





The Four Pillars of the AR Suicide Prevention Program

- 1. Educating the entire force.
- 2. Reducing stigma associated with asking for help with behavioral/mental health issues.
- 3. <u>Providing/accessing resources to AR Soldiers, Families, and Civilians access resources.</u>
- 4. Involving Families in suicide prevention training.



EDUCATING THE FORCE

- Soldier Training
 - ACE
- Unit Training
 - Phases I-III, Suicide Stand-down.
- Leader Training
 - Army Reserve Pre-Command Course.
- Peer Training
 - Applied Suicide Intervention Skills Training (ASIST) for trainers.





REDUCING STIGMA

- The Army Campaign for Health Promotion, Risk Reduction and Suicide Prevention.
- New suicide prevention video and training with RC vignettes.
- Army Suicide Prevention Awareness Training for Army Reserve Families and DA Civilians.



PROVIDING/ACCESSING RESOURCES

- Suicide Prevention Program Manager.
- Military One Source.
- Post Deployment Health Re-assessment.
- Quick Reference Guide for suicide prevention.





INVOLVING FAMILIES

- **Strong Bonds Training.**
- Yellow Ribbon Program.
- Suicide Prevention Training included in Family Program Academy curriculum.





AR Suicide Prevention Program Data

The Army Reserve had 35 suicides for Calendar Year (CY) 09:

- No definitive trends were indicated in any of the suicides.
- Nothing suggests "mobilization" is a factor.

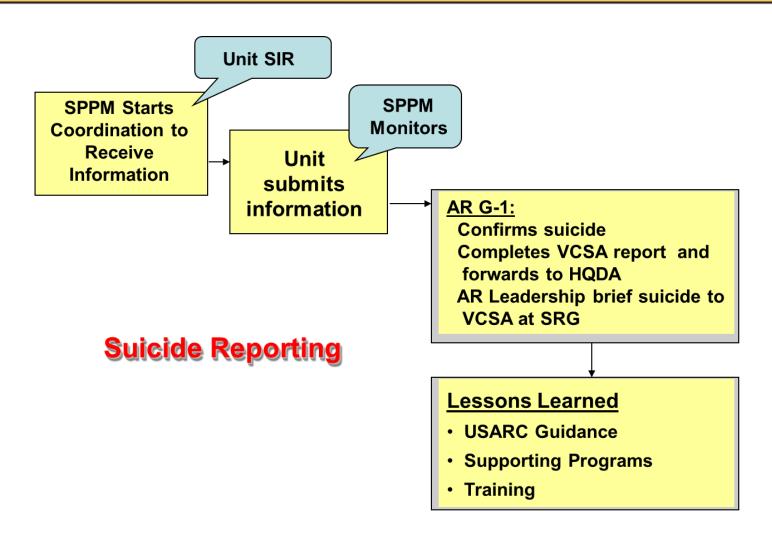
CY04	CY05	CY06	CY07	CY08	CY09*	CY10
8	21	20	23	27	35	4

^{*} Three of the 35 were Army Reserve Soldiers on Active Duty.





AR Suicide Reporting Process







REDUCING STIGMA

- **Command Team memo**
- **Concept Plan**
- **Employer Awareness Campaign**



PROVIDING/ACCESSING RESOURCES

- VA (hotline, suicide program manager, benefits)
- On-demand assistance
 - Regional Directors of Psychological Health
 - Joint Family Service Assistance Team
 - Red Cross Psychological First Aid Course





CHALLENGES

- □ Only <u>One</u> Full-Time Suicide Program Manager for entire Army Reserve Force
- Benefits/entitlement depend on multiple factors
- Dispersed population
- □ Reporting is determined by information provided by Family, law enforcement, other sources
- Command/staffing capability





CHALLENGES

- Care coordination is not available
- Limited visibility
- □ IRR/IMA population
- Inequities between the components
- ☐ Statue of the Union: employment, health insurance
- □ Others





WAY AHEAD

- Army Reserve Health Promotion, Risk Reduction, Suicide Prevention Task Force (implementation of AR 600-63)
- Establish an accountability process for ASIST trainers / trainees
- Seeking funding for additional resources
- Partner with other components, services, federal and nonfederal organizations
- Strengthen marketing of available resources (i.e. Give an Hour, SOFAR, Freedom Care, etc.)
- Advocate for behavioral health evaluations for high risk Soldiers identified by PHA/PDHRA/Self



SUMMARY

The AR continues to use every available resource to prevent AR Soldier suicides.

