

NOT PUBLIC UNTIL RELEASED BY THE
HOUSE ARMED SERVICES COMMITTEE

STATEMENT
OF
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BEFORE THE
SUBCOMMITTEE ON MILITARY PERSONNEL
OF THE
HOUSE ARMED SERVICES COMMITTEE
CONCERNING
MILITARY SUICIDE PREVENTION
ON
MARCH 21, 2013

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Introduction

Chairman Wilson, Ranking Member Davis, and distinguished Members of the Subcommittee, on behalf of your Marine Corps, I would like to thank you for inviting me here today to discuss the issue of military suicide prevention. We are grateful for your continued, active engagement in making lasting improvements to the overall health, well-being, and quality of life for Marines and their families.

One suicide is too many. Each tragic loss to suicide has a far-reaching impact on families, friends and our entire Marine Corps community. Suicide prevention is not a single act but rather a series of actions that support the Marine Corps community health approach to addressing the issues facing Marines and providing support to Marines and family members. Preventing suicide requires vigilance and our concerted effort to harness the strength of engaged leaders. Engaged leaders are alert to those at risk for suicide and take action to help Marines address the stressors in their lives. They help individual Marines optimize their physical, psychological, social, and spiritual needs. Totally fit Marines are fortified and strengthened and better able to withstand the tensions and stressors of life in and out of the Marine Corps. Affirming and restoring the indomitable spirit of Marines is an enduring mission and how we “keep faith with Marines and families.”

Individual suicide cases are uniquely complex and the effects ripple through the family and Marines left behind. Prevention takes a multilevel (unit, family, peer, individual, community, society), multifaceted public health approach (individual/peer suicide prevention, family training, responsible reporting of suicide, stigma reduction of receiving behavioral healthcare treatment, case management). The Marine Corps is committed to consistently and aggressively identifying sources of suicide risk and ways to approach and increase effectiveness

of our training and support efforts. We are working with the Department of Defense in their broader efforts of implementing the President's Military Mental Health Executive Order. As part of these efforts all of our programs are being internally reviewed and vetted to ensure we provide access to servicemembers and their families to best quality services and care. .

At this point, all Marines are taught to recognize the warning signs of suicide, ask if a Marine is thinking of suicide, express genuine care and concern for the Marine, and immediately escort the Marine to help. Further, Marine Corps leaders are taught and make it a priority to know their Marines on a personal level and show genuine compassion and concern for them. Leaders are also taught that they serve as models to show Marines that it takes a strong, committed person to ask for and receive help.

Understanding the Statistics and Risk Factors

Between 2001 and 2007, the number of suicides in the Marine Corps fluctuated between 23 and 34, but between 2007 and 2009 we saw a disturbing increase. From a recent low point of 25 suicides in 2006, the number increased to 52 in 2009. During Calendar Year 2010 and 2011, 37 and 32 Marines, respectively, died by suicide. For Calendar Year 2012, the number of suicides increased to 48. The Marine Corps is concerned with the increased number of suicides in 2012 and the primary challenge remains teaching Marines to engage help-seeking services early, before problems worsen to the point of suicide. Attempted suicides have increased from 164 attempts in 2009, to 172 in 2010, to 163 in 2011 and to 179 in 2012.

Understanding the risk factors is very complicated. Therefore, identifying one reason for trends in the number of suicides is difficult. However, we consistently track suicides through the Department of Defense Suicide Event Reporting surveillance system and have partnered with

several research agencies to further explore the underlying reasons of suicide. We believe that the increase in suicide attempts may be due to an increase in surveillance and reporting requirements and command interventions where a Marine noticed another Marine in distress and helped them receive support and care.

Marine suicides and attempts resemble our institutional demographics: Caucasian male, 17-25 years old, and between the ranks of Private and Sergeant (E1-E5). Based on our analysis, we know that the primary stressors Marines experience prior to suicides and attempts are relationship problems, legal or disciplinary problems, behavioral health diagnoses, financial problems, and substance abuse.

Suicide Prevention Efforts

We will not rest in our efforts to prevent suicide. To efficiently manage behavioral health risk, protective factors, and ultimately prevent suicide, the Marine Corps combined all related programs under a new Behavioral Health Branch. The reorganization synchronized program functions such as research, policy, training, prevention, and treatment. The Marine Corps is developing prevention activities to mitigate the risk across behavioral health.

Currently, we are developing a behavioral health integrated training which addresses common risks and protective factors across all behavioral health domains. The training, built on the Institute of Medicine Prevention Continuum, supports universal awareness and selected and indicated training for certain high risk Marines populations. We believe that our universal awareness of suicide within the Corps is effective. Supporting research is ongoing and will inform our continued action to cover all areas of need.

Our *Never Leave a Marine Behind* suicide prevention training series focuses on key learning objectives including seeking help early, before a situation becomes a crisis, and how to help your fellow Marine. Marines are taught to recognize the warning signs for suicide during the *Never Leave a Marine Behind* suicide prevention training. The training requirement reinforces that Marines are alert to those at risk for suicide at all times and take immediate action to help Marines address the hard times or pain in their lives. All Marines are taught the acronym, R.A.C.E. (Recognize; Ask; Care; Escort), method as a simple tool to recognize suicide warning signs, ask one another about suicide, care for each other through listening and support, and escort fellow Marines to help. It is important for all Marines and family members to take an active role in suicide prevention.

Marines are also taught that distress in some individuals can lead to the development of unhealthy behaviors including withdrawal from social support and ineffective problem solving. These behaviors may intensify the risk of suicide. The people who a Marine sees every day (fellow Marines, co-workers, family, friends) are in the best position to recognize changes stemming from distress and to provide support. Marines are taught to know each other at a personal level – to know their behavior patterns and their likes and dislikes so that they can identify even subtle changes. Any substantial or observable change in behavior warrants further discussion with the individual.

The Marine Corps is implementing a Case Management System (CMS). The CMS reaches across multiple programs to provide the most suitable information and analysis, greatly enhancing appropriate treatment planning and assisting with addressing the Marine's needs. The system assists in the identification of at-risk Marines and improves appropriate service delivery as well as aftercare efforts. The CMS better equips the Marine Corps to closely monitor Marines

at risk for suicide to ensure they receive appropriate care. Plans are underway to streamline access to care to highlight community counseling capabilities of improved screening, preventive and treatment services. Community counseling will improve tracking of referrals to specialty care.

The Marine Corps is expanding the Military Family Life Consultant (MFLC) Program. The addition of embedded MFLCs as part of the behavioral health services provided to Marines and their families will be seamlessly woven into the larger support network of command structures, and will enhance unit cohesiveness and health and human services across the Corps. The embedded MFLC Program will provide confidential counseling by licensed clinical providers.

The Marine Corps DSTRESS line, which expanded worldwide in early 2012, provides anonymous, 24/7 counseling services to any Marine, attached Sailor, or family member. The line is staffed by veteran Marines and Fleet Marine Force corpsmen, Marine family members, and civilian counselors specifically trained in Marine culture. The counseling provided gives any Marine, attached Sailor, or family member ‘one of their own’ to speak with about everyday stress or their heaviest burdens in life.

Operational Stress Control and Readiness (OSCAR) team training builds teams of Mentors (selected unit Marines and leaders), Extenders (unit medical and religious personnel), and Mental Health Professionals who work together to provide a network of support. This model empowers Marines with leadership skills to break associated stigmas and act as sensors for the commander by noticing small changes in behavior and taking action early. This supports the commander in building unit strength, resilience, and readiness as well as keeping Marines in the

fight. Further combat and operational stress control training and education is expanding across the Marine Corps to provide targeted knowledge, skills, and tools to Marines and families.

Additional on-going or new prevention efforts include: the appointment and training of Suicide Prevention Program Officers for each battalion and squadron to essentially serve as the “eyes and ears” of the suicide prevention program for the commanding officer; implementation of the Columbia Suicide Severity Rating Scale to assess and evaluate for suicide; continuing dialogue with Marine Corps Defense Counsel to address an important stressor for Marines – legal issues; force-wide dissemination of reintegration and postvention plans aimed at reintegrating Marines following a suicide-related event and for command postvention plans following a death; and partnering with weapons and field training battalion to gain insights into reducing access to lethal means.

Research and Partnerships

The complex nature of suicide prevention requires an important balance between immediate action and long-term planning. Research, partnerships, and effective collaboration are necessary to stay abreast of the latest available information within the suicide prevention arena and to explore future program needs. To further our understanding of suicide prevention and to evaluate program effectiveness, the Marine Corps is partnering with federal agencies, academia and private industry.

In October 2011, the American Association of Suicidology (AAS) began a two-year focused study of suicides to better understand suicide risk and protective factors and better inform prevention and surveillance efforts. The AAS study involves investigating a person's death by attempting to reconstruct what the person thought, felt, and did in the days preceding

his or her death. This approach is a gold standard in researching suicides, and involves collecting all available information on the deceased via structured interviews of family members, relatives, friends, and attending health care personnel.

In an effort to improve upon our mandatory *Never Leave a Marine Behind* suicide prevention training series, the Defense Centers of Excellence for Psychological Health and Traumatic Brain injury is conducting a study to assess the effectiveness of our prevention training. Additionally, we are collaborating with the National Institute of Mental Health and the Army Study to Assess Risk and Resilience in Service members, the Department of Veterans Affairs/University of California San Diego Marine Resilience Study to continue research of the biological, psychological, and social factors affecting Marine resilience.

Other ongoing or future research efforts focus on: examination of suicide behavior in the Marine Corps and early career variables to better identify those in need of targeted prevention services; development of a new high impact clinical suicide prevention tool utilizing text messages based on the “Caring Letters Project;” and studying the effects of suicide on Marine family members and evaluation of postvention and casualty response.

The Marine Corps is partnering with Navy Medicine to identify and reduce gaps in prevention and treatment. Areas of focus include: (1) Enhanced screening for suicide risk; (2) Management of at-risk personnel, including those with a history of mental health issues and suicide attempt; and (3) Stricter policies for the monitoring of at-risk personnel, including follow-on care. We are also attentive to the mental health of our warriors and are dedicated to ensuring that all Marines and family members who bear the invisible wounds caused by stress receive the best help possible. Our partnership with the Navy will continue to address the needs of Marines and their families in the face of the nationwide shortage of qualified mental health

care providers, and are committed as a Corps to making sure every Marine struggling with a stress issue gets the support and treatment they need. Finally, we actively participate as a member of the DoD Suicide Prevention and Risk Reduction Committee (SPARRC), meeting monthly with our DoD and Department of Veterans Affairs partners to join efforts in reducing suicides.

Conclusion

Suicides are a loss that we simply cannot accept. The Corps is connected to each of our Marines and the loss is felt throughout the Corps – from the individual Marine in the unit to the Commandant. The Marine Corps is concerned with our number of suicides. Taking care of Marines is fundamental to our ethos and serves as the foundation of our resolve to do whatever it takes to help those in need. We will not rest in our efforts to prevent suicide. Suicide is a complex problem that requires an ‘all-hands’ comprehensive strategy. Our leaders at all levels are personally involved in efforts to address and prevent future tragedies and will remain actively engaged in this fight. We don’t leave a Marine behind on the battlefield and we don’t leave a Marine behind at home.

Thank you again for your concern on this very important issue.