



SECRETARY OF DEFENSE  
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WASHINGTON, DC 20301-1000

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MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP  
COMMANDERS OF THE COMBATANT COMMANDS  
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Next Steps on Suicide Prevention in the Military

This Department's most precious resource is our people. Therefore, we must spare no effort in working to eliminate suicide within our ranks. One loss to suicide is too many. We must all — in every part of the Department — redouble our commitment to respond better to these tragedies and to prevent suicide.

On March 22, 2022, I established the Suicide Prevention and Response Independent Review Committee (SPRIRC) to conduct a comprehensive review of the Department's efforts to address and prevent suicide. For the past year, committee members have studied suicide prevention and response activities, policies, and programs.

They visited a range of military installations, both in the continental United States and outside the continental United States, and received input through focus groups and individual interviews. I am grateful to the committee members for their expertise and dedication.

The committee has delivered its report to me, and it provides a range of recommendations to eliminate suicide in the military. The report also highlights opportunities for the Department to continue expanding the prevention work of the 2021 Independent Review Commission on Sexual Assault in the Military to include Suicide Prevention.

I have approved a two-phase approach to drive progress on implementation. In the first phase, I am approving the immediate implementation of the following recommendations addressing Service member well-being and access to behavioral and mental health care based on existing authorities and available resources, with adjustments made as appropriate, with a focus on rapid and effective implementation:

- The Under Secretary of Defense for Personnel and Readiness (USD(P&R)), in coordination with Under Secretary of Defense for Intelligence and Security as appropriate, will expedite the hiring process for behavioral health professionals (SPRIRC Recommendation 6.10).
- The Director, Defense Health Agency (DHA), in coordination with the Secretaries of the Military Departments as appropriate, will expand the availability of care in accordance with DHA Procedural Instruction 6490.12, "Military Behavioral Health Technician Management and Utilization," April 14, 2022, and through further utilization of behavioral-health technicians (SPRIRC Recommendation 6.12).



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- The Director, DHA, will improve processes to enhance access to mental health care (SPRIRC Recommendation 6.15).
- The Director, DHA, will improve access to mental health care by improved alignment of clinic scheduling (SPRIRC Recommendation 6.16).
- The Director, DHA, will implement the “episodes of care” model within behavioral health clinics wherein multiple behavioral health appointments are scheduled weekly at the outset of care (SPRIRC Recommendation 6.17).
- The Director, DHA, will amend DHA Administrative Instruction 6025.06, “Suicide Risk Care Pathway for Adult Patients in the Defense Health Agency,” August 9, 2022, to ensure the Administrative Instruction’s alignment with the pending update of the Department of Veterans Affairs/DoD “Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide” when it is published, to ensure empirically supported treatment intervention (SPRIRC Recommendation 6.21).
- The Director, DHA, will ensure that military medical treatment facilities screen for unhealthy alcohol use in Primary Care Clinics, in accordance with DHA Procedural Instruction 6025.15, “Management of Problematic Substance Use by DoD Personnel,” April 16, 2019 (SPRIRC Recommendation 6.24).
- The Director, DHA, will ensure the availability of evidence-based care for those seeking treatment or support for unhealthy drinking (SPRIRC Recommendation 6.25).
- The Director, DHA, will expand opportunities to treat common mental health conditions in primary care, with a priority to adopt Collaborative Care models (SPRIRC Recommendation 6.27).
- Commanders at all levels must promote mission readiness through healthy sleep throughout the Department, in accordance with DoD Instruction 1010.10, “Health Promotion and Disease Prevention,” April 28, 2014 (SPRIRC Recommendation 5.32).

In the second phase, the USD(P&R) will swiftly establish a Suicide Prevention Implementation Working Group as the primary body to: (1) assess the advisability and feasibility of implementing each of the remaining recommendations; (2) identify specific policy and program changes needed to implement each remaining recommendation, as appropriate; (3) provide cost and manpower estimates required to implement each remaining recommendation; (4) provide an estimated timeline to implement each remaining recommendation; (5) identify barriers to implementing the remaining recommendations, if any; and (6) to the extent applicable, identify recommendations for which implementation can be synchronized with current Department prevention activities and capabilities resulting from the Independent Review Commission on Sexual Assault in the Military.



Once established, the working group will convene immediately and provide regular updates through the Deputy's Workforce Council. This effort will culminate in a proposed Implementation Plan that will be delivered to me no later than June 2, 2023. I expect the members of the group to consider each recommendation thoroughly.

This new working group will be led by Dr. Tim Hoyt, Deputy Director, Force Resiliency. Its members will include senior members of the Office of the USD(P&R) (comprising representatives from the Office of the Assistant Secretary of Defense for Health Affairs, Office of the Assistant Secretary of Defense for Readiness, Office of the Deputy Assistant Secretary of Defense for Military Personnel Policy, and Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy), Office of the Under Secretary of Defense for Intelligence and Security, Office of the Under Secretary of Defense for Acquisition and Sustainment, Office of the Under Secretary of Defense (Comptroller), Office of Cost Assessment and Program Evaluation, Office of General Counsel of the DoD, Joint Staff, Military Departments, National Guard Bureau, and Office of the Assistant Secretary of Defense for Special Operations/Low-Intensity Conflict. Each office will designate a representative at the Senior Executive Service or 1-star equivalent level to serve as their representative. The Senior Enlisted Advisor to the Chairman of the Joint Chiefs of Staff will also name a representative in the rank of E-9. These representatives will provide support in a part-time capacity. Members of the working group may be added to include any other subject matter experts needed from across the Department.

We all share a profound responsibility to ensure the wellness, health, and morale of the Total Force, and the steps outlined in this memo will help us deliver on that priority. As I continue to say, mental health is health — period. We must do everything possible to heal all wounds, whether visible or invisible, and we must do away — once and for all — with the tired old stigmas on getting help. This is a critical leadership issue. The mental health support available for our teammates must be comprehensive and easy to access.

Together, we will honor the memory of all our teammates and loved ones who have died by suicide. We will find new ways to support all who are in pain. And we will redouble our effort to do right by every member of our outstanding military community.

