

Suicide Prevention in the Armed Forces Community

- **Jane Burt (Carers, Families & Mental Health Training Lead)
BA Hons/PG Dip**
- **Armed Forces Networks: Sussex and Kent & Medway**
- **www.sussexarmedforcesnetwork.nhs.uk**
- **www.kentandmedwayarmedforcesnetwork.nhs.uk**
- **J.burt1@nhs.net **Tel: 01273 403693****

The session

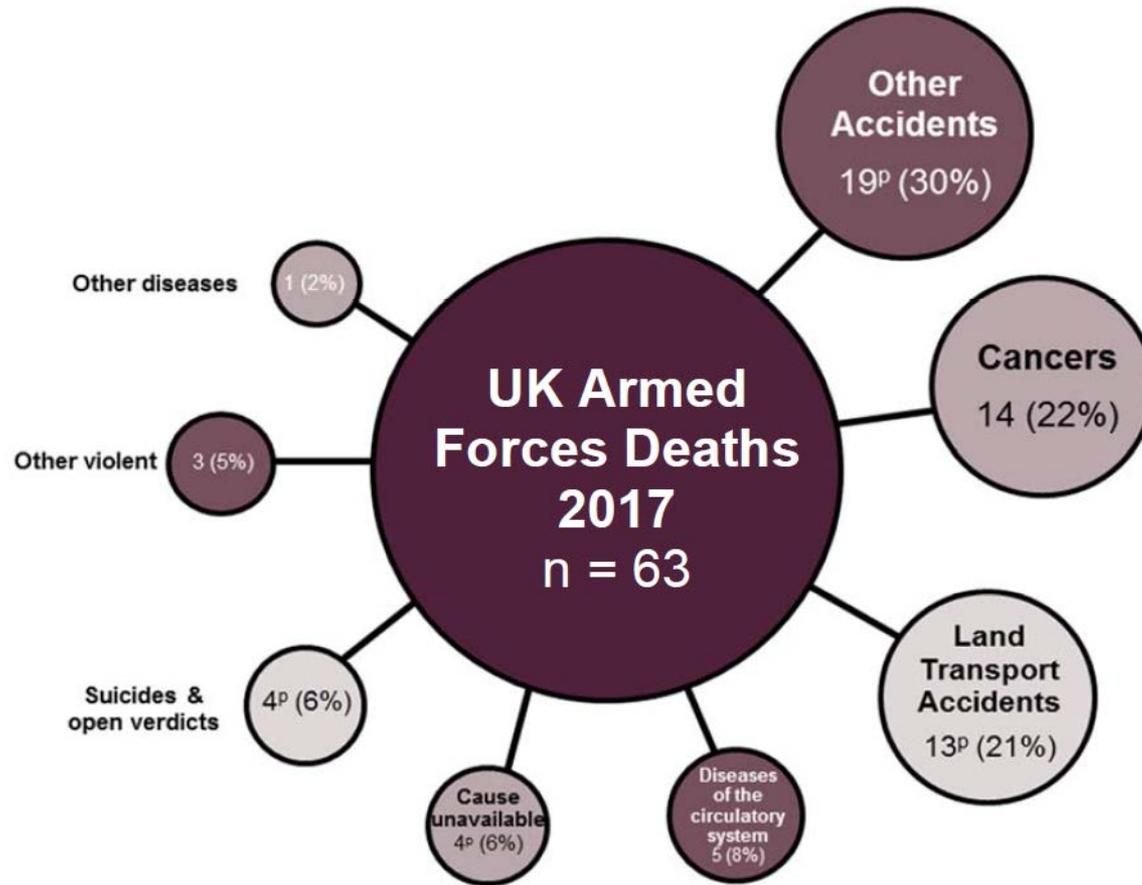
- Focus on male suicides in the AF Community
- Brief overview of MH in the AF Community
- Protective Factors
- Risk Factors
- Real life experience
- AFN Suicide Prevention Programme
- Q&A

True or False?

In 2017, suicide was the leading cause of death in the UK Armed Forces



Overall deaths in the UK Armed Forces

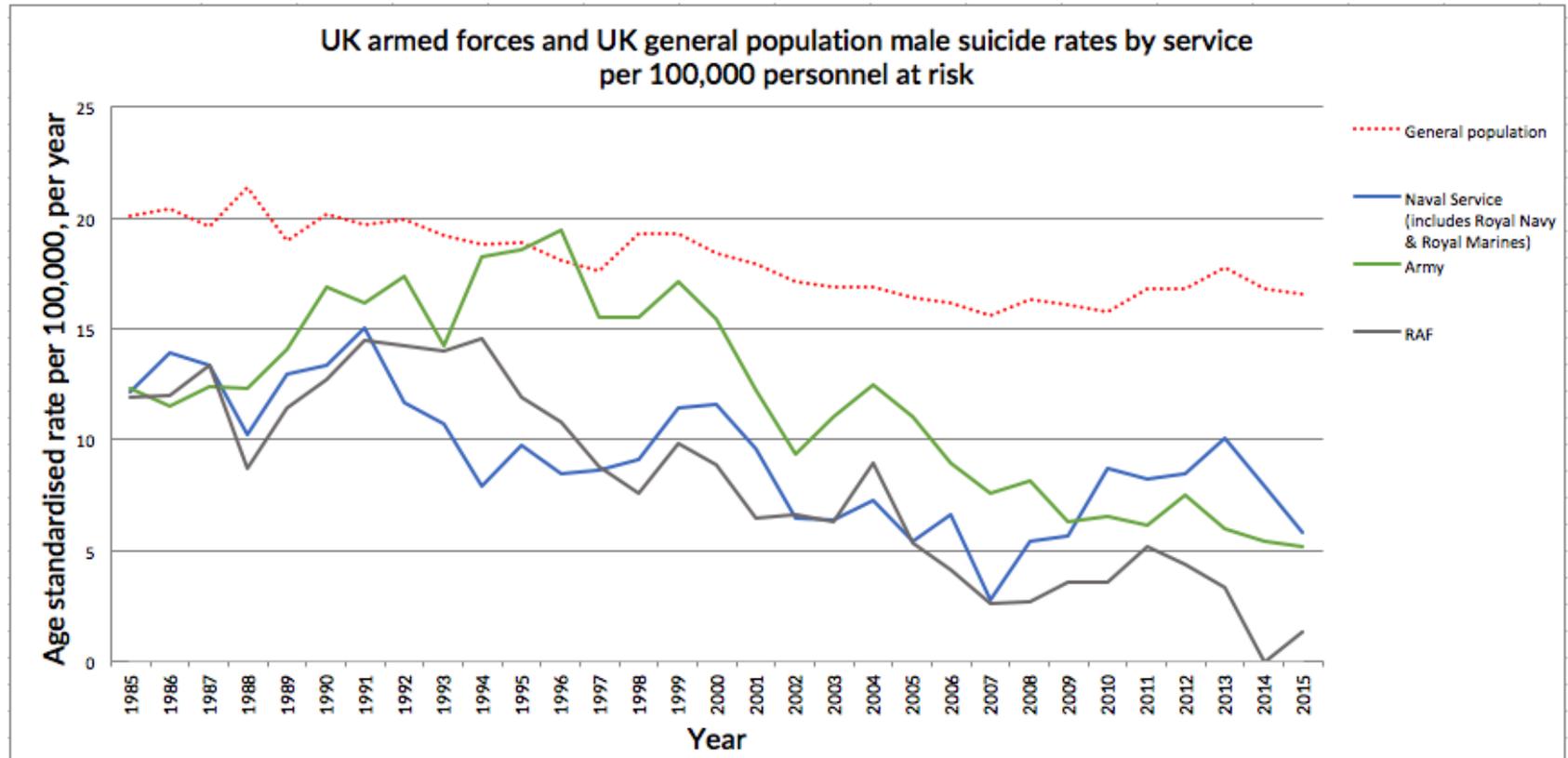


Source: Defence Statistics Health

*Percentages may not add up to 100% due to rounding.

^P Provisional, subject to change following coroner's inquests into 12 deaths currently awaiting verdicts.

Male Suicide Rates Comparison



In 2016, the suicide rate amongst males aged 16–59 years in the UK Armed Forces was 4 per 100,000, compared to 19 per 100,000 in the general population

Source: Suicide and open verdict deaths in the UK Regular Armed Forces 1984–2016, DASA, MOD; 30 March 2017

True or False?

The rate of Post Traumatic Stress Disorder is higher in the serving and veteran population than in the general population?

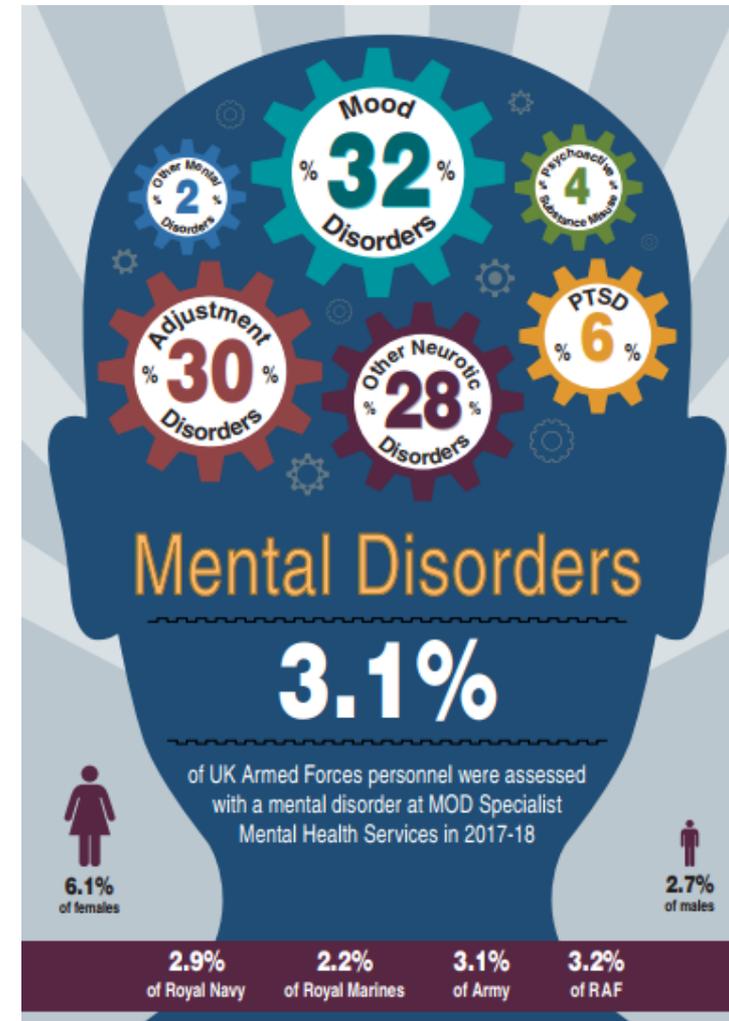


KCMHR Cohort Study (Phase 3)

According to the KCMHR Cohort Study Phase 3 (2014-2016) using a combined sample of veterans and serving personnel, the rate was **6%** compared to **4.4%** within the civilian population

MoD MH Stats (serving personnel)

- UK Armed Forces personnel assessed with a mental health disorder at MOD Specialist Mental Health Services 2017/18
- All attendances for a new episode of care at MOD Specialist Mental Health Services (MOD's DCMH for outpatient care, and all admissions to the MOD's in-patient care contractor) only.
- Regular UK Armed Forces personnel (including Ghurkhas and Military Provost Guard Staff), mobilised reservists, Full Time Reserve Service personnel and Non-regular Permanent Staff as all of these individuals are eligible for assessment at a DCMH.
- Population excludes: Patients treated wholly within the primary care setting by their GP or medical officer.



Ref: More detailed information on the data, definitions and methods used can be accessed here: <https://www.gov.uk/government/collections/defence-mental-health-statistics-index>

True or False?

The longer an individual stays in the military, the lower the suicide risk.



Service Life: Protective Factors?

- Clear command structure & decisive leadership
- Dependable co-workers and management (Trust & Loyalty)
- Structured Life
- Welfare Support/Health Care
- Good pay/job security
- Health - fitness
- Work-Live-Socialise with work colleagues
- Accommodation
- Catering
- Gallows Humour
- Trust in those in Command & work with
- Self esteem – sense of purpose, pride in unit and service, achievements

Life After Service....

“It felt like I came back and all of a sudden I didn’t have a safety net, that person in the military who always had my back; all while trying to find where I fit into civilian society.”

(Veteran)

True or False?

More Falklands Veterans have taken their own lives since the conflict ended than the number of serviceman killed in action



MoD: A study of deaths among UK Armed Forces personnel deployed to the 1982 Falklands Campaign: 1982 to 2012

- 237 UK Armed Forces deaths during the campaign
- As of December 2012: 1,335 deaths amongst Falkland veterans
 - 10% whilst still in service
 - 78% disease related causes
 - 19% (247) were the result of external causes of injury
 - Within this group suicide and open verdict deaths = 95 which is 7% of all deaths

Veteran Suicide Rates



Suicide after leaving the UK Armed Forces

- Study by Kapur et al (2009)
- 1996-2005.
- 233,803 individuals left the Armed Forces during this period
- 224 died by suicide
- The risk of suicide was greatest in males.
- Those who had served in the Army
- Short length of service.
- Lower rank.

Overall rate of suicide was not greater than that in the general population apart from men aged 24 and younger who had left the Army: 2-3 times higher than same age group in general and serving populations

Risk factors for suicidal behaviour



Specific risk factors for suicidal behaviour

- Young age at discharge
- Male
- Single
- Relationship problems/divorce
- Are of a lower rank
- Length of service of less than 4 years
- A diagnosed mental health issue
- Homelessness
- Social isolation

Specific risk factors for suicidal behaviour

- Have a debilitating or terminal illness/injury
- Experience bullying/abuse/trauma/neglect
- Are under disciplinary proceedings
- Have undergone or are undergoing a life transition
- Have experienced pre-service adversity
- Misuse alcohol and drugs

Greatest risk of suicide is within the first 2 years of leaving service

True or False?

Around 60% of military personnel who experience mental ill health don't seek help



‘Stigma may be amplified in the AF Community’

- Stigma is one of the most frequently reported barriers to help-seeking.
- Around 60% of military personnel who experience mental ill health don't seek help.
- Although reported mental health issues doubled in the UK Armed Forces between 2005-2014, only 1 in 20 experiencing symptoms of mental ill health sought help.

Barriers

Perceived barriers to seeking help for symptoms of mental ill health	% agreed
My unit leadership might treat me differently	44.2
I would be seen as weak	42.9
Members of my unit might have less confidence in me	41.3
It would be too embarrassing	36.1
It would harm my career	33.4
My leaders would blame me for the problem	25.5

Source: Stigma as a Barrier to Seeking Health Care Among Military Personnel with Mental Health Problems, Oxford University Press on behalf of the John Hopkins Bloomberg School of Public Health, 2015

'Crisis and Contemplation of Suicide'

(Survey of 2142 men aged 18-45 November, 2015)

Question: You mentioned that you can recall times when taking your own life occurred to you as a way out... Did you speak to anyone at any of these times (e.g. a medical professional, family member, friend, etc.) about how you were feeling?

All UK men aged 18 - 45 who agreed to take part and have thought about ending their life 1077

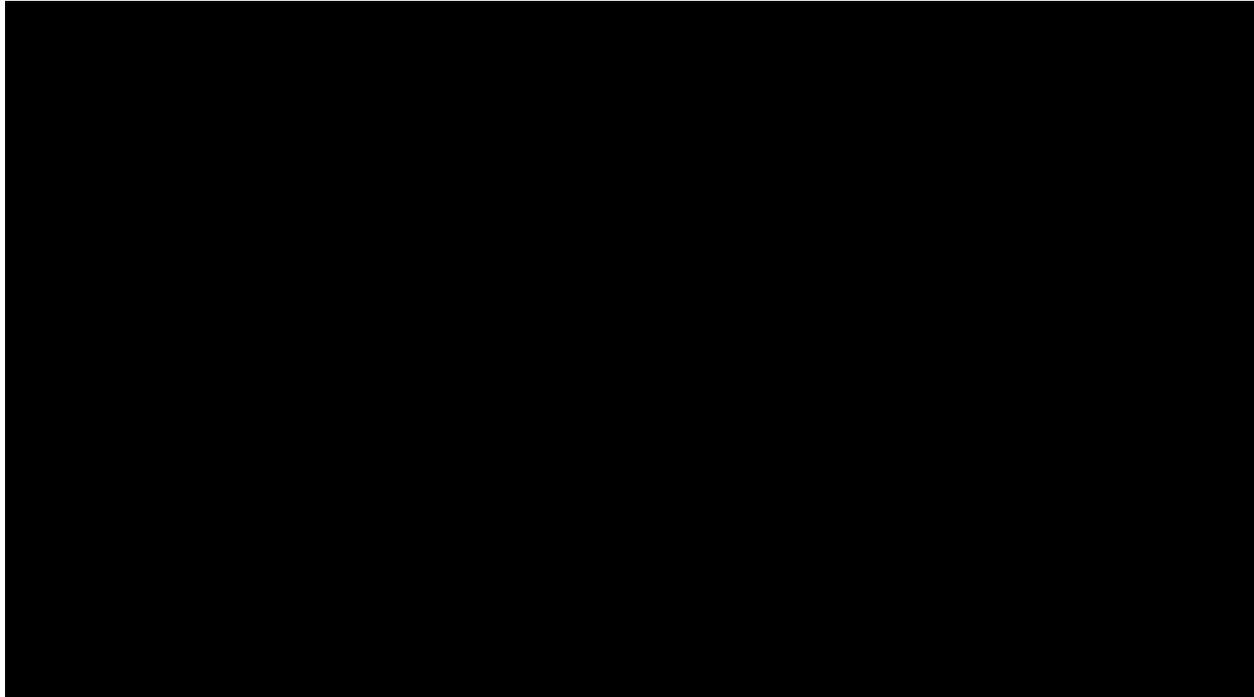
- Yes, on one occasion 16%
- Yes, on more than one occasion 31%
- No, never 51%
- Don't know/ can't recall 2%
- Prefer not to say 0%
- **Net: Spoke to someone about how they were feeling : 47%**

Armed Forces Network Suicide Prevention Programme

‘Suicide is complex. It usually occurs gradually, progressing from suicidal thoughts, to planning, to attempting suicide and finally dying by suicide’.

Source: [International Association for Suicide Prevention](#)

‘A Pistol Against My Head’



(Courtesy of Mosaic Films, ‘Animated Minds’ Series)

Current Work



MHFA England

- Mental Health First Aid Courses: Armed Forces 2 Day & Adult Half Day (250+ trained to date)
- Bespoke awareness sessions (choice of topics)
- Zero Suicide Alliance e-learning (link on our website)



National Context

- Both MoD and NHS England have ongoing suicide reduction campaigns
- Significant improvement regarding data quality/baseline of location of the veteran population
- Further Research

AFN Key Areas of Delivery

Working Group established

- Local material to provide support & information.
- Development of a variety of mediums for local material
- Action Card and posters for Reserve Centres etc.
- Business cards and/or concertina type business cards
- On line material, pathways, flip-tool, website, eLearning
- Link into the local support systems: **Armed Forces specific**

Work Programme

Early Service Leavers <less than 4 years>

- This subgroup is a high risk group.
- **Working with NHS England and Career Transition Partnership**
 - to develop a pathway of care & ensure that those leaving know where they can get support.
 - look at how they and their families can be provided with the information, awareness and skills to be aware of mental health and suicide prevention support.
 - What to do/how to get help appropriate help.
 - this may require the development of specific materials and resources.

Work Programme

Training and Awareness Raising for the Armed Forces Community

- **Phase 1: Kent & Medway**
 - Regulars.
 - Reservists.
 - Families.
 - Former Service Personnel/Veterans: via multiple channels, developed by the group; Associations, breakfast clubs, drop-ins, charities, community engagement.
 - Cadet Forces: linking with Adult Cadet Volunteers.
- **Phase 2: Sussex**
- **Phase 3: London**

Support

- Combat Stress 24 hr Helplines: **0800 138 1619** (Veterans & Families) **0800 323 4444** (Serving personnel & families)
- CALM Helpline: **0800 58 58 58**
- Release the Pressure (Kent): **0800 107 0160**
- KMPT Mental Health Helpline: **0300 222 0123**
- SPFT Mental Health Helpline: **0300 5000 101**
- Samaritans: **116 123**
- Veterans Mental Health Service (TILS): **020 3317 6818**
- Big White Wall (www.bigwhitewall.com) (online 24/7 Peer support, Self Help and online therapy)

If someone's life is in danger then dial 999

Any questions?

References

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