



Health Promotion, Risk Reduction
And Suicide Prevention

State of the State

DOD Suicide Prevention Task Force

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Individual Characteristics

Period: From January 2001 to December 2009

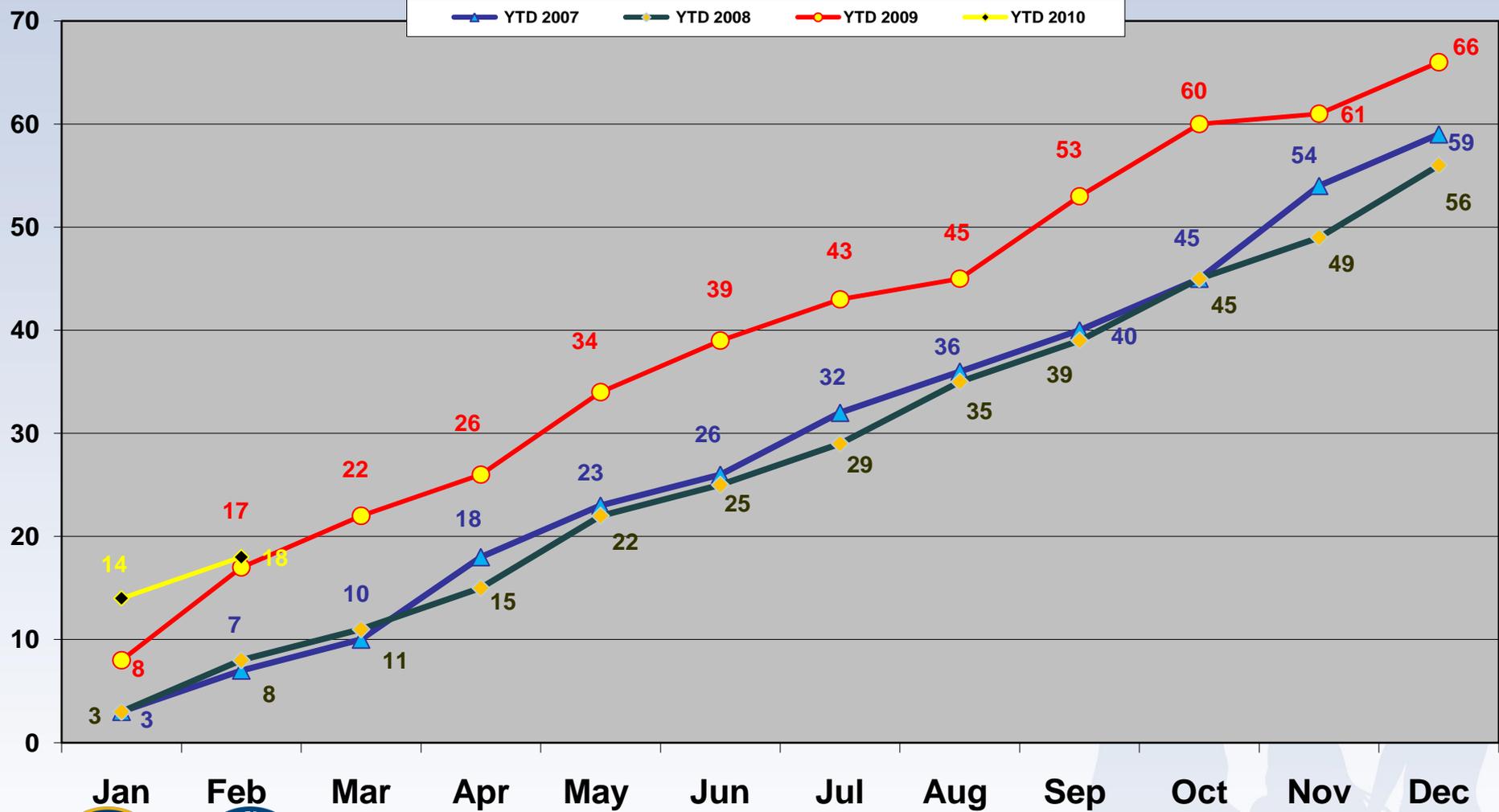
- Demographics of the Majority:
 - ❖ Caucasian Males
 - ❖ Highest age group is 20-24
 - ❖ Traditional, Enlisted Soldiers
 - ❖ Over Half have never Deployed

- Common Stressors:
 - ❖ Relationship Failure
 - ❖ Job Problems
 - ❖ Legal Problems
 - ❖ Financial Problems



Annual Trends

Annual Comparison of Suicide from 2007 - 2010



Active and Reserve Component Comparison

- Similarities:
 - ❖ Subject to mobilization
 - ❖ Pre- and post-mobilization activities
- Differences:
 - ❖ Access to Care
 - ❖ REFRAD (Released from active duty)
 - ❖ Reintegration



Challenges (1 of 2)

- Overcoming stigma
- Rising number of suicides
- Historical data / Reliable tracking systems
- Geographically dispersed population / 2-day, Compressed drill time
- Limited Mental Health and Chaplain resources
- Unfunded requirements, e.g., Applied Suicide Intervention Skills Training (ASIST)
- Confusing policies surrounding services



Challenges (2 of 2)

- Uniqueness / Diversity of States
- Collaboration with Active Component (Stand Down, AR 600-63)
- Multiple Deployments
- “Battle handoff” from active duty
- Recruiting of Soldiers who are at risk
- Economic Recession
- Communication



Efforts & Success (1 of 2)

- Suicide Prevention Task Forces and Support personnel
- Full Time manning for Suicide Prevention Program Managers
- Full Time manning for Directors of Psychological Health
- Army initiative integration (Army Suicide Prevention Task Force, Comprehensive Soldier Fitness)
- Integrated into the AR 600-63 and DA Pam 600-24 integration



Efforts & Success (2 of 2)

- ARNG Soldier and Family Support Division
- Prevention Stand Down and Chain Teaching
- Personnel Blast and Contaminant Tracker
- Way ahead for tracking Post Deployment Health Assessment (PDHA) and Post Deployment Health Re-Assessment (PDHRA) referrals
- Home Front and Reserve Component Shoulder to Shoulder interactive videos



States' and Territories' Best Practices (1 of 2)

- Crisis Intervention capabilities / emergent care “battle drills”
 - ❖ IN: Critical Incident Stress Management and Debriefing Teams
- Use of Resilience and Master Resilience Trainer (MRT) training and “Psychological First Aid” training for Soldier and Families
 - ❖ KS: Flash Forward Leader Resilience Program
 - ❖ MO: Structure House
 - ❖ MN: Wellness Video
 - ❖ WA: Discover the Power
 - ❖ WI: Master Resiliency Train-the-Trainer Program
- Strategic communications / Social Media plan
 - ❖ IN: Social Media for health promotion and risk reduction



States' and Territories' Best Practices (2 of 2)

- Community Partnerships
 - ❖ ME: Military and Community Network
 - ❖ WA: Employer Transition Coaches
 - ❖ IN: Employment Coordinator
 - ❖ OH: Ohio Cares

- Formal Peer Support networks and training programs
 - ❖ NE: Peer to Peer
 - ❖ MI: Buddy to Buddy
 - ❖ ME: Military and Community Network
 - ❖ VT: Embedded Mentors
 - ❖ CA: Embedded Psychologists

<https://gkoportal.ngb.army.mil/sites/G1/SFSS/SSB/SPP/default.aspx>



The Way Ahead (1 of 2)

- Vice Chief Staff of the Army Task Force – Multi-Component Solutions
- Collaboration Across Services, Components, National Agencies, States, Counties and Local Communities
- Studies: National Institute for Mental Health 5-Year Study, US Army Center for Health Promotion & Preventive Medicine (USACHPPM) Analysis Cell, Data Collection efforts
- Standardized and Funded Policy
- Health Promotion / Risk Reduction Model (Prevention and Resiliency)
- Standardized / Certified Resiliency Training



The Way Ahead (2 of 2)

- State Based Solutions – Unique, Developed, Distributed
- Full-time, dedicated Risk Reduction Structure at the state level
- Health Promotion, Risk Reduction collaborative training solutions
- Measures of effectiveness to ensure quality programming and policy
- ARNG Comprehensive Soldier Fitness (CSF) Lifecycle Model
- Collaboration between programs (Sexual Assault, Suicide Prevention, Family Programs, Deployment Cycle Support)

