

# Reframing Air Force Suicide Prevention

## A Human Capital Strategy to Normalize Help-Seeking Behaviors

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### Introduction

In 2019, 137 Total Force Airmen died by suicide, representing a 33 percent increase from the previous year.<sup>1</sup> The five preceding years showed a statistically consistent rate of approximately 100 Total Force suicides per year, and senior leaders, alarmed by the sharp increase in suicide deaths, called for culture change.<sup>2</sup> Unfortunately, when this article was written, a coherent strategy to achieve that change had not emerged. Air Force suicide prevention programs have historically focused on leadership involvement and increasing literacy (i.e., Airmen's knowledge of suicide and suicidality).<sup>3</sup> More recently, Department of Defense suicide prevention efforts have leveraged a 2017 Centers for Disease Control and Prevention framework of seven broad public health strategies to inform initiatives across the service branches: (1) Strengthening economic supports; (2) strengthening access and delivery of suicide care; (3) creating protective environments; (4) promoting connectedness; (5) teaching coping and problem-solving skills; (6) identifying and supporting people at risk; and (7) lessening harms and preventing future risk.<sup>4</sup> Absent from these programs and strategies is a comprehensive, evidence-based approach to transforming Air Force culture that simultaneously reduces the stigma associated with mental health issues and promotes help-seeking behaviors.

The current trajectory of Air Force suicide prevention efforts is akin to building a bigger, faster, and more efficient bilge pump for the *Titanic*, when the goal should be to avoid hitting the iceberg in the first place. That said, this article does not take issue with the quality of the clinical interventions, education resources, or toolkits currently utilized by the Air Force; on the contrary, they have proven effective when employed.<sup>5</sup> Instead, this article outlines a way to increase the likelihood interventions occur and that Airmen utilize the tools and resources in a crisis. Accordingly, this article does not identify the problem with Air Force suicide prevention efforts as one of clinical efficacy, and thus the solution proposed does not reside in the mental health practitioner's arena. Instead, the solution requires a strategy to move upstream of the problem and consequently lies in the

discipline of behavior change communication. To accomplish this aim, this article proposes a social norms approach leveraging the human capital of the force to normalize help-seeking behaviors. The three-phase campaign described in the following sections employs peer-delivered messages detailing real help-seeking successes within the Airmen population, in concert with physical alterations to shape the environment, to promote help-seeking and reduce mental health stigma, ultimately normalize help-seeking behaviors as part of Air Force culture.

### **Author Positionality Statement and Anecdotal Case Study**

The following section relates the author's perspective and personal experience regarding the subject matter of this article. It is meant to disclose potential biases upfront and present an anecdotal case study from the author's life that serves as an example of behavior change communication. Everything that follows regarding suicide prevention communication best practices and recommendations for a behavior change communication campaign the author has either spoken about, detailed in writing, or presented in various forms in meetings throughout the previous 12–18 months. At varying times, the author was energized, encouraged, frustrated, and furious as the ideas did not survive first contact with the Air Staff. Upon reflection, the author concluded that part of this failure could be attributed to the curse of knowledge—the prevailing thought that if people just knew what the author knew, they would arrive at the same conclusions and subsequently adopt the author's recommendations. This mode of thinking framed how the author presented ideas and more than likely undermined any chances of success in effectively communicating with key publics.

Even more detrimental, though, was what leading change consultant C. Otto Scharmer referred to as the voice of judgment.<sup>6</sup> The inner voice of judgment prevents an aspiring change agent from what Scharmer called presencing or existing within the moment and letting go to let come.<sup>7</sup> The author eventually realized the voice of judgment was coming from a place of insecurity, both personally and professionally. Professionally, it had been the author's experience that the Air Force Public Affairs enterprise suffers from collective insecurity as an often misunderstood, overlooked, and under-utilized staff function amidst an operationally-focused Air Force institution. The resulting collective insecurity had permeated the author's personality and manifested itself in an aggressive, directive tone during interpersonal interactions that made collaboration difficult at times.

The author's personal insecurity, however, stems from something deeper. Upon reflection, how that insecurity has influenced the author's approach to life—fueling a constant need to prove a level of education and accomplishment—should be attributed to the impostor syndrome phenomenon.<sup>8</sup> A backfire effect often char-

acterizes the result of this fundamentally flawed approach, wherein the desired appearance of intelligence and confidence is actually perceived as arrogance and conceit. It became clear that any reticence toward the proposed suicide prevention ideas was not indicative that the ideas did not hold merit; it was reflective of a personal failure to present the ideas in a way that would overcome the author's personal shortcomings and resonate with the audience. The author determined it would be necessary to model one form of the proposed product as part of the innovation: the peer-delivered testimonial. Doing so afforded the opportunity to engage the affective side of the audience by cultivating an emotional connection that would allow them to become more receptive to the tenets of the idea. What follows is a modified version of that story, edited for clarity and brevity.

Things I've learned: My wedding day was the happiest day of my life. You should never bet against Tom Brady. Black labs are the best dogs, period. Those surprise military homecoming videos make me cry *every single time*.

What else have I learned? The second time being shot at is by far the worst. You open body bags from the middle so you don't see the faces because they stay with you forever. Combat brings you close with your brothers, a kind of closeness you cannot replicate when you make it home. But not everyone makes it home. You watch friends die and cry at their memorials, when photographs of their children receiving a folded flag surface on the internet, or when you close your eyes and can still hear their gasping and gurgling.

Other things follow you as well: loss, sadness, guilt, and anger. Little things set you off now. Inconveniences become mountains of imposition, galling in their impertinence. You see the pained expression on the faces of friends and loved ones. They see that you are different; your laughter comes more slowly and less often, and your smiles are more measured than before. Your silences begin to take up more real estate in your life. You feel isolated. You're relieved to no longer be over there, and yet you feel like you missed a few steps on the way back, because you carry the same stress, same watchfulness, same aggression. These are all things you wish you could have turned in alongside your M4 and IOTV. You don't feel like you have permission to be home.

Professionally, things aren't going so well, either. You finally realize that in the space between going from the number one ranking on your performance report, to the following year with no stratification at all, lives unresolved trauma. You learn that either you deal with trauma, or trauma deals with you, and it's never at a time or place of your choosing.

So, what do you do? Well, I got help. I talked to mental health. I developed coping strategies and leaned on the social pillar. I talked about my experiences with

my brothers, shared the messy feelings, and in the process located, contextualized, and processed that trauma. It will never leave; I know it still resides somewhere in there, inside the temple of Mars, but now I choose when I visit. And because of that, I turned things around. I made it to the Pentagon, the altar, to Air Command and Staff College. I made it because I learned a fundamental truth: that being resilient and asking for help are not mutually exclusive. In fact, the latter is proof of the former.

Stories like this one—raw, authentic, vulnerable, and deeply personal—about turning post-traumatic stress into post-traumatic growth, and that originate from a source Airmen are able to identify with (as opposed to celebrities or senior leaders), form the foundation of the social norms approach described in the campaign overview that follows.

## **Air Force Suicide Prevention Campaign Overview**

### ***Background, Purpose, and Focus***

**Background.** To meet the demands of the *National Defense Strategy*, the Air Force requires a disciplined and ready force. As such, efforts must be undertaken to enhance the capacity of Total Force Airmen and their families to thrive in their daily personal and professional lives and persevere through adversity. To do so, this plan will leverage a social norms approach and focus on the following lines of effort (LOEs): reducing the stigma of help-seeking behaviors; normalizing the behaviors by creating and promoting the perception that they are both a sign of strength and institutionally valued; and enhancing Airmen's confidence and competence in performing resilience-related and help-seeking behaviors.

**Purpose.** Leverage empirically validated social science research in the fields of both suicide prevention communication and behavior change communication to produce a theoretical framework underpinning the actions recommended in the following communication campaign. The primary objective of the campaign is to increase the likelihood Total Force Airmen will perform desired help-seeking behaviors when in crisis.

**Focus.** The recommended behavior change campaign focuses on normalizing help-seeking behaviors by reducing perceived social pressures preventing help-seeking as well as stigma associated with mental health issues. To do so, the campaign creates and perpetuates the perception that the desired behaviors are valued by the institution and modeled by peers and aspirational figures.

## Situation Analysis

The author performed a review of the organization’s strengths and weaknesses while also assessing opportunities and threats in the external environment (table).

<p style="text-align: center;"><b>Strengths (internal)</b></p> <ul style="list-style-type: none"> <li>• Air Force senior leaders are invested in Airman resilience and willing to commit funding as needed</li> <li>• Improving resiliency aligns with the 2018 National Defense Strategy call to increase readiness</li> <li>• Aligning various aspects of resilience under one directorate allows for synchronization of effort</li> </ul>	<p style="text-align: center;"><b>Weaknesses (internal)</b></p> <ul style="list-style-type: none"> <li>• Limited communication channels exist to reach Air Force squadron leaders whose position best empowers them to influence change</li> <li>• Negative opinions about mandatory training can undermine effectiveness</li> <li>• Perception as cliché—overuse/reliance on resilience buzzword may dilute understanding of its critical components (i.e. mental, physical, spiritual, social well-being)</li> </ul>
<p style="text-align: center;"><b>Opportunities (external)</b></p> <ul style="list-style-type: none"> <li>• National interest in aspects of resilience such as violence prevention and suicide prevention provide the opportunity for engaged conversation</li> </ul>	<p style="text-align: center;"><b>Threats (external)</b></p> <ul style="list-style-type: none"> <li>• Congress may oppose Air Force initiatives or diminish Air Force authority to implement initiatives</li> <li>• American culture still struggles to understand the importance and various aspects of resilience</li> <li>• National interest in various aspects of resilience such as sexual assault and suicide prevention may politicize internal conversations</li> </ul>

**Table. Strengths, weaknesses, opportunities, and threats analysis**

**Literature Review.** Suicide prevention messaging campaigns designed to achieve a knowledge-based objective—that is, increasing literacy of prevention programs and resources—while not addressing latent stigma regarding mental health issues and help-seeking are *not* effective in increasing the likelihood target audiences will perform the desired help-seeking behaviors.<sup>9</sup> Given this reality, suicide prevention communication must be reframed to deliver a more nuanced and ultimately efficacious approach. To start, the issue must be considered within the context of social learning theory, which stipulates a reciprocal, deterministic relationship between an individual's attitudes, behavior, and the environment—altering one has corresponding effects to the others.<sup>10</sup> Based on this theoretical framework, there are two guiding heuristics for effective behavior change communication:

1. Present simple, clear messages repeated often by a variety of trusted sources.
2. Make the desired behavior appear easy, fun, and popular.<sup>11</sup>

When this framework is applied within a suicide prevention messaging context, studies show that effective messages alter individual perceptions related to intervention and help-seeking behaviors through targeting attitudes toward desired behaviors, perceived social pressures regarding desired behaviors, and individual perceptions of ability to perform the desired behaviors.<sup>12</sup> Building upon this premise, by applying the elaboration likelihood model and utilizing positively-themed messaging, effective suicide prevention communication campaigns make help-seeking behaviors appear easy to perform, highly valued by the institution and the social norm, and modeled by peers and aspirational figures.<sup>13</sup> On this last point, peer-to-peer messaging campaigns have been empirically shown to produce the highest rate of interventions, as identification with the message source is a key mediator of the effects.<sup>14</sup>

After producing a theoretical understanding of an effective suicide prevention messaging campaign design, the research shifted to methods for leading organizational change and transformation. The most applicable model within the emotionally-fraught landscape of suicide prevention is the rider-elephant-path model proposed by Chip and Dan Heath.<sup>15</sup> In this model, the rider is the rational, analytical mind sitting astride the elephant, which represents the emotional, instinctual mind. They are walking down a path symbolizing the environment. A key tenant of the metaphor is that while the rider may direct the elephant in a desired direction, the elephant can change its mind at any time and overpower the rider, moving in whichever direction it chooses. The underlying lesson is that emotional reactions will override logical choices and, pertinent to the organizational change context, emotional appeal is a more powerful driver of change than logical argu-

ment. Subsequently, a change agent should employ a see-feel-change chain as opposed to the default analyze-think-change chain often utilized.<sup>16</sup> This “find the feeling” approach, combined with the Heath brothers’ recommendation to shrink the change and tweak the path—optimizing the environment by removing barriers to performing the desired behavior—inform this behavior change campaign.

### **Target Audiences**

- Primary audiences: Total Force Airmen segmented corresponding to risk factors or stigma prevalence; ideally each category of Airmen will be represented in a “Save Story.” Based on suicide data, the majority of Save Stories should feature young, enlisted Airmen.<sup>17</sup>
- Secondary audiences: squadron, group, and wing command teams
- Tertiary audiences: major command (MAJCOM) command teams and Surgeons General

### **Behavior Objectives and Target Goals**

The following goals are to be measured against existing baseline numbers, such as those reported in the figure or maintained by the Air Force Integrated Resilience Directorate (AF/A1Z) and Air Force Office of the Surgeon General (AF/SG). If corresponding baseline numbers are currently measured and reported, the previous calendar year figures should be used as the baseline for comparison. In instances where a valid measurement does not currently exist, an appropriate survey instrument should be utilized to acquire the necessary data as soon as possible. Data suitability determinations and new survey requirements should be made by A1Z in coordination with SG and the Air Force Survey Office.

- Total Force Airmen perceive help-seeking behaviors as the norm and highly valued by the Air Force, measured one year after implementation at greater than 50 percent.
- Airmen’s reported perceived self-efficacy in performing help-seeking behaviors increased by 20 percent, measured one year after implementation.
- The perception of mental health stigma reduced by 20 percent, measured one year after implementation.
- Mental health patient contacts increase 15 percent in the first quarter after implementation, then 5 percent each subsequent quarter until one year after implementation.

- Suicide rate reduced 35 percent one year after implementation. (Note: Baseline numbers should be based on a rolling five-year average to provide an accurate assessment of program efficacy).

### **Target Audience Barriers**

A recent study of military members reported barriers to seeking help for mental health issues and revealed that perceived social pressure (i.e., the stigma of mental illness and a fear of becoming associated with them) was the leading barrier to help-seeking, as depicted in the figure. Notably, concerns related to stigma and loss of privacy were reported 38 percent more often than issues with resources such as a lack of familiarity with the tools available or limited confidence in their efficacy. The data is clearly indicative that further attempts to improve literacy through additional knowledge objective-based initiatives would not mitigate the most prevalent impediment to help-seeking. Instead, the data suggest reframing the prevention approach to one targeting mental health stigma would be the most beneficial.

Perceived Barriers to Help-Seeking, Department of Defense					
Stigma	Loss of Privacy	Negative Career Impact	Lack of Confidence in Chain of Command	Not Knowing Which Resource to Use	Lack of Confidence in Available Resources
65%	65%	59%	59%	47%	47%

**Figure. DOD barriers to help-seeking**

Source: "Resilience Tactical Pause," lecture, Air Command and Staff College, 2019

### **Campaign Positioning Statement**

The following statement describes the organizing principles upon which the campaign is built: Resilient Airmen thrive personally and professionally by maintaining their well-being, persevering through adversity and, when challenges become too great, displaying strength and awareness by asking for help.

### **Marketing Mix Strategies**

Phase 1 of the campaign features a five-to-seven part "Save Stories" video series of Total Force Airmen testimonials describing instances where they sought help for mental health or resilience-related issues and are now thriving. Each individual video would be between two-three minutes in length and packaged into a combined video featuring senior leader testimonials and endorsement for promotional purposes (four-five minutes). Secretary of the Air Force Public Affairs would be responsible for producing the video series and disseminating it through an Air



Force-wide promotional campaign. Campaign launch should occur at a signature event such as the fall or spring Air Force Association symposium, as devoting stage time during a marquee event affords implicit communication that the institution is committed to responding to the suicide issue and the success of the initiative.

Phase 2 of the campaign immediately follows the rollout of the Save Stories series and involves a new Wingman Day construct designed to aid command teams in organically sourcing similar powerful content from Airmen within their formations. The construct consists of a framework that guides command teams, in coordination with installation behavioral health clinicians, enabling them to identify Airmen from within their units willing and able to share their own resilience success stories in a manner that is both safe and will resonate with their peers. The proposed Wingman Day construct represents a departure from traditional Wingman Days wherein the theme, associated content, and activities were supplied by higher headquarters. Accompanying the guidelines for sourcing organically derived testimonials will be toolkits designed to support normalizing help-seeking behaviors across tactical units.

The focus of the campaign's third phase resides in shaping the environment on installations to set conditions that increase the likelihood of positive behavior change. The first recommended LOE is to co-locate the mental health clinic with the physical therapy clinic and rebrand them as the Airman resilience clinic. Doing so would communicate that mental health issues are the same as physical injuries—they require treatment, are recoverable, and should not be a cause for shame. A target of opportunity may be to leverage ongoing Air Force Medical Service (AFMS) transformation efforts that involve clinic moves to reorganize into the two-squadron construct of the Air Force Medical Reform model.<sup>18</sup> Additionally, a recommended second LOE is an extensive, and publicized, policy and resource review by MAJCOM commanders and the Surgeon General. The goal of this review is two-fold: to secure alignment between command team messaging and the ground-truth Airmen experience, and ensure that no Airmen who performs the desired behavior (help-seeking) is turned away from available resources. Pitch-perfect messaging cannot survive the cognitive dissonance such a situation would create.

### **Plan for Monitoring and Evaluation**

The following outputs will be measured to assess implementation progress and when phase transition should be executed.

- Save Story videos produced and views
- Wingman Day construct and toolkit reported uses

- Number of co-located resilience clinics
- Additional clinicians and contractors hired

To assess the effectiveness of the campaign, the following outcomes will be measured through existing data aggregation processes and by a survey instrument:

- Decreased perception of mental health stigma
- Increased perceived self-efficacy in performing desired behaviors
- Increased Airmen contacts with resilience-related resources—for example, mental health clinic; primary care/flight medicine providers (where mental health referrals are made); military and family life consultant engagements (raw numbers only to maintain confidentiality); chaplain and religious affairs contacts (raw numbers only to maintain confidentiality); wingman engagements (conversations mentoring, and counseling related to mental health and resilience issues)
- Decreased suicide rate

### **Budget**

Approximately \$12,000 will be required for a save series video production by an Air Force Public Affairs Tier 1 production unit (i.e., the 2nd or 3rd Audiovisual Squadrons). Creating the Wingman Day organic construct and accompanying toolkit should not incur additional expenses. Developing Airman resilience clinics by co-locating the physical therapy and mental health clinics at each Air Force installation may incur additional costs in military construction depending on several factors. These factors include, but are not limited to, the timeline and plans for implementing the medical reform model (i.e., reorganization to the two- or three-squadron model), which may be leveraged as a preexisting effort, and the plans for the transition of services to the Defense Health Agency. Additional funding for assessing campaign outcomes may be required but is not expected to exceed \$20,000.

### **Conclusion**

At the time this article was written, the preponderance of suicide prevention messaging efforts has focused on increasing literacy—i.e., educating Airmen about suicidality; raising awareness of suicide prevention programs, helping agencies, and other resources; or providing command teams toolkits for prevention, intervention, and postvention.<sup>19</sup> However, research has shown messaging purposed toward knowledge-based objectives is not effective in increasing the likelihood a popula-

tion will perform desired help-seeking behaviors to decrease suicides.<sup>20</sup> The most effective suicide prevention messaging drives attitude and behavior changes by demonstrating help-seeking behaviors are highly valued by the community and the norm, easy to perform, and modeled by peers and aspirational figures.

Utilizing a phased social norms approach, the behavior change communication plan described in this article leverages the affective power of collected and disseminated “Save Story” testimonials from a diverse demographic of Total Force Airmen at the Air Force level in Phase 1. Following successful implementation of this initial phase, Phase 2 features a standardized Wingman Day construct designed to amplify the behavior change effort that, unlike previous downward-directed programs, enables command teams to organically source the content from within their formations, dramatically increasing its resonance with Airmen. The third and final phase may be initiated in parallel with Phase 2 and focuses on shaping the environment to remove barriers hindering the performance of help-seeking behaviors.

During the last 10–15 years, the Air Force has significantly invested in a robust array of suicide prevention programs, tools, and resources that, when utilized, are highly effective. However, issues persist in enhancing the likelihood of intervention—getting Airmen in crisis to those helping agencies and resources. While there are no panaceas, studies have shown that some methodologies are more effective in increasing the likelihood of intervention. A social norms approach to suicide prevention that employs a positive-themed, peer-to-peer messaging campaign to normalize help-seeking behaviors presents the best opportunity for success. As a human capital-centric strategy, the collective efficacy generated by successful implementation will drive increased engagement with AFMS resources and services. The resulting higher performance rates of sustainable, resilience-amplifying behaviors across the Total Force will enhance the capacity of the AFMS to deliver combat-ready Airmen in support of national military objectives. Suicide is the leading cause of death among Total Force Airmen.<sup>21</sup> Reframing the Air Force’s suicide prevention strategy to engender long-term culture change will save lives and better preserve the force the nation needs. 🌟

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## Notes

1. Stephen Losey, "Air Force Deaths by Suicide Spiked by One-Third in 2019," *Air Force Times*, 4 February 2020, <https://www.airforcetimes.com/>.
2. Brian Ferguson, "Air Force Calls for Culture Change in Bid to Reduce Suicides," *Stars and Stripes*, 12 February 2019, <https://www.stripes.com/>.
3. Kerry L. Knox et al., "The US Air Force Suicide Prevention Program: Implications for Public Health Policy," *American Journal of Public Health* 100, no. 12, December 2010: 2457–63, <https://doi.org/>.
4. Undersecretary of Defense for Personnel and Readiness, "Annual Suicide Report: Calendar Year 2018," Department of Defense, 25 September 2019, 20.
5. Knox et al., "The US Air Force Suicide Prevention Program."
6. Claus Otto Scharmer, *Theory U: Leading from the Future as It Emerges*, 2nd ed. (San Francisco, CA: Berrett-Koehler Publishers, 2016), 30–34.
7. Scharmer, *Theory U*, 30–34.
8. Abigail Adams, "Yes, Impostor Syndrome Is Real. Here's How to Deal With It," *Time*, 20 June 2018, <https://time.com/>.
9. Alison J. Calear, Philip J. Baterham, and Helen Christensen, "Predictors of Help-Seeking for Suicidal Ideation in the Community: Risks and Opportunities for Public Suicide Prevention Campaign," *Psychiatry Research* 219, no. 3, 30 November 2014: 523–30, <https://doi.org/>.
10. Albert Bandura, "The Self System in Reciprocal Determinism," *The American Psychologist* 33, no. 4, 1978: 344–58, <https://psycnet.apa.org/>.
11. Edward W. Maibach, "Increasing Public Awareness and Facilitating Behavior Change: Two Guiding Heuristics," in *Climate Change and Biodiversity*, ed. Lee Hannah and Tom Lovejoy (New Haven, CT: Yale University Press).
12. Rosalie Shemanski Aldrich and Julie Cerel, "The Development of Effective Message Content for Suicide Intervention," *Crisis* 30, no. 4, 1 July 2009: 174–79, <https://doi.org/>.
13. Mariya Petrova et al., "Positive-Themed Suicide Prevention Messages Delivered by Adolescent Peer Leaders: Proximal Impact on Classmates' Coping Attitudes and Perceptions of Adult Support," *Suicide and Life-Threatening Behavior* 45, no. 6, December 2015: 651–63, doi: 10.1111/sltb.12156.
14. Kami J. Silk et al., "Evaluation of a Social Norms Approach to a Suicide Prevention Campaign," *Journal of Health Communication* 22, no. 2, 1 February 2017: 135–42, doi: 10.1080/10810730.2016.1258742.
15. Chip Heath and Dan Heath, *Switch: How to Change When Change is Hard* (New York: Broadway Books, 2010), 1–24.
16. Heath and Heath, *Switch*, 1–24.
17. Undersecretary of Defense for Personnel and Readiness, "Annual Suicide Report: Calendar Year 2018."
18. Air Force Surgeon General Public Affairs Office, "Air Force Medical Service Unveils New Model for Active Duty Care," *Health.mil*, 2 July 2019, <https://www.health.mil/>.
19. Department of the Air Force, "Department of the Air Force Resilience," accessed 8 May 2020, <https://www.resilience.af.mil>.
20. Petrova et al., "Positive-Themed Suicide Prevention Messages Delivered by Adolescent Peer Leaders"; Shemanski, Aldrich, and Cerel, "The Development of Effective Message Content

for Suicide Intervention”; and Silk et al., “Evaluation of a Social Norms Approach to a Suicide Prevention Campaign.”

21. Stephen Losey, “With Deaths by Suicide Rising, Air Force Orders Resiliency Stand-Down,” *Air Force Times*, 2 August 2019, <https://www.airforcetimes.com/>.