



**Department of Defense Task Force
on the
Prevention of Suicide
by
Members of the Armed Forces**

17 August 2010

**Ms. Bonnie Carroll, Co-Chair
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**Col Joanne McPherson
Executive Secretary**



Creation of the Task Force

- **Section 733, NDAA 2009**

“The Secretary of Defense shall establish within the Department of Defense a TASK FORCE to examine matters relating to Prevention of Suicide by Members of the Armed Forces.”

- **Deliverable**

“Recommendations regarding a comprehensive policy designed to prevent suicide by members of the Armed Forces.”



General Observations

- Not every suicide may preventable, but suicide is preventable
- The Services are heavily engaged in Suicide Prevention.
- Leadership is involved at all levels.
- Cannot know for sure just how many suicides there would be if it were not for current programs and leadership efforts.
- The Task Force is unable to “grade” Service SP Programs.
- Relationship between increased ops tempo, deployments, separations and overall stress on the force/increased suicides.
- The TF is unable to determine any risk for suicide due specifically to occupation
- Suicide has multi-factorial causal factors; Suicide Prevention must have multi-factorial solutions.



“Foundational” Recommendations

- Create “Suicide Prevention Division” at OSD.
- Keep suicide prevention in leader’s lane
- Reduce stress on the force
- Develop skills-based training.
- Mature DODSER/surveillance.
- Develop comprehensive stigma reduction campaign plan.



“Foundational” Recommendations

- Focus on well-being, life skills, resiliency
- Incorporate program evaluation.
- Coordinate installation & community health services.
- Standardize suicide investigations & pattern after aircraft safety investigation boards
- Ensure continuity of behavioral health care.
- Strengthen positive messaging.
- Support and fund suicide research.



Activities since 14 Jul 10

- Briefing to Defense Health Board (DHB) was conducted on 14 Jul 10.
- Socialization mtgs or VTC's with USAF CV/SG, Army CV staff/SG, Navy SG, Navy CV
- Briefing to ASD (HA) on 02 Aug 10
- Briefing to USD (P&R) on 10 Aug 10
- Briefing to Senior Military Medical Advisory Council on 11 Aug 10



DHB Recommendations

- Develop suicide prevention tools for leaders
- Recommend benchmark programs against which to measure the effectiveness of military suicide prevention programs
- Ensure DoD is held accountable in suicide prevention efforts (for example, by issuing recommendations regarding size of force or dwell time)
- Frame suicide prevention as a readiness issue
- Increase the number of personnel trained in suicide prevention issues



DHB Recommendations

- Reconsider the impact of the vision statement included in the Task Force report
- Ensure the National Guard and Reserve components are included in report
- Evaluate the effectiveness of suicide prevention programs
- Incorporate an external review group to evaluate program effectiveness
- Increase the sense of urgency regarding suicide prevention response and resources



DHB Recommendations

- Increase the sense of urgency regarding suicide prevention response and resources
- Develop web-based materials, such as training or sharing of best practices for providers
- Emphasize additional methods for decreasing stress factors on the Force
- Identify the highest priorities of recommendations (for example, the top five Task Force recommendations)



DHB Recommendations

- Include other behavioral health indicators, such as post-traumatic stress disorder
- Ensure the recommendations are actionable and identify who might be responsible for each recommendation
- Distinguish between primary and secondary suicide prevention efforts
- Assign (or suggest) responsibility for the recommendations.”



Way Ahead

- Submission date moved to 20 Aug
- Press release on 24 Aug



Closing Remarks

- Thanks for your suggestions
- Focused TF on readers and perceptions
- Focused TF on more concrete recommendations











Charter from Congress

- Methods to **identify trends and common causal factors** in suicides by members of the Armed Forces.
- **Methods to establish or update suicide education and prevention programs** conducted by each military department based on identified trends and causal factors.
- An **assessment of current suicide education and prevention programs** of each military department.
- An **assessment of suicide incidence by military occupation** to include identification of military occupations with a high incidence of suicide.
- The appropriate **type and method of investigation** to determine the causes and factors surrounding each suicide by a member of the Armed Forces.



Charter from Congress

- The **qualifications of the individual appointed** to conduct an investigation.
- The **required information to be determined by an investigation** in order to determine causes and factors.
- The appropriate **reporting requirements following an investigation.**
- The **appropriate official or executive agent within the military department and DoD** to receive and analyze reports on investigations.
- The appropriate **use of the information gathered** during investigations.
- Methods for **protecting confidentiality** of information contained in reports of investigations.



Task Force Membership

- **14 members appointed by SECDEF:**
 - At least one from each of the 4 Services.
 - No more than half can be DoD members.
- **Non-DoD members who have experience in:**
 - national suicide prevention policy;
 - military personnel policy;
 - research in the field of suicide prevention;
 - clinical care in mental health;
 - military chaplaincy or pastoral care;
 - at least one family member of a member of the Armed Forces who has experience working with military families.



Task Force Membership

- **Dr. Alan Berman**
- **COL (Dr) John Bradley**
- **Dr. Robert Certain**
- **CMSgt Jeffory Gabrelcik**
- **SgtMaj Ronald Green**
- **Ms. Bonnie Carroll**
- **Dr. Janet Kemp**
- **Dr. Marjan Holloway**
- **Dr. David Jobes**
- **Dr. David Litts**
- **Dr. Richard McKeon**
- **MGySgt Peter Proietto**
- **CDR Aaron Werbel**
- **MG (Dr) Philip Volpe**



Meetings and Briefings

- **Initiated on 7 August 2009.**
- **Held monthly & twice monthly face-to-face sessions.**
- **Open and preparatory sessions.**
- **Informational Briefings & Panel Discussions:**
 - Services SMEs on SP (Data & SP Programs)
 - DoD/DCOE SMEs on SP (Data, Research & Programs)
 - AFME and Incident Investigations
 - Surviving Family Members
 - Attempted Suicide Panel
 - Reserve and National Guard Programs
 - Ongoing Research
 - Department of Veterans Affairs
 - Various State & “best practice” Programs



Site Visits

ARMY

- Fort Bliss, TX
- Fort Benning, GA
- Fort Carson, CO
- Fort Riley, KS
- Fort Campbell, KY

MARINE CORPS

- Camp Lejeune, NC
- Beaufort MCAS, SC
- Parris Island MCRD, SC
- Camp Pendleton, CA

NAVY

- Norfolk Naval Base, VA
- Portsmouth Naval Hospital, VA
- King's Bay Naval Base, GA
- Naval Base San Diego, CA
- Jacksonville Naval Air Station, FL

AIR FORCE

- Peterson AFB, CO
- Robins AFB, GA
- Lackland AFB, TX
- Langley AFB, VA

**Additionally, there were some individual member site visits.*



Vision

A healthy, resilient and vibrant military force where Service Members win the war on suicide by soundly defeating the enemies (visible and invisible) that lead to suicide.



Guiding Principles

- Suicide and suicidal behaviors are preventable.
- Suicide prevention begins with leadership and requires engagement from all facets of the military community.
- Suicide prevention requires long term, sustained commitment utilizing a comprehensive public health approach.
- Service Member total fitness (wellness) is essential to mission accomplishment (and suicide prevention).
- Recommendations of the Task Force should reflect the best available practices and scientific evidence; as well as expert consensus.
- Recommendations should be consistent with the culture of the Armed Forces and capitalize on the strengths of the Services.



Focus Areas

Four Focus Areas

1. Organization and Leadership
2. Wellness Enhancement and Training
3. Access to, and Delivery of, Quality Care
4. Surveillance and Investigations



16 Strategies

Focus Area 1:

Organization and Leadership

1. Restructure & Organize for Unity of Effort in SP.
2. Equip and Empower Leaders at all Levels.
3. Develop Positive Strategic Messaging.
4. Reduce Stigma and Overcome Cultural Barriers to “Help Seeking Behaviors”.
5. Standardize Policies, Procedures & Ensure Program Evaluation is Incorporated in all SP Programs.



16 Strategies

Focus Area 2:

Wellness Enhancement & Training

6. Enhance Well-being, Life Skills & Resiliency.
7. Reduce Stress on the Force & on Families.
8. Transform Training to Enhance Skills:
 - Service Members; Self & Buddy
 - Leaders; 1st Line Supervisors
 - Family Members
 - Community Members



16 Strategies

Focus Area 3:

Access to, and Delivery of, Quality Care

9. Leverage & Synchronize Community-based Services; on and off installations.
10. Ensure Continuity of Quality Behavioral Health Care; especially during Transitions.
11. Standardize Effective Crisis Intervention Services and Hotlines.
12. Train Health Professionals in the Competencies to Deliver Evidence-based Care for the Assessment, Treatment and Management of Suicidal Behaviors.
13. Develop Effective Postvention Programs.



16 Strategies

Focus Area 4:

Surveillance & Investigations

14. Conduct Comprehensive & Standardized Surveillance.
15. Standardized Investigations of Suicides and Suicide Attempts to Identify Target Areas for Informing and Focusing Suicide Prevention Policies and Programs.
16. Support & Incorporate Ongoing Research to Inform Evidenced-based Suicide Prevention.



Question and Answer Session
