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Overview: Defense Suicide Prevention Office (DSPO)



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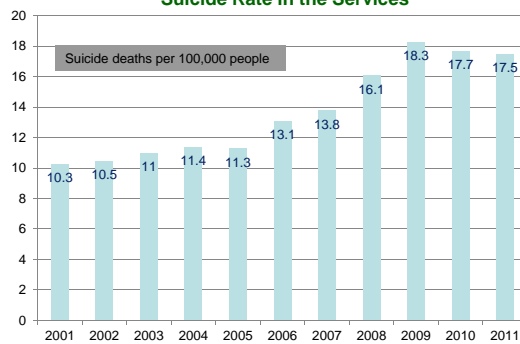
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Suicide Trends in the Military

- The suicide rate for active duty Service members in the Department of Defense increased from 2001 to 2009. While the rate essentially remained level in 2010-2011, levels in 2012 have increased.
- The military suicide rise can be attributed to many factors. These include occupational, financial, social, emotional, physical, mental, environmental and spiritual stressors.

Suicide Rate in the Services



Source: Mortality Surveillance Division, Armed Forces Medical Examiner

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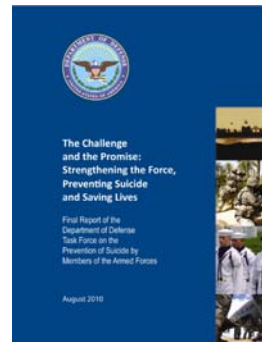
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DoD Task Force Recommendations

- In August 2010, a DoD Task Force published a report indicating that much more needed to be done to prevent suicide in the military.
- The Task Force issued 76 recommendations. The first recommendation called for the creation of a DoD Suicide Prevention Policy Office.
- In response, in November 2011 the Defense Suicide Prevention Office (DSPO) was established.



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Other Sources Driving DSPO Work

- Along with the DoD Task Force, DSPO's strategy is guided by several other sources. These include:
 - **Executive Order: Improving Access to Mental Health Services for Veterans, Service Members, and Military Families**
 - DSPO will collaborate with the Department of Veterans Affairs to develop and implement a national suicide prevention campaign.
 - **RAND Study**
 - RAND provided 14 recommendations for creating effective suicide prevention programs, as well as for evaluating them.
 - **DoD and VA Integrated Mental Health Strategy (IMHS) Consolidated Implementation Plan**
 - This joint DoD and Department of Veterans Affairs (VA) plan recommended 28 strategic actions for meeting the mental health needs of America's military personnel, veterans and their families.
 - This included one recommendation—Strategic Action #15—that specifically focused on suicide risk and prevention.
 - **Section 533 of The National Defense Authorization Act (NDAA) for Fiscal Year 2012**
 - Section 533 calls for DoD to enhance its suicide prevention efforts by developing suicide prevention information and resources with its partners and providing these to members of the Armed Forces.



SEC. 533. DEPARTMENT OF DEFENSE SUICIDE PREVENTION PROGRAM.

(a) PROGRAM ENHANCEMENT.—The Secretary of Defense shall take appropriate actions to enhance the suicide prevention program of the Department of Defense through the provision of suicide prevention information and resources to members of the Armed Forces from their initial enlistment or appointment through their final retirement or separation.

(b) COOPERATIVE EFFORT.—The Secretary of Defense shall develop suicide prevention information and resources in consultation with—

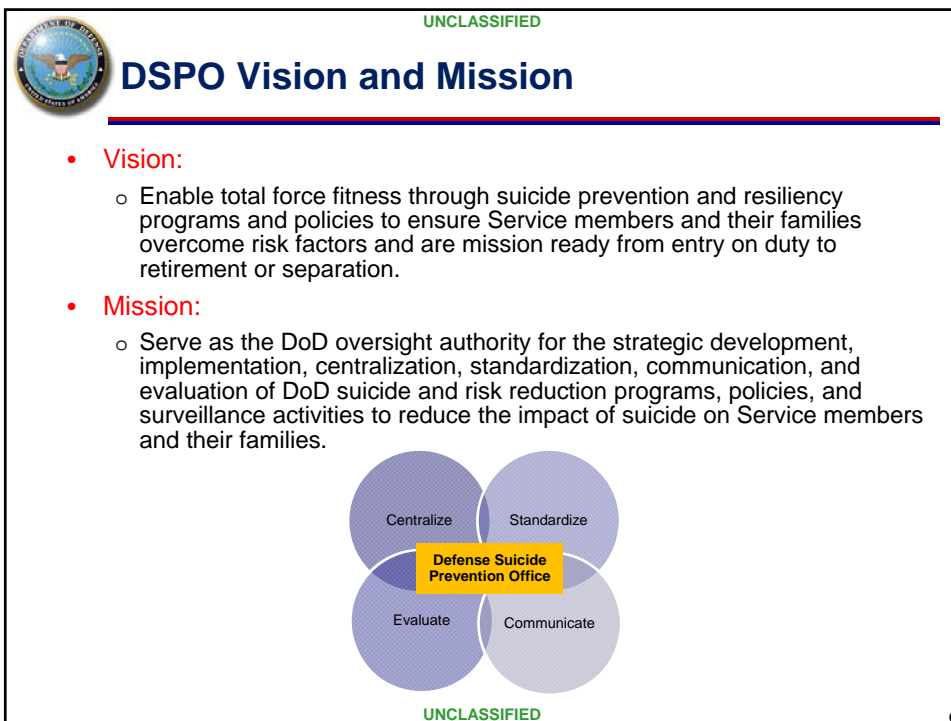
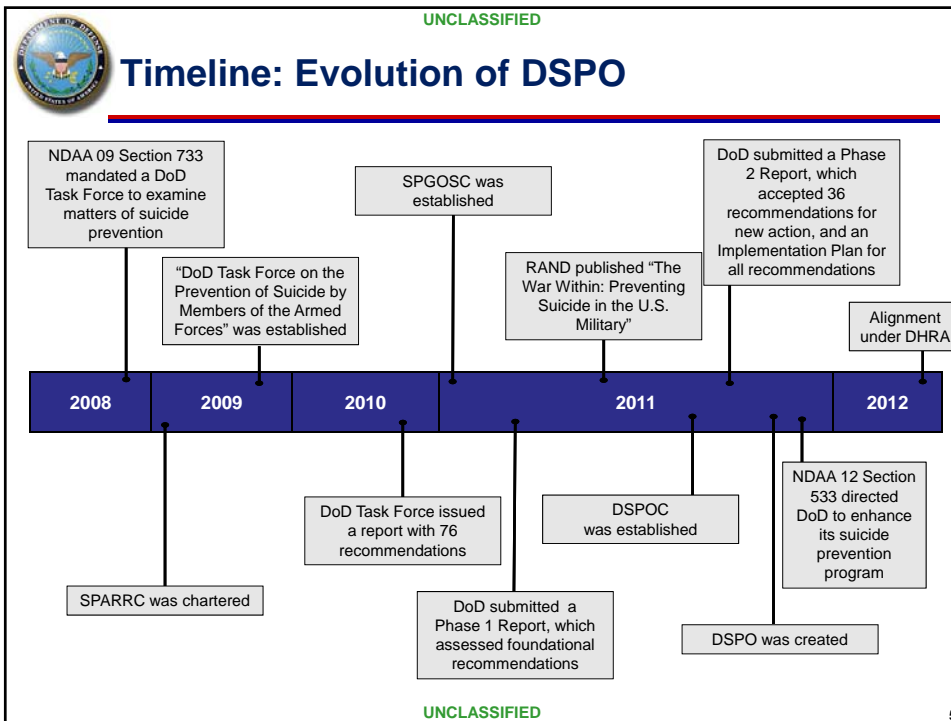
(1) the Secretary of Veterans Affairs, the National Institute of Mental Health, and the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services; and

(2) to the extent appropriate, institutions of higher education and other public and private entities, including international entities, with expertise regarding suicide prevention.

(c) PRESEPARATION COUNSELING REGARDING SUICIDE PREVENTION RESOURCES.—Section 1142(b)(8) of title 10, United States Code, is amended by inserting before the period the following: "and the availability to the member and dependents of suicide prevention resources following separation from the armed forces".

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DSPO Goals

- DSPO's goals include:
 1. Provide policy guidance that fosters a command climate which emphasizes and encourages help-seeking behavior, reduces stigma and builds resiliency.
 2. Promote Total Force Fitness elements by identifying effective suicide prevention training strategies.
 3. Facilitate access to quality care and supportive services to strengthen resilience and readiness and assist survivors and families.
 4. Establish, monitor and analyze the results of research and surveillance activities to identify risk factors and inform effective programs and policies.
 5. Foster cooperation to develop suicide prevention information and resources among stakeholders from federal agencies; public, private, and international entities; and institutions of higher education.



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Implementation Plan Priorities

- Based on DoD Task Force recommendations, the Office of Personnel & Readiness (P&R) developed an implementation memo guiding the Department's suicide prevention efforts. P&R detailed this plan to Congress.
 - Of the Task Force's 76 recommendations:
 - 36 required new actions from DoD
 - 34 had action planned, underway or completed
 - 6 did not merit any action by DoD
- A General Officer Steering Committee (GOSC) developed nine priority groups of actions based on the Implementation Plan:
 - Group 1 – Issue Policy Directive
 - Group 2 – Increase Fidelity of Data and Data Processes
 - Group 3 – Develop a Program Evaluation Process
 - Group 4 – Improve Strategic Messaging and Reduce Stigma
 - Group 5 – Develop Means Restriction Policy
 - Group 6 – Conduct a Comprehensive Training Evaluation
 - Group 7 – Evaluate Access and Quality of Behavioral Health Care
 - Group 8 – Review and Standardize Investigations
 - Group 9 – Develop a Comprehensive Research Strategy

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Implementation Plan: Group Progress

- Group 1 – Issue Policy Directive
 - Developing a comprehensive suicide prevention program policy in coordination with the military Services and key stakeholders
- Group 2 – Increase Fidelity of Data and Data Processes
 - Established the Military Data and Surveillance Working Group and the Board of Governors to identify standardized approaches for calculating, tracking, reporting, and utilizing suicide-related data
 - Identifying issues and developing solutions that will improve the quality of data surveillance efforts
 - Developing a surveillance strategy that achieves standardized calculation, tracking, reporting, and use of suicide-related data
- Group 3 – Develop a Program Evaluation Process
 - Developing a comprehensive capacity analysis of suicide prevention programs and resources through the electronic Planning, Programming, Budgeting, and Evaluation System, an automated resource management tool that tracks requirements and funding across the Future Year Defense Plan
- Group 4 – Improve Strategic Messaging and Reduce Stigma
 - Establishing safe and effective suicide prevention messaging throughout DoD, while also developing best practices that reduce the stigma that prevents some Service members from seeking help for their behavioral health problems

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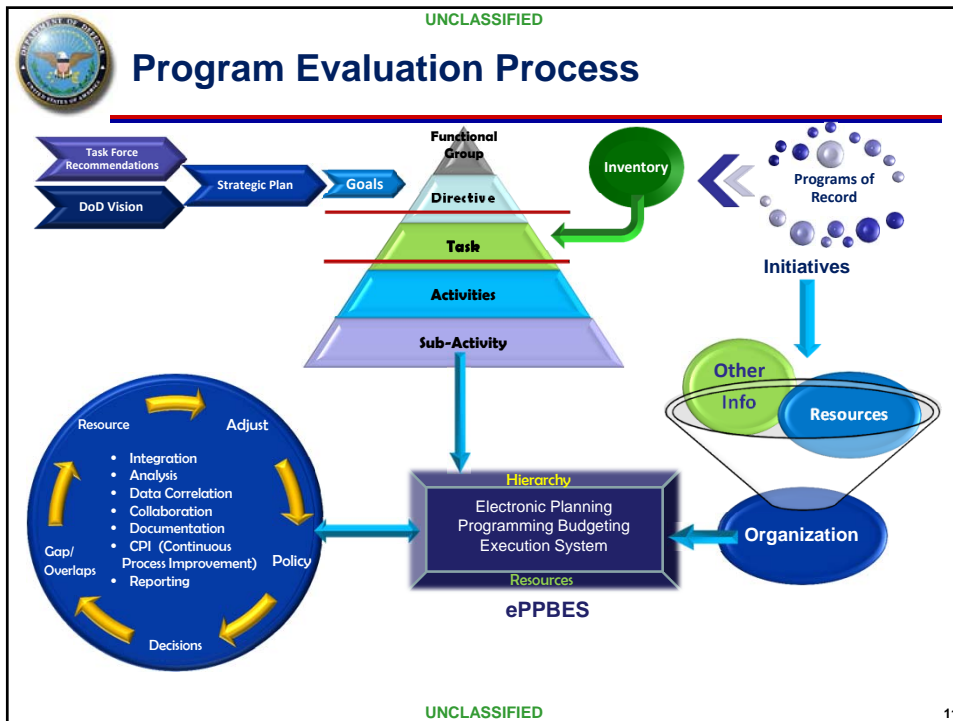
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Implementation Plan Group Status

- Group 5 – Develop Means Restriction Policy
 - Established two working groups to examine weapons restrictions and drug take-back initiatives
 - Developing a comprehensive set of options that define policies to restrict access to military and privately-owned weapons for Service members at risk of violent behavior
 - Developing a comprehensive DoD policy aligned to the Secure and Responsible Drug Disposal Act of 2010 regulations currently in draft process by the Drug Enforcement Agency
- Group 6 – Conduct a Comprehensive Training Evaluation
 - Established a working group to develop an overarching training strategy that provides a framework for the Services to implement training in a way that meets their individual needs
- Group 7 – Evaluate Access and Quality of Behavioral Health Care
 - Established a working group to focus on ensuring that the Department has the proper number of mental health care providers and that they are in the best locations to have maximum impact
- Group 8 – Review and Standardize Investigations
 - Established a working group to review and evaluate the non-criminal investigations the Department currently conducts that follow the death investigation conducted by Military Criminal Investigation Organizations. Also determining if the processes can be modified and enhanced to include more suicide-related information that will serve to inform policy and program changes
- Group 9 – Develop a Comprehensive Research Strategy
 - Developing strategic and implementation approaches for translating suicide-related research and evidence-based practices into policies and programs
 - Creating a framework as a companion product to the research strategy to convert knowledge accrued from evaluation and research studies into clinical and non-clinical practice that benefits leaders and support personnel

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- ## DSPO Highlights and Accomplishments
- DSPO was established in November 2011
 - Acting Director Jacqueline Garrick assumed the chair of the Suicide Prevention and Risk Reduction Committee (SPARRC)
 - Developed a strategic plan guiding DSPO work. The plan includes discussion of how DSPO's strategic goals align with those of the Office of the Under Secretary of Defense on Personnel & Readiness.
 - Began a review of the Department of Defense Suicide Event Report (DoDSER) program and necessary reporting improvements
 - Took over implementation of a VA/DoD Suicide Data Repository and joint purchase of the National Death Index+
 - Drafted a SECDEF Memorandum with strong language that provides clear guidance that discriminatory actions in the military against personnel seeking behavioral healthcare treatment will not be tolerated
 - Standardized nomenclature and data collection processes with VA
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DSPO Highlights and Accomplishments

- Provided suicide prevention education & training to:
 - DoD Education Activity (DoDEA) leadership
 - Defense Information School
 - Recovery Care Coordinators assisting wounded warriors
 - Rotary Club in South Carolina
 - New DoD Civilian Supervisors
 - Uniformed Services University of the Health Sciences
- Issued Public Affairs Guidance that provides a framework for safe and effective messaging for suicide prevention by public affairs officers
- Continued to develop and implement the Total Force Fitness concept that will elevate “mental fitness” to the same level as “physical fitness” through anti-stigma and other efforts
- Published a “Reserve Component Suicide Postvention Plan” to help National Guard and Reserve leaders respond if there is a suicide in their units. Guidance focuses on unit, family and community.
- Collaborated on the DoD/VA Suicide Prevention Conference in June 2012
- Have acted as the spokesperson for suicide prevention in the military in major media markets



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DSPO Highlights and Accomplishments

- Spearheaded numerous Suicide Prevention Month efforts this September, including:
 - Orientation to DSPO's office on World Suicide Prevention Day
 - Partnering with the Army at:
 - Army Health Fair during Suicide Prevention Week
 - Army Stand Down for Suicide Prevention on Sept. 27
 - Partnering with the Defense Media Activity in its development of videos and PSAs featuring DoD suicide prevention leaders
 - Educational sessions on suicide prevention at the Pentagon
 - Partnering with the VA to create a range of products promoting the use of the Military Crisis Line



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Looking Forward: Activities in 2012 and Beyond

- Issuing DoD Directive on suicide in 2013; currently in coordination
- Coordinating on efforts to respond to an Executive Order on August 31, 2012, calling for the DoD and VA to enhance the mental health services of Service members, Veterans and their families. Initiatives will include:
 - Partnering with the VA to lead a national suicide prevention campaign, emphasizing the Military Crisis Line and Veterans Crisis Line
 - Developing unified suicide prevention research, aligning our strategy with strategies of the National Action Alliance, Integrated Mental Health Strategy and Military Suicide Research Consortium Strategy
- Completing the Suicide Prevention and Resiliency Resource Inventory (SPRRI) to assess the resource needs of support professionals and leaders in National Guard and Reserve units
- Improving data fidelity through federal partnerships
- Facilitating gun lock distribution and safety education (USUHS curriculum) with Yellow Ribbon Reintegration Program
- Supporting DoD's Health Affairs as a member of the Psychological Health Council

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Looking Forward: Activities in 2012 and Beyond

- Exploring prescription drug take-back study with DoD pharmacists
- Implementing DoD-wide capacity analysis and resource evaluation
- Developing Wellness Assessment and Risk Nexus (WARN) capability to identify and track risk and protective factors within the force
- Expanding the Partners In Care program in the National Guard to other areas, with support provided by SAMHSA
- Working with the DoD Joint Service Committee on Military Justice in exploring the feasibility of using therapeutic sentencing techniques developed by Veterans Treatment Courts in military justice proceedings for Service members
- Establishing under DSPO the Vets4Warriors program, which provides 24-hour peer support via phone and chat to military personnel and their families who are experiencing stress and other concerns

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