give the training.
 - Common questions and concerns
 - Ways to facilitate discussion
 - Open discussion of challenges
 - Offer to co-facilitate training if needed
- Each Midshipmen Training Officer was provided materials necessary to provide the training



Train the Trainers (cont.)

- Expectations of the trainers:
 - Be aware of social modeling
 - Ask questions as they arise
 - Provide honest feedback to counseling center staff



Training Sessions

- Training was completed in September, during suicide awareness month, with support from counseling center staff.
- Feedback obtained from both trainers and participants
- Consistent follow up to insure training was completed.

Participant Feedback



	Five point scale (1=strongly disagree – 5 = strongly agree)
This training furthered my knowledge on Suicide Prevention.	3.8
I am aware of the leadership skills/protective factors that will reduce the likelihood of suicide.	3.9
I know how to recognize a classmate in distress and refer them for help if needed.	4.1
I am aware of how to get help for a classmate after hours.	3.9
Suicide Prevention Training should be given to Midshipmen on an annual basis	3.7
Overall I feel this training was effective	3.7



Participant Feedback (cont.)

- What was effective
 - Giving numbers about how common it actually is.
 - It was small unit training focusing on one class in one company (40 people) at a time.
 - Midshipman-run
 - I learned how to talk to people in distress who are considering suicide.
 - It opened my eyes to a topic that I had not seriously considered and was not looking out for.



Participant Feedback (cont.)



- What was effective
 - I feel the open discussion between my peers was an effective aspect of the training.
 - We do not really discuss these topics, and talking about them brings into mind that suicide situations are still out there.
 - The fact that the upperclass doing the presentation were very professional and took everything seriously... not just another brief.



Participant Feedback (cont.)

- What was not effective
 - I think more case studies or stories would help people relate to suicide prevention.
 - The material could focus less on making cute acronyms and more on just the subject matter. Stories could be involved.
 - Maybe make a card with contact information or emergency procedures.



Participant Feedback (cont.)

- What was not effective
 - The only aspect of the training that could have possibly been improved would maybe be more in-company group discussion, especially discussion within our class because the impact of suicide is felt that much more, for me, at least, when I see it in the context of the lives of my company-mates.
 - use more real world and military specific statistics... proof in the numbers

Trainer Feedback



- I feel it opened up many people's eyes to a problem which we will most likely have to deal with (with others) in upcoming years.
- the issue of suicide really sunk in when people's own classmates spoke about their personal experiences with friends who have struggled with suicide.
- It really pulled everyone from the mentality of "This is just another annoying brief" into "This stuff might really be important." I brought in some personal experiences and by the end, I think people got something out of it.



Initial Outcomes



- First Annual Suicide Awareness Walk in Annapolis, MD
 - sponsored by American Foundation for Suicide Prevention





Initial Outcomes (cont.)



- Approached Senior Leadership for buy-in to support
 - Initial thought was to have a Battalion volunteer and then have the five companies participate.
- Discovered one company had been proactive and had been moving forward with plans to support the event
 - Received approval from chain of command
 - Contacted event coordinator
 - Sent emails to company to enlist participants
- Approximately 100 Midshipmen participated as walkers or course markers.



Initial Outcomes (cont.)

- A decrease in suicide attempts and psychiatric hospitalizations
 - 50% decrease in psychiatric hospitalization over last year
- An increase in utilization of services to include individual appointments and attendance in psychoeducational classes
 - 59% increase in initial intakes
 - 300% increase in utilization of outreach services (voluntary psychoeducational classes)



Applying the current approach to a short-term high risk evolution: Plebe Summer



Risk Factors

- Low social support (little to no contact with outside friends, family, parents)
- Long hours and high intensity
- High levels of stress
- Inability to sustain high school performance
 - Learning to cope with failure is part of training model
- Very little respite from stressors



Plebe Summer (cont.)



- All staff and student training faculty were given a suicide prevention brief based on a leadership model
- All “Plebes” are required to complete a “thought of the day” which were closely monitored.
- Thoughts were coded and concerns were immediately addressed by leadership based counseling at the lowest level possible.
- Plebes were referred as needed to mental health and Chaplains, however the training staff served as the front line intervention.



Plebe Summer (cont.)



- Counseling staff made themselves approachable and was available to consult.

Plebe Summer Outcome



- No serious psychiatric casualties (hospitalizations, suicide attempts)
- Significantly less attrition than previous years
- Requests for mental health services were significantly lower than past years



Moving Forward



- Keep refining training methods
 - Increase personalization
 - Increase interaction / role play
- Continue to market the training and integrate into curriculum
- Remain vigilant
 - Do not ever assume that the mission with regard to suicide prevention is completed





Summary



- Understand the challenges of the
 - population
 - Tailor the training to meet their needs
 - Build on current themes if possible
- Sell your program
 - Market it in a way that makes sense to your key stake holders
- Implement your training program
 - Connect it to a goal i.e. suicide prevention month, upcoming deployment, etc.



Summary



- Follow up
 - How can I help?
 - The mission is never complete
- Refine
 - Encourage and incorporate feedback
- Continue to Focus on Cultural Shift
 - Change perception, attitude, and stigma
 - Emphasize the Importance of relationships (wardroom, pep, outreach)



Questions

