

Stop Soldier Suicide (SSS) has worked to develop a unique solution that identifies and assesses the risk of service members and Veterans, helps manage and reduce their suicidal thoughts and behaviors, connects them to national and local resources, and improves their well-being. To better understand the impact SSS is having among its clients, SSS contracted with RTI International to evaluate the outcomes of the following research questions.

HOW MUCH IS CLIENT WELL-BEING IMPROVING OVER TIME?

SSS uses the Personal Wellbeing Index (PWI) to measure changes in clients’ well-being over time. The PWI well-being score ranges from 0 to 100; the average for the general population is typically around 70–80.¹ SSS clients at baseline scored an **average of 51**. Those who responded to follow-up measures experienced a **5-point increase in well-being**, on average, each month that they were involved with SSS.

HOW MUCH IS CLIENT SUICIDE RISK DECREASING OVER TIME?

SSS clients are asked to rate the level of several suicide-related risk factors on a scale of 1 (low) to 5 (high). With each additional SSS session received, clients experienced significantly greater likelihood of achieving the lowest level of risk for each of the following risk factors:

LIKELIHOOD OF ACHIEVING THE LOWEST LEVEL OF RISK WITH EACH ADDITIONAL SSS SESSION:



HOW DO CLIENT OUTCOMES COMPARE TO BENCHMARK DATA?

One core element of what SSS offers to its clients is the Collaborative Assessment and Management of Suicidality (CAMS) intervention.² This intervention has been shown to be effective in reducing suicidal thinking among U.S. Army soldiers.³ The data from that previous study among Army soldiers were used as a benchmark for outcomes among SSS clients who also received CAMS.

Both SSS clients and participants in the previous CAMS study **received an average of four sessions within the first 90 days of starting CAMS**. Suicide-related risk factors and overall self-rated suicide risk decreased equally over time in both cohorts. More SSS clients than those in the prior CAMS study, **97%** compared to 80%, **reported that they were able to manage their suicidal thoughts and feelings** within the first 90 days of starting CAMS. This result remained significantly different even after we adjusted for baseline differences in risk factors and characteristics between the two cohorts. These findings suggest that even though we are offering CAMS over the phone rather than in-person, we are still having as good or better outcomes than those of previous studies in the military population.

¹ International Wellbeing Group. Personal Wellbeing Index—Adult (PWI-A) Manual (5th ed.) Melbourne: 2013. <http://www.acqol.com.au/uploads/pwi-a/pwi-a-english.pdf>

² Jobes DA. The Collaborative Assessment and Management of Suicidality (CAMS): an evolving evidence-based clinical approach to suicidal risk. Suicide and Life-Threat Behav. 2012;42(6):640-653.

³ Jobes DA, Comtois KA, Gutierrez PM, et al. A randomized controlled trial of the Collaborative Assessment and Management of Suicidality versus enhanced care as usual with suicidal soldiers. Psychiatry. 2017;80(4):339-356.