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UNITED STATES ARMY ACQUISITION SUPPORT CENTER
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SFAE

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MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: USAASC's Suicide Prevention Action Plan (SPAP)

1. This memorandum transmits USAASC's Suicide Prevention Action Plan. The goal of our plan is to maximize readiness and work performance. The plan also identifies other resources available to complement your planning and training.
2. The points of contact for this action are Robert L. Hewitt at 703-805-1067, or e-mail: Robert.Hewitt@us.army.mil., and Roberta J. McMillen at 703-805-1017, or e-mail: Roberta.mcmillen@us.army.mil.

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Encl

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Suicide Prevention Action Plan

U.S. Army Acquisition Support Center
December 7, 2009

USAASC SUICIDE PREVENTION ACTION PLAN

1. References:

- a. AR 600-63, Army Health Promotion, 7 May 2007.
- b. DA Pam 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 24 Nov 09.
- c. Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention, 16 Apr 09.
- d. ALARACT 253/2009 Suicide Intervention Skills Training,
- e. EXORD 256-09 Suicide Prevention Action Plan

2. Purpose: To establish an effective Suicide Prevention Action Plan for U.S. Army Acquisition Support Center's (USAASC) Soldiers, Department of the Army (DA) Civilians and family members.

3. Objective and Scope: To implement and maintain a viable Suicide Prevention Plan that results in the reduction or elimination of suicidal behavior. The goal of the USAASC's Health Promotion Program is to maximize readiness and work performance. Objectives include enhancing well-being of all Soldiers, Army Civilians and Family members; and encouraging lifestyles that improve and protect mental, emotional, physical, behavioral, and spiritual health.

4. Goals:

- a. To develop positive life coping skills that eliminate suicide as an option in a teammate's mind.
- b. Encourage a "help-seeking" environment and remove barriers to care for all teammates.
- c. Raise teammates' awareness and vigilance towards suicide prevention.
- d. Reinforce the idea that "Teammates take care of Teammates".
- e. Get all teammates involved with suicide prevention throughout the entire year; not just after a successful or attempted suicide occurs.

- f. Empower teammates with the tools to deal with a suicide event should it arise.
5. AR 600-63, Army Health Promotion: Each PEO, JPEO, and DRPM will establish and implement programs designed to achieve Army health promotion and appoint a coordinator to provide staff oversight of actions and procedures implemented in accordance with this regulation and its relationship to all members of the DRU.
 6. Suicide Prevention and Surveillance: Success is predicated on the existence of proactive, caring, and courageous leaders, Soldiers, Family members, and Army civilians who recognize imminent danger and take immediate action to:
 - (1) Secure the safety of individuals at risk for suicide, (2) minimize the adverse effects of suicidal behavior on the DRU personnel and (3) preserve mission effectiveness and warfighting capability.
 7. Suicide Prevention Strategies: USAASC's suicide prevention focuses on maintaining individual readiness through the following overarching strategies:
 - a. Support the Army's goal to minimize suicidal behavior by reducing the risk of suicide for Active Army and Reserve Component Soldiers, Army civilians, and Army Family members. Suicide prevention programs implement control measures to address and minimize risk factors for suicide while strengthening the factors that mitigate those risks.
 - b. Establish a community approach to reduce Army suicides through the function of the Community Health Promotion Coordinator.
 - c. Raise awareness of, and be vigilant towards suicide prevention.
 - d. Synchronize, integrate, and manage a Suicide Prevention Plan.
 - e. Conduct suicide surveillance, analysis, and reporting to keep senior leaders aware of potential problems of suicidal behavior.
 - f. Help Soldiers and civilians develop positive life-coping skills through training.
 - g. Encourage Soldiers and civilians to seek help.
 - h. Ensure privacy is respected.

- i. Prevent discrimination against individuals who seek mental health counseling.
 - j. Support confidentiality between Soldier or civilian and their behavioral health care provider.
 - k. Review policies and procedures that could preclude Soldiers or civilians from receiving all necessary assistance.
8. Intervention – Attempts to prevent a life crisis or mental disorder from leading to suicidal behavior. At its most basic level, intervention may simply include listening, showing empathy, and escorting a person to a helping agency.

Risk Factors and Warning Signs:

- a. Noticeable changes in eating/sleeping/personal hygiene.
- b. Talking or hinting about suicide.
- c. Obsession with death (e.g., in music, poetry, artwork).
- d. Change in mood (e.g., depression, irritability).
- e. Alcohol and/or drug use or abuse.
- f. Isolation and withdrawal from social situations.
- g. Giving away possessions/suddenly making a will.
- h. Feeling sad, depressed, or hopeless.
- i. Finalizing personal affairs.
- j. Coworkers, family, friends are concerned about the person.
- k. Previous suicide attempts.
- l. Attempted suicide of a close family member.
- m. Past psychiatric hospitalization.
- n. Recent loss of a close relationship to separation, divorce or death.
- o. Poor social skills to include difficulty interacting with others and making friends.

- p. Violence in the home or social environment.
- q. Work-related problems.
- r. Serious medical problems.
- s. Poor school performance.

9. Installation Gatekeeper Support provides specific counseling to Soldiers and civilians in need. Gatekeepers are trained in recognizing and helping individuals with suicide-related symptoms or issues.

Gatekeepers will:

- Provide specific counseling to Soldiers, DA Civilians, and Families in need.
- Suicide prevention.
- Train in recognizing and helping individuals with suicide-related symptoms or issues.

Primary Gatekeepers:

- a. Chaplains and Chaplain Assistants.
- b. Army Substance Abuse Program (ASAP) Counselors.
- c. Family Advocacy Program Workers.
- d. Army Emergency Relief (AER).
- e. Emergency Medical Technicians.
- f. Medical Health Professionals.

Secondary Gatekeepers:

- a. Military Police.
- b. Trial Defense Lawyers.
- c. Youth Services.
- d. Inspector General's Office.
- e. DoD School Counselors.
- f. Morale, Welfare and Recreation Workers.

g. Red Cross Workers.

10. Crisis Intervention and Help Line Resources

Military OneSource Crisis Line:

- a. Credentialed consultants offer support and practical solutions 24/7/365 through phone or online consultation:
- b. Private Help - U.S.: 1-800-342-9647.
- c. Outside the U.S.: (country access code) 800-3429-6477 (dial all 11 numbers) or collect: 484-530-5947.
- d. TTY/TTD: 800-346-9188 (hearing impaired).

The Defense Center of Excellence (DCoE) Help Line:

- a. Available 24/7/365 and staffed by consultants who can serve as an authoritative source of information on psychological health and traumatic brain injury issues. Contact: 1-866-966-1020.
- b. Military OneSource Crisis Intervention Line - 1-800-342-9647
- c. Suicide Prevention Lifeline - 1-800-273-TALK (8255)
- d. Army G-1, Army Well Being Liaison Office - 1-800-833-6622
- e. Wounded Soldier and Family Hotline - 1-800-984-8523

Useful Websites/Contacts:

- a. <http://www.militaryonesource.com>
 - b. <http://www.dcoe.health.mil/default.aspx>
 - c. <http://behaviorhealth.army.mil/index.html>
 - d. <http://www.armyg1.army.mil/hr/suicide/default.asp>
 - e. <http://www.chapnet.army.mil>
 - f. <https://safety.army.mil>
 - g. <http://www.army.mil/csf>
 - h. <https://www.us.army.mil/suite/page/603513>
11. There is a Suicide Prevention Phase III Annual Sustainment Training and reporting requirement associated with this training plan. The reporting requirement is due to HQ, USAASC NLT 15 January of the calendar year. All military and civilian personnel are required to complete this training on a yearly basis.