

FIGHT AGAINST USAR SOLDIER SUICIDE
Chaplain Corps Best Practices and Recommendations

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1. CHs cultivate open lines of communication with Unit Leadership to identify Soldiers with issues and ensure Soldier care and follow-up. A CH must be proactive in asking leaders, “What Soldiers’ have issues and concerns? Who has received an adverse action? Who is unemployed? Who is having relationship issues?” A CH should always have a list of such Soldiers and be intentional to follow up with them.
2. CH make contact with every CCIR (dealing with suicidal threat/ideation) and STARRS¹ report received by his/her command. CH contact is made within 48 across the USAR.
3. Practice a robust “Ministry of Presence” and unit circulation IOT encourage Soldiers, especially junior Soldiers, to come forward when they or a Battle Buddy are struggling. Ensure your down-trace CHs have a unit coverage plan so all USAR units have a quarterly CH visit, especially those units with no organic CH. Every unit visited by a CH ever quarter.
4. In CY17, 50% of USAR Soldiers who committed suicide were unemployed or underemployed. If you have a USAR Soldier who needs a job, contact your nearest Private-Public Partnership Office (P3O):
<http://www.usar.army.mil/Featured/Private-Public-Partnership/Find-local-support/>
In FY16 P3O assisted approximately 780 USAR Soldiers with securing employment.
5. CHs must be at unit leadership meetings, they are SMEs in regards to interpersonal relationships, counseling, ethics and Soldier concerns. Religious Support includes “soul care” - CHs serve all Soldiers, including those with no religious preference.
6. Chaplains must impress upon unit leadership the absolute confidentiality of a CH. CHs cannot and do not report Soldiers to commanders or disclose any conversations. This is an extremely valuable capability, unique to CHs, for Soldiers who are fearful of harming their career if they seek mental health care.

¹ Study to Assess Risk and Resilience in Service-members

7. Help your down-trace CHs develop a robust community-referral-network so when dealing with a Soldier in crisis, the CH has ready resources at hand. Partner with AC, NG, USAR, VA, Suicide Prevention Program Manager, civilian clergy, behavioral health, and free community-based services found at 211.org to provide support to Soldiers in crisis.

8. Seek creative ways to present suicide awareness and prevention briefings to adult family members of Soldiers. Family members are often the first, and sometimes the only people to see the warning signs in their Soldier (perhaps at FRG events). Engage with Soldier's family as appropriate when warning signs are present.

10. CHs should make use of CH colleagues in Soldier care. When dealing with a Soldier presenting complex and/or chronic issues, don't go it alone. Consult professionally with other CHs and/or Behavioral Health professionals.

11. CHs must be especially proactive to intentionally engage new unit members and Soldiers experiencing negative life transitions (loss of job, spouse, etc.).

12. Develop an SOP for incoming/outgoing unit CHs. When leaving a unit, CHs should do a "warm hand-off" of Soldiers with issues to the incoming CH, or hand off to their Supervisory CHs. The goal is continuity of care.