



ARMY SUICIDE PREVENTION PROGRAM



DoD/VA Suicide Prevention Conference 14 - 18 March 2011

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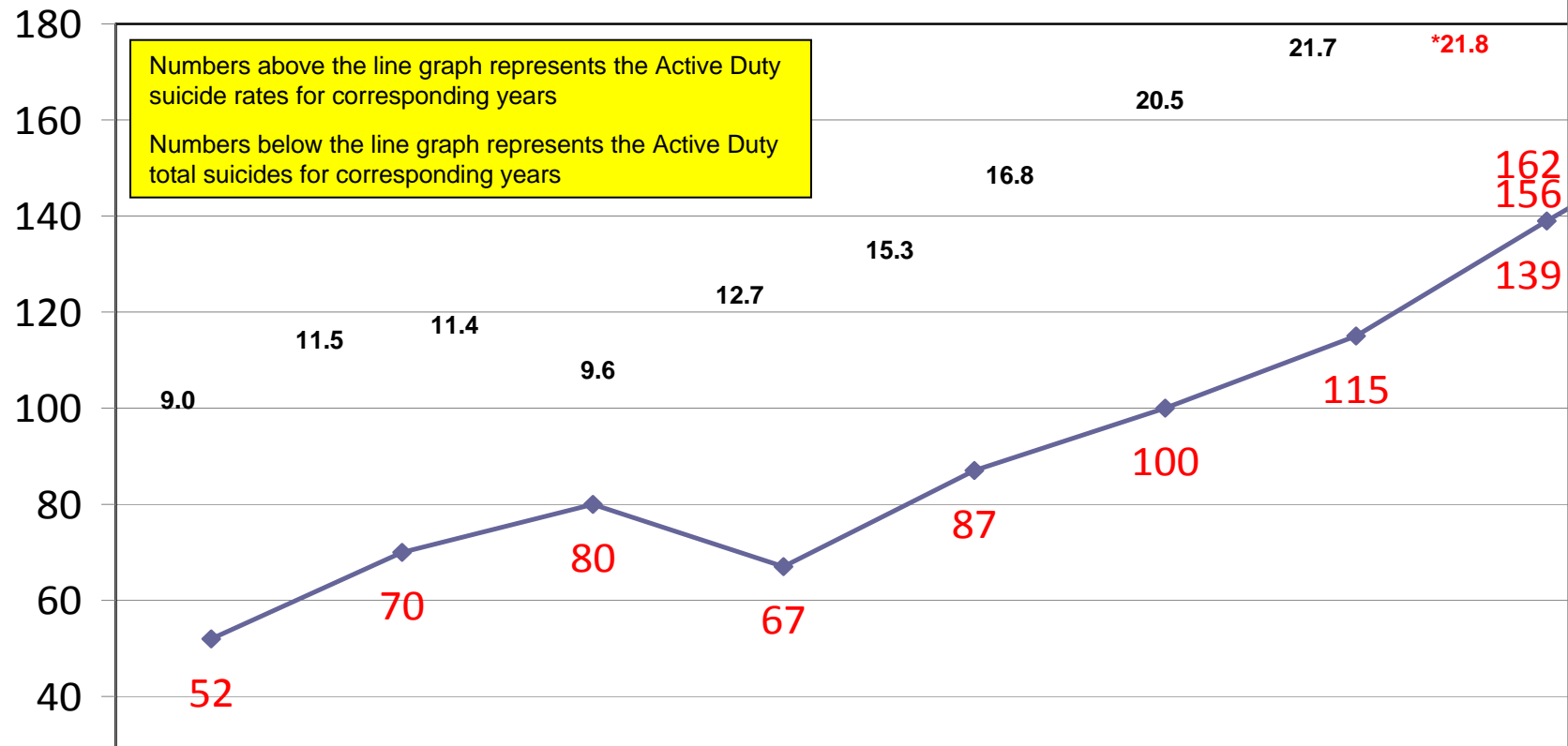
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www.preventsuicide.army.mil



Army Suicides

Active Duty Suicides by Calendar Year



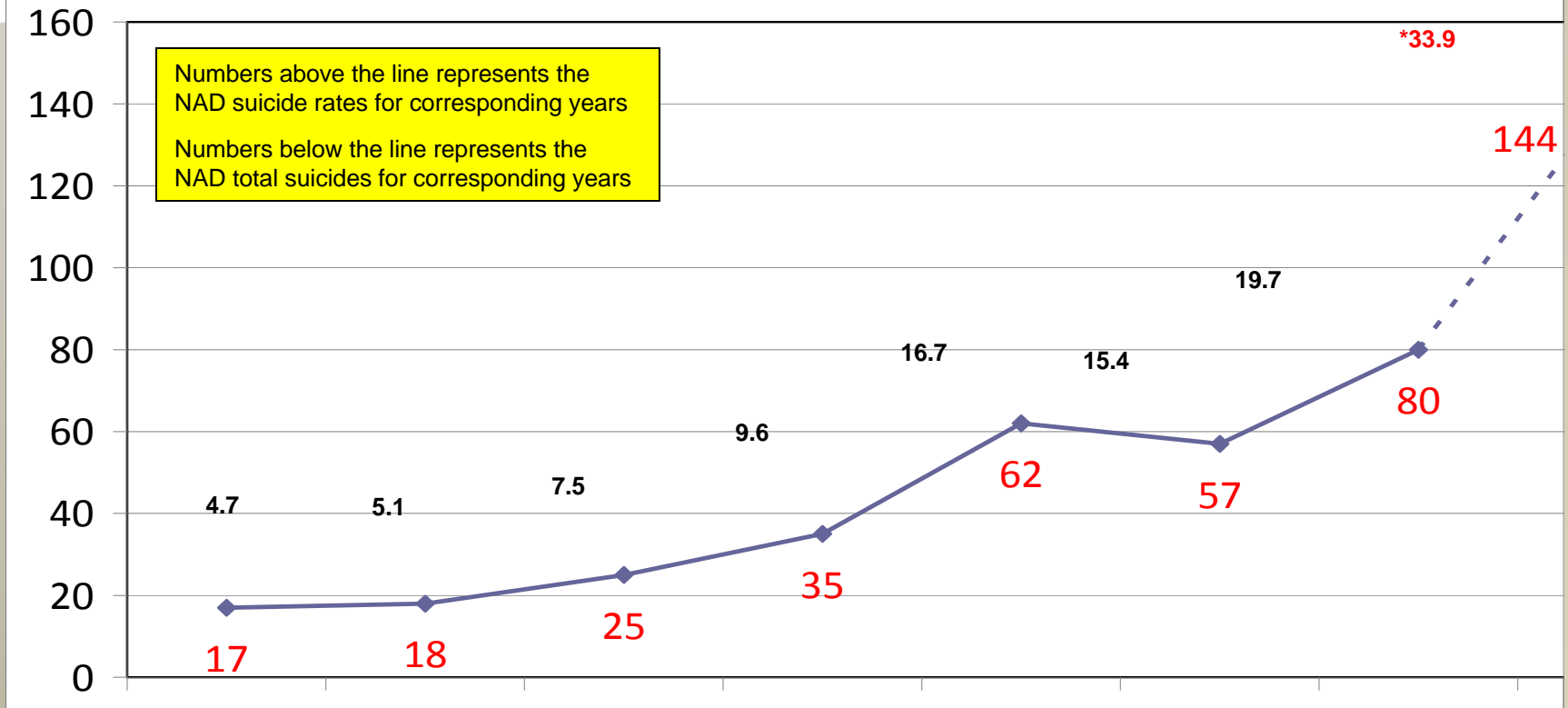
Source: Armed Forces Medical Examiner (AFME)
Defense Casualty Information Processing System (DCIPS)
Active Duty Includes Active Army, USAR and ARNG on Active Duty
CY 2006, 2008, and 2009 Active Army totals include one cadet each year

* CY2010 preliminary Active Duty Suicide Rates per 100K



Army Suicides

Not on Active Duty Suicides by Calendar Year



Source: National Guard and US Army Reserve Command

* CY2010 preliminary Not on Active Duty Suicide Rates per 100K

NAD Suicide Operating Strength calculation: Total RC operating strength per CY minus the RC serving on AD for corresponding CY .



CY 10 Accomplishments

- Created multidisciplinary HQDA Suicide Specialized Augmentation Response Team to assist communities and commanders in the event of suicide clusters when requested
- Released Shoulder to Shoulder 2 and Home Front videos along with facilitators guide (www.preventsuicide.army.mil)
- Distributed of 200K Suicide Prevention Pamphlets for leaders
- Memorial services provided for all Soldiers, to include those who die by suicide
- Established core stigma questions for future surveys to assess the Army's progress with reducing stigma associated with seeking behavioral health care
- On-going marketing campaign aimed at promoting positive effects of seeking BH and reducing stigma (posters, videos, etc.)
- On-going Development of the Army Behavioral Health Integrated Data Environment (ABHIDE), a Public Health Command Suicide Registry, to improve suicide data management and analysis
- Participated in the Equal Opportunity/Equal Employment Opportunity Symposium to leverage capability



Suicide Specialized Augmentation Response Team (SSART) / Staff Assistance Team (SAT)

- HQDA created a multidisciplinary HQDA Suicide Specialized Augmentation Response Team/Staff Assistance team
 - **Purpose:** Assist installation, station, camp and unit commanders and Suicide Response Team with oversight by the local Suicide Program Manager
 - **Mission:** Provide assistance and support to the commander by providing pertinent and timely intervention to a cluster of suicide events, when requested
 - The SSART/SAT is also designed to address commander's inherent concerns, issues, and challenges associated with suicide and to identify gaps in local policies and services and offer recommendations for improvement
 - **Availability:** Active Army and Reserve Components



Shoulder to Shoulder: I will never quit on life and Home Front Videos

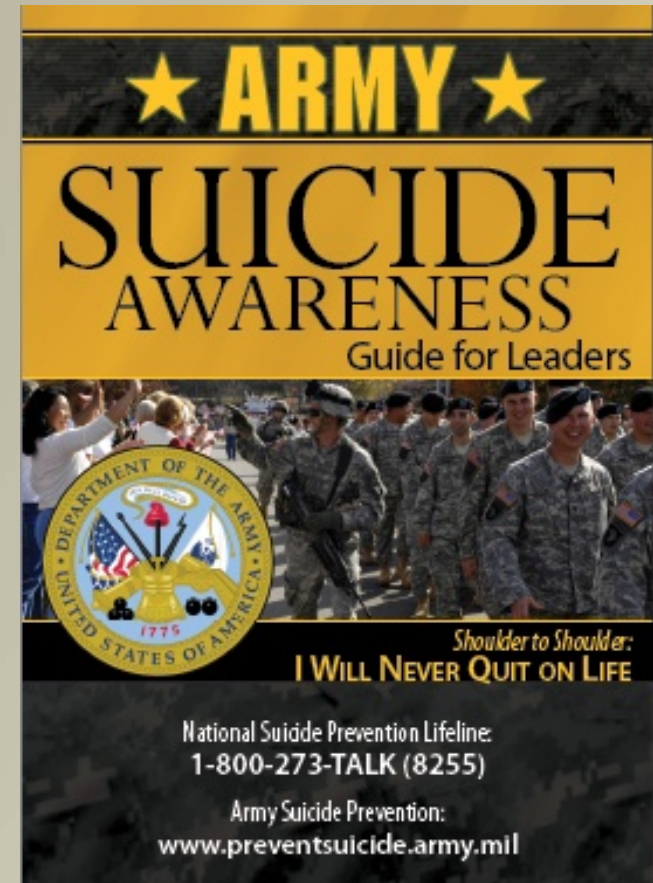
- The Army released a second video in the Shoulder to Shoulder series, Shoulder to Shoulder: I will never quit on life (S2S-II), in Sep 2010
- S2S-II captures testimonials from individuals who have attempted, contemplated or intervened in preventing suicide
 - Intended for Soldiers, junior leaders and first-line supervisors
 - Military and DA civilian training available
- The Home Front (HF) video was released in Nov 2010
- The Home Front consists of six interactive vignettes for active Army, ARNG, USAR, DA civilians and Family members
- Both videos promote the use of help-seeking behavior and intervention skills development as mechanisms for preventing suicides
- Videos and user guides are available on the DCS, G-1 Suicide Prevention website and additional copies may be ordered through Defense Imagery: <http://defenseimagery.mil/index.html>





Leaders Guide for Suicide Prevention

- 200,000 copies of the updated Suicide Awareness Guide for Leaders, *Shoulder to Shoulder: I Will Never Quit on Life* were distributed to Army's Training Support Centers (TSCs) in Jan 11; Units can obtain copies from their Tng Spt Centers
- The guide is used as a quick reference for unit leaders to increase their, and their Soldier's, DA Civilians, and Family Member's, awareness level in regards to suicide prevention awareness, training, warning signs, leader's responsibilities, and resources
- Updated version:
 - Removes redundancy
 - Changes language to focus on suicide awareness and leadership taking an active role in enforcing policies; the message of resilience is emphasized throughout the guide;
 - Changes suicide prevention/awareness references from "Soldiers" to "Soldiers, DA Civilians, and Families"





Memorial Services

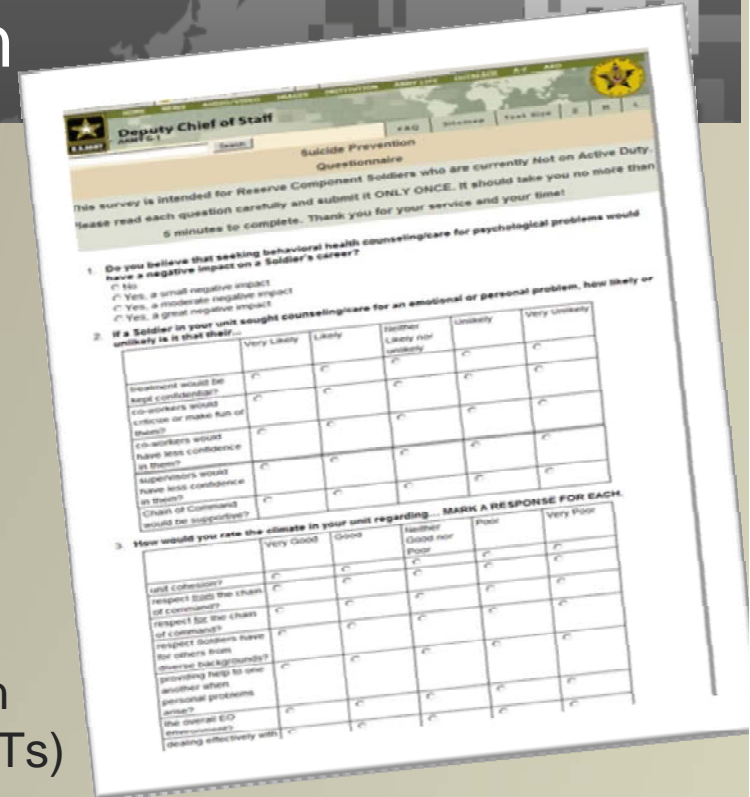
- In response to reports that Soldiers who died by suicide were not provided appropriate unit memorials, Army Regulation (AR) 600-20, *Army Command Policy*, was revised to mandate unit memorials for all Soldiers (paragraph 5-14).
 - The policy does allow for command exceptions, but these relate only to Soldiers who have been convicted of or found to have committed a Federal or State capital crime; the policy requires Commanders to conduct memorial events for Soldiers who die by suicide.
- Rapid Action Revision (RAR) to AR 600-20 was published 27 Apr 2010 and is available on the Army Publishing Directorate website <http://www.apd.army.mil/>





Stigma Reduction

- Established core stigma questions to assess the Army's progress with reducing stigma associated with seeking behavioral health care
 - Generated through a collaborative multi-Army agency effort
 - Core questions will be included in all future Sample Survey of Military Personnel surveys (SSMP) and surveys conducted in conjunction with the Mental Health Advisory Teams (MHATs)
- Core stigma questions were also incorporated into DMDC's 2010 Quick Compass Survey on Mental Health (all Services)
- Coordinated with the Office of the Surgeon General (OTSG) to link the Periodic Health Assessment (PHA) to a short survey with these core stigma questions on the Army G-1 website in order to capture feedback from Reserve Component Soldiers who are Not on Active Duty (launched on 4 Jan 2011)





Stigma Reduction Marketing Campaign

- Ongoing marketing campaign aimed at promoting positive effects of seeking Behavioral Health (BH) and reducing stigma
 - New posters developed by the Army Public Health Command (Prov)
 - New videos emphasize importance of seeking behavioral health care, if needed, and leaders' support for Soldiers seeking BH
 - Policy updated to emphasize leaders' role in reducing stigma
 - Increased STRATCOM for BH resources (e.g., TRICARE Assistance Program [TRIAP], Confidential Alcohol Treatment and Evaluation Program [CATEP], Military OneSource counseling, etc.)
 - Army News articles highlighting Soldiers (and senior leaders) who sought BH care





Army Behavioral Health Integrated Data Environment (ABHIDE)

- Ongoing development of the Army Behavioral Health Integrated Data Environment (ABHIDE), a Public Health Command Suicide Registry, to improve suicide data management and analysis.
 - Enables the analysis of high quality data pertaining to U.S. Army suicides from many disparate sources;
 - **Goal:** Improve prevention and mitigation efforts by exposing, correlating, and integrating these data to provide a composite picture, enabling surveillance and decision-making that will positively impact social behaviors across the Army
 - Data from ABHIDE is also used to support PHC(Prov) and the Study to Assess Risk and Resilience in Service Members (STARRS)

Databases



EO/EEO Symposium

- Leverage current EO/EEO Practitioners / Leaders capability to:
 - Reduce the stigma of seeking behavioral health care
 - Provide equal access to care / counseling / support
 - Support local Suicide Prevention stakeholders, (e.g. Task Forces, Community Health Promotion Councils) to minimize suicidal behaviors on Soldiers, Leaders, DA Civilians, and Family members
 - Identify personnel who may be at high-risk of suicide
- Conducted 10 training sessions – 350+ participants





Army Suicide Prevention – Way Ahead

- Incorporation of recommendations provided by Army Study to Assess Risk and Resilience in Service members (STARRS) study
- Stigma Reduction Campaign
- HPRRSP Program Portfolio/Governance
- Development of metrics and standards to measure program success
- Integrated HPRRSP Training Strategy
- Expanded data analysis due to enhancements to database and implementation of ABHIDE