Not for publication until released by the Committee

PREPARED STATEMENT

OF

KARIN A. ORVIS, PH.D.

DIRECTOR

DEFENSE SUICIDE PREVENTION OFFICE

BEFORE THE

HOUSE ARMED SERVICES SUBCOMMITTEE ON MILITARY PERSONNEL

March 2, 2022

Not for publication until released by the Committee

Madam Chair Speier, Ranking Member Gallagher, and members of the Committee, thank you for the opportunity to testify before you today, along with my colleague, Dr. Rick Mooney, to discuss suicide prevention efforts of the Department of Defense (DoD). Like you, I am disheartened by the suicide rates in our military. Suicide remains a serious public health issue in the military, and in our Nation. Every suicide is devastating and forever changes the lives of families, friends, and the broader community.

The past two years have presented the Nation with multiple challenges. Service members and their families, as well as individuals across our Nation, may be experiencing heightened stress, anxiety, and disconnectedness. For some, such experiences can be associated with an increased risk for suicide.

Nationwide, suicide rates are alarming. None of us has solved this issue. As no two people and no two life experiences are identical, it is also true that no single case of suicide is identical to another. The continued tragedy of suicide remains within our community and throughout our Nation, and it is imperative that we do everything possible to prevent suicide. Our commitment is from this lens, from the debt of gratitude that we owe our military and their families, to ensure unimpeded access to mental health care and other critical resources, to eliminate stigma and increase help-seeking behaviors, enhance lethal means safety (e.g., safe storage of firearms, medication, or other lethal means), and ensure timely program evaluation, among other critical efforts.

We know this is a shared challenge. Our collaborative work with other government agencies, non-profits, and academia is integral to reaching our goals. This includes leveraging best practices from the broader scientific community, including the Centers for Disease Control and Prevention (CDC) and those in the academic community and research institutions. We know

prevention is complex, with scientific research surrounding prevention of suicide ever-evolving. We continue work to enhance our understanding of all the factors that can contribute to an individual's decision to attempt to die by suicide. Working alongside our federal and non-federal partners, we will not relent in our efforts.

PUBLIC HEALTH APPROACH TO SUICIDE PREVENTION

Suicide is a complex interaction of many factors - environmental, psychological, biological, and social. There is no one fix that applies to every single individual. Our efforts must address the many aspects of life that impact suicide. We are committed to addressing this issue - not only because it affects our missions - but, more importantly, because it is a moral responsibility to take care of our people. Our public health approach focuses on reducing suicide risk for all Service members and their families by targeting the various underlying risk factors (such as relationship, financial, and mental health challenges), while also enhancing protective factors (such as social connections, coping skills, and safety in one's environment).

My office, the Defense Suicide Prevention Office (DSPO), works to enhance holistic, data-driven suicide prevention through non-clinical policy, oversight, and engagement. DSPO works closely with DoD Health Affairs (HA), which focuses on clinical suicide prevention efforts and mental health. Together, we are committed to addressing suicide comprehensively through a public health approach, which incorporates both community-based prevention efforts, - involving military leaders, family, peers, spouses, and chaplains - and clinical care to address suicide thoughts and behaviors, at the individual level.

The Department's suicide prevention efforts are guided by the Defense Strategy for Suicide Prevention, and aligned with the CDC's seven strategies for suicide prevention outlined in CDC's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*.

Additionally, the Department instituted the first-ever enterprise-wide suicide prevention policy through Department of Defense Instruction (DoDI) 6490.16, *Defense Suicide Prevention Program*, originally published on November 6, 2017, and updated on September 11, 2020. This policy establishes standards for suicide prevention, intervention, and postvention efforts that reflect a holistic, public health approach.

Moreover, in September 2020, the Department published an integrated primary prevention policy and approach through DoDI 6400.09, *DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm*. This policy recognizes that the same risk and protective factors we are striving to address within suicide prevention are shared by other areas of concern that impact the health and resilience of our force. To that end, DoD is also establishing an integrated primary prevention workforce to comprehensively address shared risk and protective factors for a range of harmful behaviors, aligned with recommendations from the Independent Review Commission on Sexual Assault in the Military. This trained, specialized, professional prevention workforce will significantly support upstream prevention to help stop a variety of harmful behaviors before they occur, including suicide. Additionally, this effort will amplify work to reduce stigma for help-seeking and to encourage help-seeking early, before a crisis - with young and enlisted Service members being a key population of focus. This new integrated approach also aligns with the CDC's seven strategies for suicide prevention. Additionally, the Department identified the presence of specific factors, including sexually harassing behaviors, as contributing to the risk of suicide. The recent pilot of the On-Site Installation Evaluation process and quarterly command climate reporting are meant to identify installations where risk factors for readiness-detracting behaviors (e.g., sexual assault, hazing, suicide) can be addressed before escalating.

The Department leverages our enterprise-wide executive-level suicide prevention body - the Suicide Prevention General Officer Steering Committee (SPGOSC) - co-chaired by DSPO and HA, to guide specific Departmental suicide prevention efforts aligned with these policies, as well as to conduct program evaluation and data surveillance. Regarding program evaluation, we are dedicated to evaluating the effectiveness of our policies and programs. The SPGOSC developed a robust DoD-wide program evaluation framework, aligned with the CDC's seven strategies, to track progress and examine the collective impact of efforts - assessing suicide prevention holistically as a system. It is important to note that no one program or initiative, in and of itself, is guaranteed to result in a reduction of suicide or suicide behaviors or have an impact on every single at-risk individual, since no two people and no two life experiences are the same. As such, the Department examines the collective impact across programs to more fully understand effectiveness on outcomes. Moreover, we conduct research - and pilot and evaluate new promising programs - to ensure they are evidence-based before implementing them more broadly across the Department. Per the Government Accountability Office (GAO) Report 21-300, DoD is also taking action regarding Service and Component-specific suicide prevention activity evaluations, to ensure all individual programs are also assessed for effectiveness in the military.

With respect to data surveillance and reporting, the Annual Suicide Report (ASR), along with the complementary DoD Suicide Event Report (DoDSER) Annual Report, provides increased transparency and critical insights to help inform our suicide prevention policies and programs. My office has oversight of the ASR, which provides the official annual suicide death counts and rates for the Department. My HA colleagues publish the annual report for the DoD Suicide Event System - referred to as the DoDSER, which is the official source for suicide

attempts and known cases of ideations, along with certain medical records data. This report also provides a deep dive into the various contextual factors associated with suicide. Consistent with GAO Report 21-300, DoD removed unnecessary content duplication in these reports - in addition to developing consistent definitions for terms, such as suicide ideations - with both GAO recommendations closed by GAO in January 2022. The ASR provides certain higher level data at an earlier time. The DoDSER provides more detailed information that necessarily takes more time. Keeping these reports separate enables both access to information at an earlier time via the ASR and access to more detailed information from the DoDSER.

SUICIDE DATA - CALENDAR YEAR 2020 ANNUAL SUICIDE REPORT

As reported in the most current ASR - the Calendar Year (CY) 2020 ASR, the Active Component suicide rate statistically increased from CY 2015 to 2020. However, when looking more near-term, the CY 2020 suicide rate was statistically comparable to the last two years. Both the Reserve and National Guard suicide rates are statistically consistent from CY 2015 to 2020, meaning there is no statistically significant increase (or decrease) in the suicide rate. Tragically, 580 Service members died by suicide in CY 2020.

Consistent with prior years (and in line with the other harmful behaviors being examined via integrated primary prevention), Service members who died by suicide in CY 2020 were primarily enlisted, male, and less than 30 years of age. The primary method of suicide death continues to be by firearm, followed by hanging and asphyxiation. We also know over 87 percent of suicide deaths by firearm are through the use of personally-owned firearms, as opposed to military-issued firearms, per the most recent DoDSER. For CY 2021 through Quarter 3, we have tragically lost 383 Service members to suicide, as compared to 421 in CY

2020 for the same time period.

We are often asked how the military compares to the U.S. population. While we hold ourselves to a higher standard, per the CY 2020 ASR, the U.S. Population suicide rate is comparable to the military suicide rates for the Active Component, Reserve, and the National Guard, after accounting for age and sex differences (as the military population is younger with a higher percentage of males). Note that the overall U.S. Population rate decreased slightly in CY 2019 for the first time in 20 years, which is promising. However, this was not the case for 20-24 year-old males in the U.S. compared to the prior year. The military parallels this trend unfortunately, being heavily comprised of young males.

I am disheartened that the trends in the military are not going in the desired direction. The Department is focused on fully implementing and evaluating a multi-faceted public health approach to suicide prevention for our entire military community, while also targeting efforts to our population of greatest concern - young and enlisted Service members - and continuing to support our military families. We have also focused efforts on furthering our understanding of the experiences of our remote and Outside the Continental United States (OCONUS) communities, and how to further support their needs.

DOD EFFORTS ALIGNED TO SUICIDE PREVENTION SEVEN STRATEGIES

DoD's policies and programs align with the CDC's seven evidence-informed strategies for suicide prevention. These strategies include: (1) Creating protective environments, (2) Strengthening access and delivery of suicide care, (3) Promoting connectedness, (4) Strengthening economic supports, (5) Teaching coping and problem-solving skills, (6) Identifying and supporting people at risk, and (7) Lessening harms and preventing future risk.

The DoD has many ongoing and new efforts underway, including new research and evidence-informed pilots to bolster implementation of these seven strategies. Below I describe multiple initiatives - highlighting both institutionalized, ongoing efforts, as well as new promising practices from the civilian sector that we are currently piloting and evaluating for their effectiveness. Although these examples are by no means an exhaustive list of initiatives, it is through such efforts that we strive to enhance support to our Service members and families.

Creating Protective Environments. Prevention efforts that focus not only on individual behavior change (e.g., help-seeking, treatment intervention), but on changes to the environment, can increase the likelihood of positive behavioral and health outcomes. Research has shown that the time a person goes from thinking about suicide to acting on it can be less than ten minutes. Thus, putting time and distance between an individual and a lethal means may save a life. For example, safe firearm and medication storage practices decrease one's risk of dying by suicide. As such, DoD is taking various actions to enhance lethal means safety (LMS).

Late Fiscal Year (FY) 2021, DSPO released a new suite of evidence-informed LMS communication tools to reinforce the importance of safely storing firearms and medications among Service members and military families. This suite of tools was developed based on DoD research in collaboration with internal and external stakeholders, leveraging materials developed by organizations such as the National Shooting Sports Foundation. This suite includes: a Means Safety Guide for Service Members and Families; Means Safety Public Service Announcement; Safe Firearm Storage Communication Guidance for Military Leaders and Support Providers; and a Firearm Retailers Toolkit intended to support collaborations with firearm retailers to help disseminate suicide prevention information and increase safe storage, among other tools. To ensure wide-reaching impact, Deputy Secretary Hicks and Military Department leaders directed

a DoD-wide effort, with Military Service/Components developing a tailored LMS implementation plans supported by this suite of tools - with implementation to begin by the end of March 2022.

The Department is continuing a critical effort to train non-medical providers on how to speak with Service members and their families about safe storage of lethal means, based on an established best practice from the civilian sector. We are developing and will pilot a new online, military-specific training for key influencers in the military community, such as senior non-commissioned officers and spouses. This new effort builds upon a successful Phase 1 pilot that trained more than 2,000 non-medical providers, including Military and Family Life Counselors and Military OneSource call center staff. The Phase 1 pilot found counselors had increased knowledge and confidence in discussing access to lethal means and providing concrete means safety practices within the military community.

The Department is also funding new research to take a concerted look at our policies and training. For example, we are currently funding a research study that includes a needs assessment and feasibility analysis for developing and implementing a new firearm safety training for Service members earlier in their career (such as during Recruit Training, Officer Candidate School, Reserve Officer Training Corps). This training would integrate messaging on safe storage of both military-issued and personally-owned firearms. This formative research will identify how to best integrate LMS into the early career training pipeline to ensure maximum receptiveness and subsequent adoption of safe firearm storage practices.

Strengthen Access and Delivery of Suicide Care. While most people with mental health challenges do not attempt or die by suicide, and the level of risk conferred by different types of mental illness varies, mental illness is an important risk factor for suicide. As such, access to

and receipt of quality mental health care is vital. The Department's efforts to ensure unimpeded access to and delivery of evidence-based mental health care falls under the purview of HA, and is addressed in the written statement of my colleague, Dr. Rick Mooney.

In addition to ensuring access to quality clinical care for mental health and suicide, we must also address and mitigate the stigma associated with mental health care and help-seeking for other personal challenges (e.g., relationship problems, financial insecurity, or experiencing sexual harassment or sexual assault). For example, a common misconception is that accessing mental health care will result in loss of one's security clearance. The reality is that only .00115% of all clearance adjudications were denied or revoked solely related to past mental health treatment (by answering "Yes" only on Question 21 of the SF-86), per 2012-2020 data from the Defense Counterintelligence and Security Agency. Despite this low percentage, concerns regarding negative career impact remains a top reported help-seeking barrier. Likewise, stigma exists based on concerns over the impact of suicide-related incident reporting and access suspensions.

To drive fundamental change in this area, Deputy Secretary Hicks and Military Department leaders recently directed the stand up of a new interdisciplinary working group - with subject matter expertise enterprise-wide from across the suicide prevention, health affairs, and intelligence and security communities - charged to generate policy and training recommendations on the intersection of stigma toward seeking mental health care, suicide, and security eligibility/access policies and processes.

The Department has also launched and is piloting new training to reduce stigma and perceived barriers to seeking help, as well as encourage the use of support resources. For example, DoD developed a new interactive, upstream prevention training - designed for the

broader military population - aiming to reduce barriers and address the most prevalent help-seeking concerns (e.g., career impact, security clearance loss, privacy/confidentiality), familiarize resources, and encourage help-seeking before challenges become overwhelming. A pilot at six installations found this training significantly lowered Service members' perceived barriers and increased their comfort with seeking help and knowledge of resources available.

As a result of these evaluation findings, DoD has expanded upon this effort. Specifically, the Department developed and launched virtual facilitator training for this course, and is expanding the program to conduct a pilot and evaluation to identify how to tailor and adapt content and resources to best address the needs of remote or OCONUS Service members, including those in Alaska. We also developed a complementary interactive program for military spouses to address their unique needs and barriers to care, and are currently working with the Services on an evaluation plan. Additionally, we are developing a survey to further understand suicide thoughts and behaviors and help-seeking behaviors among our military spouses.

Promoting Connectedness. Our data shows relationship stressors, such as failed or failing intimate partner relationships, are frequently cited risk factors for suicide, and research suggests strong social connections protect against suicide, along with enhancing quality of life. Given the importance of connectedness to upstream prevention, Deputy Secretary Hicks and Military Department leaders directed a year-long, DoD-wide outreach and communications effort for Service members and families, aligned with the theme: *Connect to Protect: Support is Within Reach*. This campaign highlights the critical role relationships and interpersonal connections to family, friends, the community, and resources can play in preventing suicide. Given the important role that leaders play in reducing stigma, normalizing help-seeking for mental health and everyday challenges, and increasing connectedness, the campaign includes

senior leader messages to the Force - which kicked off with a message from Secretary Austin during Suicide Prevention Month. The Department is also conducting efforts to normalize relationship help-seeking and to connect military couples to relationship resources early on, including personalized counseling and education on healthy relationship skills. DoD also provides access to peer support and non-medical counselors through Military OneSource and Military and Family Life Counseling, including embedded counselors with an additional ability to "surge" if there is a heightened need at a given location. While not all relationship problems can be remedied with couples counseling and education, these efforts are part of the Department's broader effort to look at shared risk factors and touchpoints for support under the umbrella of the Prevention Collaboration Forum (PCF). The PCF brings together the offices responsible for suicide prevention; sexual assault prevention and response; diversity, equity, and inclusion; drug demand reduction; dependent education; and family advocacy to strengthen and promote integrated policies, collaborative research, analysis of gaps, and synchronized activities in support of the well-being of Service members and their families.

Strengthening Economic Supports. Financial stress (or anticipation of future financial stress) may increase one's overall stress; and, when combined with other factors, may increase suicide risk. As another upstream prevention effort, DoD provides financial education, counseling and other resources to help Service members and families achieve financial readiness, maintain skills to make informed financial decisions, and meet their personal/professional goals.

As an example of innovative research, DoD is funding a study to examine indicators of financial distress and community-level economic conditions (e.g., high unemployment; limited resources) that may impact military suicide risk. This study will improve our understanding of the link between financial distress and suicide in the military, and explore community conditions

that may contribute to suicide risk among Service members and their families in geographically-remote and OCONUS locations as compared to other communities. Identifying such financial and economic risk factors will assist DoD in improving existing, and developing new, programs.

Teaching Coping and Problem-Solving Skills. Building life skills prepares individuals to successfully tackle every day challenges and adapt to stress and adversity. Addressing coping and problem-solving, particularly among young Service members at this formative stage in life, may normalize how Service members address stress, seek help when needed, and solve problems without violence or self-harm. The Department is currently expanding upon a promising in-person, upstream prevention pilot program completed in CY 2021, which was based on a best practice from the civilian sector. This training teaches foundational skills, such as rational-thinking, emotion regulation and problem-solving, early in one's military career to proactively address life stressors. We are now developing and will pilot a more universal and accessible interactive e-learning option of this training.

Identifying and Supporting People at Risk. Each Military Service delivers Question-Persuade-Refer (QPR) training, designed to teach "gatekeepers," such as Service members, chaplains, and others in the military community, how to recognize the warning signs of a suicide crisis and how to respond to those at risk. DSPO also released a new online training video in late FY 2021 after a successful evaluation pilot, which teaches young Service members how to recognize and to respond to warning signs of suicide on social media.

Lessening Harms and Preventing Future Risk. Risk of suicide has been shown to increase among people who have lost a friend, family member, coworker, or other close contact to suicide. Also, how suicide is discussed in the media, in a town hall, or informally in a group of individuals may add to this risk among vulnerable individuals. DoD has several efforts to

lessen these potential harms and prevent future risk. For example, in FY 2021, DoD published the *Leaders Suicide Prevention Safe Messaging Guide* to address misconceptions about suicide, as well as how to safely talk about suicide prevention and a suicide death, and have conversations that will encourage those at risk of suicide to seek help.

DoD also published the *Postvention Toolkit for a Military Suicide Loss* - providing evidence-based practices for postvention providers - such as unit commanders, casualty affairs officers, chaplains, and first responders - to best support Service members, families, and communities impacted by a military suicide loss. This toolkit's content, developed in collaboration with external stakeholders such as the Tragedy Assistance Program for Survivors, is also being leveraged to develop new online training, with an initial development focused on important support roles, such as casualty affairs officers and chaplains.

PARTNERSHIPS ENHANCE A PUBLIC HEALTH APPROACH TO SUICIDE

The Department collaborates regularly on efforts, both internally and externally, with other organizations to continually advance its understanding of suicide and our evidence base of effective suicide prevention policies and programs. Collaborations with national and local organizations, such as other federal agencies, nonprofit organizations, and academia, are essential in creating a robust safety net for the military community and advancing the public health approach to suicide prevention. For example, the Department is part of a national public-private partnership - the National Action Alliance for Suicide Prevention - which focuses on promoting hope, help-seeking, and education about available services, resources, and support. We also work with the Tragedy Assistance Program for Survivors to ensure postvention support

services are available for suicide loss survivors. We garner valuable input from those who have suffered suicide loss or survived a suicide attempt to advance prevention efforts.

We collaborate with other federal agencies, such as the Department of Veterans Affairs (VA), Health and Human Services (HHS), and Homeland Security (DHS) on new innovative, interagency policy and programmatic efforts to prevent suicide among our military, veterans, and their families. For instance, in late CY 2021, the White House released the national strategy, *Reducing Military and Veteran Suicide: Advancing a Comprehensive, Cross-Sector, Evidence-Informed Public Health Strategy*, which presents a series of priority goals and actions, with an emphasis on LMS and improving behavioral health care access/quality, and reducing barriers to care. DoD Co-Chairs the Interagency Task Force on Military and Veterans Mental Health, along with VA and HHS, overseeing the execution of key elements of this strategy.

To stay abreast of the evolving research and evidence-base for suicide prevention, DoD maintains active collaborations with research organizations and academics on the cutting-edge of science, as well as funds new efforts aligned with the CDC's seven strategies and integrated primary prevention. DoD also co-hosts a biennial suicide prevention conference with VA - representing the only national conference that specifically addresses suicide in military and veteran populations. The conference provides an opportunity for leaders, Service members, clinicians, behavioral health and suicide prevention experts, and community health providers to share their expertise, bring new innovations to the forefront, and learn about the latest research and promising practices for preventing suicide in our military and veteran communities.

CONCLUSION

I am grateful for the opportunity to speak with you today and discuss the Department's

suicide prevention efforts. The Department remains steadfast in its commitment to suicide prevention and the overall well-being of our Service members and their families. While some meaningful progress has been made, I know we have much more work to do to prevent suicide. We will continue to expand our prevention efforts to address various risk and protective factors of suicide across our military community, including establishing an integrated primary prevention workforce to drive integrated upstream prevention efforts. We are leveraging emerging research and best practices from our own efforts, as well as our federal and non-federal partners. We continue to develop, test, implement, and assess the effectiveness of new policies and initiatives to better support our community as a whole, as well as various subpopulations, such as at risk young and enlisted Service members, and remote, OCONUS communities. We also welcome the valuable insights that will be gained through the forthcoming Suicide Prevention and Response Independent Review Committee. In closing, I thank you for your unwavering dedication and support of the men, women, and their families who defend our great Nation.