UNCLASSIFIED

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Subject: Commander and Leader Responsibilities – Removing Stigma

1. References.

A. The Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention (ACPHP), 16 APR 09.

B. AR 623-3, Evaluation Reporting System, 10 AUG 07.

C. ALARACT, DTG: 0905111956Z.

2. It is clear to all of us that the increased suicide rate in our Army represents an unacceptable loss to our Army and our nation. In my recent visits to the field and through numerous accounts reported in a variety of ways, I've seen how the stigma related to seeking behavioral health treatment represents one of the greatest barriers to individuals accessing care and improving overall performance and well-being.

3. Stigma arises when Soldiers receiving behavioral health treatment are singled out in front of others who do not have a need to know. Stigma is also heightened when Soldiers are physically identified through clothing or markers, and are subsequently treated as if they are no longer contributing members of the Army team. Therefore, I want to make very clear that it is not acceptable to identify Soldiers who are seeking behavioral health treatment through the use of road guard vests, signs or other markings. It is preferable to utilize the buddy system to provide the Soldier with increased support and monitoring when indicated by the treating behavioral health professional. We must maintain unit and team integrity to accomplish the many challenges in our missions.

4. There is a definite connection between the way a leader handles Soldiers who are seeking behavioral health treatment and the unit's command climate. The leader's approach to handling Soldier issues directly affects morale and the unit's subsequent willingness to work together as a team to accomplish its mission. It is imperative that we treat Soldiers seeking help with the dignity that both their service deserves and is consistent with the Army Values. I strongly encourage leaders to discuss the importance of removing stigma to the health of our Soldiers and the unit's behavioral health goals during their initial and performance counseling of their subordinates. Specifically, I anticipate the discussion to address how the rated Soldier's actions in handling Soldiers with behavioral health issues impact the command climate and overall unit

performance. I do not expect that this counseling topic will necessarily be reflected on subsequent officer and NCO evaluation reports as a specifically addressed issue, but it may be addressed as part of the leader's overall management of command climate and unit morale.

5. Our doctrine reflects that the appropriate use of our behavioral health resources serves as a force multiplier by improving resilience, reducing the impact of stress on our Soldiers and improving overall mission readiness and capability. It is vital that we take advantage of all our available resources and create a positive command climate that permits and encourages Soldiers to use the available behavioral health expertise while simultaneously expecting performance from the Soldier.

6. We must work together to develop our leaders and to decrease stigma, change Army culture and create a rapid shift to socialize positive attitudes toward effectively addressing behavioral health issues.

7. Please contact the Army Suicide Prevention Task Force for additional guidance and clarification, at 703-571-5575 or VCSASITFOPS@us.army.mil.

GEN Chiarelli