2011 Military Health System Conference

The Challenge and the Promise:

Strengthening the Force, Preventing Suicide and Saving Lives

The Report of the DOD Suicide Prevention Task Force

The Quadruple Aim: Working Together, Achieving Success

John C. Bradley, MD, COL, MC, USA

26 January 2011

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

Report Documentation Page

Form Approved
OMB No. 0704-0188

1. REPORT DATE	2. REPORT TYPE	3. DATES COVERED
26 JAN 2011		**00-00-2011 to 00-00-2011**

4. TITLE AND SUBTITLE	5a. CONTRACT NUMBER
The Challenge and the Promise: Strengthening the Force, Preventing Suicide and Saving Lives	5b. GRANT NUMBER
	5c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S)	5d. PROJECT NUMBER
	5e. TASK NUMBER
	5f. WORK UNIT NUMBER
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) **Office of the Assistant Secretary of Defense (Public Affairs),DoD Task Force on the Prevention of Suicide by Members of the Armed Forc,Washington,DC,20301**	8. PERFORMING ORGANIZATION REPORT NUMBER
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)	10. SPONSOR/MONITOR'S ACRONYM(S)
	11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
Approved for public release; distribution unlimited

13. SUPPLEMENTARY NOTES
presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland

14. ABSTRACT

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT **unclassified**	b. ABSTRACT **unclassified**	c. THIS PAGE **unclassified**	**Same as Report (SAR)**	**28**	

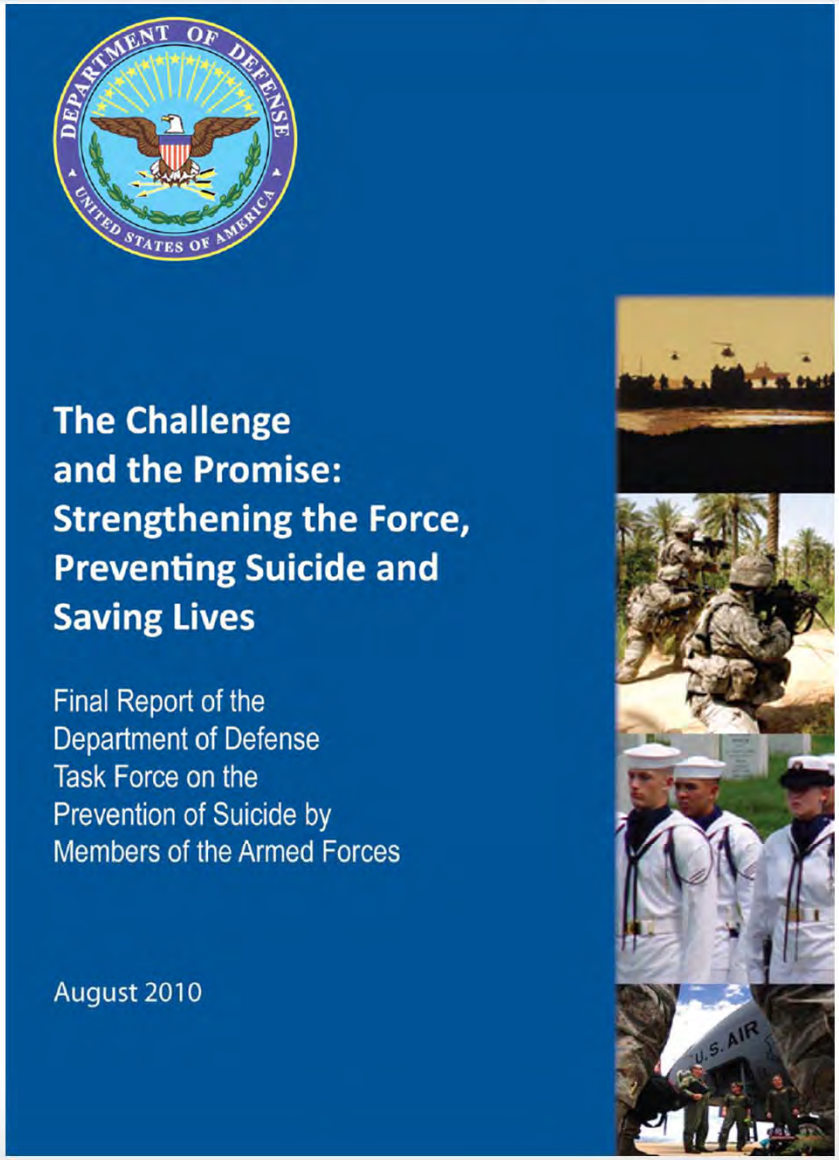
DoD Suicide Prev Task Force

DoD SPTF

MG Philip Volpe,
Military Co-Chair

Ms Bonnie Carroll,
Civilian Co-Chair

Col Joanne McPherson,
Executive Secretary



DoD Suicide Prev Task Force

- Membership
  - Philip Volpe, DO, Major General, MC, USA
  - Bonnie Carroll, Major, USAFR, Retired
  - Alan Berman, PhD, ABPP
  - John Bradley, MD, Colonel, MC, USA
  - Robert Glenn Certain, DMin., Colonel, USAFR, Retired
  - Jeffory C. Gabrelcik, Chief Master Sergeant, USAF
  - Ronald Green, Sergeant Major, USMC
  - Marjan Ghahramounlou Holloway, PhD
  - David Jobes, PhD, ABPP
  - Janet Kemp, RN, PhD
  - David Litts, OD, Colonel, USAF, Retired
  - Richard McKeon, PhD, MPH
  - Peter Proietto, Master Gunnery Sergeant, USMC
  - Aaron Werbel, PhD, Commander, USN

Task Force Overview

- **Section 733, Nat'l Defense Authorization Act 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."

- **Deliverables**

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

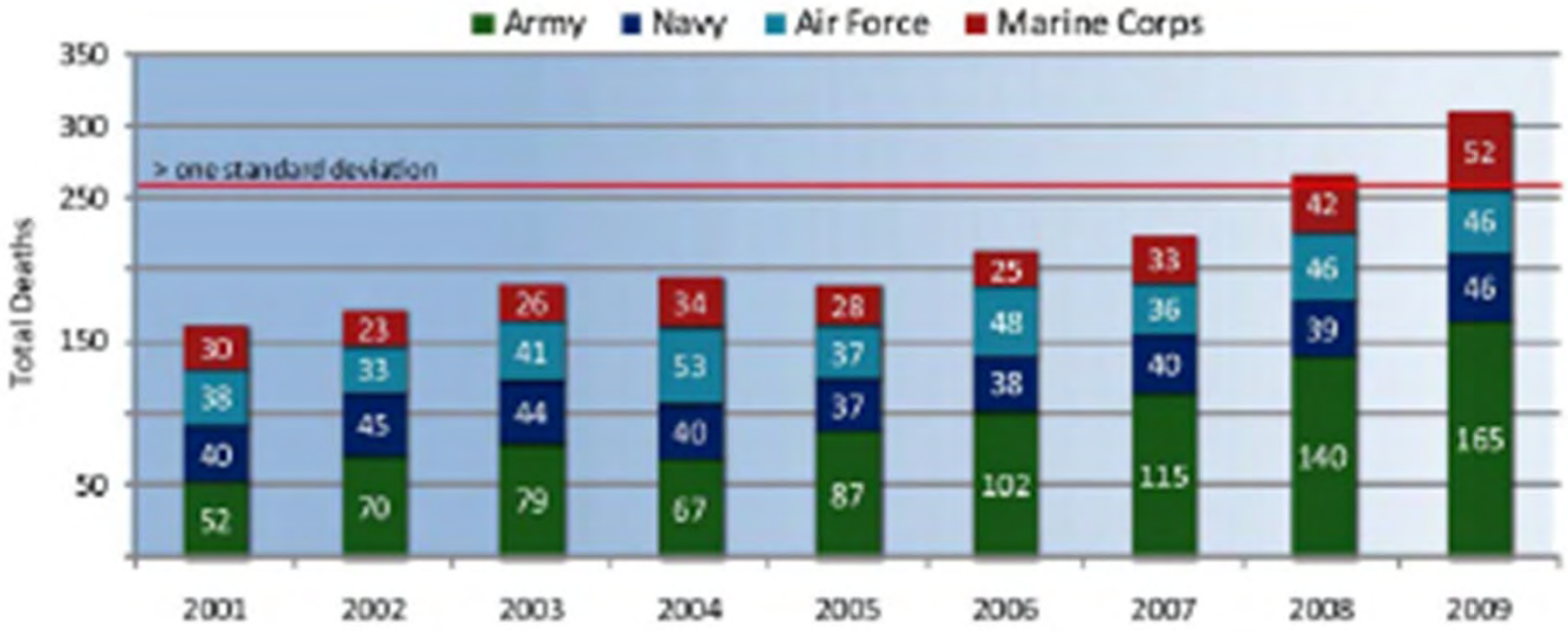
- **Members**: Appointed by Obama-Gates Team; 14 total with 7 DoD & 7 non-DoD.

- **Duration**: Aug 2009 – Aug 2010
  - Held monthly & twice monthly face-to-face sessions.
  - Open (public) and Preparatory (TF members only) sessions.
  - Informational briefings & panel discussions.

- **19 Site Visits**: 5 Army; 4 Marine Corps; 6 Navy; 4 Air Force

Why?

A Growing Problem

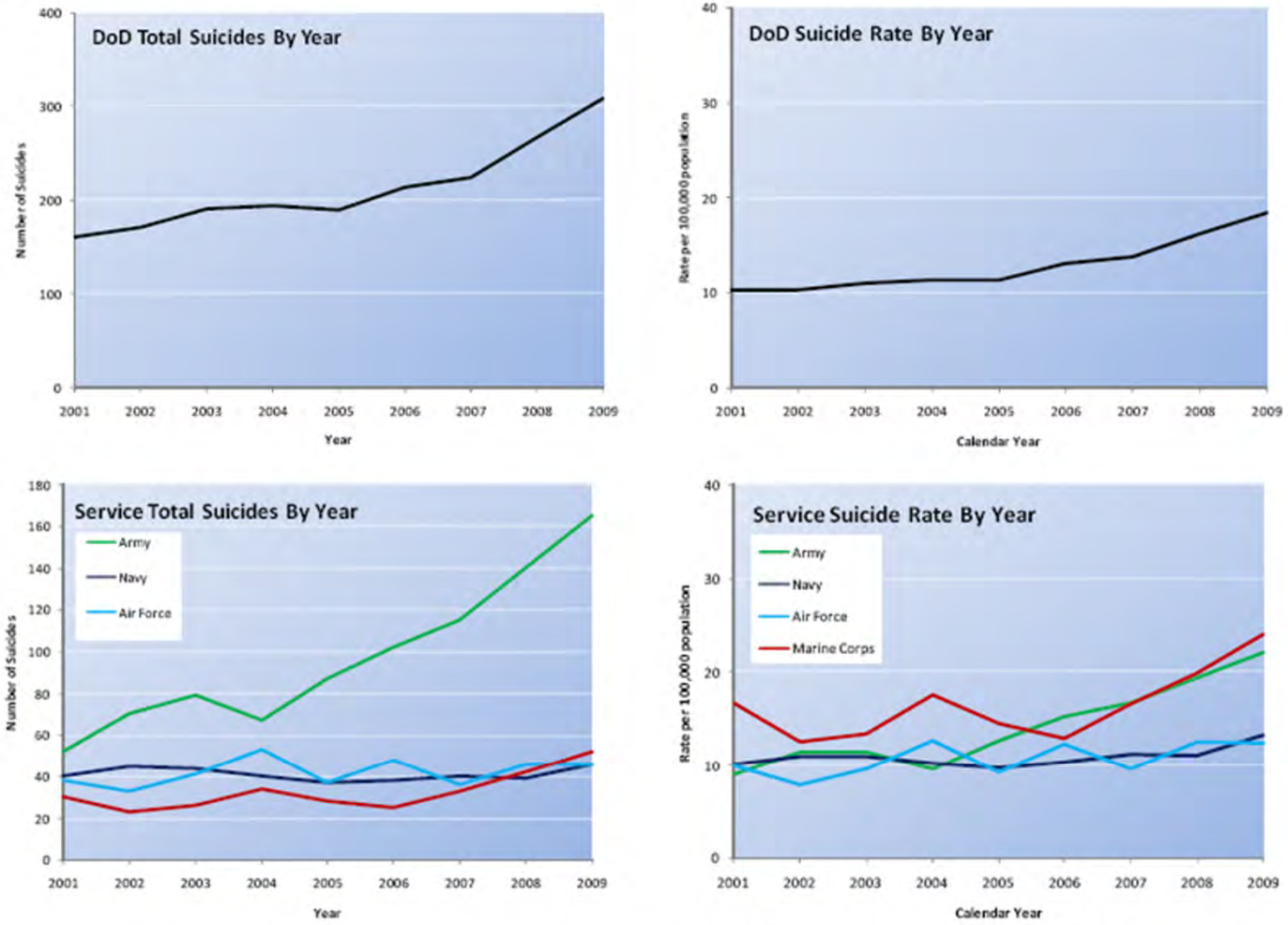


	2001		2002		2003		2004		2005		2006		2007		2008		2009		Year Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	
Total/Year	160	10.3	171	10.3	190	11	194	11.3	189	11.3	213	13.1	224	13.8	287	15.8	309	16.4	1917
Regular	145	10.5	146	10.3	158	11	171	12	148	10.7	187	13.5	197	14.3	234	16.9	285	20.3	1671
Reserve	15	9.3	25	10.6	32	11.1	23	8	41	14.8	26	10.7	27	10.8	33	10.5	24	8.6	246
OEF	1		3		4		2		4		3		5		7		10		39
OIF	0		8		27		20		25		31		41		35		33		212

(Source: Mortality Surveillance Division, Armed Forces Medical Examiner System, AFIP, 2010)

Diagram 6-1: Count and Crude Suicide Rates Among Active Duty and Reserve Service Members

Trends



(Source: Mortality Surveillance Division, Armed Forces Medical Examiner System, AFIP, 2010)

Diagram 3-2: All Services Suicides 2001–2009

Vision

A military force fit in mind, body, and spirit that wins the battle against suicide and stands ready to answer the Nation’s call.

DoD SPTF Methodology

- Review of existing scientific literature
- Presentations from subject matter experts
- Public information (including participation from family members of suicide victims)
- Panel discussions (including suicide attempt survivors)
- Information gathered from eyes-on field visits to military installations.

Focus Areas

Diagram 5-1: Developing a Comprehensive Suicide Prevention Strategy

The Force is out of Balance

- The years since 2002 have placed unprecedented demands on our Armed Forces and military families.
- Military operational requirements have risen significantly, and manning levels across the Services remain too low to meet the ever-increasing demand.
- This current imbalance places strain not only on those deploying, but equally on those who remain in garrison.
- The cumulative effects of all these factors are contributing significantly to the increase in the incidence of suicide and without effective action will persist well beyond the duration of the current operations and deployments.

General Observations

- Not every suicide may be prevented, but suicide is preventable
- The Services are heavily engaged in suicide prevention
- Leadership is involved at senior levels
- We 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 Task Force is unable to determine any risk for suicide due specifically to occupation
- Suicide has multiple complex risk factors; suicide prevention must have multidimensional approaches and solutions

Tip of the Iceberg

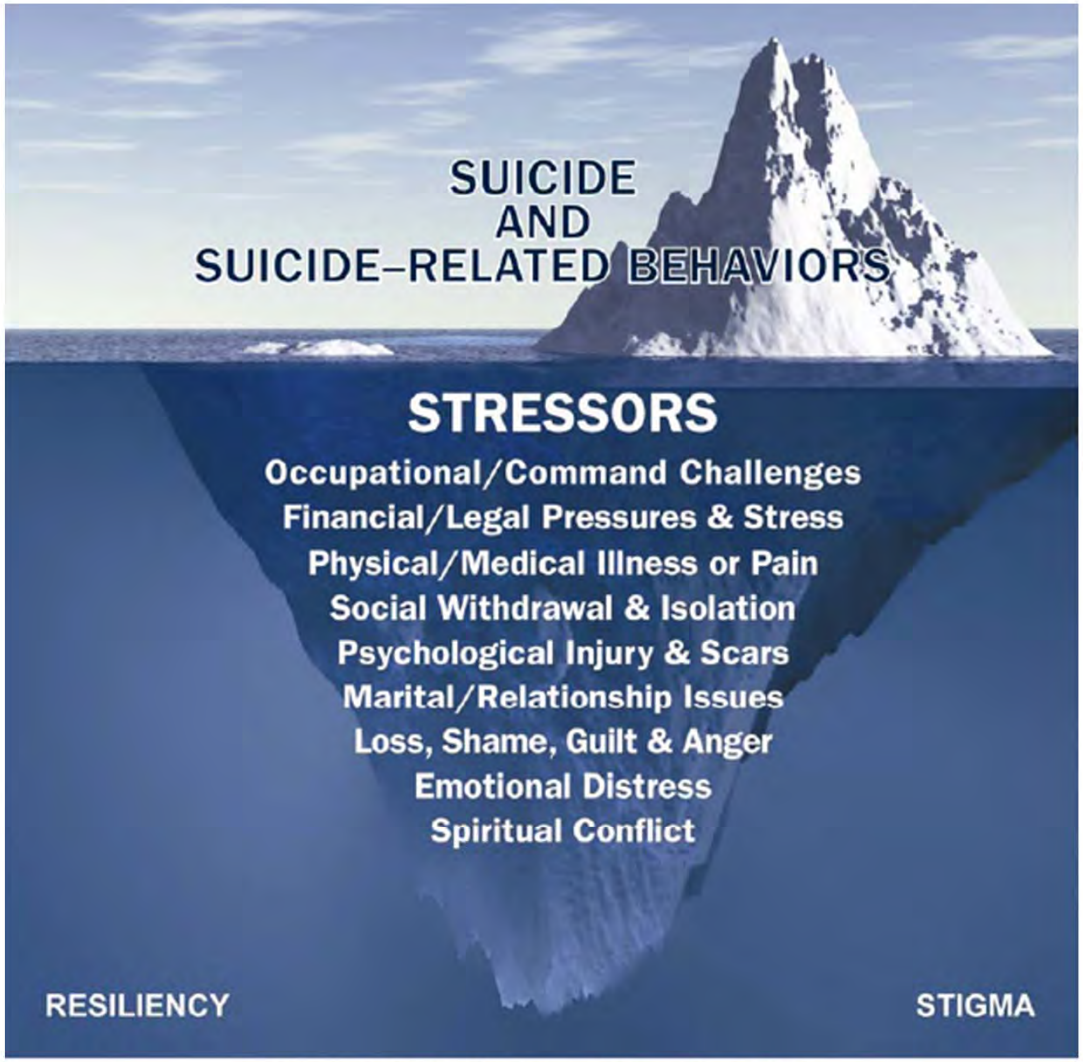


Diagram 2-1:: The Challenge of Preventing Suicide

Findings & Recommendations

- 49 findings with 76 accompanying recommendations

- Findings center around four focus areas
  - Organization and Leadership
  - Wellness Enhancement and Training
  - Access to, and Delivery of, Quality Care
  - Surveillance, Investigations and Research

- Task Force also formulated 13 foundational recommendations, each aggregated from several of the 76 recommendations, which are critical to the successful implementation of a comprehensive DoD suicide prevention strategy

Organization & Leadership:

Summarized Findings:

- OSD lacks central coordinating body for policy, best practices
- Service SP programs/offices lack resources
- Installation support services not well coordinated
- Commanders need better tools to assess risk
- Leaders need to held responsible for positive command climate
- Leader messages need to support SP efforts
- Stigma prevents service members from seeking help

"The day Soldiers stop bringing you their problems is the day you have stopped leading them. They have either lost confidence that you can help them or concluded that you do not care. Either case is a failure of leadership."

- Colin Powell

Organization & Leadership:

"The most important ingredient is leadership: Aggressive, focused, listening leadership."

-ADM Mullen, CJCS

Summarized Recommendations:

- Restructure and resource suicide prevention offices at OSD, the services, installations, and unit level to achieve unity of effort.
- Equip and empower leaders to establish a culture that fosters prevention as well as early recognition and intervention
  - Such as survey tools, training, zero tolerance for prejudice against help-seekers
- Develop strategic communications that promote life, normalize "help-seeking behaviors," and support DoD suicide prevention strategies.
- Reduce stigma and overcome military cultural and leadership barriers to seeking help
  - Such as DoD-wide stigma reduction campaign, communications plan, rooting out stigma/discrimination at all levels
- Standardize suicide prevention policies and procedures.

Total Fitness

Diagram 5-2: Total Fitness

Wellness Enhancement & Training:

Summarized Findings:

- Ops tempo, deployments, lack of dwell time have fatigued the force
- SP programs across DoD lack a strategic focus
- SP programs do not provide skills-based training
- Services do not spend enough time building service member life skills/resiliency
- Family members are not educated on SP
- Good acceptance of embedding behavioral health providers in operational units both deployed and in garrison.

Wellness Enhancement & Training:

Summarized Recommendations:

- Enhance well-being, mental fitness, life skills, and resiliency
  - Such as financial mgmt training, marriage & family relationships, anger mgmt, conflict resolution
  - Such as embedding BH providers in units
- Reduce stress on the force and on military families
  - Such as reduce ops tempo and in-garrision work when possible, create white space on calendars, increase quality and quantity of dwell time
- Transform suicide prevention training of Service Members, leaders, and families to enhance skills

Restoring the Balance

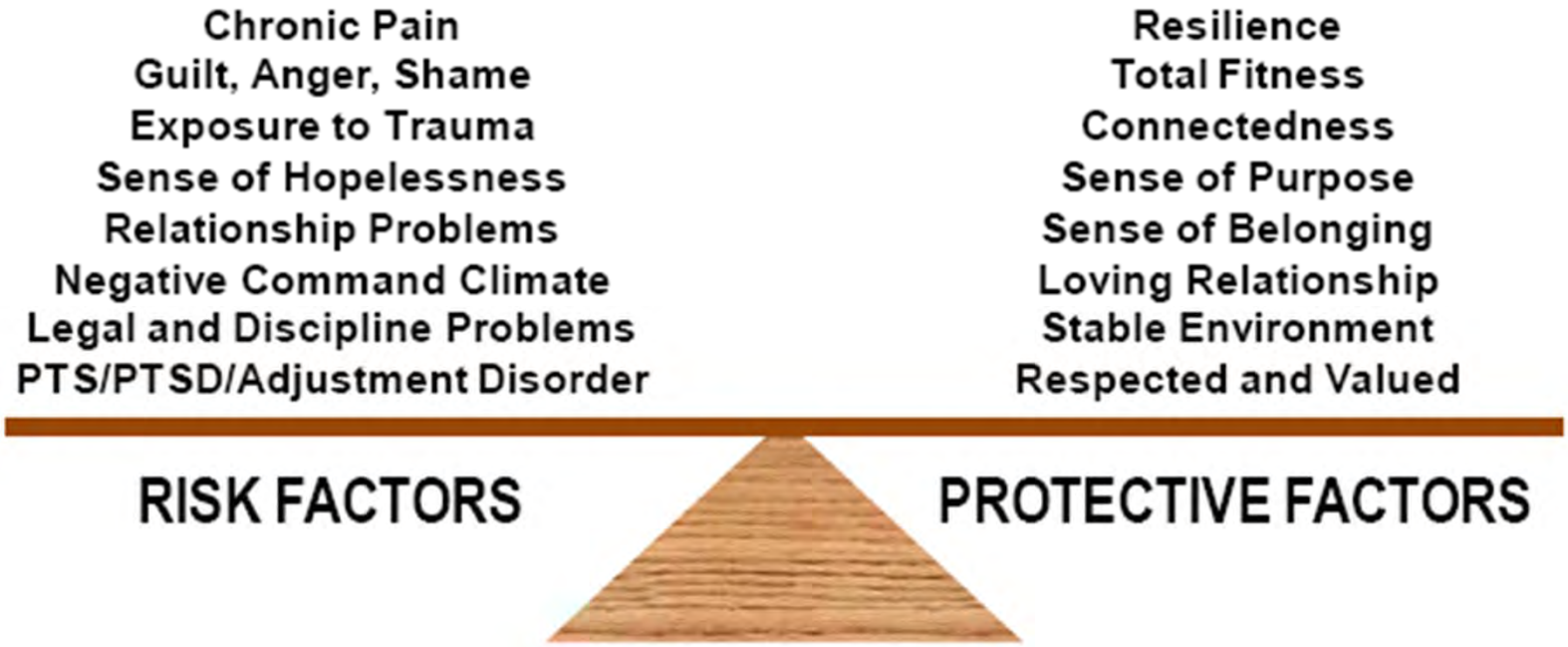


Diagram 5-3: Risk and Protective Factors in Suicide Prevention

Access To, & Delivery of, Quality Care

Summarized Findings:

- Lack of timely access to behavior care
- Lack of behavioral health providers across DoD
- Lack of Behavioral Health provider integration into primary care settings
- Lack of training on suicide assessment/management
- Inconsistent coordination among providers, and among providers & support services, and among providers & unit leadership
- Electronic health records do not allow easy identification & tracking of high-risk service members
- Reserve component has access challenges to care/services
- “Suicide watch” is ungoverned, not standardized—largely ineffective
- Poor or non-existent postvention efforts

Access To, & Delivery of, Quality Care

Summarized Recommendations:

- Ensure readily available and reliable access to high-quality behavioral health care.
- Leverage and coordinate military community-based services, as well as local civilian community services (especially with respect to the Reserve Component)
- Ensure continuity of behavioral healthcare, especially during times of transition, to ensure seamlessness of health care and care management.
- Standardize effective crisis intervention services and hotlines
- Ensure all “helping professionals” are trained to deliver evidence-based care for the assessment, management, and treatment of suicide-related behaviors.
- Develop effective postvention programs to support families, Service members, and unit leaders.

Surveillance, Investigations, & Research:

Summarized Findings:

- No DoD standardized approach to suicide surveillance
- DoDSER needs to expand its data elements
- DoDSER needs interface with Defense Medical Surveillance System
- Suicide investigations are not standardized
- Investigations lack focus on preventing future suicides
- Little/no evaluation of current SP programs/efforts
- Lack of [DoD] research into suicide has left gaps in evidence-based knowledge regarding effective SP practices

Surveillance, Investigations, & Research:

Summarized Recommendations:

- Conduct comprehensive surveillance aimed at identifying individuals at risk and informing prevention efforts.
- Standardize investigations of suicides and suicide attempts to identify target areas for prevention policies and programs
  - Such as patterning investigations after aircraft accident Safety Investigation Boards, placing investigations in Service safety offices, working to get civilian autopsy/investigation data quickly & consistently to DoD
- Ensure that all initiatives and programs have a program evaluation component.
- Support and incorporate ongoing research to inform evidence-based suicide prevention practices.

13 Foundational Recommendations

- Create “Suicide Prevention Policy Division” at OSD within USD(P&R)
- Keep suicide prevention in leader’s lane / develop better tools for leaders
- Reduce stress on the force – especially quantity and quality of dwell times
- Develop skills-based SP tng for SMs, families, leaders, clergy, & providers
- Mature and expand the DODSER as a surveillance tool
- Develop a comprehensive stigma reduction campaign plan
- Focus on well-being, total fitness, life skills & resiliency
- Incorporate program evaluation into all SP programs
- Coordinate installation & community health services on & outside our bases
- Standardize suicide investigations & pattern after aircraft investigations
- Ensure continuity of behavioral health care, especially during transitions
- Strengthen positive messaging to enhance positive communications
- Support and fund suicide research to fill knowledge gaps

DOD SPTF Activities

- 14 Jul – present: Socialization discussions with Service Vice Chiefs and Surgeons General
- 14 Jul 10: Required briefing to Defense Health Board (TF was chartered as independent subcommittee of DHB)
- 2 Aug 10: Briefing to ASD (HA)
- 10 Aug 10: Socialization brief to USD (P&R)
- 11 Aug 10: Socialization brief to SR Military Medical Advisory Council
- 24 Aug: Report delivered to SECDEF
- 24 Aug: Press conference at National Press Club
- 08 Sep: Briefing to Wounded Ill & Injured Overarching Integrated Process Team (WII OIPT)
- 17 Sep: Briefing to WII Senior Oversight Council (SOC)
- NLT 24 Nov 10: SECDEF forwards report along with comments to Congress.
- Additionally, implementation plan due to Congress. Date TBD.

Take Aways

- Establish a SP policy office at OSD
- Reduce stress on the force
- Suicide is a leadership issue

"Suicide is preventable and having any of our Nation's Warriors die by suicide is unacceptable"

- MG Phil Volpe

Take Aways

- Full report and press conference available at Defense Health Board website

  http://www.health.mil/dhb/default.cfm

- Direct link to report only

  http://www.health.mil/dhb/downloads/Suicide%20Prevention%20Task%20Force%20report%2008-21-10_V4_RLN.pdf