

Suicide Prevention Program Talking Points

Key Message: The Army experienced three hundred and forty-four suicides during CY 2010. Of these suicides 301 were among Soldiers, 14 were Family members and 29 Army civilians. The Army has instituted a multi-level, holistic approach to health promotion, risk reduction, and suicide prevention that accounts for the many challenges our Soldiers, Families and Army Civilians face. These challenges include substance abuse; financial and relationship problems; post-traumatic stress; and traumatic brain injury. The Army suicide prevention efforts are focused on directly assisting Soldiers, Families and Army Civilians.

- The Army's suicide prevention efforts are constantly evolving to provide our Army family with the resources they need. In March 2009, the Army established the Suicide Prevention Task Force, which reviewed more than 300 existing Army-wide programs, strengthening the most effective programs and streamlining efforts where it made sense. This effort culminated with a Task Force report which was released in Aug 2010. Subsequent to this report, the VCSA re-missioned the Suicide Prevention Task Force and Council into the Health Promotion, Risk Reduction and Suicide Task Force and Council. More than 400 tasks are currently being reviewed by the Task Force (8 percent completed as of 2 Feb 2011).
- The Army is committed to ensuring all members of the Army Family have access to the training and resources that they need. The Army has directed enhanced health promotion and risk reduction support for geographically-disbursed Soldiers and Families who serve in the National Guard, Reserve and at locations away from installations and garrisons.
- All Active Duty, ARNG, USAR, Veterans and their family and friends may call the Veterans Crisis Line, at 1-800-273-8255, Press 1, or chat online at <http://www.VeteransCrisisLine.net> for free, confidential support 24 hours a day, 7 days a week, 365 days a year. This service connects those in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders, many of whom are Veterans themselves. When issues such as chronic pain, anxiety, depression, sleeplessness, suicide, or more reach a crisis point, it's time to call the Veterans Crisis Line — It's Your Call.
- The Army's Medical Research and Materiel Command is managing thirteen suicide prevention research projects with a total value of \$79M. These projects range from the National Institute of Mental Health study (Army STARRS) to a Walter Reed Army Institute of Research project on suicide ideation in combat environment. The Army continues to partner with behavioral health professionals in its efforts to constantly refine and improve programs. This research partnership

will provide scientifically based information needed to identify potential suicide risk factors and shape prevention and intervention programs.

- There is no typical profile of deaths by suicide, this tragedy affects Soldiers throughout the ranks. However, 58.1 percent of suicide deaths on Active Duty had deployed one or more times and the non-deployment suicide numbers were 48.9 percent. Also, main stressors relating to suicide included failed relationships, legal / financial issues, and work-related problems

- **Major Subprograms/Issues/Other Relevant Data:**

Army actions to combat increasing suicide rate in 2010:

- Released the Health Promotion, Risk Reduction and Suicide Prevention Report. http://usarmy.vo.llnwd.net/e1/HPRRSP/HP-RR-SPReport2010_v00.pdf
 - Produced the interactive “Home Front” training video which included scenarios for Active, National Guard and Reserve Soldiers; Army Civilians; and Family Members. <http://www.armyg1.army.mil/hr/suicide/default.asp>
 - Produced the “Shoulder to Shoulder: No Soldier Stands Alone” training video. <http://www.armyg1.army.mil/hr/suicide/default.asp>
 - Initiated “face-to-face” post-deployment behavioral health screening (in person or virtual) for all Brigade Combat Teams.
 - The Army Confidential Alcohol Treatment and Education Pilot (CATEP) was piloted at six installations: Schofield Barracks, Fort Richardson, Joint Base Lewis-McChord, Fort Carson, Fort Riley, and Fort Leonard Wood.
- The Army recognizes that each suicide represents a family that has suffered an irreparable loss. The Army provides confidential counseling resources, suicide prevention training videos and in-person training that address a variety of common challenges people face. The Army is working to provide resources that meet every Army Family member’s individual needs as they work to stay resilient. **Resources:** Army Suicide Prevention - www.preventsuicide.army.mil

ARNG

National Guard Suicide Prevention Program

Purpose. To provide updated information on the National Guard Bureau Suicide Prevention Program (NGB - PA)

Bottom Line

- One suicide is one too many

Army Guard suicides:

2007: 60

2008: 60

2009: 62

2010: 112

Air Guard suicides:

2007: 17

2008: 9

2009: 15

2010: 18

Way Ahead. Continue to monitor and publicize suicide prevention efforts / successes.

Talking Points

- The National Guard's commitment to the health and well-being of our Soldiers, Airmen, and their Families is unwavering
- We will continue to promote the emotional, social, physical, and spiritual health of our Guard Family members and connect them with quality care
 - Asking for help when you need it is a sign of strength
 - Providing support when needed, makes you a good team player
 - Continued focus on mentoring and training our leaders and leveraging service providers is critical to our ability to provide our Guard Family with the best possible care and support

- Master Resilience Trainers and Resilience Trainer Assistants will eventually be assigned to every Company-sized unit to teach coping skills
- Part of leadership is creating an environment where it's okay to ask for help
- In keeping with the Army Warrior Ethos to never leave a fallen comrade, leaders are responsible to extend a helping hand
- National Guard Families and Employers are being trained to assist in identifying those who should be referred to unit leadership and support services

National Guard Initiatives

- The National Guard has established a Resilience, Risk Reduction and Suicide Prevention (R3SP) Task Force to focus efforts on specific actions which will increase resilience
- Each state and territory has an appointed Suicide Prevention Program Manager and is working to increase their pool of Master Resilience Trainers and Resilience Trainer Assistants
- The National Guard continues to partner with mental health professionals in an effort to constantly refine and improve its programs
- Each state and territory has a Director of Psychological Health (DPH) to provide case management support for Soldiers/Airmen in crisis. [Currently, all 54 DPHs are assigned]
- ARNG Programs: Ask, Care and Escort (ACE) materials, Comprehensive Soldier Fitness, Soldier-to-Soldier Peer Support
 - In May 2011, ARNG self-help magnets, containing key resources and specific contact information, were mass produced and distributed to all states, territories, and the District of Columbia
 - National Guard Vets4Warriors program will provide peer support services to a variety of high risk populations to prevent problems from escalating into crises by providing timely, non-stigmatizing assistance to soldiers, veterans and family members
- ANG Programs: Ask, Care and Escort (ACE) materials, Frontline Supervisors, Landing Gear, Wingman, Suicide Prevention Computer based training
 - Secured 89 ANG Wing Directors of Psychological Health (DPHs) for high-risk units; ANG 2012 POM budgeting for DPH at all units

Prepared by: NGB - PA

Coordinated with: ARNG-HRF

USAR

Army Reserve Suicide Prevention Action Plan

Purpose. To provide updated information on the U.S. Army Reserve Suicide Prevention Action Plan (Army Reserve Communications)

Bottom Line

- The safety and well-being of our Soldiers, Families and Civilian employees is our first and foremost responsibility.

Army Reserve suicides:

2009: 32 TPU, 3 on AD orders

2010: 44 TPU, 6 on AD orders

Way Ahead. The Army Reserve has implemented a number of efforts to assist with decreasing suicidal behavior. Continue to monitor and publicize suicide prevention efforts/successes.

Talking Points

- Most suicides occurred while the AR Soldier was not in a duty status and deployment history does not appear to be a significant factor.
- Relationship stress, financial stress and high risk behaviors might have been contributing factors as noted in the Army Health Promotion, Risk Reduction and Suicide Prevention Report 2010 (HP-RR-SP Report 2010).
- Strong unit leadership and a proactive prevention and intervention plan is fundamental to averting this tragic loss of life
- The Army Reserve wants to create and foster an environment where all Soldiers, Civilians and Family members at risk for suicide will quickly be identified and receive successful intervention and appropriate care. We want to ensure that help-seeking behavior is encouraged and accepted as a sign of individual strength, courage and maturity. We want to foster an environment where positive life-coping skills are taught and reinforced by leaders

- We are seeing an improvement in communication with at-risk Soldiers and proactive involvement on the part of our subordinate commands.

Army Reserve Initiatives

- The AR Suicide Prevention Action Plan (22 APR 2010) centers on minimizing suicidal behavior among our Soldiers, Retirees, Civilians and Family members.
- The Four Pillars of the AR Suicide Prevention Action Plan are Educating the entire force, Reducing Stigma associated with asking for help with behavioral/mental health issues, Providing Resources to geographically dispersed personnel, and Involving Families in suicide prevention training.
- CAR's guidance to leaders (22 APR 2010) regarding Suicide Prevention focused on Command Emphasis, Discipline, Risk Management, Providing Alternatives, Using Available Resources, and Commander's Analysis of completed or attempted suicides in order to share lessons learned and best practices.
- OPORD 09-059 provided direction to the AR force for conducting suicide prevention training for all Soldiers, DA civilians, and Family members (when available), to increase awareness of suicide risk factors and warning signs and to encourage intervention for at-risk personnel.
- OPORD 09-038 directed MSC/DRUs to appoint a Suicide Prevention Program Manager; to identify a minimum of two individuals to be trained as Applied Suicide Intervention Skills Training (ASIST) Train-the-Trainer (T4Ts); and to schedule/conduct ASIST Workshops in their region for all first-line supervisors.
- The AR hosted five LivingWorks Applied Suicide Intervention Skills Training (ASIST) train-the-trainer workshops, certifying over 124 AR personnel as instructors to teach the ASIST program.
- The USAR has instituted a Director of Psychological Health (DPH) position at each of the Regional Support Commands (RSC).
- The AR conducted all-Army suicide training throughout the force and continues training the force every training year and/or as needed.
- The AR joined DA and ARNG to produce suicide prevention videos and training to target unit level leaders.
- All leaders including first line are empowered to plan and implement Suicide Prevention education, awareness, and training to make their unit a suicide-awareness environment for their Soldiers.
- The AR promotes AR Soldier and Family resiliency through a variety of programs, to include the Yellow Ribbon Reintegration Program, Strong Bonds, Army Strong Community Centers, the Army Reserve Fort Family hotline, Army Family Team Building training, virtual and real-world Family Readiness Groups, and Army Reserve Child and Youth Services.
- The Transitional Health Care Program provides 180 days of transitional health care benefits, including psychological health care, to demobilized Reserve Soldiers and their families.
- TRICARE Reserve Select (TRS) is a premium-based health plan that qualified RC Soldiers may purchase for themselves and their families. The plan includes psychological health care benefits.

- The Employer Partnership of the Armed Forces is a key program to help mitigate economic stress on Reserve Component Soldiers. We're partnering now with over 1,000 employers who've listed 500,000 jobs with EP. Over 10,000 soldiers, their families and veterans participate in the program.
- The employment rights of mobilized Reserve Soldiers are protected under the Uniformed Services Employment and Reemployment Rights Act, and the National Committee for Employer Support of the Guard and Reserve is ready to assist Soldiers who are experiencing problems with civilian employment or re-employment.
- Mobilized Reserve Soldiers are protected by law for a number of legal and financial issues under the Servicemembers Civil Relief Act.
- The USAR is currently participating in two major studies (2009-2010 health-related behaviors survey, and Army Study To Assess Risk and Resilience in Servicemembers [Army Starrs]) where the research findings will be reported as they become available so that they may be applied to ongoing health promotion, risk reduction, and suicide prevention efforts.

Prepared by: Army Reserve Communications

Coordinated with: AR G1; OCPA

MEDCOM

MEDCOM Suicide Prevention

Attached is a list of medical-related issues in support of the Army Communication's Campaign Health of the Force initiative.

- **Implementation of MTBI/Concussive Injury Protocols** – The Army adopted an “Educate, Train, Treat and Track” strategy in late 2009 and implemented a theater concussion/mild TBI protocol in June 2010. Any deployed Soldier who sustains a direct blow to the head, experiences a loss of consciousness, is within 50 meters of a blast (inside or outside), is in a vehicle associated with a blast event, collision or rollover, or is command-directed (especially in cases involving exposure to multiple blasts events) must undergo a medical evaluation. The protocol also requires a minimum 24-hour downtime period, followed by medical clearance before a Soldier may return to duty. A comprehensive medical evaluation is also mandatory for any Soldier who sustains three concussions within 12 months.
- **Polypharmacy** –The Army Health Promotion/Risk Reduction/Suicide Prevention Task Force identified polypharmacy—patients treated for multiple conditions with a variety of medications prescribed by several health care providers—as a contributing factor in suicides, fatal accidents and other adverse outcomes among Army personnel. OTSG/MEDCOM Policy Memo 10-76, issued 9 November 2010, provides guidance to Commanders and Regional Commanders on the prevention and management of polypharmacy with psychotropic medications and central nervous systems depressants (CNSDs) to reduce adverse events and optimize clinical outcomes among Soldiers receiving care in the Military Healthcare System (MHS). The memo entitled “Guidance for Enhancing Patient Safety and Reducing Risk via the Prevention and Management of Polypharmacy Involving Psychotropic Medications and Central Nervous System Depressants” focus is on three main areas: (1) Education and training of prescribing clinicians; (2) System and practice changes; and (3) Closer collaboration between health care providers and commanders to safeguard Soldiers in treatment to optimize their clinical outcomes.
- **Comprehensive Behavioral Health System of Care Campaign Plan (CBHSOC-CP)** – The Comprehensive Behavioral Health System of Care (CBHSOC) is an initiative nested under the Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention. The CBHSOC addresses the “human dimension” of the Army Force Generation Model (ARFORGEN) – the highly personalized resilience and behavioral health (BH) needs of each individual Soldier and Family, which crosses all phases of the ARFORGEN. The CBHSOC will standardize, synchronize, and optimize the numerous BH policies, procedures, and programs across the US Army Medical Command (MEDCOM) to ensure seamless continuity of care to better identify, prevent, treat and track BH issues that affect Soldiers and Families during every phase of the ARFORGEN cycle.

OCCH

Talking Points

- Suicide affects everyone. Each of the over 2,900 Army chaplains and their team members are firmly committed to help the Army reduce the numbers of completed suicides and to help reduce the stigma associated with suicide events.
- Unit Ministry Teams provide a quick pastoral response to crises, conduct programs to help build unit and family cohesion and facilitate opportunities to help Soldiers connect with faith communities.
- Unit Ministry Teams provide Army approved suicide prevention training for leaders and Soldiers throughout the deployment cycle.
- The chaplains' policy of absolute confidentiality encourages help-seeking behavior from a ready resource available within the Soldier's own unit.
- Chaplains provide countless interventions to prevent self-destructive behavior both during and prior to a crisis.
- In an effort to enhance the support offered by civilian faith communities, the Army Chief of Chaplains has developed a clergy resource guide to help faith communities with information to develop programs to reach out to Soldiers and their Families.
www.chapnet.army.mil.