



DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON SCHWEINFURT
UNIT 25850, BOX 10
APO AE 09033

REPLY TO
ATTENTION OF

IMSW-ZA

NOV 22 2011

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy Memorandum #01-05, Health Promotion and Suicide Prevention

1. References.

a. Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention (ACPHP), 16 APR 2009

b. AR 600-63, Army Health Promotion, 20 SEP 2009

c. DA pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 24 NOV 2009

2. Applicability. This policy applies to all garrison personnel.

3. Policy. The readiness of our Army is paramount in our ability to fight and win on the battlefield. Sustaining the health and wellbeing of our Soldiers, Family members, military retirees, and Army DA civilians is a preeminent responsibility of Army senior leaders and personnel at all levels. The Army's strategic approach to mitigating suicide and high-risk behaviors helps build cohesive units. Promoting health lifestyles, reducing risk-seeking behavior and preventing suicide are priorities in this Command.

4. All commanders, leaders, supervisors, Soldiers, and Army DA civilians are responsible for creating an environment that reduces the stigma of seeking help for behavioral health issues. On a daily basis, it is incumbent on all of us to be aware of and recognize when someone may be at risk, and to be empowered to take appropriate action to save lives. Each of us is responsible for eliminating policies, procedures, and actions that inadvertently discriminate, punish, or discourage Soldiers or employees from seeking professional counseling.

5. Ensuring that no Soldier is belittled for requesting behavioral health assistance must be a priority. It is also important that civilian employees are encouraged to access help available for themselves. Leaders will utilize an extraordinary degree of discretion when identifying and sharing information regarding Soldiers and civilian personnel seeking help.

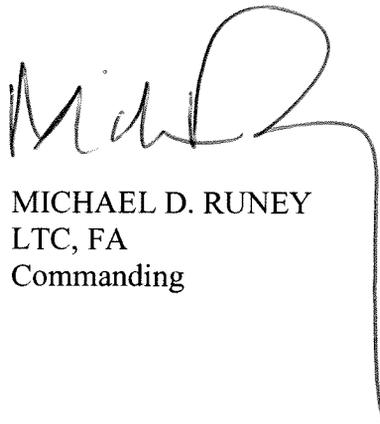
6. Each life lost to suicide is one life too many. Suicide prevention spans the gamut of effort from prevention to intervention to post-intervention/response. Each one of us has a personal role to play in preventing suicide. Our Community Health Promotion Council (CHPC) / Suicide Prevention Task Force and other working groups enable us to identify trends that negatively impact our population. Annual training and refresher training provide information for intervention. Response teams assist the commander in the event of a suicide.

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7. Procedures. There are numerous resources available for those in need of help. Locally, behavioral health professionals, social work services, military family life consultants, alcohol and substance abuse counselors, and chaplains stand ready to assist. Military One Source is an excellent resource for persons in need of help: www.militaryonesource.com details how to call from Germany to speak with a trained professional. From a fundamental perspective, the Army's "ACE" - Act, Care, Escort - initiative reflects this command's perspective on caring for the Army's most vital resource, our Soldiers.

8. The Proponent for this action is the garrison Health Promotion Officer at DSN (314) 353-8561 or e-mail: Angela.Hunter2@eur.army.mil.



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Commanding

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