

RECORD VERSION

STATEMENT BY

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DEPUTY CHIEF OF STAFF, PERSONNEL (G-1), ARMY**

BEFORE THE

**HOUSE ARMED SERVICES COMMITTEE
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ON UPDATE OF MILITARY SUICIDE PREVENTION PROGRAMS

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Introduction

Chairman Heck, Ranking Member Davis, and Distinguished Members of this Committee - Thank you for the opportunity to appear before you on behalf of America's Army.

The most valuable asset the U.S. Army has is its people. It is our Soldiers who put their boots on the ground, and fight and win the Nation's wars. These men and women raise their right hand to defend the Constitution. Their continued dedication and commitment to the mission demonstrates what it means to be the strength of the Nation.

These Soldiers have families, squad leaders, and buddies who stand by them through all the challenges and unique demands military life places on them. It is these relationships that are the strength of our Soldiers.

Our people are invaluable. They have answered the call to serve their Nation to fight and win in a complex world. We must take care of them.

Strategic Overview

The Army's first priority is readiness. We must ensure the Army remains ready as the world's premier combat force. We are committed to making sure our Soldiers are properly trained, well equipped, and expertly led. To sustain readiness, we must take care of our troops and keep our Soldiers, Civilians, and Families in the forefront of all we do. The collective strength of our people – their mental and physical resilience – is the core of our Army.

Our Soldiers are highly trained and highly motivated. While they enter the Army with varying levels of experience and resilience, all make a commitment to live the Army Values and serve as Army Professionals. We strive to build upon their education and experience, increase their resilience, and optimize their performance.

Leaders in our Army understand that the loss of any Soldier is one too many. After 14 years of sustained combat, our leaders know first-hand how the death of a Soldier significantly impacts the readiness of their unit, tears at the cohesion of their team, and leaves an unimaginable void for the family.

Suicide Prevention Trends

The Army has had a reduction in suicides during 2014, down to 243 Soldiers, the lowest annual total since before 2010. As of 30 September 2015, the Army has had 208 Soldiers die from suicide, which marks an increase of 29 suicides from the same date in 2014. While the overall rate of suicide is down over the last five years, we are very concerned with the loss of any Soldier in our formations. When broken down by component, the Active Army has seen an increase in two suicides, the United States Army Reserve (USAR) has seen an increase of 16 suicides, and the Army National Guard has seen an increase of 11 suicides since 2014. In 2014, there were seven active component deaths from suicide while deployed. In 2015, there was one active component death from suicide while deployed. We are committed to reviewing the “how” and “why” from every case to learn from it.

Suicide is both a serious and complex challenge for our Army and our Nation. The demographically adjusted U.S. Suicide rate for 2013 was 20.5 suicide deaths per 100,000, slightly lower than the Army rate of 22.9 per 100,000 according to 2013 calendar year data. While this is a concerning statistic for the Army, we remain committed to recruiting and retaining the very best of our Nation has to offer, and once these young Americans are in our ranks, we owe nothing less than the very best to lead and care for them.

Suicide Prevention Efforts

The Army is committed to a multi-disciplinary, holistic approach to suicide prevention that emphasizes the importance of a Soldier's family, squad leader, and buddy. When I was a Division Commander, I used the term "golden triangle" to describe these relationships and the importance they play in identifying potential problems and difficult transitions early and at the lowest level. It is essential to be aware of what is going on in the lives of our Soldiers. Often Family members and buddies will be the first to notice alcohol and drug use, financial problems, and relationship issues. When the lowest level leader is also aware, he or she can help the Soldier and their Family get the right kind of care. This is what makes our squad leaders so important. This past year, we've launched the "Not In My Squad" Campaign as a grassroots effort to empower squad leaders to know their Soldiers, take care of them, and get them the resources they need.

Training

All Soldiers and Army Civilians receive Ask, Care, Escort (ACE) training. This training provides the Army team the skills needed to recognize a Soldier in crisis and provides them the tools to get the Soldier help. It is also offered to family members. The Army also provides Ask, Care, Escort -- Suicide Intervention (ACE-SI) training. This higher-level training provides company level leaders the capability to recognize and effectively intervene when Soldiers exhibit signs of distress. Approximately 8,300 company level leaders have been trained. Additionally, the Army has Advanced Intervention Skills Training (ASIST) for gatekeepers. There are more than 2,300 ASIST trainers in the Army. This training teaches participants how to carry out life-saving interventions for people at immediate risk of suicide. To date, the Army has trained almost 117,500 Soldiers and Civilians.

In an effort to promote unit and individual resiliency, the Army also offers resiliency training. There are more than 23,000 Soldiers, Family members, and Civilians who serve as Master Resilience Trainers for company-size units. Our resilience training teaches skills that are designed to build competencies such as connection, mental agility, optimism and self-regulation. Resilience training is embedded across our Army, delivered through 26 Comprehensive Soldier Family Fitness (CSF2) Training Centers at installations worldwide. Soldiers receive two hours of resiliency training in Initial Military Training (IMT) when they first join the Army and up to 16 hours of installation level training when they report to their new unit. Training is reinforced annually as well as offered to family members to include a new teen resiliency effort.

Programs

At unit level, we've fielded the Commander's Risk Reduction Dashboard (CRRD) that provides Battalion and Company Commanders with reports on Soldiers with risk events and the risk event status of newly-arrived Soldiers. The information available to the Commander is limited to the Soldiers under his or her command. The CRRD is currently fielded to FORSCOM units, Fort Sill, 1st Army, and USAREUR, with fielding to MEDCOM and the remaining force in FY16.

We also continue to use the Global Assessment Tool (GAT) that allows Soldiers, Army Civilians, and adult family members to self-assess and gauge, at any time, their personal readiness and wellness in the areas of physical and psychological health, social connectivity, spiritual health, financial, and family preparedness.

Behavioral Health Initiatives

The Army Medical Department continues to employ a comprehensive and multi-faceted approach to reduce suicides among Soldiers, Army Civilians and their Families. The Army's continued emphasis on Soldiers and Family members seeking help will sustain high demand for Behavioral Health (BH) care. The Army has increased access to, and

availability of, Behavioral Health Care services. This has contributed to an overall increase in the number of Behavioral Health appointments in the Army increased from 991,655 in FY07 to 2,047,375 in FY14. The Army has been successful at meeting ongoing high demand for acute appointments as evidenced by the most recent access to care data. As of July 2015, the Army met the same-day standard for acute appointments 92% of the time. Behavioral Health clinics on all installations allow Soldiers to walk in without an appointment or a referral.

Army Medical Command initiated the Behavioral Health Service Line (BHSL) to implement a standardized system of care to identify, prevent, treat and track behavioral health issues affecting Soldiers and Family members. The BHSL enhances existing BH efforts by ensuring an enterprise-wide approach to the delivery of existing and emerging BH programs.

The Army is removing the stigma associated with seeking BH through programs, such as Embedded Behavioral Health (EBH), which was developed to increase readiness by more effectively identifying and treating Soldiers with BH conditions. The EBH model of care places multidisciplinary teams of BH professionals into direct support of brigade-size units and locates them in small clinics in close proximity to the unit's work area. EBH serves as the single point of entry into BH care for each battalion's Soldiers and leaders. EBH has been associated with improved access, quality and safety in Soldier care and improved readiness at the time of deployment. It has been consistently recognized as a DoD-wide best practice.

Army STARRS

The Army Study to Assess Risk and Resilience in Service members (Army STARRS) began in 2008 as a partnership between the Army and the National Institute of Mental Health (NIMH) to better characterize suicidal behavior among Soldiers. This is the largest study ever conducted to assess risk and protective factors for suicide and related psychological problems in military personnel.

To support this work, the Army assembled a very large historical data set containing extensive information on more than 1.6 million Soldiers who served on active duty from 2004-2009. During 2011-2012, the research team collected data directly from approximately 110,000 Soldiers who personally consented to participate in the research. These Soldiers completed extensive surveys and underwent neurocognitive testing. Approximately 52,000 Soldiers provided blood samples that were analyzed for evidence of biological markers associated with suicidal behavior. All of this information was collected and securely stored to fully protect each individual Soldier's privacy. For the past two years the emphasis has been on analyzing this huge volume of data.

Some of the key findings that have emerged from the research to date are: (1) Among Soldiers, suicides were more likely to occur after the first year of service, and to involve young, male, junior enlisted Soldiers, with relatively low educational attainment. (2) Soldiers in the traditional combat arms occupations had the highest overall suicide risk. (3) Being married is normally protective against suicide in the U.S. civilian population, but was protective for Soldiers only while they were deployed. (4) Demotion in the prior two years, and not being promoted along with one's peers in the first two years of service increases the risk of suicide. (5) Behavioral health problems, both past and present, are potent risk factors for suicide. (6) Risk for suicide increased with a Soldier's first deployment compared to those who had never deployed, but there was no additional risk of suicide with additional deployments.

The researchers also disproved a number of proposed explanations for the increasing Army suicide rate. Contrary to what some suspected, Army STARRS found that receiving an Army accession waiver, serving during stop-loss, living in a single barracks room, and the changes over time in the Regular Army demographics such as age, sex, race, and education, did not account for the increase in suicide rates during 2004-2009.

The researchers also looked closely at non-fatal suicidal behavior, which includes suicidal thoughts, plans, or attempts. About 14% of the surveyed Soldiers who were

beginning basic training reported having had suicidal thoughts before entering the Army. This information was not available to the Army during the accessions process, highlighting one of the challenges we face in deciding who to accept into military service and emphasizing for us the importance of pre-accessions screening.

Suicide attempts are one of the strongest predictors of future suicides. Suicide attempts occur approximately 10-20 times more commonly than suicides. Suicide attempts were more likely to occur during the first year of service and involve young, never married, female, junior enlisted Soldiers, with less than a high school education. Enlisted Soldiers accounted for 99 percent of the suicide attempts. The researchers identified several warning signs of near-term suicidal behavior, including escalating anger, violent outbursts, and episodes of family violence.

More than 30 manuscripts have been published in peer-reviewed scientific literature to date. The 2013 National Research Action Plan identified Army STARRS as a critical national resource. Army STARRS concluded on June 30, 2015. As a follow-up to Army STARRS, the Office of the Assistant Secretary of Defense for Health Affairs has agreed to continue research with the Study to Assess Risk and Resilience in Service members – Longitudinal Study (STARRS-LS) under a Memorandum of Agreement between the Acting Under Secretary of Defense (Personnel and Readiness), the Secretary of the Army, and the Director of the NIMH. STARRS-LS began on July 1, 2015. This allows us to closely follow approximately 72,000 Soldiers over the next five years, both those who remain in service and those who have returned to civilian life, the latter to be accomplished in partnership with the Veterans Affairs.

Conclusion

We have and will continue to invest significant resources in studying and combating the underlying causes of suicides as we seek to determine correlation and causality derived from complex personal and environmental factors that may influence suicides.

Any time a Soldier, Army Civilian, or Family member dies, the loss is devastating to Family and friends, fellow Soldiers, and the Army. It is our shared responsibility to ensure the personal readiness and resilience of those who serve. As we continue our mission to reduce the occurrence of suicide, I ask for your support as we work toward building and sustaining the resilience and readiness of our Soldiers, Army Civilians and Family members. I wish to thank all of you for your continued support, which has been vital in sustaining our professional all-volunteer Army and will continue to be vital to ensure the readiness and future of our Army and the Nation.