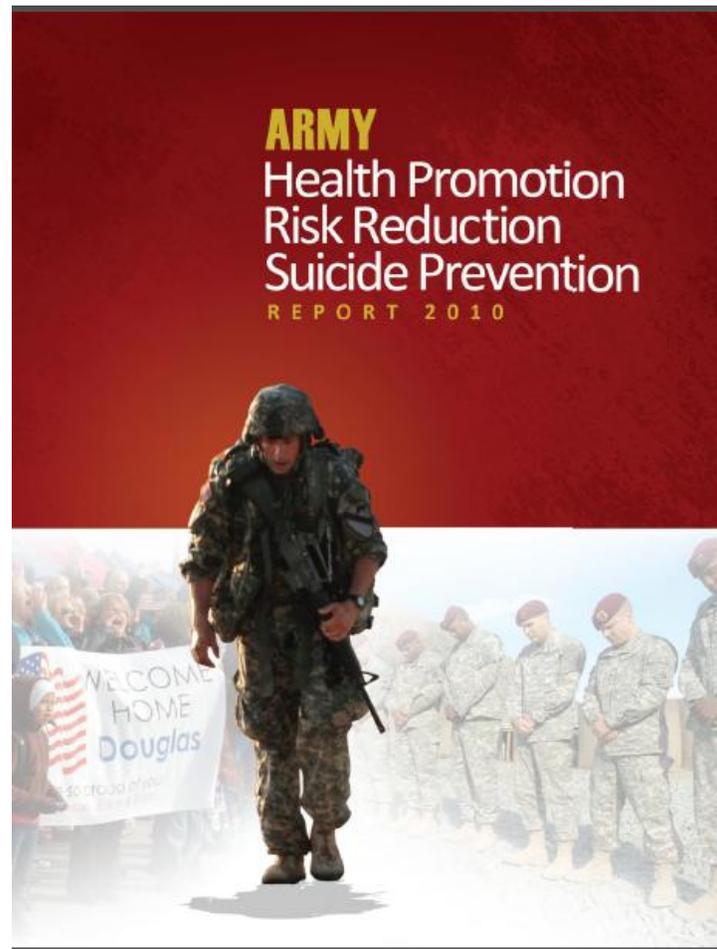


HP/RR TALKING POINTS



Submitted by: COL George Glaze
Deputy Director, Health Promotion, Risk Reduction Task Force

As Of: 26 Sep 11

Health Promotion & Risk Reduction Talking Points

Key Messages:

- As of 31 August 2011, the Army has experienced 212 suicides.
- Of these suicides, 187 were among Soldiers, 7 were family members, and 18 were DA Civilians.
- At the current rate, the Army could exceed 2010's record high of 343.
- The Army has instituted a multi-disciplinary, 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, traumatic brain injury, and legal issues.
- **The Army's Response:**
The Army's suicide prevention efforts are constantly evolving to provide our Army Family with the resources they need. Specifics include:
 - *Improved Health Promotion*
 - Increased access to Behavioral Health Care
 - Expanded Confidential Treatment Programs
 - Implemented Pain Management Campaign
 - Expanded Strong Bonds Program
 - Implemented in-theater mTBI screening
 - *Decreased Risky Behavior*
 - Reduced waivers for high-risk accessions by >7000 since 2008
 - Initiated Army suicide prevention and substance abuse training at command course
 - Expanded substance abuse surveillance (expanded drug panel and decreased Rx authorized duration)
 - Improved communication between law enforcement and unit during investigations
 - Improved tracking of high risk behavior through improved reporting (DA Form 4833s)
 - *Improved Suicide Prevention efforts*
 - Increased the number of Applied Suicide Intervention Skills Training (ASIST) trainers
 - Expanded Ask, Care, Escort (ACE) training
 - Released new Shoulder to Shoulder DVD (Finding Strength and Hope Together)
 - PS: Preventive Maintenance Monthly – July 2011 article on Help Seeking Behavior and Stigma Reduction

Additional Information:

1. Both the numbers and the rates of suicide deaths in the Army have increased dramatically over the past five years.

- Between CY 2004 and CY 2009 the active duty rate has doubled (9.6 / 100k / year to 21.9 / 100k / year).
 - Last year the non-active duty number suicide death increased dramatically
 - The Army National Guard more than doubled (48 to 102)
 - The Army Reserve had a 34% increase (32 to 43)
 - Army Civilians and Families have also seen an increase in the past year

2. The increasing trend is NOT abating this year.

- a. Active duty may exceed 2009's record high.
 - April, May, July and August have been record high months
 - Feb, March and June were below average

- b. Non-active duty is below 2010's record high.
 - Feb, March and April have been record high months
 - All other months were at or below average

c. Army Civilians and Families are on the same trend as last year.

3. History of behavioral diagnosis increases risk for suicidal behavior.

a. About 50% of the deaths have a BH diagnosis history, 30% were seen within past 30 days, and almost 18% had an inpatient BH admission.

b. Over 75% of the non-fatal suicide attempts had a BH diagnosis history and almost 34% had an inpatient BH admission.

c. The most common diagnosis are depression, adjustment disorders, substance abuse disorders, and PTSD or other anxiety disorders.

4. To mitigate this risk, the Army has supported programs that expand access for Soldiers and Families.

a. BH clinical encounters and workload has increased (12% increase in FY2010) (Active Duty only).

b. Virtual Behavioral Healthcare has improved access for Soldiers in remote locations (>38,000 encounters Apr – Mar 2011) (Active Duty only).

- c. ASAP and CATEP address substance abuse issue – increased hiring of counselors to improve access. CATEP provides confidential alcohol abuse counseling before a Soldier has gotten in trouble (command referred) so long as the Soldier completes the treatment program and doesn't get into trouble. (Active Duty only).
- d. The Confidential Alcohol Treatment Program (CATEP) is available at Schofield Barracks, Forts Lewis, Richardson, Carson, Riley and Leonard Wood.
- e. myPRIME is an online delivery of Army Drug and Alcohol Prevention Training for deployed Soldiers and geographically dispersed Soldiers such as Reserve Component and National Guard Soldiers who don't have access to ASAP at a military installation. (All Compo).
- f. Military Family Life Consultants (MFLC) and MilitaryOneSource counseling provide no-cost, confidential programs for non-medical behavioral healthcare – Soldier feedback on programs is exceptionally positive. (All Compo).
- g. Transitional Assistance Management Program (TAMP) provides 180 days of transitional health care benefits to help certain uniformed services members and their families transition to civilian life.

Eligibility:

- 1) A National Guard or Reserve member separating from a period of active duty that was more than 30 consecutive days in support of a contingency operation
 - 2) Separating from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation
 - 3) Separating from active duty and agree to become a member of the Selected Reserve of the Ready Reserve of a Reserve Component.
- h. TRICARE Reserve Select is a premium-based health plan available worldwide to National Guard and Army Reserve Soldiers (and their families) which provides access to all primary care and behavioral health care services as other TRICARE beneficiaries.
 - i. TRICARE Assistance Program (TRIAP) offers short-term non-medical access to counselors for confidential “coaching” on deployment and relationship related stresses via online video “chat” or other web-based communications. (TRICARE eligible).

- j. The Veterans Crisis Line connects Veterans (Active Duty, National Guard and Army Reserve) and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline and online chat. (All Compo) (1-800-273-TALK (8255), pressing '1' for veterans).

HP/RR/SP Programs and Initiatives

- **Health Promotion, Risk Reduction, and Suicide Prevention (HP/RR/SP) Task Force.** In Oct 2010, the Army Suicide Prevention Task Force was reconstituted as the Army Health Promotion, Risk Reduction and Suicide Prevention Task Force and immediately began the mission of implementing over 400 tasks associated with the Army HP&RR Campaign Plan for FY11 (Some tasks were later merged due to shared outcomes and the total is now 332.).
- **Army Health Promotion and Risk Reduction (HP&RR) Campaign Plan for FY11.** The Army believes that effective suicide prevention requires a holistic approach addressing the myriad of challenges our Soldiers, Families and Army civilians confront in an era of persistent conflict. These challenges can include substance abuse, financial and relationship problems, Post Traumatic Stress Disorder (PTSD) and mild Traumatic Brain Injury (mTBI) as well as anger control. As a result, the Army published the HP&RR FY11 campaign plan to provide the framework for the Army's plan to ensure improvements in health promotion, risk reduction, and suicide prevention policies, programs, and processes.
- **Suicide Prevention Efforts.** 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 Prevention Task Force and Council (Currently referred to as the Risk Reduction and Health Promotion Task Force and Council). More than 332 tasks are currently being reviewed by the Task Force (*27 percent completed as of 20 Sep 2011*).
- **Institutionalize Army HP&RR TF.** The Army will begin to institutionalize the experience of the Army HP&RR TF into enduring processes and forums to continue integration and synchronization of Army HP&RR Campaign Plan for FY11.
- **Leader and Service Provider Training.** Continued focus on mentoring and training leaders and service providers is key to fixing the problems identified in the HP/RR/SP report. Part of leadership is creating an environment where it is okay to ask for help—and where it is our duty to extend a helping hand. This, too, is in keeping with the Army Warrior Ethos to never leave a fallen comrade.

- **Training and Resources.** 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. The Army is continuing to bridge programs and services to RC Soldiers and Families when not on AD. Improvements have been made to enhance awareness of and access to training and resources; working with employers and private sector to mitigate economic stress; and improving the quality and access to health care for all RC Soldiers.
- **Leadership Support.** Because today's Soldiers are experiencing a lifetime of stress during their first six years of service, it is especially important that Army leaders at all levels remain dedicated to promoting resilience, coping skills, and help-seeking behavior across the Force.
- **Army Study to Assess Risk and Resiliency in Service Members (STARRS).** The Army continues to partner with behavioral health professionals to constantly refine and improve its programs, including the Army STARRS, the largest study of suicide and mental health among military personnel ever undertaken (partnership with the National Institute of Mental Health). After one year of finalizing the study design, obtaining institutional review board approval, and constructing the necessary capability to gather and analyze data; the Army STARRS team is beginning to conduct the new Soldier study and all-Army study.
- **Army Department of Defense Suicide Event Report (A-DoDSER)**
The Army Department of Defense Suicide Event Report (A-DoDSER) Program manages all reports related to suicide attempts, ideations, and completions for Army specific Service Members (SM). Behavioral and Social Health Outcomes Program (BSHOP) under the Public Health Command has been charged with management of the A-DoDSER Program by the Assistant Secretary of the Army. The A-DoDSER program ensures data collection and submission compliance for the Army and provides training and technical support to individual users regarding basic functions of the software. The cell also provides quality assurance, develops and maintains Army-level policies for the program's success, and serves as the point of contact for requests for Army-level data.
- **Army's Behavioral Health Integrated Data Environment (ABHIDE)**
The BSHOP also maintains the Army's Behavioral Health Integrated Data Environment (ABHIDE). The ABHIDE, which collects data from approximately 30 data sources, is a comprehensive, case-based suicide registry that provides a retrospective look at self-harm behaviors. Data from the ABHIDE are used in consultation to Army suicide prevention leaders to answer questions raised by Army leaders. The system enables surveillance and assessment of leader-prioritized behavioral health outcomes such as PTSD, depression, substance abuse, domestic violence, and violent crimes.

- **Confidential Treatment Programs.** Confidential treatment program (CATEP, MFLC, TRIAP, MOS, etc.) will help to bridge the current culture and encourage behavioral health care and help-seeking behavior to effectively eliminate stigma.
- **Applied Suicide Intervention Skills Training (ASIST).** The Army continues to increase the availability of suicide intervention training, called 'Applied Suicide Intervention Skills Training' (ASIST), for Army leaders at all levels and other key personnel whose primary duties involve assisting those in need who are more susceptible to suicide ideation—to certify them in suicide prevention and intervention skills. In calendar year 2010, 45 Army personnel attended the 5-day ASIST training becoming registered ASIST train-the-trainers (T4T). Army T4T registered trainers conducted 672 ASIST 2-day suicide prevention, awareness, and intervention workshops resulting in 15,137 trained personnel. ASIST workshops are conducted at Army garrisons and in active combat zones to include Bosnia, Iraq and Afghanistan.
- **Skill Identifier/Additional Skill Identifier (SI/ASI) for ASIST Qualified Trainers.** The Army established a SI/ASI S1 to identify any officer, warrant officer, and enlisted personnel who successfully complete the ASIST Training for Trainers course and are qualified to conduct the two-day ASIST training workshops at installations and organizations.
- **Ask, Care, Escort Suicide Intervention (ACE-SI) Training.** The Army continued its commitment to the ACE-SI for first line supervisors and battle buddies, and ASIST Training for Gatekeepers and Green Tab Leaders. ACE-SI training includes suicide awareness, warning signs of suicidal thinking and behavior, risk factors, protective factors/resilience, and intervention skills development. HQDA, Suicide Prevention Program Office and Public Health Command have engaged in a collaborative effort to conduct regional ACE-SI training workshops to assist local Suicide Prevention Program Managers and facilitate increasing the Army's ACE-SI certified population.
- **HQDA Suicide Specialized Augmentation Response Team (SSART).** The Army established the HQDA SSART to augment local commanders and staff requesting additional support following a cluster of suicide events within their command.
- **Increase in Resources.** The Army has increased funding for use of "3R" bonuses (recruiting, relocation, and retention) to hire more substance abuse program and family advocacy program counselors. The Army has expanded its civilian force structure to include supportive specialties such as Licensed Professional Counselors and Licensed Marriage and Family Therapists. The Office of the Secretary of Defense has provided the authority to offer permanent health profession bonuses to Clinical Psychologists and Social Workers.

These new benefits include incentive pay and accession bonuses for Clinical Psychologists, replacing the current Critical Skills Retention Bonus and accession bonuses for Social Workers.

- **New Suicide Prevention and Awareness Training Video.** In Aug 2011, the Army released its latest Suicide Prevention and Awareness training video, “Shoulder to Shoulder: Finding Strength and Hope Together” (S2S: III). This video takes a holistic approach to suicide prevention and provides compelling testimonials on the importance of resilience in preventing suicides throughout the entire Army Family (Soldiers, DA civilians and Family members).

The training also encourages leaders to connect with their Soldiers and introduces the topic of prescription drug addiction, as conveyed by an Army senior leader, to bolster the message of promoting help-seeking behavior. (Available for viewing and downloading at www.preventsuicide.army.mil and ordering from www.defenseimagery.mil using PIN: 712155.)

- **Stigma Reduction Campaign Plan.** The Army is currently working to develop a comprehensive Stigma Reduction Campaign Plan to encourage help-seeking behavior and normalize the care of the “hidden wounds” incurred by Soldiers.
- **HP/RR/SP Training Strategy.** The Army is currently in the process of creating an overarching HP/RR/SP training strategy for all Army components, DA Civilians, and Family members to produce an integrated, synchronized, targeted, and consistent training.
- **Standardized HP/RR/SP Training.** The Army will develop an enterprise HP/RR/SP training program to deliver current, standardized and synchronized training through the operational, institutional and self-development domains to Soldiers, DA Civilians and Family members.
- **Health Fair - Observance of National Suicide Prevention - 14 & 15 Sep 11.** The HPRR TF spearheaded a Health Fair in the Pentagon Center Courtyard on 14 & 15 Sep 11 in observance of National Suicide Prevention Week and Army Suicide Prevention Month. The event had participation from 23 Federal government and private industry agencies, with expertise in the area of behavioral health, risk reduction, and suicide prevention. All participants were equipped with materials for visitors which covered topics such as resilience and coping skills, recognizing suicidal behaviors and risk factors, a myriad of counseling services and resources to include marriage and relationships, crisis intervention, survivor resources, studies, etc.

- **Revision to Regulations.** Several key Army Regulations (AR) and Department of the Army Pamphlets (DA PAMs) are under revision to include a rapid rewrite of AR 600-63 (Health Promotion) and DA PAM 600-24 (Health Promotion, Risk Reduction and Suicide Prevention).

The revised AR 600-63 and DA PAM 600-24 will provide enhanced guidance and information to help Army leaders, suicide prevention professionals and other key personnel improve programs at the installation level.

- **Pain Management Strategy.** The Army is in the process of developing a comprehensive pain management strategy that will provide a standardized Army approach to pain management to optimize care to Soldiers and their Families.
- **Prescription Drug Take-Back Program.** Initiatives are underway to implement a take-back program for controlled substances in order to reduce the amount of unnecessary controlled substances in the force, decrease the non-medical use of prescription medication, and decrease accidental overdose and death related to unauthorized use of controlled substances.
- 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. (www.preventsuicide.army.mil)
- Produced the “Shoulder to Shoulder: I Will Never Quit on Life” training video. (www.preventsuicide.army.mil)
- 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.
- 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 (2010) 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.

Component	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Active Duty (AD)	52	70	80	67	86	100	115	140	162	155	124
2. Active Army	45	55	63	54	63	86	93	115	145	139	109
3. ARNG on AD	1	9	11	10	18	4	19	17	14	10	11
4. USAR on AD	6	6	6	3	5	10	3	8	3	6	4
5. Not on Active Duty (NAD)	N/A	N/A	17	18	25	35	62	60	80	146	78
6. ARNG NAD	N/A	N/A	6	10	9	22	41	41	48	103	57
7. USAR NAD	N/A	N/A	11	8	16	13	21	19	32	43	21
8. AD/NAD Grand Total	*52	*70	97	85	111	135	177	200	242	301	202

*Note: Chart reflects calendar year (CY) data and not fiscal year (FY) data as listed in the 2010 report. Active Duty (AD) totals (row 1) include Active Army and Reserve Component (ARNG/USAR) Soldiers serving on AD (rows 2, 3, and 4 combined). Not on Active Duty (NAD) totals (row 5) include Reserve Component (ARNG/USAR) Soldiers in M Day and TPU status, respectively (rows 6 and 7 combined). *AD only; NAD tracking began in 2003. Data as of 22 September 2011.*

Summary: 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 Army National Guard Bureau Suicide Prevention Program (NGB - HRS)

Talking Points

- The Army National Guard (ARNG) recognizes that each Soldier and Family is part of a support structure and a protection network that helps them cope and thrive in the face of life's challenges.
- As a national peer support helpline with 24/7 access, Vets4Warriors can encourage help seeking behaviors by providing non-stigmatizing assistance to Servicemembers and Veterans.
- The ARNG Strong Bonds program provides support for those involved with the lives of individuals facing behavioral health challenges and ensures that accurate information, guidance, and needed services are easily obtained.
- Normalizing help-seeking behavior is a component of all ARNG programs and initiatives, including resilience training, for Soldiers and Family members.
 - A key aspect 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.
- The ARNG's focus on resilience includes the use of the Army's Comprehensive Soldier Fitness Program.
 - Master resilience training is increasing assets available to commanders to improve Soldier resilience. The ARNG currently has 503 Master Resilience Trainers (MRTs) out of a baseline requirement of 2787.
 - The projected 2787 ARNG MRTs will in turn produce a minimum of 22,000 Resilience Trainer Assistants (RTAs) who will further propagate resilience skills under the guidance of the MRT. Increasing skilled trainers will prepare ARNG Soldiers and their Families to thrive in the face of protracted warfare and challenges of their Citizen/Soldier life.
 - MRTs and RTAs will eventually be assigned to every Company-sized unit to teach coping skills.

Army National Guard Initiatives

- The ARNG Strong Bonds program:
 - Develops and disseminates education and training materials on how to combat behavioral health stigma.
 - Creates opportunities and forums for strengthening relationships.
 - Introduces a more holistic approach to physical health and mental wellness by promoting spirituality and faith-based practices as tools for wellness and recovery.

- The Army National Guard Yellow Ribbon Reintegration Program provides a robust, preventive, and proactive support program for Soldiers and Families, promoting preparedness through education, by conducting effective Family outreach, leveraging resources, and supporting the volunteer force. This provides the *continuum of care* needed to ensure successful Soldier and Family reintegration following deployment and throughout their life cycle.

- The Soldier and Family Support division supports and assists the Yellow Ribbon programs in the states and territories. To date in fiscal year 2011, 1,055 events have been completed with 71,884 Servicemembers and 71,889 Family members attending.

- Other ongoing ARNG programs include Ask, Care and Escort (ACE) materials, Comprehensive Soldier Fitness, and Soldier-to-Soldier Peer Support.
 - Through the Yellow Ribbon Reintegration Program activities, Strong Bonds events, and other ARNG Family and Soldier Support venues, ARNG Families and employers are being trained to assist in identifying those who should be referred to unit leadership and support services.
 - In May 2011, ARNG self-help magnets, containing key resources and specific contact information, were mass produced and distributed to all states/territories.

- In March 2011, the ARNG Resilience, Risk Reduction, and Suicide Prevention Campaign Plan was distributed with widest national dissemination; periodic updates are forthcoming.
 - Key messaging includes: “The ARNG’s primary goal is to ensure all Soldiers are treated with dignity and respect and encouraged to seek assistance if they are experiencing challenges or have been identified with behavioral health or substance abuse symptoms (It’s ok to seek help).”

- In January 2011, the Army National Guard established a Resilience, Risk Reduction and Suicide Prevention (R3SP) Task Force to focus efforts on specific actions which will increase resilience.

- In 2010, the ARNG Leaders Guide on Soldier Resilience was published and distributed to reinforce the fundamentals of military garrison leadership at the unit level.
 - The manual focuses on supervisor-subordinate interactions and mentoring, including **SOURCES OF STIGMA AND HOW TO ATTACK IT** in the section entitled “The NCO's Role in Stigma Reduction.”
- Each state/territory has been resourced for a Suicide Prevention Program Manager.
- The Army 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].

Prepared by: ARNG-HRS
Coordinated with: NGB-PA



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).

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 are 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 are 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 participated 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.
- Army Strong Community Centers. The Army Strong Community Center program was established by the Army Reserve to support Military Members and their Families who live away from the larger military installations where support is readily available.
 - The ASCC aims to connect geographically dispersed Families with support resources in their own community. The Army Strong Community Center is an information and referral office dedicated to assisting and supporting Service Members, Retirees, Veterans and Family Members.
 - The ASCC serves all branches of the military, active and reserve. There are currently 4 Army Strong Community Center locations in Rochester, NY; Brevard, NC; Coraopolis, PA; and Oregon City, OR.
- On January 2011, the AR stood up the Reserve Component Soldier Medical Support Center in the C.W. "Bill" Young Armed Forces Reserve Center in Pinellas Park, FL. Its purpose is to address the shortcomings GEN (Ret.) Franks identified in the RC medical evaluation board process.
 - The Center will work to streamline the medical evaluation board process for RC Soldiers. This will involve a positive tracking process, expedited reviews and a scheduling process to move RC Soldiers quickly through each step of the evaluation.
 - The Center will be a vital link between the RC Soldier and the Army to speed up board processing times, and provide for speedy care and adjudication of medical status.

- We owe it to our Citizen-Soldiers and their Families to get the medical evaluation board system right and the Center will help us do so.

Prepared by: Army Reserve Communications
Coordinated with: AR G1; OCPA



MEDCOM

U.S. Army Medical Command Suicide Prevention

Purpose. To provide updated information on 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.

- **Behavioral Health System of Care Campaign Plan (BHSOC-CP)** – The Behavioral Health System of Care (BHSOC) is an initiative nested under the Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention. The BHSOC 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 BHSOC 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.

Prepared by: OTSG
Coordinated with: MEDCOM-PAO



OCCH
Office of the Chief of Chaplains

Purpose. To provide updated information on the U.S. Army Chaplain Corps Role in Suicide Prevention.

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 chaplain policy of absolute confidentiality encourages help-seeking behavior from a ready resource in 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 encourage support by civilian faith communities, the Army Chief of Chaplains developed a clergy resource guide to help faith leaders develop programs to reach out to Soldiers and their Families. www.chapnet.army.mil.

Prepared by: DACH - PA
Coordinated with: OCPA