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(U.S. Army photo by Michele Wiencek)

Three-Level-Down Approach to Suicide Prevention

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XVIII Airborne Corps

The Department of Defense (DOD) Annual Suicide Report (ASR), released in October 2020 for the calendar year (CY) 2019, shows an increase in suicide rates from CY 2014 to 2019 (DOD, 2020). These findings highlight the necessity of an Army-wide focused suicide prevention approach emphasizing positive battalion leadership. This article argues senior leaders must do more to prevent suicides by directly engaging junior enlisted Soldiers three levels down.

Current Approach

The current military approach is an enterprise-wide collection of suicide prevention programs emphasizing education and awareness (“Defense Suicide Prevention Office,” n.d.). For the U.S. Army, the Army Suicide Prevention Program (ASPP) follows a community-based approach to reducing suicidal behavior through the function of the Community Health Promotion Council

(CHPC), which focuses local suicide prevention programs and the importance of early identification and intervention techniques (Department of the Army, 2015a). The ASPP includes annual suicide prevention and awareness training consisting of the Ask, Care, Escort (ACE) model, Beyond the Front video, The Home Front interactive suicide prevention awareness training video, Shoulder-to-Shoulder video series, and the Ready and Resilient Campaign, administered under Army human resources.

An example of a targeted program at the company level is the ACE Suicide Intervention (ACE-SI) training. The ACE-SI is a one-time training requirement designed to equip squad and section leaders, platoon sergeants, platoon leaders, first sergeants, executive officers, and company commanders with the necessary skills to intervene in a suicide situation (Department of the Army, 2015a).

Due to the results of the ASR, the Department of Defense reported it will expand its public health approach to suicide prevention by targeting young and enlisted service members (Department of Defense, 2019). The Defense Strategy for Suicide Prevention (DSSP) will champion this effort by helping this demographic focus on foundational skills to deal with life stressors early in their military career while recognizing and responding to warning signs of suicide on social media. DSSP objectives include:

- Strengthening economic supports
- Strengthening access and delivery of suicide care
- Creating protective environments
- Promoting connectedness
- Teaching coping and problem-solving skills
- Identifying and supporting people at risk
- Lessening harms and preventing future risk (Department of Defense, 2020)

These objectives are aligned with the Centers for Disease Control and Prevention (CDC) evidence-informed strategies on suicide prevention (“Suicide: Prevention Strategies,” n.d.).

Three-Level-Down Approach

While the current U.S. Army approach does center around leadership removing the stigma surrounding

mental health treatment, there is little incentive for them to do more than that (Department of the Army, 2015b). The three-level-down approach calls on battalion-level senior leaders to create opportunities for interaction with junior Soldiers down to the squad level. This approach infers that collectively, the battalion commander and command sergeant major have multiple decades of military experience between them, which is a wealth of military-life skills and career development knowledge for Soldiers. The three-level-down approach does not seek to undermine the roles of the company commander and first sergeant, instead, it brings in an extra viewpoint and even more experience to shape and improve a unit’s Soldier population. It also reinforces the philosophy

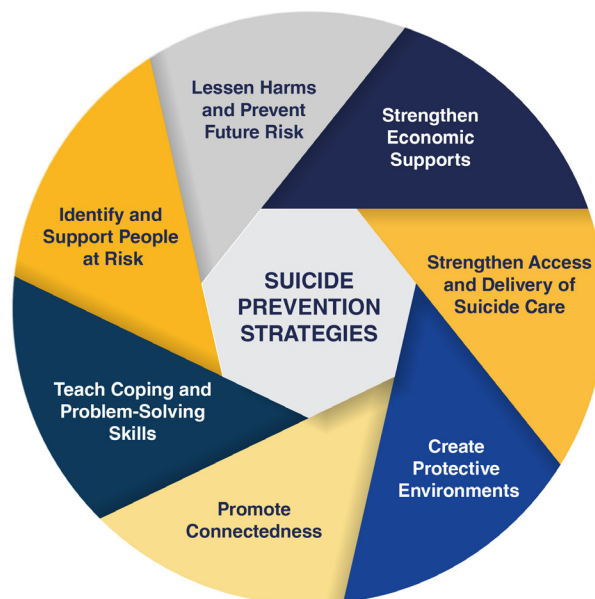
that leaders care about every Soldier in the unit, creating a positive command environment and culture. Following the ASPP’s three principal phases, battalion leaders can effectively change the tide by applying *prevention*, *intervention*, and *postvention* activities three levels down.

Prevention

The prevention phase is crucial in mitigating everyday life stressors from becoming life crises. According to the Department of the Army (2015b), the goal of the prevention phase is to equip “Soldiers,

Army Civilians, Family members with coping skills to handle overwhelming life circumstances” (p. 1). Senior leaders can promote a culture of prevention through life skills and resiliency training, stigma reduction, awareness, and a comprehensive communication plan.

Life skills and resiliency training: These skills can be developed through the many training programs available to Soldiers and Family members. Programs like the Comprehensive Soldier and Family Fitness (CSF2), Army Community Services (ACS), and others help enhance the protective factors that build resilience, such as a sense of belonging within an organization, connecting with friends, a positive view of self, and maintaining relationships within and outside the family. Senior leadership can make a positive difference within their units by ensuring the operational tempo and company-level training calendars incorporate time for Soldiers and Family members to take advantage of these programs.



Suicide Prevention Strategies (Graphic by Department of Defense)



(U.S. Army graphic by Keith Pannell)

Stigma reduction: The U.S. Army states that “One of the greatest barriers to preventing suicides is a culture that shames Soldiers into believing it is not safe to seek help” (Department of the Army, 2015b, p. 9). Emotionally intelligent battalion leaders can remove the stigma of weakness for receiving mental health by removing organizational barriers to help-seeking behaviors, developing supportive climates, normalizing positive help-seeking behavior through consistent emphasis, and reinforcing Army Values. By demonstrating that seeking mental health is normal, leaders model appropriate behavior to subordinates.

Awareness: For battalion leaders, awareness involves communicating suicide prevention messages to junior Soldiers and their Families to normalize conversations about suicide while developing the courage to ask tough questions to those who are contemplating suicide, and relaying the consequences and long-lasting effects of suicide on Family members and friends. Battalion leaders should consider producing materials for inclusion in unit newsletters, newspapers, monthly counseling sessions, noncommissioned officer development program, etc. Senior leaders can also increase suicide awareness by ensuring Soldiers have the opportunity to observe Suicide Prevention Month, National Suicide Prevention Week, and the World Suicide Prevention Day – all three observances occur in September.

Battalion communication plan: A deliberate battalion-level suicide prevention plan should be designed to increase awareness about helpful programs, training, and resources available to assist in suicide prevention and building resilience. A communication plan should include current prescribed training and awareness requirements. It should also include a purpose, higher headquarters information or theme, leadership engagement strategy, Army strategic context, overarching theme, key talking points, and desired effects.

Ultimately, the goal of these foundational prevention guidelines is for battalion leaders to positively influence Soldiers three levels down the formation, coaching and mentoring by leveraging their experiences while applying the prevention principles throughout the unit.

Intervention

Suicide intervention attempts to prevent a life crisis from turning to suicidal behavior by employing effective tools such as listening, demonstrating empathy, and escorting a person in crisis or behavioral disorder to a helping agency. Emotionally intelligent battalion leaders who interact frequently with junior Soldiers are in prime position to identify persons at risk. Examples of risk factors include work-related problems, previous suicide attempts, academic/personal setbacks, permanent change of station (PCS), poor social skills, excessive debt, etc. (“When a Service Member May be at Risk,” 2019). According to the CDC, suicidal warning signs include:

- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die (“Injury Prevention,” n.d., para. 5)

Postvention

According to the Department of the Army, in the unfortunate event of a suicide or attempted suicide, postvention is the process of providing sequence, planned support, and interventions to survivors (Department of the Army, 2015b). The degree to which battalion leaders involve themselves in the execution of postvention activities will affect the organization’s command climate. Postvention activities include care to the family of those Soldiers who have attempted or completed suicide, care for a Soldier who has expressed suicidal ideation or attempted suicide, care to the friends of Soldiers who have attempted or completed suicide, and funeral honors to the Soldier. The Army notes that effective postvention supports those affected by a suicide or attempt, promotes healthy recovery, reduces the possibility of suicide contagion, strengthens unit cohesion, and promotes continued mission readiness (Department of the Army, 2015b). Engaged battalion leaders who emphasize the importance of postvention in their organization will accelerate recovery and minimize the emotional toll on the organization.

Conclusion

The suicide rate among junior Soldiers has approached an all-time high. The solution is for battalion leaders to engage their junior Soldiers three levels down and apply ASPP’s three principal phases for mitigating risks as a framework. By doing so, not only will the unit be able to decrease suicide rates, but it will also build a healthy command climate centered around trust, positive leadership, and overall mission readiness. ■



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