

POLICY OR PRECEDENT

SUBJECT: (USASOC) Suicide Prevention Policy

DATE: SEP 22 2022

POLICY NUMBER: ORIGINATING SECTION: ORIGINATOR: PHONE#: AAFP (600-63a) Ms. Belt 910-432-2093

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SYNOPSIS:

1. Purpose: To provide minimum requirements for the United States Army Special Operations Command (USASOC) Suicide Prevention Program. It outlines initiatives for supporting overall wellness of the command and responding to suicide events.
2. Scope: This policy applies to all elements of the USASOC Headquarters, component subordinate commands and component subordinate units.
3. General:
  - a. The USASOC Suicide Prevention Program uses a theory-based strategy targeting multiple layers of the military community to change the culture and optimize resources to ease access to care. Expanding efforts and resources by incorporating previously untapped entities to include multiple strata of the military community will change the culture from within and support an exhausted system to make access to care easier for our Soldiers and providers. Without improving these aspects of suicide prevention, we will see no change.
  - b. The Suicide Prevention Program focuses on decreasing the risk of suicide by improving the overall wellbeing of USASOC members. To truly address suicide in a preventative manner, efforts must be made to decrease the potential of developing or increasing risk of suicide. It addresses four primary lines of effort (LOEs): build a sense of community, create opportunities for purpose, promote wellness and stress management, and collect and measure data.

PRESCRIBING DIRECTIVES: Department of Defense Instruction 6490.16, Defense, Suicide Prevention Program; United States Special Operations Command (USSOCOM) Directive 1-4, Suicide Prevention Policy and Procedures; Army Regulation 600-63, Army Health Promotion; and Department of the Army (DA) Pamphlet (PAM) 600-24, Health Promotion, Risk Reduction, and Suicide Prevention.

DISTRIBUTION:  
This publication is available in electronic media and is intended for A5 distribution. Paper copies will be provided for those not having access to e-media.

OTHER POLICIES AFFECTED:  
None

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4. Roles and Responsibilities:

a. Suicide Prevention Coordinator (SPC) will lead the Suicide Prevention Program and collaborate with each component subordinate command and component subordinate unit to develop and support initiatives within each of the LOEs.

b. G-1 will ensure procedures are completed in accordance with (IAW) regulations and guidelines for reporting and maintaining information on suicide events within USASOC, to include information flow from subordinate units and higher headquarters.

c. Component subordinate commands and subordinate units Commanders will:

(1) Appoint, on orders, a command suicide prevention liaison. The liaison will engage with Human Factors Councils and serve as a communication conduit, fulfilling the requirements of the Suicide Prevention Program; facilitating a network of trusted agents for program development and change to ensure inclusion of community knowledge and local practices.

(2) Develop plans to identify, create, and assess existing local systems of prevention to support the Suicide Prevention Program LOEs with measures in place to streamline practices.

(3) Create opportunities for approaches such as grassroots peer support, mentorship, and avenues of engagement for families and leadership, including ways of incorporating feedback, guidance, and support for the approaches utilized.

(4) Develop and publish procedures on how to strategize and respond to suicide events and follow-up practices, improving communication and eliminating unnecessary barriers.

(5) Conduct, track, and report annual Ask, Care, Escort (ACE) training which is required for all USASOC personnel. Material will be available on the Human Performance and Wellness (HPW) portal page and can be used for annual training requirements. Commands are encouraged to include supplemental training to address the needs of the unit and provide meaningful training to personnel. Command subject matter experts must be consulted on training material used. Sustained efforts will be made to train families as they are integral to the USASOC community.

(6) Report all suicides, suicide attempts, and suicidal ideations resulting in a hospitalization involving all USASOC active duty and reserve members. Updated guidelines for reporting, to include definitions and timelines, are specified on the HPW portal.

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(7) Conduct Psychological Autopsies IAW the USASOC Guide for Conducting Psychological Autopsies for Suicide, located on the HPW portal page. To respect the varying needs of the loved ones left behind, it is highly recommended to incorporate the SPC in developing a plan for each autopsy.

(8) IAW USSOCOM Directive 1-4, conduct a minimum of quarterly meetings to address Soldiers deemed to be at risk for suicide. These meetings can be in conjunction with or separate from the Human Factors Councils.

(9) To accommodate the unique needs of the USASOC community, a blended approach is recommended for the requirements of Commander's Ready and Resilient Council (CR2C), Suicide Prevention Task Force (SPTF), and Suicide Response Teams (SRT) to optimize existing installation structures and resources.

d. If commands create their own programs, instead of integrating into the installation options, refer to requirements outlined in DA PAM 600-24, AR 600-63, and updated Army regulations produced by Army Suicide Prevention Program for guidance.

5. Resources. USASOC-HQ-HQP-SFW SharePoint page, [USASOC-HQ-HPW-SFW - Home \(sharepoint-mil.us\)](#), Suicide Prevention.

6. Effective Date. This policy is effective immediately and remains in effect until rescinded.

(END)