DEPARTMENT OF THE ARMY
UNITED STATES ARMY JAPAN
UNIT 45005
APO AP 96343-5005

APAJ-PER (600-63a)

29 OCT 2024

COMMAND POLICY MEMORANDUM 24-06

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SUBJECT: Health Promotion, Risk Reduction, and Suicide Prevention

1. References:

a. AR 600-63, Army Health Promotion.

b. AR 350-53, Comprehensive Soldier and Family Fitness.

c. AR 40-5, Army Public Health Program.

d. DA Pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention.

e. AR 608-18, The Army Family Advocacy Program.

f. AR 600-85, The Army Substance Abuse Program.

g. Implementation of the Commander's Ready and Resilient Council 362 Technical Guide.

h. AR 600-20, Army Command Policy.

i. DODI 6400.09, DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm.

2. Introduction: Army Health Promotion constitutes a leadership initiative, characterized by a blend of health education, policy, organizational, and economic endeavors aimed at shaping behavioral choices and environmental conditions to foster a healthy United States Army Japan (USARJ) community. It underscores the integration of public health policies and primary prevention initiatives, ensuring that holistic health considerations permeate the Army's routine operations.

3. Mission: USARJ endeavors to optimize individual and community readiness, resilience, safety, and health through a comprehensive health promotion policy. This approach places significant emphasis on mitigating harmful behaviors and reducing incidences of suicide through the adoption of a robust primary prevention posture.

4. Policy: The USARJ Health Promotion Policy delineates USARJ's approach to promoting community health, extending its purview to Soldiers, Department of the Army (DA) Civilians, Family members, Retirees, Contractors (as required), and other individuals associated with USARJ. In instances where statutory or budgetary constraints are identified, guidance will be provided by the USARJ Senior Commander (SC).

a. Leaders at all levels must instill a "culture of trust" within their ranks and fight against both external and internal stigma about reaching out for help. Leaders can achieve this by eliminating programs and policies that perpetuate stigma of behavioral health issues and constantly provide education to leaders and Soldiers on recognizing signs of stress or emotional fatigue in both their battle buddies and themselves. Leaders should encourage Soldiers to seek help and can set the example by going to seek help themselves.

b. Stigma about behavioral health issues is still very prominent in the Army culture. While it is easy to point at leadership or unit culture as the cause, Soldiers often have personal stigma about asking for help and a strong desire to not be perceived as weak. Often, those Soldiers who are in the most need of help are also the most sensitive to stigma. Reducing stigma not only includes relentless elimination of unit practices that perpetuate stigma but also proactively reaching out to Soldiers who are showing signs of difficulty. This can include changes in work performance, disciplinary issues, financial issues, or changes within the family structure.

c. Leaders must take a personal interest and know what is going on in their Soldiers' personal lives. Issues concerning health and discipline cannot be dealt with in isolation as they are often related and require an interdisciplinary approach that looks at the whole life of the Soldier. Commands and supporting staff need to share information in a forum that allows teams to be able to identify and effectively manage Soldiers who need assistance while still protecting individual privacy rights. Command teams are responsible for protecting personal health information IAW DoD Directive 6025.18-R, DoD Health Information Privacy Regulation and must use an extraordinary degree of discretion when sharing this information.

d. Direct Report Units (DRU) and Tenant Units under the Senior Command of USARJ will identify a primary and alternate Suicide Prevention Program Manager (SPPM). The SPPM will ensure all Soldiers and DA Civilians are compliant with suicide prevention training IAW ALARACT 079/2012, AR 350-1, and AR 600-63. This training includes annual suicide prevention training for all Soldiers, ACE-SI training for all junior leaders and first line supervisors, and ASIST for gatekeepers outlined in DA PAM 600-24. Commands will maintain training records for all Soldiers using Digital Training Management System (DTMS). Leaders must also follow all reporting requirements for suicidal events (ideation, gestures, attempts, or completions) IAW AR 600-63 and

according to division Serious Incident Report (SIR) requirements. Available tools for leaders to support the suicide prevention program are the company level MRTs, Comprehensive Soldier Fitness and Family Program (CSF2), and the Fusion Cell.

e. Noncommissioned officers are the first line of defense in recognizing when their Soldiers are having personal or emotional problems, and they must rely on their leadership skills and suicide awareness training to recognize these situations. As soon as a change in behavior is noted, consider referring the Soldier to the unit Chaplain or unit Behavioral Health Officer. If immediate intervention is needed, escort the Soldier to the nearest behavioral health or emergency facility. Continue to educate leaders and Soldiers on the battle buddy system and ensure they understand that getting their buddy help is the right course of action.

f. There are many resources available to Soldiers, DA Civilians, Leaders, Commanders, and Family members and should be posted in unit areas. The National Hotline for Suicide (1-800-832-3100) will have information about possible group counseling or support for Parents and their Adolescent who survived an attempt. Military One Source (1-800-342-9647) offers multiple basic services. Military and Family Life Consultants (MFLC) and unit Chaplains are also a significant source of support. The USARJ Chaplain can be contacted at 315-262-4888, or after duty hours through the Emergency Operations Center at 315-263-3123. In the event of a suicidal event, commanders can request a Suicide Response Team (SRT) from Ms. Leslie Noel, Suicide Prevention Specialist, who can be reached at 315-263-8047 or email: leslie.j.noel2.civ@army.mil, or after duty hours through the Emergency Operations Center at 315-263-3123.

5. Functional Areas: USARJ community health promotion focuses on the following, health education, behavioral health, physical health, spiritual health, environmental and/or social health.

6. Structures and Processes: USARJ establishes the Commander's Ready and Resilient Council (CR2C). USARJ CR2C; CR2C Governance Board; Ready and Resilient Integrator (R2I); CR2C Working Groups (WG), Ready and Resilient (R2) Teams – Tenant Organizations.

7. Roles and Responsibilities:

a. The USARJ SC presides over the CR2C.

b. The USARJ CR2C serves as the CR2C Facilitator.

c. The Commander, U.S. Army Garrison (USAG) participates as a core member and provider of installation resources.

d. The Director of Health Services (Commander, MEDDAC-J Medical Treatment Facility) participates as a core member and principal advisor to the SC, regarding Army Health Promotion.

e. USARJ CR2C WG Chairs are appointed by the SC in writing and actively participate as members of the USARJ CR2C.

f. Army Commanders/Directors or their delegates participate as members of the CR2C and create an R2 Team in their organization. Other DoD services and federal partners are encouraged to participate in USARJ CR2C.

g. USARJ CR2C members who are not identified elsewhere in this policy will participate in the meetings of the entity to which they are appointed.

8. Point of contact is Ms. Angelia Hinkle at 315-263-4138 or via email at angelia.d.hinkle.civ@army.mil.

DAVID B. WOMACK
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Commanding

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