DEPARTMENT OF DEFENSE

Defense Suicide Prevention Office

ANNUAL REPORT – FY 2012

Defense Suicide Prevention Office: FY 2012 Annual Report

We remember those military members who have died by suicide and their survivors.

Jen Haugen's work was created in an Art Therapy session at the Tragedy Assistance Program for Survivors and is a part of the healing art on display at DSPO.

Contents

Mission 2
Vision 2
Goals 2
Message from the Deputy Assistant Secretary of Defense (Readiness) 3
Secretary of Defense Memorandum on Preventing Suicide in the Military 4
Executive Summary 5
Overview: About the Defense Suicide Prevention Office 7
- History 7

Organizational Structure and Steering Committees 9
- Personnel and Readiness (P&R) 9
- Suicide Prevention General Officer Steering Committee (GOSC) 9
- Suicide Prevention and Risk Reduction Committee (SPARRC) 10
- Health Executive Council (HEC)/Joint Executive Council (JEC) 10

Priority Group Issues: Progress on Task Force Recommendations 11
- Group 1 – Issue Policy Directive 11
- Group 2 – Increase Fidelity of Data and Data Processes 13
- Group 3 – Develop a Program Evaluation Process 13
- Group 4 – Improve Strategic Messaging and Reduce Stigma 15
- Group 5 – Develop Means Restriction Policy 18
- Group 6 – Conduct a Comprehensive Training Evaluation 20
- Group 7 – Evaluate Access and Quality of Behavioral Health Care 21
- Group 8 – Review and Standardize Investigations 22
- Group 9 – Develop a Comprehensive Research Strategy 23

Summary 24
Appendix 1: NDAA 2012 Section 533 and DSPO Collaboration 25
Appendix 2: External Engagements 26
Appendix 3: Speaker Series 27
Appendix 4: Glossary of Abbreviations 28

Defense Suicide Prevention Office

Mission

Serve as the DoD oversight authority for the strategic development, implementation, centralization, standardization, communication, and evaluation of DoD suicide and risk reduction programs, policies, and surveillance activities to reduce the impact of suicide on Service members and their families.

Vision

Enable total force fitness through suicide prevention and resilience programs and policies to ensure Service members and their families overcome risk factors and are mission ready from entry on duty to retirement or separation.

Goals

DSPO's five strategic goals are:

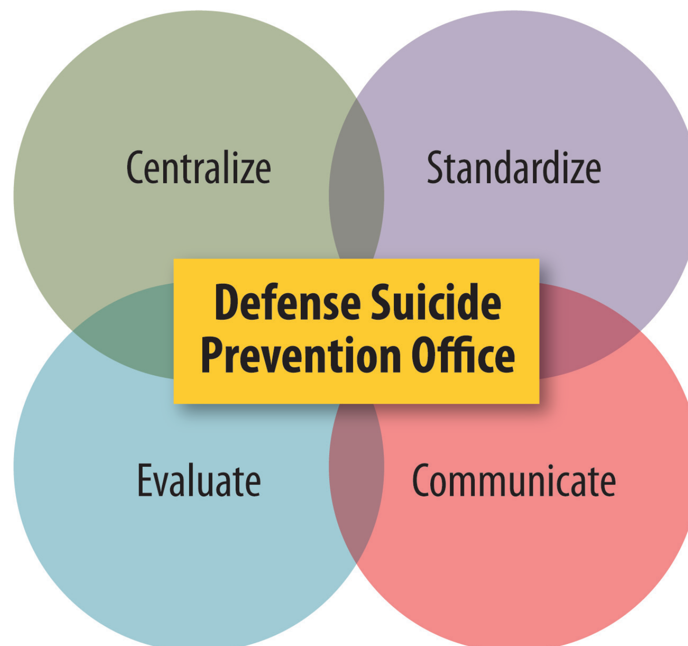
GOAL 1: Provide policy guidance that fosters a command climate that emphasizes and encourages help-seeking behavior, reduces stigma, and builds resiliency.

GOAL 2: Promote Total Force Fitness elements by identifying effective suicide prevention training strategies.

GOAL 3: Facilitate access to quality care and supportive services to strengthen resilience and readiness and assist survivors and families.

GOAL 4: Establish, monitor, and analyze the results of research and surveillance activities to identify risk factors and inform effective programs and policies.

GOAL 5: Foster cooperation to develop suicide prevention information and resources among stakeholders from federal agencies; public, private, and international entities; and institutions of higher education.



Dr. Laura Junor, Co-Chair, GOSC
Deputy Assistant Secretary of Defense (Readiness)

Message from the Deputy Assistant Secretary of Defense (Readiness)

Suicide is one of the most important issues—and greatest challenges—facing the Department of Defense. The loss of a single life to suicide of one our Service members is one too many.

While the battle to prevent suicide in the military is a very difficult one, the establishment of the Defense Suicide Prevention Office (DSPO) is a critical prong in our strategy to help active duty Service members and their families who are in crisis. Since it began operations in November 2011, DSPO has played a critical role in preventing suicide, reducing risk, and building resilience in our military.

The critical findings of the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces have served as the beacon for DSPO's work in enhancing suicide prevention efforts across the Department. Fiscal Year 2012 started with the Office of Personnel and Readiness standing up an office—DSPO—under the Deputy Assistant Secretary of Defense (Readiness) to meet the Task Force's first recommendation to more effectively prevent suicide.

As the co-chair of the Suicide Prevention General Officer Steering Committee (GOSC), which oversees the implementation plan for the Task Force recommendations, I witnessed the major strides that DSPO made in FY 2012 in working to standardize, centralize and evaluate the numerous suicide prevention initiatives that are spread across the Department. This report illustrates DSPO's pioneering work for the military.

DSPO and the Services are committed to working to find best practices in a wide range of suicide prevention areas, from increasing the fidelity of suicide data and developing means restriction policies to effectively evaluating programs and enhancing the access and quality of behavioral health care.

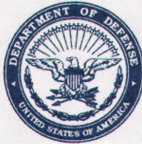
We will also continue to work together to foster a resilient culture based on Total Force Fitness and to reduce the stigma that prevents some Service members from seeking help for their behavioral health or other problems. We must ensure that Service members hear our message loud and clear: Seeking help is a sign of strength, and mental health treatment works.

In all of these efforts, we will collaborate closely with our partners, which not only include the Services, but also the Department of Veterans Affairs, the Department of Health and Human Services, non-profit organizations, universities, and many others who are joining forces in this battle. Together, we will help save the lives of the brave Americans who defend our great country.

Dr. Laura Junor
Deputy Assistant Secretary of Defense (Readiness)

Secretary of Defense Memorandum on Preventing Suicide in the Military

Secretary of Defense Leon Panetta issued the following memorandum in May 2012 to accent the importance of suicide prevention at the Department of Defense.



SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000

MAY 1 0 2012

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
COMMANDERS OF THE COMBATANT COMMANDS
CHIEF OF THE NATIONAL GUARD BUREAU
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE
ASSISTANT SECRETARIES OF DEFENSE

SUBJECT: Suicide Prevention for Department of Defense Personnel

In this Department, our most valuable resource is our people. As Secretary of Defense, I am committed to taking care of our people, and that includes doing everything possible to prevent suicides in the military. Since taking office, I have been deeply concerned about suicide in the military, which is one of the most complex and urgent problems facing this Department.

Suicide prevention is first and foremost a leadership responsibility. To that end, leaders throughout the chain of command must actively promote a constructive command climate that fosters cohesion and encourages individuals to reach out for help when needed. We must continue to fight to eliminate the stigma from those with post-traumatic stress and other mental-health issues. Seeking help is a sign of strength, and Department personnel, both military and civilian, must show this strength or assist those in need of help. Professional behavioral health interventions work, and we need to ensure that those seeking help, including counseling for mental health issues, can access these services effectively.

Just as importantly, commanders and supervisors cannot tolerate any actions that belittle, haze, humiliate, or ostracize any individual, especially those who require or are responsibly seeking professional services.

The Under Secretary of Defense for Personnel and Readiness has established a Defense Suicide Prevention Office to serve as the focal point for suicide prevention policy, training, and programs. This office will collaborate with Military Departments to implement the recommendations of the DoD Task Force on the Prevention of Suicide and serve as the DoD lead with the Department of Veterans Affairs and non-government organizations on suicide prevention.

As leaders of the Department, ensuring the health and safety of our people is our most important responsibility. Working together, we can and will make a difference. I have asked to be updated regularly on progress and best practices.

Figure 1: President Barack Obama issued an order to improve mental health access for Service members.

Executive Summary

With suicide on the rise among the US Armed Forces, a DoD Task Force issued a report in August 2010 that provided 76 recommendations for how the Department could more effectively prevent suicide. First among its recommendations was the establishment of a centralized suicide prevention office that would uncover best practices and help identify and reduce inefficiencies and gaps across the Services.

The Defense Suicide Prevention Office (DSPO) began operations in November 2011[1] as part of the Office of Personnel and Readiness, and it immediately developed a strategy to work with the Services and other key partners to fulfill the dozens of Task Force recommendations it accepted for action. DSPO's strategy also responded to other key research findings—such as those of RAND Corp. and the DoD's and Department of Veterans Affairs' Integrated Mental Health Strategy—on preventing suicide and enhancing the mental health of Service members and their families. Additionally, it responded to Section 533 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2012 and a Presidential Executive Order on *Improving Access to Mental Health Services for Veterans, Service Members, and Military Families*.

Upon analyzing the Task Force's 76 targeted recommendations, the Department determined that 36 recommendations required new actions be taken. It also determined that 34 recommendations had action planned, underway or completed, so DSPO and the Services would continue to monitor developments related to those recommendations. The Department found that six of the 76 recommendations did not merit any action.

Figure 2: "Suicide in the military… is one of the most complex and urgent problems facing this Department." –Defense Secretary Leon Panetta

To tackle the 36 recommendations requiring new action, the Department's Suicide Prevention General Officer Steering Committee (GOSC) established nine implementation priority groups. These focus on: 1) issuing suicide prevention policies; 2) increasing data fidelity; 3) evaluating programs; 4) reducing stigma; 5) restricting lethal means; 6) conducting training evaluations; 7) evaluating the access and quality of behavioral health care; 8) reviewing and standardizing investigations; and 9) developing a comprehensive research strategy. Led by Jackie Garrick, its acting director, DSPO assembled a team of officials with extensive experience in policy, legislation, data analysis, research, program analysis, and communications and other experts to focus on these priority groups.

FY 2012[2] was a productive and effective year for DSPO as it tackled these wide-ranging issues. With DSPO's ardent support, the Secretary of Defense generated awareness of the importance of suicide prevention. In a memo, Secretary Panetta emphasized that suicide is first and foremost a leadership responsibility and that discriminatory actions in the military against personnel seeking behavioral health-care treatment will not be tolerated. In addition to this memo, DSPO began its multi-phase work in developing a comprehensive suicide policy, the DoD Directive (DoDD), "Defense Suicide Prevention Program."

[1] Individuals were first detailed in November 2011 to what would become the Defense Suicide Prevention Office. The Office was officially stood up on October 1, 2012.

[2] Fiscal Year 2012 covers the period of October 1, 2011 through September 30, 2012.

Figure 3: Ms. Jackie Garrick has led DSPO since its establishment.

To enhance the fidelity of suicide data, DSPO began coordinating and developing a structural mechanism to gather and report suicide surveillance data, analyze data, and translate findings into policy updates and program strategy. To create a joint VA/DoD Suicide Data Repository (SDR), DSPO and its VA partner coordinated to jointly purchase Service member and Veteran mortality data from the repository on national deaths of the Centers for Disease Control and Prevention (CDC).

The Task Force noted that while DoD had attempted to evaluate its programs, there were inconsistencies, redundancies and gaps in its approach. DSPO responded by developing a comprehensive capacity analysis of suicide prevention programs and resources through an electronic Planning, Programming, Budgeting, and Execution System (ePPBES), an automated resource management tool that tracks requirements and funding across the Future Year Defense Plan. It also plans to unite efficiency measures with effectiveness.

DSPO began to tackle one of the most critical aspects of preventing suicide: eliminating the stigma that prevents some Service members from seeking help when they have behavioral health and other problems. This included orchestrating an outreach campaign to expand awareness of the Military/Veterans Crisis Line, a service that provides 24/7, confidential crisis support to those in the military and their friends and families. This responded in part to an Executive Order from President Obama at the close of FY 2012 that mandated a joint DoD/VA help-seeking campaign. DSPO also focused on training and educating a wide variety of Service members and DoD civilian employees on how to foster Total Force Fitness.

In light of the Task Force's emphasis on the importance of restricting the access of at-risk Service members to lethal means, DSPO established a working group to define policies that will restrict access to both military and privately-owned weapons. DSPO liberally distributed gun locks, while establishing a working group aiming to reduce drug-induced suicides and attempts by allowing pharmacy beneficiaries to return unused medications to the pharmacist.

Figure 4: DSPO worked with a range of officials, including Capt. Sarah Schechter, an Air Force chaplain, to educate others on suicide prevention and crisis support.

DSPO pursued other suicide prevention objectives as well, such as conducting a comprehensive training evaluation. DSPO established a working group to develop an overarching training strategy that provides a framework for the Services to implement training in a way that meets their individual needs.

DSPO also created a working group that is seeking to increase the access and quality of behavioral health care among Service members, such as by expanding the practice of embedding behavioral health providers in operational units. Further, the Office is examining ways to more effectively identify and track risk and protective factors within the force in order to identify Service members whose wellness is at risk.

Along with its partners, DSPO formed another working group to review and evaluate the non-criminal investigations the Department currently conducts, in part to determine if the processes can be modified and enhanced to include more suicide-related information.

Finally, DSPO began developing a unified, strategic, and comprehensive DoD plan for research in military suicide prevention. This includes working with RAND Corp. to examine whether current research efforts map to DoD's strategic needs in suicide prevention. Together, they created a team dedicated to the Translation and Implementation of Evaluation, Research and Studies (TIERS). Further, DSPO is assessing Reserve Components' use of and satisfaction with suicide prevention and resiliency resources available to them.

DSPO will continue to build on this work with its partners, responding to Section 533 of the NDAA 2012, which accents the importance of collaborating with both public and private partners alike in the battle to prevent suicide. To help meet this goal, DSPO created a Community Action Team concept that links DSPO with non-profit organizations, universities and others in order to assess best practices in suicide prevention. It also expanded Partners in Care, a program in which faith-based organizations provide services and support to members of the National Guard and their families.

Overview: About the Defense Suicide Prevention Office

The Defense Suicide Prevention Office (DSPO) began operations in 2011, and is part of the Department of Defense's Office of the Under Secretary of Defense for Personnel and Readiness. DSPO oversees all strategic development, implementation, centralization, standardization, communication and evaluation of DoD suicide and resilience programs, policies and surveillance activities. To prevent suicide among Service members and their families, DSPO uses a range of policy, research, communications, legal and behavioral health approaches. DSPO works with the Army, Navy, Air Force, Marine Corps, Coast Guard and National Guard Bureau to support our Service members and strengthen a resilient and ready force. DSPO strives to help foster a climate that encourages Service members to seek assistance for their life's challenges.

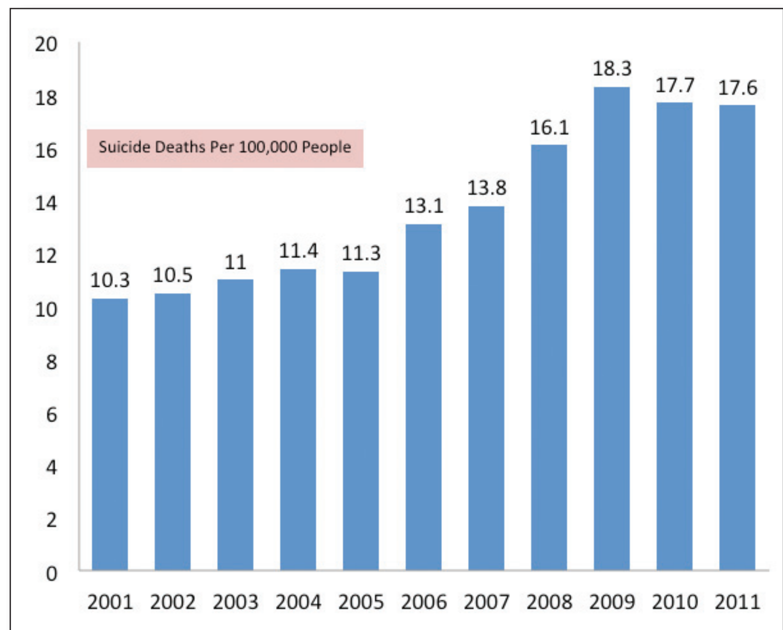
History

With the suicide rate among the US Armed Forces rising from 10.3 suicides to 16.1 suicides per 100,000 Service members from 2001 to 2008, the Secretary of Defense designated a Defense Health Board Task Force to examine efforts to prevent military suicide. Established in response to Section 733 of the National Defense Authorization Act (NDAA) for fiscal year 2009, the *DoD Task Force on the Prevention of Suicide by Members of the Armed Forces* issued a range of conclusions in August 2010 on DoD's suicide prevention initiatives.

While commending the Armed Forces for their enormous efforts dedicated to suicide prevention, the Task Force delivered 49 findings and 76 associated recommendations for how DoD could improve its efforts related to: Organization and Leadership; Wellness Enhancement and Training; Access to, and Delivery of, Quality Care; and Surveillance, Investigations, and Research.

Table 1: Suicide Rate in the Services

Active duty military suicide rates trended upwards between 2001 and 2009.



Source: Mortality Surveillance Division, Armed Forces Medical Examiner

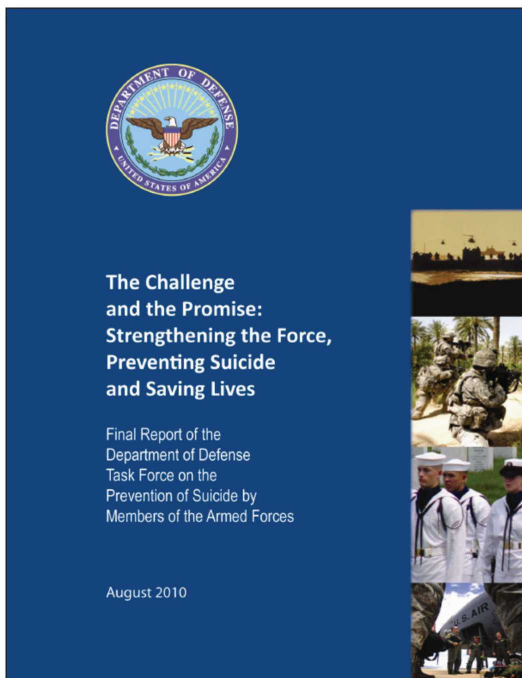


Figure 5: A DoD Task Force Report on suicide prevention helps shape DSPO work.

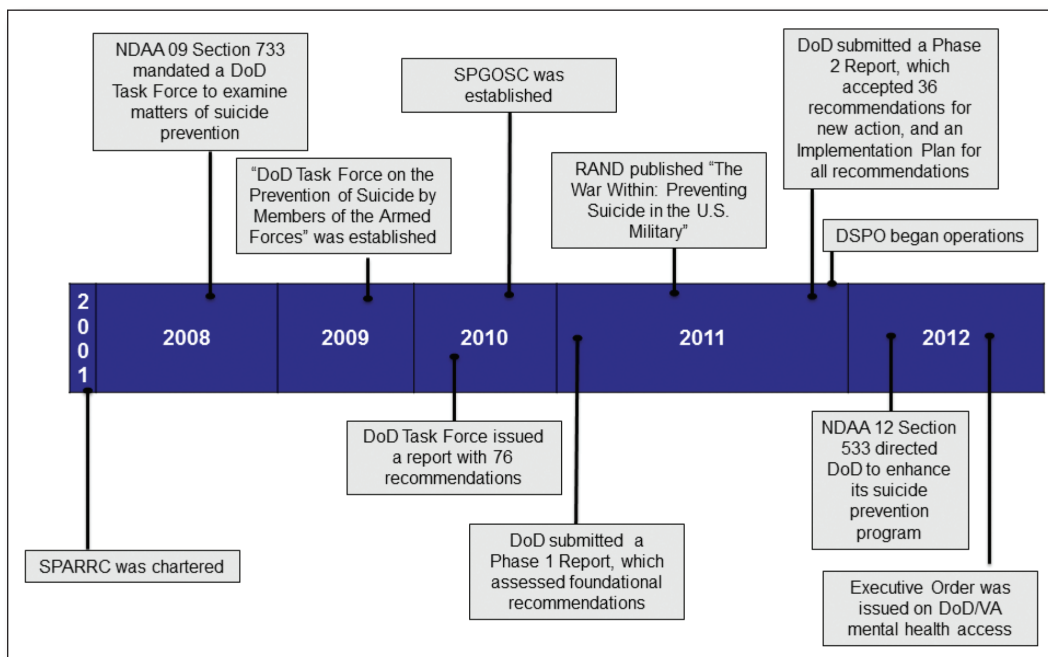
The Task Force's first recommendation called for the creation of a "Suicide Prevention Policy Division at the Office of the Secretary of Defense within Under Secretary of Defense for Personnel and Readiness to standardize policies and procedures with respect to resiliency, mental fitness, life skills and suicide prevention." As a response, DSPO was created.

The Task Force concluded that effective suicide prevention entails supporting leaders at every level, providing Service members the best available resources, and fostering a culture of total fitness of the force (or "Total Force Fitness"). As a result of the Task Force's importance and its profound findings on suicide prevention, DSPO's mission is closely tied to Task Force recommendations.

Upon analyzing the Task Force's 76 targeted recommendations, the Department determined that 36 recommendations required new actions be taken. It also determined that 34 of the 76 Task Force recommendations had actions planned, underway or completed. In conjunction with the Services, DSPO continues to monitor developments related to these 34 recommendations to ensure the intent of each recommendation is fully met. The Department found that six of the 76 recommendations did not merit any action.

Suicide prevention recommendations from two other sources have also informed DSPO's work. In the 2011 report, *The War Within: Preventing Suicide in the U.S. Military,* RAND[3] provided 14 recommendations for creating effective suicide prevention programs, as well as for evaluating them. Additionally, an Integrated Mental Health Strategy (IMHS) Consolidated Implementation Plan, presented by the DoD and Department of Veterans Affairs (VA) to the

Figure 6: Defense Suicide Prevention Office (DSPO) Timeline



[3] The RAND Corp. groups behind "The War Within" are: RAND Center for Military Health Policy Research and the Forces and Resources Policy Center of the RAND National Defense Research Institute.

jointly staffed Health Executive Council (HEC), recommended 28 strategic actions for meeting the mental health needs of America's military personnel, Veterans and their families. This included Strategic Action #15, which specifically focuses on suicide risk and prevention. In many cases, the recommendations of both the RAND report and the IMHS echo those of the DoD Task Force.

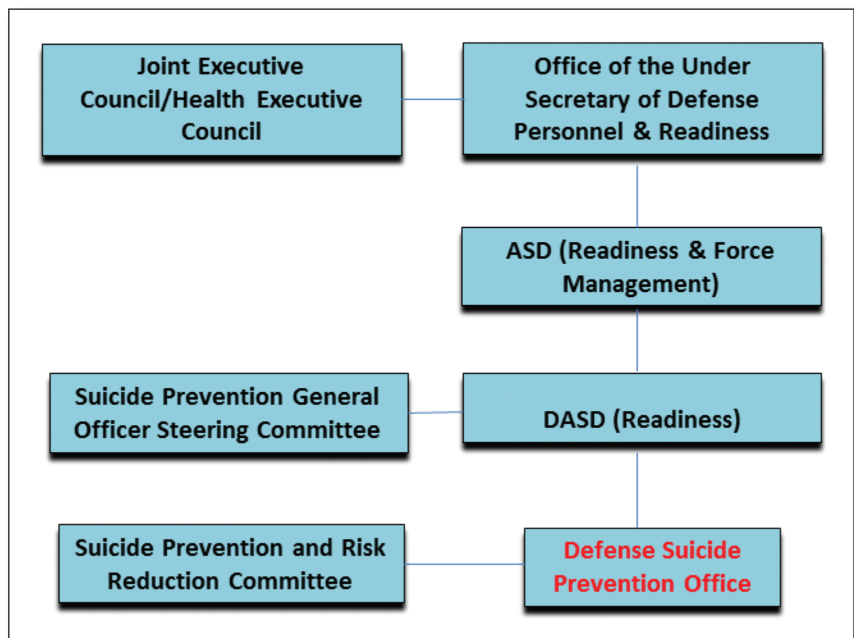
Another critical piece underpinning DSPO's strategic work is Section 533 of NDAA 2012. This calls for DoD to enhance its suicide prevention efforts by developing suicide prevention information and resources with its partners and providing these to members of the Armed Forces and their families, especially during pre-separation and transition to civilian life.

On August 31, 2012, President Obama issued an Executive Order called, *Improving Access to Mental Health Services for Veterans, Service Members, and Military Families*. It calls on VA and DoD to develop a 12-month national suicide prevention campaign, beginning on September 1, 2012, that focuses on connecting Veterans, Service members and their families to mental health services. DSPO and DoD embraced the "It's Your Call" and "Stand by Them" campaigns initiated by VA and began working with the Services to create a single and easy-to-understand help-seeking message.

Organizational Structure and Steering Committees

Personnel and Readiness (P&R)

Figure 7: P&R and DSPO Organizational Structure



DSPO's work, including its strategic plan, closely supports the initiatives and goals of the Office of the Under Secretary of Defense (OUSD) for Personnel and Readiness (P&R). As illustrated in the graphic at right, DSPO is housed under P&R, which provides support related to readiness; Reserve Affairs; Health Affairs; training; and military and civilian personnel and force management, including equal opportunity, morale, welfare, recreation, and quality-of-life matters. DSPO goals are aligned under P&R to promote Total Force Fitness and well-being.

In addition to the support of its internal organizational structure, as detailed below, DSPO receives support and guidance from three governing boards: the Suicide Prevention General Officer Steering Committee, Suicide Prevention and Risk Reduction Committee, and Joint Executive Council.

Suicide Prevention General Officer Steering Committee (GOSC)

The Suicide Prevention General Officer Steering Committee (GOSC) oversees the implementation plan for the Task Force recommendations on suicide prevention. It serves as an advisory body to facilitate the review, assessment, integration, standardization, and implementation of DoD suicide prevention policies and programs.

GOSC members are General Officers/Flag Officers, Senior Executive Service or equivalent-level personnel with direct access to senior leadership. They understand the totality of their organization's suicide prevention needs and have the authority to speak on behalf of the organization's principal.

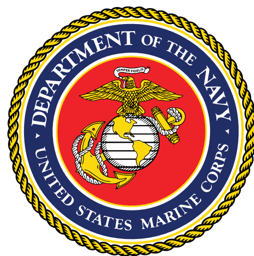
GOSC members review suicide prevention recommendations submitted by the SPARRC, and on a quarterly basis, the GOSC meets to take actions that address the nine priority areas and implementation plans. The GOSC is chaired by Dr. Laura Junor, Deputy Assistant Secretary of Defense (Readiness), and Dr. Karen Guice, Principal Deputy Assistant Secretary of Defense (Health Affairs).

Suicide Prevention and Risk Reduction Committee (SPARRC)

The Suicide Prevention and Risk Reduction Committee (SPARRC), established in 2001, is composed of the Suicide Prevention Program Managers of each of the Service branches, who meet on a monthly basis to discuss how to effectively develop and coordinate suicide prevention policies and activities across the Services. DSPO Acting Director Jacqueline Garrick serves as the chair of the SPARRC.

The SPARRC also includes critical representation from the Armed Forces Medical Examiner System (AFMES), National Center for Telehealth and Technology, DoD Health Affairs, Armed Forces Chaplain Board, Department of Veterans Affairs (VA), Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC), National Institute of Mental Health (NIMH), and other organizations with subject matter experts.

The SPARRC serves as the collaborative forum for action officer-level subject matter experts to facilitate the flow of information on best practices from DSPO and the Military Services and other Governmental entities through the GOSC. DSPO inherited the SPARRC's Website, at www.suicideoutreach.org, and has been developing content and redesigning the site in preparation for a re-launch in early 2013.



Health Executive Council (HEC)/Joint Executive Council (JEC)

DSPO periodically coordinates and reports to the Health Executive Council (HEC), a component of the Joint Executive Council (JEC), on the implementation of activities related to the joint VA-DoD Integrated Mental Health Strategy and the Suicide Data Repository (SDR). The DoD and VA JEC provides senior leadership for collaboration and resource sharing between VA and DoD. The JEC works to remove barriers and challenges that impede collaborative efforts; asserts and supports mutually beneficial opportunities to improve business practices; ensures high-quality, cost-effective services for VA and DoD beneficiaries; and facilitates opportunities to improve resource utilization. It has included suicide prevention in its focus areas and tracks IMHS action items. It is co-chaired by Jessica Wright, Acting Under Secretary of Defense for Personnel and Readiness, and W. Scott Gould, Deputy Secretary of VA.

Priority Group Issues: Progress on Task Force Recommendations

DSPO responded to the Task Force Report by creating a plan to implement 36 of its recommendations that required new actions be taken. To execute the recommendations, the GOSC created 9 priority implementation groups, as illustrated in Table 2. The work for these groups in FY 2012 formed the essence of DSPO activities, which are described in depth in the pages that follow.

Group 1 – Issue Policy Directive

DSPO is developing a policy on suicide prevention for use across DoD, in accordance with DoD Task Force Recommendations. DSPO immediately began work on this comprehensive suicide policy, the DoD Directive (DoDD) 6490.rr "Defense Suicide Prevention Program." The DoDD will establish policy and assign responsibilities for the implementation of the Defense Suicide Prevention Program, and will direct the Services to have a suicide prevention program and a suicide prevention program manager.

Table 2: DSPO Priority Groups

Group #	Activity
1	Issue Policy Directive
2	Increase Fidelity of Data and Data Processes
3	Develop a Program Evaluation Process
4	Improve Strategic Messaging and Reduce Stigma
5	Develop Means Restriction Policy
6	Conduct a Comprehensive Training Evaluation
7	Evaluate Access & Quality of Behavioral Health Care
8	Review and Standardize Investigations
9	Develop a Comprehensive Research Strategy

ACCOMPLISHMENTS

DoD Memo

DSPO supported Secretary of Defense Leon E. Panetta in his issuance of a memo that outlines suicide as a priority for the Department. Published on May 10, 2012, the Secretary's memo made it clear that suicide is first and foremost a leadership responsibility and that discriminatory action in the military against personnel seeking behavioral healthcare treatment will not be tolerated. It also indicated that DSPO serves as the DoD focal point for suicide prevention policy and programs and heads collaborative efforts with VA.

"Seeking help is a sign of strength."

– Secretary of Defense Leon Panetta, in a memorandum on May 10, 2012.

DoD Directive

Assuming this role, DSPO completed Stage 1, "Development," of a five-stage DoD process to issue the policy through drafting and coordination with DoD stakeholders, which included the Office of the Secretary of Defense (OSD) and the Services. The draft DoDD determines applicability, standardizes definitions, establishes policy, and assigns responsibilities for the Defense Suicide Prevention Program.

Specifically, the policy:

- Codifies that the Department will take substantial efforts to reduce suicide
- Requires leaders to foster a command climate that encourages DoD personnel to seek help and build resilience, as well as reduces stigma for DoD personnel who seek behavioral healthcare

- Facilitates a holistic approach to well-being by promoting total fitness (i.e., physical, environmental, medical, spiritual, nutritional, psychological, behavioral, and social domains)
- Provides access to quality behavioral healthcare and other supportive services to strengthen resilience and readiness of DoD personnel and their dependents
- Standardizes the use of the uniform data definitions in the CDC's "Self Directed Violence Surveillance Uniform Definitions and Recommended Data Elements"
- Assigns responsibilities for the execution or active participation in the Defense Suicide Prevention Program to leaders in the Office of the Under Secretary of Defense for Personnel and Readiness, Military Services, and other DoD offices with a vested interest and expertise in suicide prevention
- Establishes DSPO's oversight responsibilities

Reserve Component Policy Guide

DSPO helped provide guidance to the Reserve Components by assisting Reserve Affairs in authoring and publishing a *Reserve Component Suicide Postvention Plan: A Toolkit for Commanders*. The toolkit, which was distributed to more than 1,000 stakeholders, provides Reserve Component Commanders with a range of information about suicide and postvention, which are the response activities undertaken in the immediate aftermath of a suicide that has impacted the unit. The guide outlines the roles and responsibilities of Commanders, discusses how they can build resilience, provides recommendations for memorial services, and describes how to effectively support families and respond to media inquiries. Distributed at trainings and other events, the Commander's guide is available from DSPO and is found online at www.suicideoutreach.org and at the Yellow Ribbon Reintegration Program at www.yellowribbon.mil.

Veterans Treatment Court Policy

Along with the DoD Joint Service Committee (JSC) on Military Justice, DSPO is exploring the feasibility of developing policies that would recommend using therapeutic sentencing techniques developed by Veterans Treatment Courts (VTCs) in military justice proceedings for Service members diagnosed with mental illnesses. Rather than incarcerating culpable parties (typically non-violent offenders), state courts can submit Service members to intensive court supervision, random drug tests and medical and therapeutic care. A significant cause of suicide among Service members is their involvement with the justice system. A DSPO working group aims to work with the JSC to modify court martial rules to incorporate therapeutic treatment sentences similar to those of VTCs.

Figure 8: Veterans Treatment Courts may serve as a model for sentencing Service members with mental illnesses.

Community Action Team Collaboration

DSPO planted the seeds for the development of Community Action Teams (CATs), which originated in response to Section 533 of the NDAA 2012 requiring DoD collaboration with expert suicide prevention groups. CATs will link DSPO with non-profit organizations, universities and others in order to assess best practices in suicide prevention. (For more information on how DSPO is responding to Section 533, see Appendix 1.) The goal is to convene quarterly CATs composed of different organizations to focus on specific suicide prevention elements to share lessons learned and promote DoD suicide prevention activities. DSPO also will work with such organizations to increase suicide prevention outreach and awareness to Service members and their families in diverse communities.

Group 2 – Increase Fidelity of Data and Data Processes

The Task Force found that the Department of Defense Suicide Event Report (DoDSER), which contains a compilation of detailed statistical information gathered on suicides and suicide attempts among active duty Service members, needed to more effectively inform the improvement of Service suicide prevention programs. Additionally, the investigation of suicide attempts was not standardized across the Services, making it difficult to characterize the suicidal behavior of military personnel.

Recognizing the need for a more comprehensive understanding of suicide prevalence and factors contributing to suicide, the HEC requested development of a single DoD-VA repository to store all suicide-related events for Service members and Veterans. The JEC approved the plan that DSPO and VA outlined.

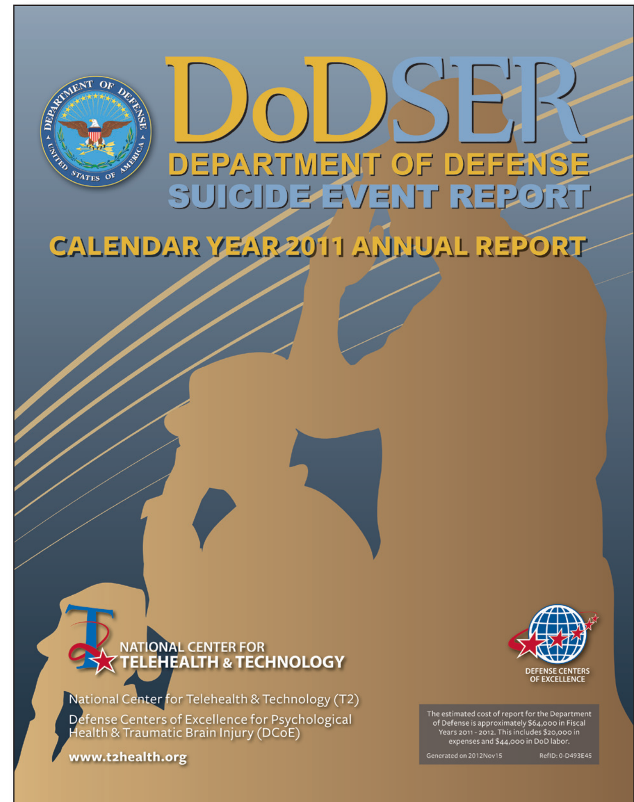


Figure 9: DSPO helps issue DoD's annual suicide event report.

ACCOMPLISHMENTS

As a key data element in the VA/DoD Suicide Data Repository (SDR), DoD and VA coordinated to jointly purchase Service member and Veteran mortality data from the Centers for Disease Control and Prevention's (CDC's) National Death Index Plus. In turn, DoD agreed to confirm the military status for CDC so as to reduce reliance on disparate state status reports.

Standardized Approaches

DSPO also established the Military Data and Surveillance Working Group (MDSWG) and a Board of Governors (BOG)—co-chaired by the DSPO Acting Director and her VA counterpart—in order to identify standardized approaches for calculating, tracking, reporting, and utilizing suicide-related data. The BOG supports development of the SDR, which will fill critical gaps in knowledge about Service members—particularly transitional populations and members of the National Guard/Reserve mortality.

In this vein, DSPO undertook a review of the DoDSER program and necessary reporting improvements. DSPO works with the National Center for Telehealth & Technology (T2), the Services' suicide prevention programs, and the SPARRC on issuing the annual DoDSER report by the Deputy Assistant Secretary of Defense (Readiness).

DSPO will continue to work with the MDSWG and BOG on issues such as developing decision rules and guidance on the use of suicide-related data for research projects and policy. DSPO will also explore approaches to facilitate the timely transfer of civilian autopsy findings on Service members.

Group 3 – Develop a Program Evaluation Process

Effectively evaluating suicide prevention programs is a major concern for DoD. The Task Force found that program evaluation is not uniformly incorporated, as there are wide variations in terms of initiatives, and there are program overlaps, inefficiencies and gaps. Since a gold standard has not been established for evaluation, the Task Force was unable to "grade" Service suicide programs. Consequently, in its 75th recommendation, it urged DoD to effectively evaluate the Services' suicide prevention programs.

Critical to this work, DSPO must:

- Assess and determine what metrics are most effective in evaluating suicide prevention program efficiencies and effectiveness
- Develop an action plan to determine which suicide prevention programs have a program performance evaluation component and determine which programs would benefit from such an evaluation component

The Task Force on Program Evaluation

Finding: The Services do not routinely evaluate their suicide prevention programs to determine their effectiveness in helping to reduce suicidal behaviors.

> *"The lack of program evaluation contributes to a lack of knowledge about the effectiveness of any individual initiative and contributes to inefficient use of DoD resources, effort and time."*

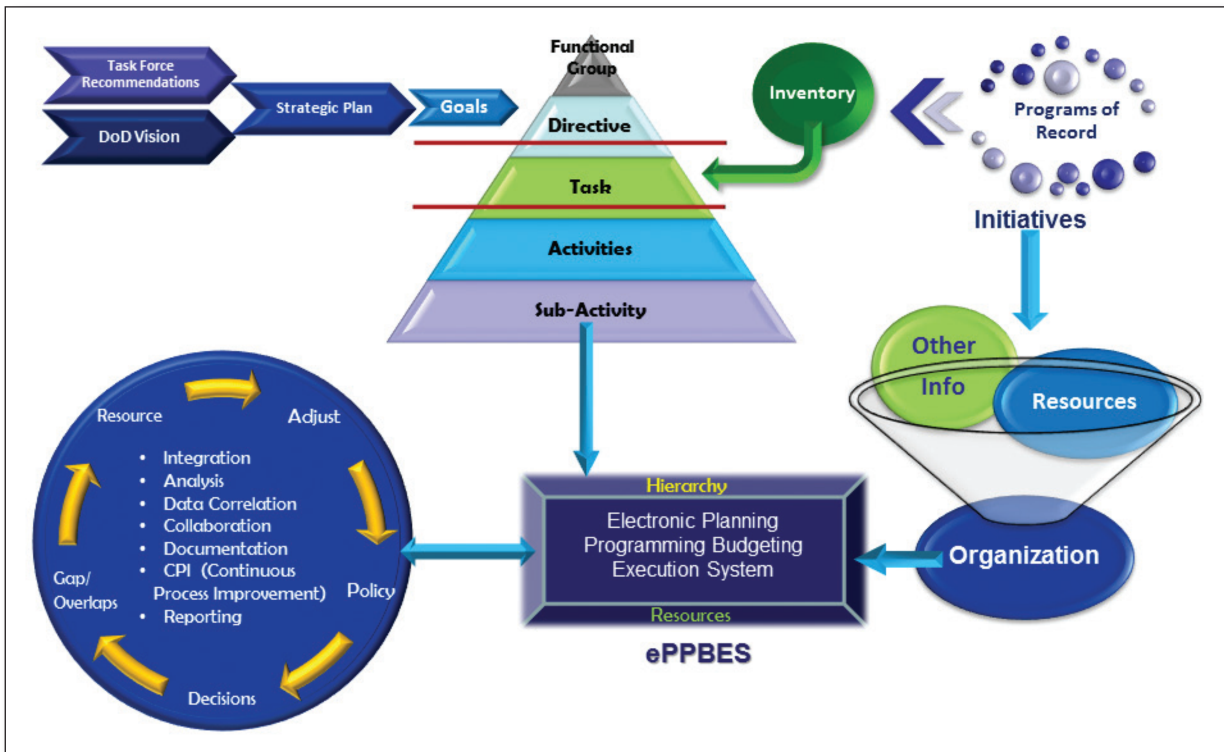
Recommendation: Every suicide prevention program initiated by DoD or the Services must contain a program evaluation component.

ACCOMPLISHMENTS

DSPO responded to the Task Force recommendations by developing a comprehensive capacity analysis of suicide prevention programs and resources through its electronic Planning, Programming, Budgeting, and Execution System (ePPBES), an automated resource management tool that tracks requirements and funding across the Future Year Defense Plan.

The ePPBES application is supporting the analysis of policy and oversight responsibilities for DSPO by providing greater visibility into Service-level compliance with Office of the Secretary of Defense programmatic guidance and legislation and the Executive Order. Among its capabilities, it provides DSPO analysts the ability to link DoD suicide prevention guidance with the programmatic data within the Program Objective Memorandum process. It also supports program analysts that examine and review resource allocation of suicide prevention, funding versus requirements, and gaps and overlaps, as illustrated in Table 3.

Table 3: DSPO's electronic Planning, Programming, Budgeting and Execution System will enhance suicide prevention program evaluation efforts by tracking requirements and funding.



Group 4 – Improve Strategic Messaging and Reduce Stigma

One of the most critical aspects of preventing suicide is eliminating the stigma that prevents some Service members from seeking help when they have behavioral health or other problems. The Task Force indicated that "the roots of stigma are anchored in stereotypes—generalizations that are perceived to be accepted by the population at large—such as, 'people with mental health problems are crazy' and 'Service members who seek behavioral healthcare are weak.' These stereotypes do their damage when individuals begin to agree with the stereotypes and develop prejudicial views toward a Service member." Some Service members do not access behavioral health care because of such perceptions, along with concerns that seeking care will ruin their career.

Figure 10: DSPO trains on the Total Force Fitness model that emphasizes both mental and physical fitness.

The Task Force provided numerous stigma reduction recommendations, including developing a stigma reduction campaign plan, and promoting efforts to make mental fitness commensurate with physical fitness (which supports "Total Force Fitness", as illustrated in Figure 10). It also made recommendations concerning effective messaging—including that DoD train and educate public affairs officers on how to discuss suicide as they interact with the media and others in the military.

ACCOMPLISHMENTS

Military Crisis Line Campaign

Through a wide range of events, DSPO has been encouraging Service members and their families to seek help for their behavioral health problems. Among DSPO's outreach efforts is its promotion of the Military Crisis Line (MCL) in collaboration with the Department of Veterans Affairs, which is promoting the Veterans Crisis Line. While referred to differently by their two chief stakeholders, the crisis lines are one in the same, providing Service members, Veterans and their families the ability to receive confidential support 24/7 when they or a loved one are in crisis. The theme of the campaign, "Stand by Them – Take a Stand," speaks to the connectedness of the military community and reinforces the importance of supporting Service members, Veterans, friends and families without stigmatizing them as weak or needy. As Secretary of Defense Panetta said, "Seeking help is a sign of strength."

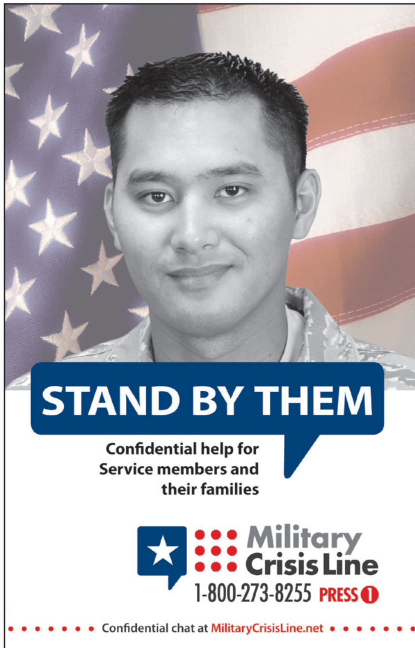


Figure 11: DSPO has launched a help-seeking campaign.

The DSPO/VA campaign, begun in early 2012, was expanded in response to an Executive Order on August 31, 2012, called *Improving Access to Mental Health Services for Veterans, Service Members, and Military Families*. It called on DoD and VA to carry out a national suicide prevention campaign from September 1, 2012 through August 31, 2013, that focuses on connecting Service members and Veterans to mental health services.

The Executive Order came just a day before Suicide Prevention Month in September, when DSPO, VA and their partners held numerous events that promoted the Military Crisis Line and help-seeking. Just a handful of initiatives included:

Figure 12: Jackie Garrick hosted an orientation to DSPO that included Lynda Davis, former Deputy Undersecretary of Defense of Military Community and Family Policy.

- Partnering with the Defense Media Activity in its development of PSAs featuring DoD and VA suicide prevention leaders.
- Holding an orientation to DSPO on September 10 in recognition of World Suicide Prevention Day. This event provided an opportunity for attendees and DSPO staff members to exchange best practices and enhance collaborative efforts to prevent suicide in the military.
- Exhibiting MCL materials at the Army Health Fair September 12-13, as part of Suicide Prevention Week at the Pentagon.
- Partnering with the Senior Enlisted Advisor to the Chairman of the Joint Chiefs of Staff, several chaplains and a top Military Crisis Line official to give educational sessions on suicide prevention at the Pentagon on September 20-21 to Service members and civilians.
- Participating in Army Suicide Prevention Stand Down events, including those at Fort Belvoir and Fort A.P. Hill, on September 27.

Other events at which DSPO provided MCL products featured former football player Herschel Walker, who overcame behavioral health problems, giving inspirational speeches at military bases to encourage resilience and help-seeking.

Other Outreach and Messaging Efforts

As illustrated in Appendix 2, DSPO hosted or participated in a wide variety of other events, including the fourth annual DoD/VA suicide prevention conference. Held June 20-22, 2012, in Washington, DC, it offered Service members, suicide prevention mental health providers, chaplains, researchers and others the opportunity to exchange best practices and hear about new technologies and approaches for suicide prevention. DSPO assisted in event management and speaker support to VA and the Defense Centers of Excellence on Psychological Health and Traumatic Brain Injury (DCoE) for the conference, and DSPO Acting Director Jackie Garrick served as a key speaker.

Ms. Jackie Garrick has frequently served as the spokesperson for DoD on military suicide, talking to TV, radio, print and Internet media sources about MCL, suicide warning signs, and other issues. Ms. Garrick's work in raising awareness on suicide prevention was recognized by the International Society for Traumatic Stress Studies with the Public Advocate of the Year Award.

Figure 13: Since the 2012 Army Health Fair, DSPO and Herschel Walker have collaborated at diverse events to emphasize the importance of help-seeking. Photo credit: David White, Army.

DSPO provided regular suicide prevention trainings to Recovery Care Coordinators, who are part of DoD's Office of Warrior Care Policy. DSPO helped train other officials as well, such as civilian personnel at Southbridge, Massachusetts, on handling suicidal crises in the workplace. To exchange knowledge concerning suicide prevention and to

promote awareness of DSPO and its particular efforts, DSPO participated in numerous conferences, including those of the American Association of Suicidology (April 20-21) and the Military Suicide Research Consortium's Suicide Research In-Progress Review (May 15-16).

Figure 14: DSPO assisted in facilitating the annual VA-DoD suicide prevention conference in 2012.

DSPO also engaged a wide range of partners in one-on-one meetings. For instance, DSPO met with the leadership team at the Defense Education Activity to discuss issues surrounding teen suicide in schools and its impact on military families. Additionally, in order to be exposed to all of the best practices in suicide prevention, DSPO held a monthly internal speaker series at which different experts discussed issues such as military suicide research and the development of alternative therapeutic approaches, such as art therapy. (See Appendix 3 for a detailed list of events.)

Furthermore, DSPO helped develop DoD Public Affairs Guidance (PAG) that provides a framework for safe and effective messaging for suicide prevention by public affairs officers (PAOs). The PAG provides more than 5,000 PAOs and senior leaders at all military installations across DoD with guidance on how to respond to the media in the face of a military suicide. DSPO also partnered with the Defense Information School (DINFOS) to educate that school's PAOs, including visual artists and journalists, on suicide messaging (e.g., to prevent copycat suicides).

Stigma Reduction

DSPO is working with DCoE, which co-leads Priority Group 4, to reduce the stigma preventing some Service members from seeking behavioral health assistance. This includes developing a communications plan that informs Service members and health providers about security clearance policies, particularly concerning mental health and the Standard Form 86 (SF-86), "Questionnaire for National Security Positions."

Some Service members fear that if they receive mental health services and indicate this in question 21 of the SF-86 then they might lose their security clearance (despite the form's language indicating otherwise). The Department has formulated exclusions in SF-86 Q21 with the intent of decreasing the negative perceptions of seeking mental health treatment. DSPO partnered with the Office of the Undersecretary of Defense for Intelligence in creating interim guidance that clarifies the Department's implementation of behavioral health exclusions regarding SF86 Q21 and its positive support for responsible health-seeking behaviors. DSPO is teaming with DCoE, the Under Secretary for Intelligence, Public Affairs, and the Services to promote awareness of the policy and take measures to build confidence in the protections they afford.

SF-86, Question 21

Mental health counseling in and of itself is not a reason to revoke or deny a clearance.

In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer "**No**" if the counseling was for any of the following reasons and was not court-ordered:

1) strictly marital, family, grief not related to violence by you; or
2) strictly related to adjustments from service in a military combat environment

Figure 15: DSPO has worked with SgtMaj Bryan Battaglia to promote JCS's Total Force Fitness framework.

Further, working with DSPO, RAND Corp. will complete a stigma reduction study that it began in September 2012. The study will identify strengths and gaps in DoD's current stigma reduction efforts, as well as how to improve DoD initiatives to enhance help-seeking. DSPO will continue to develop Total Force Fitness (TFF) outreach materials and work closely with the office of Marine Corps Sgt. Maj. Bryan Battaglia, the Senior Enlisted Advisor to the Chairman of the Joint Chiefs of Staff (JCS), to promote awareness of this framework.

DSPO will pursue other avenues through which to reduce stigma, such as collaborating with the White House's Joining Forces campaign. As illustrated in Priority Group 1, DSPO too will explore Veterans Treatment Courts as a form of military justice for Service members and develop Community Action Teams to spread the word about the Military Crisis Line and encourage help-seeking.

Partners in Care

DSPO is working with SAMHSA to expand the Partners in Care program, which leverages faith-based organizations to provide services and support to members of the National Guard and their families. It is based on the belief that local faith communities can bring hope, offer support and continuity of spiritual care, and increase the resilience of rural and other dispersed military populations. Originally created by and for members of the Maryland National Guard in 2005, the program has been piloted in four additional states. DSPO strives to make it a nationwide program.

Partners in Care

Partners in Care offers the following services to members of the National Guard and their families:

- Counseling for individuals, couples, marriages, and families
- Child care
- Basic household and auto repairs
- Child and teen education and mentoring
- Reunion support
- Single parent deployment support
- Women's, men's, and children's support groups and activities
- Emergency food, clothing, and housing support
- Community needs referrals
- Crisis and grief counseling
- Transportation
- Parenting classes
- Working parent sick child support
- Financial counseling

Social Media

Finally, DSPO will raise awareness of the Military Crisis Line and boost resiliency via different social media. This includes a re-launch of the suicideoutreach.org Website that DSPO hosts, as well as development of a Facebook page and a general expansion of its online presence.

Group 5 – Develop Means Restriction Policy

The Task Force recommended that DoD "establish clear [DoD], Joint, and Service guidance for removal and subsequent re-issue of military weapon and ammunition for Service members recognized to be at risk for suicide." Firearms have been the primary method for suicide among Service members. (See Figure 16.)

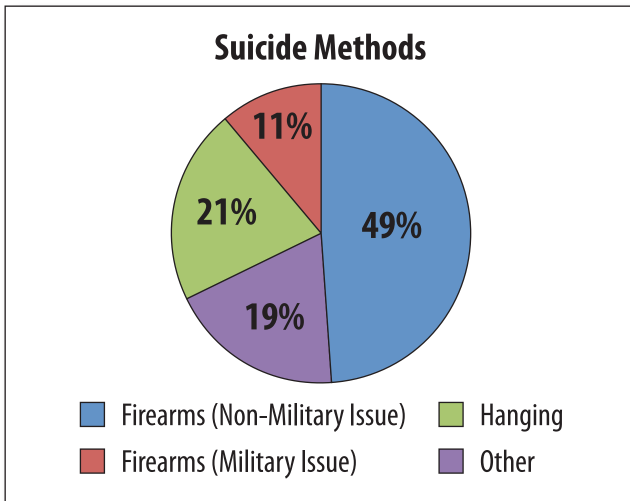


Figure 16: Nearly one-half of 2011 suicide decedents used non-military issue firearms to die by suicide, and 11% used military issue firearms, according to the DoDSER. DSPO is focusing on restricting access to lethal means.

The Task Force also recommended that suicide watch be used only as a last resort and only until appropriate mental healthcare becomes available. Moreover, it encouraged development of clinical practice guidelines "to promote the utilization of evidence-based practices for the assessment, management, and treatment of suicide-related behaviors."

ACCOMPLISHMENTS

Weapons Restriction Policy Working Group

To tackle these issues, DSPO has established two working groups: one to examine weapons restrictions and another to review medication take-back initiatives.

The Weapons Restriction Policy Working Group broke into four work streams to review and evaluate existing guidance and provide subject matter expertise to develop comprehensive guidance in the following areas: clinical, policy, legal, and operational. It aims to develop a comprehensive set of options that define policies that will restrict access to military and privately-owned weapons for those Service members at risk of self-directed violent behavior.

The Weapons Restriction Policy Working Group is reviewing current policies across the Services and examining the clinical practice guidelines that a group of DoD/VA subject matter experts are developing.

Figure 17: The weapons restriction policy working group includes SMEs that seek to develop policy on military and privately-owned weapons.

Policy options are examining issues such as:

- Removal and return of military-issued weapons when personnel are high-risk
- Removal and return of privately-owned weapons to personnel who ***voluntarily*** give up their weapons for safekeeping
- Development of guidance and Clinical Practice Guidelines, which provide graduated solutions addressing firearms restriction, and safety plans for the Services
- Identification of weapons safety programs that could impede the violent behavior with firearms
- Guidance for suicide watch, training options, and recommended resources

Gun Lock Distribution

DSPO facilitated gun lock distribution and safety education. For instance, DSPO and the Uniformed Services University of the Health Sciences (USUHS) began assisting the Yellow Ribbon Reintegration Program (YRRP) with developing a

Figure 18: DSPO provided free gun locks to enhance weapons safety.

curriculum on safe home safety training. Additionally, DSPO and its partners distributed approximately 70,000 gun locks at installations and events nationwide, such as the DoD/VA Annual Suicide Prevention Conference, and the Army Health Fair at the Pentagon. The gun locks were given to a range of stakeholders, from the Marines and Fleet Forces to different units of the Army National Guard.

Gun Lock Recipients

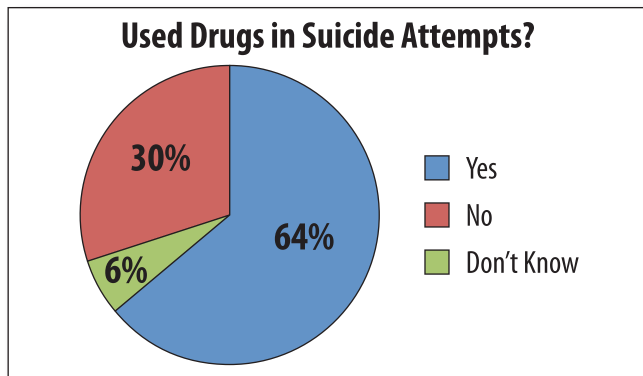
- Army National Guard (AK, CA, CT, HI, MA, MD, MI, MT, NE, NV, OK, RI, SD, TX, UT)
- Fairchild Air Force Base
- US Fleet Forces
- Marine Corps
- White Sands Missile Range
- Fort Belvoir
- Fort Lee

Medication Take Back Working Group

Although not a specific Task Force recommendation, DSPO recognized the need to establish a DoD-wide medication take-back policy for restricting legal means. The 2011 DoDSER report indicated that 40.9% of suicide attempts among Service members involved overdoses of prescription medication. (See Figure 19.)

The Medication Take Back Working Group, which is composed of representatives from the Services, the TRICARE Management Activity Pharmacy Operations, and DSPO, is working to develop a program that allows military treatment facility (MTF) pharmacy beneficiaries to return unused medications. The group has discussed its policy development plans with the Drug Enforcement Agency. For the group, the Health Affairs' Office of Chief Pharmacy Operations established an initiative that aims to track prescription drug overdose trends and review guidelines for how physicians prescribe painkillers.

The Office of Chief Pharmacy Operations also selected a defense contractor to conduct a study on how to implement a medication take back program at MTFs. Once findings are analyzed, a comprehensive DoD policy will be assessed against the Secure and Responsible Drug Disposal Act of 2010 regulations that are currently in the drafting process by the Drug Enforcement Agency. Findings should be available in 2013.



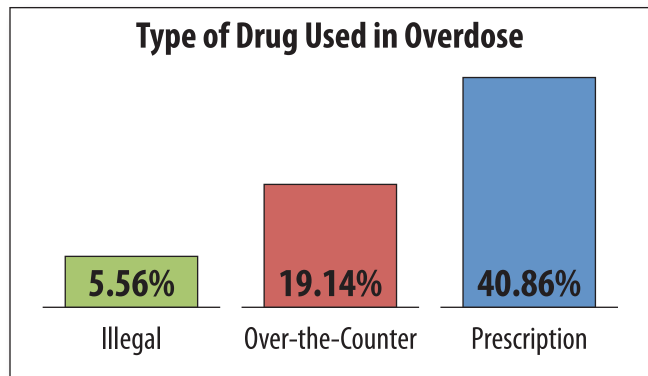


Figure 19: The DoDSER 2011 report indicates that most Service members used drugs during their suicide attempts, and the vast majority of overdoses were with prescription drugs.

Group 6 – Conduct a Comprehensive Training Evaluation

One of the principal ways DSPO aims to enhance suicide prevention is through trainings. The Task Force issued three recommendations on improving the standardization and fidelity of training for all relevant sub-populations who have an impact on preventing suicide within the Department. DSPO seeks to develop training curricula that can be repurposed by DoD agents and to establish key objectives for each sub-population.

In its training evaluation, DSPO is concentrating on serving:

- Service members
- Family members
- Civilian employees
- Health care providers
- Chaplains

Families of Service members, including parents, siblings, significant others, and next of kin, are major DSPO stakeholders. DSPO will assess Service programs that provide training and support programs for family members. DSPO is issuing policy that concerns suicide prevention training for family members that teaches the warning signs and risk factors of suicide and how to get help.

ACCOMPLISHMENTS

DSPO established a working group, which it co-leads with the Navy and Marine Corps, to develop an overarching training strategy that provides a framework for the Services to implement training in a way that meets their individual needs.

The working group aims to develop the framework for the Services to implement training, but the long-term objective is to issue a comprehensive, DoD-wide suicide prevention training policy.

The goal is for all military healthcare providers, including behavioral health providers and chaplains, to be trained in evidence-informed suicide risk assessment, management, and treatment planning. DSPO will coordinate its work with the Integrated Mental Health Strategy Team on Training in Evidence-Based Psychotherapies and in the development of clinical practice guidelines.

DSPO will:

- Conduct an environmental scan to identify specific sub-populations that need training and the elements and methods that should be used to train them
- Assess existing training and support programs for best practices and potential gaps by partnering with the program evaluation team
- Develop a training strategy
- Provide a framework for training implementation across the Department.

Figure 20: DSPO is looking to develop a DoD framework and policy for suicide prevention training.

Group 7 – Evaluate Access and Quality of Behavioral Health Care

It is critical that the Department have the proper number of mental health care providers and that they are in the best locations to have maximum impact. The Task Force urged the Department to increase the access and quality of behavioral health care by increasingly embedding behavioral health providers in operational units and implementing policies that optimize access to care for all Service members and their families.

ACCOMPLISHMENTS

To address these recommendations, DSPO established a working group that it co-leads with the Office of the Under Secretary of Defense for Health Affairs. Workgroup activities are slated to begin in FY 2013.

In FY 2012, DSPO also began to explore ways of more effectively screening the wellness of the force. The goal of this Wellness Assessment and Risk Nexus (WARN) capability is to identify active and Reserve components experiencing various stressors that could impact their individual Total Force Fitness, and then to help ensure they receive outreach and/or care from the appropriate resource. At the close of FY 2012, DSPO awarded a contract to develop the WARN capability.

Figure 21: DSPO is exploring ways to identify Service members dealing with physical, emotional and other stressors.

DSPO will enhance access to care by instituting resilience support services (RSS) that embrace an integrative approach promoting non-medical resilience case management conducted by peer-to-peer counselors who can assist with matching resources to needs. RSS also includes Partners in Care, which uses chaplains and faith-based organizations to provide counseling services and support by enhancing resilience through religion and spirituality.

DSPO and its partners will use the Department's Psychological Health Risk-Adjusted Model for Staffing (PHRAMS) as the primary means to review and evaluate the effectiveness and possibility of expanding the practice of embedding behavioral health providers in operational units, including the Reserve Component. TRICARE Management Activity (TMA) used PHRAMS to establish initial Service-level POM requirements for mental health staffing and to determine gaps for FY2012. To determine appropriate staffing levels, DoD will conduct studies, perform a cost analysis, and create staffing models.

Group 8 – Review and Standardize Investigations

Incidences of military death can be difficult to determine. Inconsistencies in autopsy findings and in cause or manner of death determinations may arise when civilian authorities perform the autopsy and the Armed Forces Medical Examiner (AFME) classifies the manner of death as suicide.

The Task Force recommended that DoD review and evaluate the non-criminal investigations the Department currently conducts that follow the death investigation conducted by Military Criminal Investigation Organizations (MCIOs). It should also determine if the processes can be modified and enhanced to include more suicide-related information that will serve to inform policy and program changes.

ACCOMPLISHMENTS

DSPO established a working group to review and evaluate the non-criminal investigations the Department currently conducts that follow the death investigation conducted by MCIOs. It is also determining if the processes can be modified and enhanced to include more suicide-related information that will serve to inform policy and program changes. The working group leads have identified subject matter experts to collaborate in these efforts and have defined group objectives and milestones.

Figure 22: DSPO is evaluating DoD's non-criminal investigations into suicide deaths.

Additionally, in August 2012, DSPO participated in briefings and discussions at the Armed Forces Medical Examiner System (AFMES) located at Dover Air Force Base, in Dover, Delaware. The site visit's main objective was to better understand AFMES's mission, establish relationships between key suicide prevention stakeholders, and deep-dive into a number of key areas, including cause-of-death investigations, forensic pathology, psychological autopsy, and mortality surveillance and data reporting. Through the visit, DSPO established a close, collaborative relationship with AFMES to support continuous process

improvements in several areas. This includes standardizing policy on data collection processes from non-military jurisdictions, analysis of previously completed psychological autopsies for suicide-related risk factors to support suicide prevention program enhancements, and reviewing current psychological autopsy processes and standards in an attempt to streamline the process and determine the desired data deliverable.

Group 9 – Develop a Comprehensive Research Strategy

The Task Force found there was no unified, strategic, and comprehensive DoD plan for research in the area of military suicide prevention. It recommended that there be a plan to:

1. Ensure that the DoD's military suicide prevention research portfolio is thoughtfully planned to cover topics in prevention, intervention, and postvention
2. Assist investigators by creating a DoD regulatory and human protections consultation board that is responsible for moving suicide-related research forward in an expedited manner

Figure 23: DSPO research initiatives include focus on resiliency among Service members, such as the Army National Guard.

As a result, DSPO partnered with internal and external research experts to focus on developing strategic approaches for translating suicide-related research into evidence-based practices, policies, and programs.

ACCOMPLISHMENTS

For Group 9, the RAND National Defense Research Institute (NDRI) began a study in FY2012 that focused on three overarching research aims:

1. Catalog current research being conducted on suicide prevention of relevance to military personnel.
2. Examine whether current research maps to the strategic research needs of the DoD related to suicide prevention.
3. Ensure any proposed DoD research strategy aligns with the National Suicide Prevention Strategy for research and is integrated with DoD's data and surveillance goals and program evaluation strategy.

TIERS

To translate suicide-related research and evidence-based practices into policies and programs, DSPO and the Military Suicide Research Consortium conducted bi-weekly meetings. The two partners, along with RAND, created a Translation and Implementation of Evaluation, Research and Studies (TIERS) framework as a companion product to the research strategy. TIERS will be used to convert knowledge accrued from evaluation and research studies into clinical and non-clinical practice that benefits leaders and support personnel.

SPRRI

As an additional key research element, DSPO, in coordination with Reserve Affairs' Yellow Ribbon Reintegration Program (YRRP), sponsored the Suicide Prevention and Resiliency Resource Inventory (SPRRI) project. Based on a Web-enabled survey of more than 2,000 members of the Reserve Components and professionals who provide suicide prevention and resilience support to them, SPRRI assessed the resource and capability needs of unit leaders (i.e., line commanders and senior enlisted advisors) and support professionals involved with suicide prevention and resiliency (SPR) initiatives.

SPRRI serves as the first department-wide systematic assessment of the SPR needs of National Guard/Reserve unit leaders and support professionals. SPRRI is obtaining information about program management/oversight practices and command climate elements that influence planning and implementation of SPR initiatives.

SPRRI assesses resources in four domains:

1. ***Psychological:*** Resources intended to support mental, emotional, and behavioral health.
2. ***Social:*** Resources designed to bolster social support and cohesion.
3. ***Medical:*** Resources provided as part of the health care system.
4. ***Holistic:*** Resources that touch multiple domains.

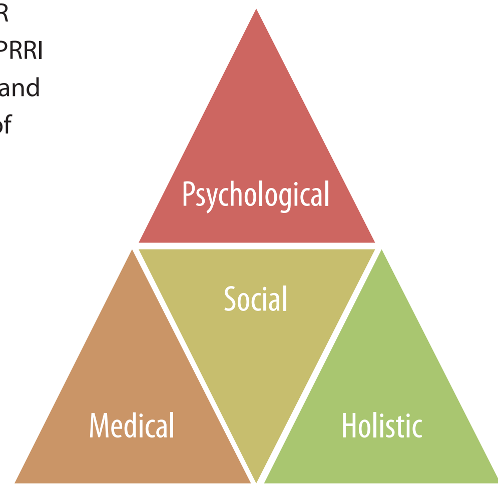


Figure 24: SPRRI assesses the psychological, medical, social and holistic resource needs of NG/R leaders and support professionals.

National Strategy

DSPO has also worked on other research and overall program improvement initiatives with partners. With the support of DSPO, the National Action Alliance, a group created by Health and Human Services Secretary Kathleen Sebelius and Former Defense Secretary Robert Gates, released a new national strategy that has 13 goals and 60 objectives for reducing suicide over the next 10 years. DSPO is aligning its strategy with strategies of the National Action Alliance, Integrated Mental Health Strategy, and Military Suicide Research Consortium. DSPO was one the many key players that reviewed and provided recommendations for the National Strategy on Suicide Prevention, which was announced on September 10, 2012, on World Suicide Prevention Day.

Figure 25: DSPO gave input for the new National Strategy on Suicide Prevention, which HHS's Kathleen Sebelius unveiled.

Summary

Since its establishment at the beginning of FY 2012, the Defense Suicide Prevention Office has launched a vast array of suicide prevention initiatives in collaboration with the Services, the Department of Veterans Affairs, and its other key partners. These efforts focus on issuing suicide prevention policies, increasing data fidelity, reducing stigma, restricting lethal means, standardizing investigations, developing a research strategy, and evaluating programs, trainings and quality of care.

DSPO's efforts in these areas have been guided by recommendations from a DoD Task Force on the Prevention of Suicide by Members of the Armed Forces, other key research findings, NDAA mandates and an Executive Order that highlights the need to promote help-seeking. DSPO, which was founded on the urgent need to centralize, standardize and enhance suicide prevention activities across the Services, will continue to bring to bear all of the lessons learned and experience of those across the DoD and its public and private partners. In this way, together we will prevent suicide among Service members and their families and build resilience throughout the Armed Forces.

Appendix 1: NDAA 2012 Section 533 and DSPO Collaboration

DSPO has worked with public and private organizations on a vast array of suicide prevention initiatives. This complies with Section 533 of the National Defense Authorization Act (NDAA) for Fiscal Year 2012, which called for DoD to enhance its suicide prevention efforts by developing suicide prevention information and resources with its partners and providing these to members of the Armed Forces and their families.

Section 533 specifically asks for the Secretary of Defense to develop suicide prevention information and resources in consultation with the Secretary of Veterans Affairs, the National Institute of Mental Health (NIMH), and the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services. To the extent appropriate, it also encourages collaboration with institutions of higher education and other public and private entities, including international entities, with expertise regarding suicide prevention.

The Department of Veterans Affairs (VA) has been a principle ally in DSPO's suicide prevention efforts. This includes collaborative work in managing conferences, undertaking campaigns encouraging help-seeking, and enhancing the fidelity of suicide data, as the box below indicates.

DSPO also has worked closely with many other internal and external partners to advance suicide prevention initiatives. This includes working with the Under Secretary for Intelligence on the SF-86 mental health (question 21) issue, as well as partnering with the Department of Defense Education Activity on teen suicide in the schools and its impact on military families.

Moreover, DSPO formed Community Action Teams, which are composed of representatives from non-profit organizations, universities and others in order to discuss suicide prevention best practices.

DSPO-VA Joint Suicide Prevention Initiatives

Conferences and Events

- Jointly host an Annual Suicide Prevention Conference. Collaborated on materials for events for Suicide Prevention Month in September.

Outreach Campaign

- ***Executive Order.*** Engaged in a 12-month campaign to promote awareness of the Military/Veterans Crisis Line and encourage help-seeking.

Call Center Support

- Worked with Military OneSource to provide a warm hand-off for military callers to the VA-operated crisis line (Military/Veterans Crisis Line).

Mental Health Strategy

- Responded to action items outlined in the Integrated Mental Health Strategy. This includes:
  - Exploring methods to disseminate knowledge of suicide risk and prevention practices through data analysis, program review and coordinated training
  - Expanding anti-stigma public education campaigns and improving mental health messaging to promote help-seeking behavior
  - Establishing a milestone on DoD/VA concurrence on new deployment mental health procedures through a workgroup of SMEs
  - Coordinating with the Services in their use of validated behavioral risk questions to detect behavioral risk.

Data Fidelity

- Co-lead a Board of Governors (BOG). The BOG identifies standardized approaches for calculating, tracking, reporting, and utilizing suicide-related data. DSPO and VA, along with CDC, are also developing a repository to store all suicide-related events for Service members and Veterans.

Committees

- Collaborate at the SPARRC, where SPPMs, VA, DSPO and others discuss how to develop and coordinate suicide prevention policies and activities across the military.

Appendix 2: External Engagements

Best practices in suicide prevention need to be widely inculcated across DoD in order to most effectively reduce suicide in the military. DSPO training and educational initiatives respond to numerous recommendations of the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces, including recommendation 32, which encourages the development of DoD and Service-level comprehensive suicide prevention training strategies. In FY 2012, DSPO geared its educational sessions to a vast range of groups at DoD, from senior leaders and those serving wounded warriors to public affairs officers and civilians with supervisory roles. DSPO also participated in numerous events in order to promote awareness of the Military Crisis Line.

External Educational Sessions, Trainings and Conferences (FY 2012)

Stakeholder	Host Organization	Event	Location	Date(s)
Recovery Care Coordinators	Warrior Care Policy (DoD)	Training	Alexandria, VA	3/15/2012, 8/23/2012
Civilian Personnel (e.g., DoD Supervisors)	Civilian Personnel Management Service (DoD)	Training	Southbridge, MA	3/22/2012
Public Affairs Officers	Defense Information School (DoD)	Training	Fort Meade, MD	4/17/2012, 6/28/2012
Suicidologists and Other Experts	American Association of Suicidology	Annual Conference	Baltimore, MD	4/20/2012-4/21-2012
Suicide Researchers and Other Experts	Military Suicide Re-search Consortium	Suicide Research In-Progress Review & Consortium	Fort Dietrich (Frederick), MD	5/15/2012-5/16-2012
Service Members, Veterans, Family, Clinicians, etc.	DoD (DCoE, DSPO), VA	DoD/VA Annual Suicide Prevention Conference	Washington, DC	6/20/2012-6/22/2012
Public and Private Partners (Various)	DSPO	Orientation to DSPO	Arlington, VA	9/10/2012
All DoD	Army	Army Health Fair	Arlington, VA	9/12/2012-9/13/2012
PhD Clinical Students	Uniformed Services University of the Health Sciences	Training	Bethesda, MD	9/18/2012
All DoD	DSPO	Pentagon Educational Sessions	Arlington, VA	9/20/2012-9/21/2012
Army-Fort Belvoir	Army	Army Stand Down	Fairfax, VA	9/27/2012
Army-Fort A.P. Hill	Army	Army Stand Down	Caroline County, VA	9/27/2012

Appendix 3: Speaker Series

Starting in 2012, DSPO began a staff development speaker series held at its office in Rosslyn, Arlington, Virginia. The series offers an opportunity for individuals from DoD, as well as other federal departments and the private sector, to discuss with DSPO staff a variety of subjects related to suicide and suicide prevention, including the latest research and clinical practices on prevention. This has enabled DSPO to collaborate with key experts in the community and to continually expand the knowledge base of its staff.

Internal Speaker Series Events (FY 2012 and Upcoming FY 2013)

Speaker	Organization	Subject	Date
Sharon Strouse	Kristin Rita Strouse Foundation	Art Therapy and Suicide	6/1/2012
Dr. Marjan Holloway	Uniformed Services University of the Health Sciences	Military Suicide and Research	8/17/2012
Dr. Jerry Reed	Suicide Prevention Resource Center	Suicide and Public Health Policy	9/14/2012
Terri Tanielian, Lisa Jaycox	RAND	Findings from the RAND Report, "The War Within"	10/12/2012
Kim Ruocco, Ami Neiberger-Miller	Tragedy Assistance Program for Survivors	Suicide Postvention and Military Families	10/25/2012
Dr. Eve Reider	National Institute on Drug Abuse	Drug Abuse Research	12/7/2012
Joan Walter	Samueli Institute	Healing and Integrative Therapies	1/11/2013

Appendix 4: Glossary of Abbreviations

AFME: Armed Forces Medical Examiner

AFMES: Armed Forces Medical Examiner System

BOG: Board of Governors

CAT: Community Action Team

CDC: Centers for Disease Control and Prevention

DASD(R): Deputy Assistant Secretary of Defense (Readiness)

DCoE: Defense Centers of Excellence on Psychological Health and Traumatic Brain Injury

DINFOS: Defense Information School

DoD: Department of Defense

DoDD: Department of Defense Directive

DoDSER: Department of Defense Suicide Event Report

DSPO: Defense Suicide Prevention Office

ePPBES: electronic Planning, Programming, Budgeting, and Execution System

FY: Fiscal Year

GOSC: Suicide Prevention General Officer Steering Committee

HEC: Health Executive Council

HHS: Department of Health and Human Services

IMHS: Integrated Mental Health Strategy

JCS: Joint Chiefs of Staff

JEC: Joint Executive Council

JSC: Joint Service Committee

MCIO: Military Criminal Investigation Organization

MCL: Military Crisis Line

MDSWG: Military Data and Surveillance Working Group

MTF: Military Treatment Facility

NDAA: National Defense Authorization Act

NDRI: National Defense Research Institute

NIMH: National Institute of Mental Health

OSD: Office of the Secretary of Defense

OUSD: Office of the Under Secretary of Defense

P&R: Personnel and Readiness

PAG: Public Affairs Guidance

PAO: Public Affairs Officer

PHRAMS: Psychological Health Risk-Adjusted Model for Staffing

RSS: Resilience Support Services

SAMHSA: Substance Abuse and Mental Health Services Administration

SDR: Suicide Data Repository

SF-86: Standard Form 86, "Questionnaire for National Security Positions"

SPARRC: Suicide Prevention and Risk Reduction Committee

SPR: Suicide Prevention and Resiliency

SPRRI: Suicide Prevention and Resiliency Resource Inventory

T2: National Center for Telehealth & Technology

TFF: Total Force Fitness

TIERS: Translation and Implementation of Evaluation, Research and Studies

TMA: TRICARE Management Activity

USUHS: Uniformed Services University of the Health Sciences

VA: Department of Veterans Affairs

VTC: Veterans Treatment Court

WARN: Wellness Assessment and Risk Nexus

YRRP: Yellow Ribbon Reintegration Program

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Confidential chat at MilitaryCrisisLine.net

1700 N. Moore St., Suite 1425 | Arlington, VA 22209

Email: DSPO@osd.mil | Phone: 703-588-0501

www.suicideoutreach.org