

Operation Corps Strong Initiatives and Suicide Prevention Campaign

presented by

LCDR Joy Mobley, PsyD

&

LT Nick Buhr, PsyD



Objectives

- Provide overview of Operation Corps Strong
 - Review current knowledge of relevant suicide statistics
 - Provide education about risk factors and warning signs for suicidal behavior
 - Provide step by step guidance on how to assist a fellow Officer who may be in crisis
 - Provide easily accessible resources



Operation Corps Strong

- Operation Corps Strong (OCS) was developed by a small team of multidisciplinary Officers who recognized key gaps in providing behavioral health resources to all Commissioned Corps Officers
- Goal: Promote a resilient and ready Corps through innovative initiatives focused on deployment resilience, suicide prevention, bereavement and other Officer and family initiatives that support the unique culture of the Corps

Championed by CAPT Willis-Marsh, CPO (HSO PAG)
and RADM Susan Orsega, CNO (N-PAC)



Risks for Public Health & Public Safety Workers

- Experience a broad range of health and mental health consequences as a result of work-related exposures to natural or human-caused disasters, such as during a PHS deployment
- Direct or indirect exposure to
 - death,
 - grief,
 - injury,
 - pain,
 - or loss
- Direct exposure to
 - threats to personal safety,
 - long hours of work,
 - frequent shifts and longer shift hours,
 - poor sleep,
 - physical hardships, and
 - other negative experiences

Substance Abuse and Mental Health Services Administration (2018)



Risk Factors for Medical Professionals

- Occupational stressors (extended work hours, stressful patient care, burnout, etc)
- Personal Stressors (financial – student loans)
- Lack of work life balance (relationship stressors)
- Unresolved mental health conditions
 - Lack of self care
 - Self-medication
- Access to lethal means (drugs, chemicals)
- Increased knowledge about lethality (physicians, chemists, pharmacists, veterinarians, etc.)

American Foundation for Suicide Prevention afsp.org



#WeAreCorpsStrong

Operation Corps Strong

Veterinarians - Case Example

- Suicides rates > general population
- firearms were the most commonly used method of suicide
- 37 percent of suicide deaths among veterinarians were caused by pharmaceutical poisoning, which is 2.5 times higher than pharmaceutical poisoning among the general U.S. population.
- 64% deaths among women and 32% of suicide deaths were from this type of poisoning.
- Risk Factors
 - Demands of practice such as long work hours, work overload, and practice management responsibilities.
 - Ever-increasing educational debt-to-income ratio.
 - Poor work-life balance.
 - Access to euthanasia solution used for animals and the training to calculate a dose that could also be lethal in people.

Center for Disease Control (2018)



Physicians - Case Example

- Suicides rates > general population (males 1.41, females 2.27 times greater)
- Physicians who took their lives were less likely to be receiving mental health treatment compared with non-physicians who took their lives even though depression was found to be a significant risk factor at approximately the same rate in both groups.
- Twenty-eight percent of residents experience a major depressive episode during training versus 7–8 percent of similarly aged individuals in the U.S. general population.⁶
- Among physicians, risk for suicide increases when mental health conditions go unaddressed, and self-medication occurs as a way to address anxiety, insomnia or other distressing symptoms. The underlying health problem is not effectively treated.
- In one study, 23 percent of interns had suicidal thoughts.

American Foundation for Suicide Prevention (2019) [afsp.org](https://www.afsp.org)



Risk Factors for Suicide

- Environmental Factors
 - Access to lethal means including firearms and drugs
 - Prolonged stress, such as harassment, bullying, relationship problems or unemployment
 - Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
 - Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

American Foundation for Suicide Prevention (2019) afsp.org



Warning Signs of Suicidal Behavior

- Talking about wanting to die or kill oneself
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or being in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings



From Stats to Action

- H.O.P.E. Campaign
- Officer to Officer Support Guide
- Practical Resources



H.O.P.E. Campaign

Hear the Officer's call for help

Offer a helping hand

Provide resources

Encourage follow-up/Escort if possible



H.O.P.E.

- **Hear the Officer's call for help**
 - That means be willing to listen and ask a follow-up question or two.
 - Don't be afraid to ask if someone is thinking of harming or killing themselves
 - Often, in the fog of work/life, we may ask how someone is doing w/o hearing their response.
 - Take that extra time to notice what the person is saying, observe facial expressions/emotional cues



H.O.P.E.

- **Offer a helping hand**
 - Stay with the person if you are physically in their presence
 - Never leave a fellow Officer alone who is suicidal
 - If you are on the phone with the Officer, keep them talking while you help them consider resources and referral options
 - If you believe that the Officer is imminently in danger, ask someone nearby to call 9-1-1 or call 9-1-1 yourself while keeping the Officer on the phone
 - While you are trying to reach 9-1-1, make sure to gather details about the Officer's location and circumstance (e.g. physical address, location in home, access to weapons or other lethal methods)



H.O.P.E.

- **Provide Resources**
 - **National Suicide Prevention Lifeline, (800) 273-8255**
 - **Federal Occupational Health, Employee Assistance Program, (800) 457-9808**
 - **Tricare (MTF)**
 - East Region (800)444-5445
 - West Region (844) 866-9378
- **Corps Cares Program Manager**
 - LCDR Kimberly (Shay) Litton-Belcher
Kimberly.litton-belcher@hhs.gov
(240) 276-9616
- Call 9-1-1 if you feel the Officer is in imminent danger of harming or killing themselves.



H.O.P.E.

- **Encourage follow-up/Escort if possible**
 - Be supportive
 - Encourage help-seeking behavior
 - Escort the Officer to the ER
 - Offer to accompany Officer to medical/mental health appointments
 - Offer to support Officer while they call 9-1-1 or National Suicide Prevention Hotline



Suicide Prevention Pocket Cards

H.O.P.E.

- Hear the Officer's call for help
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Resources

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- **Federal Occupational Health, Employee Assistance Program**
 - (800) 457-9808
- **Tricare (MTF)**
 - East Region (800)444-5445
 - West Region (844) 866-9378
- **Psychological Health Resource Center**
 - (866) 966-1020
- **Corps Cares Program Manger**
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Resources



 **HSPAC Suicide Prevention Campaign**
Operation Corps Strong

H. O. P. E.

Hear the Officer's Call for Help

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Encourage Follow-up/Escort if Possible

<https://dcp.psc.gov/OSG/hso/>



NATIONAL
Resources

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- Federal Occupational Health, Employee Assistance Program, 1-800-457-9808
- TRICARE East, 1-800-444-5445
- TRICARE West, 1-844-866-9378
- Psychological Health Resource Center, 1-866-966-1020
- Corps Cares Manager, 1-240-276-9616

suicidepreventionlifeline.org



HSPAC Suicide
Prevention
Campaign

Operation Corps
Strong Initiative

H.O.P.E. Campaign



Go ahead we'll wait...

**National Suicide Prevention Lifeline
(800) 273-8255**



OCS Suicide Prevention Workgroup Members

LCDR Joy Mobley, Suicide Prevention Chair
joy.a.mobleycorcoran.mil@mail.mil

CDR Indira Harris
Indira.Harris@ice.dhs.gov

LCDR Sean Bennett
Sean.Bennett@ihs.gov

LT Nick Buhr
nicholas.c.buhr.mil@mail.mil



Questions and Answers

