DEPARTMENT OF DEFENSE

DEFENSE SUICIDE PREVENTION OFFICE

ANNUAL REPORT FOR FISCAL YEAR 2013

Defense Suicide Prevention Office: Fiscal Year 2013 Annual Report

Mission

Provide Department of Defense (DoD) oversight for the strategic development, implementation, centralization, standardization, communication, and evaluation of DoD's suicide and risk reduction programs, policies, and surveillance activity to prevent suicide and enhance the mental health of Service members and their families.

Vision

Enhance 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

The Defense Suicide Prevention Office's five strategic goals are as follows:

- Provide policy guidance that fosters a command climate which emphasizes and encourages help-seeking behavior, reduces stigma, and builds resilience.
- Promote Total Force Fitness elements by identifying effective suicide prevention training strategies.
- Facilitate access to quality care and supportive services to strengthen resilience and readiness and assist survivors and families.
- Establish, monitor, and analyze the results of research and surveillance activities to identify risk factors and inform effective programs and policies.
- Foster cooperation to develop suicide prevention information and resources among stakeholders from federal agencies; public, private, and international entities; and institutions of higher education.

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Message from Leadership

Jessica L. Wright
Under Secretary of Defense
for Personnel and Readiness

Preventing suicide among members of the Armed Services is one of the most demanding and important challenges of the Department of Defense (DoD). The loss of a single Service member to suicide is one too many. Since its inception under the Office of the Under Secretary of Defense for Personnel and Readiness in 2011, the Defense Suicide Prevention Office (DSPO) has played an increasingly important role in the battle to prevent suicide among our Service members and their families.

Today DSPO leads suicide prevention strategy across DoD and is working to ensure the Services can best care for their Service members and their families by standardizing suicide prevention policies and procedures and by emphasizing the importance of resilience, mental fitness, help-seeking, and life skills. In Fiscal Year 2013, DSPO, responding to the findings of a seminal DoD task force report from August 2010, made significant strides in its initiatives to prevent suicide among members of the Armed Forces.

In leading DoD's efforts to enhance the readiness of our Service members, I have witnessed DSPO's advances in collaborating with the Services to standardize, centralize, and evaluate the numerous suicide prevention programs spread across the Department. This report details DoD's achievements from October 2012 through September 2013.

DoD strives to foster a resilient culture based on Total Force Fitness and to help Service members overcome the stigma that hinders many from seeking help for their behavioral health problems. DoD must ensure that our 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, DSPO will continue to work closely with not only the Armed Forces, but also the Department of Veterans Affairs, the Department of Health and Human Services, non-profit firms, universities, and many others who have joined forces in this battle. Together, we will help to prevent suicide and save the lives of the brave Service members who defend our great nation, along with their dedicated families.

Jessica L. Wright
Under Secretary of Defense
for Personnel and Readiness

Executive Summary

Jacqueline Garrick

Director, Defense Suicide Prevention Office

The Defense Suicide Prevention Office (DSPO), established in November 2011 under the Defense Human Resources Activity (DHRA), espouses the basic principle that an effective suicide prevention strategy must support leaders and provide Service members and their families with the best available resources, while fostering a culture of Total Force Fitness that enhances wellness, promotes resilience, and sustains a military force fit in mind, body, and spirit.

Since last year's first annual report, DSPO has advanced significantly in meeting the recommendations of the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces, while meeting a series of requirements, including those set out in the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 and an Executive Order on enhancing behavioral health in the military.

The Suicide Prevention General Officer Steering Committee (SPGOSC), chartered in 2011, assumed oversight for the implementation plan and reviewed the Task Force recommendations. The SPGOSC established nine principal lines of action, organizing each Task Force recommendation under the following priority groups:

1) Issuing suicide prevention policy;

2) Increasing data fidelity;

3) Evaluating programs;

4) Reducing stigma;

5) Reducing lethal means;

6) Conducting training evaluations;

7) Evaluating the access and quality of behavioral healthcare;

8) Reviewing and standardizing investigations; and

9) Developing a comprehensive research strategy.

The DSPO annual report details the progress achieved in FY 2013 in each of the priority groups listed on page 5. The DSPO team strives to achieve the principal objectives of the nine priority groups.

In FY 2013, DSPO educated key stakeholders and raised awareness of the importance of suicide prevention and resilience activities. DSPO communicated the key message that suicide prevention is first and foremost a leadership responsibility and that discriminatory action in the military against personnel seeking behavioral healthcare treatment will not be tolerated.

Specifically, during FY 2013, DSPO:

- Implemented the Department of Defense Directive 6490.14, "Defense Suicide Prevention Program," signed June 2013 by the Deputy Secretary of Defense;
- Led working groups made up of representatives from the Services, the Office of the Assistant Secretary of Defense for Health Affairs (OASD (HA)), and other stakeholders within the Office of the Secretary of Defense focused on expanding access to quality behavioral health care for Service members;
- Enabled DoD to provide more reliable and comparable information on military suicide deaths across the Services that is consistent with the methodology used to report incidences of death by the Centers for Disease Control and Prevention;
- Expanded Partners in Care Program activities

by working with faith-based and local community organizations in 27 states to provide faith-based support to National Guard members;

- Developed a strategy that provides a framework for the Services to implement suicide prevention and resilience training in a way that meets their individual needs;
- Contacted the DoD Joint Service Committee on Military Justice regarding application of therapeutic sentencing techniques in military justice proceedings for Service members diagnosed with mental health problems;
- Expanded the Vets4Warriors program by providing access to a 24-hour peer support service— via confidential phone, email, and online chat—to support all Service members and their families;
- Initiated a weapons safety program to reduce access to lethal means through a gun lock distribution campaign, in which 80,000 locks were distributed;
- Published and distributed 5,000 guides that provide military family members with information on suicide warning signs and risk factors, actions to take when a family member is in crisis, and a wide array of resources to promote a healthy lifestyle and build a resilient family;
- Led efforts to develop peer support curriculum certification and access to VA peer counselor jobs
- Completed a drug take back study with the Health Affairs Pharmacy Operations Directorate
- Broadened outreach by participating in 44 educational sessions, training engagements, and summits during FY 2013;
- Testified before Congress on the status of DoD's suicide prevention program and initiatives;
- Completed the stand-up of the Suicide Data Repository in partnership with the Department of Veterans Affairs (VA) and created a charter for a Board of Governance (BOG);
- Achieved 33 major milestones in a collaborative campaign with VA to enhance help-seeking through the use of the Veterans/Military Crisis Line (VCL/MCL);
- Leveraged the MCL to provide an Operation Enduring Freedom crisis line for Service members in theater in Afghanistan; and
- Mapped areas of overlap in priorities between the National Strategy for Suicide Prevention and the DoD.

Overview - The Defense Suicide Prevention Office

Operating under the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD (P&R)), and administered by the Defense Human Resources Activity (DHRA), the Defense Suicide Prevention Office (DSPO) oversees all strategic development, implementation, centralization, standardization, communication, and evaluation of suicide prevention and resilience programs and policies of the Department of Defense (DoD). DSPO works with the Services to support a resilient and ready force and to cultivate a climate that encourages Service members and their families to seek assistance for life's challenges.

History

Responding to a rising suicide rate among the U.S. Armed Forces from 2001 to 2008 and requirements of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2009, the Secretary of Defense established the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces. The Task Force's role was to examine, draw conclusions, and issue recommendations to improve DoD's suicide prevention initiatives. In August of 2010, the Task Force delivered 76 recommendations to improve DoD's suicide prevention efforts related to: Organization and Leadership; Wellness Enhancement and Training; Access to, and Delivery of, Quality Care; and Surveillance, Investigations, and Research.

The Task Force's first recommendation was to create a "Suicide Prevention Policy Division at the Office of the Secretary of Defense within the Under Secretary of Defense for Personnel and Readiness to standardize policies and procedures with respect to resilience, mental fitness, life skills, and suicide prevention." This was achieved when the Department created DSPO in November 2011.

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 incisive and wide-ranging findings on suicide prevention, DSPO closely aligned its mission to its recommendations.

After analyzing these recommendations, the Under Secretary of Defense for Personnel and Readiness (USD (P&R)) issued an implementation plan on September 11, 2011, that laid out a roadmap for how the Department would address the recommendations. The Department accepted 36 of the Task Force's 76 recommendations for action, and determined it would continue to monitor and advance the work of 34 other recommendations already under way across the Services. By the end of the fiscal year, 53 of the 76 Task Force recommendations had been completed, while DSPO continues driving to complete the remaining 17 recommendations it accepted for action.

To guide its overarching efforts, DSPO developed a strategic plan that used the Task Force recommendations as its underpinning, along with numerous other key sources on preventing suicide in the military, including:

- NDAAs for FY 2013 (see Appendix 1) and for FY 2012 mandated actions for DSPO to enhance suicide prevention and resilience efforts;
- The RAND Corporation's 2011 report, "The War Within: Preventing Suicide in the U.S. Military," provided 14 recommendations for creating effective suicide prevention and evaluation programs;
- The joint "Integrated Mental Health Strategy Consolidated Implementation Plans," presented by DoD and the Department of Veterans Affairs (VA) to the Health Executive Council (HEC), recommended 28 strategic actions. These actions included meeting the behavioral health needs of America's military personnel, Veterans, and their families. (DSPO leads Strategic Action # 15, which relates to suicide risk and prevention.);
- The Presidential Executive Order dated Au-

gust 31, 2012, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families," called upon DoD and VA to develop a 12-month national suicide prevention campaign, beginning on September 1, 2012, that focused on connecting Service members, Veterans, and their families to mental health services;

- The National Strategy for Suicide Prevention (NSSP) released on September 10, 2012, by the U.S. Surgeon General and the co-chairs of the National Action Alliance for Suicide Prevention (Action Alliance), put forth 13 goals and 60 objectives, within 4 strategic directions (as seen in Appendix 2): (1) creating supportive environments, (2) enhancing quality care, (3) promoting access to care, and (4) improving surveillance systems; and
- The policy roles and responsibilities set forth in Department of Defense Directive (DoDD) 6490.14,"Defense Suicide Prevention Program."

Organizational Structure and Steering Committees

Overview

DSPO's work and its strategic plan support the initiatives and goals of OUSD (P&R). DSPO receives guidance from three governing boards: the Suicide Prevention General Officer Steering Committee (SPGOSC), Suicide Prevention and Risk Reduction Committee (SPARRC), and Joint Executive Council.

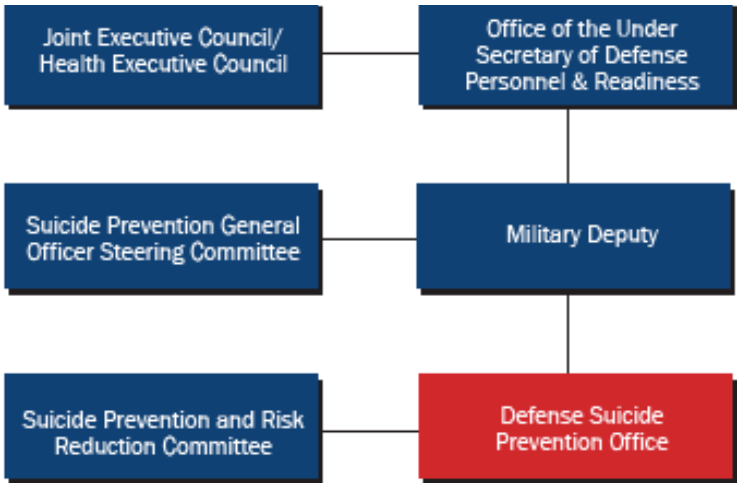

Figure 1: P&R and DSPO Organizational Structure

Health Executive Council/ Joint Executive Council

DSPO periodically coordinates with and reports to the Health Executive Counsel, a component of the Joint Executive Council, on the implementation of activities related to the Integrated Mental Health Strategy (IMHS), under Action Item 15. It included suicide prevention in its focus areas and tracks IMHS action items. It is co-chaired by the USD (P&R) and Deputy Secretary of VA.

Suicide Prevention General Officer Steering Committee

The SPGOSC was chartered in 2011. It initially provided operating guidelines and policies for the governance of DoD's response to the Task Force's final report on suicide prevention. The SPGOSC continues to serve as an advisory body to the USD (P&R) and

oversees implementation of Task Force recommendations. Co-chaired by Lieutenant General Michael S. Linnington, Military Deputy to the USD (P&R), and Dr. Karen Guice, Principal Deputy Assistant Secretary of Defense for Health Affairs, the SPGOSC facilitates the review, assessment, integration, standardization, and implementation of DoD suicide prevention policies and programs. It also addresses present and emerging suicide prevention needs for military and civilian personnel that have DoD-wide applicability for recommendations from DSPO or the SPARRC. SPGOSC members are General Officers/Flag Officers, Senior Executive Service, or equivalent personnel with access to senior leadership and an understanding of the organization's suicide prevention and resilience needs. SPGOSC membership is represented by the Office of the Secretary of Defense (OSD), the Joint Staff, and the Services.

Suicide Prevention and Risk Reduction Committee

The Suicide Prevention and Risk Reduction Committee (SPARRC), established in 2001, transitioned to DSPO in November 2011 to facilitate the flow of information among DSPO, the Services, SPGOSC, and other stakeholders, along with the exchange of best practices and lessons learned. The SPARRC supports and integrates actions directed by SPGOSC.

SPARRC members and subject matter experts meet monthly to discuss ways to develop and coordinate suicide prevention policies and activities across the Services. Chaired by the Director of DSPO, it reports to and advises the SPGOSC on suicide prevention issues, identifies policy and program changes required to improve suicide-related programs, submits recommendations to the SPGOSC for approval, and facilitates and implements action items approved by the SPGOSC.

It also facilitates collaboration among federal partners such as VA, the Department of Health and Human Services (HHS), including the Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC), and the National Institute of Mental Health (NIMH).

Principal SPARRC membership consists of representatives from the Joint Staff, the Services, the National Guard Bureau Psychological Health Program Offices, the Reserve Components, the Armed Forces Medical Examiner, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, the National Center for Telehealth and Technology, and VA.

Priority Groups of Action

The SPGOSC created nine priority groups to execute the Task Force's recommendations. Each recommendation for action is aligned to a specific priority group; these groups and recommendations are depicted in Table 1 on page 11. DSPO's work is organized to accomplish the goals of each priority group, with the ultimate goal of preventing suicide in the military and enhancing the resilience of members of the U.S. Armed Forces and their families.

Priority Group 1 - Issue Policy

DSPO standardizes policies and procedures with respect to resilience, mental fitness, life skills, and suicide prevention. It provides comprehensive suicide prevention policy guidance for the implementation of the Defense Suicide Prevention Program.

Group #	Activity
1	Issue Policy
2	Increase Fidelity of Data and Data Processes
3	Develop a Program Evaluation Process
4	Improve Strategic Messaging and Reduce Stigma
5	Develop Means Reduction 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

Table 1: Priority Groups

Accomplishments

Issue Policy Directive

When DoDD 6490.14, "Defense Suicide Prevention Program," was published on June 18, 2013, DSPO and its partners achieved an important goal in suicide prevention and resilience policy. The DoDD is the first directive of its kind that establishes comprehensive DoD-wide policy guidance on suicide prevention and resilience.

Furthermore, the DoDD assigns DSPO the following responsibilities:

- Guide DoD policy that requires the Services to foster a command climate that encourages DoD personnel to seek help and build resilience, as well as reduce the stigma for DoD personnel who seek behavioral healthcare;
- Set overarching guidance for and oversee the effectiveness of suicide prevention training;
- Develop and implement a comprehensive strategic communication plan with guidance to promote effective suicide messaging;
- Establish minimum standardized data elements for the collection and reporting of suicidal self-directed violence and set standards for the public release of data across the DoD;
- Evaluate and incorporate self-directed violence-related research findings into suicide prevention policies and programs;

- Establish standards for outcome-based program evaluation procedures for suicide prevention programs to ensure efficiencies and effectiveness;
- Standardize the use of the uniform data definitions in alignment with CDC;
- Establish the SPGOSC and the SPARRC; and
- Establish the Director of DSPO as the SPARRC Chair.

Recognizing that the most valuable resource within the Department is its people, DPSO was proud to demonstrate a commitment to taking care of people through the first DoD-wide suicide prevention policy. Importantly, the policy codifies that leaders throughout the chain of command actively promote a constructive command climate that fosters cohesion and encourages individuals to reach out for help when needed. Seeking help is a sign of strength.

DoDD 6490.14 incorporates recommendations set forth in the final report of the Department of Defense Task Force on Prevention of Suicide by Members of the Armed Forces pursuant to section 733 of the Duncan Hunter National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2009 (Public Law (PL) 110-417), section 533 of the FY 2012 NDAA (PL 112-81), and sections 580-582 of the FY 2013 NDAA (PL 112-239).

Veterans Treatment Court Policy

Along with the DoD Joint Service Committee on Military Justice, DSPO explored the feasibility of developing policies that would recommend using therapeutic sentencing techniques, which are already applied by Veterans Treatment Courts (VTC) in military justice proceedings for Service members diagnosed with service-related mental illnesses. A significant cause of suicide among Service members is their involvement with the criminal justice system. The Department of Defense Suicide Event Report (DoDSER) for 2012 found that approximately one third of Service members who attempted suicide faced at least one administrative or legal issue in the 90 days preceding their attempt.

In lieu of incarcerating culpable parties (typically non-violent offenders), by the end of December 2012, a total of 168 VTCs had been established to submit Service members and Veterans to intensive court supervision, random drug tests, and medical and therapeutic care.

Community Action Team Collaboration

DSPO developed the Community Action Team (CAT) process in response to section 533 of the NDAA for FY 2012, which required DoD to consult with public and private entities with expertise regarding suicide prevention. Periodically, DSPO convenes a CAT that consists of subject matter experts from non-profit organizations, universities, and other entities who assess and share best practices of suicide prevention and resilience.

DSPO conducted three CAT events in FY 2013. The first, held on December 5, 2012, discussed better use of the Military Crisis Line, the need to collaborate with similar organizations, the education of primary care providers in the military, and the development of a consortium of best practices for suicide prevention.

The next CAT, held on February 19, 2013, focused on the feasibility of developing a program for an Associate's degree in peer support to incentivize Service members to value the suicide prevention and resilience training they take. Subject matter experts from academia, governmental agencies, and nongovernmental agencies provided input on the concept, triggering DSPO to implement the Curriculum Development Initiative and plans for additional CATs to advance the initiative.

The last CAT for FY 2013 was held on June 27, 2013 to discuss the competencies required of a peer specialist/supporter and review military credentialing. DSPO and subject matter experts reviewed and discussed competencies found in job descriptions of federal and state peer specialist positions and the competencies taught at military and nonmilitary peer specialist/supporter certification programs. Subject matter experts provided input on how those competencies could be incorporated into a curriculum for a two-year degree in peer support based on current military training and jobs available at transition.

DSPO will continue to use the CAT process to increase overall suicide prevention and resilience engagements with private and public organizations. Planned activities include conducting events to discuss suicide prevention and resilience best practices of foreign Armed Forces, finalizing a program for an Associate's degree in peer support, and then piloting the degree program.

Group 2 - Increase Fidelity of Data and Data Processes

The 2010 Task Force found that the 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 the Services' 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.

Accomplishments

Building upon its previous work for 2011 and 2012, in FY 2013 a Military Data and Surveillance Working Group addressed the issue of suicide rate reporting and concluded the rate calculation per 100,000 needed to be improved in two areas. First, the rate should be consistent with the methodology used to report the incidence of deaths in the United States by CDC.

Second, the rate should be based on a population by Service component rather than duty status. Therefore, Reserve and National Guard members would be accurately represented in the new rate. The rate would also account for suicides among members of the Reserve and National Guard not under Active Duty orders.

DoD will publish suicide data results for all Service components (at www.suicideoutreach.org) on a quarterly basis. This report will enable DoD to provide more consistent and comparable information to the public on military suicide deaths. The DoDSER will also continue to be the official DoD source for annual military suicide data, providing publicly available details on suicide deaths in the military, including demographics and associated factors.

In other suicide data activities, DSPO continued its collaboration with the Defense Manpower Data Center (DMDC) and VA to develop requirements and produce a master VA/DoD suicide data repository (SDR). DMDC will also confirm military service status for the nation in order for CDC to improve military mortality reporting.

DoD is updating its suicide rate calculation method to inclusively track suicide deaths among the Reserve components.

The SDR was created to solve critical problems with data needed to conduct surveillance of suicide in the military, or those who have served in the military for enhanced longitudinal research. No other single system provides a solution to the data needs that the SDR addresses.

Further, DSPO is working with DMDC to make use of data maintained by DoD for the potential application of predictive analytics for selected applications to improve screening efforts. This effort also leverages research that is being conducted in the Army Study to Assess Risk and Resilience in Service Members.

Group 3 - Develop a Program Evaluation Process

The Task Force noted that the Services "do not routinely evaluate their suicide prevention programs to determine their effectiveness in helping to reduce suicidal behaviors." This leads to an inefficient use of DoD resources, effort, and time. DSPO took the lead in developing a coordinated approach to establish such a DoD-wide program evaluation process.

Accomplishments

In collaboration with the Services and other stakeholders, based on the methodology used by OSD's Directorate for Cost Analysis and Program Evaluation, and as governed under DoDD 5000.1, "The Defense Acquisition System," dated May 12, 2003, DSPO developed an operational and programmatic definition of a suicide prevention program. The definition was briefed to the SPARRC and SPGOSC, as well as issued in a February 2013 memorandum signed by the Principal Deputy Assistant Secretary of Defense for Readiness and Force Management.

The memo defines a *suicide prevention program* as a "directed, funded effort of an organization, which may include medical and non-medical professionals/practitioners, as well as line officers and non-commissioned officers in the military environment, to reduce the incidence of suicide by providing new, improved, or continuing material, informational systems, or service capabilities in response to an approved need. Such programs may include providing preventive and proactive measures within the realms of medicine and mental health, identifying risk factors, promoting resilience or protective factors (such as financial, legal, or social support), and/or influencing environmental risk factors (such as access to lethal means). If the program is a program of record, it is an established program budgeting effort, which indicates that a budget line item (or program) has been established within the DoD Planning, Programming, Budgeting, and Execution Process and that authorizations and appropriations have occurred."

Using the programmatic definition, the Services' suicide prevention programs were then subdivided into three levels and categorized as either direct, indirect, or enabler. These three levels of suicide prevention programs are further described in the box on page 15.

Suicide Prevention: 3 Program Levels

To more effectively evaluate suicide prevention programs, DSPO developed the following three levels of programs:

- **Level 1: Direct Suicide Prevention** - A program where the mission is suicide prevention with a desired outcome and objective to directly influence the rate of suicides and suicide attempts.

  Example: Service suicide prevention training programs.

- **Level 2: Indirect Suicide Prevention** - A program where the mission is not specified as suicide prevention, but which contains at least one objective that supports suicide prevention. This includes objectives that may influence the risk and protective factors that may impact more than suicide prevention.

  Example: The Yellow Ribbon Reintegration Program (YRRP).

- **Level 3: Suicide Prevention Enabler Program** - A program that does not extend past DoD ownership and that has neither a mission, intent, nor objective of suicide prevention, but demonstrates a relationship with DoD suicide prevention efforts, supports a Level 1 or Level 2 program, and addresses suicide characteristic programs that contribute to suicide prevention or resilience.

  Examples: Marital therapy, financial planning.

DSPO, in coordination with the Services' Suicide Prevention Program Managers (SPPMs), mapped the Level 1 suicide prevention programs under a single suicide prevention strategy to identify where there were potential gaps and overlaps in suicide prevention programs.

Together with the Service SPPMs, DSPO also established a Rough Order of Magnitude (ROM) of Requirements for the Level 1 programs. This ROM provides an indication to DoD leadership where resources are required to meet the strategic requirements based on the methods, techniques, and policies prescribed by the Services.

Based on additional guidance from the SPGOSC, DSPO also partnered with the Services to establish a Measures of Effectiveness (MOE) way-ahead that identifies strategic level MOE's to allow oversight of DoD's suicide prevention strategy. The MOE working group is focused on identifying a set of measures that can be applied by DoD to evaluate the effectiveness of suicide prevention efforts. These MOEs will provide decision makers with tools to evaluate programs and make assessments on how to apply Congressionally-mandated reductions.

DSPO addressed the need for a centralized and standardized analysis and evaluation program using the electronic Planning, Programming, Budgeting, and Execution System (ePPBES) application. The ePPBES tool provides greater visibility of Service-level compliance with OSD programmatic guidance and the analytical capability to link that guidance with the DoD Program Objective Memorandum process. DSPO's business practices support a program evaluation and economic analysis approach integrated with strategic development/compliance, resource allocation, measures of effectiveness, and strong liaison/buy-in from the Services' SPPMs, programmers, comptrollers, and OSD offices. Finally, DSPO continues to investigate the link between suicide prevention programs and resilience, while developing a strategic framework that connects policy guidance to resource allocation and creates an opportunity to investigate and analyze resilience programs.

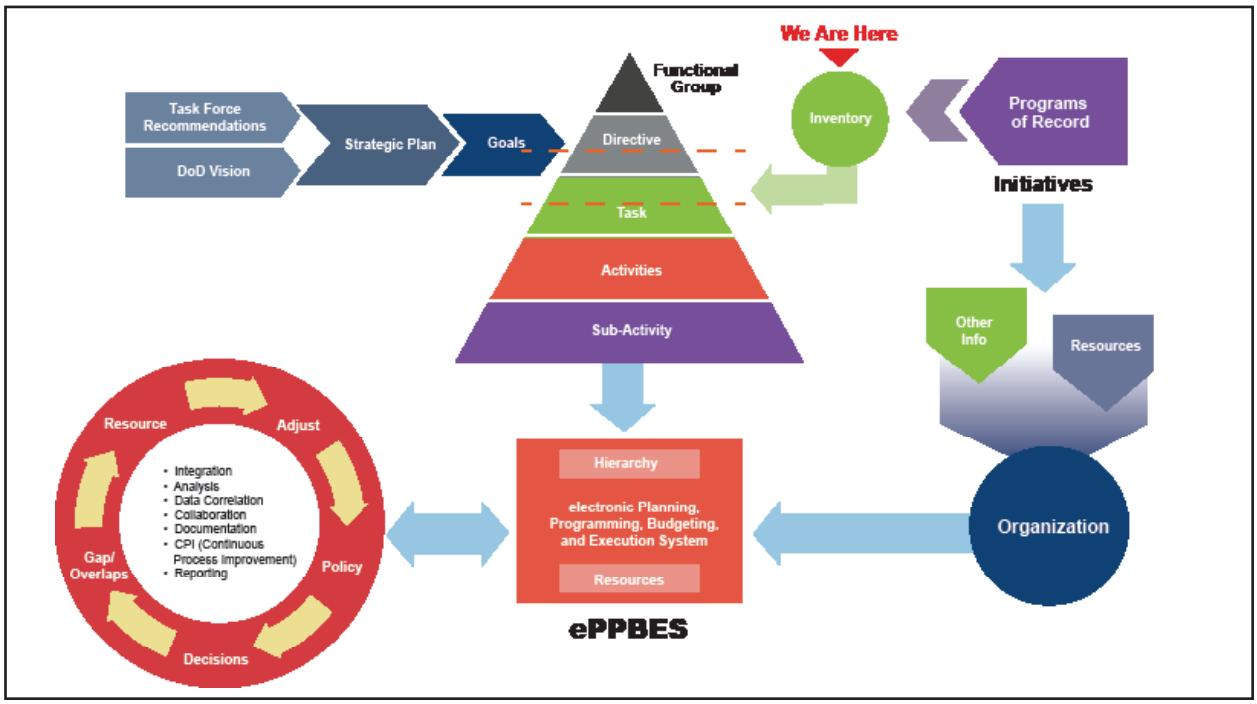

Figure 2: DSPO's electronic Planning, Programming, Budgeting, and Execution System will enhance suicide prevention program evaluation efforts by tracking requirements and funding.

Group 4 - Improve Strategic Messaging and Reduce Stigma

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."

Vets4Warriors

One of the most critical aspects of preventing suicide is eliminating the stigma that prevents some Service members from seeking help when they have problems. DSPO achieved a major milestone to increase help-seeking when it assumed implementation and oversight of the Vets4Warriors program from the National Guard on August 27, 2013. Under DSPO, Vets4Warriors now provides assistance to Active and Reserve Component Service members and their families through peer-to-peer counseling, referrals, resilience case management, and outreach support services.

Vets4Warriors is staffed by Veterans from all Services who understand the particular issues that Service members and their families experience. Available 24/7, its peer counselors promote the health and well-being of Service members and their families by talking to them about their issues.

Vets4Warriors expanded its services offered, adding an online chat capability to complement its phone line option. It is also exploring Facebook and Twitter, which are communication channels that can help promote dialogue among Service members and get the word out about available services. Furthermore, DSPO is working to track the resilience case management needs of callers, allowing peer counselors to identify, refer, and follow up on the assistance Service members or their families received.

Military Crisis Line Campaign

A key effort in improving DoD-wide messaging and reducing stigma is the campaign to promote the Military Crisis Line (MCL), za call center manned by the Department of Veterans Affairs that provides 24/7, confidential crisis support to Veterans, Service members and their families. DSPO, which leads the MCL initiative for DoD, expanded the campaign in FY 2013 in response to the President's Executive

Figure 3: Director Jackie Garrick provided support to an Afghanistan-based crisis hotline for Service members.

Order, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families" released on August 31, 2012. The order called on DoD and VA to develop a 12-month national suicide prevention campaign focused on connecting Service members and Veterans to mental health services.

During FY 2013, DoD and VA launched a nationwide help-seeking campaign to expand access to the Veterans/Military Crisis Line (VCL/MCL), and the partners reached more than 30 major milestones. Work ranged from co-developing public service announcements and holding educational sessions on suicide prevention to updating and enhancing awareness of DoD and VA Websites, including DSPO's www.suicideoutreach.org site.

For the campaign, DoD and VA co-branded materials and used the same key messaging. The joint campaign theme for FY 2013 was "Stand by Them— Take a Stand," which reinforces the importance of supporting Service members, Veterans, friends, and families without stigmatizing them as weak or needy. To encourage Service members and their families to contact VCL/MCL, DoD and VA also supported the awareness themes, "It's Your Call" and "It Matters." Additionally, DSPO provided more than 52,000 MCL educational materials to stakeholders at dozens of help-seeking events and to installations nationwide.

DSPO also leveraged its MCL messaging and branding to provide support to U.S. Forces Afghanistan in the implementation of an internal Operation Enduring Freedom (OEF) Hotline and related products for Service members in theater. In January 2013, DSPO's director completed a three-week visit to Afghanistan to provide protocols and training to all responders at the OEF Hotline, which became fully operational as a peer support hotline that month. In June 2013, the MCL service was again expanded, providing VCL/MCL support to Service members in Korea through a MCL Defense Switched Network line.

Other DSPO efforts included working closely with the producers of the National Memorial Day Concert on the National Mall, an annual event broadcast live on the Public Broadcasting System (PBS) and the American Forces Network to 8 million public viewers and nearly 1 million Service members, DoD civilians, and their families overseas. PBS listed MCL on the screen for all viewers at the end of a powerful segment on military suicide performed by actors Gary Sinise and Joe Mantegna. Additionally, the concert's Website provided contact information for the two chief suicide prevention resources: MCL and DSPO.

DSPO also collaborated extensively with former professional football player, Herschel Walker, on the MCL by providing materials at installations across the country where Mr. Walker gave inspirational speeches about how he overcame behavioral health issues following his football career.

During Suicide Prevention Month in September 2013, DSPO provided MCL materials at the Army Health Fair, at installations in the United States and abroad (e.g., Kuwait), and at hiring events, among others.

In all, DSPO hosted or participated in 44 outreach events (Appendix 3), including: the American Association of Suicidology Conference held April 24 -27, 2013, in Austin, Texas; two Suicide Prevention Awareness Information Workshops held on September 9-13 and 16-20, 2013, in Virginia Beach, Virginia; and DSPO's "Community-Based Practices in Research" Summit held on September 25, 2013, in Washington, DC. DSPO also hosted a wide range of events during Suicide Prevention Month in September 2013 (listed in Appendix 4).

Figure 4: Herschel Walker speaks at installations nationwide about the importance of help-seeking. DSPO provided crisis materials at the events.

Standard Form 86 (SF-86)

The DoD Task Force's 19th recommendation encouraged DoD to target a specific segment of its stigma reduction campaign "to ensure that Service members who hold security clearances and the mental health providers who see them are aware of policies that exclude reporting certain instances of mental healthcare on the SF-86." The Task Force identified this as a critical pillar in decreasing the negative perceptions of seeking mental health treatment. Specifically, the report noted that few Service members were aware of the exclusions and those who knew about the exclusions doubted they would be enforced.

DSPO developed a 12-month communications campaign in FY 2013 to inform all Service members, family members, caregivers, and security professionals of the Department's policies on seeking behavioral health services—specifically related to obtaining and maintaining personal security clearances.

The awareness campaign on the "Questionnaire for National Security Positions" (or "SF-86") is used by federal investigators to collect information on personnel requesting to obtain or maintain a security clearance. Within SF-86, question 21 deals with the psychological and emotional health of the applicant (whether federal, civilian, Service member, or contractor).

The directions for properly responding to the question states that mental health counseling, in and of itself, is not a reason to revoke or deny eligibility for receiving a clearance. Additionally, the question includes exclusions if the counseling was strictly marital, family, or grief not related to violence, sexual assault, or related to adjustments from service in a military combat environment.

Partners in Care

DSPO worked with its partners at SAMHSA and the Action Alliance Military Veterans Task Force to expand the Partners in Care Program. The Maryland National Guard launched Partners in Care to provide faith-based support to Guard members who typically are not geographically near a military

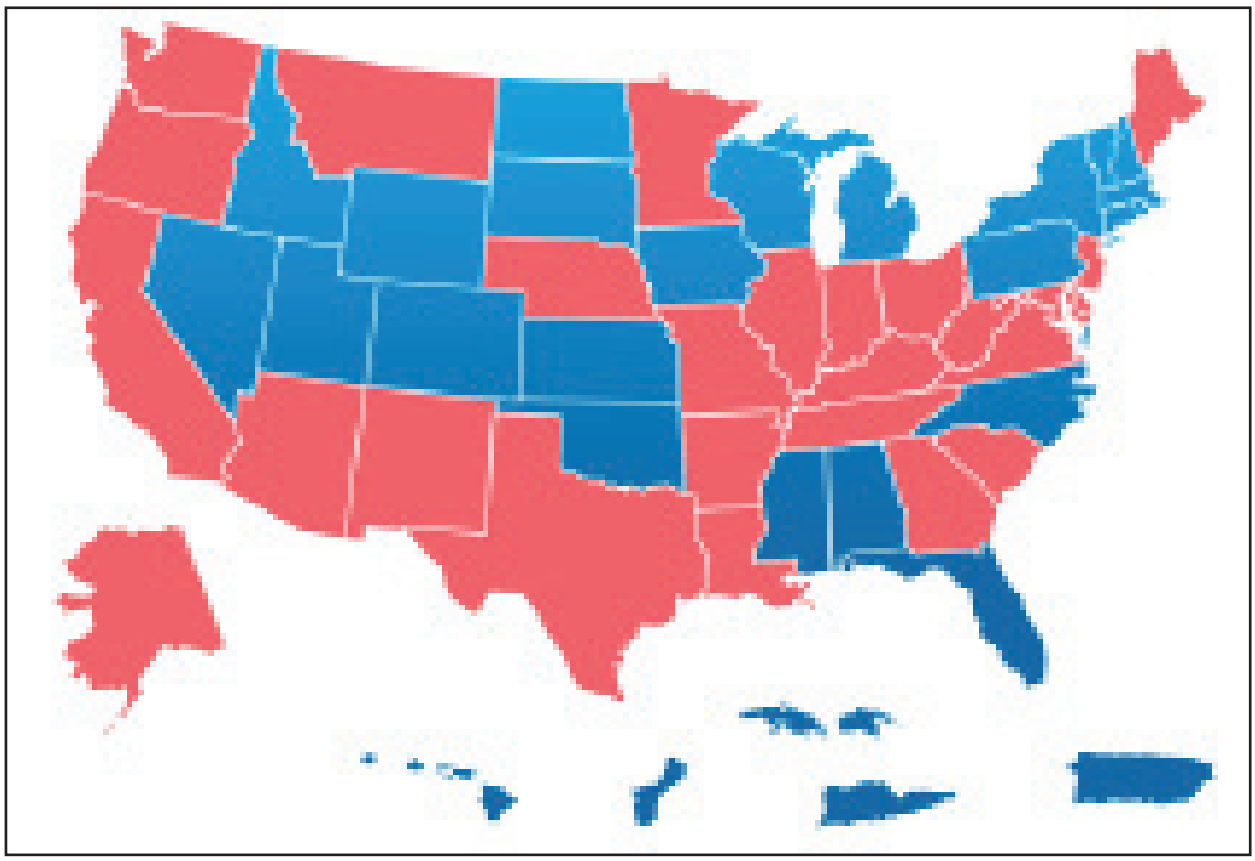

Figure 5: States with active Partners in Care Programs are highlighted in red.

installation. DSPO continues to work at expanding the program to support all members of the Reserve Components who are not able to avail themselves of physical, mental, and spiritual support services.

Partners in Care focuses on networking, volunteerism, social media, and leadership investment, using the model of community service. 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. Since 2012 the program has expanded from eight to 26 states and the District of Columbia (Figure 3), which have either implemented or begun the pre-stage phase of implementation.

DSPO is in contact with the Chaplain General Officers representing the Reserve Components. DSPO continues to draft and review essential documents relating to DoD policies, plans, and implementation for the program. Further, DSPO has engaged major religious organization endorsers and denominational leaders in discussions on the program and continues to collaborate with organizations, including: SAMSHA, VA Chaplains, Military Chaplaincy Association of the United States of America, Army One Source [State Faith Alliances], Tragedy Assistance Program for Survivors, Care4theTroops.org, WeServeAwards.org, Council for Relationships, National Guard Bureau Behavioral Health Services and Joint Chaplaincy Operations, National Guard Joint Forces Headquarters Chaplains Office, and other military-focused agencies.

Group 5 - Develop Means Reduction Policy

The Task Force encouraged DoD to develop clinical practice guidelines for the assessment, management, and treatment of suicide-related behaviors and to "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."

Accomplishments

Means Reduction for Privately Owned Firearms

Firearms remain the primary method for suicide among Service members. The DoDSER for Calendar Year 2012 reported that almost half (49 percent) of suicides involved non-military issued firearms.

During FY 2013, the Means Reduction (Privately Owned Firearms) Working Group examined the prevalence of privately-owned firearms (POF) to help understand and define policies that would reduce access to and introduce a level of safety from military and privately owned weapons for those at risk. The working group considered guidance for commanders, including standardized procedures for the storage and return of POF's from personnel who voluntarily give up their weapons for safekeeping.

The means reduction issue was briefed to both the SPARRC and SPGOSC and remains a potential action item in 2014.

Gun Lock Distribution

DSPO engaged in a large-scale effort to ensure that those with access to firearms obtain gun locks to keep them safe. Not only are Service members and Veterans at risk when there is a firearm in the household, but so too are immediate family members and visiting relatives. Locked firearms effectively slow the process of at-risk personnel using the weapons for self-harm. During FY 2013, DSPO distributed more than 80,000 gunlocks to military installations across the country.

Figure 6: One of DSPO's main focuses is enhancing firearms safety messaging and policy.

Medication Take-Back Working Group

About 33 percent of suicide attempts among Service members involved overdoses of prescription medi-

cation in 2012. While not specifically mentioned in the Task Force's final report, DSPO, in coordination with the TRICARE Management Activity (now Defense Health Agency (DHA)) Pharmacy Operations Directorate (POD), established a working group of pharmacy consultants to look at prescription medication misuse in attempted suicides based on the DoDSER data.

The working group was engaged in facilitating discussions with the Drug Enforcement Administration and the Services to explore procedures to reduce inappropriate Service member access to controlled substances. POD in coordination with DSPO sponsored a Medication Take-Back research study, "Recommendations for the Department of Defense to Reduce Pharmaceutical Related Suicide Behaviors in Members of the Armed Forces," published in June 2013.

The study made 17 recommendations, concluding that reduced access to prescription medications may lower the incidence of accidental or intentional self-harm and DoD should establish a medication take-back program for controlled substances. DSPO and DHA continue to support the Medication Take-Back Working Group's initiatives to complete and oversee implementation of a medication take-back program for controlled substances and continued surveillance of this issue within the military.

Military Family Support

In July 2013 DSPO published, "Supporting Military Families in Crisis: A Guide to Help You Prevent Suicide," in compliance with the IMHS. The guide aims to educate family members about suicide warning signs and risk factors, resources available in times of crisis, and strategies for reducing stress. Additionally, it provides information and links to programs and mobile applications designed to improve the behavioral health and well-being of Service members and their families.

The guide is available on DSPO's and its partners' Websites, while the printed version has been distributed worldwide at U.S. military installations.

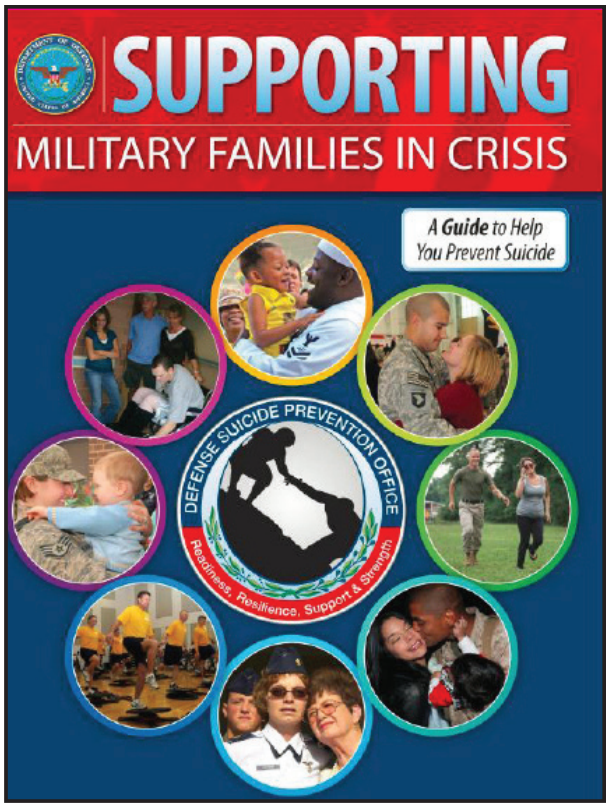

Figure 7: DSPO distributed aproximately 5,000 copies of its family crisis guide in FY 2013.

More than 5,000 copies of the guide were distributed at events across the country including at DoD and non-DoD sponsored events such as health fairs, summits, "Out of the Darkness" walks, Hiring Heroes fairs, wounded warrior recovery care coordinator trainings, and other events that military families attend.

Additionally, DSPO's Resilience Support Services Work Group continuously re-evaluates and updates its distribution strategy to accommodate any future iteration of the aforementioned military family guide while it broadens its cooperative working relationships with other family policy groups within DoD. Meanwhile the working group continues to identify DoD-wide standards for resilience programs based on what the Services are currently offering, as well as resolving gaps that may exist in suicide prevention and resilience services for Service members and their families.

Launch of DSPO Resilience Support Services Directorate

DSPO operationalized its commitment to develop a DoD resilience program by establishing the Resilience Support Services Directorate to develop an overarching framework for DoD, based on requirements of the NDAA for FY 2013 NDAA, to standardize resilience across the Department and develop an implementation policy governing resilience efforts.

DSPO led a multidiscipline working group of subject matter experts who examined resilience definitions across the Department and agreed to utilize the Joint Chiefs of Staff's definition of resilience as "the ability to withstand, adapt, recover, and or grow in the face of challenges and demands." To operationalize this definition, DSPO is developing a framework for the Resilient Support Services program, which utilizes the outline of the Total Force Fitness Model as well as existing research and best practices in the areas of resilience. An extensive environmental scan of relevant research, policy, and current programs across DoD were reviewed to create the resilience framework.

The Resilience Support Services Directorate is working to expand upon several ongoing DSPO initiatives (described in this annual report) including:

Figure 8: In FY 2013, DSPO supported efforts that prevent suicide and build unity and resilience, like this fun run in Kuwait.

- STAR Behavioral Health pilot program
- Vets4Warriors
- Veterans Treatment Court
- Community Action Teams and the development of Peer Support Curriculum
- Partners in Care
- Means Reduction and Medication Take Back

Once vetted with the Services, DSPO will develop policy across DoD to better streamline resilience efforts.

Group 6 - Conduct a Comprehensive Training Evaluation

Several of the Task Force recommendations relate to improving the standardization and fidelity of training for sub-populations who can assist in preventing suicide within DoD. DSPO developed flexible training curricula that can be repurposed by DoD organizations to establish key objectives for each sub-population.

Accomplishments

Based on the requirements of the NDAA for FY 2013, the Task Force Recommendations, the goals and objectives for suicide prevention put forth in the NSSP revised strategy, and the Training Evaluation Working Group outcomes, DSPO identified guidance for suicide prevention and resilience training programs developed by the Services and other shareholders. DSPO views families of Service members as stakeholders.

Educational Initiatives

An important part of DSPO's outreach work focuses on educating stakeholders about how to effectively prevent suicide, including recognizing warning signs and risk factors, as well as understanding the key resources available for those in crisis. These are not formal curriculum-based trainings, but rather proactive attempts by DSPO leadership to engage with different groups through lively presentations and interactive discussions.

One key stakeholder group that DSPO presented Webinars and in-person trainings to were Recovery Care Coordinators (RCCs), a part of DoD's Office of Warrior Care Policy (WCP). On a quarterly basis, DSPO trained RCCs, who ensure that the non-medical needs of wounded Service members are met along the road to recovery.

Additionally, DSPO trained WCP's military adaptive sports site coordinators, who care for at-risk Service members who have been badly injured in battle, including amputees. DSPO also worked with WCP to provide MCL materials at the annual Warrior Games in Colorado Springs, Colorado, May 11-16, 2013.

In May 2013, DSPO attended the U.S. Special Operations Command (SOCOM) conference in Tampa, Florida. DSPO instructed special operations officials and those who work with them on the fundamentals of suicide prevention and crisis support. SOCOM is the unified command for the worldwide use of Special Operations elements of the Army, Navy, Air Forces, and Marine Corps.

DSPO also trained public affairs officers (PAOs) at the Defense Information School at Fort Meade, Maryland. DSPO informed this cross-section of the Services who are expert in journalism and photography about how to use safe and effective messaging when discussing suicide prevention publically.

This guidance for suicide prevention training identifies common core and subgroup-specific competencies for developing and implementing Service-wide suicide prevention training programs and a comprehensive training plan, both of which are in the process of being finalized. DSPO also assesses Service programs that provide training and support for family members and issues policy concerning suicide prevention training for family members. The programs teach family members about the warning signs and risk factors of suicide and how to get help. DSPO also conducts its own educational initiatives.

DSPO, as the DoD authority on enhancing resilience and other suicide prevention strategies, continues to finalize and implement common core and role-specific competencies with measurable suicide prevention training policy goals, guidance for suicide prevention training, education, and outreach programs.

Group 7 - Evaluate Access and Quality of Behavioral Health Care

The Task Force recognized the importance of having the appropriate number of DoD mental health care providers in the best locations to care for Service members with behavioral health disorders and/or suicidal behavioral tendencies.

Accomplishments

DSPO has been leading working groups in evaluating options to increase the access to and quality of behavioral healthcare. The Services have placed behavioral health providers in operational units, enhancing the mental health training of all caregivers and implementing policies that optimize access to care for all Service members and their families.

DSPO collaborated and cooperated with other DoD entities to address the need for expanded access to quality behavioral healthcare in FY 2013. DSPO convened working groups with representation from the Services, OASD (HA), and other offices and agencies of OSD focusing on access to care. DSPO held recurring meetings with the sub-group leads in three areas: embedding providers, enhancing the care continuum for Service members' transitions, and developing metrics for the quality and access to care. These DSPO-led working groups have:

- Examined options for expanding the practice of embedding behavioral health providers in operational units to include the Reserve Components; reviewed staffing models such as DoD's Psychological Health Risk-Adjusted Model for Staffing to determine the range of effective staffing ratios for embedded providers and the definition of a "high risk" unit; and conducted cost analyses;
- Coordinated with Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury and reported on its assessment of the in Transition Program, as the first step to review Behavioral Health Coordination of Care Plan programs to determine if Service

members receive uninterrupted treatment when relocating, and that the new Behavioral Health Professional has access to continued behavioral health treatment for Service members when they relocate; and

- Collaborated with WCP to deliver web-based suicide prevention training for RCCs.

DSPO will continue providing leadership for subgroup activities, developing a framework, and mapping resilience programs to assess healthcare coverage. DSPO will also continue its collaborative efforts with DCoE, the Veterans Health Administration, and other DoD and VA entities to develop toolkits for implementing VA/DoD Clinical Practice Guidelines.

Star Behavioral Health Providers

Star Behavioral Health Providers (SBHP) is a training, dissemination, and referral system aimed at expanding access to trained community behavioral health and their service providers.

DSPO initiated a pilot study to provide access to care in remote/rural areas where National Guard and Reserve members live. The DSPO pilot is a voluntary program that was initiated in Indiana and expanded to California. The pilot was implemented on September 30, 2013, and aims to have one trained provider in each county of the states participating in the pilot.

In 2011, SBHP was developed through a partnership among the Military Family Research Institute at Purdue University, the Center for Deployment Psychology at the Uniformed Services University of the Health Sciences, the Indiana Family and Social Services Administration, and the Indiana National Guard.

This three tier-based continuing education program provides evidence-based training to civilian service providers as well as a mechanism for Service members, families, and others impacted by military service to locate these specially trained providers.

Group 8 - Review and Standardize Investigations

The Task Force recommended that DoD review and evaluate the non-criminal investigations the Department currently conducts that follow the death investigations conducted by Military Criminal Investigation Organizations. DoD 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

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

A DSPO-led working group conducted an evaluation of suicide data collection processes to develop a baseline list of domains and variables to form a death investigation. The working group recommended performing a gap analysis of various databases, data sets, psychological autopsy tools, and information already being collected by the Services.

A DSPO Psychological Autopsy Scope and Process Group defined what is collected in a psychological autopsy, ensuring that the process is efficient and effective, and will continue to provide DoD with policy recommendations.

Group 9 - Develop a Comprehensive Research Strategy

DSPO recognizes the need for DoD to develop a uniform, strategic, and comprehensive plan for research in the area of military suicide prevention. DoD's suicide prevention research portfolio covers prevention, intervention, and postvention, and creates a regulatory and human protections consultation board responsible for moving suicide-related research forward.

Accomplishments

DSPO partnered with the RAND National Defense Research Institute to develop strategic approaches for translating suicide-related research into evidence-based practices, policies, and programs. In an effort to meet the Task Force requirement for a comprehensive research strategy, DSPO leveraged support from RAND, DoD, VA, and HHS representatives who oversee or conduct suicide and resilience research relevant to military populations. DSPO conducted the following activities in FY 2013:

- Obtained consensus on a common set of definitions for research, evaluation, and studies;
- Developed a comprehensive catalog of 218 recent and ongoing military, federal, and non-federal research studies on suicide prevention directly relevant to military personnel;
- Developed a prioritized list of domains in accordance with their importance, effectiveness, cultural acceptability, cost, and future learning potential;
- Identified major funding sources for suicide research (DoD has emerged as the single largest source);
- Identified 10 components necessary to diffuse research into DoD policy and practice; and
- Identified metrics of effectiveness, validated in military and Veteran suicide and resilience research studies, to be used for program evaluation purposes.

Figure 9: Formative Cadet Research Study

In FY 2014 DSPO will sponsor a follow-up study to suicide research on cadets that will examine the following issues:

- Demographic similarities between peer mentor and mentee
- Confidentiality and anonymity of peer support interactions
- Attractiveness of peer support program
- Demonstrated ability to help others
- Demonstrated ability to foster recovery for those in need of help
- Frequency of peer interactions
- Moderate group size (e.g., between 6 to 10)
- High accessibility of mentors to mentees

DSPO identified research-generated products that can be translated and implemented to improve military suicide prevention and resilience efforts for the Translation and Implementation of Evaluation and Research Studies (TIERS) framework. This initiative will help translate suicide-related research and evidence-based practices into policies and programs. Furthermore, DSPO implemented research technologies generated through the Defense Advanced Research Projects Agency's Detection and Computational Analysis of Psychological Signals program for its resilience initiatives including the Vets4Warriors Outreach Center.

DSPO has sponsored additional research initiatives that address gaps in military suicide prevention and resilience policies and practices. In FY 2013, DSPO mentored a formative research study by cadets from the U.S. Military Academy's (USMA's) Department of Systems Engineering. For the study, they conducted an environmental scan, interviewed key stakeholders, and moderated focus groups to identify critical requirements for developing military peer support programs that may increase the use of support resources and therefore reduce suicide risk. A follow-up study will validate numerous requirements, such as the frequency of peer interactions.

Suicide Prevention and Resiliency Resource Inventory

DSPO coordinated efforts with Reserve Affairs' YRRP for the Suicide Prevention and Resiliency Resource Inventory (SPRRI) Project. SPRRI assessed resource and capability needs of unit leaders (i.e., officers and senior non-commissioned officers) and support professionals involved with suicide prevention and resiliency (SPR) initiatives. SPRRI administered a web-enabled survey to members of the Reserve Components and professionals who provide suicide prevention and resilience support to them. SPRRI obtained information about program management/oversight practices and command climate elements that influence planning and implementation of SPR initiatives.

SPRRI serves as a department-wide systematic assessment of the SPR needs of National Guard and Reserve unit leaders and support professionals.

SPRRI assessed resources in four domains:

- **Psychological:** Resources intended to support mental, emotional, and behavioral health;
- **Social:** Resources designed to bolster social support and cohesion;
- **Medical:** Resources provided as part of the healthcare system; and
- **Holistic:** Resources that touch multiple domains.

DSPO continues to pursue a comprehensive strategy that organizes and prioritizes suicide research integrating inputs from the following sources:

- RAND's recommendations on research gaps and prioritized areas;
- Military Operational Medicine Research Program's National Research Action Plan in response to the Executive Order "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families"; and
- National Action Alliance for Suicide Prevention's Research Prioritization Plan.

DSPO also sponsors other research initiatives that address gaps in military suicide prevention and resilience policies and practices. This includes a USMA validation study of peer support models, as well as a Defense Personnel Security and Research Center study investigating whether risk indicators for Service members who have died by suicide can be detected reliably on social media websites.

Additionally, DSPO jointly initiated a study with the DoD Sexual Assault Prevention and Response Office to explore the overlap in sexual assault and self-harming behaviors reported on the Behavioral Health Survey.

Report Summary

During FY 2013, DSPO achieved significant progress by meeting its goals to promote a deeper understanding and awareness of the importance of suicide prevention and resilience activities.

That message was reinforced and codified in the DoDD 6490.14, "Defense Suicide Prevention Program," which created comprehensive DoD-wide policy guidance on suicide prevention. DSPO also expanded help-seeking through its Military Crisis Line campaign in collaboration with VA and established the groundwork for further enhancing awareness and access to services by assuming oversight of the Vets4Warriors program. Additionally, DSPO made major strides in enhancing the fidelity of suicide data and research, addressing access to lethal means, and developing a strategy that standardized suicide prevention training.

DSPO remains dedicated to its major aims, such as developing a unified, strategic, and comprehensive plan for research in military suicide prevention. DSPO will work to foster a resilient culture based on Total Force Fitness and battle the stigma that inhibits some Service members from seeking help for their behavioral health and other problems. DSPO will also expand its collaboration with public and private entities that share its mission to prevent suicide among Service members and their families. As an example, DSPO leveraged its CATs to expand relationships with non-profit organizations, universities, and others to uncover best practices in suicide prevention and provide services and support to members of the Active and Reserve Components and their families.

By working closely with the Services, VA, HHS, non-profit organizations, universities, and many others, DSPO will help save the lives of the brave Americans who defend our great country.

Appendix 1: NDAA 2013

The National Defense Authorization Act for Fiscal Year 2013 is a U.S. law specifying the DoD's budget and expenditures for the period of October 1, 2012 through September 30, 2013. Several of its provisions, sections 580-583, related to suicide prevention, help set the tone for DSPO's work.

Sec. 580. ENHANCEMENT OF OVERSIGHT AND MANAGEMENT OF DEPARTMENT OF DEFENSESUICIDE PREVENTION AND RESILIENCE PROGRAMS.

(a) In General.--The Secretary of Defense shall, acting through the Under Secretary of Defense for Personnel and Readiness, establish within the Office of the Secretary of Defense a position with responsibility for oversight of all suicide prevention and resilience programs of the Department of Defense (including those of the military departments and the Armed Forces).

(b) Scope of Responsibilities.--The individual serving in the position established under subsection (a) shall have the responsibilities as follows:

(1) To establish a uniform definition of resiliency for use in the suicide prevention and resilience programs and preventative behavioral health programs of the Department of Defense (including those of the military departments and the Armed Forces). (2) To oversee the implementation of the comprehensive policy on the prevention of suicide among members of the Armed Forces required by section 582.

Sec. 581. RESERVE COMPONENT SUICIDE PREVENTION AND RESILIENCE PROGRAM.

(a) Codification, Transfer of Responsibility, and Extension.—

(1) In general.-- Chapter 1007 of title 10, United States Code, is amended by adding at the end the following new section: "§ 10219. <10 USC 10219> Suicide prevention and resilience program

"(a) Program Requirement.--The Secretary of Defense shall establish and carry out a program to provide members of the National Guard and Reserves and their families with training in suicide prevention, resilience, and community healing and response to suicide, including provision of such training at Yellow Ribbon Reintegration Program events and activities authorized under section 582 of the National Defense Authorization Act for Fiscal Year 2008 (10 U.S.C. 10101 note).

"(b) Suicide Prevention Training.--Under the program, the Secretary shall provide members of the National Guard and Reserves with training in suicide prevention. Such training may include:

"(1) describing the warning signs for suicide and teaching effective strategies for prevention and intervention;

"(2) examining the influence of military culture on risk and protective factors for suicide; and

"(3) engaging in interactive case scenarios and role plays to practice effective intervention strategies.

"(c) Community Response Training.--Under the program, the Secretary shall provide the families and communities of members of the National Guard and Reserves with training in responses to suicide that promote individual and community healing. Such training may include:

"(1) enhancing collaboration among community members and local service providers to create an integrated, coordinated community response to suicide;

"(2) communicating best practices for preventing suicide, including safe messaging, appropriate memorial services, and media guidelines;

"(3) addressing the impact of suicide on the military and the larger community, and the in-creased risk that can result; and

"(4) managing resources to assist key community and military service providers in helping the families, friends, and fellow Service members of a suicide victim through the processes of grieving and healing.

"(d) Community Training Assistance.--The program shall include the provision of assistance with such training to the local communities of those Service members and families, to be provided in coordination with local community programs.

"(e) Collaboration.--In carrying out the program, the Secretary shall collect and analyze 'lessons learned' and suggestions from State National Guard and Reserve organizations with existing or developing suicide prevention and community response programs.

"(f) Termination.--The program under this section shall terminate on October 1, 2017."

(2) Clerical amendment. -- The table of sections at the beginning of chapter 1007 of such title is amended by adding at the end the following new item: "10219. Suicide prevention and resilience program."

[**1766] (b) Repeal of Superseded Provision.--Subsection (i) of section 582 of the National Defense Authorization Act for Fiscal Year 2008 (Public Law 110-181; 10 U.S.C. 10101 note) is repealed.

Sec. 582. COMPREHENSIVE POLICY ON PREVENTION OF SUICIDE AMONG MEMBERS OF THE ARMED FORCES.

(a) Comprehensive Policy Required.--Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall, acting through the Under Secretary of Defense for Personnel and Readiness, develop within the Department of Defense a comprehensive policy on the prevention of suicide among members of the Armed Forces. In developing the policy, the Secretary shall consider recommendations from the operational elements of the Armed Forces regarding the feasibility of the implementation and execution of particular elements of the policy.

(b) Elements.--The policy required by subsection (a) shall cover each of the following:

(1) Increased awareness among members of the Armed Forces about mental health conditions and the stigma associated with mental health conditions and mental healthcare.

(2) The means of identifying members who are at risk for suicide (including enhanced means for early identification and treatment of such members).

(3) The continuous access by members to suicide prevention services, including suicide crisis services.

(4) The means to evaluate and assess the effectiveness of the suicide prevention and resilience programs

and preventative behavioral health programs of the Department of Defense (including those of the military departments and the Armed Forces), including the development of metrics for that purpose.

(5) The means to evaluate and assess the current diagnostic tools and treatment methods in the programs referred to in paragraph (4) to ensure clinical best practices are used in such programs.

(6) The standard of care for suicide prevention to be used throughout the Department.

(7) The training of mental health care providers on suicide prevention.

(8) The training standards for behavioral health care providers to ensure that such providers receive training on clinical best practices and evidence-based treatments as information on such practices and treatments becomes available.

(9) The integration of mental health screenings and suicide risk and prevention for members into the delivery of primary care for such members.

(10) The standards for responding to attempted or completed suicides among members, including guidance and training to assist commanders in addressing incidents of attempted or completed suicide within their units.

(11) The means to ensure the protection of the privacy of members seeking or receiving treatment relating to suicide.

(12) Such other matters as the Secretary considers appropriate in connection with the prevention of suicide among members.

Appendix 2: National Strategy for Suicide Prevention

The revised National Strategy for Suicide Prevention (NSSP) was released on September 10, 2012, by the U.S. Surgeon General and the co-chairs of a public-private coalition, the National Action Alliance for Suicide Prevention (Action Alliance). The Action Alliance is co-chaired by the Secretary of the Army and oversees the implementation of the NSSP through its various subcommittees. The NSSP has 13 goals and 60 objectives, within 4 strategic directions: (1) creating supportive environments, (2) enhancing quality care, (3) promoting access to care, and (4) improving surveillance systems.

DSPO has aligned with and supported the implementation of NSSP goals and objectives, as described below. While its efforts are in concert with the objectives of the NSSP, DSPO has been able to lead DoD's suicide prevention efforts even beyond the four strategic directions.

1. DSPO collaborated with the Services to create a strategic map of NSSP goals and objectives and how they may apply to DoD. This mapping effort identified areas of overlap in priorities between national suicide prevention efforts and the DoD. The mapping also suggested additional areas for consideration for DoD Suicide Prevention efforts, and informed national efforts about the need for community resources for returning Service members and National Guard and Reserve members.

2. DSPO worked with the Services and DoD entities to map all suicide prevention programs and activities on the NSSP strategic map. This helped to identify objectives that have adequate coverage, those that have inadequate coverage, and areas of possible redundancy. By further analysis, DSPO informed resource re-allocation to achieve maximum efficiency and objectively determine the need for additional resources.

3. DSPO worked with the Services on developing metrics for program evaluation. When data is collected and reported on these outcome metrics, DSPO will be able to recommend funding for effective programs and suggest alternatives for programs that do not demonstrate effectiveness. This effort is being conducted in concert with SAMHSA since its goal is to evaluate the implementation of the NSSP objectives.

4. DSPO prioritized improving the access to and quality of behavioral healthcare in partnership with the Services. Attention focused on embedding behavioral healthcare providers in units, evaluating access to care, enhancing continuity of care across transition points, defining resilience and resilience programs, and collaborating with VA. Through these efforts DSPO addressed NSSP's Strategic Actions 2 and 3.

5. DSPO released the DoDSER and developed operational definitions for the data fields. In addition, DSPO has developed the Wellness Assessment and Risk Nexus system that uses historical data on suicide risk factors and protective factors to develop a predictive analytic model for determining heightened level of risk factors among the force. These efforts address NSSP's Strategic Action 4.

6. DSPO created a Research Working Group that created an inventory of all DoD suicide prevention research and aligned them to the NSSP. This group is currently helping identify metrics for evaluating this research and will be part of DSPO's effort on TIERS to enable timely dissemination of research results. While this is partially aligned with NSSP's Strategic Action 4, it has been conducted in concert with the Action Alliance Research Subcommittee.

7. DSPO worked with agencies across the federal government to ensure that DoD's efforts are synchronized and consistent with the latest findings on suicide prevention. To this end, DSPO participates on the Federal Partners Suicide Prevention Steering Group that has representatives from all of the cabinet secretariats. DSPO also works with VA on implementing the suicide prevention objectives from the IMHS.

8. DSPO collaborated with VA and HHS for educational opportunities for community, clinical, and research perspectives. This was conducted through monthly summits beginning in September 2013 and projected through November 2013. In addition, DSPO conducted several education and outreach events in September 2013 as part of Suicide Prevention Month. This aligns with NSSP's Strategic Action 1.

9. DSPO worked with Vets4Warriors and the MCL to ensure that Service members have 24/7 access to trained crisis workers, since both sites are certified by the American Society of Suicidology. This aligns with NSSP's Strategic Actions 2 and 3.

10. A new memorandum of agreement was signed between MCL and V4W that facilitates warm hand-offs and coordinates follow-up care within DoD through V4W resilience case management. VA needed to be able to provide the same standard of case management to DoD callers on the MCL as it did for Veterans.

Appendix 3: External Engagements

Best practices in suicide prevention need to be widely inculcated across DoD to 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 the development of DoD and Service-level comprehensive suicide prevention training strategies. In FY 2013, DSPO broadened its educational sessions to a wide 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 to promote awareness of the Military Crisis Line.

In sum, as illustrated below, DSPO participated in 44 events during FY 2013.

Herschel Walker Presentation: Safety Stand Down—Fort Sill	10-11 Oct	Lawton, OK
Warrior Care Policy (WCP): Recovery Care Coordinator (RCC) Training	2-Nov	Alexandria, VA
CrisisLink Presentation/Panel Discussion: Military Suicide	14-Nov	Fairfax, VA
Webinar for WCP: RCP Training	20-Nov	Alexandria, VA
Army National Guard Suicide Prevention Stand Down	2-Dec	Buffalo, NY
Louisiana Army National Guard: SPPM Training	4-Dec	Pineville, LA
Herschel Walker Presentation: Barksdale AFB	11-Dec	Barksdale, LA
WCP: RCC Training	5-Feb	Washington, DC
Herschel Walker Presentation: Joint Base Lewis McCord	7-Feb	Tacoma, WA
Herschel Walker Presentation: Fort Drum	14-Feb	Jefferson County, WA
Herschel Walker Presentation: Fort Leonard Wood	7-Mar	Pulaski County, MO
Army Reserve Suicide Prevention Training	9-Mar	Puerto Rico
SecDef Briefing: Veteran Service Organizations	22-Mar	Washington, DC
WCP: Military Adaptive Sports Site Coordinator Training	17-Apr	Alexandria, VA
Herschel Walker Presentation: Ft Jackson	24-Apr	Colombia, SC

American Association of Suicidology Conference	24-27 Apr	Austin, TX
WCP: Warrior Games	8-May	Boulder, CO
SOCOM Care Coalition Conference	14-15 May	Tampa Bay, FL
Herschel Walker Presentation: Fort Sam Houston	26-Jun	Houston, TX
Herschel Walker Presentation: Lackland AFB	27-Jun	San Antonio, TX
Texas Suicide Prevention Symposium	28-Jun	Austin, TX
Herschel Walker Presentation: Tripler	29-31 Jul	Honolulu, HI
Military.com Spouse Experience	3-Aug	Norfolk, VA
Welcome Aboard the O'Club: Camp Lejeune	5-Aug	Jacksonville, NC
Hiring Heroes Career Fair: Joint Base Lewis McChord	7-Aug	Tacoma, WA
5K R.A.C.E. Fun Run: Camp Lejeune	9-Aug	Jacksonville, NC
Blue Star Families Warriors Summit	18-Aug	Glen Ellen, IL
Suicide Prevention Awareness Information Workshop	1-Sep	Virginia Beach, VA
Veterans Affairs Military Appreciation Baseball Game	2-Sep	Minneapolis, MN
Hiring Our Heroes Career Fair	5-Sep	Quantico, VA
Veterans Affairs Military Appreciation Baseball Game	10-Sep	Cincinnati, OH
DSPO Chaplains Resilience Forum: Pentagon	10-Sep	Washington, DC
Veterans Affairs Military Appreciation Baseball Game	11-Sep	Tampa, FL

Army Health Fair: Pentagon	12-Sep	Washington, DC
Suicide Prevention Awareness Information Workshop	16-20 Sep	Virginia Beach, VA
DSPO Orientation Day	17-Sep	Arlington, VA
Hiring Heroes Career Fair: Fort Sam Houston	18-Sep	Houston, TX
Veterans Affairs Military Appreciation Baseball Game	24-Sep	Cincinnati, OH
Herschel Walker Presentation: Fort Leavenworth	24-Sep	Leavenworth County, KS
Herschel Walker Presentation: Fort Riley, KS	25-Sep	Riley, KS
DSPO's "Community Based Practices in Research" Summit	25-Sep	Washington, DC
2013 Suicide Prevention Stand Down Day: Fort A.P. Hill	27-Sep	Bowling Green, VA
Sara's Smile Splash Dash: Suicide Prevention 5K	28-Sep	Camp Buehring, Kuwait
AFSP Out of the Darkness Community Walk	28-Sep	Washington, DC

Appendix 4: Suicide Prevention Month

During Suicide Prevention Month in September 2013, DSPO participated in a range of events to raise awareness of suicide prevention, resilience, and help-seeking. DSPO also provided material and messaging support to partners and engaged with the media.

Event Management & Participation

- **Chaplains' Resilience and Suicide Prevention Forum** (9/10). DSPO held a forum for 32 DoD chaplains and chaplains' assistants at the Pentagon on World Suicide Prevention Day. The event provided key suicide prevention information to chaplains, including recognizing warning signs and understanding how to intervene when a Service member is in crisis. The event, which was covered by the American Forces Press Service (http://1.usa.gov/1eLJeMq), recognized the importance of chaplains in DoD resilience and suicide prevention efforts.
- **Army Health Fair** (9/12). DSPO manned a booth at the Army Health Fair at the Pentagon. At the annual event, held during Suicide Prevention Week, DSPO expanded awareness of the MCL and DSPO products, including its suicide prevention guide, "Supporting Military Families in Crisis." DSPO reached approximately 100 Service members and DoD civilians at the event.
- **Orientation to DSPO** (9/17). DSPO held an Orientation Day for Federal partners and non-government stakeholders. At the 3-hour session, 35 public and private stakeholders met to identify best practices in suicide prevention and explore areas for future collaboration. DSPO also detailed its suicide prevention activities in a range of areas from program evaluation and research to stigma reduction and access to care.
- **Webinar to Warrior Care Policy** (WCP) (9/18). DSPO provided training via Webinar to approximately 60 recovery care coordinators and WCP staff from across the United States. The presentation educated these individuals in recognizing suicide warning signs and risk factors, building protective factors, and providing crisis support.
- **Summit – Using Community-Based Approaches to Prevent Suicide** (9/25). DSPO held a summit with DoD and other federal partners to enhance collaborative support for Service members and their families. Approximately 120 people attended the summit, including line leaders, chaplains, family program managers, suicide prevention managers and coordinators, substance abuse counselors, peer support counselors, mental health clinicians, and primary care clinicians.
- **Out of the Darkness Community Walk** (9/28): DSPO officials participated in a walk to prevent suicide in Washington, DC. At the event, held by the American Foundation for Suicide Prevention, DSPO provided a table of suicide prevention and crisis support materials for the over 1,000 attendees. DSPO staff members voluntarily took part in the 4-mile walk, which raised money for research and educational programs to prevent suicide, increased national awareness about depression and suicide, and provided support for survivors of suicide loss.

Materials Dissemination/Outreach

During Suicide Prevention Month, DSPO provided almost 22,000 MCL materials, gun locks, and crisis support guides to Service members and their families at the aforementioned events and at the following:

- Suicide Prevention 5K Run at **Camp Buehring in Kuwait** (9/28);
- Suicide Prevention Standdown at **Ft. A.P. Hill** (9/27);

- Events at installations including **Camp Le Jeune** (9/6, 9/9, 9/20, 9/27), **Ft. Leavenworth** (9/24), and **Ft. Riley** (9/25);
- Military Appreciation events at **Major League Baseball** games (9/2, 9/10, 9/11, 9/24); and
- Job-related event held by **Hiring Heroes** for wounded warriors and their families (9/18).

Messaging Support

During September, DSPO also provided **messaging support**, including:

- Developed an **article on suicide prevention** posted on the Warrior Care Policy Website (at http://1.usa.gov/1hC2WZC).
- Promoted awareness of the Military Crisis Line with the Defense Media Activity, such as the American Force Network radio and TV spots that aired in Europe.
- Spoke as the authority on DoD suicide prevention issues in numerous media outlets, as follows:

MEDIA OUTLETS IN WHICH DSPO WAS INTERVIEWED		
Source	Name of Article	Date of Publication
Stars and Stripes	Experts: Restricting troops' access to firearms is necessary to reduce rate of suicides	3-Dec
Air Force Times	Official: Suicide prevention must get proactive	7-Dec
Roll Call	Rise of Military Suicides Driven By More Than War	9-Dec
MailOnline	More U.S. soldiers on active duty committed suicide than died in combat last year, shocking new figures reveal	4-Jan
Honolulu Star-Advertiser	Hawaii not immune to epidemic	15-Apr
New York Times	Baffling rise in suicides plagues U.S. military	15-May
Indianapolis Star	Joe Donnelly: Nation must do more to prevent military suicides	26-Jun
Huffington Post	Military and Veteran Suicides Rise Despite Aggressive Prevention Efforts	28-Aug
Navy Times	Hagel: Getting mental health help shows 'courage, honor and integrity'	3-Sep
Los Angeles Times	Looking Closer at Life Insurance in Military Suicides	8-Sep
Defense One	The Military Has More Than 900 Suicide Prevention Programs	27-Sep

Appendix 5: Glossary of Abbreviations

BHP: Behavioral Health Professional

CAT: Community Action Team

CDC: Centers for Disease Control and Prevention

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

DINFOS: Defense Information School

DMDC: Defense Manpower Data Center

DoD: Department of Defense

DoDD: Department of Defense Directive

DoDSER: Department of Defense Suicide Event Report

DSN: Defense Switched Network

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

JEC: Joint Executive Council

MCL: Military Crisis Line

MOE: Measures of Efficiency

NDAA: National Defense Authorization Act

NDRI: National Defense Research Institute

NIMH: National Institute of Mental Health

NSSP: National Strategy for Suicide Prevention

OASD (HA): Office of the Assistant Secretary of Defense for Health Affairs

OEF: Operation Enduring Freedom

OSD: Office of the Secretary of Defense

OUSD (P&R): Office of the Under Secretary of Defense for Personnel and Readiness

PAG: Public Affairs Guidance

PAO: Public Affairs Officer

PBS: Public Broadcasting System

PL: Public Law

POF: Privately Owned Firearms

RCC: Recovery Care Coordinator

ROM: Rough Order of Magnitude

SAMHSA: Substance Abuse and Mental Health Services Administration

SBHP: Star Behavioral Health Providers

SDR: Suicide Data Repository

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

SOCOM: U.S. Special Operations Command

SPARRC: Suicide Prevention and Risk Reduction Committee

SPGOSC: Suicide Prevention General Officer Steering Committee

SPPM: Suicide Prevention Program Manager

SPR: Suicide Prevention and Resiliency

SPRRI: Suicide Prevention and Resiliency Resource Inventory

TIERS: Translation and Implementation of Evaluation, Research and Studies

USC: United States Code

USD (P&R): Under Secretary of Defense for Personnel and Readiness

USMA: U.S. Military Academy

USUHS: Uniformed Services University of the Health Sciences

VA: Department of Veterans Affairs

VCL: Veterans Crisis Line

VTC: Veterans Treatment Court

WCP: Office of Warrior Care Policy

YRRP: Yellow Ribbon Reintegration Program

U.S. Department of Defense | U.S. Department of Veteran's Affairs

IT'S YOUR CALL

Confidential help for Service members and their families

1-800-273-8255 PRESS 1

Military Crisis Line

Vets4Warriors

Set your course with a military connection

855-838-8255 vets4warriors.com

Info@vets4warriors.com

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