



# Department of Defense **DIRECTIVE**

**NUMBER** 6490.14

June 18, 2013

*Incorporating Change 1, Effective April 1, 2016*

---

---

USD(P&R)

**SUBJECT:** Defense Suicide Prevention Program

**References:** See Enclosure 1

1. PURPOSE. This directive

a. Establishes policy and assigns responsibilities for implementation of the Defense Suicide Prevention Program in accordance with the recommendations of the final report of the Department of Defense Task Force on Prevention of Suicide by Members of the Armed Forces (Reference (a)) pursuant to section 733 of Public Law (PL) 110-417 (Reference (b)), section 533 of PL 112-81 (Reference (c)), and sections 580-583 of PL 112-239 (Reference (d)).

b. Establishes the Suicide Prevention General Officer Steering Committee (SPGOSC) and the Suicide Prevention and Risk Reduction Committee (SPARRC) under the authority of DoD Instruction (DoDI) 5105.18 (Reference (e)).

2. APPLICABILITY. This directive applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this directive as the “DoD Components”).

3. POLICY. It is DoD policy to:

a. Take substantial efforts to reduce suicide.

b. Require the Military Services to foster a command climate that:

(1) Encourages personnel to seek help and build resilience.

(2) Increases awareness about behavioral health and reduces stigma for personnel who seek behavioral healthcare in accordance with DoDI 6490.08 (Reference (f)).

- (3) Protects the privacy of personnel seeking or receiving treatment relating to suicide.
- c. Facilitate a holistic approach to well-being by promoting total fitness (e.g., physical, environmental, medical, spiritual, nutritional, psychological, behavioral, and social).
  - d. Provide continuous access to quality behavioral healthcare and other supportive services, including crisis services, to strengthen resilience and readiness of DoD personnel and their dependents as defined in section 401 of Title 37, United States Code (U.S.C.) (Reference (g)).
  - e. Take steps to identify members who are at risk for suicide.
  - f. Evaluate the effectiveness of the suicide prevention, resilience, or preventative behavioral health programs.
  - g. Provide robust training standards on suicide prevention.

4. RESPONSIBILITIES. See Enclosure 2.

5. RELEASABILITY. **Unlimited**. This directive is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

6. EFFECTIVE DATE. This directive *is effective June 18, 2013*.

~~a. Is effective June 18, 2013.~~

~~b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with DoDI 5025.01 (Reference (h)). If not, it will expire effective June 18, 2023 and be removed from the DoD Issuances Website.~~



Ashton B. Carter  
Deputy Secretary of Defense

Enclosures

- 1. References
- 2. Responsibilities
- 3. Governance Structures
- 4. Functions

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Task Force on Prevention of Suicide by Members of the Armed Forces, "The Challenge and the Promise: Strengthening the Force, Preventing Suicide, and Saving Lives," August 2010
- (b) Section 733 of Public Law 110-417, "The Duncan Hunter National Defense Authorization Act for Fiscal Year 2009," October 14, 2008
- (c) Section 533 of Public Law 112-81, "The National Defense Authorization Act for Fiscal Year 2012," December 31, 2011
- (d) Public Law 112-239, "The National Defense Authorization Act for Fiscal Year 2013," January 2, 2013
- (e) DoD Instruction 5105.18, "DoD Intergovernmental and Intragovernmental Committee Management Program," July 10, 2009, as amended
- (f) DoD Instruction 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," August 17, 2011
- (g) Section 401 of Title 37, United States Code
- ~~(h) DoD Instruction 5025.01, "DoD Directives Program," September 26, 2012~~
- ~~(+)(h)~~ DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- ~~(+)(i)~~ National Center for Injury Prevention and Control, Division of Violence Prevention, "Self Directed Violence Surveillance Uniform Definitions and Recommended Data Elements," February 2011
- ~~(+)(j)~~ DoD 8910.01-M, *Volume 1 "DoD Information Collections Manual: Procedures for DoD Internal Information Collections,"* June 30, ~~1998-2014~~
- ~~(+)~~ ~~Directive type Memorandum 12-004, "DoD Internal Information Collections," April 24, 2012, as amended~~
- ~~(+)(k)~~ DoD ~~Directive~~*Instruction* 1010.10, "Health Promotion and Disease~~Injury~~ Prevention," ~~August 22, 2003-April 28, 2014~~
- ~~(+)(l)~~ Title 10, United States Code
- ~~(+)(m)~~ Section 3.1(e) of Executive Order 12968, "Access to Classified Information," August 2, 1995
- ~~(+)(n)~~ DoD Instruction 5505.10, "~~Investigation of Noncombat Deaths of Active Duty Members of the Armed Forces," January 31, 1996~~ "*Criminal Investigations of Noncombat Deaths,*" August 15, 2013
- ~~(+)(o)~~ ~~Deputy Assistant Secretary of Defense for Readiness-Defense Suicide Prevention Office,~~ "Department of Defense Suicide Prevention ~~Response~~ *General Officer Steering Committee Governance* Charters," December 15, 2015 ~~undated~~<sup>1</sup>
- ~~(p)~~ ~~Defense Suicide Prevention Office,~~ "*Department of Defense Suicide Prevention and Risk Reduction Committee Charter,*" December 18, 2015<sup>2</sup>
- ~~(+)(q)~~ National Association of Medical Examiners, "A Guide for Manner of Death Classification," February 2002

<sup>1</sup> Copies may be obtained from DSPO@osd.mil.

<sup>2</sup> Copies may be obtained from DSPO@osd.mil.

~~(S)~~(*r*) Thacker, Stephen B. and Donna F. Stroup, "Future Directions for Comprehensive Public Health Surveillance and Health Information Systems in the United States," American Journal of Epidemiology, 140(5): 383-397

ENCLOSURE 2  
RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). In accordance with the authority in DoD Directive 5124.02 (Reference ~~(h)~~), the USD(P&R):

- a. Develops and establishes suicide prevention policy, including that required by section 582 of Reference (d), and oversees all suicide prevention and resilience programs in accordance with section 580 of Reference (d).
- b. Ensures the Director of the Department of Defense Human Resource Agency (DoDHRA) adequately resources the Defense Suicide Prevention Office (DSPO).

2. ~~ASSISTANT SECRETARY OF DEFENSE FOR READINESS AND FORCE MANAGEMENT (ASD(R&FM)) EXECUTIVE DIRECTOR FOR FORCE RESILIENCY (EDFR)~~. Under the authority, direction, and control of the USD(P&R), ~~the ASD(R&FM) the EDFR~~:

~~a. Through the Deputy Assistant Secretary of Defense for Readiness (DASD(R)) Provides strategic direction and oversight for the DSPO.~~

~~(1) Provides strategic direction and oversight for the Defense Suicide Prevention Program.~~

~~(2)b.~~ Coordinates with the Director, DoDHRA, to ensure the Defense Suicide Prevention Program is adequately resourced.

~~(3) Serves as the co-chair of the SPGOSC.~~

~~b. Directs the Deputy Assistant Secretary of Defense for Civilian Personnel Policy to provide guidance for suicide prevention education and training for DoD civilian personnel including civilian employees deployed in support of military operations and employees assigned outside the continental United States.~~

~~c. Directs the Director of the Department of Defense Education Activity (DoDEA) to:~~

~~—(1) Provide suicide prevention training in DoDEA schools and submit a copy of all training curriculum and materials to the Director of the DSPO.~~

~~—(2) Submit the number of suicide attempts and suicides by DoDEA students in accordance with the Centers for Disease Control and Prevention's "Self Directed Violence Surveillance Uniform Definitions and Recommended Data Elements" (Reference (j)).~~

3. DIRECTOR, DoDHRA. Under the authority, direction, and control of the USD(P&R), the Director, DoDHRA:

- a. Ensures the Defense Suicide Prevention Program is adequately resourced.
- b. Provides administrative support for human resource matters, budgetary matters, civilian personnel policy, research, and analysis of manpower data.

4. DIRECTOR OF THE DSPO. Under the authority, direction, and control of the Director, DoDHRA, and with policy oversight from the ~~DASD(R) EDFR~~, the Director of the DSPO:

- a. Support oversight of all DoD suicide prevention ~~and resilience~~ programs. Monitors compliance with this directive and coordinates with the Secretaries of the Military Departments by reviewing policies, programs, surveillance, and other activities related to suicide prevention, intervention, and postvention.
- b. Leads, guides, and oversees the Defense Suicide Prevention Program, which provides a DoD-wide comprehensive strategic approach for suicide prevention, intervention, postvention, and surveillance. Assists the Military Services to reduce the impact of suicidal self-directed violence on the readiness of the Military Services.
- c. Develops, implements, and integrates DoD-wide policies and programs that promote and enhance suicide prevention, intervention, and postvention.
- d. Serves as DoD's primary point of contact for a DoD-wide response to congressional task force reports and mandates as well as other inquiries concerning suicidal self-directed violence.
- e. Fosters collaboration and cooperation to develop suicide prevention information, data, and resources among all stakeholders including federal agencies; public, private, and international entities; and institutions of higher education through activities such as conferences, working groups, and alliances.
- f. Establishes core competencies for and oversees the effectiveness of suicide prevention training and shares best practices that comprehensively address all groups involved in prevention, intervention, postvention, and surveillance activities across the DoD.
- g. Provides technical assistance to DoD stakeholders to build or identify suicide prevention program requirements and funding to minimize program gaps and review and reduce duplication and redundancies.
- h. Develops and implements a comprehensive strategic communication plan with guidance to promote effective suicide prevention and ~~resilience~~ messaging at all levels, in collaboration with the Secretaries of the Military Departments, to:

(1) Educate stakeholders to increase awareness and understanding of the DoD's suicide prevention efforts.

(2) Encourage the safe and effective discussion and awareness of suicide.

(3) Reduce stigma for seeking behavioral healthcare.

i. Creates, implements, and maintains an interagency suicide data repository (SDR) in accordance with the procedures in DoD 8910.01-MVI (Reference ~~(k)~~(j)) and ~~Directive-type Memorandum 12-004 (Reference (l))~~, which will consist of suicide outcomes, mortality data known to be correlated to suicide, demographic variables, and manner of death, to ensure the comprehensive surveillance and analysis of suicide among the Military Services.

j. Establishes minimum standardized data elements for the collection and reporting of suicidal self-directed violence and sets standards for the public release of data across the DoD quarterly, annually, and as needed.

(1) Provides guidance to the Secretaries of the Military Departments to ensure validated quarterly and annual rate, trend, or other data on confirmed and pending cases of suicidal self-directed violence is captured in the DoD Medical Mortality Registry and the Department of Defense Suicide Event Report (DoDSER) system.

(2) Works with the Director of the Armed Forces Medical Examiner System (AFMES) to receive validated data on confirmed and pending cases of suicidal self-directed violence from the DoD Medical Mortality Registry.

k. Oversees and tracks the DoD's efforts to fuse, analyze, and assess DoD-wide surveillance and research activities related to suicidal self-directed violence and other high risk activities to identify risk factors and key outcomes that will inform suicide prevention policies and programs. Evaluates and incorporates self-directed violence-related research findings into suicide prevention policies and programs.

l. Establishes standards for outcome-based program evaluation procedures for suicide prevention programs to ensure efficiencies and effectiveness.

m. Serves as the ~~SPARRC~~ *SPGOSC* co-chair.

5. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). Under the authority, direction, and control of the USD(P&R) and in accordance with DoD ~~Directive~~ *Instruction* 1010.10 (Reference ~~(m)~~(k)), the ASD(HA):

a. Informs the ~~ASD(R&FM)~~ *EDFR* on all healthcare-related aspects of suicide policies and programs.

- b. Supports DoD-wide suicide prevention, intervention, postvention, surveillance, investigative activities, and research in coordination with the Director of the DSPO.
- c. Provides and promotes access to high-quality behavioral healthcare and continuity of behavioral healthcare during times of transition, which includes but is not limited to permanent changes of stations, separation, or retirement.
- d. Establishes training programs and procedures for healthcare professionals in collaboration with the Director of the DSPO to ensure competency in the delivery of evidence-based care for the assessment, management, and treatment of suicide-related behaviors.
- e. Establishes a standard of care to identify members who are at risk for suicide, respond to attempts or completed suicides, and to integrate mental health screenings and suicide risk.
- f. Evaluates the effectiveness of current diagnostic tools and treatment methods.
- g. ~~Through the Principal Deputy Assistant Secretary of Defense for Health Affairs, serves as the Designates a general or flag officer (G/FO), Senior Executive Service (SES), or equivalent level person with direct access to senior leadership and an understanding of the Military Service's suicide prevention needs to actively serve as~~ co-chair of the SPGOSC.

6. ASSISTANT SECRETARY OF DEFENSE FOR ~~RESERVE AFFAIRS (ASD(RA))~~ ~~MANPOWER AND RESERVE AFFAIRS(ASD(M&RA))~~. Under the authority, direction, and control of the USD(P&R), the ASD(~~RAM&RA~~):

- a. Coordinates with the Director of the DSPO, the Secretaries of the Military Departments, and the Chief of the National Guard Bureau to ensure the Reserve Component members are offered a suicide prevention program commensurate to that of the Active Component and compliant with section 10219 of Title 10, U.S.C. (Reference ~~(h)~~(l)).
- b. Identifies unique issues of the Reserve Component, communicates those needs to the Director of the DSPO and the Secretaries of the Military Departments, and works to bridge gaps and leverage lessons learned.
- c. *Directs the Deputy Assistant Secretary of Defense for Civilian Personnel Policy to provide guidance for suicide prevention education and training for DoD civilian personnel, including civilian employees deployed in support of military operations and employees assigned outside the continental United States.*
- d. *Directs the Director of the Department of Defense Education Activity (DoDEA) to:*
  - (1) *Provide suicide prevention training in DoDEA schools and submit a copy of all training curriculum and materials to the Director of the DSPO.*



*(2) Submit the number of suicide attempts and suicides by DoDEA students in accordance with the Centers for Disease Control and Prevention's "Self Directed Violence Surveillance Uniform Definitions and Recommended Data Elements" (Reference (i)).*

7. ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC AFFAIRS (ATSD(PA)).

In collaboration with the USD(P&R), the ATSD(PA):

a. Supports the Director of the DSPO in developing, coordinating, and disseminating messages focusing on suicide prevention, intervention, postvention, and surveillance to support stigma reduction and reduce the potential for suicide contagion.

b. Coordinates with the Director of the DSPO before releasing any messages concerning DoD suicide policies, programs, and statistics.

8. DIRECTOR OF THE DEFENSE MEDIA ACTIVITY (DMA). Under the authority, direction, and control of the ATSD(PA), the Director of the DMA trains all new public affairs officers on effective suicide prevention messaging, in collaboration with the DSPO.

9. UNDER SECRETARY OF DEFENSE FOR INTELLIGENCE (USD(I)). In collaboration with the USD(P&R), the USD(I):

a. Establishes DoD policies that encourage individuals to seek mental healthcare and emphasize that mental healthcare does not create a negative inference and is only considered in the adjudicative process for personnel security clearances where it directly relates to the applicable standards.

b. Ensures that individuals who hold or apply for security clearances are informed of policies that encourage mental healthcare, consistent with section 3.1(e) of Executive Order 12968 (Reference ~~(s)~~(m)).

10. GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE (GC DoD). The GC DoD provides legal advice and assistance on all matters affecting the mission and responsibilities of the Defense Suicide Prevention Program.

11. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments:

a. Establish, maintain, and implement a suicide prevention policy and program in accordance with this directive and oversee Military Department implementation of the guidance in this directive.

b. Adequately staff, fund, and maintain a Military Service-level suicide prevention program that includes:

(1) A Military Service-level suicide prevention program manager (SPPM) and required support staff.

(2) An appointed Military Service-level DoDSER program manager (PM) to serve as the Military Service lead for the collection of DoDSER data.

(3) An appointed support person at the command level to ensure the implementation of the suicide prevention program and policy in accordance with this directive.

c. Provide a sustainable Military Service-wide suicide prevention education and training program.

d. Provide guidance for the collection of suicidal self-directed violence data.

(1) Designate personnel to provide quarterly and annual data on confirmed and pending cases of suicides to the Director of the AFMES in accordance with the procedures in References ~~(k)(j)~~ and ~~(l)~~.

(2) Designate trained personnel to complete a DoDSER entry for all confirmed suicides and suicide attempts that, at a minimum, resulted in hospitalization or evacuation from theater.

e. Hold commanders accountable for implementing Reference (f), which encourages seeking help and reducing the stigma associated with seeking mental health treatment.

f. Establish standards for the execution of suicide prevention, intervention, and postvention activities.

g. Provide support to the Military Criminal Investigative Organizations to investigate noncombat deaths in accordance with DoDI 5505.10 (Reference ~~(p)(n)~~).

h. Designate a ~~general or flag officer (G/FO)~~, ~~Senior Executive Service (SES)~~, or equivalent level person with direct access to senior leadership and an understanding of the Military Service's suicide prevention needs to actively serve as a member of the SPGOSC.

i. Designate an SPPM to actively serve as a member of the SPARRC and its working groups.

ENCLOSURE 3

GOVERNANCE STRUCTURES

1. SPGOSC. The SPGOSC:

- a. Is co-chaired by ~~DASD(R)~~ *the Director, DSPO* and *the ~~PD~~ASD(HA) representative*, and serves as an advisory body to the USD(P&R).
- b. Facilitates the review, assessment, integration, standardization, implementation, and resourcing of suicide prevention policies and programs.
- c. Addresses present and emerging suicide prevention needs for military and civilian personnel that have DoD-wide applicability and recommendations from the ~~DASD(R)~~ *EDFR* via the DSPO or SPARRC.
- d. Has membership at the G/FO, SES, or equivalent level in accordance with the SPGOSC charter (Reference ~~(a)~~*(o)*).
- e. Meets quarterly or as required by the co-chairs.

2. SPARRC. The SPARRC:

- a. Is chaired by the *Deputy* Director of the DSPO and serves as a collaborative forum of action officer-level subject matter experts to facilitate the flow of information between the DSPO and the Military Services through the SPGOSC and other stakeholders for the exchange of best practices and lessons learned.
- b. Advises the SPGOSC on suicide prevention issues; identifies policy and program changes required to improve suicide-related programs; and submits recommendations to the SPGOSC for approval.
- c. Consists of Military Department-level SPPMs, a representative from AFMES, and other subject matter experts as directed by the chair (*Reference (p)*).
- d. Meets ~~monthly~~ *quarterly* or as directed by the chair.

ENCLOSURE 4

FUNCTIONS

1. SPPM. The Military Service-level SPPM:

a. Advises and supports Military Service senior leadership as the subject matter expert on suicide prevention programs, policies, and procedures.

b. Develops, implements, and oversees the Military Service suicide prevention strategy in support of the DoD-wide comprehensive strategic approach.

c. Coordinates with the Director of the DSPO on all suicide-related policies, programs, and data releases.

d. Ensures data on suicidal self-directed violence meets DoD data collection and reporting standards before it is publically released.

e. Provides data for the SDR as requested by the Director of the DSPO in accordance with the procedures in References ~~(k)~~ (j) and (l).

f. Collaborates with the Director of the DSPO to provide minimum standardized data elements for the collection and reporting of suicidal self-directed violence.

g. Uses empirical data, primarily from the DoDSER system, to develop and enhance programs and policies.

h. Provides an initial copy of all approved Service-wide suicide prevention mandatory annual training curriculum and materials to the Director of the DSPO and submits substantial changes thereafter. Provides a copy of all military suicide prevention research activities and associated funding information to the Director of the DSPO.

i. Utilizes the established standards to evaluate the effectiveness and efficiency of suicide prevention programs and policies.

j. Serves as a member of the SPARRC.

2. DIRECTOR OF THE DEFENSE MANPOWER DATA CENTER (DMDC). The Director of the DMDC:

a. Provides suicide-related data and analysis support to the Director of the DSPO as requested.

b. Provides the Director of the AFMES with Military Service-specific and aggregate personnel end-strength, demographic, and other Military Service-related information to complete and standardize the data files required to calculate annual suicide rates.

3. DIRECTOR OF THE AFMES. *Under the authority, direction, and control of the Director, Defense Health Agency*, the Director of the AFMES,:

a. Conducts forensic pathology investigations in accordance with sections 1471 and 10219 of Reference (n).

b. Classifies suicides in accordance with professional standards in “A Guide for Manner of Death Classification” (Reference ~~(n)~~ (q)) and the uniform definitions in Reference ~~(n)~~ (i).

c. Maintains data on suicides for members of the Military Services in coordination with the Military Services and provides to the Director of DSPO when requested.

d. Notifies Military Service DoDSER PMs and SPPMs of all suspected and confirmed suicides and provides the date of official confirmation.

e. Provides the Director of the DSPO validated weekly and quarterly summaries, and annual rate, trend, and other data on confirmed and pending cases of suicidal self-directed violence from the DoD Medical Mortality Registry. At a minimum, each summary report must include the number of confirmed and suspected suicides by Military Service by individuals, the DoD-wide suicide rate, and a suicide rate for each Military Service.

f. Collaborates with the Director of the DSPO to ensure rate, trend, or other data on suicidal self-directed violence has been validated before release to an audience outside the DoD.

g. Provides a representative to serve as a member of the SPARRC.

4. DIRECTOR OF THE NATIONAL CENTER FOR TELEHEALTH AND TECHNOLOGY.

The Director of the National Center for Telehealth and Technology collaborates with the Director of the DSPO regarding data on suicidal self-directed violence, as requested.

5. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR WARRIOR CARE POLICY.

Under the authority, direction, and control of the ASD(HA), the Deputy Assistant Secretary of Defense for Warrior Care Policy:

a. Submits suicide-related data collected in the Disability Evaluation System to the Director of the DSPO, as requested.

b. Provides suicide prevention training framework to Recovery Care Coordinators quarterly and submits a copy of all training curriculum and materials to the Director of the DSPO annually.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AFMES	Armed Forces Medical Examiner System
ASD(HA)	Assistant Secretary of Defense for Health Affairs
<del>ASD(RA)</del>	<del>Assistant Secretary of Defense for Reserve Affairs</del>
<del>ASD(R&amp;FM)</del>	<del>Assistant Secretary of Defense for Readiness and Force Management</del>
<del>ASD(M&amp;RA)</del>	<del>Assistant Secretary of Defense for Manpower and Reserve Affairs</del>
ATSD(PA)	Assistant to the Secretary of Defense for Public Affairs
<del>DASD(R)</del>	<del>Deputy Assistant Secretary of Defense for Readiness</del>
DoDHRA	Department of Defense Human Resources Activity
DoDEA	Department of Defense Education Activity
DoDI	Department of Defense Instruction
DoDSER	Department of Defense Suicide Event Report
DMA	Defense Media Activity
DMDC	Defense Manpower Data Center
DSPO	Defense Suicide Prevention Office
<del>EDFR</del>	<del>Executive Director for Force Resiliency</del>
GC DoD	General Counsel of the Department of Defense
G/FO	general or flag officer
PL	Public Law
PM	program manager
SDR	suicide data repository
SES	Senior Executive Service
SPARRC	Suicide Prevention and Risk Reduction Committee
SPGOSC	Suicide Prevention General Officers Steering Committee
SPPM	Suicide Prevention Program Manager
U.S.C.	United States Code
USD(I)	Under Secretary of Defense for Intelligence

USD(P&R)

Under Secretary of Defense for Personnel and Readiness

## PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this directive.

commander. Anyone with the authority and responsibility for effectively using available resources and for planning the employment of organizing, directing, coordinating, and controlling military forces for the accomplishment of assigned missions; and responsibility for health, welfare, morale, and discipline of assigned personnel related to suicide prevention.

DoDSER. A report that characterizes Service member suicide data through a coordinated web-based data collection program.

DoDSER system. A web-based application with the functionality to collect the core set of standardized DoD suicide surveillance points, as well as a limited number of Military Service-specific suicide surveillance data points. The software collects calendar year data that have been defined in collaboration with the SPPMs of each Military Service and the SPARRC.

evidence-based care. Clearly specified psychological treatments shown to be effective in controlled research with a delineated population.

Military Criminal Investigative Organizations. The U.S. Army Criminal Investigation Command, the Naval Criminal Investigative Service, and the Air Force Office of Special Investigations.

postvention. Response activities undertaken in the immediate aftermath of a suicide that has impacted the unit, deceased's family and friends, and community at large. Its two purposes are to assist survivors cope with their grief and prevent additional suicides.

suicidal self-directed violence. Defined in Reference ~~(s)~~(i).

suicide. Defined in Reference ~~(s)~~(i).

suicide attempt. Defined in Reference ~~(s)~~(i).

suicide contagion. Process by which one suicide may contribute to another.

surveillance. As defined in the American Journal of Epidemiology (Reference ~~(s)~~(r)), the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health.