

**NOT FOR PUBLICATION UNTIL  
RELEASED BY THE SENATE  
ARMED SERVICES COMMITTEE**

**STATEMENT OF**

**ADMIRAL PATRICK M. WALSH, U.S. NAVY**

**VICE CHIEF OF NAVAL OPERATIONS**

**BEFORE THE**

**SUBCOMMITTEE ON PERSONNEL**

**OF THE**

**SENATE ARMED SERVICES COMMITTEE**

**NAVAL SUICIDE PREVENTION**

**MARCH 18, 2009**

**NOT FOR PUBLICATION UNTIL  
RELEASED BY THE SENATE  
ARMED SERVICES COMMITTEE**

Chairman Nelson, Senator Graham, and distinguished members of this subcommittee, I would like to thank you for this opportunity to testify about the organizational and command level efforts to prevent suicides in the Navy.

Suicide ranks as the third leading cause of death in the Navy behind accidents and natural causes. It is a loss that destroys families, devastates communities, and unravels the cohesive social fabric and morale inside our commands. While suicide is a difficult, emotional issue riddled with complexities, we have learned to understand, appreciate, and identify key factors that put a Sailor on the path to suicide. Symptoms are unique to each person, but a thread that is common to all victims is a sense of psychological emptiness and ache that leaves individuals impaired and unable to resolve problems.

Therefore, solutions to this tragedy must address the underlying causes that affect the ability of an individual to recover from change or misfortune and regain their physical and emotional stamina. The target of our policy and practice is the resilience of individual Sailors and their families. We consider it a core responsibility to build a resilient force, which means that leaders must look for and assist those challenged by seemingly intractable troubles with relationships and work, financial and legal matters, deteriorating physical health, as well as mental health issues and depression, similar to issues that affect suicide rates in the general U.S. population.

A successful prevention program must address Sailors on an individual level with an effort that can penetrate through a tough external veneer, made more challenging by a very real sense of personal vulnerability, fear, and cultural aversion to discussions about our own mental fitness or welfare. The Navy Suicide Prevention Program requires awareness and action at many

leadership and policy levels to build lives that are resilient, that can cope with personal adversity, and capable of responding to personal and professional challenges.

The Navy's suicide rate was 11.6 per 100,000 Sailors in 2008, for a total of 41 suicides. This loss reinforces the urgency for increased vigilance with suicide prevention efforts. When considering deployment as a possible risk factor, analyses over the last five years show a weak correlation between suicide and deployment history. From 2003-2008, the Navy suffered 240 suicides. Approximately half (48%) of suicides had not deployed at all in the previous three years; most (64%) of suicides had not deployed specifically in support of Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF); one-third (31%) had previously deployed for OIF/OEF; eight (3.3%) were in OIF/OEF at the time of suicide; one Individual Augmentee (IA) died from suicide while in OIF/OEF and one Sailor died 14 months after returning home from a 12-month IA assignment. Three Navy suicides had Post-Traumatic Stress Disorder (PTSD) diagnosis history whereas 22 had substance disorder diagnoses, and 58 had other mental health diagnoses, including depression.

### **The Role of Operational Leadership**

Suicide prevention is an all hands evolution. Through training, outreach, intervention and reporting, the Navy executes prevention and intervention programs for all Sailors. Medical personnel, Chaplains, Fleet and Family Support Center (FFSC) counselors, health promotion program leaders, the Navy Reserve Psychological Health Outreach team and substance-abuse counselors support Commanding Officers (COs) with information in their areas of expertise, intervention services, and assistance in crisis management. We place strong emphasis in primary prevention efforts of building resilience and addressing early intervention for associated

stressors. The Navy directs local commands to take ownership of suicide outreach and training initiatives and tailor them to their unique command cultures, because we are a diverse force with many different missions.

Navy leadership actively conducts real time, down range surveillance and assessment of the mental health of our troops. Between August 2007 and August 2008, Sailors deployed to Iraq, Afghanistan, and/or Kuwait, and completed the Behavioral Health Needs Assessment Survey (BHNAS) (a battery of anonymous self-reports to evaluate their psychological well-being), told us that fatigue/lack of sleep were their most common problems. Scientific research indicates that these factors may contribute to PTSD and depressive symptoms. Similarly, unit cohesion was the most powerful protective factor that contributed to decreasing PTSD and clinically significant depression. Some missions, such as detainee operations and specific unit experiences, such as a mass casualty, significantly increase the likelihood that a Sailor will develop PTSD and depression. BHNAS also suggested other extremely high OPTEMPO missions, such as annually recurring aviation combat deployments, have a greater risk for marital and family problems during deployment. The BHNAS also revealed many Sailors reported personal growth while on deployments, even when they also report symptoms of PTSD. Armed with these findings, Navy amended work schedules, changed staffing levels, and modified deployment extensions accordingly.

Operational Stress Control (OSC)<sup>1</sup> is a comprehensive approach designed to address the psychological health needs of Sailors and their families; it is a program led by operational leadership and supported by the naval medical community. OSC provides practical decision-making tools for Sailors, leaders and families so they can identify stress responses and mitigate problematic tension. By addressing problems early, individuals can mitigate the effects of

---

<sup>1</sup>NAVADMIN 332/08 dated 21November 08 established the Navy's Operational Stress Control program.

personal turmoil, and, get the necessary help when professional counseling or treatment warrants. The Stress Continuum<sup>2</sup> is an evidence-informed model that highlights the shared responsibility that Sailors, their families, and their leadership have for maintaining optimum psychological health.

The stigma associated with the assessment and treatment of depression and substance abuse are barriers for those who need to seek help. Stigma, better thought of as a reluctance or resistance to accepting one's emotional difficulties can be derived from internal, external or institutional sources. We must endeavor to eliminate the perceived shame and dishonor (internal source) of asking for help, and take the charge given to all of us by the Chairman, Joint Chiefs of Staff, "that the act of reaching out for help is, in fact, one of the most courageous acts and one of the first big steps to reclaiming your career, your life and your future."<sup>3</sup> Eliminating peer-to-peer (external) stigma is challenging, Navy leadership can and must address institutional stigma. Some strides have already been made.<sup>4</sup> Our commands have an important role to play in setting a helpful, supportive climate for those who need to admit their struggle and seek assistance.

The Navy has supported an initiative for a standardized network of Command-sponsored Suicide Prevention Coordinators to communicate Navy-wide initiatives while also encouraging individual commands to take ownership of the programs and teach Sailors effective responses to stress. Some efforts include command led programs to de-glamorize alcohol, prevent drug abuse, encourage physical fitness, and teach problem-solving skills. Medical professionals provide support and treat depression, anxiety and sleep problems. In addition to command

---

<sup>2</sup> The Navy and Marine Corps utilize the Stress Continuum Model. Historically, Navy viewed those under stress as either fit or unfit whereas now we understand four distinct stages of stress responses: Ready (Green), Reacting (Yellow), Injured (Orange) or Ill (Red). This model is used to recognize and intervene when early indicators of stress reactions or injuries are present before an individual develops a stress illness, such as PTSD or depression.

<sup>3</sup> Admiral Michael Mullen, May 01, 2008

<sup>4</sup> The DoD has recently amended the security clearance questionnaire exempting a service member from disclosing psychological services obtained for combat related stress or family difficulties.

involvement, the Navy empowers Fleet and Family Services, ombudsmen, spiritual and religious ministries to foster cohesive units, families and communities.

Healthy factors, such as positive attitude, solid support networks, good problem solving skills, and healthy stress controls reduce the risk of intentional self-harm. Preventing suicide in the Navy begins with promoting health and wellness consistent with keeping service members ready to accomplish the mission.

### **Policy, Procedures, and Responsibilities**

The Chief of Naval Operations (CNO) directed the establishment of the Navy Preparedness Alliance (NPA) to address a continuum of care that covers all aspects of individual medical, physical, psychological, and family readiness across the Navy. The forum has proven to be a valuable venue to examine the tough readiness issues that cross stakeholder boundaries and make informed decisions on identified issues. For example, the Navy placed a limitation on the tour length for personnel assigned to detainee operations, based upon a review of the results of BHNAS. The Chief of Naval Personnel chairs the NPA and routinely reports its findings directly to the CNO.

Operational leadership sets the climate to facilitate early actions to prevent suicide. At the highest levels, Navy leadership maintains a close watch on the Tone of the Force, by conducting a comprehensive quarterly review of personal and family readiness metrics and trends. The Navy polls extensively and tracks statistics on personal and family-related indicators such as stress, financial health, and command climate, as well as Sailor and family satisfaction with the Navy. The Navy conducts a BHNAS for targeted groups of deployed Sailors.

Over the past year, Navy Safe Harbor<sup>5</sup> has expanded its mission to non-medical support for all seriously wounded, ill, and injured Sailors and their families, increasing its capabilities with the establishment of a headquarters element to support Recovery Care Coordinators and Non-medical Care Managers covering 15 locations. With these changes, Safe Harbor's enrolled population has increased from 145 to over 350. Safe Harbor is providing recovering Sailors a lifetime of individually tailored assistance designed to optimize the success of their recovery, rehabilitation, and reintegration activities.

The Navy outlines its policies, procedures and responsibilities for its Suicide Prevention Program in OPNAV Instruction 1720.4.<sup>6</sup> The program aims to reduce the risk of suicide for all Department of the Navy (DON) members, minimize adverse effects of suicidal behavior on command readiness and morale, and preserve mission effectiveness and warfighting capability. Specifically, the Navy has implemented an action plan for all Active-Duty and Reserve sailors to address negative suicide risk factors and strengthen associative protective factors through the following four key elements: Training, Intervention, Response and Reporting.

### Training

All Sailors receive annual suicide prevention training with plans to extend this training to civilian employees and full-time contractors who work on military installations. Suicide prevention training includes, but is not limited to: everyone's duty to obtain assistance for others in the event of suicidal threats or behaviors; recognition of specific risk factors for suicide; identification of signs and symptoms of mental health concerns and operational stress; protocols for responding to crisis situations involving those who may be at high risk for suicide; and contact information for local support services.

---

<sup>5</sup> Safe Harbor is a Navy program, established in 2005, for the non-medical care management of severely wounded, ill, or injured Sailors and their families. Safe Harbor Sailors have had no suicides.

<sup>6</sup> A revision to the 28 Dec 2005 instruction, OPNAV Instruction 1720.4A, is currently under review.

Life-skills/health promotion training, such as alcohol abuse avoidance, parenting skills, personal financial management, stress, conflict resolution, and relationship building enhance resilience and mitigate problems that might detract from personal and unit readiness.

Highly stressful experiences often cause breakdowns in communication between Sailors and their families. A recent Center for Naval Analysis study on family attitudes and reactions resulting from Combat and Operational Stress demonstrated that over 40% of Navy spouses rate the training and services as “low” experienced by their military spouse for deployment related stress. A novel program developed by UCLA and partnered with the Navy, Project FOCUS (Families Overcoming Under Stress) now provides structured activities and developmentally appropriate combat stress and deployment education. By creating a "family tool box" in order to address difficulties and operational stressors that service members, families, and children face during multiple deployments, Project FOCUS also helps develop critical skills related to emotional regulation, problem solving and communication. These early, resilience-based interventions build social support with family-level techniques, tools which highlight areas of strength and resilience within the family and identify areas in need of growth and change. The Navy finds that when a family becomes resilient and able to deal with the stresses of deployments, Sailors and Marines are better equipped to carry out their missions.

COs provide current suicide prevention information and guidance to all personnel, which emphasizes promoting the health, welfare, and readiness of the Navy community, providing support for those with personal problems, and ensuring access to care for those who seek help.

Each CO appoints a Suicide Prevention Coordinator to ensure that the command implements each facet (training, outreach and response) of the suicide prevention. Commands

must have a written crisis response plan so Duty Officers have ready access to emergency contacts, guidance, and basic safety precautions to assist a Sailor at risk.

The Navy continues a robust communications plan about suicide awareness and promoting the core message: “Life Counts!” A dedicated website ([www.suicide.navy.mil](http://www.suicide.navy.mil)), poster series, brochures, videos, leadership messages and newsletters all communicate the Navy’s messages on suicide prevention.

### Intervention

Initially piloted by Navy Seabees, one of the most heavily deployed communities within the Navy, the Warrior Transition Program is a three-day respite in Kuwait offered to de-escalate and wind down from the adrenaline-soaked states of mind warriors develop over combat deployments. Functionally analogous to the long voyage home experienced by World War II veterans, all Individual Augments undergo this process of decompression routinely called (and offered by most NATO countries) as Third Location Decompression. Conducted by counselors, chaplains, and peers, sailors spend two to three days in reflection and recollection and are provided time for appropriate rituals of celebration or grief, restoration of normal sleeping patterns, and importantly, time to say their good-byes. We feel this best practice is critical in preparing returning warriors to resume the role of parent, spouse, shipmate and neighbor.

COs are directed to have written suicide prevention and crisis intervention plans that include the process for identification, referral, treatment, and follow-up for personnel who indicate a heightened risk of suicide. In addition, they are entrusted to promote activities to improve psychological health in the unit.

COs provide support for those who need help with personal problems. Access is provided to prevention, counseling, and treatment programs and services supporting the early resolution of mental health, family and personal problems that can underlie suicidal behavior.

If an Active-duty or Reserve Sailor's comment, written communication, or behavior leads the command to believe there is an imminent risk that the person may cause harm to himself or others, command leadership will take safety measures that include increased supervision, restricting access to instruments that can be used to inflict harm and seeking an emergency mental health evaluation.

Providing mental health support and suicide prevention to the Reserve Sailors is a challenging yet integral component of Navy mental health, given the many valued contributions the Naval Reserves continue to make in Overseas Contingency Operations. To meet this challenge, the Navy implemented the Reserve Psychological Health Outreach (RPHO) Program in Fiscal Year 2008. This program provides two RPHO Coordinators and three Outreach team members (all licensed clinical social workers) to each of the five Navy Reserve Regions. As a result of this program, Naval Reservists can now call upon a dedicated team of mental health professionals for mental health support. The RPHO teams engage in active outreach, clinical assessment, referral to care, and follow-up services to ensure the mental health and well-being of reserve Sailors. The RPHO teams are thus the Navy's first line of defense in suicide prevention, and if necessary, intervention for Reserve Sailors.

Since the inception of the RPHO program in FY08, the program has contacted 719 Reserve Sailors and provided 314 clinical assessments. The RPHO coordinators have also played a critical part in helping 2078 reservists and their spouses attend 20 mental health retreats called "Returning Warrior Weekends" where Sailors and their spouses are provided a chance to

share deployment experiences with fellow service members as well as seek one-on-one support from chaplains and mental health counselors. In addition, Navy Medicine has hired a full-time Director of Psychological Health for Navy Reserve to oversee and expand reserve Navy Reserve psychological health programs.

### Response and Reporting

In the event of a suicide or suicide-related behavior, command and local mental health resources provide support for Sailors and their families. Navy commands assess requirements for supportive interventions for units and affected service members and coordinate with all local resources to implement interventions when needed. The Navy reports all suicides and suicide-related behaviors. In instances when the medical examiner has made an undetermined cause of death and has not excluded suicide, commands complete the Department of Defense Suicide Event Report (DoDSER) within 60 days of notification of death.

As a result of a CNO directed review of our suicide prevention program, we are improving how commands report active-duty suicide attempts (or reserve in drill or activated status). In these situations, the Military Treatment Facility (MTF) responsible for the individual's assessment, care, or referral also has responsibility for completing the DoDSER within 30 days of the event.

We monitor the number of suicides, follow trends, as well as coordinate the development and maintenance of an appropriate Navy database to track all suicides in the Navy. Additionally, there is continual coordination and collaboration with Navy Behavioral Health, Navy Casualty Office, the Office of the Armed Forces Medical Examiner, and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. New policy will also gather

data on Sailor suicide attempts. Nevertheless, our primary goal remains saving and improving lives.

In conclusion, on behalf of the men and women of the United States Navy, I thank you for your attention and commitment to the critical issue of suicide prevention. By teaching Sailors better problem solving skills and coping mechanisms for stress, the Navy will make our force more resilient. The Navy is committed to a culture that fosters individual, family and command well-being. We honor the service and sacrifice of our members and their families, and we will do everything possible to support our Sailors, so that in their eyes, their lives are valued and are truly worth living.