



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

**1 November 2010**

**Ms. Bonnie Carroll, Co-Chair  
MG Philip Volpe, Co-Chair**

**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.”



# Activities since 18 Aug 10

- 24 Aug 10: Report submitted to SECDEF and conducted formal press conference.
- 08 Sep 10: Briefing to Wounded, Ill & Injured Overarching Integrated Product Team (OIPT)
- 10 Sep 10: Meeting with DoDIG
- 17 Sep 10: Briefing to Wounded, Ill & Injured Senior Oversight Committee (SOC)



# Activities since 18 Aug 10

- 23 Sept 10: Presentation (with RAND) for Defense Center of Excellence (DCoE) webinar
- 07 Oct 10: Briefing to ADM Mullen, CJCS
- 13 Oct 10: Meeting with DUSD(Readiness)
- 21 Oct 10: Briefing to Defense Senior Enlisted Leaders' Conference
- 28-29 Oct 10: TF hotwash (final sessions)



# Way Ahead

- 24 Nov 2010: SECDEF officially submits Report to Congress (with response)
- Congressional requests (TBD)
- 17 Mar 11: Briefing at VA-DoD Suicide Prevention Conference



# Take Aways

- Establish a SP Policy Division at OSD
- Reduce stress on the force
- Suicide Prevention is a leadership issue

**“Suicide is preventable and having any of our Nation’s Warriors die by suicide is unacceptable”**





# Questions?



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



# BackUp Slides





# 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<sup>11</sup>.



# 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

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

## ARMY

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

## 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

## MARINE CORPS

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

## AIR FORCE

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



# 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; 1<sup>st</sup> 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.