OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN - 2 2009

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This report responds to House Report 110-652, accompanying the proposed National Defense Authorization Act for Fiscal Year 2009, which requests the Secretary of Defense to: (1) review and evaluate current suicide prevention efforts across the Armed Forces and make necessary changes to increase suicide prevention within the Department; and (2) study the possibility for providing a referral for second opinion to potentially suicidal Service members in the combat theater.

The Department of Defense (DoD) has many programs in place addressing suicide prevention and tracking efforts involving the National Defense Research Institute, the Suicide Prevention Task Force, and the DoD Suicide Event Report. These programs form a comprehensive and complementary effort to address suicide prevention. The Services emphasize the importance of consultation and have mechanisms for seeking consultation, either in person or by phone, and coordinating referrals for second opinions. The attached report provides more details in response to the request. Thank you for your continued support of the Military Health System.

Sincerely,

Ellen P. Embrey
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN - 2 2009

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This report responds to House Report 110-652, accompanying the proposed National Defense Authorization Act for Fiscal Year 2009, which requests the Secretary of Defense to: (1) review and evaluate current suicide prevention efforts across the Armed Forces and make necessary changes to increase suicide prevention within the Department; and (2) study the possibility for providing a referral for second opinion to potentially suicidal Service members in the combat theater.

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Sincerely,

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Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN - 2 2009

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This report responds to House Report 110-652, accompanying the proposed National Defense Authorization Act for Fiscal Year 2009, which requests the Secretary of Defense to: (1) review and evaluate current suicide prevention efforts across the Armed Forces and make necessary changes to increase suicide prevention within the Department; and (2) study the possibility for providing a referral for second opinion to potentially suicidal Service members in the combat theater.

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Ellen P. Embrey

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Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable John M. McHugh
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN - 2 2009

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

This report responds to House Report 110-652, accompanying the proposed National Defense Authorization Act for Fiscal Year 2009, which requests the Secretary of Defense to: (1) review and evaluate current suicide prevention efforts across the Armed Forces and make necessary changes to increase suicide prevention within the Department; and (2) study the possibility for providing a referral for second opinion to potentially suicidal Service members in the combat theater.

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Ellen P. Embrey

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Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Joe Wilson
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN - 2 2009

The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This report responds to House Report 110-652, accompanying the proposed National Defense Authorization Act for Fiscal Year 2009, which requests the Secretary of Defense to: (1) review and evaluate current suicide prevention efforts across the Armed Forces and make necessary changes to increase suicide prevention within the Department; and (2) study the possibility for providing a referral for second opinion to potentially suicidal Service members in the combat theater.

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Ellen P. Embrey

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Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN - 2 2009

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This report responds to House Report 110-652, accompanying the proposed National Defense Authorization Act for Fiscal Year 2009, which requests the Secretary of Defense to: (1) review and evaluate current suicide prevention efforts across the Armed Forces and make necessary changes to increase suicide prevention within the Department; and (2) study the possibility for providing a referral for second opinion to potentially suicidal Service members in the combat theater.

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Sincerely,

Ellen P. Embrey

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Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

PROGRESS ON SUICIDE PREVENTION

REPORT TO CONGRESS

HOUSE REPORT 110-652

NATIONAL DEFENSE AUTHORIZATION ACT
FOR FISCAL YEAR 2009

May 2009

REPORT TO CONGRESS
PROGRESS ON SUICIDE PREVENTION

INTRODUCTION

This report responds to House Report 110-652, page 384, accompanying the proposed National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2009, which requests the Secretary of Defense to: (1) review and evaluate current suicide prevention efforts across the Armed Services and make necessary changes to increase suicide prevention within the Department; and (2) study the possibility for providing a referral for second opinion to potentially suicidal Service members in combat theater.

Task 1:

Review and evaluate current suicide prevention efforts across the Armed Services and make necessary changes to increase suicide prevention within the Department of Defense (DoD).

RAND National Defense Research Institute (NDRI) Study:

The Office of the Assistant Secretary of Defense for Health Affairs contracted with the RAND NDRI to review suicide prevention programs across the Services and provide recommendations to DoD to guide and inform on-going suicide prevention efforts. Initiated in September 2008, the study is jointly conducted by the RAND Center for Military Health Policy Research and the Forces and Resources Policy Center of NDRI, a federally funded research and development center. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury is managing the RAND NDRI study.

Objective: To review and catalog suicide prevention activities in DoD and to identify potential enhancements for current programs.

Methods: RAND NDRI will:

- Collect pertinent literature about the components and effectiveness of suicide prevention programs in the military and comparable programs in the U.S. civilian population and international militaries;

- Examine how existing DoD suicide prevention programs are implemented and document the extent to which DoD programs reflect state-of-the-art suicide prevention practices;

- Conduct and review data analyses from a combination of database sources including the Office of Medical Examiner, Armed Forces Institute of Pathology and the DoD Suicide Event Report (DoDSER) database to determine potential future directions for analyses (subject to available data); and

- Develop recommendations that DoD can use to enhance further suicide prevention activities.

Timeline: RAND NRDI study is scheduled to deliver a draft report in December 2009.

DoD Suicide Prevention Task Force:

The mission of the task force is to provide advice and recommendations on matters relating to suicide prevention by members of the Armed Services. In addition, mission objectives include making recommendations for legislative and administrative bodies. In response to the NDAA for FY 2009, DoD is establishing a task force as a newly chartered federal advisory committee under the Defense Health Board.

Appointed by the Secretary of Defense, the task force will consist of up to 14 members with demonstrated expertise in the area of suicide prevention and response. There will be at least one representative each from the Army, Navy, Air Force, and Marine Corps. Individuals external to the DoD will equal the total number of DoD personnel. One family member, with a background in working with military families, will be included. Appointees must demonstrate prior experience in national suicide prevention policy, military personnel policy, research in the field of suicide prevention, clinical care in mental health, and military chaplaincy or pastoral care. The Suicide Prevention and Risk Reduction Committee (SPARRC) provided a list of nominations to the Defense Health Board. Nominations have been forwarded to the White House for appointment approval.

The DoD Suicide Prevention Task force will make recommendations to address the following:

- Methods to identify trends and common causal factors in suicides by members of the Armed Services;

- Methods to establish or update suicide education and prevention programs conducted by each military department based on identified trends and causal factors;

- An assessment of current suicide education and prevention programs of each military department;

- An assessment of suicide incidence by military occupation to include identification of military occupations with a high incidence of suicide;

- The appropriate types and methods of investigation to determine the causes and factors surrounding suicides by members of the Armed Forces;

- The qualifications of individuals appointed to conduct investigations of suicides by members of the Armed Forces;

- The required information to be determined by an investigation in order to ascertain the causes and factors surrounding suicides by members of the Armed Forces;

- Appropriate official or executive agent within the military department and Department of Defense to receive and analyze reports on investigations of suicides by members of the Armed Forces.

- Appropriate use of information gathered during suicide investigations; and

- Methods for protecting confidential of information from suicide investigations.

National Center for Tele-Health and Technology (T2):

A cooperative plan to standardize suicide surveillance, DoD wide, was established in July 2008 by SPARRC. The National Center for Telehealth and Technology (part of the DCoE), created the software to automate standardized data collection across the DoD. The DoDSER software solution was developed so that every unit of functionality was validated by Service subject matter experts. The SPARRC agreed upon a common methodology and reporting practices, based on current mental health standards, to be implemented by Service branch Suicide Prevention Program Managers.

The Services are using the DoDSER through a common secure Web site that collects this core of standardized DoD suicide surveillance items. In addition to the core items, Services also collect Service unique data elements through this process. Data collected includes: detailed demographics, suicide event details (e.g., suicide method, substance use at the time of the event, and sequence of events leading up to the suicide), decedent treatment history (e.g., mental health history, prior suicide attempts, and diagnostic history), decedent military history (e.g., deployment, time in unit), and information about other risk factors (e.g., legal problems, relational problems, and history of abuse). T2 is working to implement additional refinements to the software, including

an improved secure login feature to provide the opportunity to automate reporting features and to provide "save" and "edit" functionality for data entry users.

Task 2:

Study the possibility of providing a referral for second opinion to potentially suicidal Service members in a combat theater.

The Services currently emphasize the importance of consultation in provider training programs and have mechanisms for seeking consultation, either in person or by phone, and coordinating referrals for second opinions. DCoE is exploring a variety of options for how DoD could augment support for consultation and referrals for second opinions, including through telehealth resources in theater.

To address this issue, SPARRC convened a special meeting at the 2009 DoD/Department of Veterans Affairs Suicide Prevention Conference to determine a course of action. SPARRC members discussed the challenges to meeting mental health/suicide prevention needs of Service members and discussed opportunities and challenges that may be associated with telephonic second opinions. The SPARRC subsequently formed a working group that has developed an action plan to study the possibility of a referral for a second opinion to potentially suicidal Service members in a combat theater. The working group is composed of many different disciplines and agencies. These include Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Uniformed Service University of the Health Sciences, National Center for Telehealth and Technology, Substance Abuse and Mental Health Services Administration, and National Guard and Reserves. The objectives identified by the group are as follows: provide a standard definition of second opinion versus consultation; conduct an analysis across all of the Services about what second opinion/consultation services are currently being used; and whether there is evidence that additional second opinion/consultation support would be helpful. The group will conduct a literature review in order to identify current practices and identify models or programs that could be used in theater. Based on the findings, recommendations will be made on whether there is need for more accessibility to second opinions in theater, and if so, what the potential course of action might be.