Army Health Promotion and Risk Reduction Campaign

DoD Suicide Prevention Task Force

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Changing Our Perspective

"The Army's charter is more about improving the physical, mental, and spiritual health of our soldiers and their families than it is about suicide prevention. If we do the first, we are convinced that the second will happen

"Unfortunately, in a growing segment of the Army's population, we have seen increased stress and anxiety manifest itself through high-risk behavior, including acts of violence, excessive use of alcohol, drug abuse, and reckless driving"
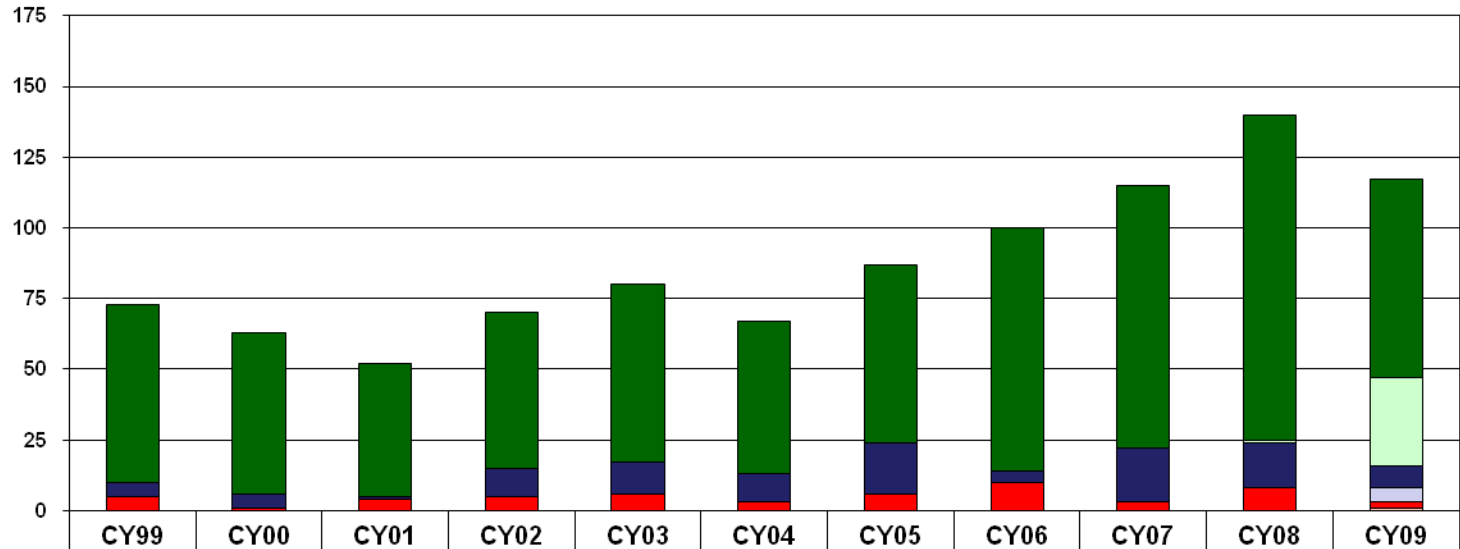
GEN Peter W. Chiarelli, VCSA

Calendar Year
Active Duty Confirmed and Pending Suicides (CY99 – CY09)

	CY99	CY00	CY01	CY02	CY03	CY04	CY05	CY06	CY07	CY08	CY09
■ Confirmed Active Army (AD)	63	57	47	55	63	54	63	86	93	115	70
□ Pending Active Army (AD)	0	0	0	0	0	0	0	0	0	1	31
■ Confirmed ARNG (AD)	5	5	1	10	11	10	18	4	19	16	8
□ Pending ARNG (AD)	0	0	0	0	0	0	0	0	0	0	5
■ Confirmed USAR (AD)	5	1	4	5	6	3	6	10	3	8	2
□ Pending USAR (AD)	0	0	0	0	0	0	0	0	0	0	1

Cadet is inclusive of Active Army
Source:
 - DCIPS and AFME
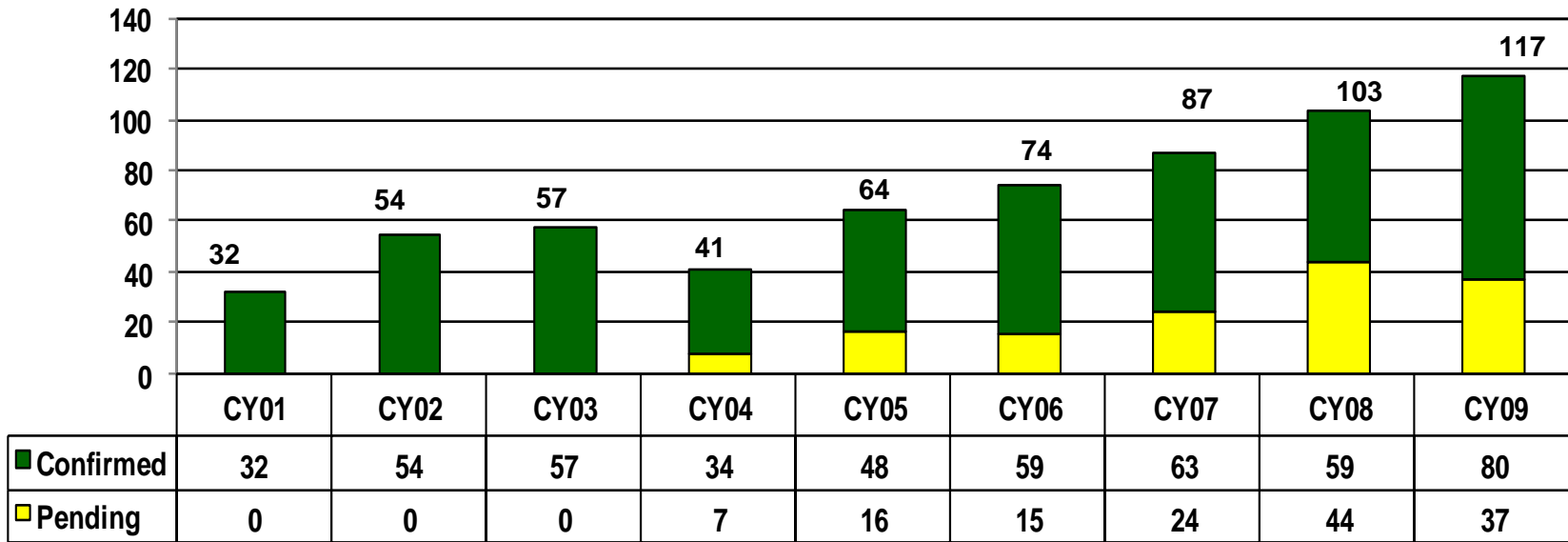 **- Not on Active Duty - ARNG Directorate and US Army Reserve Command**

As of 28 Sep 09 Updated weekly

Calendar Year

Active Duty Suicides Comparison 01 Jan- 28 Sep 09 (CY99 – CY09)

	CY01	CY02	CY03	CY04	CY05	CY06	CY07	CY08	CY09
■ Confirmed	32	54	57	34	48	59	63	59	80
□ Pending	0	0	0	7	16	15	24	44	37

- Data include Active Duty: Active Army (includes Cadets), USAR, ARNG
- Source: DCIPS and AFME
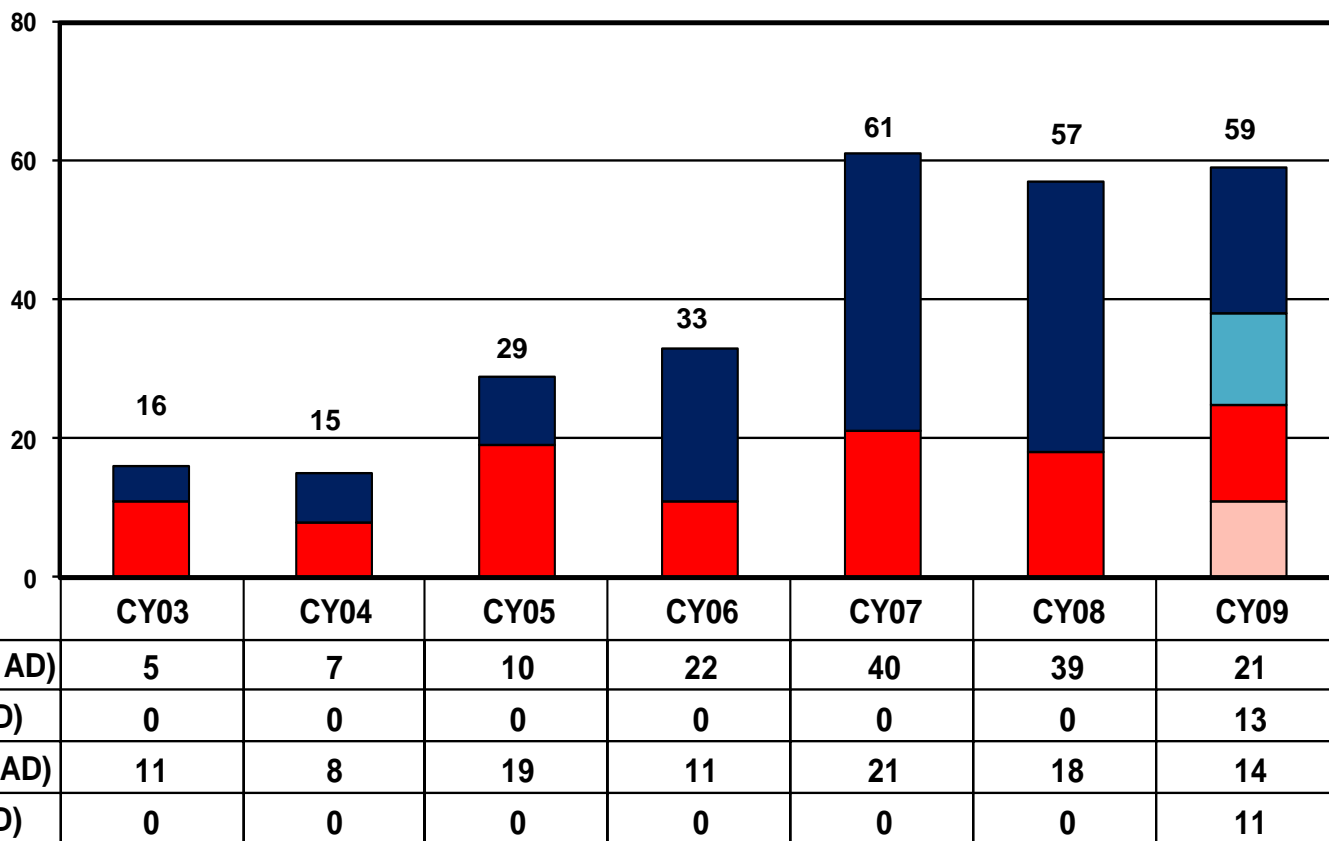 Note: Year-to-Date "Pending" Data not available for CY01 - CY03

As of 28 Sep 09 Updated weekly

Calendar Year

Not On Active Duty Confirmed and Pending Suicides (CY03 – CY09)

	CY03	CY04	CY05	CY06	CY07	CY08	CY09
■ Confirmed ARNG (Not on AD)	5	7	10	22	40	39	21
■ Pending ARNG (Not on AD)	0	0	0	0	0	0	13
■ Confirmed USAR (Not on AD)	11	8	19	11	21	18	14
■ Pending USAR (Not on AD)	0	0	0	0	0	0	11

Bar totals: CY03 = 16, CY04 = 15, CY05 = 29, CY06 = 33, CY07 = 61, CY08 = 57, CY09 = 59

Source: ARNG Directorate and US Army Reserve Command

As of 28 Sep 09 Updated weekly

Calendar Year
Not On Active Duty Suicides Comparison 01 Jan – 28 Sept 09 (CY01-CY09)

	CY01	CY02	CY03	CY04	CY05	CY06	CY07	CY08	CY09
■ Confirmed	0	0	5	9	20	23	42	40	35
□ Pending	0	0	0	0	0	0	0	0	24
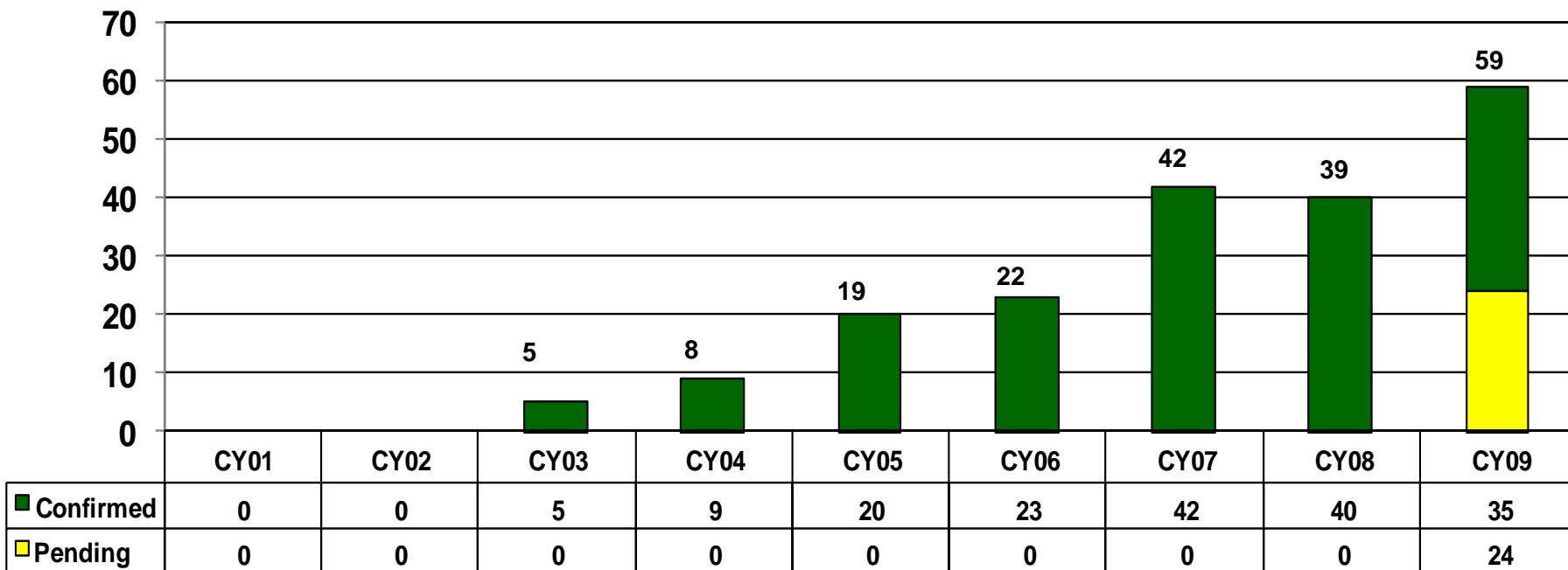
Source: ARNG Directorate and US Army Reserve Command

As of 28 Sep 09 Updated weekly

Note: - ARNG Year-to-Date "Pending" Data not available for CY01 - CY08
   - ARNG "Confirmed" Data not available for CY01
   - USAR Year-to-Date "Pending" Data not available for CY01 - CY08
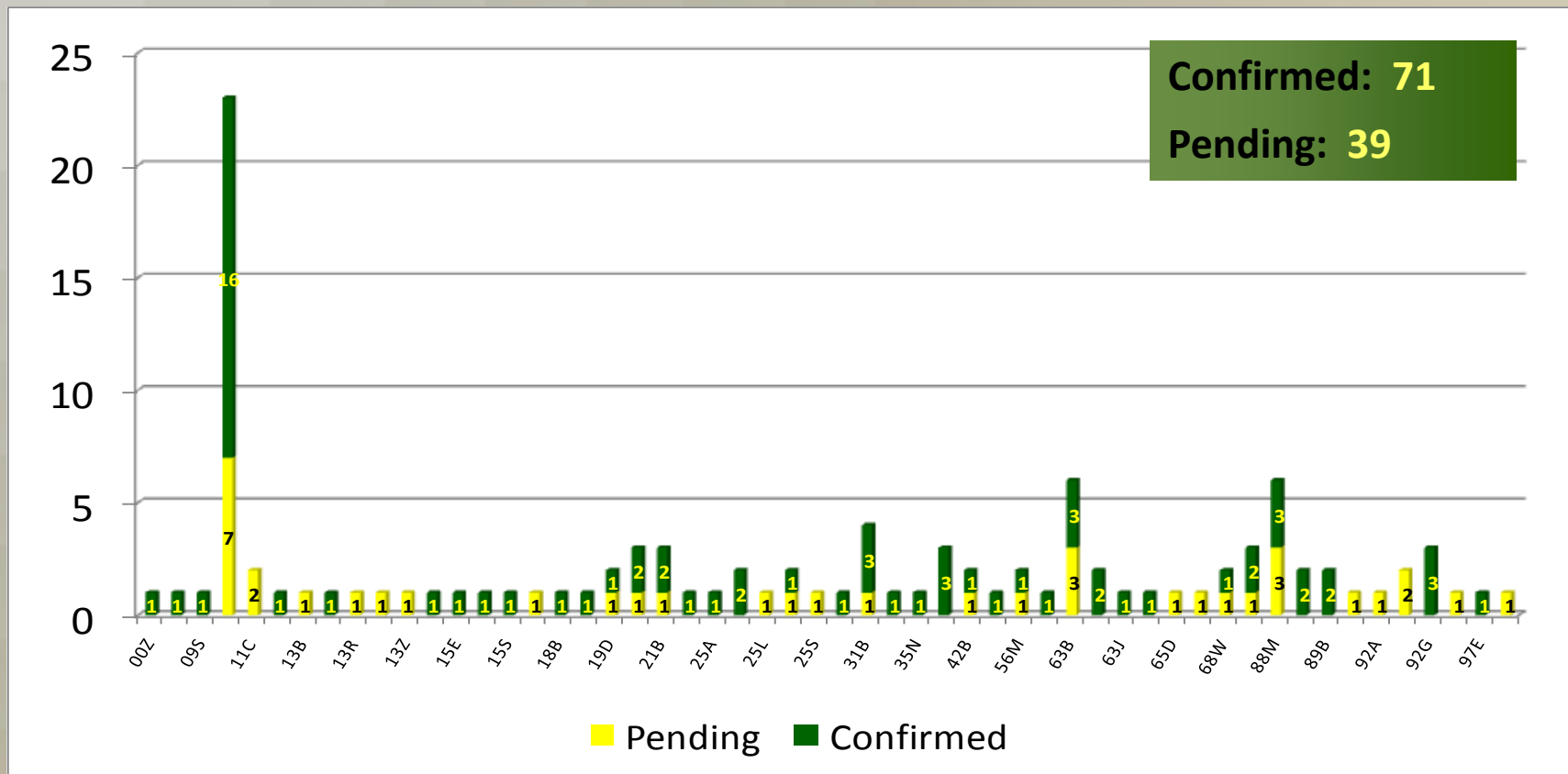   - USAR "Confirmed" Data not available for CY01 - CY04

- Army suicide rate has been historically lower than the US population rate
- From 2001 to 2006, the "adjusted" US population suicide rate was steady at 19.5:100K while the Army rate doubled from 10:100K to 20.2:100K
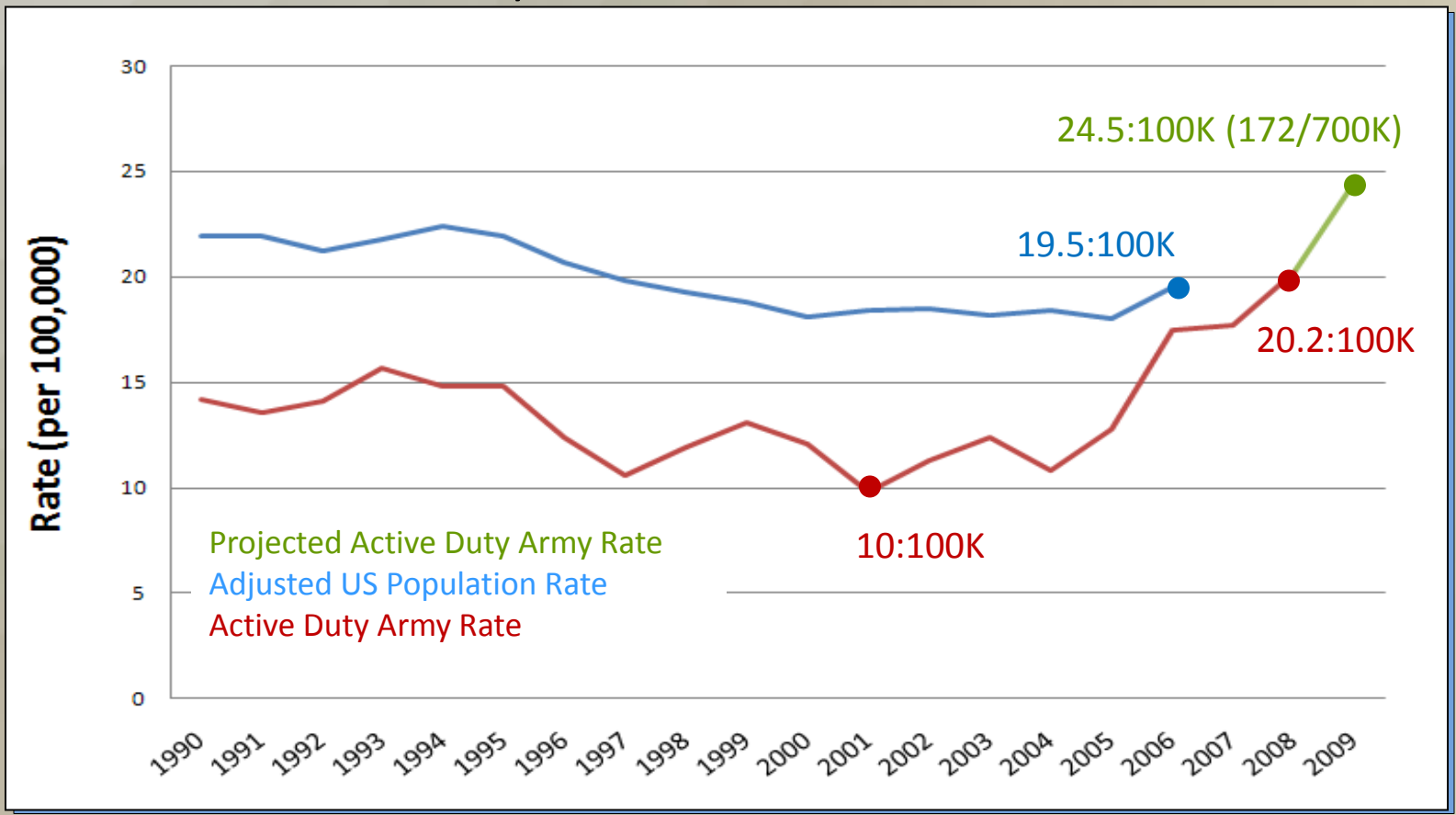
24.5:100K (172/700K)

19.5:100K

20.2:100K

10:100K

Projected Active Duty Army Rate
Adjusted US Population Rate
Active Duty Army Rate

* Data as of 31 Aug 09

Army Health Promotion and Risk Reduction Campaign

Confirmed: 71
Pending: 39
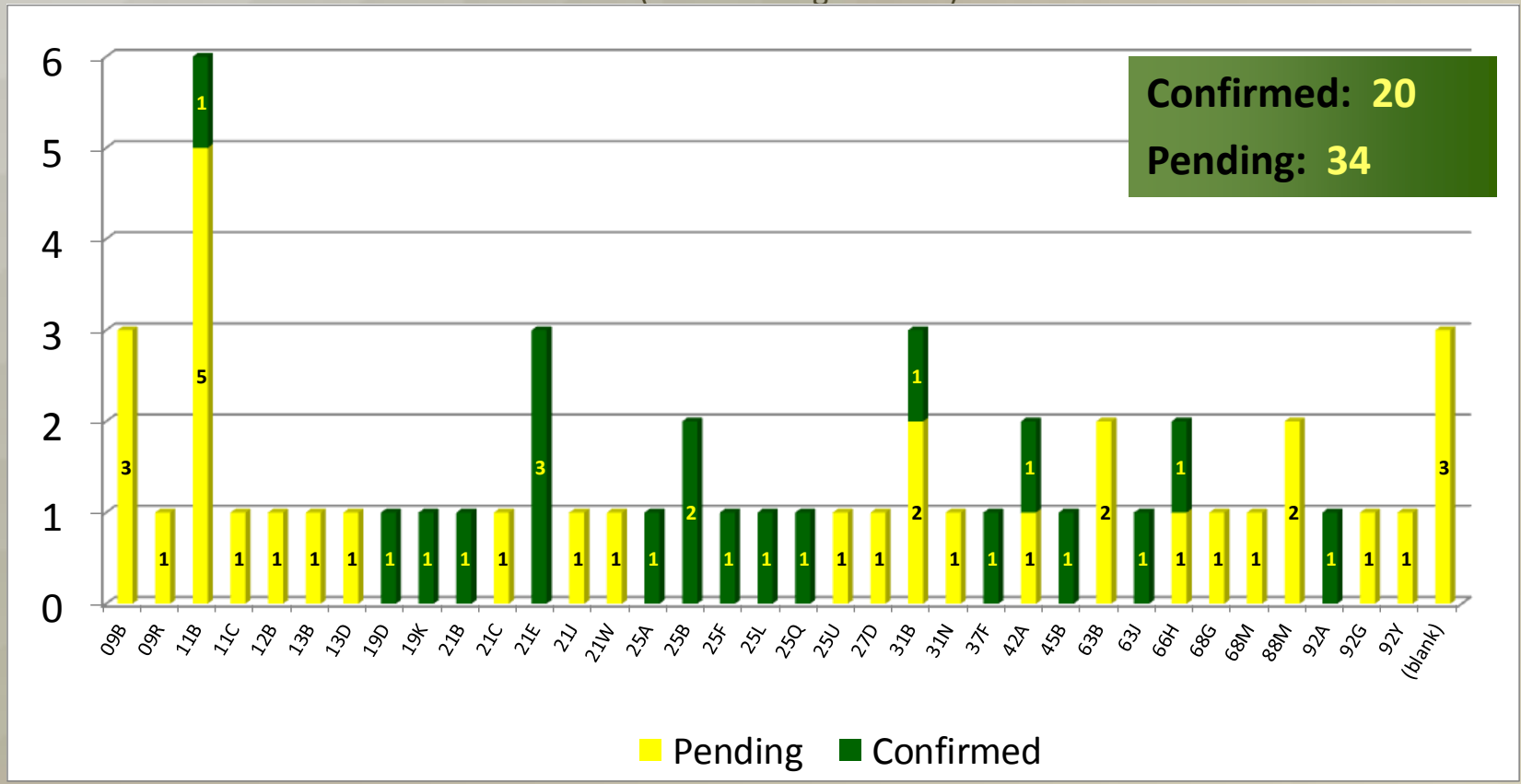
* Data as of 31 Aug 09

Army Health Promotion and Risk Reduction Campaign

Not on Active Duty Confirmed Suicides by MOS / Branch
CY09 (as of: 31 August 2009)

Confirmed: 20
Pending: 34

Source: AFME, HRC, DCIPS
Active Duty Includes Active Army, USAR and ARNG on Active Duty

* Data as of 31 Aug 09

Mission

Army Health Promotion, Risk Reduction Campaign (ACHP) is the means by which HQDA will direct actions necessary to implement <u>immediate</u> and enduring policy solutions to improve and immediately affect Army health promotion, risk reduction and suicide prevention programs

<u>Intent:</u>

- Meet SA and CSA guidance to reduce Army suicide rate
- Analyze <u>existing</u> systems and processes for validity and redundancy
- Decrease stigma, change Army culture and create a rapid shift to socialize positive attitudes toward effectively addressing behavioral health issues
- Ensure care systems are holistic and integrated

<u>Actions:</u>

- Established Army Suicide Prevention Task Force – 23 Mar 09
- Published ACPHP Campaign Plan - 16 Apr 09

Methods (Key Tasks)

- Synchronize Army Health Promotion, Risk Reduction, and Suicide Prevention-related policy, programs, and resources

- Transition integral policy, programs, and processes to appropriate Army proponents and coordinating staffs

- Adapt current policies to the transformed Army

- Optimize existing programs

- Develop needed policies as appropriate

- Align behavioral health providers

- Review impact of ARFORGEN and Generating Force personnel resourcing

- Collaborate with and support the National Institute of Mental Health (NIMH)

Current Sync Matrix Task Status

Bin	Green	Amber	Black	Red	Totals
Policy	14		92	2	108
Doctrine	5		24		29
Organizations	8		8		16
Training	15	1	12		28
Materiel	2	1	5		8
Leadership	2		7	1	10
People	6		14	3	23
Facilities				1	1
Resources	8	1	8		17
Grand Total	60	3	170	7	240

170 of 240 Tasks Complete 28 Sep 09   71%
213 of 240 Tasks Complete 15 Oct 09   89
226 of 240 Tasks Complete 01 Nov 09   94%
233 of 240 Tasks Complete 01 Dec 09   97%
240 of 240 Tasks Complete 01 Apr 10   100
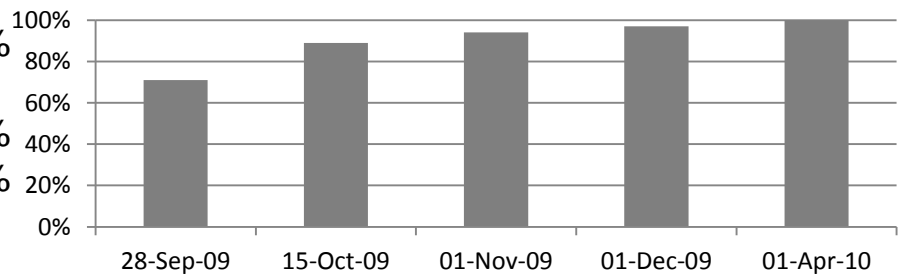
Army is taking an immediate 2-prong approach to Soldier and Family Health Transformation

<u>Comprehensive Soldier Fitness</u>

Increasing the Resilience of Soldiers and Families by training specific mental and physical resilience techniques, and increasing their physical, emotional, social, spiritual, and family strengths

<u>Army Health Promotion, Risk Reduction Campaign</u>

Implementing immediate and enduring Policy - DOTMLPF- Resource solutions necessary to improve and, where necessary, immediately affect Army health promotion, risk reduction, and other prevention / treatment-related programs

* Data as of 31 Aug 09

Way Ahead

- Expand the Task Force focus to include examination and assessment of the full scope of programs that attend to the overall mental health and well being of the force

  - Identify / categorize / assess plans and programs that address Army "stressors"

- NIMH: Collaborative study to identify rapidly and scientifically "modifiable" risk and protective factors and moderators of suicidal behavior, to help inform the Army's ongoing efforts to prevent suicide and improve Soldier's overall psychological health and functioning

- Development of metrics and standards to measure program success

- Resourced identified requirements

  - FY09-10 / $90M

  - FY11-15 / $545M in the Army POM

End State

- All programs optimized

- Health promotion and risk reduction programs coordinated / integrated

- Stigma associated with seeking behavioral health care is reduced

- Barriers to traditional and nontraditional behavioral health care are removed

- Leaders informed and empowered to guide Soldiers to appropriate care

Request for Support

- Adjust DoDSER / ASER reporting requirements:
    - Add "Pending" category for suicide deaths
    - Expand suicide attempts to include outpatient / Emergency Department treatment
    - Initiate report sooner (within 30 days)

- Increase visibility of DoD research efforts
    - Maximize resources
    - Increase collaboration
    - Accelerate "best practices"

Questions / Discussion