STATEMENT
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MILITARY SUICIDE: AN UPDATE

BEFORE THE

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MILITARY PERSONNEL SUBCOMMITTEE

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Mr. Chairman, Ranking Member Davis, and distinguished members of the subcommittee, I thank you for the opportunity to provide you with an update on the Department's efforts to prevent suicides in the Armed Forces.

Over the past ten years of war, the rate of suicide among members of the Armed Forces has steadily increased. The deaths of these brave men and women who volunteered to protect their country are a great loss not only to their families and friends, but to each and every one of us.

As a nation, we have struggled to find solutions and strategies to prevent suicide. We have identified risk factors and factors that appear to protect an individual from suicide. We have a National Strategy for Suicide Prevention and dedicated state and federal programs to reduce the civilian rate. If suicide were simply a matter of providing more mental health programs and medications for depression, suicide rates would be much lower. In order to prevent suicides, the complexity of behaviors and drivers of those behaviors need to be understood and addressed in a comprehensive or holistic approach – particularly for members of our Armed Forces.

The Department of Defense (DoD) has long been aware of the particular tragedy of suicide among members of the Armed Forces, and the Services have implemented programs and strategies to address the issue. Historically, suicide rates among Service members were lower than rates in the civilian population for comparable years. Unfortunately, reporting of civilian data lags military data by several years, so it is difficult to compare current military and civilian suicide rates. Regardless, any suicide is a tragedy, so we are greatly concerned.

This concern has resulted in action on several fronts. One of these efforts was the recent DoD Task Force on the Prevention of Suicide by Members of the Armed Forces. Their report, released last year, provided the Department with a careful analysis of our current efforts and thoughtful recommendations for improvement. The Deputy Assistant Secretary of Defense for Readiness is leading the review of these recommendations with a multi-disciplinary working group and a General Officer Steering Committee. Their collective work provided an initial response to Congress in March 2011 regarding the thirteen foundational recommendations. This group is currently finalizing a second response to Congress, due in September 2011, regarding the remaining 76 targeted recommendations.

One of the Task Force's foundational recommendations called for a Department-wide strategic approach to suicide prevention. In response to this recommendation and in recognition that solving the military suicide problem requires a cross-cutting approach, the Under Secretary of Defense for Personnel and Readiness (P&R) established a DoD Suicide Prevention Oversight Council under the leadership of his Principal Deputy. Composed of leaders from the military services, the Joint Chiefs of Staff, and every office within Personnel and Readiness, this Council will provide governance and oversight of policies and programs to focus, synchronize, and strengthen our collective suicide prevention efforts. The Council will not only ensure that the Task Force recommendations are implemented, but that the ongoing and current efforts to prevent suicide result in the change we all want and need – a decrease in suicide among members of the Armed Forces.

The leaders, comprising the Council, will act collectively, to integrate the committees, task forces, and work groups focused on suicide prevention. The Suicide Prevention and Risk Reduction Committee (SPARRC), which was established in 1999, and any future suicide-focused task forces will report directly to the Council.

Any successful strategy for preventing suicide must address the interrelated elements of risk and resilience along with specific characteristics of the at risk population. This requires collecting and analyzing standardized data. The Services have been collecting and analyzing their own suicide data for years. In 2007, the Department invested in a surveillance system to capture these data centrally in a more standardized way. This system, the DoD Suicide Event Report (DoDSER) application, provides data that improves our understanding of suicide behaviors among military personnel and helps us target prevention strategies. We continue to work on improving our data collection efforts and are actively engaged with the Department of Veterans Affairs (VA) in those efforts.

As we know from the National Strategy for Suicide Prevention, effective, accessible, and supportive clinical care for mental, physical, and substance use disorders are protective factors in preventing suicides. We also know that access to care is just one facet in a comprehensive strategy. Many of the clinical initiatives I will now discuss are also reflected in the insightful and comprehensive recommendations of the Task Force, specifically in the area of access to high quality care.

Access to care means we will have enough providers and programs to address the specific health-related behaviors that we know are associated with increased risk of suicide. Last year, my office developed a sophisticated statistical model to determine the number of mental health providers needed to meet the utilization of mental health services by active duty Service members. The Services have additional models to project their needs for mental health providers. Despite the models, our ability to find and hire these providers has proved to be difficult. Consequently, modest shortages exist within particular specialties and within particular Services, so we are continuing our recruitment and retention incentive policies to help resolve the shortages.

We know that providing early mental health support is critical. As a result, many of our mental health providers are in theater providing Combat and Operational Stress Control (COSC) prevention and treatment to our forward-deployed units. We have also updated DoD policy regarding early detection and intervention for combat and operational stress reactions in the deployed setting.

Of course when we deploy our mental health providers, we create gaps at home. In order to address this issue, we entered into a Memorandum of Agreement (MOA) with the Department of Health and Human Services for up to 215 mental health providers from the U.S. Public Health Service Commissioned Corps. Currently, U.S. Public Health Service has provided approximately 160 Commissioned Corps officers to meet our shortfall of mental health professionals in garrison. In addition, we have worked closely with the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote adequate community-based treatment and support for members of the National Guard and Reserve. Eighteen States and

Territories have engaged in SAMHSA's Policy Academies and subsequently established interagency teams and developed strategic plans to support mental health systems serving Service members, Veterans, and their Families.

The Services are also integrating mental health providers into the primary care patient centered medical home initiative. To assist with this effort, we have provided additional funding for 429 new primary care mental health positions. The goal is to provide at least one mental health provider in every direct-care primary care clinic with 1500 or more enrollees.

Just providing sufficient mental health providers and programs is not enough. Awareness of who is at risk is vital. All Services have interdisciplinary treatment plans requirements and processes in place for Service members at risk for suicidal behavior. A new DoD Instruction, currently in coordination, will help ensure that command leadership is brought into the process at the appropriate time. Field testing is complete on the behavioral health component of DoD's electronic health record, AHLTA, with implementation scheduled for later this year. This system will allow any provider to enter a "Behavioral Health Alert" that designates a patient as either a danger to self or a danger to others. Once the Alert is put in the system, AHLTA users will see the alert when the patient's record is reviewed, and all providers will be able to see the treatment plan established by the mental health provider.

The Task Force recommendations to coordinate care plans and manage care during transitions are currently addressed through the Team Strategies and Tools to Enhance Performance and Patient Safety (STEPPS) program and the Joint Commission's requirement for communication during transitions of care. In addition, we have implemented the *inTransition* Program to bridge the gap between the time a referring provider terminates behavioral health care with a Service member to when the gaining provider initiates contact. This program is sponsored and promoted by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) and will be incorporated into the DCoE's Outreach Call Center.

The Task Force report emphasized implementation of evidence-based approaches to suicide prevention. A joint VA/DoD Clinical Practice Guideline (CPG) for the Assessment and Management of Suicidal Behaviors is under development by the VA/DoD CPG committee's panel of subject matter experts. This guideline will provide clinicians with evidence-based or evidence-informed guidance on the assessment and management of an individual with suicidal ideation.

In additional to this effort, DoD and VA have had additional longstanding partnerships to improve mental health access and care to Service members, Veterans, and their families. For the last 10 months, DoD and VA have been implementing a DoD/VA Integrated Mental Health Strategy (IMHS) consisting of 28 strategic actions with specific milestones and outputs. One of these strategic actions specifically addresses suicide risk and prevention, but all will improve our collaboration in providing mental health care and outreach to Service members and Veterans. For the last several years, we have partnered with the VA in hosting an annual suicide prevention conference. This conference has been invaluable for sharing information and strengthening the provider network between our two health care systems.

We must also ensure that those who need help are not afraid to ask for that help. We recognize, as did the Task Force, that seeking help for mental health issues is still viewed as a sign of weakness by many Service members. To counter this perception, the DCoE implemented the Real Warriors strategic communications campaign designed to increase public awareness about mental health and positively change beliefs, attitudes, and behaviors about seeking mental health care. The Services have also implemented a variety of strategies to clearly articulate that asking for help is a real sign of strength. We believe that these efforts are beginning to change behavior. Over the past year, we have seen our mental health utilization rates increase among our Active Duty population.

In addition to providing access to quality, evidence-based care, ongoing research is a critical component of suicide prevention. Only through targeted research can we hope to understand the complex variables associated with high risk individuals and, using the results of this research, accurately identify, treat, and prevent suicide and suicide-related behaviors for men and women in uniform.

The Military Suicide Research Consortium (MSRC) coordinates and focuses military and civilian research efforts across the Department from internationally and nationally recognized suicide researchers. Research findings will assist in the development of evidence-based screening and risk assessment measures to accurately identify high risk individuals, prevention strategies, interventions, and postvention strategies for units, families and communities. At present, the MSRC has put forth six proposals for funding consideration targeting identified priority research gap areas.

In addition, each of the Services supports a variety of research efforts. The Army "Study To Assess Risk and Resilience in Service members", or Army STARRS, is the largest single epidemiological research effort designed to examine mental health, psychological resilience, suicide risk, suicide-related behaviors and suicide deaths in the Army to date. A group of renowned experts from the Uniformed Services University of the Health Sciences (USUHS), the University of California, San Diego, University of Michigan, Harvard Medical School, and the National Institute of Mental Health (NIMH) are conducting retrospective and prospective studies with approximately 90,000 active duty soldiers (including mobilized Reserve Component and National Guard Soldiers) to evaluate the relationship between soldiers' characteristics and experiences to subsequent psychological health, suicidal behavior and other relevant outcomes.

Mr. Chairman, members of the subcommittee, I thank you for your continued and generous support and demonstrated commitment to the outstanding men and women of our Armed Forces and their families. I look forward to your questions.