



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND INFANTRY DIVISION
UNIT #15041
APO AP 96258-5041

EAID-CG

APR 30 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy Letter # 1-4, Soldier Well-Being

1. References.

- a. Department of Defense Directive 6490.1, Mental Health Evaluations of Members of the Armed Forces, 1 Oct 97.
- b. AR 600-63, Army Health Promotion, 7 May 07.
- c. DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 17 Dec 09.
- d. Army Directive 2010-01, Conduct of Army Regulation 15-6 Investigations into Suspected Suicides and Requirements for Suicide Incident Family Briefs, 26 Mar 10.
- e. USFK Regulation 40-216, Referral of Personnel for Mental Health Evaluation, 10 Dec 09.

2. This policy letter supersedes 2ID Policy Letter #45 (Soldier Well-Being) dated 16 August 2011. It remains in effect until rescinded or superseded.

3. **PURPOSE.** This policy letter promulgates my directives to leaders and military personnel at all echelons within the 2nd Infantry Division (2ID) for the immediate and active utilization of programs that promote Soldier well-being. The policy letter also provides guidance on the responsibilities of 2ID Commanders with respect to suicide prevention and Comprehensive Soldier Fitness.

4. **APPLICABILITY.** This policy letter applies to all military personnel assigned or attached to 2ID.

5. **POLICY.** Commanders will send a welcome letter (sample at Enclosure 1) to the next of kin (NOK) for all newly assigned personnel. The welcome letter will contain phone numbers that NOK may use to contact both the chain of command and the Division Emergency Operations Center. Proper phone prefixes will be applied for a CONUS commercial call to a USFK DSN.

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a. HQDA 3/5/7 has mandated a Comprehensive Soldier Fitness (CSF) program for Soldiers, with a service delivery component for spouses, with the intent and goal of developing and/or improving the skills necessary for our Soldiers to be resilient and thrive in the face of a challenging environment. In order to support, maintain and enhance an ongoing culture of resilience, 2 ID will:

b. Conduct resilience training for our Soldiers upon arrival and while in-processing at the Warrior Readiness Center (WRC). All Soldiers, prior to release to their units, will complete the Global Assessment Training (GAT), receive instruction in the DA resilience modules 1&2, with all junior leaders from E4-E8, WO1-WO4, O1-O4 receiving instruction in modules 1-4. Division will designate/maintain a core cadre of MRT's (7 instructors) whom are permanently assigned to the Division (HHBN/WRC) and that are supplemented as needed by the MSCs in order to ensure we maintain a division mandated standard trainer to Soldier ratio of no more than 1:25.

(1) Brigades will maintain a resilience program that will support sustainment and quarterly progression of their Soldiers level of resilience. Brigades will:

(a) Maintain and support Resilience Centers (RC) at the following locations, Camp Casey (210FiB), Camp Hovey (1HBCT), Camp Red Cloud (HHBN), K-16 (2CAB), and Camp Humphreys (2CAB). RC's are permanent-designated spaces that are manned by host 2ID units and utilized specifically for resilience training and will maintain a resilience focused training environment that includes the posting of resiliency posters, provision of division mandated handouts, documents, and surveys.

(b) Maintain one designated, and division approved, full-time senior MRT at the brigade and battalion level, with one Resilience Training Assistant (RTA) maintained per company IOT to support the BDE's quarterly training requirements.

(c) Ensure that every Soldier receives two hours of CSF approved resilience training modules (both fundamental resilience skills and enhanced performance) per quarter. All Soldiers will also complete one online Comprehensive Resilience Module (CRM) per quarter, for a total of 4 CRM's per year in the following domains: Family, Emotional, and Social. Spiritual dimension CRM's are completely voluntary. Soldiers shall not be mandated or directed to complete Spiritual dimension CRM's.

(d) Track that Soldiers have completed their annual Global Assessment Training (GAT), either at the WRC and/or within 30 days of arrival to their home unit. Soldiers may retake the GAT at 90 day intervals on a voluntary basis; however, it is highly recommended IOT allow Soldiers to better gauge their improvement and sustain their motivation.

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(2) 2ID will maintain and actively promote a strong Comprehensive Warrior Spouse Fitness program with oversight provided by DSO and primary support through the BDE Family Readiness Groups (FRG). Our volunteer MRT Spouses will receive DA MRT training, remain current with all CSF material and programs, and will remain in good standing within the community.

(a) Commanders will ensure timely visitation of all hospitalized Soldiers by their direct chain of command, NLT within 48 hrs after admission in order to ensure these Soldiers and/or their families are provided the support and assistance required throughout their hospitalization.

(b) Commanders will immediately refer a Soldier for a mental health evaluation when the Soldier attempts to commit suicide, expresses a suicidal ideation, or engages in behavior that displays a suicidal gesture.

(3) All referrals for a mental health evaluation will adhere to the procedures established under DOD Directive 6490.1 Conduct of AR 15-6 Investigations into Suspected Soldier Suicides and Requirements for Suicide Incident Family Briefs (26 March 2010), AR 600-63 Army Health Promotion (7 Sep. 2010), DA PAM 600-24 Suicide Prevention (7 Sep. 2010), and U.S. Forces Korea Regulation 40-216 Referral of Personnel for Mental Health Evaluation (10 Dec 2009).

(4) Soldiers who are referred for a mental health evaluation will be escorted to their appointments to ensure that all sessions are met. The chain of command will follow-up all mental health appointments with the mental health care provider for any special instructions regarding Soldier care.

d. Commanders will initiate the following investigations under the following circumstances:

Investigation Types	Investigation Initiation Factors	Authorities
Administrative Investigation in accordance with AR 15-6 and Army Directive 2010-01	Every suicide and equivocal death which is being investigated as a possible suicide.	AR 600-63, para. 1-24.o DA Pam 600-24, para. 2-5.a(12)
Line of Duty Investigation (LOD) In accordance with AR 600-8-4	For all deaths and injuries arising from suicide-related events (equivocal deaths, attempts, and acts of self harm) for Soldiers in an active duty or IDT status.	AR 600-63, para. 4-4.m(2)(d) DA Pam 600-24, para.2-10.b
Conduct an inquiry in accordance with Commander's Suspected Suicide Event Report (CSSER)	Every suicide attempt, suicidal ideation and behavior that displays a suicidal gesture.	AR 600-63, para 1-25 DA PAM 600-24, para. 2-5.a(14)

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e. Army Directive (AD) 2010-01 (enclosure 1) provides new guidance on the conduct of AR 15-6 investigations related to deaths resulting from suicides. In addition to consulting your legal advisor before initiating an investigation, the investigating officer (IO) must coordinate with the LOD officer, the CID office that investigated the suicide, a behavioral health provider, and the Office of the Armed Forces Medical Examiner throughout the investigation. Furthermore, the IO must use the list of open-ended questions provided in the AD 2010-01. The findings and recommendations of the investigations will be submitted to the 2ID Surgeon for tracking.

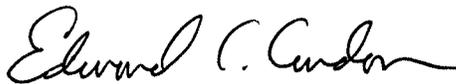
f. In addition to the AR 15-6 investigation, colonel-level Commanders or colonel-level designees appointed by me must offer a death investigation briefing to the deceased Soldier's primary next of kin. The briefing must follow the guidelines outlined in AD 2010-01, and AR 600-34.

g. If a Soldier attempts to commit suicide, expresses a suicidal ideation, or engages in behavior that displays a suicidal gesture, Commanders will at a minimum initiate a Commander's Inquiry to determine the possible causes for the Soldier's actions and to assess their unit's response.

h. Commanders will ensure that various incentives and programs, as per policy letter #1-3, are integrated into their Soldiers' well-being, to include recognition of interventions. Recommendations for "star notes" from the 2ID Commanding General are highly encouraged for deserving cases.

i. Commanders will ensure that Soldiers are aware of the Strong Bonds program regardless of marital status or religious reference.

6. PROPONENT. The 2ID Assistant Chief of Staff, G1 is the proponent for this policy. The proponent can be contacted at commercial 011-382-1571 or DSN 732-6150.



EDWARD C. CARDON
Major General, USA
Commanding

Encls

1. Army Directive 2010-01

DISTRIBUTION:

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SECRETARY OF THE ARMY
WASHINGTON

26 MAR 2010

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2010-01 (Conduct of AR 15-6 Investigations Into Suspected Suicides and Requirements for Suicide Incident Family Briefs)

1. This directive publishes changes in Army guidance that require the investigation of all suspected Soldier suicides and improved availability of information for surviving Family members.
2. Commanders will initiate a death investigation in accordance with the procedures for informal investigations established in AR 15-6 (Procedures for Investigating Officers and Boards of Officers) and additional guidelines provided at enclosure 1 for all suspected Soldier suicides. In addition, for deaths that occur on or after 15 April 2010 that are later confirmed to be suicides, colonel-level commanders or other colonel-level designees appointed by the investigation approval authority will offer a death investigation briefing to the deceased Soldier's primary next of kin and, when practical, to parents who are secondary next of kin following the guidelines outlined at enclosure 2 to this directive.
3. This directive is effective immediately and is applicable to all suspected incidents of suicide for which the deceased Soldier is a reportable casualty as outlined in AR 600-8-1 (Army Casualty Program). The Director, Army National Guard and the Chief, Army Reserve may establish similar investigation requirements for Army National Guard and U.S. Army Reserve Soldiers who are suspected of committing suicide while in an inactive duty status. The Army Deputy Chief of Staff, G-1 (DAPE-ZA) must approve supplementation of this directive.
4. These changes will be incorporated into the next revision of AR 600-8-1 and AR 600-34 (Fatal Training/Operational Accident Presentations to the Next of Kin). AR 600-34 also will be renamed the Army Fatal Incident Family Brief Program.
5. The Deputy Chief of Staff, G-1 is the proponent for these policies.

2 Encls


JOHN M. McHUGH

SUBJECT: Army Directive 2010-01 (Conduct of AR 15-6 Investigations Into Suspected Suicides and Requirements for Suicide Incident Family Briefs)

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GUIDANCE FOR INVESTIGATING OFFICERS CONDUCTING AN AR 15-6 INVESTIGATION INTO A SUSPECTED SOLDIER SUICIDE

The purpose of an AR 15-6 investigation into a suspected suicide is to identify the circumstances, methods, and contributing factors surrounding the event. The investigation should examine the Soldier's behavior before the event; actions by the chain of command; and potential improvements to the unit's, installation's, or Army's suicide prevention program. The completed investigation should provide clear, relevant, and practical recommendation(s) to prevent future suicides.

Coordination

Consult with the Office of the Staff Judge Advocate and the line of duty investigating officer (if separately appointed) before proceeding with the investigation. Also contact the U.S. Army Criminal Investigation Command (CID) office responsible for CID's death investigation to obtain relevant factual information, including preliminary reports.

During the investigation, coordinate with the behavioral or other health provider, as well as with the Office of the Armed Forces Medical Examiner, when applicable, to obtain information related to prescription drugs, autopsy report, toxicology report, etc. In addition, make sure the provider(s) fully understands that all medical information will be included as exhibits in the report of investigation before completion of the findings and recommendations.

At the end of the AR 15-6 investigation, contact the responsible CID office and the line of duty investigating officer (if applicable) to resolve any discrepancies in factual information and to make sure no key matters of evidence (such as toxicology, autopsy, or civilian police reports) remain pending that could have a bearing on the findings and recommendations. To the extent that medical information forms the basis of any findings or recommendations, obtain a final review of those findings and recommendations from a behavioral health provider and/or a medical examiner, as appropriate, before requesting the final legal review of the investigation report.

Civilian Investigative Reports

When autopsies, police reports, or other civilian jurisdiction investigative reports are not releasable to military investigators, make the nonavailability of the report(s) a matter of record in the investigation report. Any contact or communications with a Family member of the Soldier should be pursued only when absolutely essential to the conduct of the investigation. Contact must first be coordinated with the Director, Casualty and Mortuary Affairs Operations Center at (703) 325-7777.

Lines of Inquiry

Use the following "lines of inquiry" as a starting point. Craft open-ended questions requiring an explanation instead of allowing a simple "yes" or "no" response. The answers to these questions might provide essential information that commanders at all levels

Army Directive 2010-01
Guidance for Investigating Officers Conducting an AR 15-6 Investigation Into a
Suspected Soldier Suicide

and the Army as a whole can use in current suicide awareness and prevention programs.

Communication of Suicidal Intent:

- Did the Soldier communicate a threat of suicide and, if so, to whom?
- Was the communication(s) written, spoken, or nonverbal? Give examples.
- Explain the circumstances surrounding the suicide attempt(s).
- Was the chain of command aware of the suicide threats and, if so, how did it react to the threats (referral to chaplain, combat stress team, mental health provider, other)?
- What was the diagnosis or opinion of these professionals if the Soldier was referred?
- Had the Soldier previously attempted to commit suicide? If so, provide a history of the attempt(s) and response(s), and indicate what circumstances led to those previous attempts.
- Who was the last person to speak with or see the Soldier before the suicide? What was discussed? What did that person observe or hear, what did that person think or perceive about the Soldier, and what actions did that person take?
- Had a behavioral health provider, primary care provider, or chaplain seen the Soldier within the last 30 days? (Note: The chaplain may confirm whether command referred the Soldier for counseling, but cannot reveal the details of pastoral conversations. The policy on absolute confidentiality requires the chaplain to uphold confidential communication, even after the death of the counselee.)

Personality and Lifestyle:

- What was the Soldier's basic personality (relaxed, intense, jovial, gregarious, withdrawn, outgoing, morose, bitter, suspicious, angry, hostile, combative, other)? Was the Soldier's personality and demeanor before the suicide different from his or her normal behavior?
- Explain any recent change(s) in mood or symptoms of mental illness.
- Explain any recent change(s) in behavior, such as eating, sleeping, social relationships, drinking, or drugs.
- Describe the Soldier's friendship group. Were there many, few, casual, or intense friendships?
- Explain any recent withdrawal from a friend(s) or acting out, such as gambling, overspending, or fighting.

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Guidance for Investigating Officers Conducting an AR 15-6 Investigation Into a Suspected Soldier Suicide

- Explain how the Soldier spent his or her free time.
- Did the Soldier experience a recent loss (death, breakup of a relationship)? If so, explain.
- Did the Soldier have any significant financial issue(s) or problem(s)? If so, describe the nature of the problem(s).
- Did the Soldier have any significant health problem(s)? If so, describe the nature and treatment of those problem(s).
- Is there any indication that the Soldier was experiencing difficulties in a relationship with a spouse, partner, parents, or children? If so, describe the nature of the conflict(s).
- Did the Soldier have any communication(s) on the Internet (that is, with social networking sites)?
- Did the Soldier contact *ArmyOneSource*?
- Was the Soldier currently taking any prescription drug(s)?
- What was the Soldier's religion and was the Soldier active in any religious programs?

Military History:

- Determine time in service, time in grade, months assigned to present unit, date of last permanent change of station (PCS), date of pending PCS, awards.
- Explain any Uniform Code of Military Justice actions (article 15s, courts martial) or other adverse administrative action(s).
- Explain any pending unfavorable personnel action(s) (bars to reenlistment, weight control, Army Physical Fitness Test).
- Explain any counseling statement(s). (By whom? When? Why?)
- What type of suicide prevention or resiliency training did the Soldier participate in and in what timeframe?
- What was the Soldier's previous deployment history? How many deployments had the Soldier been on (number, length of deployment, nature of work while deployed)?
- When did the Soldier complete the suicide standdown/training?
- How many unaccompanied tours had the Soldier been on?

Army Directive 2010-01

Guidance for Investigating Officers Conducting an AR 15-6 Investigation Into a Suspected Soldier Suicide

Other:

- What did the immediate group of officers, noncommissioned officers, government civilians, contractors, and peers think of the Soldier?
- Had the Soldier been singled out or harassed? Explain by whom and why.

GUIDANCE FOR CONDUCTING FAMILY BRIEFS FOR AN AR 15-6 INVESTIGATION INTO A CONFIRMED SUICIDE

The purpose of the Suicide Incident Family Brief Program is to ensure that Families receive as full an accounting as possible of the circumstances surrounding the loss of their loved one as identified during the AR 15-6 investigation. The program also serves to provide information about any corrective action(s) the unit has taken as a result of the releasable finding(s) and recommendation(s) of the completed investigation.

The Suicide Incident Family Brief Program is a commander's program under the umbrella of the Army Fatal Incident Family Brief Program, which also includes Fatal Accident Family Briefs. As a starting point for organizing the Suicide Incident Family Brief, use the guidance for conducting Fatal Accident Family Briefs outlined in AR 600-34 (Fatal Training/Operational Accident Presentations to the Next of Kin) (to be renamed the Army Fatal Incident Family Brief Program). The Casualty and Mortuary Affairs Operations Center (CMAOC) will help commanders coordinate the initial statement of offer and, upon request, will advise commanders concerning the content of the brief. Develop the brief from a template that will be provided by the briefing case manager from CMAOC.

Request a legal review of the final version of the brief from the servicing staff judge advocate before the presentation date to make sure the brief contains no information that pertains to national security, would jeopardize unit operations, or would violate the provisions of the Privacy Act, Freedom of Information Act, or the Health Insurance Portability and Accountability Act.

Composition of Briefing Team

Follow the guidance in AR 600-34 for the composition of the briefing team. The Adjutant General (TAG) will determine CMAOC representation as needed. When feasible, include a behavioral health professional with knowledge of the case, but who was not previously involved in the Soldier's treatment. As a minimum, consult with a behavioral health professional before conducting the brief to make sure all team members understand the terminology the briefer will be using whenever a discussion of medical diagnoses, medications, etc. is likely. Have the behavioral health specialist or any other appropriate special expert available to participate by telephone when they cannot be on location during the brief. (For example, include the medical examiner if the Office of the Armed Forces Medical Examiner conducted an autopsy or the casualty liaison from U.S. Army Criminal Investigation Command (CID).)

Coordination, Scheduling, and Conduct of Family Briefs

In the case of Suicide Incident Family Briefs, coordinate both the completion of the AR 15-6 investigation and the Family Brief offer with CID to ensure that the investigation and brief do not interfere with the conduct of the CID investigation and to identify any discrepancies in the findings of the two investigations. When feasible, schedule the Family Brief to coincide with the final CID investigation outbrief, both to minimize the

Army Directive 2010-01

Guidance for Conducting Family Briefs for an AR 15-6 Investigation Into a Confirmed Suicide

potential traumatic effect on the Family and to make sure the Army delivers a consistent message concerning the circumstances of the Soldier's death.

Offer Suicide Incident Family Briefs to the deceased Soldier's primary next of kin and, when practical, to parents who are secondary next of kin. When offering a Family Brief to parents, consider bringing all Family members to a neutral location for a single briefing if Family dynamics permit.

At the end of the presentation, respond to any questions from the Family, refer any issues outside your area of competence to participating subject matter experts, and ensure the prompt followup of unresolved issues. Although the goal is to try to answer all of the Family's questions and concerns while in their presence, the briefer must be careful not to give false, inaccurate, or misleading information. It is preferable to require the Family to wait to receive accurate information at a later date than to offer misinformation during the Family Brief.

After completing the presentation, submit an afteraction report through the investigation approval authority to TAG. Identify issue(s) that remain unresolved for the Family and provide feedback that would be useful for other commanders preparing to conduct a Suicide Incident Family Brief. TAG will task appropriate organizations to respond to any unresolved issue(s) related to the presentation.

Special Considerations

Exercise considerable caution to avoid blaming the Soldier, a Family member, or other individuals for the incident. Continuing emotions of anger and guilt are common. Because many Soldier suicides stem from relationship issues including issue(s) with or that affect the primary next of kin who is receiving the briefing you may need to consider special circumstances or dynamics in conducting a Suicide Incident Family Brief that would not be present when conducting Fatal Accident Family Briefs.

If the investigation report includes content that might be disturbing for one or more Family members to absorb, the briefer should acknowledge the existence of the information and explain that it will not be addressed during the briefing unless the primary next of kin requests that it be included.

To emphasize: When briefing relationship issue(s) as potential contributing factors to the suicide, the briefer should keep the information general in nature and not place blame on any particular individual.