DEPARTMENT OF THE ARMY
DEPUTY CHIEF OF STAFF, G-1

ARMY SUICIDE PREVENTION PROGRAM

– QUICK REFERENCE GUIDE –

Draft
December 2007 Version

AS OF 11 Dec 07
1. The Army’s strength rests with our Soldiers, civilians, retirees, and their families, each being a vital member of our institution. Suicide is detrimental to the readiness of the Army and is a personal tragedy for all those affected. Therefore, suicide has no place in our professional force!

2. We all realize the inherent stress and burdens placed upon our Soldiers, civilians and their Family members. What defines us as an institution is our compassion and commitment to promoting a healthy lifestyle by emphasizing physical, spiritual, and mental fitness. This contributes to the overall well-being of the force and readiness of the Army. Therefore, we must remain cognizant of the potential suicidal triggers and warning signs so that we can raise awareness and increase vigilance for recognizing those whom might be at risk for suicidal behaviors. Furthermore, we must create a command climate of acceptance and support that encourages help-seeking behavior as a sign of individual strength and maturity.

3. Suicide prevention, like all leadership challenges, is a commander’s program and every leader’s responsibility at all levels. However, the success of the Army Suicide Prevention Program rests upon proactive, caring and courageous Soldiers, Family members and Army civilians who recognize the imminent danger and then take immediate action to save a life. We need your help to minimize the risk of suicide within the Army to stop this tragic and unnecessary loss of human life. Suicide prevention is everybody’s business and in The Army, EVERY ONE MATTERS!

George W. Casey, Jr.
General, U.S. Army
Chief of Staff
Army Suicide Prevention Program Goal
Minimize suicidal behavior among our Soldiers, Family members, Department of the Army civilians, and retirees

What is Suicide Behavior?
- Self-inflicted fatalities
- Non-fatal self-injury (gestures and attempts)

Leaders should be aware of behaviors that might place Soldiers at risk of suicide or other dysfunctional behavior:
- Impulsiveness, aggression, or violent traits
- Previous history of self-injury
- Excessive anger or agitation
- Excessive alcohol use
- Heavy smoking
- Evidence of any sleep or eating disorder

Suicide Triggers
- Loss of a significant, intimate relationship (divorce, separation, break-up)
- Loss of financial security (pay loss, rank reduction, gambling debts, bankruptcy)
- Loss of freedom (legal problems or incarceration)
- Loss of a job, rank (UCMJ or civilian legal action, separation)
- Loss of self-esteem (humiliation, pass over for promotion or schooling)
- Loss of a loved one to illness or death
- Loss of a child custody battle
- Loss of friendship or social status (social isolation or ostracism)
- Loss of hope or feeling helpless
- Loss or change in lifestyle (unwanted PCS, major deployment)

Why Do Soldiers Consider Suicide?

Danger! Immediate Signs of Intent to Commit Suicide:
- Talking or hinting about suicide
- Having a desire to die
- Formulating a plan to include acquiring the means to kill oneself
- Obsession with death including listening to sad music, poetry, or artwork
- Themes of death in letters and notes
- Finalizing personal affairs
- Giving away personal possessions
Suicide Warning Signs*

<table>
<thead>
<tr>
<th>Substance abuse</th>
<th>Social withdrawal</th>
<th>Recklessness</th>
<th>Self-mutilation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous suicide attempts</td>
<td>Difficulty sleeping</td>
<td>Unkempt appearance</td>
<td>Disinterest in hobbies</td>
</tr>
<tr>
<td>Family history of suicide</td>
<td>Changes in appetite</td>
<td>Disinterest in sex</td>
<td>Feeling hopeless, helpless, or lonely</td>
</tr>
<tr>
<td>Drop in duty performance</td>
<td>Health complaints</td>
<td>Feelings of guilt, shame, or desperation</td>
<td>Anger, sadness or depression</td>
</tr>
</tbody>
</table>

* Less serious than the danger signs; also require immediate personal intervention and should not be disregarded.

What Helps?
- Intact social supports, including marriage
- Active religious affiliation or faith
- Presence of dependent young children
- Ongoing supportive relationship with a caregiver
- Adhering to treatment for depression or substance abuse
- Living close to medical and mental health resources
- Awareness that suicide is a result of illness, not weakness
- Reinforcement of problem-solving and coping skills

Why Is It Important to Stick Around?
- Family
- Hope for the future
- Enjoyable activities or objects
- Friends
- Obligations to others or protecting others
- Religion
The Army Suicide Prevention Model
Focuses on maintaining the individual readiness of the Soldier and Department of the Army Civilian

THE ARMY SUICIDE PREVENTION MODEL

PREVENT

- Identifying "High Risk" Soldiers
  - Pre-screening for Adverse Childhood Experiences
- Caring and Proactive Leaders
  - Understanding Potential "Triggers"
  - Sense of Unit Belonging/Cohesion
- Encouraging Help-Seeking Behavior
- Teach Positive Life Coping Skills
  - Total Physical, Spiritual, and Mental Health

INTERVENE

- Suicide Awareness and Vigilance
  - Targeted Training for Specific Audiences
- Integrated & Synchronized Unit and Community-wide Support Agencies
  - Accountability for Prevention Programs
- Assured Problem Resolution
  - Chain of Command
  - Pastoral Counseling
  - Mental Health caregiver
**Training Strategy:** Each of the five tiers has different responsibilities within the ASPP

**Army Suicide Awareness Training Model**

- **Mental Health Care Providers**
  - Tertiary Suicide Prevention
  - Advanced Screening Techniques
  - ASIST & Basic Suicide Prevention Tm
  - Family Life Advocacy
  - Relationship/Life Skill Training
  - ASIST Trained
  - Counseling and/or referral
  - Interaction with Chain of Command
  - Policy
  - Total Individual Well-being
  - Encouraging help seeking behavior
  - Suicide Risk Identification
  - Available Unit and Community Support Agencies

- **Unit Ministry, MH & CSC Teams**
- **Installation Gatekeepers***
  - Tertiary Suicide Prevention
  - Advanced Screening Techniques
  - ASIST & Basic Suicide Prevention Tm
  - Family Life Advocacy
  - Relationship/Life Skill Training
  - ASIST Trained
  - Counseling and/or referral
  - Interaction with Chain of Command
  - Policy
  - Total Individual Well-being
  - Encouraging help seeking behavior
  - Suicide Risk Identification
  - Available Unit and Community Support Agencies

- **Leaders & Supervisors**
- **All Soldiers & Civilians**

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*Installation Gatekeepers:*
- Provide specific counseling to Soldiers and Department of the Army Civilians in need
- Suicide prevention is part of their assigned duties
- Receive training in recognizing and helping individuals with suicide-related symptoms or issues

<table>
<thead>
<tr>
<th>Primary Gatekeepers</th>
<th>Secondary Gatekeepers</th>
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<tbody>
<tr>
<td>Chaplains &amp; Chaplain Assistants</td>
<td>Military Police</td>
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<tr>
<td>ASAP Counselors</td>
<td>Trial Defense Lawyers</td>
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<tr>
<td>Family Advocacy Program Workers</td>
<td>Youth Services</td>
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<tr>
<td>AER Counselors</td>
<td>Inspector General Office</td>
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<tr>
<td>Emergency Medical Technicians</td>
<td>DoD School Counselors</td>
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<tr>
<td>Medical Health Professionals</td>
<td>MWR Workers</td>
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<tr>
<td>Red Cross Workers</td>
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What Can Leaders Do?

- **Help Soldiers develop positive life coping skills**
  - Coordinate with local mental health officers to provide “Understanding Dysfunctional Behavior” for officers and NCOs (INCLUDE INFORMATION LINK HERE)
  - Support local stress reduction, relationship building, financial management, and substance abuse training and make it available to Soldiers and families of all Components, as well as DA Civilians (INCLUDE INFORMATION LINK HERE)
  - Provide resiliency training for first responders and those who counsel and treat suicide patients and their families (INCLUDE INFORMATION LINK HERE)

- **Encourage Soldiers to seek help**
  - Review all policies and remove anything that may stigmatize help-seeking behaviors (INCLUDE INFORMATION LINK HERE)
  - Maintain current HIPPA training (INCLUDE INFORMATION LINK HERE)
  - Know which resources are available to assist (INCLUDE INFORMATION LINK HERE)
  - Foster a command climate that emphasizes help-seeking behavior

- **Raise awareness and vigilance towards suicide**
  - Provide training to assist Soldiers in recognizing and responding to dysfunctional behavior (INCLUDE INFORMATION LINK HERE)
  - Provide initial and periodic training on basic suicide prevention to all Soldiers and DA Civilians (INCLUDE INFORMATION LINK HERE)
  - Ensure all Soldiers and DA Civilians are trained on how to store and secure private weapons, medications, and poisons (INCLUDE INFORMATION LINK HERE)
  - Ensure assigned medical staff have current training in suicide risk surveillance
  - Ensure at least 90% of primary gatekeepers complete ASIST training (INCLUDE INFORMATION LINK HERE)
  - Ensure assigned unit ministry teams and family life chaplains receive basic and advanced suicide prevention training (INCLUDE INFORMATION LINK HERE)
  - MTF commanders ensure that depression, substance abuse, and suicide risk screening is included in all primary care patient contacts (INCLUDE INFORMATION LINK HERE)

- **Synchronize, integrate, and manage the local Suicide Prevention Program**
  - Ensure local Suicide Prevention Task Force/Committee has a charter and membership list (INCLUDE INFORMATION LINK HERE)
  - Establish an Installation Suicide Response Team (INCLUDE INFORMATION LINK HERE)

- **Conduct suicide surveillance, analysis and reporting**
  - Track local non-fatal suicide event data (INCLUDE INFORMATION LINK HERE)
  - In coordination with the local MTF commander, Establish procedures to ensure at-risk Soldiers keep mental health appointments (INCLUDE INFORMATION LINK HERE)
  - Local MTF commanders ensure suicide surveillance is included in Emergency Department SOP (INCLUDE INFORMATION LINK HERE)
  - Conduct assessment of local youth services and DOD schools to determine availability of mental health and substance abuse services (INCLUDE INFORMATION LINK HERE)
  - Ensure local Public Affairs Guidance includes information on suicide prevention and reporting (INCLUDE INFORMATION LINK HERE)
Developing a Unit Suicide Prevention Program

Soldiers are the first and most important line of defense in suicide prevention!
- Know suicidal danger & warning signs and the leading causes for suicides
- Remain vigilant!
- Take immediate action when you suspect someone is suicidal or if someone admits that they are contemplating suicide
- Know what your local resources are

First Line Supervisors/Leaders
- Know your Soldiers
  - Recognize and anticipate dysfunctional behavior
  - Know their life-coping skills
  - Seek opportunities to positively influence your Soldier’s behavior
- Ensure all Soldiers receive training in suicide awareness and prevention
- Create an inclusive atmosphere; never ostracize a Soldier, regardless of their actions
- Know potential triggers for suicide
- Know potential warning signs for mental illness
- Reduce the perceived stigma regarding mental health
  - Set the example by taking advantage of available helping services if you need them
  - Remember that most mental illnesses are treatable and are a result of a sickness, not weakness

Commanders
- Maintain vigilance
- Ensure your UMT know those Soldiers who may be at risk (those in crisis or pending UCMJ actions)
- Offer suicide awareness and prevention training for spouses and significant others
- Ensure all newly assigned Soldiers are aware of the resources available to them
- Include mental health as part of your unit professional development training plan
- Ensure that your UMTs have received formal suicide prevention training
- Reduce the perceived stigma regarding mental health
  - Set the example by taking advantage of available helping services if you need them
  - Remember that most mental illnesses are treatable and are a result of a sickness, not weakness
- Ensure Soldier privacy is respected if he/she is not a threat to himself or others, or if they are able to perform their prescribed duties
- Develop well-defined procedures for registering and storing privately own weapons
  - Ensure procedures are in place that deny access to firearms to those on suicide watch
- Ensure attached Guard or Reserve Soldiers receive proper suicidal prevention training and screening prior to deployment
- Ensure there are “Family Reunion” seminars for both Soldiers and Family members to assist in successful reintegration upon redeployment
Unit Ministry Teams (UMTs)

- Use the ACE Training Model
- Become ASIST or QPR trained
- Serve as suicide awareness and prevention trainers
- Prepare suicide awareness and prevention training for “all ranks training,” OPDs, and NCOPDs, as well as for spouses (INCLUDE INFORMATION LINK HERE)
- Keep your commander informed on current suicide demographics
  - Explain high risk categories include those experiencing relationship problems, financial difficulties or pending UCMJ or other legal action

Installation Suicide Prevention Task Force / Committee

- Establish suicide prevention program specifically tailored for your installation
- Assist installation and local commanders in implementing their programs
- Ensure suicide prevention policies and procedures comply with applicable laws, regulations, and directives regarding privacy and public information
- Ensure that all assigned commanders and senior NCOs are familiar with the availability of support agencies and the procedures for referral
- Ensure the availability of mental health personnel is adequate to meet the needs of the installation and that there is always someone available to conduct crisis intervention/assessment
- Ensure that commanders are provided timely feedback from support agencies concerning the effectiveness of the treatment of their Soldiers
- Encourage stress management programs for Soldiers and Family members, especially during times of increased OPTEMPO or deployments
- Track the number of ASIST T-4 (trainer) and T-2 (crisis intervention) level trained personnel on post
  - Strive for at least two T-4 qualified trainers that can sponsor the T-2 level training; one of the two should be the Family Life Chaplain
  - Strive for at least one ASIST T-2 trained person at each community support agency, SJA, and MPs
  - Track the percentage of all assigned chaplains that have received the suicide prevention basic training
  - Ensure DOD school personnel are trained in identifying and referring at risk individuals
- Publicize available emergency resources, such as crisis hotlines and suicide awareness cards
- Ensure newly assigned Soldiers are briefed on installation support agencies during in-processing
- Review surveillance reports and monitor the time that it takes to get Soldiers into ASAP after identification of having a substance abuse problem
- Establish procedures for creating an Installation Suicide Response Team
Leaders Can Reduce Stigma by:

• Not discriminating against Soldiers who receive mental health counseling.

• Supporting confidentiality between the Soldier and their behavioral health care provider.

• Reviewing unit policies and procedures that could preclude Soldiers from receiving all necessary and indicated assistance.

• Educating all Soldiers and family members about anxiety, stress, depression, and treatment.

• Increasing behavioral health visibility presence in Soldiers’ area (using the Combat Operational Stress Control tactics, techniques, and procedures: COSC; HQ DA, FM4-02.5(FM8-51)).

• Reinforcing the “power” of the buddy system in helping each other in times of crises (TRADOC Pamphlet 600-22).
What Leaders Can Do

To know your people, leaders must:

➢ Talk to Soldiers and listen to what they have to say.
➢ Send the message that you are interested in hearing about the Soldier’s problems.
➢ Emphasize that seeking help in times of distress displays courage, strength, responsibility, and good judgment.
➢ Recommend that Soldiers seek needed counseling either through the Chaplain’s office or behavioral health.
➢ Accept the unique and diverse qualities of each Soldier.
➢ Treat each Soldier with the utmost respect and regard.
➢ Ensure Soldiers have access to mental health.

What Leaders Can Do (continued)

• To know your unit, leaders must:
➢ Understand that organizational stress affects the unit’s morale and, in turn, can impact the mission.
➢ Reduce unit stress by the following methods:
  ✓ Keep Soldiers informed about all decisions that may affect them.
  ✓ Encourage participation in unit planning.
  ✓ Develop a strong mentoring system within the unit
  ✓ Foster an environment of self–care and peer support (Battle Buddy).
  ✓ Contract BH to conduct an anonymous unit assessment.
  ✓ Arrange for appropriate BH assistance based on the assessment results.
  ✓ Encourage healthy lifestyles (i.e., fitness, adequate rest, good nutrition).
How to Refer

Responsibility always rests with unit leadership

**Emergency:**
- Threat to life and lethality is imminent or severe.
- Consult with a behavioral healthcare provider or other healthcare provider, if behavioral health is not available.
- **Escort** immediately to the Emergency Room, Behavioral Health, Aid Station, Combat Stress Control Team, or the Chaplain.

How to Refer (continued)

**Non-Emergency**
- Consult with a Chaplain or behavioral health care provider
- **Counsel Soldier and give a copy of the command referral (DoDD 6490.1)**
- Observe Soldier’s rights to see SJA and IG
- Escort the Soldier to behavioral health with command referral memorandum
In part, DoDD 6490.1 states that . . .

"...4.2.2. Routine Referrals. Prior to referral of a Service member for a routine (non-emergency) mental health evaluation, the commanding officer first shall consult with a mental healthcare provider, or other healthcare provider, if a mental healthcare provider is not available..."

“...4.2.3. Emergencies. … The commanding officer shall refer a Service member for an emergency mental health evaluation as soon as is practicable whenever a Service member, by Actions or words, such as actual, attempted or threatened violence, intends or is likely to cause serious injury to himself, herself or others and when the facts and circumstances indicate that the Service member's intent to cause such injury is likely and when the commanding officer believes that the Service member may be suffering from a severe mental disorder.”
Resources

• **In Garrison:**
  - Family Life Chaplains
  - Army Community Services
  - Medical Services
  - Marriage and Family Counselors
  - Post Deployment Centers

• **During Deployment:**
  - Combat Stress Control Teams
  - Medics
  - Battalion Aid Station
  - Chaplain

All returning Soldiers form OIF or OEF can contact the Military One Source @ [https://www.militaryonesource.com](https://www.militaryonesource.com)
Useful Web Sites/Contacts

- American Association for Suicidology, (www.suicidology.org)
- Army Knowledge Online Suicide Prevention (https://www.us.army.mil/suite/page/334798)
- Battlemind (http://www.battlemind.org/)
- Deputy Chief of Staff, G-1 Suicide Prevention Web Site, (www.armyg1.army.mil/hr/suicide.asp)
- Military One Source, (www.militaryonesource.com)
- National Strategy for Suicide Prevention (http://mentalhealth.samhsa.gov/suicideprevention)
- Suicide Awareness Voices of Education (http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=1)
- Suicide Prevention Lifeline, (http://www.suicidepreventionlifeline.org)
- U.S. Army Center for Health Promotion and Preventive Medicine, (chppm-www.apgea.army.mil)
- U.S. Army Chaplains, (www.chapnet.army.mil)

Phone Numbers:

- Emergencies:
  - On Post: ________________
  - Off Post: 911
- Military Once Source: 1-800-342-9647
- National Suicide Hotline: 1-800-suicide (800) 784-2433
- National Lifeline: 1-800-273-TALK (8255)