

SENIOR REVIEW GROUP (SRG) THEMES AND TRENDS (Volume 2)

1. THEME: LOST ART OF GARRISON LEADERSHIP

- Leaders know your Soldier; maintain contact both on and off duty
- Commanders connect the dots, Soldiers keep problems to themselves
- As Commanders, leaders and Soldiers, come back to Garrison level and focus on basics (i.e. Soldier AWOL, inventory their barracks room and secure the belongings; if a Soldier has a positive Urine Analysis, initiate a Command referral to ASAP).
- Challenges in understanding and executing command/garrison responsibilities
- Command climate: Support your Soldiers seeking help

2. THEME: SOLDIERS FALL THROUGH THE CRACKS AS THEY TRANSITION

- Vulnerable Periods: PCS, ETS, Departure to / Return from Professional Military Education Courses, Deployment / Redeployment, and Changes of Leadership
Assess Soldier's mindset in regard to deployment and new mission
- Soldiers have not established social support at new location
- Commanders and Soldiers unaware of resources available at new location
- Chain of command follow-up to lessen feelings of isolation during deployment
- Monitor Soldiers who had a drastic professional or personal event to include: relationship, legal, drugs, and alcohol issues. Be aware of any combination of these high risk behaviors on Soldiers transitioning

3. THEME: BEHAVIORAL HEALTH / ASAP SHORT CIRCUITS

- First-line supervisors should have personal involvement with Soldier's behavioral health and Soldier's accountability toward behavioral health
- Health Care providers limited sharing of Soldier's behavioral health and Soldier's accountability toward behavioral health
- Emphasize importance of Behavior Health (BH) Care follow-up and monitoring patient, especially in regard to Soldiers with prior suicide attempts
- Develop procedures – account for BH no-shows especially high-risk Soldiers
- Signs of no depression or mental health issues do not outweigh high risk Soldiers
- Chain of command vigilant toward BH changes and stress in Soldiers
- BH professionals be aware of challenges as they relate to the Soldier's job
- BH providers should optimize lessons learned to create new opportunities to change and/or adjust practices toward Soldiers
- Accessible BH professional doesn't mean Soldier will seek the needed assistance
- Existing BH professionals should be comparative to number of Soldiers down range
- Black-box prescription warning; BH obligated to notify Soldier's Chain of Command
- Educate Soldiers to understand BH is real

4. THEME: FAMILY MEMBERS “INTEGRAL” IN IDENTIFYING RISKY BEHAVIOR

- Suicide Prevention Training - informed family members are a must
- Better education of spouse and close personal “off-the-job” friends
- Soldiers exhibit “out of the ordinary” redistribution of personal affects
- Family members need to know “stigma” is not associated when identifying family member who seek mental health/counseling assistance

5. THEME: WORK SIGNALS

- Report to Chain of Command any Soldier exhibiting suicidal warning signs
- First-line supervisors may not know their Soldier's stressors but, peers/friends do
- Ensure peers and friends are accountable to Soldier and first-line supervisor
- Soldiers isolated from a traditional military unit encounter a civilian workforce with a need for a more intense and informed audience
- Emphasize suicide prevention training throughout the workforce

6. THEME: SOLDIER SPEED BUMPS

- Financial / legal / or drugs problems
- Over-achiever, unable to adapt
- Soldier's stature does not negate suicide
- Loss of status for senior Soldiers
- Enhanced stigma concerns for leaders
- Not all suicides have warning signs; compulsive, split-second decision
- Feelings of loneliness or depression