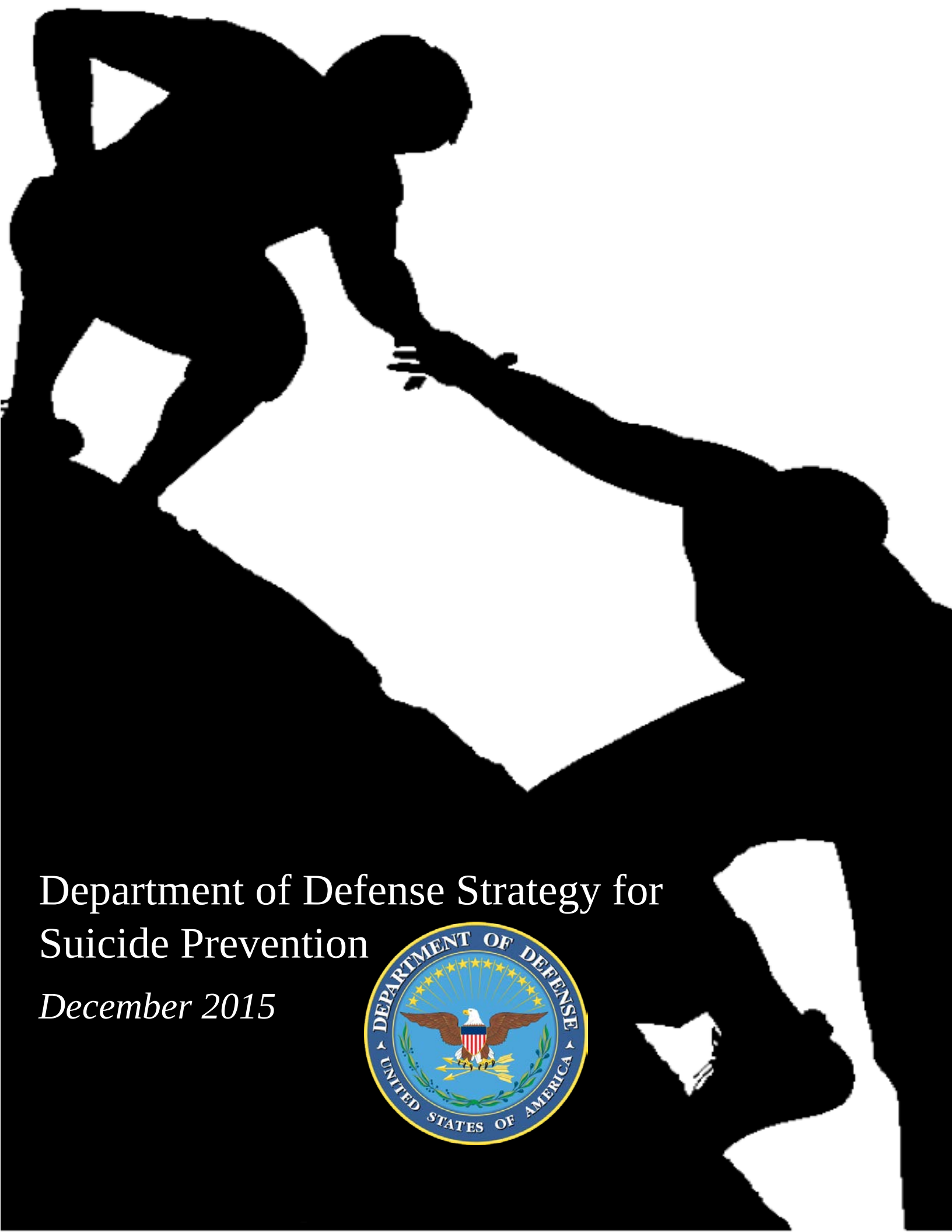

Department of Defense Strategy for Suicide Prevention

December 2015

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PERSONNEL AND READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

DEC 29 2015

MEMORANDUM FOR CHIEF OF THE NATIONAL GUARD BUREAU
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS
ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS
ASSISTANT SECRETARY OF THE ARMY FOR MANPOWER AND RESERVE AFFAIRS
ASSISTANT SECRETARY OF THE NAVY FOR MANPOWER AND RESERVE AFFAIRS
ASSISTANT SECRETARY OF THE AIR FORCE FOR MANPOWER AND RESERVE AFFAIRS
DIRECTOR OF THE JOINT STAFF

SUBJECT: Department of Defense Strategy for Suicide Prevention

In June 2014, the Department of Defense adopted the 2012 National Strategy for Suicide Prevention, as published by the Department of Health and Human Services, Office of the U.S. Surgeon General, as the framework and best practices for the Department of Defense.

To better support needs of the Department and Services, the Defense Suicide Prevention Office was directed to collaboratively develop a Defense Strategy for Suicide Prevention that is consistent with the 13 Goals and 60 Objectives of the National Strategy for Suicide Prevention and with the Service suicide prevention programs. As such, the attached Department of Defense Strategy for Suicide Prevention is the foundation and strategic point of reference for suicide prevention efforts within the Department.

I approve this strategy, which conveys the mission, vision, goals, and objectives for suicide prevention in the Department.

The Director, Defense Suicide Prevention Office will continue to update me on the progress of Department of Defense suicide prevention efforts and on efforts to operationalize this strategy.

Brad Carson
Acting

Attachment:
As stated

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DEPARTMENT OF DEFENSE STRATEGY FOR SUICIDE PREVENTION

December 2015

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Executive Summary

The Department of Defense (DoD) has the responsibility of supporting and protecting those who defend our country, and so it is imperative that we do everything possible to prevent suicide in the Military Community (the Total Force Members and Military Family Members as authorized by Public Law and Policy). The Defense Strategy for Suicide Prevention (DSSP) uses the framework laid out in the 13 Goals and 60 Objectives of the 2012 National Strategy for Suicide Prevention (NSSP), as published in 2012 by the Department of Health and Human Services, Office of the U.S. Surgeon General. The DSSP was collaboratively developed with the DoD Components and Services and is tailored to meet the unique needs of the DoD but is also consistent with the existing Service suicide prevention programs. Underpinning this strategy is the belief that each suicide is preventable; therefore, the strategy will guide Department efforts as it strives to reach the aspirational goal of zero suicide.

DSSP Mission Statement - Reduce suicide in the Department of Defense through education of Military Community Members about suicide risk and related behaviors; promotion of health, resilience and help-seeking behavior; research, development and delivery of effective programs and services; and removal of all barriers to care.

DSSP Vision Statement – Ready and resilient Military Community Members who are aware of potential suicide risk in themselves and others; that are help seeking; that know how to access available suicide prevention resources and have all barriers to care removed, and that constantly strive to reach the aspirational goal of zero suicides in the Department of Defense.

The DSSP retains the four *Strategic Directions* of the NSSP and their respective underlying goal numbers; however, the terminology in the goals (and their underlying objectives) has been made suitable for DoD. Additionally, the *Themes Shared Across Strategic Directions* have been retained from the NSSP. The Strategic Directions and their respective goals are:

1. **Healthy and Empowered Individuals, Families, and Communities**
   Goal 1: Integrate and coordinate suicide prevention activities across the Department of Defense.
   Goal 2: Implement research-informed communication efforts within the Department of Defense that prevent suicide by changing knowledge, attitudes, and behaviors.
   Goal 3: Educate the Military Community on the protective factors against suicide that also promote resilience, and recovery in the Department of Defense.
   Goal 4: Encourage responsible media reporting and portrayals of Military Community suicide and mental illnesses and promote the accuracy and safety of online content related to suicides in the Department.

2. **Clinical and Community Preventive Services**
   Goal 5: Develop, implement, and monitor effective Department of Defense programs that promote resilience, and prevent suicide and related behaviors.
   Goal 6: Promote efforts within the Department of Defense to reduce access to lethal means of suicide among individuals with identified suicide risk.
   Goal 7: Provide Military Community service providers and Military Healthcare service providers evidence based training on the prevention of suicide and related behaviors.

3. **Treatment and Support Services**
   Goal 8: Promote suicide prevention as a core component of Military Healthcare services.
   Goal 9: Promote and implement effective clinical and professional practices in the Military Healthcare System for assessing and treating those identified as being at risk for suicidal behaviors.
   Goal 10: Provide support and quality services for those in the Military Community affected by suicide deaths and attempts and implement community-wide postvention strategies to help prevent subsequent suicides.

4. **Surveillance, Research, and Evaluation**
   Goal 11: Improve the timeliness and usefulness of Department of Defense surveillance systems relevant to suicide prevention, and improve the ability to collect, analyze, and use this information for improving Department suicide prevention efforts.
   Goal 12: Promote and support Department of Defense research on suicide prevention.
   Goal 13: Evaluate the impact and effectiveness of Department of Defense suicide prevention interventions and systems in order to synthesize and disseminate the findings.

The DSSP has been enhanced with a section on Objective Classification and Operation of the Defense Strategy. The enhancements were necessary to identify objectives that have 'clinical suicide prevention' characteristics (and are therefore overseen by the Defense Health Agency), as well as which 'activities' should occur at a strategic level for each objective, that is, the basic strategic-level activities specified or implied by this strategy. The strategic operators are Policy, Education/Training, Protocols/Procedures, Data/Analytics, Research, and Communication /Media. By doing this initial operational assessment, the Department will have not only the framework and direction from the strategy, but also a clear understanding of the basic activities necessary to 'operationalize' the strategy. Additionally, specifying these operators up front permits later assessment of them as 'input-measures' during 'Gap Analyses' or other strategic-level evaluations.

In conclusion, the prevention of suicide within the DoD is a major concern of our Nation's leadership and the Department has used the National Strategy as a guiding framework for many years. The DSSP provides the Department a strategy that is both consistent with the National Strategy and with existing Service Suicide Prevention Programs but better meets the needs of the Department. The DSSP will guide Department efforts as it strives to reach the aspirational goal of zero suicide. Should the National Strategy be revised, the DSSP should be re-assessed.

Table of Contents

1 Introduction

1.1 Background

Suicide by Service members and others in the DoD is of paramount importance and a primary area of focus for the leadership of our country. To address this National Defense concern, the President, the Congress and the DoD have taken many actions to combat suicide and promote suicide prevention in the Department (Figure 1). The Department has used the 2012 NSSP as an informal guiding framework for its suicide prevention efforts. As the Department's unique needs have become clearer and DoD efforts have matured and formalized, the need for a Defense Strategy for Suicide Prevention increased. In June of 2014, then Acting Under Secretary of Defense for Personnel and Readiness issued a memorandum formally adopting the 2012 National Strategy as an interim strategy for the Department and further directed development of this Defense Strategy for Suicide Prevention (Appendix A), (Ref. 51).

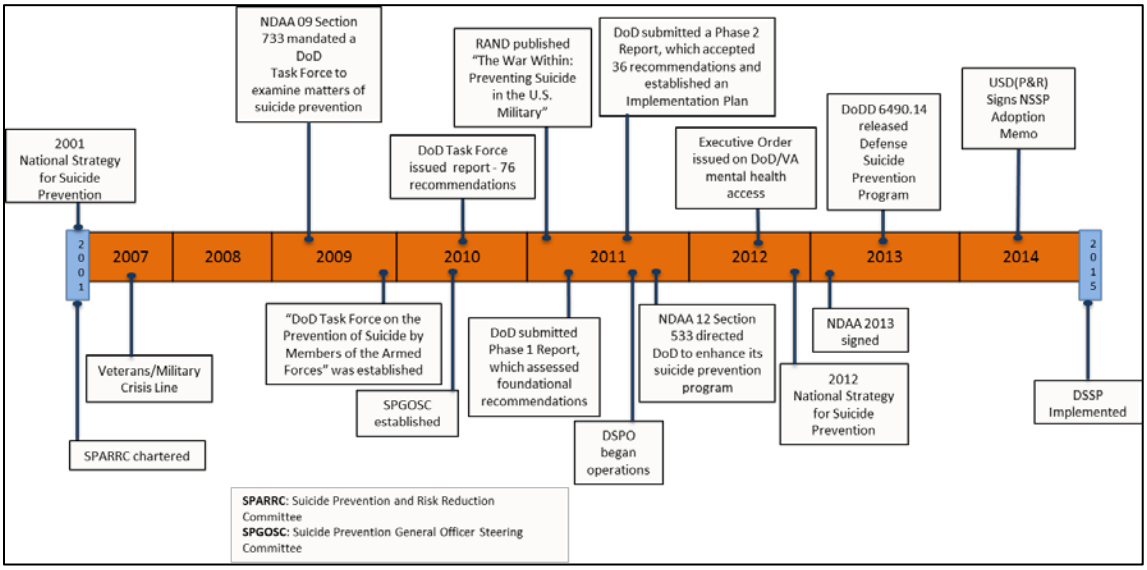


Figure 1: Key Events in DoD Suicide Prevention Since 2001

1.2 Scope

The Department of Defense Strategy for Suicide Prevention (DSSP) was developed to be consistent with the 2012 NSSP while providing for the needs of the Department and remaining consistent with existing Service suicide prevention programs. Underpinning this strategy is the belief that each suicide is preventable; therefore, the strategy will guide Department efforts as it strives to reach the aspirational goal of zero suicide.

As depicted in Figure 2, the DSSP is intended to provide strategic linkage from existing DoD and Component suicide prevention programs to the NSSP. However, the DSSP is not intended to preclude development of Component or Service strategies that are consistent with the DSSP, nor is it intended to supplant necessary plans, policies, programs or initiatives to further operationalize and guide suicide prevention in the Department. Existing issuances that are subordinate to the DSSP should be updated for consistency during their normal review cycle.

Additionally, a strategic plan to initiate and guide the activities of this strategy will be developed for the Department.

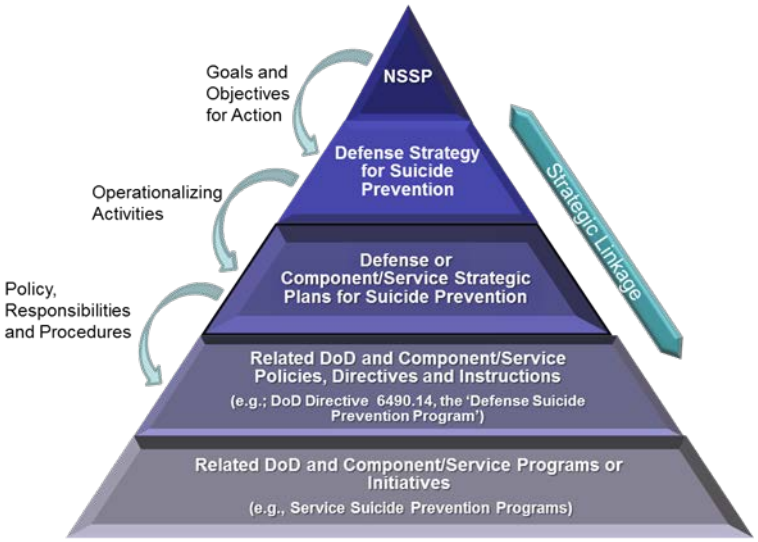


Figure 2: The Strategic Relationship of the NSSP, DSSP and other DoD Suicide Prevention Efforts

Because the DSSP is a strategy document, written to maintain consistency with the NSSP, wording to the effect that policies, research or other activities *should* or *will be developed/undertaken* in DoD *does not imply* that those activities have not already begun.

1.3 Strategic Directions and Themes

The DSSP retains the four *Strategic Directions* of the NSSP which, when working together, help to prevent suicide (Figure 3). The Strategic Directions and their Goal/Objective allocations are:

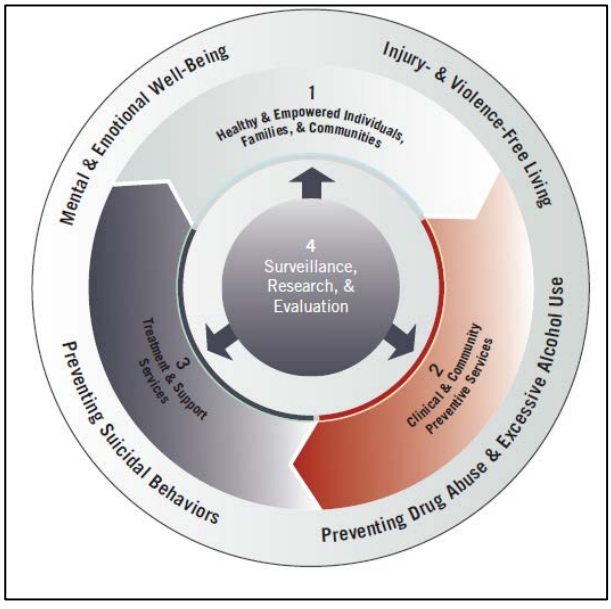


Figure 3: The Four Strategic Directions of the NSSP and DSSP (Source: 2012 NSSP)

1. **Healthy and Empowered Individuals, Families, and Communities**,
    - Goals 1-4
    - 16 objectives

2. **Clinical and Community Preventive Services**,
    - Goals 5-7
    - 12 objectives

3. **Treatment and Support Services,** and
    - Goals 8-10
    - 20 objectives

4. **Surveillance, Research, and Evaluation**
    - Goals 11-13
    - 12 objectives

Along with the Strategic Directions, the NSSP's *Themes Shared Across Strategic Directions* have been retained verbatim in the DSSP. These themes emphasize that both National and DoD suicide prevention efforts should:

- Foster positive public dialogue; counter shame, prejudice, and silence, and build public support for suicide prevention;
- Address the needs of vulnerable groups, be tailored to the cultural and situational contexts in which they are offered, and seek to eliminate disparities;
- Be coordinated and integrated with existing efforts addressing health and behavioral health and ensure continuity of care;
- Promote changes in systems, policies, and environments that will support and facilitate the prevention of suicide and related problems;
- Bring together public health and behavioral health;
- Promote efforts to reduce access to lethal means among individuals with identified suicide risks; and
- Apply the most up-to-date knowledge base for suicide prevention.

Narrative explanations for each Strategic Direction, Goal and Objective are provided in the section below that contains the Defense Strategy. To further highlight the DSSP structure and alignment with the NSSP, Appendix B contains a crosswalk table by Strategic Direction, Goal and Objective.

1.4 Enhancements to the Strategy

Although the DSSP mirrors the NSSP structure (e.g., Strategic Directions, goal and objective framework), several enhancements have been made to the DSSP to better reflect the needs of the Department. The enhancements are briefly introduced here but are defined and explained more fully below in Section 3.0; Objective Classification and Operation of the Defense Strategy.

Because it is important to the Department to identify which objectives have 'clinical suicide prevention' characteristics, each objective in the strategy is augmented with a note at the end of its narrative containing this classification (i.e., Clinical, Non-clinical or Both). Additionally, in order to provide an initial assessment of activities necessary for 'operationalizing' this strategy, key operators (i.e., Policy, Education/Training, Protocols/Procedures, Data/Analytics, Research, Communications/Media) have been identified for each objective. Again, Section 3.0, Objective Classification and Operation of the Defense Strategy, explains these enhancements more completely.

1.5 Key Terms

In order to maintain consistency with the 2012 National Strategy and to better convey a suicide prevention strategy for the Department, several *key terms* had to be translated or developed to maintain equivalency and linkage between the strategies. Although there is a more expansive Glossary contained in Appendix F, these *key terms* and their definitions are also presented here:

DoD (or Department) - according to DoD Directive 5100.01 (Ref.14), the Department of Defense and all of its Components (the Office of the Secretary of Defense, the Military Departments and their Military Services, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, National Guard Bureau, Agencies and Field Activities).

Total Force - according to DoD Directive 5124.02p (Ref. 13), the organizations, units, and individuals that comprise the DoD resources for implementing the National Security Strategy. It includes DoD Active and Reserve Component military personnel, military retired members, DoD civilian personnel (including foreign national direct- and indirect-hire, as well as non-appropriated fund employees), contractors, and host-nation support personnel. In the DoD's *2012 Demographics Report, A Profile of the Military Community* (Ref. 28), the term *Total Military Force Members* is used in the same manner.

Military Family Members (or Military Dependents) – for the purpose of this strategy, Military Family Members (also known as Military Dependents) are those who are sponsored by the Military Service member and are enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

Military Community – a broad term, equivalent to 'the community' in the 2012 NSSP ecological model, designed to capture applicable members of the Total Force and Military Family Members, that are the focus of this strategy, as well as to describe the general surroundings in which they live and work (e.g., unit, base, station).

Military Community Services - includes most non-healthcare, quality-of-life services (e.g., medical and non-medical counseling, self-help, family support, and resilience-building services) available to applicable members of the Total Force and Military Family Members frequently under the aegis of Joint or Service Military Community and Family Programs, overseen by the Deputy Assistant Secretary of Defense for Military Community and Family Policy.

Military Community Service Provider – professional, non-professional or volunteer providers of Military Community Services (e.g., professional medical and non-medical counselors, quality of life service providers, etc.) authorized by the Department or the Components.

Military Healthcare System (or Military Healthcare) – as derived from DoD Manual 6025.13 (Ref.53) and other sources, this includes Military Medicine, Military Treatment Facilities and other DoD healthcare settings, TRICARE and other contracted medical services that DoD and its Components (both Active and Reserve) provide and administer and that are overseen by the Defense Health Agency (DHA) and funded via the Defense Health Program and other sources.

Military Healthcare Provider – as derived from DoD Manual 6025.13, these are uniformed services (including United States Public Health Service), [credentialed,] medical or dental healthcare providers, volunteers, or other individuals authorized [by the Department] to provide or support the provision of healthcare services to eligible beneficiaries in MTFs. They are also, healthcare support contractors (HCSCs), designated providers (DPs), and overseas healthcare contractors consistent with their respective contracts as mandated by TRICARE guidance (available at http://www.tricare.mil/tma/Policy.aspx) (Ref.12).

Evidence-based Practice – The evidence-basis for each suicide prevention intervention activity or practice in DoD will need to be appropriately defined. Two prominent definitions of evidence basis come from the Substance Abuse and Mental Health Services Administration (SAMHSA) 2009 publication, *Identifying and Selecting Evidence-Based Interventions* (Ref.1) and the Centers for Disease Control (CDC) 2011 publication, *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness* (Ref.30). Due to their length, their definitions are not reproduced here but are contained in Appendix F. By defining each evidence-basis and identifying where it is on the continuum of evidence, DoD suicide prevention activities or practices will be required to have enough evidence to move forward and permit the evidence basis to improve with time, while avoiding 'harmful practices' resulting from 'hit-or-miss' approaches.

Substance Use Disorders – as noted in an article discussing the topic, the *Diagnostic and Statistical Manual of Mental Disorders (fifth edition, DSM-V)* and the *International Statistical Classification of Diseases and Related Health Problems (tenth edition, ICD-10)* (Ref.18), what was formerly called 'substance abuse' or 'substance dependence' is now generalized to *substance use disorders* and it includes a severity and impact classification. For the purpose of this strategy, the use of this term is intended to reflect the most current terminology and meaning for the abuse of or dependence on substances.

Because the DoD has a well-established, systematic hierarchy of issuances (e.g., policies, directives, instructions), these key terms have been kept general enough (e.g., 'DoD' versus listing each component and 'Military Community' versus listing each eligible group of persons)

to guide operation of the strategy and provide strategic limits for operation, but not hinder, development/update of necessary Department-level or Component-level issuances.

2 The Department of Defense Strategy for Suicide Prevention

Mission Statement

Reduce suicide in the Department of Defense through education of Military Community Members about suicide risk and related behaviors; promotion of health, resilience and help-seeking behavior; research, development and delivery of effective programs and services; and removal of all barriers to care.

Vision Statement

Ready and resilient Military Community Members who are aware of potential suicide risk in themselves and others; that are help seeking; that know how to access available suicide prevention resources and have all barriers to care removed, and that constantly strive to reach the aspirational goal of zero suicides in the Department of Defense.

Strategic Direction 1: Healthy and Empowered Individuals, Families, & Communities

The goals and objectives in this strategic direction create environments and build skills that will promote the health of the members of the Department and reduce the risk for suicidal behaviors and related problems. These risks include barriers to care (both systemic barriers and the biases and prejudices associated with seeking help), suicidal behaviors, mental and substance use disorders, and exposure to violence and stress. We must increase the understanding that mental and substance use disorders respond to specific treatments and that recovery is very possible. Communication efforts, such as campaigns and social networking interventions, will be used to help change knowledge, attitudes, and behaviors to promote suicide prevention. Safe and positive messages will address mental illness, substance use disorders, and suicide to help reduce prejudice and promote help seeking. These types of messages will be used to help create a supportive environment in which those experiencing problems feel comfortable seeking help, and where members of the Department feel empowered to link a Service member, family member or other members of the Total Force in crisis with sources of care and assist them in attaining or regaining a meaningful life.

Goal 1: Integrate and coordinate suicide prevention activities across the Department of Defense

Achieving this goal in the DoD requires integration and oversight of DoD suicide prevention programs, development or strengthening of DoD partnerships aimed at suicide prevention with Federal, State and Private organizations by using relevant Military Healthcare reform efforts to advance suicide prevention within the Department.

Objective 1.1: Integrate suicide prevention into the values, culture, leadership, and work of all DoD organizations and programs with a role to support suicide prevention activities within the Department

Leaders and peers at all levels of the Department are the primary touch-points and have a front-line role to play in DoD suicide prevention. Personnel such as Chaplains, Trainers, Military

Community Service providers, Military Healthcare providers and crisis line staff provide additional touch-points, therefore they also have a role in suicide prevention within the Department. Suicide prevention in DoD should be integrated into the values, culture, leadership and work of these organizations. (This objective has Non-clinical suicide prevention characteristics)

Objective 1.2: Oversee collaborative, effective, and sustainable suicide prevention programming across the Department.

Oversight of suicide prevention programs for the Department is a task of the Defense Suicide Prevention Office (DSPO) under the leadership of the Under Secretary of Defense for Personnel and Readiness and the Executive Directorate for Force Resiliency. DoD *programming* is guided by the DoD Planning, Programming, Budgeting and Execution (PPBE) system (Ref. 49). Collaborating with Component- and Service-level Suicide Prevention Program Managers or Coordinators (SPPMs/SPPCs) and the Defense Health Agency, DSPO can ensure that suicide prevention programming is evidence based and sustainable (capable of being implemented, staffed and funded) while also having the desired outcome of being effective in contributing to the decrease in suicides in the Department.

DSPO will lead the Components and Services in executing the following three major assessments of *Program Evaluation*:

- **Strategic Integration** - Defining operation of the strategy, aligning programs/activities with the strategy, determining strategic coverage, gaps and overlaps;
- **Resourcing** - Determining program/activity cost, budgeting and, ultimately, funding; and
- **Effectiveness –** Identifying appropriate program/activity measures (e.g., input, output, outcome) and for the requisite level (i.e., DoD, Component, Service), collecting data, analyzing effectiveness.

These assessments will be collaborative in nature (i.e., DSPO and the Services/Components) to keep the program evaluation accurate and relevant.

This objective and objectives 13.1, 13.3 and 13.4 are complementary toward this *evaluation* aim but at the individual activity level. Cost-effectiveness analysis, a later and more robust assessment, requires the program evaluation data to be mature enough to plot costs and effectiveness of various programs/activities or portfolios so that alternatives may be generated and selected. (This objective has Non-clinical suicide prevention characteristics)

Objective 1.3: Sustain and strengthen DoD collaborations across Federal and State agencies to advance suicide prevention within the Department

DoD suicide prevention efforts can benefit from public partnerships with Federal and State agencies. The benefit of this partnership is especially true and critical for geographically dispersed Service members and families in the Guard and Reserves, who may frequently go back and forth from coverage under Title 32 (State) and Title 10 (DoD) programs (and possibly Title 38, VA programs for those that are also Veterans). Examples of these partnerships are: Star Behavioral Health Providers (SBHP), Directors of Psychological

Health, Association of Defense Communities (ADC) and collaboration with researchers from the academic sector. These collaborations should be not only sustained but also strengthened where appropriate.

DoD will work with other Federal Departments and Agencies (e.g., the VA, NIH, CDC) and groups within them to develop an integrated approach to suicide prevention and resilience. Some of these groups may include: 1) The Suicide Prevention General Officer Steering Committee (SPGOSC), 2) The Suicide Prevention and Risk Reduction Committee (SPARRC), 3) The Interagency Task Force for Military and Veteran's Mental Health, and 4) The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). The National Action Alliance for Suicide Prevention, which a Senior Executive from DoD co-chairs and which produces the NSSP, is a key Federal partnership. Additionally, the Federal Working Group (FWG) is an important mechanism for maintaining collaboration across these agencies. Formed in 2000, the FWG brings together several federal agencies to share information and coordinate efforts. The FWG meets regularly and publishes a Compendium of Federal Activities (Ref. 3). (This objective has Non-clinical suicide prevention characteristics)

Objective 1.4: Develop and sustain public-private partnerships to advance suicide prevention within the Department

Private entities (e.g., corporations, education institutions, faith-based organizations) who have suicide prevention as one of their missions can be a model for public domain suicide prevention efforts (e.g., Federal, State and Local governments) and can provide a platform for advancement of DoD suicide prevention. Examples of such partnerships are DoD relationships with the American Association of Suicidology (AAS) and the Suicide Prevention Resource Center (SPRC), and participating National Guard 'Partners in Care' programs. These partnerships should be developed where they do not exist, and sustained and strengthened where they exist. At the Service member and Family Member level, a key partnership can be membership in veteran service organizations while on Active or Reserve Duty. These organizations connect Service members and Family Members with previous generations in the Military Community and they are at the forefront of the many issues facing Veterans (and their Active and Reserve and auxiliary family members), including suicide. (This objective has Non-clinical suicide prevention characteristics)

Objective 1.5: Integrate suicide prevention into all relevant Military Healthcare reform efforts

Reforms in relevant Military Healthcare practices or policies, such as standardization of healthcare provider training, are important opportunities for integrating and enhancing suicide prevention efforts. The DHA, under the leadership of the USD (P&R) is responsible for overseeing the Military Healthcare System, including reforms that involve suicide prevention in that system. The DHA should collaborate in developing and implementing the suicide prevention aspects of the reforms with DSPO. (This objective has both Clinical and Non-Clinical suicide prevention characteristics)

Goal 2: Implement research-informed communication efforts within the Department of Defense that prevent suicide by changing knowledge, attitudes, and behaviors

Communication plays an important role in DoD suicide prevention efforts by shaping the recipient's knowledge, attitudes, and behaviors. The key operative term in this goal is 'research-informed communication', for it is through research that the Department can understand the best way to both 'send' suicide prevention information (via the appropriate media and to the appropriate audience), 'receive' information (from the recipients), and 'safeguard' (the content) of both the message sent and received.

Objective 2.1: Develop, implement, and evaluate research-informed communication efforts to reach defined segments of the Military Community regarding suicide prevention

DoD communication efforts regarding suicide prevention should be conducted via all appropriate media; however, it is when the efforts are 'research-informed' that the content, the appropriate media to be used, and the defined segments of the DoD population to reach become focused. An example of this is the recent employment of social media sites to reach young adults in the Military Community, a higher-risk age group, with suicide prevention information. (This objective has Non-clinical suicide prevention characteristics)

Objective 2.2: Communicate DoD suicide prevention efforts to relevant policymakers, internal and external to the Department, through appropriate channels

The DoD is a leader in public sector suicide prevention; however, the message of what the DoD and the Components/Services are doing and their successes in suicide prevention may not reach relevant policymakers (within each Service, within OSD, or to Congress) if there are not communications opportunities and appropriate channels. The most basic but omnipresent DoD Suicide Prevention communication tool are the department and Service websites (See Appendix D) – the importance of keeping these sites updated cannot be overstated.

The most prevalent opportunities to communicate come via external inquiries to the Department or requests for testimony from its leaders. Because of this, the DoD must have accurate and tailorable suicide prevention information available for a timely and direct response. A second channel by which to reach policymakers are forums where suicide prevention and other key efforts in the DoD may be briefed or imparted by direct engagement. A third channel exists through DoD/Component Public Affairs Offices where suicide prevention information in the form of Frequently Asked Questions (FAQs) or a Fact Sheet about suicide and prevention in the DoD can be readily available and kept frequently updated. (This objective has Non-clinical suicide prevention characteristics)

Objective 2.3: Monitor and Improve DoD communication efforts conducted online that promote positive messages and support safe crisis intervention strategies

The DoD uses older and relatively new methods as well as emerging technologies to communicate with the Military Community (e.g., Print, Radio, TV, Web pages, Text, Chat, and Social Media). Therefore the Department must consider the best ways to use this variety of communication tools and applications to promote effective suicide prevention efforts, encourage help seeking, and provide support to individuals with suicide risk.

With the newer, online, web-based technologies, DoD or Component suicide prevention programs that incorporate these media have a responsibility to ensure the safety of users and their messages. Because many of the newer media include the ability for users to generate content, it is important for the sponsors to think about how to ensure that user-generated messages are positive and promote hope, connectedness, social support, resiliency, and help seeking. There should be consideration, in advance of bringing new DoD media online, of how to monitor these channels regularly and respond to disclosures of suicidal thoughts or behaviors. These programs should include links to online crisis resources, such as the Veterans/Military Crisis Line. (See Appendix D) (This objective has Non-clinical suicide prevention characteristics)

Objective 2.4: Educate the Military Community on the risk factors and warning signs for suicide and how to connect individuals in crisis with assistance and care

Providing suicide prevention information to the Military Community or raising their awareness of the risk and protective factors and warning signs for suicide is helpful. However, where feasible, there needs to be 'education' of the Military Community – the actual imparting of knowledge – on these topics. Education can change attitudes and behaviors. This education is broader than suicide prevention and begins with recognizing, reinforcing and promoting the protective factors associated with military life: belonging, membership, pride, camaraderie, loyalty, and responsibility. Education on suicide prevention may be part of accession programs and intermediate- and senior-level courses as well as Spouse and Family Readiness training courses. However, there are everyday opportunities away from duty areas – the barracks, the home and through military-sponsored recreation – to promote the protective factors of sense of belonging and camaraderie and for members to notice the warning signs of suicide in each other. Educated on the warning signs, protective factors and on how to connect individuals in crisis with appropriate resources, Military Community members will become and remain an active part of the DoD suicide prevention effort. (This objective has Non-clinical suicide prevention characteristics)

Goal 3: Educate the Military Community on the protective factors against suicide that also promote resilience, and recovery in the Department of Defense

Educating the Military Community on the protective factors against suicide is important because those factors increase general resilience and recovery. Since individuals who have mental or substance use disorders are particularly vulnerable to suicide, it is important to educate the Military Community on removing barriers to help-seeking for these individuals (e.g., stigma, bias), increase access to care for them and to reinforce the fact that recovery from each of these disorders is attainable and supported (Refs.5, 35, 50).

Objective 3.1: Promote effective, evidence-based DoD activities and practices that increase protection from suicide risk while also enhancing resilience

Increasing protection from suicide risk involves setting the conditions in the Military Community for promoting individual strength and resilience and ensuring that vulnerable individuals are supported and connected with others during difficult times (e.g., families during deployment, deactivating Guardsmen and Reservists). Thereby suicidal behaviors will be less likely. To accomplish this, the Department will ensure its suicide prevention programs and practices contribute to overall resilience and that they are evidence-based so as to preclude unintentionally

decreasing protection or increasing risk. DoD will ensure that measures of effectiveness for any new program or practice are clearly stated. In implementing and executing these programs and practices, the DoD will ensure they are done at the appropriate level (e.g., Component, Service, Command), to provide the maximum positive effect. (This objective has Non-clinical suicide prevention characteristics)

Objective 3.2: Reduce existing barriers to care and promote help-seeking for individuals within the Military Community with suicidal behaviors and mental health and substance use disorders

The actual or potential for bias, prejudice, stigma, and discrimination are some of the barriers to care that stem from lack of education about suicide and may discourage individuals in the Military Community from seeking help when they are in psychological distress or when they resort to substance misuse. These efforts should increase awareness of the fact that no one is immune from experiencing these disorders. Seeking treatment should not be seen as a sign of weakness, but as a sign of resilience and step toward recovery. (This objective has Non-clinical suicide prevention characteristics)

Objective 3.3: Promote, through education, the understanding within the Military Community that recovery from substance use and mental disorders is supported, encouraged, and attainable

The misunderstanding, by individuals in the Military Community, that recovery from a substance use or mental disorder is un-attainable is a barrier to full recovery. The disorder does not define the individual and, in fact, the experience of recovery can provide an opportunity for reflection and change. The Department will use all appropriate venues to educate the Military Community that, in most cases, those who have a mental or substance use disorders can recover and regain or attain meaningful lives. The education program should include information on recovery resources (See Appendix E) as well as how those around the affected individual can help and not hinder recovery. (This objective has Non-clinical suicide prevention characteristics)

Goal 4: Encourage responsible media reporting and portrayals of Military Community suicide and mental illnesses and promote the accuracy and safety of online content related to suicides in the Department

The news-media, the entertainment industry and social media are all important sources of information for the Military Community; however, regarding suicide and related behaviors in the DoD, they can be harmful if the message is not communicated responsibly. The Department will encourage news organizations to responsibly report suicide and other related behaviors that occur within the DoD and will encourage members of the entertainment industry to accurately and responsibly portray military suicide and related behaviors. The Department will take steps to safeguard user-generated content on DoD websites and it will ensure that the Defense Information School (DINFOS) has the latest suicide prevention information to use in curriculum development.

Objective 4.1: Encourage both DoD and non-DoD news organizations to develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors that occur within the Department

Responsible, culturally competent news-media coverage (both DoD and non-DoD) of suicide and other related behaviors occurring within the Department can play an important role in

preventing suicide contagion within the Military Community. There are existing industry guidelines on reporting suicide by the media in general (www.reportingonsuicide.org) (Ref. 32). DoD will continue to develop the DoD Public Affairs Guidance (PAG) that provides a framework for safe and effective messaging for suicide prevention by public affairs officers (PAOs). The Department will monitor how suicide and other related behaviors occurring in DoD are reported in the media – from this surveillance, responsible reporting can be identified and reinforced and reporting that does not follow industry guidelines can be identified and potentially remediated. (This objective has Non-clinical suicide prevention characteristics)

Objective 4.2: Encourage the entertainment industry to follow National Guidelines regarding accurate and responsible portrayals of suicide and other related behaviors that occur within the Department

Depictions of suicide and other related behaviors are common in the entertainment industry and sometimes the characters portrayed are Military Service members, Military Family Members or others in the Military Community. In 2009, the Entertainment Industries Council created a guide for the entertainment industry entitled Picture This: Depression and Suicide Prevention. The guide can help creators of entertainment content provide responsible portrayals of suicidal behaviors, mood disorders, and related issues. The Department will monitor how suicide and other related behaviors occurring in the DoD are portrayed by the entertainment industry - from this surveillance, responsible portrayals may be identified and reinforced and portrayals that do not follow industry guidelines may be identified and potentially remediated. (This objective has Non-clinical suicide prevention characteristics)

Objective 4.3: Use current DoD guidelines to ensure the accuracy and safety of user-generated online content for new and emerging communication technologies and applications employed by DoD

With the advent of technologies internal and external to DoD that permit user-generated content (e.g. *'blogs' and 'social media'*), there is a heightened concern for the accuracy and safety of information related to suicide and the safety of those who may be using a particular media to reach out for help. DoD-guidance regarding use and monitoring of all web-based media is available at www.defense.gov/webmasters and DoD has a Social Media Hub at www.defense.gov/socialmedia/. Industry standard safety recommendations regarding suicide prevention and new media are included on the website: http://reportingonsuicide.org/online-media/; however, these are not binding for the DoD but will inform the DoD effort. All of these resources should be used by DoD webmasters/monitors to promote safety of those potentially reaching out for help and to monitor user-generated content for accuracy and safety. As new media are considered for DoD use, DoD policy and industry standards related to suicide prevention and these new media should be reviewed by DSPO and updated. (This objective has Non-clinical suicide prevention characteristics)

Objective 4.4: Develop and disseminate guidance for the Defense Information School regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula

DSPO will provide DINFOS guidance to use in the development of curricula for PAOs, including visual artists and journalists, on proper suicide messaging – the accurate and safe

reporting or depiction of suicidal behaviors and mental and substance use disorders. The guidance will cover all known types of media and DSPO will update it periodically to reflect new and emerging media. (This objective has Non-clinical suicide prevention characteristics)

Strategic Direction 2: Clinical and Community Preventive Services

Suicide affects people of all ages in all parts of the Military Community. Multiple complex factors contribute to these preventable deaths. Suicide prevention requires that support systems and services using evidence-based practices are resourced and in place to promote resilience and help individuals successfully navigate challenges. (See Appendix D)

Military Healthcare and Military Community-based programs and services play a key role in promoting resilience, and preventing suicidal behaviors among various groups. Military Healthcare-based preventive services, including suicide assessment and preventive screening by primary care and other healthcare providers, are crucial to assessing suicide risk and connecting individuals at risk for suicide to available clinical services and other sources of care. Military Community Service organizations and other non-Military Healthcare-based organizations also have an important role to play in delivering prevention programs and services to the Military Community. These community-based professionals and organizations must be competent in serving various groups, including racial, ethnic, sexual, and gender minorities, in a way that is culturally appropriate. The Department will ensure greater integration among Military Community and Military Healthcare preventive service providers, which can have synergistic effects in preventing suicide and related behaviors.

Goal 5: Develop, implement, and monitor effective Department of Defense programs that promote resilience, and prevent suicide and related behaviors

Promoting resilience and preventing suicide and related behaviors in DoD requires that effective programs and initiatives are developed and implemented that: serve the needs of the entire Military Community, when and where they need them; involve all Military Healthcare and applicable non-healthcare Military Community services; maintain focus on populations with suicide risk, and provide increased access to care for those with mental health and substance use disorders. This is critical to providing the foundation for the zero suicide aspirational goal.

Objective 5.1: Strengthen the coordination, integration, and evaluation of comprehensive suicide prevention programming across all DoD Components

The goal of preventing loss of life from suicide in the Department can only be achieved by a comprehensive, coordinated, and integrated effort at multiple levels that serves the entire Military Community. The DoD Components, the Military Community and even the surrounding civilian community can play an important role in implementing suicide prevention programs that can meet the needs of diverse groups within the DoD. In meeting these needs, it is important for the Department to involve multiple partners to the maximum extent practicable, including Federal, State and Local agencies and organizations involved in public health, behavioral health, injury prevention, and other related areas.

DoD suicide prevention efforts should focus on all members of the Military Community (e.g., Military Service members and Military Family Members), cover the entire continuum of service (i.e., from accession to retirement or separation), cover the entire spectrum of service (e.g., mobilization, garrison, deployment, post-deployment, demobilization) and provide services that

are culturally and geographically appropriate (e.g., for the Guard and Reserve). As discussed earlier in Goal 1 and later in Goal 13, these efforts should be integrated for the Department, evaluated periodically, and modified accordingly to assure effectiveness and the most efficient use of DoD resources. (This objective has Non-clinical suicide prevention characteristics)

Objective 5.2: Promote the use of Military Community-based settings to implement effective programs and educate Military Community members on resilience and preventing suicide and related behaviors

Many organizations that provide services in the Military Community setting have a role to play in promoting health, reducing risk factors, increasing protective factors, training personnel who are in contact with individuals with suicide risk, and providing support to individuals in crisis (Ref.20). Examples within the Military Community include:

- Military and Family Support Centers (M&FSC);
- Reserve Component Family Programs;
- Military and Family Life Counselors;
- The Veterans Crisis Line/Military Crisis Line (VCL/MCL);
- Military OneSource;
- The Military Chaplain Corps;
- The Military Justice System;
- Military law enforcement;
- The Military Healthcare System;
- Single Service Member Programs;
- Installation/Unit/Recreation Sports, Clubs;
- DoD Schools and youth-serving organizations, and
- Other Military Community Service (non-healthcare) organizations

Engaging these groups within DoD and other civilian community-based groups can greatly expand the reach of suicide prevention efforts, making it possible to provide assistance and support to individuals who may be most vulnerable and/or underserved, prior to their concerns becoming a crisis. Geographically dispersed Guard and Reserve members and their families would benefit most from the ability to access more local services. (This objective has Non-clinical suicide prevention characteristics)

Objective 5.3: Promote effective, evidence-based interventions to reduce suicidal thoughts and behaviors in Military Community populations with suicide risk

Different populations of the Military Community (e.g., Service members or their dependents) may be at an increased risk for suicidal behaviors at varying times. Additionally, suicide risk factors and protective factors can vary across the Military Community and can change over time. Timely and appropriate interventions are needed to meet the distinct needs of diverse groups (e.g., Lesbian, Gay, Bisexual individuals, who are at higher risk for suicidality, and individuals with a history of suicide attempt or ideation) . Surveillance data and research findings will be leveraged to ensure the proper identification/confirmation of high risk groups and accompanying evidence-based interventions. (This objective has Non-clinical suicide prevention characteristics)

Objective 5.4: Strengthen efforts of all DoD Components to increase access to and delivery of quality programs and services for Military Community personnel with mental and substance use disorders

To promote access to care for individuals in the Military community, the Department will ensure Military Healthcare providers are trained to recognize and respond to mental and substance use problems. The DoD will ensure greater coordination among the different programs (e.g., MTF-based and TRICARE) that provide services addressing mental health, substance use, and physical healthcare in order to increase access to care. This coordination may range from information sharing among different Military Healthcare providers to the delivery of these various services in the same Military Healthcare setting. These linkages will be used to help provide multiple access points for behavioral healthcare, thereby helping to ensure that individuals who may be at risk for suicidal behaviors are connected to appropriate sources of care. (This objective has both Clinical and Non-Clinical suicide prevention characteristics)

Goal 6: Promote efforts within the Department of Defense to reduce access to lethal means of suicide among individuals with identified suicide risk

Reducing access to lethal means of suicide requires engaging Military Community leaders and service providers for members of the community who are at risk for suicide and who have access to lethal means. Since firearms are part of the Military mission but also the most lethal means of suicide, firearm training should include suicide awareness and risk reduction as a basic tenet of firearm safety. To keep pace with technology that reduces access to lethal means of suicide, the Department will implement, as appropriate, current technologies to reduce access and will conduct or support research aimed at developing new access reduction technologies.

Objective 6.1: Ensure Military Healthcare providers and others who interact with Military Community personnel at risk for suicide routinely assess for access to all lethal means

Professionals who provide healthcare and other non-medical services to members of the Military Community are in a unique position to ask about the presence of all lethal means of suicide and to work with these individuals and their support networks to reduce access to those means. These professionals include military leaders, Military Healthcare providers, counselors, chaplains, first responders, DoD school staff, DoD legal and criminal justice system staff, and others who may interact with individuals in crisis. These providers can educate individuals with suicide risk and their families about safe firearm storage and access, as well as the appropriate storage of alcoholic beverages, prescription drugs, over-the-counter medications, and poisons that may be available where they reside.

Prescription medications also contribute to accidents and substance use disorders as well as suicide. Therefore, Military Healthcare providers should also use appropriate venues to educate patients and the Military Community in general about drug take-back activities, reducing the stock of medicine in the medicine cabinet to a nonlethal quantity, and restricting access to medicines that are commonly abused/misused. (This objective has both Clinical and Non-Clinical suicide prevention characteristics)

Objective 6.2: Use appropriate venues in the Military Community to emphasize suicide awareness and risk reduction as a basic tenet of firearm safety and responsible firearm ownership

Among persons who attempt suicide, those who use firearms are more likely to die than those who use other means. The Military Services, as part of their mission, issue firearms to Service members, extensively and regularly train them on safety and proper use, and control their employment and storage. Proper employment and safety training alone cannot eliminate suicide risk. Military and other DoD-directed firearm training should include suicide risk awareness and risk reduction steps and Military Commanders should be empowered to restrict access to these issued weapons for Service members assessed to have suicide risk.

Many in the Military Community are also private firearm owners. Most firearm-owner groups promote the safe storage of firearms when not in use (i.e., stored locked and unloaded, with ammunition locked separately) to protect against accidents, theft, and unauthorized use. Reaching out to firearm owners in the Military Community, Military Exchanges (who sell firearms), Military Community-sponsored firearm sports and hunting clubs and others to promote firearm safety and increase their involvement in suicide prevention is an important strategy for reducing suicide risk. Most firearm safety educational materials focus on the prevention of accidents rather than suicide. DoD-generated brochures and websites promoting firearm safety to gun owners could include a statement regarding the importance of being alert to signs of suicide in a loved one and keeping firearms out of reach from a person who demonstrates these symptoms. Partnering with DoD-sponsored gun owner groups to craft and deliver this message will help ensure that it is culturally relevant, technically accurate, comes from a trusted source, and does not have an anti-firearm bias. (This objective has Non-clinical suicide prevention characteristics)

Objective 6.3: Promote, within the Department, implementation of existing safety technologies that reduce access to all lethal means and support the development of new safety technologies

The DoD will promote and implement existing safety technologies that can help prevent suicide by reducing access to lethal means of self-injury. Promotion includes such efforts as gun-lock distribution at safety fairs and other appropriate venues in the Military Community. Implementation includes technologies for preventing suicide by poisoning (e.g., restricting pack sizes and prescription fills at Military Healthcare Pharmacies to prevent overdoses of more toxic medications), Military Healthcare providers encouraging the use of electronic pill dispensing lockboxes for people who rely on medication but are at risk of overdosing, and consistent utilization of prescription drug monitoring programs to safeguard at risk people proactively. As reinforced later in Goal 12, the DoD will also undertake, support or leverage research aimed at developing other technologies that will prevent suicide by reducing access to lethal means and continuing drug take-back activities. (This objective has Non-clinical suicide prevention characteristics)

Goal 7: Provide Military Community service providers and Military Healthcare service providers evidence based training on the prevention of suicide and related behaviors

All service providers in the Military Community whose work brings them into contact with persons with suicide risk will be trained on how to address suicidal thoughts and behaviors and on how to respond to those who have been affected by suicide. These professionals include but are not limited to:

- Crisis line staff;
- Military Chaplains;
- Military Judge Advocates;
- Military Law Enforcement Officers;
- Military Healthcare providers; Military and Family Support Center Staff;
- Reserve Component Family Programs Staff;
- Military and Family Life Counselors;
- Other Military Community (non-healthcare) service providers;
- DoD School and youth-serving organization staffs;
- Military occupation training school staff;
- Preparatory-, intermediate- and senior-level military school staffs;
- Commanders and line leaders; and
- Workplace supervisors.

DoD will tailor training programs to the specific needs and roles of the service providers and periodically update programs to reflect evidence-based practices.

Objective 7.1: Provide additional suicide prevention training to those in the Military Community that have a more direct and likely role in the prevention of suicide and related behaviors

Crisis line volunteers, Military Healthcare providers, Military Chaplains, and others who are more likely to come into direct contact with those under extreme personal stress and potentially contemplating suicide will be trained in suicide prevention by their respective Service or Component . Appropriate evidence-based training curricula will be used to address the distinct roles of these various service providers and these curricula will need to be periodically reviewed, evaluated, and updated. If necessary, new training programs will be developed to meet the needs of other at-risk populations and types of Military Community Service providers who serve them. In addition, efforts will be made to build education programs for Military Family members and others in the Military Community who are in close relationships with persons at risk for suicide or who have been affected by suicidal behaviors. (This objective has Non-clinical suicide prevention characteristics)

Objective 7.2: Provide additional training to Military Healthcare System mental and substance use disorders care providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk

Mental health and substance use disorders care providers in the Military Healthcare System are a frontline defense in suicide prevention; therefore, they must have the essential foundation of

attitudes, knowledge, and clinical prevention skills to address and reduce suicide risk and increase protective factors among those with suicide risk. Caring for individuals with suicide risk requires skill development, hands on practice using those skills, a culture of shared responsibility, and collaborative abilities to help build comfort, confidence, and competency to engage and care for at risk individuals. (This objective has Clinical suicide prevention characteristics)

These skill-based training programs for mental health and substance use disorders care providers will aim to:

- Increase feelings of confidence and empowerment in working with individuals with suicide risk;
- Address the emotional and legal issues associated with adverse individual outcomes, including death by suicide;
- Equip practitioners with attitudes, knowledge, and skills to cope with sentinel events (unanticipated events resulting in death or serious physical or psychological injury);
- Educate practitioners about how to exchange confidential information appropriately to promote collaborative care while safeguarding the individuals rights and adhering to HIPAA regulations; (Ref. 19)
- Address the value of a team-based approach to management of suicide risk;
- Provide practitioners with clinical preventive skills to engage in cooperative services for persons with suicide risk, including addressing the value of shared responsibility and collaborative care, and increasing knowledge and skills for communicating collaboratively with individuals with an increased suicide risk, their families, and other providers to ensure continuity of care, and
- Address the provision of effective support services for those who have been bereaved by suicide.

Objective 7.3: Support the National Objective to develop and promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all healthcare professions, including graduate, continuing education and Military Healthcare professional training

The Department draws its licensed/credentialed healthcare professionals from the civilian workforce or directly from accredited civilian or DoD institutions of higher education (e.g., civilian medical schools, Uniformed Services University of the Health Sciences). While the DoD cannot directly influence the core education and training guidelines of every healthcare profession (and the institutions that train them), Military Healthcare leaders can use post-hiring survey responses and other interactions with education institutions and professional associations to promote the inclusion of prevention of suicide and related behaviors in healthcare profession training guidelines. However, all DoD-administered education and training programs for Military Healthcare providers will adopt core education and training guidelines addressing the prevention of suicide and related behaviors. Programs should also ensure that Military Healthcare professionals achieve the relevant core competencies in suicide prevention appropriate for their respective discipline. (This objective has Non-clinical suicide prevention characteristics)

Objective 7.4: Support the National Objective to promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by healthcare credentialing and accreditation bodies

Even more restrictive than the previous objective, the Department cannot directly influence the adoption of core suicide prevention education and training guidelines by healthcare credentialing and accreditation bodies; however, Military Healthcare leaders can support the National Objective to promote adoption of these guidelines when they are elected or appointed to these bodies. The inclusion of core education training can help ensure that healthcare professionals accessed by the Department have completed a basic level of training, acquire competence in addressing suicidal behaviors and remain competent over time. Accrediting and credentialing bodies should promote evidence-based practices for the training and evaluation of those they are credentialing. (This objective has Non-clinical suicide prevention characteristics)

Objective 7.5: Develop, disseminate and implement appropriate protocols and activities for DoD clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk

Communication and collaboration across multiple levels of care is a key to the successful management of suicide risk in the Department. Clinical preventive and communication protocols for clinicians and clinical supervisors, emergency workers, crisis staff, and others providing support to individuals in the Military Community with suicide risk can help improve communication and collaborative management of suicide risk. Care for individuals with suicide risk must be comprehensive and continuous until the risk is reduced. Each setting and service provider has an important role in verifying that the subsequent supportive services have the information and resources they need in order to help keep the individual safe.

Protocols and programs for clinicians and clinical supervisors, crisis staff, and others should address the implementation of effective strategies for improving communication and collaboratively managing suicide risk. In particular, Military Healthcare leadership will promote the sharing of information among different Military Healthcare providers and the use of team-based care for managing suicide risk. (This objective has both Clinical and Non-Clinical suicide prevention characteristics)

Strategic Direction 3: Treatment and Support Services

The Department will ensure that individuals in the Military Community at risk for suicide receive clinical evaluation and care to identify and treat mental health and medical conditions, and specifically address suicide risk. Future care will attempt to integrate the treatment of underlying conditions (e.g., mood disorders, substance use disorders) with specific treatments and strategies that directly address suicide risk.

Evidence-based approaches for caring for high-risk patients include safety planning (i.e., working collaboratively with each patient to develop an action plan for times of crises) and specific forms of psychotherapy that can be used to support treatment for underlying mental health conditions. Addressing suicide risk may be particularly important when treating individuals who have survived a suicide attempt (Ref.21).

Principles that the Military Healthcare System (Ref.53) will use to guide care for individuals with high suicide risk shall include, but not are limited to, the following:

- Provision of evidence-based treatment as soon as possible after suicide risk is identified;
- Person- and relationship-centered care, which includes improving patient-provider communication, involving individuals with suicide risk in the development of safety plans, and providing care that is matched to the person's level of risk, needs, and preferences;
- Culturally competent care that addresses the needs of diverse groups of patients, including linguistic, racial/ethnic, sexual, and gender minorities (e.g., Lesbian, Gay, Bisexual individuals);
- Multiple points of access to appropriate treatment and a focus on providing support in the least restrictive environment;
- Integration of care across various systems and settings (via several possible models, from communication and collaboration to full integration) and shared reporting of client outcomes;
- Continuity of care for individuals with suicide risk with a particular focus on immediate (if possible, within 48 hours) and continuous follow-up after a suicide attempt following discharge from a hospital, Emergency Department, or other inpatient facility;
- Appropriate empowerment of families and significant others in treatment, peer support, and post-discharge follow-up;
- Use of systems-level strategies, such as establishing the organizational goal of eliminating deaths by suicide, tracking and investigating suicide deaths, and using other continuous quality improvement efforts, and
- Recovery-oriented services that are based on the following understanding: recovery emerges from hope, is person-driven, occurs through many pathways, is holistic, is supported by peers and allies, is supported through relationships and social networks, is culturally based, is grounded in respect, is supported by addressing trauma, and involves the individual, family, and community.

Goal 8: Promote suicide prevention as a core component of Military Healthcare services

While providers of mental health and substance use disorders services to the Military Community have a special responsibility for addressing suicide risk, suicide prevention should not be viewed as an area of specialization that applies only to these professionals or to a single setting, such as inpatient psychiatry. Suicide prevention in the Department requires active engagement by both Military Healthcare and non-healthcare services, as well as the coordination of care across multiple settings, thereby ensuring continuity of care and promoting patient safety. Military Healthcare Services addressing mental and substance use disorders, as well as suicide prevention, may be provided in numerous settings, including crisis centers, health centers, clinics, and other locations serving geographically dispersed groups (e.g., the Guard, Reserves and their families).

The DoD will work to increase collaboration among Military Treatment Facility Emergency Departments and other Military Healthcare Service-providers as a promising, viable, and efficient way to increase access to suicide prevention and treatment services while reducing the use of Emergency Departments for this care. This approach can help minimize prejudice and discrimination, while increasing opportunities to improve overall health outcomes. Even in

cases where full integration may not be feasible, increased coordination of services and continuity of care can be used to improve care and lead to better patient outcomes.

Objective 8.1: Adopt the aspirational goal of 'zero suicides' by those under care in Military Healthcare organizations that provide services and support to the Military Community

The Department will aspire to eliminate suicide by those under care of Military Healthcare providers. This objective will be accomplished by continued emphasis on reduction of suicide and its underlying behaviors and setting into place system-wide changes that enhance service access and quality through continuous improvement. Managing a system of care to achieve the goal of zero suicides requires these organizations to evaluate performance rigorously and use adverse events as opportunities to improve their capacity to save lives. It also requires establishing mechanisms to support Military Healthcare providers in the aftermath of a person under their care who dies by suicide.

The Department recognizes the various responses of Military Healthcare providers who have lost persons under their care to suicide. Responses range from the sense that some deaths are inevitable in severe cases of mental illness, just as they are in cases of advanced cancer or heart failure, to the view that each death must reflect a failure or lapse in prevention or treatment. Although none of these perspectives are universal, it is clear that each death represents an opportunity for the Military Healthcare System to help improve its programs, systems, and for providers to evaluate the care delivered and to consider opportunities for improvement. (This objective has both Clinical and Non-Clinical suicide prevention characteristics)

Objective 8.2: Develop, disseminate and implement appropriate evidence-based DoD protocols for delivering Military Healthcare Services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings

The Military Healthcare System will rely upon trusting, therapeutic relationships as fundamental to reducing suicide risk and promoting recovery. These relationships are most productive when the patient is actively engaged in making choices that will keep him or her safe. The personal needs, wishes, and resources of the patient should be the foundation for developing a plan for continuing care and safety. This plan should be developed through direct and open communication and should engage and empower the patient. Where appropriate, family members and, where practical and permissible, significant-others should be engaged and empowered as well.

Psychiatric hospitalization, voluntary or involuntary, may be an effective mechanism for preventing suicide over the short term. However, the decision to hospitalize could be a barrier to the development of a long-term therapeutic alliance between the patient and his or her mental health providers. One way to address this trade-off is to ensure that inpatient psychiatric units in the Military Healthcare System are recovery-oriented and prepared to ensure continuity of care at the point of discharge. Another strategy is to develop alternatives to hospitalization for persons who are not at imminent risk.

Military Healthcare leaders will work collaboratively to investigate and identify alternatives to coercion, restraint, and involuntary treatment as ways to ensure the safety of patients in crisis. Because past trauma or abuse increases the risk for suicide, confining people against their will

can re-traumatize patients. Involuntary confinement may also make these patients reluctant to seek help in the future for fear of being discriminated against, traumatized, or imprisoned. The DoD will also work to develop and implement protocols for delivering services in the least restrictive settings consistent with safety for patient and provider.

Military Healthcare protocols should be developed and implemented for delivering evidence-based services to members of the Military Community with suicide risk that promote collaboration and responsiveness. At a minimum, these protocols would instill attitudes and beliefs on the value of shared responsibility and collaborative care and promote effective communication with patients, families, and significant-others. (This objective has Clinical suicide prevention characteristics)

Objective 8.3: Promote timely access to assessment, intervention, and effective care for individuals in the Military Community with a heightened risk for suicide

The Department will ensure that timely access to care is readily available to members of the Military Community in crisis. Crisis hotlines, online crisis chat or intervention services, self-help tools, crisis outreach teams, and other services will continue to play an important role in providing timely care to patients with high suicide risk. Virtual or remote care, such as telephone calls to crisis hotlines, and counseling by telephone, texting, or the Internet will be used to allow individuals in crisis to access help 24 hours a day, 7 days a week. This type of care will provide immediate access, convenience, and a higher level of anonymity than face-to-face therapy arrangements. Examples include the Military Crisis Line and 'warm handoffs' of callers in crisis. (See Appendix D)

The Department will provide detailed instructions about how to access care 24 hours a day, 7 days a week as a critical part of safety planning for Military Healthcare providers working with patients at high risk of suicide. Because not all individual providers may be available at all times, providing patients with information about how and when to access care in an Emergency Department may be necessary but not sufficient. Access to virtual or remote care is critical for augmenting the care provided at Military Healthcare clinics, which usually have limited hours of operation, and also can be useful for serving geographically dispersed members of the Guard and Reserve and their families. (This objective has Clinical suicide prevention characteristics)

Objective 8.4: Develop, disseminate, and implement appropriate protocols for the continuity of care, safety, and well-being of all patients treated for suicide risk in Military Treatment Facility Emergency Departments or inpatient units

Patients leaving Military Treatment Facility Emergency Departments or inpatient units after a suicide attempt, or who are otherwise at a high risk for suicide, require rapid, proactive follow-up as having attempting suicide is one of the most significant risk factors for later death by suicide. The Department will develop, disseminate, and implement appropriate protocols for the continuity of care, safety, and well-being of all patients treated for suicide risk in MTF Emergency Departments or inpatient units.

Continuity of care following a suicide attempt should represent a collaborative approach between patient and provider that gives the patient a feeling of connectedness. Strategies may include telephone reminders of appointments, providing a "crisis card" with emergency phone numbers

and safety measures, and/or sending a letter of support (e.g., the Caring Letters Project). Many types of motivational counseling and case management can also be used to promote adherence to the recommended treatment. (This objective has Clinical suicide prevention characteristics)

Objective 8.5: Incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts in the Military Healthcare System

The Military Healthcare System will incorporate suicide prevention and appropriate responses to suicide attempts in continuous quality improvement efforts, as a way to improve their capacity to save lives at risk. Such efforts will include formal root cause analyses of suicide attempts and deaths by suicide, supervisory reviews, reviews of aggregate data for trends, and/or focused quality assurance studies on issues related to suicide risk. The Military Healthcare System will consider whether the implementation of lessons learned can be part of the aspirational objective to reduce suicides and part of overall quality improvement. Such reviews should focus on identifying systemic issues where improvement holds promise for increasing the quality of care and should not focus on attributing blame to providers or to individuals in crisis. (This objective has Clinical suicide prevention characteristics)

Objective 8.6: Establish linkages between providers of Military Healthcare mental health and substance use disorders care services and Military Community Services, including peer support programs

Timely and effective cooperation, collaboration, and communication between mental health and substance use disorders care providers and sources of support in the Military Community are critical to promote safety and recovery. Military Healthcare mental health and substance use disorders care can have a greater impact when gatekeepers in the Military Community (e.g., leaders, Chaplains, counselors) refer at-risk patients to these specialized providers.

Military Healthcare mental health and substance use disorders care providers should develop linkages with Military Community-based services such as unit suicide prevention programs, counseling services, transition assistance services, veterans support organizations, and peer support services. Referring patients to these community-based, non-healthcare programs, where appropriate, can help foster a sense of connection and belonging for the at risk person, provide critically needed support services, and help to support and expedite recovery. (This objective has both Clinical and Non-Clinical suicide prevention characteristics)

Objective 8.7: Coordinate services among DoD suicide prevention and intervention programs, the Military Healthcare system, crisis lines, and other crisis centers

Military Healthcare providers and organizations that conduct assessments of suicide risk in the Military Community must have access to mental health and substance use disorders care and other services for patients at risk for suicide. A growing network of crisis services organizations can serve an effective option for continuous care is the Veterans Crisis Line/Military Crisis Line (800–273–TALK/8255, press “1”) which offers Veterans/Military the same services. Increased collaboration and coordination among DoD suicide prevention programs, Military Healthcare mental health and substance use disorders care systems, and these crisis centers will be used to help provide a broader continuum of care for individuals at risk for suicide. (See Appendix D) (Ref. 20) (This objective has both Clinical and Non-Clinical suicide prevention characteristics)

Objective 8.8: Develop collaborations between Military Treatment Facility Emergency Departments and other Military Healthcare providers to provide alternatives to Emergency Department care and hospitalization for patients at risk for suicide, when appropriate, and to ensure rapid follow-up after discharge

Patients with high suicide risk are often treated at Military Treatment Facility Emergency Departments, and may be hospitalized as a way to prevent a suicide attempt. Although this can be an effective strategy and may be necessary as a safety measure, there is a need to develop alternatives. Discharge from the Emergency Department (ED) may be clinically appropriate, but it requires that a suicide risk assessment by a competent authority has been made and that adequate support and follow-up be in place prior.

One alternative approach is for MTF primary care, mental health, and substance use disorders programs to establish mechanisms to facilitate rapid access to their services when patients are in crisis. Another is to develop alternative services that can be accessed through MTF Emergency Departments. For example, an MTF crisis line could arrange for appointments with providers of these services at the MTF while the patient is in the MTF Emergency Department.

Collaborations among MTF Emergency Departments, mental healthcare and substance use disorders care providers and other Military Community Service Providers, such as crisis centers, hotlines, and counselors, can improve the quality and continuity of care for these high-risk patients. These collaborations can help expand alternatives to Emergency Departments, such as the same day scheduling for mental health services and secure rapid and continuous follow-up after discharge. Plans for discharge from the ED must incorporate linkages to other necessary levels of care (e.g., intensive outpatient, private therapist, pharmacological therapy). (This objective has Clinical suicide prevention characteristics)

Goal 9: Promote and implement effective clinical and professional practices in the Military Healthcare System for assessing and treating those identified as being at risk for suicidal behaviors

The Military Healthcare System will provide effective clinical and professional practices in the assessment and treatment of individuals with high suicide risk in order to help prevent these individuals from acting in self-destructive ways to deal with their personal issues. These practices will be grounded in evidence-based care or in best practices (cases where promising approaches have been identified but more research is needed.) Effective clinical care will include monitoring for a suicide attempt after an Emergency Department visit or hospitalization and providing outreach, mental health follow-up, therapy, and case management (Refs.4, 38, 41, 53, 54, 55).

Objective 9.1: Develop, disseminate, and implement appropriate DoD guidelines for the assessment of suicide risk among persons receiving care in all Military Healthcare System settings

The DoD will ensure that assessment of suicide risk is an integral part of Military Healthcare System primary care, hospital care (particularly Emergency Department), care for mental and substance use disorders, crisis response (e.g., help lines, mobile teams and crisis chat services), and of the care provided in other settings (e.g., dental) and facilities (clinics). Any person

identified as being at a possible risk for suicide will be provided immediate access to needed clinical care and support.

Guidelines for risk assessment, along with appropriate tools and protocols, will be developed and disseminated among all settings that provide care for individuals in the Military Community with suicide risk. The Military Healthcare System will ensure strategies for assessing suicide risk can be tailored to the individual and context. (This objective has Clinical suicide prevention characteristics)

Objective 9.2: Develop, disseminate, implement and continually evaluate for fidelity appropriate DoD guidelines for clinical practice and continuity of care for Military Healthcare providers who treat persons with suicide risk

The DoD will develop and use evidence-based strategies to disseminate and implement clinical practice guidelines. (i.e., the VA/DoD CPG, http://www.healthquality.va.gov/) (Ref.54) that address the care required for individuals in the Military Community identified as being at risk for suicide. These guidelines will reflect the latest evidence-basis and best practices in care for patients with suicide risk. They will indicate how care should be modified to address the needs of patients at risk for suicide and specify what services and interventions should be provided to supplement care directed toward the underlying condition(s). These guidelines should address but are not limited to: (This objective has Clinical suicide prevention characteristics)

- Patient-centered care;
- Recovery-oriented mental health services;
- Building resilience;
- Specific suicide prevention intervention planning and review;
- Safety planning;
- Effective therapeutic alliances;
- Communication among providers (on and off base);
- Alignment of clinical approaches with needs (e.g., underlying psychiatric and/or substance use disorders, trauma support, complicated grief);
- Immediate access to crisis services (location sensitive);
- Continuity of care, including immediate follow-up after discharge from an inpatient unit following a suicide attempt; and,
- Appropriate empowerment of families and significant others in treatment, peer support, and post-discharge follow-up.

Objective 9.3: Promote, within the Military Healthcare System, an environment for the safe disclosure of suicidal thoughts and behaviors by all patients

Military Healthcare settings that provide care to patients with suicide risk must be nonjudgmental and psychologically safe places in which to receive services. Patients who have thoughts of suicide may feel embarrassed, guilty, and fearful of disclosing their thoughts and feelings to others. These patients may also fear losing autonomy or the ability to make their own treatment decisions. To address these barriers to treatment, collaborative and non-coercive approaches should be used whenever possible. Military Healthcare providers and other caregivers must have the skills required to promote safe disclosure. Individuals contacting a potential helper must feel comfortable to disclose their desire or intent to die and their thoughts

of suicide. They must feel confident that the potential caregiver will be accepting and in a position to offer nonjudgmental help.

Military Healthcare provider anxiety about asking suicide-related questions may also be a barrier to identifying individuals at risk. Education, training, and rehearsal of ways to address the disclosure of suicide risk can help ease these concerns. System-based approaches that give providers access to resources that can help them manage someone who is suicidal also can help reduce provider anxiety regarding the disclosure of suicide-related thoughts and behaviors. Policies regarding disclosure can be developed, implemented and evaluated to reduce potentially negative repercussion and promote safe disclosure. (This objective has Clinical suicide prevention characteristics)

Objective 9.4: Develop, disseminate, and implement DoD guidelines to engage families and concerned others effectively and, when appropriate, throughout entire episodes of care for persons with suicide risk

The DoD will work to ensure all of its programs and activities which target suicide prevention recognize and leverage family members'(e.g., the Service member's parents), significant others', and close friends' support and participation to enhance and ensure the safety of patients with increased suicide risk.

The DoD will work to provide these individuals with the knowledge and training to understand, monitor, and intervene with loved ones and peers who are at risk for suicide. Additionally, the DoD will work to ensure that the collaboration between providers and family members or friends is enabled by the requisite consent from the patients. As required, the DoD will develop and implement guidelines to help providers to balance a respect for autonomy with ensuring an individual's safety when working with those affected with high suicide risk and their families. (This objective has Clinical suicide prevention characteristics)

Objective 9.5: Develop, disseminate, and implement Military Healthcare policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving Military Healthcare for mental and/or substance use disorders

Strategies for monitoring patients and identifying those at risk in a number of Military Healthcare contexts are needed. Monitoring should be more intensive for those identified as being at high risk for suicidal behaviors. Clinical care for individuals at a high risk for suicide, including those who have survived a suicide attempt, should recognize and support recovery and should also be based on the understanding that individuals remain at risk for extended periods of time. Regularly scheduled monitoring should focus on evaluating changes in symptoms of medical and mental health conditions, changes in protective factors (such as social networks), the occurrence and impact of stressful events, and the recurrence of suicidal ideation, plans, or intent.

Military Healthcare specialty centers that provide care for mental and substance use disorders should have in place policies, procedures, and programs designed to identify the level of suicide risk and intervene to prevent suicide among their patients. Evaluation of these policies and procedures over time can contribute to the more effective and efficient delivery of healthcare to

patients with high suicide risk. Policies and procedures should recognize that managing a patient at a high risk for suicide can take more time than a standard encounter and may require the involvement of more than one provider. (This objective has Clinical suicide prevention characteristics)

Objective 9.6: Use evidence-based practices to develop, disseminate and implement standardized protocols for use within Military Treatment Facility Emergency Departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs

Typically, Emergency Department patients do not have a history with doctors in that department; requiring a doctor to develop a baseline in order to deliver the most effective care. Developing standardized protocols based on consistent responses to common complaints encountered by Military Treatment Facility Emergency Departments would allow delivery of the appropriate care earlier in the process. While disseminating protocols across Military Treatment Facility Emergency Departments is the goal, there is consideration that each Emergency Department may have internal protocols unique to their community. (This objective has Clinical suicide prevention characteristics)

Objective 9.7: Use evidence-based practices to develop, disseminate and implement DoD guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist Military Healthcare providers with implementation

The DoD will work to develop a tailored and suitable methodology for assessment of the severity of a patient's risk for suicide, allowing for the development of critical treatment plan determinations. Decisions to hospitalize or whether an individual can be treated on an outpatient basis will depend on the assessed risk of suicide and the individual's ability to work collaboratively to stay safe. The type of treatment recommended will be appropriate for the individuals' levels of risk, needs, abilities, and preferences. Training materials on evidence-based psychotherapies for suicide prevention and safety planning will identify tools to support these interventions, such as chart templates used to document their delivery. (This objective has Clinical suicide prevention characteristics)

Goal 10: Provide support and quality services for those in the Military Community affected by suicide deaths and attempts and implement community-wide postvention strategies to help prevent subsequent suicides

A death by suicide has potential complications for a military unit, family members, and Military Community members outside of the personal tragedy. It affects those left behind, unit members, friends and family members or "survivors". The mental health and medical communities may not provide needed services to individuals who have attempted suicide and to those who have been affected by a suicide attempt or death. While most individuals bereaved by suicide recover from the trauma, many people may suffer alone and experience harmful effects that can be devastating and sometimes long lasting (Refs.19, 54).

The DoD will work to provide access to crisis intervention, support and assistance, or postvention care and support for those affected by a suicide, which may be instrumental in

preventing further suicides. The DoD will develop policies and services that support those affected by suicide, increase access to postvention care, and ensure that planning involves a wide range of assets.

Objective 10.1: Develop, disseminate, and implement evidence-based DoD guidelines for effective, comprehensive postvention support activities for individuals in the Military Community bereaved by suicide

The DoD will develop guidelines for providing care and support to individuals bereaved by suicide. Types of support services may vary across the Military Community in this regard and should be consistent. Individuals bereaved by suicide often have difficulty finding the services they need when they are ready to access them.

Developing comprehensive DoD guidelines for effective support will provide a "roadmap" for the kinds of services that DoD should provide for individuals bereaved by suicide. The use of evidence-based or evidence-informed practices increases the chance the program will produce the desired result. Support programs can include, but are not limited to, outreach teams of professionals and trained individuals who have been bereaved by suicide, face-to-face and online support groups, memorial services, and other opportunities for those who have been bereaved by suicide to interact with each other and find positive and culturally appropriate ways to deal with their grief.

The Action Alliance's Task Force on Survivors of Suicide Loss is developing guidelines for inclusion in the Best Practices Registry for Suicide Prevention (Ref.22). The DoD will leverage this work as guidelines are developed that support the Military Community. (This objective has Non-clinical suicide prevention characteristics)

Objective 10.2: Provide clinical care and other support services to individuals, within the Military Community, affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief

Exposure to a suicide attempt or death within the Military Community can have harmful effects on unit morale, esprit de corps and readiness, and increase the risk for suicide among those Service members and family members who were exposed. The actual or threatened loss of a loved one by suicide is often shocking, painful and unexpected. The reactions can be intense, complex, and long lasting, and may be accompanied by powerful emotions such as denial, anger, guilt, and shame. Each person will experience this grief in a unique way.

It may be difficult for family and friends to know how to help someone who has been affected by a suicide loss or attempt due to the shame and embarrassment that can be associated with suicide among those in the Military Community. While support groups can be very helpful, individuals affected by suicide must also have access to knowledgeable professional clinical care and support services. The DoD will work to educate Military Healthcare Providers who provide care to individuals within the Department affected by a suicide attempt or are bereaved by suicide, regarding trauma treatment and care for complicated grief.

Objective 10.3: Include, where appropriate, the perspectives of suicide attempt survivors in DoD suicide prevention planning, including support services, treatment, suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups

Those with the most intimate information about suicidal thoughts, feelings, and actions are those who have lived through such experiences. Attempt survivors' perspectives encompass the entire range of suicide prevention and intervention activities. This highlights a commonly underutilized suicide prevention intervention- peer support. Appropriate peer support plays an important role in the treatment of mental and substance use disorders and holds a similar potential for helping those at risk for suicide. (Ref.21)

The DoD should consider peers' perspective of suicide and also use evidence-based peer support activities as an intervention tool when conducting suicide prevention planning, including support services, treatment, suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups. (This objective has Non-clinical suicide prevention characteristics)

Objective 10.4: Use evidence-based practices to develop, disseminate, and implement DoD guidelines for effective response to suicide clusters and contagion within the Military Community context, and support implementation with education, training, and consultation

Contagion has been described as the process by which exposure to suicidal behaviors from interpersonal contacts or the media can lead to an increase in suicidal behaviors, particularly among adolescents and young adults. A suicide cluster has been defined as a group of suicides or suicide attempts, or both, that occur more closely together in time and space than would normally be expected in a given community.

It is important to understand that the foundation of the DoD is our Military Communities, which are comprised of members of the Total Force and their families, units they serve in and the bases, stations where they may live and work. Our Military Communities have a common cultural and historical heritage which make suicide clusters an important issue. The DoD will focus on the use of evidence-based practices in dealing with the phenomena of suicide contagion and suicide clusters. The Department will develop, disseminate, and implement DoD guidelines for effective response to suicide clusters and contagion, and support implementation with education, training, and consultation. (This objective has Non-clinical suicide prevention characteristics)

Objective 10.5: Provide care and support to Military Healthcare providers, first responders, and others when an individual under their care dies by suicide

Individual suicide is often a solitary act, leaving family and friends behind to grieve, and trying to understand the reasons for the death. An affected but often neglected group is the healthcare providers, first responders, and others who were providing care to that individual.

The DoD will ensure Military Healthcare clinicians, first responders, emergency personnel, and other medical professionals who lose a patient to suicide are provided with support to deal with the emotional aftermath of this traumatic event. DoD support to these providers should address trauma and grief reactions and potential suicide risk among healthcare providers. Mechanisms for review of such deaths should avoid blaming the provider. Instead, the goal should be to

respond to the provider's need for support and help the provider respond to patients who may be at risk for suicide in the future. (This objective has both Clinical and Non-Clinical suicide prevention characteristics)

Strategic Direction 4: Surveillance, Research, and Evaluation

The fourth strategic direction addresses suicide prevention surveillance, research, and evaluation, which are closely linked to the goals and objectives in the other three areas. Public health surveillance refers to the ongoing, systematic collection, analysis, interpretation, and timely use of data for public health action to reduce morbidity and mortality. In contrast, research is guided by testable hypotheses and program evaluations are measures-based. Both research and program evaluation can be used to assess the evidence basis or effectiveness of programs, policies, services or other interventions, thereby adding to the knowledge base in the area of suicide prevention.

The past decade has seen substantial improvements in suicide-related surveillance, research, and evaluation. However, additional efforts are needed to inform, guide, and ensure evidence-based, effective suicide prevention efforts within the Department. The collection and integration of surveillance data should be expanded and improved by DSPO and other stakeholders where needed. Wider availability of de-identified data will allow quicker identification of possible best practices and effective programs for targeted surveillance and research. In addition, although some evidence is available regarding the effectiveness of particular interventions and approaches, there is a need to assess the effectiveness of new and promising practices that further increase the evidence base.

Goal 11: Improve the timeliness and usefulness of Department of Defense surveillance systems relevant to suicide prevention, and improve the ability to collect, analyze, and use this information for improving Department suicide prevention efforts

"Leaders must have reliable information on suicide risk factors to make appropriate decisions related to suicide prevention efforts. It is critical to use standardized public health surveillance methods to gather appropriate information across the Armed Forces." DoD IG, Department of Defense Suicide Event Report (DoDSER) Data Quality Assessment

Proper focusing of DoD Suicide Prevention activities and initiatives requires an effective surveillance system to be in place. The Department will work collaboratively with its public and private partners to ensure the regular collection and rapid dissemination of suicide-related data to guide appropriate action. The DoD will also work to shorten the time between an event and when the data are ready for dissemination, without sacrificing completeness. The required information may come from several different sources and may be accompanied by continuing concerns and constraints regarding the accumulation of potentially identifiable data. The DoD will strengthen systems and improve the quality of the data collected for surveillance purposes and work to enhance the ability of jurisdictions to use available information for strategic planning aimed at preventing suicidal behaviors. The DoD will develop processes and procedures to manage the release of collected and accumulated data, respectful of Personally

Identifiable Information (PII) and Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements. (Refs. 42-46)

Objective 11.1: Improve the timeliness of reporting suicide-related death vital records data throughout the Department

Timeliness of reporting DoD statistics on suicide mortality is a core issue affecting the focus of DoD suicide prevention efforts. There are differences among the Services and, understandably, among Active and Reserve Components. As a result, there is a significant lag between suicide events or the close of the reporting calendar year and when the DoD data for that year becomes available to influence decision making. The DoD will work to keep the goal of three months as originally envisioned by early reports and met by three of the last five reports. Additionally, the DoD will establish an after action reporting forum to be used after each event has occurred for all to benefit from the reporting issues encountered and learned. (This objective has Non-clinical suicide prevention characteristics)

Objective 11.2: Improve the usefulness and quality of suicide-related data throughout the Department

The Department will ensure suicide-related data is accurate and complete to better support DoD and other public health practitioners understand the scope of the problem, identify high-risk groups, and monitor the effects of DoD suicide prevention programs. The DoD will strive to remedy many of the current limitations of suicide-related data such as misclassification of these deaths as homicides, accidents, deaths from natural causes, or for concerns of the impact of the suicide on the individual's family, unit and community, when suicide is the proper determination.

The DoD will work collaboratively to help improve death scene investigation data collection to reveal important information about the circumstances of a suicide and its method. This information will be used to improve understanding of suicide and to enhance prevention efforts. DoD will train military and DoD civilian emergency medical technicians, police, medical examiners, and coroners to be able to effectively contribute to the collection of these data.

The DoD will continue to review and evaluate the administrative (Manual of the Judge Advocate General (JAGMAN)) investigations the Department currently conducts that follow the death investigation conducted by Military Criminal Investigation Organizations (MCIOs). The DoD will continue to work to determine if the processes can be modified and enhanced to include more suicide-related information that will serve to inform policy and program changes.

DSPO will continue to collaborate with the Armed Forces Medical Examiner System (AFMES) and the Services to understand better cause-of-death investigations, forensic pathology, psychological autopsy, and mortality surveillance and data reporting. DSPO will work to further the collaborative relationship with AFMES to support continuous process improvements in several areas including: standardization of the policy on data collection processes from non-military jurisdictions, analysis of previously completed psychological autopsies for suicide-related risk factors to support suicide prevention program enhancements, and the review of current psychological autopsy processes and standards in an attempt to streamline the process

and determine the desired data deliverables. (This objective has Non-clinical suicide prevention characteristics)

Objective 11.3: Improve and expand DoD capacity to routinely collect, analyze, report, and collaboratively use suicide-related data to inform prevention efforts and policy decisions throughout the Department

DoD surveillance of suicidal behaviors and related issues (e.g., mental and substance use disorders) has improved over the years, but additional advances are needed. In particular, there is a need to increase the surveillance of these issues for members of the Guard and Reserves.

To facilitate data collection and proper sharing, the DoD has established the Military Data and Surveillance Working Group (MDSWG) and a Board of Governance (BOG)—co-chaired by the DSPO Director and a VA counterpart—to identify standardized approaches for calculating, tracking, reporting, and utilizing suicide-related data. The BOG supports development of the Suicide Data Repository (SDR), which will fill critical gaps in knowledge about Service members— particularly mortality of transitional populations and members of the National Guard/Reserve.

Once the data are collected, conducting proper analyses and developing informative reports will enable influencing of suicide prevention initiatives and policy decisions. A key report is the annual DoD Suicide Event Report (DoDSER), issued by the Deputy Assistant Secretary of Defense (Readiness). (Refs. 42 - 46) The DoD will continue to work with the MDSWG and BOG on issues such as developing decision rules and guidance on the use of suicide-related data for research projects and policy. The DoD will also explore approaches to facilitate the timely transfer of civilian autopsy findings on members of the Military Community. (This objective has Non-clinical suicide prevention characteristics)

Objective 11.4: Include, where appropriate, questions in DoD surveys and other data collection instruments on suicidal behaviors, related risk factors, and exposure to suicide

In order to estimate the burden that suicide-related problems place on our military and our society in general, the DoD will include questions on suicidal behaviors and related risk and protective factors in DoD surveys or other data collection instruments. Questions about suicide attempts will aim to identify the person's age at the time of the attempt, whether the attempt was disclosed to others, and whether medical attention was administered. These data collection tools will include questions that better identify vulnerable populations, such as items addressing sexual orientation and gender identity. Service surveys will also be expanded to address exposure of the respondent to suicide, particularly of someone emotionally close to the bereaved. (This objective has Non-clinical suicide prevention characteristics)

Goal 12: Promote and support Department of Defense research on suicide prevention

The DoD will develop and periodically update a research agenda for suicide prevention. The Department will develop a research repository that is comprehensive and dynamic, and research portfolio analytical tools that will capitalize on the extensive body of public and private research in suicide prevention. The Department will coordinate with various agencies to capture research information that is relevant to suicide prevention. The DoD assessment tools, resiliency-building

interventions, and techniques for treatment and symptom-monitoring will be evaluated, disseminated and implemented, as appropriate, through a systematic translation of quality research into practice.

Objective 12.1: Develop and periodically update the DoD Suicide Prevention Research Agenda with comprehensive input from relevant national and DoD stakeholders

The Department will develop a research agenda for suicide prevention that will support an improved and continued effort to embed an evidence basis into all policies, programs, practices and services. Building these efforts on a foundation of evidence will likely improve the relevancy and efficacy of suicide prevention activities across the DoD. The foundation of the research agenda will be based upon a systematic review of suicide prevention research and will:

- Identify the gaps or shortfalls in strategic objectives best supported by research
- Highlight the opportunities for translating research into practice
- Link to surveillance reports and efforts, discussed under Goal 11
- Inform program evaluation efforts, discussed under Goal 13

The research agenda will enhance the ability of researchers and program planners to develop and evaluate Universal, Selected and Indicated prevention strategies and focused interventions." DoD will update the research agenda annually and ensure that it is informed by the latest research findings, input from stakeholders such as decision leaders, Component researchers, Suicide Prevention Program Managers, providers, and Service members and their families – doing so will ensure that the agenda maintains relevancy and applicability towards a targeted effort for suicide prevention research. *(Refs.23, 31)*

Objective 12.2: Disseminate the DoD suicide prevention research agenda to all relevant DoD stakeholders

DoD will disseminate the completed research agenda to DoD suicide prevention researchers, research funding agencies, Suicide Prevention Program Managers and applicable Senior Leaders, to better focus available research resources. DoD will disseminate the Agenda to various external partners that fund suicide prevention research to help them identify knowledge gaps and areas of need in general. (This objective has Non-clinical suicide prevention characteristics)

Objective 12.3: Promote the timely translation, implementation and dissemination of relevant suicide prevention research, including both DoD and external agency research, to all DoD stakeholders

DoD and other relevant suicide prevention research findings that are evidence-based should be translated into recommendations for practical application in the Department. The DoD will work to ensure broader dissemination of these findings by targeting communication for specific groups, such as Military Healthcare providers, Military Community Service providers, leaders, and others. The gaps and opportunities identified by the annual research agenda will inform the translation and implementation of research into recommendations for study pilots, services, programs, policies, or communications practices. (This objective has Non-clinical suicide prevention characteristics)

Objective 12.4: Develop and maintain a DoD repository of suicide prevention research to increase the quality and availability of research information and resources, and to support the maintenance of a balanced suicide prevention research portfolio

DoD will develop and maintain a single, dynamic repository of research studies as aligned to strategy, measures of effectiveness, and quality of evidence to support the DoD suicide prevention research agenda and to ensure that suicide prevention research efforts are relevant, and efficient. The DoD will work collaboratively with its research partners to develop and maintain the research repository and to help provide researchers with information on study details, and research tools to support the development of well-defined research questions and appropriate research designs. (This objective has Non-clinical suicide prevention characteristics)

Goal 13: Evaluate the impact and effectiveness of Department of Defense suicide prevention interventions and systems in order to synthesize and disseminate the findings

Program evaluation is the driving force for planning effective suicide prevention strategies, improving existing suicide prevention programs, informing and supporting policy, and demonstrating the results of resource investments. DoD suicide prevention interventions will be guided by specific testable hypotheses and implemented among groups of sufficient size to yield reliable results. Given the state of the field, program evaluations should emphasize measurable behavioral outcomes, in addition to other outcomes and process measures.

Programs targeting behaviors that share risk factors for suicide should incorporate suicide prevention components and related measures in their program design and evaluation plans. Violence prevention approaches that address problem-solving and coping skills as shared factors, such as by promoting coping skills and family functioning, are likely to also contribute to suicide prevention. The evaluation of these interventions should incorporate suicide-related outcome measures as a way of assessing the potential effect of such programs on preventing suicidal behaviors.

Objective 13.1: Evaluate the effectiveness of DoD suicide prevention initiatives

A broad range of efforts can be used for suicide prevention. Examples include: education and awareness programs; life skills development courses; the use of media reporting guidelines for suicide, school-based and other Military Community Service programs; Military Healthcare provider training; screening for individuals at high risk; the use of crisis lines, medications, psychotherapy; and follow-up care for suicide attempts. Program evaluations, also discussed in Objective 1.2 or other studies should support evaluating the effectiveness of these interventions and their impact on the prevention of suicide attempts and completions. Evaluation of effectiveness of DoD suicide prevention initiatives (i.e., interventions, programs, activities, processes) requires use of existing or development of the appropriate measures of effectiveness for the requisite levels (e.g., Enterprise/DoD-level, Component/Service-level, individual program-level), data collection against those metrics (input, output or outcome), and ultimately data analysis. Consistent with the objectives in Goal 12, development of measures of effectiveness before implementing an evidence-based initiative is required. (This objective has Non-clinical suicide prevention characteristics)

Objective 13.2: Assess, synthesize, and distribute the evidence in support of effective DoD suicide prevention interventions

As noted in the Key Terms above, evidence-based practices are the new standard of care and the conscientious explicit, and judicious use of current best evidence in making decisions about the care of the individual patient. Evidence-basing means integrating individual clinical expertise with the best available external clinical evidence from systematic research. DoD suicide prevention interventions must be assessed with rigor for an evidence basis. When a particular intervention is supported with a strong foundation of evidence, that intervention should be translated and implemented across Services. (This objective has Non-clinical suicide prevention characteristics)

Objective 13.3: Examine how suicide prevention efforts are implemented in different DoD Components to identify the types of delivery structures that may be most efficient and effective for the Department as a whole

There have been both successes and challenges across the individual DoD Components in implementing suicide prevention programs. The Reserve Component is specifically challenged in providing suicide prevention services due to geographic dispersion of Guardsmen and Reservists; however, there have been successes in working with State/Local and private programs that can benefit the Active Component. To capitalize on the successes and reduce the challenges, the Department will use existing forums (e.g., SPARRC, SPGOSC, Summits) to identify and share suicide prevention interventions and delivery structures that have proven to be the most efficient and effective to arrive at best-practices or most promising-practices for the Department as a whole. (This objective has Non-clinical suicide prevention characteristics)

Objective 13.4: Evaluate the impact and effectiveness of the Defense Strategy for Suicide Prevention in reducing suicide morbidity and mortality and revise as needed

The Defense Strategy for Suicide Prevention, with its Strategic Directions, Goals, and underlying Objectives, provides the Department's near-term roadmap to reduce suicide morbidity and mortality throughout DoD. To ensure the strategy remains relevant, a periodic evaluation of the strategy's impact and effectiveness (a 'Defense Suicide Prevention Portfolio Review') will be conducted using the Program Evaluation processes described in Objective 1.2. Should the National Strategy for Suicide Prevention be revised, the Defense Strategy will be updated to remain consistent with the National Strategy while ultimately meeting the needs of the Department. (This objective has Non-clinical suicide prevention characteristics)

3: Objective Classification and Operation of the Defense Strategy for Suicide Prevention

The Defense Strategy for Suicide Prevention provides the framework to guide suicide prevention activities within the Department. As noted above in the introduction, there are enhancements that have been made to the DSSP, regarding objective classification and operation that were added in this section to better meet the needs of the Department.

3.1 Objective Classification of the Defense Strategy for Suicide Prevention

The DoD, through the Defense Health Agency (DHA) has distinct lines of authority for its Military Healthcare Services, including suicide prevention activities that are a part of Military

Healthcare. Therefore, it is important to the Department to identify which objectives have *clinical suicide prevention* characteristics (and are overseen by the DHA) and which do not.

The topic of 'Clinical Suicide Prevention' was extensively covered in the work of the DoD Suicide Prevention Program Evaluation Summit #8, held in June 2014, and attended by subject matter experts from OSD, the Components and Services. Three outcomes of the Summit were a definition of Clinical Suicide Prevention, a classification mechanism for the NSSP objectives and ultimately a classification for each objective.

Clinical Suicide Prevention involves suicide prevention activities that have the following characteristics:

- **WHO (Provider)**: Involves licensed and/or privileged healthcare professionals involved in psychological medical services.
- **WHAT (Providing what to whom)**: Promotes clinical follow-up services with patients who exhibit thoughts or behavior related to suicide.
- **HOW (Methods)**: Utilizes evidence-based Clinical Practice Guidelines, interventions, or protocols specifically targeting suicidal behavior.
- **WHERE (Location)**: Performed in a Military Treatment Facility or other Military Healthcare setting.

The ***Suicide Prevention Strategic Objective Classifications*** are then:

- **Clinical** – having attributes or activities in the objective that are solely in the Clinical Suicide Prevention domain
- **Non-Clinical** – having attributes or activities in the objective that *are not* in the Clinical Suicide Prevention domain
- **Dual** - having attributes or activities in the objective that are in both the Clinical and Non-clinical Suicide Prevention domains

As noted above in the Defense Strategy section proper, there was a classification made at the end of each objective's narrative. Those classifications were an extension of the Summit 8 classification for the NSSP objectives to the DSSP. The column titled 'Class.' in Figure 4, below, provides overview of each objective's classification.

3.2 Operation of the Defense Strategy for Suicide Prevention

As noted above, this section has been developed to provide an initial assessment of the basic strategic-level activities specified or implied by this strategy. By doing this, the Department will have, not only the framework and direction from the strategy, but also clear understanding of the basic activities necessary to 'operationalize' the strategy. Additionally, specifying these operators up front permits later assessment of them as 'input-measures' during 'gap analyses' or other strategic-level evaluations discussed in Goals 1 and 13 of this strategy. The strategic operators and their definitions are:

- **Policy** – DoD issuances (policy, directives, instructions, etc.) required, at the appropriate level(s), to operationalize this strategy;
- **Education/Training** – Imparting of knowledge specified in this strategy through instruction, example and assessment;
- **Protocols/Procedures** – Medical or non-medical operational guidelines for dealing with a particular situation described in this strategy;
- **Data/Analytics** – Having the capability and authority to monitor, acquire, store and analyze all data sets necessary to operate this strategy; and
- **Research** – Conducting research that is either specified in the strategy (e.g., researching an evidence-basis for a protocol) or implied because it better informs the operation of the objective (e.g., research-informed communication techniques).
- **Communication/Media** – Having the capability and authority to send or disseminate information, receive information and monitor information flow on the various media by which information specified in this strategy is communicated.

Missing from the above list is the term 'Program' as that is both a formally defined term in DoD Suicide Prevention (i.e., the Programmatic Definition of a Suicide Prevention Program for the Department of Defense, (Ref.29)) but is also used ubiquitously in DoD to describe a conveyance of suicide prevention activities. For example, the Service Suicide Prevention Programs meet both the formal definition of a DoD Suicide Prevention Program but they also convey Policy, Training, Data Surveillance and Research.

Figure 4 has been developed to provide an initial assessment of what strategic operators are required for each objective (Note: Goals are not assessed and are greyed-out). Policy is checked on nearly every block as that is the necessary means by which the method and specifications for the other operators are normally communicated. Appendix C contains an expanded version of Figure 4 with the wording of each objective preceding each assessment and rationale for the selected operations following. Again, specifying these operators up front permits later assessment of them as 'input-measures' during 'gap analyses' or other strategic-level evaluations.

DSSP Goal / Objective	Class	Policy	Education / Training	Protocols / Procedures	Data Analytics	Research	Comm. / Media
Goal 1							
1.1	N	x	x				x
1.2	N	x			x		x
1.3	N	x		x	x		x
1.4	N	x				x	x
1.5	D	x	x	x	x	x	
Goal 2							
2.1	N	x				x	x
2.2	N	x		x			x
2.3	N	x		x	x	x	x
2.4	N	x	x	x	x	x	
Goal 3							
3.1	N	x			x	x	
3.2	N	x	x			x	x
3.3	N	x	x			x	x
Goal 4							
4.1	N	x			x		x
4.2	N	x					x
4.3	N	x		x		x	x
4.4	N	x		x		x	x
Goal 5							
5.1	N	x			x		
5.2	N	x	x			x	x
5.3	N	x			x	x	x
5.4	D	x			x	x	

DSSP Goal / Objective	Class	Policy	Education / Training	Protocol / Procedures	Data Analytics	Research	Comm. / Media
Goal 6							
6.1	D	x	x	x	x	x	
6.2	N	x				x	x
6.3	N	x				x	x
Goal 7							
7.1	N	x	x				
7.2	C	x	x	x		x	
7.3	N	x					x
7.4	N						x
7.5	D	x	x	x		x	
Goal 8							
8.1	D	x			x		x
8.2	C	x	x	x		x	
8.3	C	x		x			x
8.4	C	x	x	x		x	
8.5	C	x	x	x			
8.6	D	x		x			x
8.7	D	x		x			x
8.8	C	x		x			x
Goal 9							
9.1	C	x		x		x	
9.2	C	x		x		x	
9.3	C	x	x	x		x	x
9.4	C	x	x	x		x	

DSSP Goal / Objective	Class	Policy	Education / Training	Protocols / Procedures	Data Analytics	Research	Comm. / Media
9.5	C	x	x	x		x	
9.6	C	x	x	x		x	
9.7	C	x	x	x		x	
Goal 10							
10.1	N	x		x	x	x	
10.2	C	x		x			
10.3	N	x				x	
10.4	N	x	x	x	x	x	
10.5	D	x		x			
Goal 11							
11.1	N	x		x	x		
11.2	N	x		x	x	x	
11.3	N	x		x	x	x	
11.4	N	x			x	x	x
Goal 12							
12.1	N	x			x	x	
12.2	N	x				x	
12.3	N	x		x	x	x	x
12.4	N	x				x	
Goal 13							
13.1	N	x		x	x	x	x
13.2	N	x		x	x	x	
13.3	N	x			x	x	
13.4	N	x			x	x	

X = Required Operation C = Clinical N = Non-Clinical D = Dual, both Clinical & Non-Clinical

Figure 4: By-Objective Classification & Operators of the Defense Strategy for Suicide Prevention

4: Conclusion

The prevention of suicide within the Military Community is a major concern of our Military leadership and the Department has used the National Strategy as a guiding framework for many years. The DSSP provides the Department a strategy that is consistent with the National Strategy and with the Service Suicide Prevention Programs but better meets the needs of the Department. To enhance this strategy for the Department, an Operational Assessment has been included so that initial strategic activities are specified and can be focused on meeting a particular objective. Should the National Strategy be revised, the DSSP should be re-assessed for strategic linkage to that strategy. In conclusion, suicide is a complex issue that the Department and Services have been working diligently to solve. The DSSP will guide Department efforts as it strives to reach the aspirational goal of zero suicide.

Appendix A: Under Secretary of Defense (Personnel and Readiness) Tasking Memorandum

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

JUN 0 6 2014

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
COMMANDERS OF THE COMBATANT COMMANDS
CHIEF OF THE NATIONAL GUARD BUREAU
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE
ASSISTANT SECRETARIES OF DEFENSE

SUBJECT: Adoption of the National Strategy for Suicide Prevention and Development of a Defense Strategy for Suicide Prevention

The Department of Defense (DoD) recognizes that suicide is one of the most important issues facing the military and is committed to preventing suicides by members of the Armed Forces. To help focus suicide prevention efforts in the Department, the Secretary of Defense directed the Defense Suicide Prevention Office (DSPO) collaborate with the Military Departments on implementing recommendations from the 2012 DoD Task Force on the Prevention of Suicide by Members of the Armed Forces and determining best practices for suicide prevention.

A useful framework for coordinating and synchronizing Suicide Prevention efforts across the Department (and the Interagency) is the framework outlined in the 2012 National Strategy for Suicide Prevention (NSSP), as published by the Department of Health and Human Services, Office of the U.S. Surgeon General, and the National Action Alliance for Suicide Prevention (attached). Although the 13 NSSP goals and 60 objectives span the entire national suicide prevention perspective, the DoD efforts are contained within that spectrum. To formalize this framework, I am directing adoption of the NSSP goals and objectives as the guiding framework for suicide prevention efforts within DoD. Furthermore, I have asked the Director of DSPO to develop a Defense Strategy for Suicide Prevention that is consistent with the NSSP, but focused on the needs of this Department, and consistent with Service Suicide Prevention programs.

The Director of DSPO will provide regular updates on our progress with suicide prevention efforts and the development of the Department's Strategy.

Jessica L. Wright
Acting

Attachment:
As stated

Appendix B: Crosswalk of NSSP to DSSP Goals and Objectives

This appendix delineates how the wording of the goals and objectives in the 2012 NSSP differentiate from the DSSP (italicized and bolded entries indicate changes made to DSSP).

Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities

Goal or Objective Number	NSSP 2012	DSSP 2015
Goal 1.0	Integrate and coordinate suicide prevention activities across multiple sectors and settings.	Integrate and coordinate suicide prevention activities across ***the Department of Defense.***
Objective 1.1	Integrate suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs with a role to support suicide prevention activities.	Integrate suicide prevention into the values, culture, leadership, and work of ***all DoD*** organizations and programs with a role to support suicide prevention activities ***within the Department.***
Objective 1.2	Establish effective, sustainable, and collaborative suicide prevention programming at the state/territorial, tribal, and local levels.	***Oversee*** collaborative, effective, and sustainable suicide prevention programming ***across the Department.***
Objective 1.3	Sustain and strengthen collaborations across federal agencies to advance suicide prevention.	Sustain and strengthen ***DoD*** collaborations across Federal ***and State*** agencies to advance suicide prevention ***within the Department.***
Objective 1.4	Develop and sustain public-private partnerships to advance suicide prevention.	Develop and sustain public-private partnerships to advance suicide prevention ***within the Department.***
Objective 1.5	Integrate suicide prevention into all relevant health care reform efforts.	Integrate suicide prevention into all relevant ***Military Healthcare*** reform efforts.
Goal 2.0	Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.	Implement research-informed communication efforts ***within the Department of Defense that*** prevent suicide by changing knowledge, attitudes, and behaviors.
Objective 2.1	Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.	Develop, implement, and evaluate ***research-informed*** communication efforts to reach defined segments of the ***Military Community regarding suicide prevention.***

Goal or Objective Number	NSSP 2012	DSSP 2015
Objective 2.2	Reach policymakers with dedicated communication efforts.	***Communicate DoD suicide prevention*** efforts ***to relevant*** policymakers***, internal and external to the Department, through appropriate channels.***
Objective 2.3	Increase communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.	***Monitor and Improve DoD*** communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.
Objective 2.4	Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care.	***Educate the Military Community on the risk factors and*** warning signs for suicide and how to connect individuals in crisis with assistance and care.
Goal 3.0	Increase knowledge of the factors that offer protection from suicidal behaviors that promote wellness and recovery.	***Educate the Military Community on*** the ***protective*** factors ***against suicide*** that ***also*** promote ***resilience***, and recovery ***in the Department of Defense***.
Objective 3.1	Promote effective programs and practices that increase protection from suicide risk.	Promote effective, ***evidence-based*** DoD activities and practices that increase protection from suicide risk ***while also enhancing resilience.***
Objective 3.2	Reduce the prejudice and discrimination associated with suicidal behaviors and mental and substance use disorders.	***Reduce existing barriers to care and promote help-seeking for individuals within the Military Community*** with suicidal behaviors and mental health and substance use disorders.
Objective 3.3	Promote the understanding that recovery from mental and substance use disorders is possible for all.	Promote, ***through education***, the understanding ***within the Military Community*** that recovery from substance use and mental disorders is ***supported, encouraged, and attainable.***
Goal 4.0	Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide.	***Encourage*** responsible media reporting ***and portrayals*** of Military Community suicide and mental illnesses and ***promote*** the ***accuracy and*** safety of online content related to suicides ***in the Department.***
Objective 4.1	Encourage and recognize news organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.	Encourage ***both DoD and non-DoD*** news organizations to develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors that occur within the Department.

Goal or Objective Number	NSSP 2012	DSSP 2015
Objective 4.2	Encourage and recognize members of the entertainment industry who follow recommendations regarding the accurate and responsible portrayals of suicide and other related behaviors.	Encourage the entertainment industry to follow ***National guidelines*** regarding the accurate and responsible portrayals of suicide and other related behaviors ***that occur within the Department.***
Objective 4.3	Develop, implement, monitor, and update guidelines on the safety of online content for new and emerging communication technologies and applications.	***Use current DoD guidelines to ensure the accuracy and safety of user-generated online content for new and emerging communication technologies and applications employed by DoD.***
Objective 4.4	Develop and disseminate guidance for journalism and mass communication schools regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.	Develop and disseminate guidance for ***Defense Information School*** regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.

Strategic Direction 2: Clinical and Community Preventive Services

Goal or Objective Number	NSSP 2012	DSSP 2015
Goal 5.0	Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.	Develop, implement, and monitor effective ***Department of Defense*** programs that promote ***resilience***, and prevent suicide and related behaviors.
Objective 5.1	Strengthen the coordination, implementation, and evaluation of comprehensive state/territorial, tribal, and local suicide prevention programming.	Strengthen the coordination, ***integration***, and evaluation of comprehensive suicide prevention programming ***across all DoD Components.***
Objective 5.2	Encourage community-based settings to implement effective programs and provide education that promote wellness and prevent suicide and related behaviors.	***Promote the use of Military Community***-based settings to implement effective programs and educate ***Military Community members*** on ***resilience*** and preventing suicide and related behaviors.

Goal or Objective Number	NSSP 2012	DSSP 2015
Objective 5.3	Intervene to reduce suicidal thoughts and behaviors in populations with suicide risk.	***Promote effective, evidence-based interventions that are intended to*** reduce suicidal thoughts and behaviors in ***Military Community*** populations with suicide risk.
Objective 5.4	Strengthen efforts to increase access to and delivery of effective programs and services for mental and substance use disorders.	Strengthen efforts ***of all DoD Components*** to increase access to and delivery of effective programs and services ***for Military Community Personnel*** with mental and substance use disorders.
Goal 6.0	Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.	Promote efforts ***within the Department of Defense*** to reduce access to lethal means of suicide among individuals with identified suicide risk.
Objective 6.1	Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.	***Ensure DoD healthcare*** providers ***and others*** who interact with ***Military Community*** personnel at risk for suicide routinely assess for access to ***all*** lethal means.
Objective 6.2	Partner with firearm dealers and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.	***Use appropriate venues in the Military Community*** to ***emphasize*** suicide awareness ***and risk reduction*** as a basic tenet of firearm safety and responsible firearm ownership.
Objective 6.3	Develop and implement new safety technologies to reduce access to lethal means.	***Promote, within the Department, implementation of existing safety technologies that reduce*** access to all lethal means and ***support the development of new safety technologies.***
Goal 7.0	Provide training to community and clinical service providers on the prevention of suicide and related behaviors	Provide ***Military Community Members and Military Healthcare*** service providers training on the prevention of suicide and related behaviors.
Objective 7.1	Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.	Provide suicide prevention training to those in the ***Military Community*** that have a role in the prevention of suicide and related behaviors.
Objective 7.2	Provide training to mental health and substance abuse providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.	Provide additional training to ***Military Healthcare System*** mental and ***substance use disorders care*** providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.

Goal or Objective Number	NSSP 2012	DSSP 2015
Objective 7.3	Develop and promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education.	***Support the National Objective to*** develop and promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all ***healthcare*** professions, including graduate, continuing education ***and Military Healthcare professional training.***
Objective 7.4	Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies.	***Support the National Objective to*** promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies.
Objective 7.5	Develop and implement protocols and programs for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.	Develop, ***disseminate*** and implement ***appropriate*** protocols and procedures for ***DoD*** clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

Strategic Direction 3: Treatment and Support Services

Goal or Objective Number	NSSP 2012	DSSP 2015
Goal 8.0	Promote suicide prevention as a core component of health care services.	Promote suicide prevention as a core component of ***Military Healthcare*** services.
Objective 8.1	Promote the adoption of "zero suicides" as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.	***Adopt the aspirational goal of zero suicide by those under care in Military Healthcare organizations*** that provide services and support to ***the Military Community.***

Goal or Objective Number	NSSP 2012	DSSP 2015
Objective 8.2	Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.	Develop, disseminate and implement ***appropriate DoD*** protocols for delivering ***Military Healthcare*** services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.
Objective 8.3	Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.	Promote timely access to assessment, intervention, and effective care for individuals ***in the Military Community*** with a heightened risk for suicide.
Objective 8.4	Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units.	***Develop, disseminate, and implement appropriate protocols for*** the continuity of care, safety, and well-being of all patients treated for suicide risk in ***Military Treatment Facility Emergency Departments or inpatient units.***
Objective 8.5	Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.	Incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts ***in Military Healthcare*** system.
Objective 8.6	Establish linkages between providers of mental health and substance abuse services and community-based programs, including peer support programs.	Establish linkages between ***DoD*** providers of ***Military Healthcare*** mental health and substance use disorders ***care and Military Community Services*** including peer support programs.
Objective 8.7	Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.	Coordinate services among ***DoD*** suicide prevention and intervention programs, ***Military Healthcare*** system, ***crisis lines, and other*** crisis centers.
Objective 8.8	Develop collaborations between emergency departments and other health care providers to provide alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow-up after discharge.	Develop collaborations between ***Military Treatment Facility Emergency Departments*** and other ***Military Healthcare*** providers to provide alternatives to ***Emergency Department*** care and hospitalization ***for patients at risk for suicide***, when appropriate, and to ***ensure*** rapid follow-up after discharge.
Goal 9.0	Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.	Promote and implement effective clinical and professional practices ***in the Military Healthcare system*** for assessing and treating those identified as being at risk for suicidal behaviors.

Goal or Objective Number	NSSP 2012	DSSP 2015
Objective 9.1	Adopt, disseminate, and implement guidelines for the assessment of suicide risk among persons receiving care in all settings.	***Develop***, disseminate, and implement ***appropriate DoD*** guidelines for the assessment of suicide risk among persons receiving care in all ***Military Healthcare System*** settings.
Objective 9.2	Develop, disseminate, and implement guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk.	Develop, disseminate, implement ***and continually evaluate for fidelity appropriate DoD*** guidelines for clinical practice and continuity of care for ***Military Healthcare*** providers who treat persons with suicide risk.
Objective 9.3	Promote the safe disclosure of suicidal thoughts and behaviors by all patients.	Promote, ***within the Military Healthcare System, an environment for*** the safe disclosure of suicidal thoughts and behaviors by all patients.
Objective 9.4	Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk.	***Develop, disseminate, and*** implement ***DoD*** guidelines to engage families and concerned others effectively and, when appropriate, throughout entire episodes of care for persons with suicide risk.
Objective 9.5	Adopt and implement policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving care for mental health and/or substance use disorders.	***Develop, disseminate,*** and implement ***Military Healthcare*** policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving ***Military Healthcare*** for mental and/or substance use disorders.
Objective 9.6	Develop standardized protocols for use within emergency departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs.	***Use evidence-based best practices to*** develop, ***disseminate, and implement*** standardized protocols for use within ***Military Treatment Facility Emergency Departments*** based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs.
Objective 9.7	Develop guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist providers with implementation.	***Use evidence-based best practices to*** develop, ***disseminate and implement DoD*** guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist ***Military Healthcare*** providers with implementation.

Goal or Objective Number	NSSP 2012	DSSP 2015
Goal 10.0	Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.	Provide support ***and quality services for those in the Military Community*** affected by suicide deaths and attempts and implement community-***wide*** postvention strategies to help prevent ***subsequent*** suicides.
Objective 10.1	Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide, and promote the full implementation of these guidelines at the state/territorial, tribal, and community levels.	Develop, ***disseminate, and implement evidence based DoD*** guidelines for effective, comprehensive ***postvention*** support activities for individuals ***in the Military Community*** bereaved by suicide.
Objective 10.2	Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.	Provide clinical care ***and other support services*** to individuals, ***within the Military Community*** affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.
Objective 10.3	Engage suicide attempt survivors in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.	***Include, where appropriate, the perspectives of*** suicide attempt survivors in ***DoD*** suicide prevention planning, including support services, treatment, suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.
Objective 10.4	Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.	***Use evidence-based best practices to develop***, disseminate, and implement DoD guidelines for ***effective*** response to suicide clusters and contagion within ***the Military Community*** context, and support implementation with education, training, and consultation.
Objective 10.5	Provide health care providers, first responders, and others with care and support when a patient under their care dies by suicide.	Provide care and support to ***Military Healthcare*** providers, first responders, and others when an ***individual*** under their care dies by suicide.

Strategic Direction 4: Surveillance, Research, and Evaluation

Goal or Objective Number	NSSP 2012	DSSP 2015
Goal 11.0	Increase the timeliness and usefulness of national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action.	Improve the timeliness and usefulness of ***Department of Defense*** surveillance systems relevant to suicide prevention, and improve the ability to collect, analyze, and use this information for ***improving Department suicide prevention efforts.***
Objective 11.1	Improve the timeliness of reporting vital records data.	Improve the timeliness of reporting ***suicide-related death*** vital records data ***throughout the Department.***
Objective 11.2	Improve the usefulness and quality of suicide-related data.	Improve the usefulness and quality of suicide-related data ***throughout the Department.***
Objective 11.3	Improve and expand state/territorial, tribal, and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions.	Improve and expand ***DoD*** capacity to routinely collect, analyze, report, and ***collaboratively*** use suicide-related data to ***inform*** prevention efforts and policy decisions ***throughout the Department.***
Objective 11.4	Increase the number of nationally representative surveys and other data collection instruments that include questions on suicidal behaviors, related risk factors, and exposure to suicide.	Include, ***where appropriate***, questions ***in DoD*** surveys and other data collection instruments on suicidal behaviors, related risk factors, and exposure to suicide.
Goal 12.0	Promote and support research on suicide prevention.	Promote and support ***Department of Defense*** research on suicide prevention.
Objective 12.1	Develop a national suicide prevention research agenda with comprehensive input from multiple stakeholders.	Develop ***and periodically update the DoD*** Suicide Prevention Research agenda with comprehensive input from ***relevant national and DoD*** stakeholders.
Objective 12.2	Disseminate the national suicide prevention research agenda.	Disseminate the ***DoD*** Suicide Prevention Research Agenda ***to all relevant DoD stakeholders.***
Objective 12.3	Promote the timely dissemination of suicide prevention research findings.	Promote the timely ***translation, implementation and*** dissemination of ***relevant*** suicide prevention research, ***including both DoD and external agency research to all DoD stakeholders.***

Goal or Objective Number	NSSP 2012	DSSP 2015
Objective 12.4	Develop and support a repository of research resources to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors.	Develop and support a ***DoD*** repository of ***relevant, translational*** research resources to help increase the amount, quality, and availability of ***translational*** research on suicide prevention and care in the aftermath of suicidal behaviors.
Goal 13.0	Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.	Evaluate the impact and effectiveness of ***Department of Defense*** suicide prevention interventions and systems ***in order to*** synthesize and disseminate the findings.
Objective 13.1	Evaluate the effectiveness of suicide prevention interventions.	Evaluate the effectiveness of ***DoD*** suicide prevention initiatives.
Objective 13.2	Assess, synthesize, and disseminate the evidence in support of suicide prevention interventions.	Assess, synthesize, and distribute the evidence in support of ***effective DoD*** suicide prevention interventions.
Objective 13.3	Examine how suicide prevention efforts are implemented in different states/territories, tribes, and communities to identify the types of delivery structures that may be most efficient and effective.	Examine how suicide prevention efforts are implemented in different ***DoD Components*** to identify the types of delivery structures that may be most efficient and effective ***for the Department as a whole.***
Objective 13.4	Evaluate the impact and effectiveness of the National Strategy for Suicide Prevention in reducing suicide morbidity and mortality.	Evaluate the impact and effectiveness of the ***Defense*** Strategy for Suicide Prevention in reducing suicide morbidity and mortality ***and revise as needed.***

Appendix C: Operation of the Defense Strategy

The Defense Strategy for Suicide Prevention provides the framework to guide suicide prevention activities within the Department. Accordingly, this section has been developed to provide an initial assessment of the basic strategic-level activities specified or implied by this strategy. By doing this, the Department will have, not only the framework and direction from the strategy, but also clear understanding of the basic activities necessary to 'operationalize' the strategy. Additionally, specifying these operators up front permits later assessment of them as 'input-measures' during 'gap analyses' or other strategic-level evaluations discussed in Goals 1 and 13 of this strategy. The strategic operators and their definitions are:

- **Policy** – DoD issuances (policy memos, directives, instructions, etc.) required, at the appropriate level(s), to operationalize this strategy;
- **Education/Training** – Imparting of knowledge specified in this strategy through instruction, example and assessment;
- **Protocols/Procedures** – Medical or non-medical operational guidelines for dealing with a particular situation described in this strategy;
- **Data/Analytics** – Having the capability and authority to monitor, acquire, store and analyze all data sets necessary to operate this strategy; and
- **Research** – Conducting research that is either specified in the strategy (e.g., researching an evidence-basis for a protocol) or implied because it better informs the operation of the objective (e.g., research-informed communication techniques).
- **Communication/Media** – Having the capability and authority to send or disseminate information, receive information and monitor information flow on the various media by which information specified in this strategy is communicated.

Missing from the above list is the term 'Program' as that is both a formally defined term in DoD Suicide Prevention (i.e., the Programmatic Definition of a Suicide Prevention Program for the Department of Defense, (Ref.29) but is also used ubiquitously in DoD to describe a conveyance of suicide prevention activities. For example, the Service Suicide Prevention Programs meet both the formal definition of a DoD Suicide Prevention Program but they also convey Policy, Training, Data Surveillance and Research.

The Table below is the expanded form of Figure 4 and has been developed to provide an initial assessment of what strategic operators are required for each objective (Note: Goals are not assessed and are greyed-out). Policy is checked on nearly every block as that is the necessary means by which the method and specifications for the other operators are normally communicated. The objective wording is followed by the assessment and then by a rationale for the operators selected. Again, specifying these operators up front permits later assessment of them as 'input-measures' during 'gap analyses' or other strategic-level evaluations.

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
Goal 1.0	Integrate and coordinate suicide prevention activities across ***the Department of Defense.***							
Objective 1.1	Integrate suicide prevention into the values, culture, leadership, and work of ***all DoD*** organizations and programs with a role to support suicide prevention activities ***within the Department.***	X	X				X	- Education/Training implied as the integration method -Robust Comm./Media effort is implied
Objective 1.2	***Oversee*** collaborative, effective, and sustainable suicide prevention programming ***across the Department.***	X			X		X	- Programming procedures already specified in DoD PPBE system - Requires Data/Analytics to assess Strategic Integration, Resourcing and Effectiveness of Program Evaluation -Robust communication between OSD and the Components implied
Objective 1.3	Sustain and strengthen ***DoD*** collaborations across Federal ***and State*** agencies to advance suicide prevention ***within the Department.***	X		X	X		X	- Requires establishment of procedures for Federal/State collaboration - Requires robust communication with the Federal and State agencies to sustain and strengthen collaborations. - Requires data and analysis technique sharing (e.g., between CDC/VA/DoD), validation and integration efforts to support research and decision-making
Objective 1.4	Develop and sustain public-private partnerships to advance suicide prevention ***within the Department.***	X				X	X	- Requires establishment of procedures for new partnerships - Requires robust communication with private partners

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
Objective 1.5	Integrate suicide prevention into all relevant ***Military Healthcare*** reform efforts.	X	X	X	X	X		- Healthcare reform efforts will likely require a research basis -Procedures for integration Healthcare reforms implied -Education/Training is implied integration method - Data/Analytics required to track effects of integration
Goal 2.0	Implement research-informed communication efforts ***within the Department of Defense that*** prevent suicide by changing knowledge, attitudes, and behaviors.							
Objective 2.1	Develop, implement, and evaluate ***research-informed*** communication efforts designed to reach defined segments of the ***Military Community regarding suicide prevention.***	X				X	X	- Comm./Media is stated requirement - Research required to define population
Objective 2.2	***Communicate DoD suicide prevention*** efforts ***to relevant*** policymakers***, internal and external to the Department, through appropriate channels, whenever possible.***	X		X			X	- Requires appropriate protocols for each level of policy makers - Requires timely/focused information and Comm./Media methods to convey it
Objective 2.3	***Monitor and Improve DoD*** communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.	X		X	X	X	X	- Requires research on new media before implementation - Requires procedures for safe messaging - Requires Comm./Media monitoring efforts to implement 5- Requires Data/Analytics to effectively track and

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
								assess effectiveness of DoD communication efforts
Objective 2.4	***Educate the Military Community on the risk factors and*** warning signs for suicide and how to connect individuals in crisis with assistance and care.	X	X	X	X	X		- Research required to inform risk factors and warning signs - Development of procedures implied. - Education/Training specified
Goal 3.0	***Educate the Military Community on*** the ***protective*** factors ***against suicide*** that ***also*** promote wellness, ***resilience***, and recovery ***in the Department of Defense***.							
Objective 3.1	Promote effective, ***evidence-based*** DoD activities and practices that increase protection from suicide risk ***while also enhancing wellness and resilience.***	X			X	X		- Research will form the evidence base. - Data/Analytics will be used to determine effectiveness
Objective 3.2	***Reduce existing barriers to care and promote help-seeking for individuals within the Military Community*** with suicidal behaviors and mental health and substance use disorders.	X	X			X	X	- Research will inform what the existing barriers are. - Reducing existing barriers will take Education/Training - Promoting help-seeking will take Education and Training and Comm./Media
Objective 3.3	Promote, ***through education***, the understanding ***within the Military Community*** that recovery from substance use and mental disorders is ***supported, encouraged, and attainable.***	X	X			X	X	-Research will inform the attainability - Education/Training is a stated method for messaging - Comm./Media is an implied method for messaging

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
Goal 4.0	Encourage responsible media reporting ***and portrayals*** of Military Community suicide and mental illnesses and ***promote*** the ***accuracy and*** safety of online content related to suicides ***in the Department.***							
Objective 4.1	Recognize ***both DoD and non-DoD*** news organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors that occur within the Department.	X			X		X	- Comm./Media monitoring is required to identify and recognize safe and responsible reporting - Data/Analytics needed to assess the quality and quantity of reporting
Objective 4.2	Encourage the entertainment industry to follow ***National guidelines*** regarding the accurate and responsible portrayals of suicide and other related behaviors ***that occur within the Department.***	X					X	- Comm./Media monitoring is required to identify and recognize safe and responsible portrayals
Objective 4.3	***Use current DoD guidelines to ensure the accuracy and safety of user-generated online content for new and emerging communication technologies and applications employed by DoD.***	X		X		X	X	- Development of guidelines (procedures) specified - Research may inform development of guidelines (procedures) for new technologies - Comm./Media required for monitoring
Objective 4.4	Develop and disseminate guidance for ***Defense Information School*** regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.	X		X		X	X	- Development of guidance specified - Research may inform development of guidance - Training DINFOS staff implied for dissemination

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
Goal 5.0	Develop, implement, and monitor effective ***Department of Defense*** programs that promote wellness, ***resilience***, and prevent suicide and related behaviors.							
Objective 5.1	Strengthen the coordination, ***integration***, and evaluation of comprehensive suicide prevention programming ***across all DoD Components.***	X			X			- Data/Analytics required for evaluation
Objective 5.2	***Promote the use of Military Community***-based settings to implement effective programs and educate ***Military Community members*** on ***resilience*** and preventing suicide and related behaviors.	X	X			X	X	- Education/Training is a stated method - Research would inform effectiveness determination - Comm./Media required for messaging
Objective 5.3	***Promote effective, evidence-based interventions that are intended to*** reduce suicidal thoughts and behaviors in ***Military Community*** populations with suicide risk.	X			X	X	X	- Research required to inform evidence-basis - Research required to identify target populations - Comm./Media required for messaging - Evidence-based means we need to continue collect effectiveness data
Objective 5.4	Strengthen efforts ***of all DoD Components*** to increase access to and delivery of effective programs and services ***for Military Community Personnel*** with mental and substance use disorders.	X			X	X		-Research would inform effectiveness determination -Data/Analytics efforts can be integrated into research and program evaluation as surveillance reveals changes in population behavior and show changes in access of care

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
Goal 6.0	Promote efforts ***within the Department of Defense*** to reduce access to lethal means of suicide among individuals with identified suicide risk.							
Objective 6.1	***Ensure Military Healthcare*** providers ***and others*** who interact with ***Military Community*** personnel at risk for suicide routinely assess for access to ***all*** lethal means.	X	X	X	X	X		-Development of protocols (procedures) implied -Research would inform development of protocols (procedures) -Education/Training for those who interact with at risk persons implied - Data/Analytics required to measure effectiveness
Objective 6.2	***Use appropriate venues in the Military Community*** to ***emphasize*** suicide awareness ***and risk reduction*** as a basic tenet of firearm safety and responsible firearm ownership.	X				X	X	-Comm./Media necessary for messaging -Research may inform development of appropriate message
Objective 6.3	***Promote, within the Department, implementation of existing safety technologies that reduce*** access to all lethal means and ***support the development of new safety technologies.***	X				X	X	-Comm./Media required for messaging -Research necessary to inform development of new technologies
Goal 7.0	Provide ***Military Community*** *service* ***and Military Healthcare*** service providers training on the prevention of suicide and related behaviors.							
Objective 7.1	Provide suicide prevention training to those in the ***Military Community*** that have a role in the prevention of suicide	X	X					-Education/Training is a stated method

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
	and related behaviors.							
Objective 7.2	Provide additional training to ***Military Healthcare System*** mental and substance use disorders care providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.	X	X	X		X		-Education/Training is a stated method -Procedures (protocols) implied for recognition, assessment and management -Research required to inform training development
Objective 7.3	***Support the National Objective to*** develop and promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all ***healthcare*** professions, including graduate, continuing education ***and Military Healthcare professional training.***	X					X	-Comm./Media required for messaging
Objective 7.4	***Support the National Objective to*** promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by healthcare credentialing and accreditation bodies.						X	-Comm./Media required for messaging
Objective 7.5	Develop, ***disseminate*** and implement ***appropriate*** protocols and procedures for ***DoD*** clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.	X	X	X		X		-Development required to determine appropriateness of protocols -Training MHS staff implied for dissemination and implementation

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
Goal 8.0	Promote suicide prevention as a core component of ***Military Healthcare*** services.							
Objective 8.1	***Adopt the aspirational goal of zero suicide by those under care in Military Healthcare organizations*** that provide services and support to ***the Military Community.***	X			X		X	-Data/Analytics required for establishing a baseline, determining goals, and working towards reduction -Comm./Media required for proper messaging
Objective 8.2	Develop, disseminate and implement ***appropriate DoD*** protocols for delivering ***Military Healthcare*** services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.	X	X	X		X		-Development of protocols is stated -Research is required to inform protocol development and appropriateness determination -Training MHS staff implied for dissemination and implementation
Objective 8.3	Promote timely access to assessment, intervention, and effective care for individuals ***in the Military Community*** with a heightened risk for suicide.	X		X			X	-Timely access to assessment, intervention and effective care requires developing protocols or standards -This is NOT about the assessment, intervention and effective care.
Objective 8.4	***Develop, disseminate, and implement appropriate protocols for*** the continuity of care, safety, and well-being of all patients treated for suicide risk in ***Military Treatment Facility Emergency Departments or inpatient units.***	X	X	X		X		-Development of protocols is stated -Research is necessary for protocol development and appropriateness determination -Training applicable MHS staff implied for dissemination and implementation

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
Objective 8.5	Incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts ***in Military Healthcare*** system.	X	X	X				-Protocols (procedures) implied for incorporation -Education/Training implied for incorporation
Objective 8.6	Establish linkages between ***DoD*** providers of ***Military Healthcare*** mental health and substance use disorders care services ***and Military Community Services,*** including peer support programs.	X		X			X	-Protocols (procedures) for the linkage required -Continuous Comm./Media channels required
Objective 8.7	Coordinate services among ***DoD*** suicide prevention and intervention programs, the ***Military Healthcare*** system, ***crisis lines, and other*** crisis centers.	X		X			X	-Protocols (procedures) for the coordination of services required -Continuous Comm./Media channels required
Objective 8.8	Develop collaborations between ***Military Treatment Facility Emergency Departments*** and other ***Military Healthcare*** providers to provide alternatives to ***Emergency Department*** care and hospitalization ***for patients at risk for suicide***, when appropriate, and to ***ensure*** rapid follow-up after discharge.	X		X			X	-Protocols (procedures) for the coordination of services required -Continuous Comm./Media channels required -Research may inform development of alternatives to ED care
Goal 9.0	Promote and implement effective clinical and professional practices ***in the Military Healthcare system*** for assessing and treating those identified as being at risk for suicidal behaviors.							

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
Objective 9.1	***Develop***, disseminate, and implement ***appropriate DoD*** guidelines for the assessment of suicide risk among persons receiving care in all ***Military Healthcare System*** settings.	X		X		X		-Development of guidelines (procedures) specified -Research required for development of assessment guidelines -Education/Training implied for implementation
Objective 9.2	Develop, disseminate, implement, ***and continually evaluate for fidelity appropriate DoD*** guidelines for clinical practice and continuity of care for ***Military Healthcare*** providers who treat persons with suicide risk.	X		X		X		-Development of guidelines (procedures) specified -Research required for development of clinical practice and continuity of care guidelines -Training MHS staff implied for dissemination and implementation
Objective 9.3	Promote, ***within the Military Healthcare System, an environment for*** the safe disclosure of suicidal thoughts and behaviors by all patients.	X	X	X		X	X	-Development of procedures safe disclosure implied -Training MHS staff on procedures implied -Research may inform developing the environment for safe disclosure -Comm./Media required for promotion
Objective 9.4	***Develop, disseminate, and*** implement ***DoD*** guidelines to engage families and concerned others effectively and, when appropriate, throughout entire episodes of care for persons with suicide risk.	X	X	X		X		-Development of guidelines (procedures) specified -Research required for development of effective engagement guidelines -Training MHS staff implied for dissemination and implementation

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
Objective 9.5	***Develop, disseminate,*** and implement ***Military Healthcare*** policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving ***Military Healthcare*** for mental and/or substance use disorders.	X	X	X		X		-Development of procedures specified -Research required for development of assessment procedures for applicable MHS staff -Training MHS staff implied for dissemination and implementation
Objective 9.6	***Use evidence-based best practices*** to develop, ***disseminate and implement*** standardized protocols for use within ***Military Treatment Facility Emergency Departments*** based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs.	X	X	X		X		-Development of procedures specified -Research required for development of assessment procedures for applicable MTF ED staff -Training MTF ED staff implied for dissemination and implementation
Objective 9.7	***Use evidence-based best practices*** to develop, ***disseminate and implement DoD*** guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist ***Military Healthcare*** providers with implementation.	X	X	X		X		-Development of guidelines and technical assistance capacity specified -Research required for development of assessment procedures for applicable MHS staff -Training MHS staff specified and required for dissemination and implementation
Goal 10.0	Provide support ***and quality services for those in the Military Community*** affected by suicide deaths and attempts and implement community-***wide*** postvention strategies to help prevent ***subsequent*** suicides.							

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
Objective 10.1	Develop, ***disseminate, and implement evidence based DoD*** guidelines for effective, comprehensive ***postvention*** support activities for individuals ***in the Military Community*** bereaved by suicide.	X		X	X	X		-Development of guidelines for postvention support specified -Research required for evidence basis of postvention clinical care and support provided -Training is the implied method for dissemination and implementation - Data/Analytics to monitor and assess effectiveness of postvention
Objective 10.2	Provide clinical care ***and other support services*** to individuals, ***within the Military Community*** affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.	X		X				-Development of procedures for handling those affected by suicide implied
Objective 10.3	***Include, where appropriate, the perspective of*** suicide attempt survivors in ***DoD*** suicide prevention planning, including support services, treatment, suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.	X				X		-Research required to gather, synthesize and translate suicide attempt survivor perspectives for use in training, protocols, etc. -This is NOT the training, etc., itself
Objective 10.4	***Use evidence-based best practices*** to ***Develop***, disseminate, and implement DoD guidelines for ***effective*** response to suicide clusters and contagion within ***the Military Community*** context, and support implementation with education,	X	X	X	X	X		-Development of guidelines specified -Research required for evidence basis of effective responses to suicide clusters and contagion and for the care and support provided -Education/Training is the specified

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
	training, and consultation.							method for dissemination and implementation - Data/Analytics supports surveillance of emerging changes
Objective 10.5	Provide care and support to ***Military Healthcare*** providers, first responders, and others when an ***individual*** under their care dies by suicide.	X		X				-Development of procedures for the care and support is implied.
Goal 11.0	Improve the timeliness and usefulness of ***Department of Defense*** surveillance systems relevant to suicide prevention, and improve the ability to collect, analyze, and use this information for ***improving Department suicide prevention efforts.***							
Objective 11.1	Improve the timeliness of reporting ***suicide-related death*** vital records data ***throughout the Department.***	X		X	X			-Specifying procedures to improve timeliness implied -Data/Analytics require access to needed information
Objective 11.2	Improve the usefulness and quality of suicide-related data ***throughout the Department.***	X		X	X	X		-Specifying procedures to improve usefulness and quality implied -Data/Analytics require improvement mechanisms in the database -Research can inform the utility and quality rating
Objective 11.3	Improve and expand ***DoD*** capacity to routinely collect, analyze, report, and ***collaboratively*** use suicide-related data to ***inform*** prevention efforts and policy	X		X	X	X		-Research will help to use data collected to improve prevention efforts, etc.. -Procedures for the improvement and expansion of the collection, analysis,

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
	decisions ***throughout the Department.***							report and collaborative use are implied -Improved Data/Analytics implied
Objective 11.4	Include, ***where appropriate***, questions ***in DoD*** surveys and other data collection instruments on suicidal behaviors, related risk factors, and exposure to suicide.	X			X	X	X	-The specified Comm./Media is the Survey instrument -Research will inform the construction of the questions -Data/Analytics identifies, coordinates and recommends inputs to changes in data collection
Goal 12.0	Promote and support ***Department of Defense*** research on suicide prevention.							
Objective 12.1	Develop ***and periodically update the DoD*** Suicide Prevention Research agenda with comprehensive input from ***relevant national and DoD*** stakeholders.	X			X	X		-Research informs the agenda -Data/Analytics inform what has been done and what might need to be done.
Objective 12.2	Disseminate the ***DoD*** Suicide Prevention Research Agenda ***to all relevant DoD stakeholders.***	X				X		-The agenda specifies the research topics for the next year
Objective 12.3	Promote the timely ***translation, implementation and*** dissemination of ***relevant*** suicide prevention research***, including both DoD and external agency research, to all DoD stakeholders.***	X		X	X	X	X	-The Research is performed per the Agenda or is collected from external sources -Procedures for translation and dissemination (e.g., via a charter) are implied -Data/Analytics support translation -Having appropriate Comm./Media channels is implied
Objective 12.4	Develop and support a ***DoD*** repository of ***relevant, translational*** research	X				X		-The Research is performed per the Agenda or is collected from external

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
	resources to help increase the amount, quality, and availability of ***translational*** research on suicide prevention and care in the aftermath of suicidal behaviors.							sources -Procedures for classifying, reposing and accessing resources (e.g., via a charter) are implied
Goal 13.0	Evaluate the impact and effectiveness of ***Department of Defense*** suicide prevention interventions and systems ***in order to*** synthesize and disseminate the findings.							
Objective 13.1	Evaluate the effectiveness of ***DoD*** suicide prevention initiatives.	X		X	X	X	X	-The need for Evaluation procedures implied -Research can inform effectiveness determination -Requires Data/Analytics to assess effectiveness -Robust communication between OSD and the Components implied
Objective 13.2	Assess, synthesize, and distribute the evidence in support of effective ***DoD*** suicide prevention interventions.	X		X	X	X		-Research is required to inform evidence basis -Data/Analytics required for assessment -Procedures for assessing, synthesizing and distributing evidence (e.g., via a charter) are implied
Objective 13.3	Examine how suicide prevention efforts are implemented in different ***DoD Components*** to identify the types of delivery structures that may be most efficient and effective ***for the Department as a whole.***	X			X	X		-Data/Analytics required for assessment of effectiveness and efficiency -Research can inform assessment

Goal or Objective	DSSP 2015	Policy	Education / Training	Protocols / Procedures	Data / Analytics	Research	Comm / Media	Rationale
Objective 13.4	Evaluate the impact and effectiveness of the ***Defense*** Strategy for Suicide Prevention in reducing suicide morbidity and mortality ***and revise as needed.***	X			X	X		-Data/Analytics required for assessment of impact and effectiveness -Research can inform the evaluation

Appendix D: Department of Defense Suicide Prevention Resources

Websites and Crisis Lines

- **Military Crisis Line**

The Military Crisis Line (MCL) is a Department of Veterans Affairs (VA) and Department of Defense joint resource. MCL connects Service members in crisis and their families with qualified, caring VA professionals through a confidential toll-free hotline and online chat.

Telephone: 1-800-273-8255 Press 1 or Text: 838255
Website: http://veteranscrisisline.net/ActiveDuty.aspx

- **U.S. Army Suicide Prevention Program**

Website: http://www.armyg1.army.mil/hr/suicide/default.asp

- **U.S. Navy Suicide Prevention Program**

Website: http://www.npc.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/Pages/default.aspx

- **U.S. Marine Corps Suicide Prevention Program**

Website: https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF/Behavioral%20Health/BH_Community%20Counseling%20and%20Prevention

- **U.S. Air Force Suicide Prevention Program**

Website: http://www.af.mil/SuicidePrevention.aspx

- **U.S. SOCOM Suicide Prevention Program**

Website: http://www.socom.mil/POTFF/default.aspx

- **The National Guard Suicide Prevention Program**

Website: http://www.nationalguard.mil/Features/2010/SuicidePrevention.aspx

- **National Suicide Prevention Lifeline**

No matter what problems you are dealing with, we want to help you find a reason to keep living By calling 1-800-273 TALK (8255) you'll be connected to a skilled, trained counselor at a crisis center in your area, anytime 24/7.

Website: http://www.suicidepreventionlifeline.org/

Programs and Organizations

- **InTransition Program**

  InTransition is a free, voluntary program with coaches who provide psychological health care support to Service members, veterans and their health care providers during times of transition. Service members can call to self-enroll 24/7.

  Website: www.health.mil/inTransition
  Phone: 800-424-7877

- **Defense Suicide Prevention Office**

DSPO does not provide services, but rather, oversees all strategic development, implementation, centralization, standardization, communication and evaluation of DoD suicide and risk reduction programs, policies and surveillance activities. DSPO strives to help foster a climate that encourages Service members to seek help for their behavioral health issues. The Website provides linkage to a wider variety of resources to include all Service and other Components Suicide Prevention websites.

Website: http://www.suicideoutreach.org/

- **Office of Warrior Care Policy**

The Office of Warrior Care Policy ensures recovering wounded, ill, injured, and transitioning members of the Armed Forces receive equitable, consistent, and high-quality support and services. The office helps wounded warriors and their families through effective collaboration efforts, pro-active communication, responsive policy, and program oversight.

Website: http://warriorcare.dodlive.mil/
Phone: (703) 428-7536

- **Defense Centers of Excellence (DCoE) Real Warriors Campaign**

  Campaign to promote building resilience, facilitating recovery and supporting reintegration of returning Service members, veterans and their families. It addresses the stigma associated with seeking assistance by featuring stories of Service members who have sought treatment and are continuing to achieve successful military careers.

  Website: http://realwarriors.net/
  Phone: 866-966-1020

- **Center for Deployment Psychology (CDP)**

The Office of Warrior Care Policy ensures recovering wounded, ill, injured, and transitioning members of the Armed Forces receive equitable, consistent, and high-quality support and services. The office helps wounded warriors and their families through effective collaboration efforts, pro-active communication, responsive policy, and program oversight.

Website: http://warriorcare.dodlive.mil/

- **The National Resource Directory (NRD)**

  The National Resource Directory (NRD) is a website that connects wounded warriors, Service members, Veterans, their families, and caregivers to programs and services that support them. It provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration.

  Website: www.nrd.gov
  Phone: (800) 342-96
  Phone: (703) 428-7536

- **Patient Centered Medical Home-Behavioral Health (PCMH-BH)**

  Primary care system and resources designed to enhance the recognition and high-quality management of Post-Traumatic Stress Disorder (PTSD) and depression to screen, assess and treat active duty Service members with depression and/or PTSD.

  Website: http://www.pdhealth.mil/contact.asp
  Website: http://www.pdhealth.mil/respect-mil/index1.asp
  Phone: 866-559-1627

- **Military OneSource**

  Program that is free for active duty, National Guard, and reserve members (regardless of activation status), and their families and designed to help them build on their strengths, maximize their support systems, and find community resources to meet their needs.

  Website: www.militaryonesource.mil
  Phone: 800-342-9647

- **Military and Family Support Centers (M&FSC):**

  An installation-based facility that provides family readiness services at installations with 500 or more Service members assigned.

  Website: http://www.defense.gov/personneltransition/military-family-support.aspx

- **Reserve Component Family Programs:**

Includes Family Assistance Centers (Army National Guard); Airman & Family Readiness Centers (Air National Guard) and Reserve Family Programs (in each Service's reserve component).

- **Military and Family Life Counselors'**
  Master's or PhD-level non-medical counselors that provide face-to-face confidential, short term, problem solving services to active duty, National Guard, and Reserve Service members (regardless of their activation status) and their families both on and off military installations.

  Website: www.militaryonesource.mil
  Phone: 800-342-9647

Reports

- **The Challenge and the Promise, Strengthening the Force, Preventing Suicide and Saving Lives**

The 2010 Final Report of the Defense Task Force on Suicide by Members of the Armed Forces. This report provides detailed recommendations for the Department of Defense in developing an overarching strategy for suicide prevention and resilience. It is comprehensive and forms the basis for tailoring the NSSP to the DoD.

Available at: http://www.sprc.org/sites/sprc.org/files/library/2010-08_Prevention-of-Suicide-Armed-Forces.pdf

- **Promoting Psychological Resilience in the U.S. Military by RAND**

Published by RAND Corp. in 2011, the report was done: "To assist the Department of Defense (DoD) in understanding methodologies that could be useful in promoting resilience among Service members and their families, the RAND National Defense Research Institute (RAND NDRI) conducted a focused literature review to identify factors that were supported by the literature (e.g., evidence informed) for promoting psychological resilience. The study also included a review of a subset of resilience programs to determine the extent to which they included those evidence-informed factors. This monograph describes the context, approach, and findings from these research activities. It will be of interest to researchers and policymakers in the military community concerned with programming to promote health and prevent negative consequences of war on the nation's Service members and their families." This report was used to inform the development of the DSSP.

Available at:
http://www.rand.org/content/dam/rand/pubs/monographs/2011/RAND_MG996.pdf

- **Putting it all Together: The DoD/VA Integrated Mental Health Strategy (IMHS)**

Published in 2011, the IMHS provides over 400 recommendations to improve the care and services offered to Service members and Veterans.

Available at: http://www.dtic.mil/dtic/tr/fulltext/u2/a556237.pdf

- **Interim Report of the Interagency Task Force on Military and Veterans Mental Health**

Published in 2013, this report recommended the adoption of the NSSP for DoD use.

Available at:
http://www.whitehouse.gov/sites/default/files/uploads/2013_interim_report_of_the_interagency_task_force_on_military_and_veterans_mental_health.pdf

- **Reserve Component Suicide Postvention Plan: A Toolkit for Commanders**

The purpose of this document is to give Reserve Component Commanders and other leaders a toolkit to develop a postvention plan after a unit member's suicide.

Website: http://www.suicideoutreach.org/Docs/PostventionPlan.ReserveComponents.pdf

- **Substance Abuse and Suicide Prevention: Evidence and Implications – white paper**

Published by SAMHSA (Health and Human Services), this document is available to help inform the DoD efforts in the same areas.

Available at: https://store.samhsa.gov/shin/content/SMA08-4352/SMA08-4352.pdf

Other Resources

- **Suicide Prevention Resource Center (SPRC)**

Although not a DoD sponsored resource, the SPRC is the nation's only federally supported resource center devoted to advancing the ***National Strategy for Suicide Prevention***. They provide technical assistance, training, and materials to increase knowledge and expertise of suicide prevention practitioners and other professionals serving people at risk for suicide and also promote collaboration among organizations in developing the field of suicide prevention.

Website: http://www.sprc.org/

- **Recommendations for Reporting on Suicide,**

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media covers suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

Website: http://reportingonsuicide.org/

- **Supporting Military Families in Crisis, A Guide to Help you Prevent Suicide**

The guide provides family members with information on suicide warning signs and risk factors, actions to take when a family member is in crisis, and available resources to promote a healthy lifestyle and build a resilient family.

Website: http://www.suicideoutreach.org/Docs/DSPOFamilyGuide.pdf

- **Combating the Stigma: Military Encourages Help-Seeking Behaviors**

For those Service members and veterans returning home after combat and dealing with psychological health concerns, reintegration can be challenging. An important message to convey is that treatment resources are available and that they work. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) provides resources to Service members, veterans, families, and health care providers that are designed to support the processes of resilience, recovery, and reintegration.

Website: http://www.dcoe.health.mil

Appendix E: Acronyms and Abbreviations

AAS - American Association of Suicidology

ADC – Association of Defense Communities

AFME - Armed Forces Medical Examiner

AFMES - Armed Forces Medical Examiner System

AUSD (P&R) – Acting Under Secretary of Defense for Personnel and Readiness

BOG - Board of Governance

CDC – Centers for Disease Control

CPG – Clinical Practice Guidelines

DCoE - Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

DHA - Defense Health Agency

DINFOS – Defense Information School

DoD - Department of Defense

DoDD - Department of Defense Directive

DoDI - Department of Defense Instruction

DoDSER - Department of Defense Suicide Event Report

DSPO - Defense Suicide Prevention Office

DSSP – Defense Strategy for Suicide Prevention

ED – Emergency Department

FAQ - Frequently Ask Questions

FWG –Federal Working Group

HIPPA - Health Insurance Portability and Accountability Act

IMHS - Integrated Mental Health Strategy

JAGMAN - Manual of the Judge Advocate General

M&FSC – Military and Family Support Centers

MCIO - Military Criminal Investigation Organizations

MCL – Military Crisis Line

MDSWG - Military Data and Surveillance Working Group

MHS - Military health system

MTF – Military Treatment Facility

NSSP – National Strategy for Suicide Prevention

PAG – Public Affairs Guidance

PAO – Public Affairs Officer

PTSD- posttraumatic stress disorder

SAMHSA - Substance Abuse and Mental Health Services Administration

SDR - Suicide Data Repository

SPAN - Suicide Prevention Action Network

SPARRC - Suicide Prevention and Risk Reduction Committee

SPGOSC - Suicide Prevention General Officer Steering Committee

SPPM- Suicide Prevention Program Manager

SPRC - Suicide Prevention Resource Center

STARRS - Study to Asses Risk and Resilience in Service members

TBI - traumatic brain injury

USD (P&R) – Under Secretary of Defense for Personnel and Readiness

VA - Department of Veterans Affairs

Appendix F: Glossary- Terms and Definitions

Active Duty - full-time duty in the active service of a uniformed service, including active duty training (full-time training duty, annual training duty, and full-time attendance at a school designated as a military service school [e.g., United States Military Academy]).

Affected by Suicide - All those who may feel the impact of suicidal behaviors, including those bereaved by suicide, as well as community members and others.

Anxiety Disorder - An unpleasant feeling of fear or apprehension accompanied by increased physiological arousal, defined according to clinically derived standard psychiatric diagnostic criteria.

Behavioral Health - A state of mental/emotional being and/or choices and actions that affect resilience. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. The term is also used to describe the service systems encompassing the promotion of emotional health; the prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders, and recovery support.

Bereaved by Suicide - Family members, friends, and others affected by the suicide of a loved one (also referred to as survivors of suicide loss).

Best Practices – rigorous, defined process to assess activities or programs that are in keeping with the best available evidence regarding what is effective.

Bipolar Disorders - A mood disorder characterized by the presence or history of manic episodes usually, but not necessarily, alternating with depressive episodes.

Clinical Practice Guidelines - The DoD, in collaboration with the VA component known as the Veterans Health Administration (VHA) and other leading professional organizations, has been developing evidence-based clinical practice guidelines since the early 1990s. In the area of mental health, there are currently five VA/DoD Clinical Practice Guidelines:

1. Management of Major Depressive Disorder (2009)
2. Management of Substance Use Disorder (2009)
3. Management of Post-Traumatic Stress Disorder and Acute Stress Reaction (2010)
4. Management of Bipolar Disorder in Adults (2010)
5. Assessment and Management of Patients at Risk for Suicide (2013)

Commander - Anyone with the authority and responsibility for effectively using available resources and for planning the employment of organizing, directing, coordinating, and controlling military forces for the accomplishment of assigned missions, and responsibility for health, welfare, morale, and discipline of assigned personnel related to suicide prevention.

Community - A group of individuals residing in the same locality or sharing a common interest.

Complicated Grief - Feelings of loss, following the death of a loved one, which are debilitating and do not improve even after time passes. These painful emotions are so long lasting and severe that those who are affected have trouble accepting the loss and moving on with their lives. Also referred to "traumatic grief" or "prolonged grief."

Connectedness - Perceived caring by others; satisfaction with relationship to others; or feeling loved and wanted by others.

Contagion - A phenomenon whereby susceptible persons are influenced toward suicidal behavior through knowledge of another person's suicidal acts. Closeness to an individual, group, or individuals within a specific organization;

Culturally Appropriate - A set of values, behaviors, attitudes, and practices reflected in the work of an organization or program that enables it to be effective across cultures, including the ability of the program to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services.

Culture - The integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith, or social group.

Dependent/Immediate Family - a Service member's spouse, children who are unmarried and under 21 years of age or who, regardless of age, are physically or mentally incapable of self-support; dependent parents, including step and legally adoptive parents of the Service member's spouse, and dependent brothers and sisters, including step and legally adoptive brothers and sisters. See also Beneficiary.

Depression - A constellation of emotional, cognitive, and somatic signs and symptoms, including sustained sad mood or lack of pleasure.

Direct Care - health care for active duty and other classes of beneficiaries provided inside the military treatment facility (MTF) system (e.g., care received at National Naval Medical Center Bethesda, Landstuhl Regional Medical Center, health care provided to forces deployed to combatant sites, and other locations overseas).

DoDSER - A report that characterizes Service member suicide data through a coordinated web-based data collection program.

DoDSER system - A web-based application with the functionality to collect the core set of standardized DoD suicide surveillance points, as well as a limited number of Military Service-specific suicide surveillance data points. The software collects calendar year data that have been defined in collaboration with the SPPMs of each Military Service and the SPARRC.

Domain - A sphere of knowledge, influence, or activity

Epidemiology -The study of statistics and trends in health and disease across communities.

Evaluation - The systematic investigation of the value and impact of an intervention or program.

Evidence-based – In their 2009 Publication: *Identifying and Selecting Evidence-Based Interventions* (Ref. 2), SAMHSA/ Center for Substance Abuse Prevention (CSAP) defines as

evidence-based those interventions that are included in one or more of the three categories below:

- Category #1. The intervention is included in Federal registries of evidence-based interventions; OR
- Category #2. The intervention is reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; OR
- Category #3. The intervention has documented evidence of effectiveness, based on guidelines developed by SAMHSA/CSAP and/or the state, tribe or jurisdiction. Documented evidence should be implemented in accordance with four recommended guidelines, all of which should be followed. These guidelines include the following:
    - Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual mode; AND
    - Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; AND
    - Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; AND
    - Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

Experts in the field agree that the nature of evidence is continuous. The strength of evidence, or "evidence status," of tested approaches will fall somewhere along a continuum from weak to strong. Strong evidence means that the approach "works"—that it generates a pattern of positive outcomes attributed to the approach itself, and that it reliably produces the same pattern of positive outcomes for certain populations under certain conditions.

Experts also agree that evidence becomes "stronger" with replication and field testing in various circumstances. However, experts do not agree on a specific minimum threshold of evidence or cutoff point below which evidence should be considered insufficient. Nor do they agree whether little evidence is equivalent to no evidence at all. Even evidence from multiple studies may be judged insufficient to resolve all doubts about the likely effectiveness of an approach designed for a different population or situation.

When deciding between two approaches, experts suggest choosing the one for which there is stronger evidence of effectiveness if the approach is similar, equivalent, and equally well-matched to the community's unique circumstances.

Evidence and Effectiveness Continuum (Ref. 30)
The Continuum is based on two underlying facets of the Best Available Research Evidence:

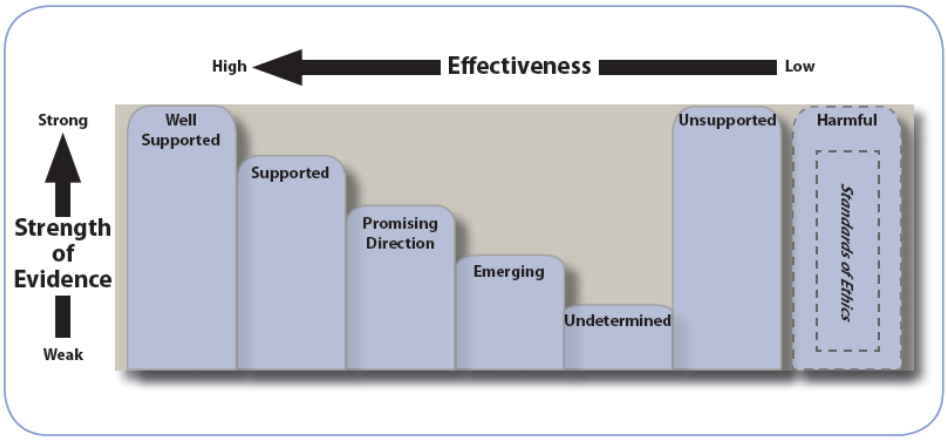
1. Strength of Evidence
    - How rigorously has a program, practice, or policy been evaluated?

- How strong is the evidence in determining that the program or policy is producing the desired outcomes?
- How much evidence exists to determine that something other than this program or policy is responsible for producing the desired outcomes?

2. Effectiveness
   - Is this program, practice, or policy producing desired outcomes?
   - Is it producing non-desirable outcomes?

As shown below, the areas of the Continuum are differentiated from one another based on the extent to which they meet the requirements of these two facets. These areas range from highly rigorous and effective ("Well-Supported"), to highly rigorous, yet ineffective ("Unsupported").

NOTE:
The standards used to measure evidence of harm are different from the standards used in other areas of the Continuum. In congruence with the ethical standards of health and social sciences, 20, 21 any indication that a program, practice, or policy has a harmful effect on participants, regardless of a study's rigor (internal validity or research design), is considered strong enough evidence to classify it as harmful.
It is also important to note that the areas of the Continuum are meant to represent an "accumulative effect" of the strength of evidence. Starting at the "Undetermined" area and moving left, each area is considered to uphold the standards of evidence described in the areas to ts right as well as the additional rigor and standards of evidence specified within its own area on the Continuum.



Fitness - The relationship between one's behaviors and their positive or negative health outcomes.

Gatekeepers - Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples include clergy, first responders, pharmacists, caregivers, and those employed in institutional settings, such as schools, prisons, and the military.

Goal - A broad and high-level statement of general purpose to guide planning on an issue; it focuses on the end result of the work.

Health - A state of complete physical, mental, social, and spiritual well-being and not merely the absence of disease or infirmity.

Health Care Provider - A broad term encompassing licensed clinical professionals (e.g., physicians, psychologists, advanced practice nurses, licensed clinical social workers). Commonly, health care providers, who have prescription writing privileges, may include trained and licensed professionals such as registered nurses

Ideation - The capacity for or the act of forming or entertaining new ideas. The term "suicidal ideation" refers to someone's desire to die. It can be an active desire and involve a plan to die or be passive, involving a desire to die but not include a plan to bring about one's death.

Installation - A grouping of facilities, located in the same vicinity, which supports particular functions. Installations may be elements of a base.

Intervention - A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorders, educating providers about suicide prevention, or reducing access to lethal means among individuals with suicide risk).

Methods - Actions or techniques that result in an individual inflicting self-directed injurious behavior (e.g., overdose).

Mental Disorder - A diagnosable illness characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress that significantly interferes with an individual's cognitive, emotional, or social abilities; often used interchangeably with mental illness.

Mental health - The capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development, and use of mental abilities (cognitive, affective, and relational).

Mental health services - Health services that are specifically designed for the care and treatment of persons with mental health problems, including mental illness. Mental health services include hospitals and other 24-hour services, intensive community services, ambulatory or outpatient services, medical management, case management, intensive psychosocial rehabilitation services, and other intensive outreach approaches to the care of individuals with severe disorders.

Military and Family Support Centers – An installation based facility that provides family readiness services at installations with 500 or more Service members assigned.

Military Community – a broad term, equivalent to 'the community' in the 2012 NSSP ecological model, designed to capture applicable members of the Total Force and Military Family members, that are the focus of this strategy, as well as to describe the general surroundings in which they live and work (e.g., unit, base, station).

Military Community Services - includes most non-healthcare, quality of life services (e.g., medical and non-medical counseling, self-help, family support, and resilience) available to applicable members of the Total Force and Military Family members frequently under the aegis

of Joint or individual Service Military Community and Family Programs, overseen by the Deputy Assistant Secretary of Defense for Military Community and Family Policy.

Military Community Service Provider – professional, non-professional or volunteer providers of Military Community Services (e.g., professional medical and non-medical counselors, quality of life service providers, etc.) authorized by the Department or the Components.

Military Family Members (or Military Dependents) – for the pupose of this strategy, Military Family Members (also known as Military Dependents) are those who are sponsored by the Military Service Member and are enrolled in the Defense Eligibility Enrollment System (DEERS).

Military Healthcare System (or Military Healthcare) – as derived from DoDM 6025.13 (Ref. 53) and other sources, this includes Military Medicine, Military Treatment Facilities and other DoD healthcare settings, TRICARE and other contracted medical services that DoD and its Components (both Active and Reserve) provide and administer and that are overseen by the Defense Health Agency (DHA) and funded via the Defense Health Program and other sources.

Military Healthcare Provider – as derived from DoDM 6025.13, these are uniformed services (including United States Public Health Service), [credentialed,] medical or dental healthcare providers, volunteers, or other individuals authorized [by the Department] to provide or support the provision of healthcare services to eligible beneficiaries in MTFs. They are also, healthcare support contractors (HCSCs), designated providers (DPs), and overseas healthcare contractors consistent with their respective contracts as mandated by TRICARE guidance (available at the TRICARE Website at http://www.tricare.mil/tma/Policy.aspx, (Ref. 12)

Military Treatment Facility (MTF) - A military hospital or clinic on or near a military base.

Mood Disorders - Persistent mood disturbance; disturbances can be in the direction of elevated expansive emotional states or, if in the opposite direction, depressed emotional states. These disorders include depressive disorders, bipolar disorders, mood disorders because of a medical condition, and substance-induced mood disorders.

Morbidity - The relative frequency of illness or injury, or the illness or injury rate, in a community or population.

Mortality - The relative frequency of death, or the death rate, in a community or population.

Objective - A specific and measurable statement that clearly identifies what is to be achieved in a plan; it narrows a goal by specifying who, what, when, and where or clarifies by how much, how many, or how often.

Outcome - A measurable change in the health of an individual or group of individuals that is attributable to an intervention

Post-Traumatic Stress Disorder (PTSD) - A trauma- and stressor-related disorder that may occur following an experience or witnessing a traumatic event. A traumatic event is a life-threatening event such as military combat, natural disasters, terrorist incidents, serious accidents, or sexual assault in adult or childhood. Most survivors of trauma return to normal given a little

time; however, some people will have stress reactions that do not go away on their own or may even worsen over time. These individuals may develop PTSD.

Postvention - Response activities undertaken in the immediate aftermath of a suicide that has impacted the unit, deceased's family and friends, and community at large. Its two purposes are to assist survivors in coping with their grief and preventing additional suicides.

Prevention - A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems, or reduces the harm resulting from conditions or behaviors.

Protective Factors - Factors that stem from physical, psychological, spiritual, family, social, financial, vocational, and emotional well-being. Factors that make it less likely those individuals will develop a disorder. Protective factors may encompass biological, psychological, or social factors in the individual, family, and environment.

Psychiatry - The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders.

Psychology - The science concerned with the individual behavior of humans, including mental and physiological processes related to behavior.

Rate - The number per unit of the population with a particular characteristic, for a given unit of time.

Reserve Component - The Army National Guard, Army Reserve, Naval Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, Coast Guard Reserve, and Reserve Corps of the United States Public Health Service.

Reserve Component Family Programs - Include Family Assistance Centers (Army National Guard); Airman & Family Readiness Centers (Air National Guard) and Reserve Family Programs (in each Service's reserve component)

Resilience - The ability to withstand, recover and grow in the face of stressors and changing demands.

Risk Factors - Factors caused by stress, trauma, or other circumstances that cause a schism in protective factors. Factors that make it more likely those individuals will develop a disorder or pre-dispose one to high-risk for self-injurious behaviors. Risk factors may encompass biological, psychological, or social factors in the individual, family, and environment.

Safety Plan - Written list of warning signs, coping responses, and support sources that an individual may use to avert or manage a suicide crisis.

Screening - Administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment.

Screening Tools - Instruments and techniques (e.g., questionnaires, checklists, and self-assessment forms) used to evaluate individuals for increased risk of certain health problems.

Service member - A person appointed, enlisted, or inducted into a branch of the military services, including Reserve Components (e.g., National Guard), cadets, or midshipmen of the military service academies.

Social Support - Assistance that may include companionship, emotional backing, cognitive guidance, material aid, and special services.

Stakeholder - This is an inclusive term that refers to a person, group, organization, member, or system that affects or can be affected by an organization's actions.

Stigma - The shame or disgrace attached to something regarded as socially unacceptable.

Substance use Disorder - A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to repeated use; includes maladaptive use of legal substances such as alcohol; prescription drugs such as analgesics, sedatives, tranquilizers, and stimulants, and illicit drugs such as marijuana, cocaine, inhalants, hallucinogens, and heroin.

Suicidal Behaviors - Behaviors related to suicide, including preparatory acts, as well as suicide attempts and deaths.

Suicidal Ideation - Thoughts of engaging in suicide-related behavior.

Suicide - Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt - A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicidal Behaviors - Acts and/or preparation toward making a suicide attempt, suicide attempts, and deaths by suicide.

Suicide Crisis - A suicide crisis, suicidal crisis, or potential suicide, is a situation in which a person is attempting to kill him or herself or is seriously contemplating or planning to do so. It is considered a medical emergency, requiring immediate suicide intervention and emergency medical treatment.

Suicide Attempt Survivors - Individuals who have survived a prior suicide attempt.

Suicide Contagion - Process by which one suicide may contribute to another.

Surveillance - The ongoing, systematic collection, analysis, and interpretation of health data with timely dissemination of findings. As defined in the American Journal of Epidemiology (Reference (s)), the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health.

Total Force - according to DoD Directive 5124.02p (Ref. 13), the organizations, units, and individuals that comprise the DoD resources for implementing the National Security Strategy. It includes DoD Active and Reserve Component military personnel, military retired members, DoD civilian personnel (including foreign national direct- and indirect-hire, as well as non-appropriated fund employees), contractors, and host-nation support personnel. In the DoD's

2012 Demographics Report, A Profile of the Military Community (Ref. 28), the term *Total Military Force Members is* used in the same manner.

Total Force Fitness - The state in which the individual, family, and organization can sustain optimal well-being and performance under all conditions.

Traumatic Brain Injury (TBI) - A blow or jolt to the head or a penetrating head injury. The injury may be caused by falls, motor vehicle accidents, assaults, and/or other incidents. Blast and concussive events are a leading cause of TBI for active duty military personnel involved in war zones. TBI can temporarily or permanently impair a person's cognitive skills, interfere with emotional well-being, and diminish physical abilities. Persons with TBI also remain at high risk for developing delayed symptoms.

TRICARE - DoD's healthcare plan for active duty, active duty beneficiaries, retirees, and their beneficiaries.

Unintentional (injury) – A term used for an injury that is unplanned; in many settings, these are termed accidental injuries.

Warning Signs (of suicide) – Warning signs of suicide are thoughts or actions that are commonly associated with behaviors related to suicide such as: Anger, Restlessness, Thwarted belongingness, Hopelessness, Purposelessness, Perceived Burdensomeness, Impulsivity/Risk-Taking, and Acquiring the capability. Some persons who attempt/die by suicide may not have exhibited warning signs; however, most persons who are suicidal do exhibit at least one or more warning signs. For a complete list of warning signs for suicide, go to: www.suicide.org

References for Appendix F of the DSSP

All of the terms, abbreviations, and definitions found within the DSSP are taken from the following references in priority order:

2012 National Strategy for Suicide Prevention, Goals and Objectives for Action, A Report of the U.S. Surgeon General, and the action Alliance for Suicide Prevention, Department of Health and Human Services, September 2012.

Joint Publication 1-02, Department of Defense Dictionary of Military and Associated Terms, 8 November 2010, (As Amended Through 15 December 2014)

DoDD 6490.14, Defense Suicide Prevention Program, USD (P&R), June 18, 2013.

DoDM 6025.13, Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS), USD (P&R), October 29, 2013.

CJCSI 3405.01, Chairman's Total Force Fitness Framework, 1 September 2011.

Appendix G: Acknowledgments

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