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Suicide-Related Incident Reporting in DoD's Personnel Security Program

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ABSTRACT: This study explored data trends, field procedures, and policy requirements associated with DoD suicide-related incident reports. Research considered scope and consequences of suicide-related incident reporting, circumstances leading to reporting, and recommendations to improve protections for vulnerable personnel who undergo this process. Analysis of Joint Personnel Adjudication System (JPAS) incident data found that approximately 3.9% (i.e., 1,683) of 42,708 FY16 incidents were suicide-related. Furthermore, suicide-related incidents were more likely to be reported within the military (5.5% of military incidents) relative to civilian and contractor populations (1.5% and 0.5% of their incidents). Access suspensions were slightly more common among suicide versus non-suicide-related incidents (16.0% vs. 14.2%), but unfavorable eligibility outcomes did not differ between these groups (11.9% vs. 12.6% for eligibility loss; 1.1% vs. 1.4% for denials/revocations, specifically). However, suicide-related incidents took longer to adjudicate (7.9 vs. 5.4 months). Additionally, these reports were more likely to be associated with hospitalizations but less likely to involve assaults or arrests. Finally, researchers spoke with subject matter experts (SMEs; security officials, commanders, and psychologists) to understand how suicide-related incidents are addressed in the field. SMEs discussed ramifications of reporting these events as security concerns, common ways these events become known and are handled, reporting obstacles, use of psychological evaluations, and treatment referral processes. Research findings suggest more guidance, training, and policy specificity for reporting suicidal behavior is needed. If these behaviors remain required reporting per policy, stakeholders should focus stigma reduction efforts on improving adjudication timeliness. One way to achieve this goal is to introduce timeliness metrics for these sensitive incident-reporting events.				
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PREFACE

The fairness and timeliness of personnel security procedures are important for both covered individuals and the DoD activities they represent. One of the principal challenges of these procedures, however, is the balance between individual interests and national security. This balance may be particularly difficult to achieve in situations where at-risk individuals, such as those struggling with suicide, are subjected to additional stressors as a consequence of the personnel security process. These individuals may already feel overwhelmed, which can be exacerbated by the occupational changes and uncertainty often associated with decisions about one's national security eligibility.

Previous research by the Defense Personnel and Security Research Center found that many mental health-related incident reports in DoD's personnel security incident reporting system were related to suicidal behavior or depression. The present study continued this effort to better understand these cases and inform policy. The study goals included improving suicide-related incident reporting procedures as well as supporting the health and safety of vulnerable personnel.

Eric L. Lang
Director, PERSEREC

EXECUTIVE SUMMARY

Prior Defense Personnel and Security Research Center research found that many Joint Personnel Adjudication System (JPAS) mental health-related security incidents pertain to suicidal behavior (Jaros, Tadler, Ciani, Senholzi, & Dickerhoof, 2017). However, no policy exists to guide follow-up with these potentially vulnerable individuals as they move through the personnel security incident reporting process. To this point, the current study sought to better understand the occurrence of DoD suicide-related incident reporting. Researchers analyzed JPAS data and interviewed subject matter experts (SME) to assess the prevalence of these incident reports, to examine associated access and eligibility outcomes, and to evaluate adjudication timeliness. The study further considered some of the circumstances surrounding these cases and looked to recommend reporting process improvements or policy modifications. In addition to obtaining a better understanding of these events, the study goals included informing efforts to support a potentially vulnerable population going through the personnel security incident reporting process.

PREVALENCE OF SUICIDE-RELATED INCIDENT REPORTING

Nearly 4% of FY16 incident reports were suicide-related (1,683 of 42,708 incidents). These incidents were predominantly entered by security managers under Adjudicative Guideline I: Psychological Conditions (n=1,180; 70.1%); however, many were not. For example, Guideline E: Personal Conduct was also commonly selected (n=904; 53.7%) although sometimes in conjunction with Guideline I: Psychological Conditions (n=428 incidents associated with both guidelines). SMEs indicated that some officials may not be aware of the connection between suicidal behavior, national security, and Guideline I. Finally, suicide-related incident reports were more common among the military incident reporting population (5.5%) followed by civilian (1.5%) and contractor (0.5%) populations. Army and Marine Corps reported the greatest proportion of suicide-related incidents relative to their own reporting populations (6.3% and 6.2%, respectively).

ACCESS, ELIGIBILITY, AND ADJUDICATION TIMELINESS

In FY16, suicide-related incident reports were slightly more likely to involve access suspensions (16.0% vs. 14.2% for non-suicide-related incidents), but the duration of these suspension periods was similar between groups (i.e., just under 7 months). Likewise, the proportion of incidents in which subjects ultimately lost eligibility (suicide-related=11.9%, non-suicide-related=12.6%) or specifically experienced a denial or revocation (suicide-related=1.1%, non-suicide-related=1.4%) differed little between groups. While unfavorable personnel security outcomes were not more common among suicide-related incident reports, these incidents took an average of 2.5 months longer to resolve compared to non-suicide-related incidents. This difference may be due in part to the time it takes DoD's Consolidated Adjudications Facility (CAF) to obtain psychological evaluations in suicide-related cases. JPAS data and SME feedback both

indicated that subsequent DoD CAF adjudications for suicide-related incidents can take more than 1-2 years.

CIRCUMSTANCES ASSOCIATED WITH REPORTING

Using text analysis of security official and adjudicator incident comments in JPAS, suicide-related incident reports were found to be more commonly associated with hospitalizations compared to non-suicide-related incidents. However, suicide-related incidents were not more likely to involve assaults or arrests. Some SMEs noted that JPAS incident reports may motivate subjects to seek help. However, others opined that entering these events in JPAS could contribute to stigma and deter personnel from seeking help.

RECOMMENDATIONS

Given the study findings, the following recommendations are provided to improve personnel security processes surrounding suicide-related incident reporting.

- Enhance incident report guidance for all covered personnel on how to address suicide-related incidents. For example, DoDM 5200.02 could include supplemental information or a memorandum could address the handling of suicide-related JPAS incidents. Enhanced incident report guidance for suicide-related issues could assist DoD suicide prevention and stigma reduction efforts.
- Provide more training to security managers about what to report to DoD CAF in these instances. Training should include specific suicide-related behaviors that are and are not reportable as personnel security concerns. This training could contribute to DoD suicide-related stigma reduction efforts by providing specific information on suicide-related behaviors that may not require a security incident report.
- Focus efforts on increasing the timeliness of suicide-related incident reporting processes. Prioritize these incidents for quick and efficient resolution once entered into JPAS and consider development of timeliness metrics specific to these sensitive cases. Such efforts would help support the health and safety of potentially vulnerable individuals if prescribed in policy.
 - Expedite psychological evaluations for suicidal personnel to close suicide-related incident reports in a timely manner. Make it easier for components and DoD CAF to find qualified mental health professionals for psychological evaluations. This may help protect vulnerable cleared personnel from lengthy adjudication waiting periods.
 - Provide training to mental health providers on how to evaluate security clearance cases related to suicidal behavior. Healthcare providers performing psychological evaluations must understand the national security adjudicative guidelines as outlined in Security Executive Agent Directive 4.

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INTRODUCTION

DoD personnel must report mental health issues that have a nexus to personnel security as a required component of the Personnel Security Program (PSP). The official method for notifying DoD's Consolidated Adjudications Facility (CAF) of a security concern is to enter an incident report in the Joint Personnel Adjudication System (JPAS). In some instances, incident reports involve suicidal behavior or ideation.¹ Having an incident report in JPAS may be accompanied by national security access suspension,² position re-assignment, or job loss. These outcomes typically occur *before* DoD CAF renders an official eligibility determination. Given this, individuals at risk for suicide may experience JPAS incident reporting as a threat to their livelihood and as a destabilizing life stressor. Importantly, occupational loss and stressors are risk factors for suicide (Franklin et al., 2017).

Previous research conducted by the Defense Personnel and Security Research Center (PERSEREC), a division of the Office of People Analytics, found that many mental health-related incidents reported in JPAS entail suicidal behavior and ideation (Jaros, Tadler, Ciani, Senholzi, & Dickerhoof, 2017). Despite this, no personnel security policy exists to guide follow-up with these vulnerable personnel as they move through this process. To better understand this finding, PERSEREC examined data trends, field procedures, and policy requirements associated with suicide-related incident reporting. The objectives were to evaluate the scope of DoD suicide-related incident reporting, to understand its implications for personnel security outcomes and adjudication timeliness, to explore the circumstances surrounding suicide-related events, and to identify recommendations for reporting process or policy modifications.

BACKGROUND

Security Executive Agent Directives (SEAD) and DoD instructions and manuals promulgate personnel security policy, portions of which require the reporting of suicidal behavior. This section describes these policies and their relevance to suicide-related incident reporting.

Federal Personnel Security Reporting Requirements for Suicidal Behavior

In 2017, the Director of National Intelligence published two Security Executive Agent Directives (SEAD 3 and 4) that provide the most up-to-date guidance on Federal Executive Branch national security reporting requirements and corresponding Adjudicative Guidelines, respectively. SEAD 3, *Reporting Requirements for Personnel With Access to Classified Information or Who Hold a Sensitive Position*, June 12, 2017,

¹ Per DoD Instruction (DoDI) 6490.16 and the Centers for Disease Control, suicidal behaviors are behaviors related to suicide, including preparatory acts, as well as suicide attempts and death. Suicidal ideation pertains to thinking about, considering, or planning suicide.

² Per DoD Manual (DoDM) 5200.02, DoD Component heads, commanders, or their authorized representatives, may suspend access for cause when information related to any of the adjudicative guidelines exists and raises a serious question about an individual's ability or intent to protect national security information.

requires reporting—by others—of “apparent or suspected mental health issues where there is reason to believe it may impact the covered individual’s ability to protect classified information or other information specifically prohibited by law from disclosure.” Although this SEAD does not explicitly cover suicidal behavior, the terms “self-harm” and “suicidal behaviors” do appear in SEAD 4, *National Security Adjudicative Guidelines*, June 8, 2017 (see Adjudicative Guideline I: Psychological Conditions [emphasis added]):

Conditions that could raise a security concern and may be disqualifying include:

*behavior that casts doubt on an individual’s judgments, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, **self-harm, suicidal**, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitive, or bizarre **behaviors***

Similar to SEAD 3, the Standard Form 86 (SF-86), *Questionnaire for National Security Positions*, revised November 2016, does not allude to suicidal behavior. Rather, under the current Question 21 mental health line of inquiry, suicidal behavior would not be self-reported unless it pertains to a hospitalization (see Q21C [Page 89]: *Have you EVER been hospitalized for a mental health condition?*) or is identified within the context of a reportable psychological condition.

In brief, at the federal level, suicidal behavior *is not explicitly* reportable for personnel security programs (per SEAD 3 and SF-86). However, the Adjudicative Guidelines (SEAD 4) explicitly mention suicidal behavior, which makes it relevant for determining national security eligibility.

DoD Personnel Security Reporting Requirements for Suicidal Behavior

DoD’s personnel security program is promulgated by DoDI 5200.02, *DoD Personnel Security Program (PSP)*, reissued on March 21, 2014. Like the Director of National Intelligence’s SEAD 3 and the SF-86, this DoDI does not mention suicidal behavior. Instead, the first DoD-specific policy that identifies suicidal behavior as reportable is DoDM 5200.02, *Procedures for the DoD Personnel Security Program (PSP)*, reissued on April 3, 2017. Prior to this 2017 reissuance, suicidal behavior or ideation were not explicit concerns that required follow-up for national security determinations.

Among nine other reportable issues pertaining to mental health concerns, the manual now states (emphasis added):

Organizational commanders or managers, supervisors, co-workers, and individuals with favorable national security eligibility determinations have a personal responsibility to expeditiously report behaviors they observe or commit that cause a security concern, such as...

...Information that suggests an individual may have an emotional, mental, or personality condition that can impair judgment, reliability, or trustworthiness will

be reported to the supporting adjudication facility. Such information may include, but is not limited to...

...suicide threats, attempts, or gestures, or actions.

Mental health concerns, to include suicidal behavior or ideation, are also a component of DoD's developing Insider Threat Program. While DoD Directive 5205.16, *The DoD Insider Threat Program*, issued September 30, 2014, does not allude to suicide directly, the Defense Insider Threat Management and Analysis Center (DITMAC) considers suicide to be a concerning behavioral indicator (R. W. Gallagher, personal communication, February 5, 2018). As such, when DITMAC becomes aware of suicidal behavior that is not already in JPAS, they recommend that the applicable command or agency establish a JPAS incident report as soon as possible.

In brief, at the DoD-level, suicidal behavior and ideation are a required reporting criterion; however, this is a relatively recent *explicit* addition to personnel security policy. Additionally, while the current DoD Insider Threat model covers suicidal behavior and ideation as potential insider threat indicators, this program is still new. Ultimately, the implications for its inclusion are not known (e.g., Will it help suicidal personnel obtain treatment and return to the workforce? Will it further stigmatize this vulnerable population?).

DoD Personnel Security Incident Reporting System

JPAS is DoD's system of record for individuals who are eligible for access to classified information as well as those who have been granted access³ (DMDC 12 System of Records Notice [SORN] DoD, Joint Personnel Adjudication System [JPAS], April 10, 2015, 80 FR 19287). JPAS is also the primary system for personnel security management. It facilitates communication between DoD component security managers and DoD CAF. In its current state, JPAS allows security managers to view eligibility status and to enter and update personnel security information (e.g., incident reports). From an incident adjudication perspective, JPAS is used to document eligibility determinations provided by DoD CAF adjudicators. However, JPAS also contains adjudicative decision-making rationales (i.e., adjudicator comments). These adjudicator comments allow for a better understanding of disqualifying and mitigating factors, which ultimately affect eligibility determinations.

DoD personnel are required to report incidents of concern to commanders or security managers when relevant to one of the 13 Adjudicative Guidelines (DoDM 5200.02, April 3, 2017; SEAD 4, June 8, 2017). A designated security official records the relevant information, such as that associated with Adjudicative Guideline I: Psychological

³ According to DoDM 5200.02, granting national security eligibility is a function distinct from granting access to classified national security information. DoD CAF makes national security eligibility determinations based on the merits of individual cases. Eligibility determinations involve examining a sufficient period of a person's life and background to determine that the person is an acceptable national security risk. Employing activities make access determinations based on the eligible individual's need for access to classified information to perform official duties.

Conditions, in JPAS as an incident report. At incident initiation, commands or civilian security managers retain authority to suspend access to classified information for eligible personnel at the local level while the case moves on to DoD CAF for formal adjudication. Once local command or civilian authorities suspend access in JPAS, however, it cannot be restored until a favorable DoD CAF eligibility determination is made. Likewise, when an incident is first entered in JPAS—even if access is not formally suspended—only a favorably adjudicated DoD CAF determination can ensure continued eligibility.

STUDY RATIONALE AND OBJECTIVES

To date, little is known about the impact of suicide-related incident reporting on vulnerable, at-risk Service members, civilians, and contractors. Likewise, no known personnel security policy exists to guide follow-up procedures related to these cases. Furthermore, no one has previously examined the number of suicide-specific incidents annually reported in JPAS, the rate of access suspensions and unfavorable eligibility determinations, or the duration of these adjudication processes. Likewise, the circumstances surrounding the establishment of suicide-related events in JPAS are not well understood. Given these unknowns, the present study examined the data trends, field procedures, and policy requirements associated with reporting suicide-related incidents in JPAS. The study addressed the following four research questions:

1. How common is suicide-related incident reporting in JPAS?
2. What are the access, eligibility, and timeliness implications for reporting suicide-related incidents in JPAS?
3. What circumstances are associated with suicide-related incident reports? For example, what tends to bring these incidents to light—hospitalizations, other objective events? Are they associated with violence towards others?
4. What process improvements or policy modifications are recommended to protect this vulnerable population as they undergo the reporting process?

The findings and recommendations from this work highlight training opportunities and process improvements to better support the handling of suicide-related incident reports in JPAS or in the field. In addition to improving these processes, recommendations have implications for DoD suicide prevention and stigma reduction efforts.

METHOD

This project used a mixed-method approach, which included exploratory data analysis of JPAS incident reports and subject matter expert (SME) interviews. Researchers analyzed data from JPAS to better understand suicide-related incident reporting prevalence; access, eligibility, and timeliness implications; and circumstances associated with these cases. SME interviews illuminated suicide-related incident reporting processes and complemented the quantitative JPAS analysis.

JPAS INCIDENT REPORTS

The purpose of the JPAS incident report analysis was to (1) explore the prevalence of suicide-related incident reporting, (2) identify access and eligibility outcomes associated with these cases, including timeliness, and (3) examine circumstances surrounding these incidents.

Data Acquisition

PERSEREC acquired JPAS data for all incident reports entered during FY12 to FY17. These data represented the entire population of available records. For each incident report, PERSEREC obtained the following:

- Date of incident as reported by the security manager;
- Comment(s) by the security manager on the nature of the incident;
- Dates when DoD CAF began and concluded their review of the incident report;
- Personnel category of incident report subject (Military, Civilian, or Contractor);
- Component of incident report subject (Army, Navy, Air Force, Marine Corps, DoD Contractor, or OSD Agencies and Field Activities);
- Adjudicative guideline(s) selected by the security manager at incident report creation; and
- Begin and end dates of associated access suspension.

For incident reports fully adjudicated by DoD CAF at the time of data acquisition, the dataset also included the following:

- Relevant adjudicative guidelines selected by the adjudicator;
- Adjudicator comments pertaining to disqualifying and mitigating factors (i.e., the adjudicative rationale); and
- The resulting eligibility determinations.

A complete list of variables analyzed to include definitions is available upon request.

Data Preparation

Researchers performed routine operations to clean and prepare the data. These activities included removing non-readable characters, identifying missing values, and deriving new variables from date fields (e.g., number of months between the date the incident report was created and the date it was adjudicated).

Once these activities were complete, researchers used an iterative process to distinguish suicide-related incident reports from non-suicide-related incident reports. Text mining software was used to select all security manager and adjudicator comments (i.e., unstructured text) containing any of the following words: “suicide,” “ideation,” “kill herself,” “kill himself,” and “suicidal.” Researchers then performed a visual inspection of a sample of comments to identify any remaining words directly related to suicide (none were identified). Incidents with comments containing any of the suicide-related words were flagged as suicide-related incident reports. The remaining reports were flagged as non-suicide-related incident reports.

Incident reports initiated during FY16 were used to address research questions 1 (*How common is suicide-related incident reporting in JPAS?*) and 2 (*What are the access, eligibility, and timeliness implications for reporting suicide-related incidents in JPAS?*). FY16-only incidents were examined here because half (50.0%) of the FY17 incident reports had not yet been adjudicated. In addition, FY12-FY15 incident reports were not included in these analyses because JPAS automatically archives records for personnel who are not affiliated with DoD for more than 24 months. Ultimately, inclusion of FY17 or FY12-FY15 data would produce biased results given the significant portion of incomplete or inaccessible cases. The FY16 data subset consisted of 42,708 incidents or 15.2% of the 281,072 incident reports entered during FY12-FY17.

All FY12-FY17 incident reports—comments provided by security managers and adjudicators—were used to address research question 3 (*What circumstances surround suicide-related incident reports?*). This was possible because bias due to inaccessible cases was less of a concern and adjudication status was not relevant to these analyses. Furthermore, more data is always better for text analytic purposes. Table 1 shows the number of unique comments found in all of the FY12-FY17 incident reports, suicide-related incident reports, and non-suicide-related incident reports.

Table 1
Group Descriptions and Comment Frequencies

Group	Description	Number of Unique Comments
Total Population	All available incident reports from FY12 to FY17 (N = 281,072)	382,590
Suicide-Related	An incident report or adjudication where unstructured comments included suicide-related words	10,483
Non-Suicide-Related	An incident report or adjudication where suicide-related words were absent from the unstructured comments	372,107

Data Analysis

Data analysis examined the general characteristics of the suicide-related and non-suicide-related incident report groups, as well as potential differences between the two groups. Analyses aligned to the four primary research questions as reiterated below.

How Common is Suicide-Related Incident Reporting in JPAS?

Descriptive statistics were produced using the FY16 incident report population to calculate the prevalence of suicide-related incident reporting in JPAS. Data were tabulated to examine subject personnel category (military, civilian, or contractor), component (Service branch or agency), and security official-selected adjudicative guideline(s) associated with suicide-related and non-suicide-related incident reports.

What are the Access, Eligibility, and Timeliness Implications for Reporting Suicide-Related Incidents in JPAS?

To address this question, researchers compared access suspensions, eligibility determinations, and adjudication timeliness between suicide-related and non-suicide-related incidents. First, researchers tabulated the duration of access suspensions. For most incidents where an access suspension occurred, JPAS lists a beginning and end date for the suspension; however, 12.6% of access suspensions did not have an end date listed. For those incidents, researchers substituted the date that DoD CAF closed the case. The researchers believe this was a reasonable substitution because excluding those suspensions may introduce more bias than imputation of the proxy end date. Finally, researchers examined the rates of access suspensions for these data.

Next, researchers categorized incidents based on whether subjects did or did not retain eligibility to access classified information. Table 2 displays the eligibility-related codes and their descriptions.

Table 2
Eligibility Code and Description

Code	Description
Eligibility Retained	Incident reports with favorable eligibility determinations (e.g., Secret, Top Secret) and those noted as “Not adjudicated.” Note: Incidents closed without adjudication (i.e., “Not adjudicated” incidents) were included in the “favorable” count because they presumably did not possess disqualifying information and, therefore, were closed by DoD CAF.
Eligibility Not Retained	Incident reports where eligibility was withdrawn. These outcomes included “Loss of Jurisdiction” (used when a person is no longer affiliated with DoD during the adjudication process), “No Determination Made” (used when policy requirements for positions do not require adjudication), and “Denials/Revocations.”
Pending	Incident reports still open at the time of data acquisition (i.e., incidents that were awaiting adjudication and/or closure).
Unknown	Incident reports where researchers could not characterize the outcome (likely due to missing JPAS data).

Finally, timeliness was determined by calculating the number of months between the date of incident report creation and the date when DoD CAF completed its review and closed the case. Researchers prepared summary statistics to compare timeliness between suicide-related and non-suicide-related incident reports. A density plot was also created to depict the timeliness of the adjudication process for both groups.

What Circumstances are Associated with Suicide-Related Incident Reports?

Researchers also used text analysis to better understand the circumstances associated with suicide-related incidents. Researchers used a combined data set of all comments entered into JPAS by security managers and adjudicators between FY12 and FY17 to generate frequencies for single words that appeared in the comments. The list included only unique words; common words like “the”, “is”, and “and” were removed. Single word frequencies were examined as a first step to understanding differences in comments associated with suicide-related and non-suicide-related incidents. Given the volume of available data, single word frequencies provided an efficient and accurate method of assessing the comments.

Next, researchers developed topic-focused word groups using an iterative review of the single word frequencies. The topic-focused word groups addressed specific questions pertaining to research question 3 (i.e., What events tend to bring suicide-related incidents to light? Are suicide-related incidents associated with violence to others?). Three word groups were generated:

- Hospital word group: “hospital,” “hospitalization,” and “hospitalized;”
- Assault word group: “assault,” and “assaulted;” and
- Arrest word group: “arrest” and “arrested.”

Summary statistics of each topic-focused word group were generated to determine how many incident reports had a single occurrence of the word group. Frequencies of co-occurring word groups were also calculated to determine how many comments were associated with two or more word groups. Finally, researchers manually reviewed a

subset of incidents to contextualize how these word groups were used in suicide-related incident reports.

SME INTERVIEWS

The purpose of conducting SME interviews was to (1) examine awareness of suicide-related incident reporting policy, (2) describe reporting procedures and roles as they occur in the field, (3) understand perceived consequences of reporting suicide-related incidents in JPAS, and (4) solicit recommendations or best practices for improving the protection and treatment of suicidal personnel who are reported in JPAS. The interviews were exploratory and intended to supplement findings from the JPAS incident report data analysis.

Participants

This study included a convenience sample of SMEs from DoD military departments, agencies, and field activities. Researchers selected participants based on their official role in the incident reporting process and asked these SMEs for additional points-of-contact (i.e., they used a snowball sampling approach). In total, 28 SMEs participated in this study: nine policy/management personnel, 12 security managers/specialists, two commanding officers, and five psychologists. All participants were recruited through the appropriate chain of command and were affiliated with the following DoD components:

- Defense Human Resources Activity
- DoD Insider Threat Management and Analysis Center (DITMAC)
- Defense Logistics Agency
- DoD Central Adjudications Facility (DoD CAF)
- Defense Suicide Prevention Office
- Defense Technology Security Administration
- United States Army (USA)
- United States Air Force (USAF)
- United States Marine Corps (USMC)
- United States Navy (USN)
- Washington Headquarters Services (WHS)

Procedure

To begin, the research team reviewed relevant literature and policy to inform development of an interview guide (e.g., to ensure SME questions addressed potential gaps in policy). Researchers prepared SME interview guides with questions about:

- Reporting policy (e.g., What are the primary incident reporting policies?);

- Reporting processes (e.g., Who is responsible for reporting and updating information in JPAS?);
- Types of information recorded (e.g., Can you describe the type of information that a security manager would put into JPAS?); and
- Follow-up and consequences for subjects (e.g., Is anything done in conjunction with suicide-related incident reports to protect the subject from harm or to ensure that the subject receives proper treatment?).

Researchers conducted interviews in-person or by telephone with at least one interviewer and one note taker present for each interaction. Interviews included up to five SME participants and each interview lasted from 1 to 2 hours. After each interview, researchers reviewed and edited the original interview notes to ensure accuracy and readability. Researchers then sent the notes to participants to confirm sufficient coverage of the SMEs' sentiments (53% returned notes with feedback). Finally, researchers incorporated feedback and analyzed interview notes to identify themes related to the research questions. Researchers used an inductive technique to apply descriptive codes to text segments to categorize participant statements (i.e., the codes were derived primarily from reading the notes instead of from *a priori* assumptions). This allowed one of the researchers to compare SME input and look for patterns of responses associated with the research questions. A second researcher reviewed the analysis and discussed it with the first to achieve consensus.

RESULTS

The study findings cover both the quantitative and qualitative research efforts. The first major subsection provides descriptive statistics for FY16 JPAS incident reports followed by the text analysis of all FY12-FY17 security official and adjudicator comments. The second major subsection summarizes relevant themes identified from SME interviews.

JPAS INCIDENT REPORTS

As noted in the Method section, researchers used FY16 data to examine suicide-related incident reporting prevalence as well as access, eligibility, and timeliness implications. These data were selected because they should not be biased by cases archived after 24 months due to loss of DoD affiliation. Additionally, FY16 incidents were more likely to be closed or adjudicated than FY17 incidents. Because this is population-level data, differences in frequencies are true differences and can be evaluated for practical significance (as opposed to statistical significance).

How Common is Suicide-Related Incident Reporting in JPAS?

Using text analysis as described in the Method, researchers identified 1,683 FY16 suicide-related incident reports. These reports represent 3.9% of the 42,708 incident reports entered in that fiscal year.

Subject Personnel Category

Researchers tabulated suicide-related incident reports by subject personnel category (military, civilian, and contractor) to examine the frequencies of these reports by group. As shown in Figure 1, contractor employees had the lowest proportion of suicide-related incident reports relative to their own personnel category (0.5% of 10,234 reports) followed by government civilians (1.5% of 3,669 reports) and military personnel (5.5% of 27,121 reports).

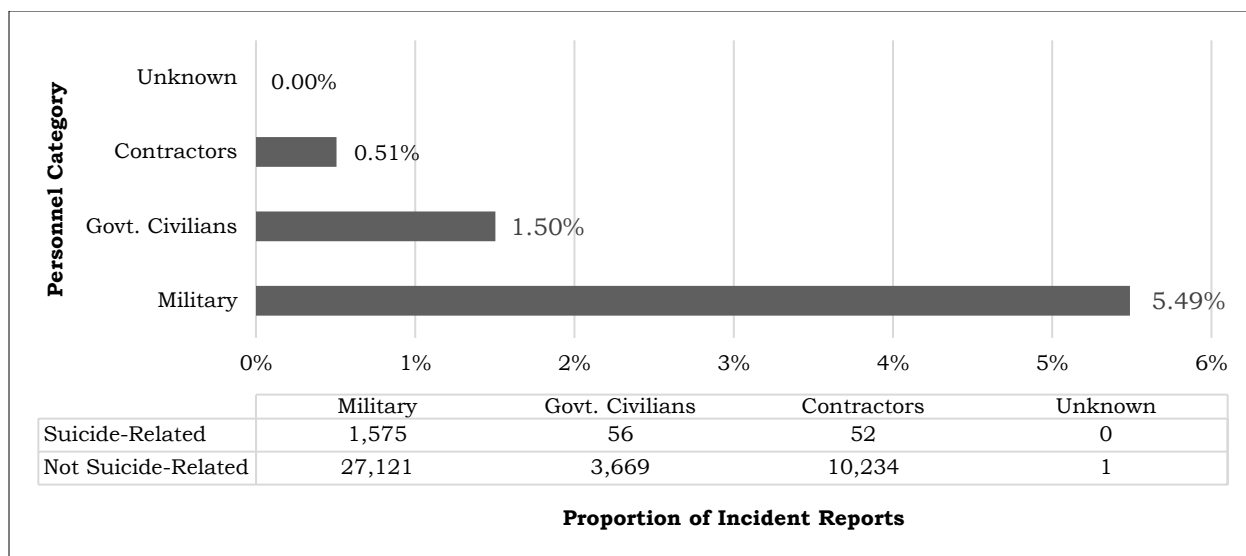
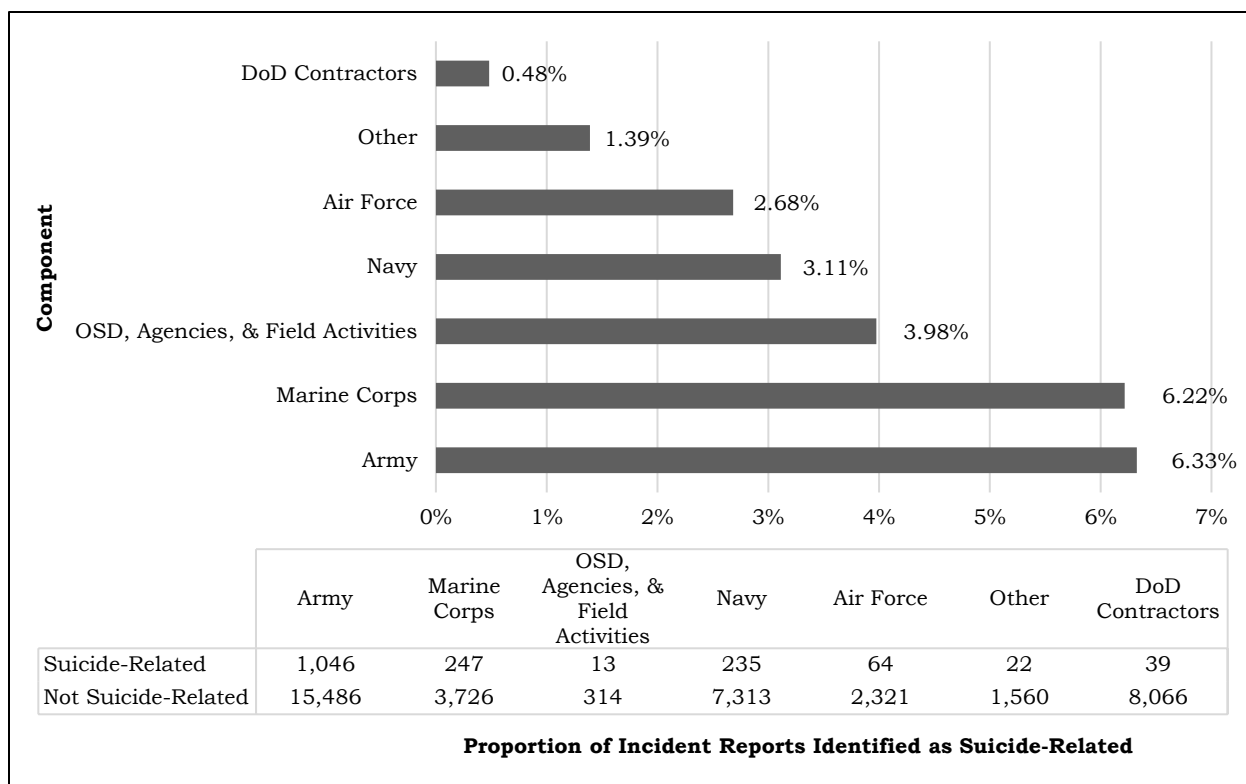


Figure 1 Proportion of FY16 Suicide-Related Incident Reports within Personnel Category

Subject Reporting Component

Figure 2 shows the proportion of suicide-related incident reports by DoD component affiliation. These proportions are based on the component's total number of incident reports. Proportions of suicide-related incident reports were lower for DoD contractors (0.5% of 8,105 reports), Air Force (2.7% of 2,385 reports), and Navy (3.1% of 7,548 reports). The components having the highest proportion of suicide-related incident reports were Army (6.3% of 16,532 reports), Marine Corps (6.2% of 3,973 reports), and OSD, Agencies & Field Activities (4.0% of 327 reports).



Note. The “Other” category in the list of components included incident reports in JPAS from Other Federal Agencies, Combatant Commands, and from unknown components.

Figure 2 Proportion of FY16 Suicide-Related Incident Reports within Component

Adjudicative Guideline Selection at Incident Reporting

Researchers examined the adjudicative guidelines that security managers selected when reporting FY16 suicide-related incidents in JPAS. Security managers selected Guideline I: Psychological Conditions for 70.1% (n=1,180) of the suicide-related incidents. However, security managers also commonly selected Guideline E: Personal Conduct (n= 904, 53.7%), Guideline J: Criminal Conduct (n=198, 11.8%), Guideline G: Alcohol Consumption (n=134, 8.0%), and Guideline H: Drug Involvement (n=68, 4.0%). Figure 3 shows the distribution of FY16 suicide-related incident reports by each of the 13 adjudicative guidelines. Because the guidelines are not mutually exclusive (i.e., multiple guidelines can be selected for a single incident), the frequencies total more than the number of suicide-related incidents.

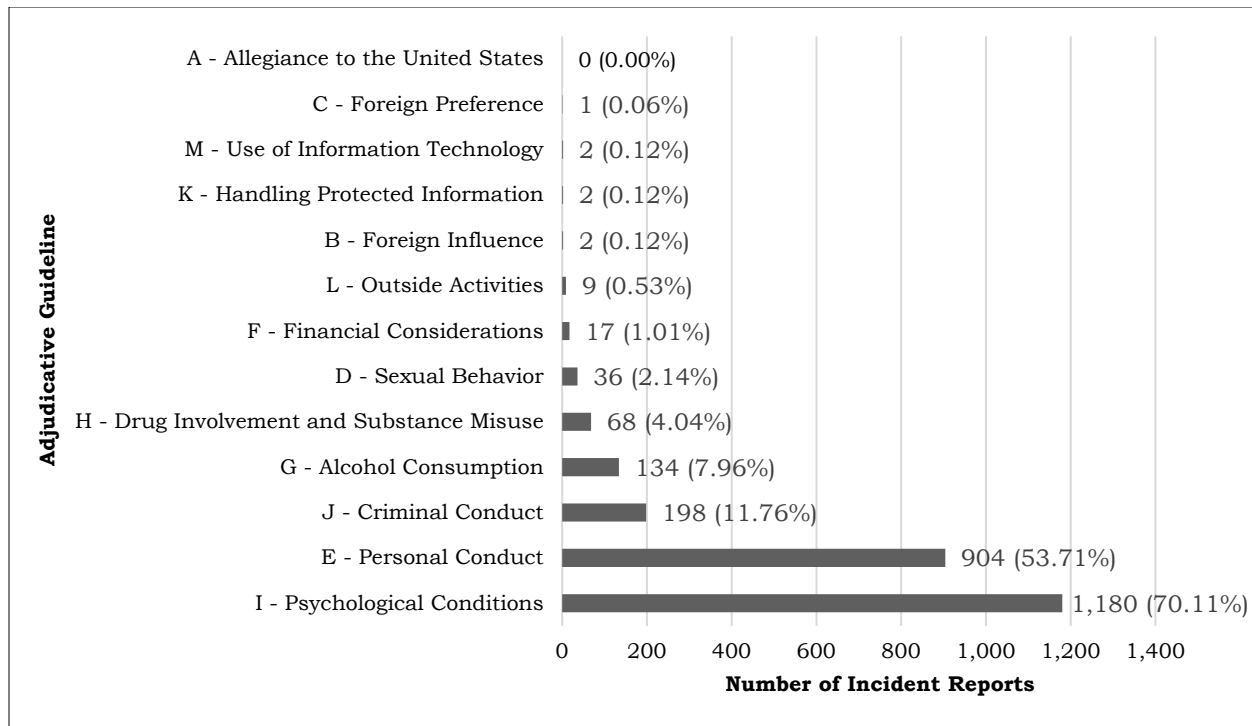


Figure 3 FY16 Suicide-Related Incident Reports by Selected Adjudicative Guideline

Table 3 presents the frequency and percentage of other guidelines selected by security managers in addition to Guideline I: Psychological Conditions. For example, 428 of the 1,180 suicide-related incident reports categorized as Guideline I: Psychological Conditions were also categorized as Guideline E: Personal Conduct concerns. On a smaller scale, most of the suicide-related incidents possessing Guideline J: Criminal Conduct, Guideline G: Alcohol Consumption, and Guideline H: Drug Involvement concerns were also categorized by security managers as involving Guideline I: Psychological Conditions.

Table 3
FY16 Adjudicative Guidelines Selected with Guideline I – Psychological Conditions

Adjudicative Guideline	N	%
E - Personal Conduct	428	36.3
J - Criminal Conduct	111	9.4
G - Alcohol Consumption	108	9.2
H - Drug Involvement and Substance Misuse	48	4.1
D - Sexual Behavior	24	2.0
F - Financial Considerations	17	1.4
L - Outside Activities	7	0.6
B - Foreign Influence	1	0.1
K - Handling Protected Information	1	0.1
M - Use of Information Technology	1	0.1

What are the Access, Eligibility, and Timeliness Implications for Reporting Suicide-Related Incidents in JPAS?

To determine whether suicide-related incident reports are more or less likely to be associated with derogatory personnel security outcomes relative to non-suicide-related incidents, researchers explored access suspensions, eligibility determinations, and the timeliness of incident report resolution. The following three subsections present these results.

Access Suspensions

During FY16, 269 (16.0%) suicide-related incident reports involved an access suspension compared with 5,836 (14.2%) non-suicide-related incident reports. As shown in Table 4, access suspensions associated with suicide-related incident reports had an average suspension length of 6.6 months. Likewise, the average suspension length for non-suicide-related incident reports was 6.7 months. Suicide-related incident reports were slightly more likely to involve an access suspension, however, the duration of suspensions for suicide and non-suicide-related incident reports was similar.

Table 4
FY16 Descriptive Statistics for Access Suspensions by Incident Type (in Months)

	N	%	M	SD	25%	50%	75%	Max
Suicide-Related	269	4.4	6.6	4.5	3.2	6.1	9.1	23.8
Non-Suicide-Related	5,836	95.6	6.7	4.8	3.0	6.2	9.8	23.4

Note: Analysis of duration excludes suicide-related incidents where the security manager indicated the subject was deceased.

Eligibility

A number of possible adjudicative outcomes exist for JPAS incident reports. Table 5 shows the distribution of FY16 incident report dispositions at data acquisition. Of the

1,683 suicide-related incident reports, 1,083 (64.3%) resulted in subjects retaining their eligibility, whereas 200 (11.9%) resulted in lost eligibility. Of the 41,025 non-suicide-related incident reports, 28,153 (68.6%) resulted in subjects retaining their eligibility, whereas 5,182 (12.6%) resulted in lost eligibility. The overall proportion of incident reports where subjects retained or lost eligibility differed little between suicide-related and non-suicide-related incident groups. This finding (i.e., no difference) held true even when specifically focusing on denials and revocations, which are clearly unfavorable in nature. Specifically, 18 (1.1%) suicide-related incidents and 584 (1.4%) non-suicide-related incidents were associated with a denial or revocation.

The suicide-related and non-suicide-related incident report groups appeared to differ only within the “Eligibility Retained” outcome category. A greater percentage of suicide-related incident reports (52.5%) were not adjudicated compared to non-suicide-related incident reports (45.5%). As a corollary, a greater percentage of non-suicide-related incident reports were adjudicated favorably (23.2%) compared to suicide-related incident reports (11.8%).

Table 5
Distribution of FY16 Incident Reports by Outcome

Outcome	Suicide-Related		Non-Suicide-Related	
	N	%	N	%
Eligibility Retained	1,083	64.3	28,153	68.6
Not Adjudicated (closed)	884	52.5	18,645	45.5
Favorable (e.g., secret, top secret)	199	11.8	9,508	23.2
Eligibility Not Retained	200	11.9	5,182	12.6
Loss of Jurisdiction	143	8.5	3,478	8.5
No Determination Made	39	2.3	1,120	2.7
Denied/Revoked	18	1.1	584	1.4
Pending (incident still open)	394	23.4	7,475	18.2
Unknown (missing data)	6	0.4	215	0.5
Total	1,683	100.0	41,025	100.0

Note. Eligibility Retained includes incident reports with favorable outcomes to include those that are closed due to lack of disqualifying information. Eligibility Not Retained includes incident reports where subject is either no longer affiliated with DoD (Loss of Jurisdiction), where policy requirements for positions do not require adjudication (No Determination Made), or where unfavorable determinations are made (Denials/Revocations).

Timeliness

Assessing timeliness of incident report resolution is key to understanding another potential negative ramification of incident reporting—waiting to find out what will happen to your case. Table 6 presents summary statistics for the duration of the incident report process for those cases that were closed by DoD CAF at data acquisition. On average, suicide-related incident reports that were closed at the time of data acquisition took 7.9 months to resolve, while non-suicide-related incident reports took 5.4 months. A quarter (25%) of non-suicide-related incident reports were resolved in less than a month after reporting (i.e., 0.6 months). However, for suicide-related

incident reports, 75% took longer than 4.2 months to resolve. Half of suicide-related and non-suicide-related incident reports took longer than 7.6 months and 4.5 months to resolve, respectively.

Table 6
Duration of FY16 Incident Reports by Type (in Months)

	N¹	%	M	SD	25%	50%	75%	Max
Suicide-Related	1,278	3.7	7.9	5.1	4.2	7.6	11.3	24.1
Non-Suicide-Related	33,552	96.3	5.4	5.0	0.6	4.5	8.8	23.8

Note: Analysis of duration excludes suicide related incidents where the security manager indicated the subject was deceased. ¹At data acquisition, 1,278 of 1,683 FY16 suicide-related incident reports (76.6%) and 33,552 of 41,025 FY16 non-suicide-related incident reports (81.8%) were closed.

Figure 4 shows the density distribution of these durations with horizontal lines representing quartiles. The shapes of the distributions represent volume of cases. As can be seen in the figure, a large number of non-suicide-related incident reports were resolved within the first few months, and half were resolved in less than 5 months. The figure also shows that many suicide-related incident reports were resolved within 5 to 10 months, with half resolved in a little over 7 months. Resolution for some incidents in both groups took up to 2 years after the initial report.

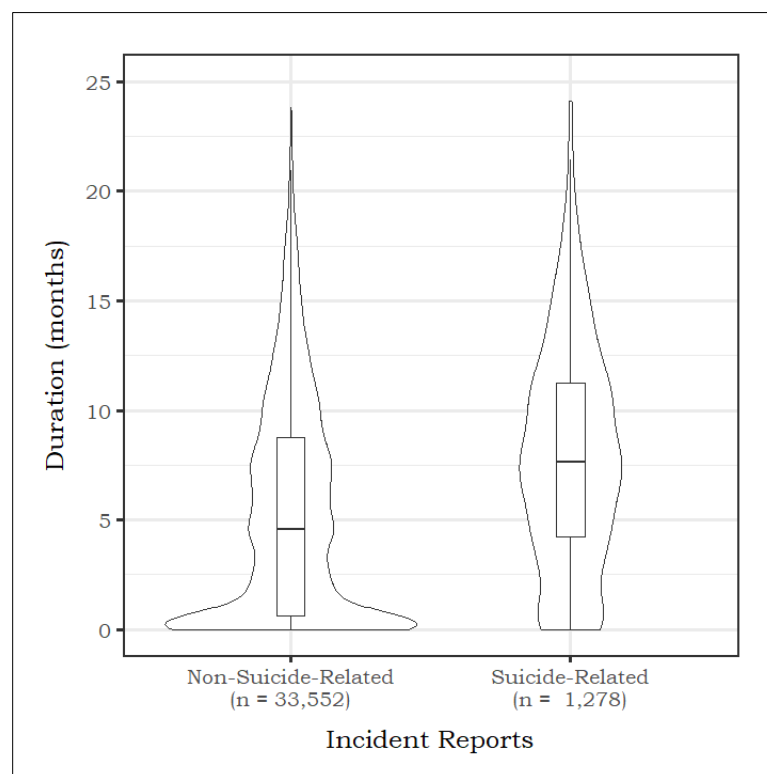


Figure 4 Density Plot of Incident Report Durations

What Circumstances are Associated with Suicide-Related Incident Reports?

Researchers identified 382,590 FY12-FY17 incident report comments from security managers and DoD CAF adjudicators that were associated with 281,072 incident

reports (i.e., an incident report may have more than one comment). Of these incident report comments, 10,483 comments had suicide-related terms (see Table 1). As described in the Method section, word groups were developed to address specific questions within research question 3. The hospital-focused word group was used to examine events that brought suicide-related incidents to light. The assault and arrest-focused word groups were used to examine if suicide-related incident reports were associated with violence towards others.

While text-mining techniques allowed for identification of comments associated with word groups and examination of their frequencies, it did not provide context for these incidents. To address this, researchers randomly selected 157 comments from the 10,483 comments with suicide-related terms for manual review. In the manually reviewed comments, the hospital word group appeared 77 times, the arrest word group appeared 41 times, the assault word group appeared 40 times, and the arrest and assault word groups appeared together 36 times. The following sections describe the results of the manual review.

What Events Tend to Bring Suicide-Related Incidents to Light?

The hospital word group was the most common and appeared 3,095 times in the suicide-related incident report group (alone and in combination with the assault and arrest word groups). Examination of single word frequencies associated with the hospital word group indicated that the word “hospital” appeared more frequently in the suicide-related incident group (1.4%) compared to the non-suicide-related incident group (0.1%). Similarly, the word “admitted” appeared more frequently in the suicide-related incident group (1.1%) compared to the non-suicide-related incident group (0.2%). “Observation,” “evaluation,” and “transported” also appeared more frequently in the suicide-related incident group compared to the non-suicide-related incident group.

Manual review of the randomly selected comments indicated that when the hospital word group was present, the words appeared in three types of scenarios. These scenarios are described below using a sample incident report comment. Each comment is de-identified; the term “Subject” refers to the subject of the incident report.

Scenario A: The individual was hospitalized for treatment of wounds. These wounds may have been the result of a suicide attempt or the result of an altercation, but the hospitalization was for medical treatment, with subsequent admittance for mental health evaluation.

“Approximately 0234 Subject sent a message to Supervisor that he would not be in PT and was en route to hospital and would brief the situation later. Subject was treated for a self-inflicted abdominal wound (1cm in length). Subject has a history of PTSD and is taking medicine. Psychiatrist stated that Subject had stated “I am not suicidal but wish I had killed myself.” Subject admitted to Crisis Services for suicide watch at Hospital. Subject stated that he had been dealing with an increased amount of depression over the last few weeks. Subject mentioned his increased depression to his psychiatrist last week, which resulted in his doctor changing medications. While

alone in his bedroom, Subject cut himself on the arm two times to “just to see if it would help with his depression”. Subject retrieved a knife from his dresser and inserted the knife in his upper abdomen just below his rib cage resulting in a one cm incision. Shortly after that, his wife came into the room, saw the blood, and called 911. After being admitted to emergency room, Subject received five stitches for the knife wound. It was Subject’s intent to commit suicide.”

Scenario B: The individual was hospitalized for mental health evaluation only.

“[Military Police] station was notified of possible attempted suicide. Investigation revealed that subject consumed alcohol beverages and had wounds on left forearm that appeared to be self-inflicted. Subject stated that wounds were from falling and it was determined that they were not life threatening. Subject was transported to the mental health facility in <OCNUS Location> and was then transported to medical center for further assistance.”

Scenario C: The individual was inebriated and was hospitalized.

“Subject was arrested at the <convenience store>. He was drunk & belligerent and attempting to purchase more alcohol. The MPs tested his BAC at .426 and redirected him to the hospital for his safety. Subject has serious alcohol addiction/dependency. Subject has operated a vehicle, committed physical assault and made suicidal threats, all while under the influence of alcohol. Subject has failed the Army Substance Abuse Program on two occasions, and has continued to drink even after completing 30 days of inpatient care in hospital at the government’s expense. ACTION TAKEN: Subject has been recommended for Field Grade Article 15 and will be recommended for separation from the military for patterns of misconduct. CDRs RECOMMENDS: Subject’s secret clearance be revoked and that the Subject is not considered for a clearance in the future.”

Are Suicide-Related Incident Reports Associated With Violence Towards Others?

Overall, the assault (n=265) and arrest (n=298) word groups appeared less often compared to the hospital word group among suicide-related incident reports. Examination of single word frequencies indicated that the word “assault” appeared less frequently in suicide-related incident report comments (0.2%) compared to non-suicide related incident reports (0.4%). Similarly, the words “arrested” and “arrest” appeared less frequently in suicide-related incident reports (“arrested” = 0.1%; “arrest” = 0.1%) compared to non-suicide-related incident reports (“arrested” = 0.5%; “arrest” = 0.2%). Although there were situations where suicide-related words co-occurred with assault or arrest, the overall frequency was lower in suicide-related incident reports, indicating that incidents with suicide-related words had a lower co-occurrence with assault and arrest words. Four scenarios emerged from manual review of incident report comments associated with the arrest and assault word groups.

Scenario A: The individual disclosed threats of suicide or attempted suicide shortly after an assault or arrest event.

“Subject in argument with spouse over possible marital affair; Subject assaulted spouse in attempt to obtain phone and personal items from spouse; Subject ran to upstairs bedroom while making possible suicidal ideation; Subject barricaded self in bedroom; spouse and other family Subject gained access to bedroom at which time weapon was discharged (not determined at this time in which direction). Subject has been issued a military protective order; being assigned to on-base barracks.”

Scenario B: The individual responded to an interrupted suicide attempt by committing an assault or other violent act.

“At 0315 received phone call from X reporting that there was a problem with her husband, and she needed to speak directly with the Commander. Upon further investigation, it was revealed that Subject was involved in an altercation with the Police Dept. in which he, under the influence of alcohol (BAC .24), called 911 expressing suicidal ideation and homicidal thoughts. Upon being approached by the officers, the Subject became confrontational, attacking one of the officers, and had to be subdued using a stun gun and physical force. Upon being restrained, he was brought to Hospital, where he was treated for a fractured cheek bone and other superficial wounds. The arresting officer stated that Subject would be charged with "Felony Assault on an Officer of the Law" and would be further detained at the County Jail until his court hearing.”

Scenario C: An arrest or assault event revealed an individual's prior suicide-related incident.

“Subject assaulted his spouse. According to the report, Subject punched her in the head and face. After falling to the ground, Subject proceeded to kick her (spouse) in the stomach and drag her inside the house. The spouse told police that she would have shown them photographs of her injuries, but Subject destroyed her phone. When police arrived at the scene, they attempted to approach Subject in his backyard, where he was smashing lawn furniture, but he fled to a wooded area where they could not locate him. Earlier in the night while the spouse was out with a friend having drinks, Subject was sending photos of himself to her (spouse) with a gun to his head and texting he was going to kill himself if she did not return home. Subject was later arrested (date and time still unknown) and charged with Simple Assault.”

Scenario D: The individual had an arrest or assault event that led to the current suicide-related incident.

“Subject brandished a personally owned firearm in the barracks and declared homicidal and suicidal intent. The Subject, who was drinking in the barracks, displayed a loaded pistol and brandished it at another Subject, who charged the weapon, ejecting a round. Subject also verbally threatened another Subject while pointing the pistol at him. A Subject who witnessed the incident notified the Staff Duty, who then immediately notified emergency services. MPs arrived at the barracks, and started searching for Subject, who they found and arrested in his barracks room. The weapon could not be located after multiple attempts to search all

areas. The only item that was found was one .45 caliber round (unspent) in Subject's room. MPs released Subject to his unit. Subject told his Platoon Leader that he had intentions to find and kill the individual associated with his previous assault charge, and then take his own life. Unit chain of command escorted Subject to the ER for a behavioral health evaluation."

SME INTERVIEWS

This section summarizes themes from the SME interviews that address the perceived ramifications of establishing suicide-related incidents in JPAS and the circumstances associated with suicide-related incident reports. In addition, SMEs provided recommendations and best practices for process improvements or policy modifications that would address these suicide-related incident issues. Study participants provided all of the information summarized in this section.

Perceived Ramifications of Establishing Incidents

Some SMEs interviewed for this study believe that incident reporting is necessary and generally non-punitive. In fact, the experience can function as a wake-up call for subjects to seek help. However, reporting can have negative consequences for the subject as well. For example, a SME expressed concern about the implications of reporting for people who are predisposed to harming themselves.

SMEs said that people may refrain from reporting concerns to security because it could affect subjects' access to classified information. They also stated that while access suspensions and eligibility revocations are relatively rare, those outcomes are a real possibility. Furthermore, access suspensions can negatively affect individuals' careers and delay unit or position transfers. Personnel may be unable to perform their duties or move between commands, and contractors may be terminated from employment. In addition, facility security officers may recommend other job candidates to replace individuals whose records are flagged in JPAS.

SMEs stated that the impact of an incident report on both the agency and the reported employee may be disproportionate to the incident itself. Incident reporting in JPAS can have a negative impact on mission readiness because personnel are unable to perform their duties. Reporting also may violate the trust that Service members have in their command. Incident reporting may harm subjects' morale, especially given the length of time needed to resolve some cases. Additionally, incident reports in JPAS may negatively affect contract terms, which might pressure companies to handle incidents internally.

A SME opined that suicide-related incident reporting may contribute to stigma (e.g., by flagging subjects' records in JPAS). The perception that reporting will hurt their careers may deter personnel from seeking help. According to a SME, suicidal ideation is underreported due to this stigma. Another SME said that the military might treat mental health in a way that worsens the stigma, and that they should treat it like any other medical condition.

Circumstances Surrounding Reporting

SMEs explained that, while still relatively rare, suicidal behavior may be more common in military units preparing to deploy (e.g., due to the stress involved). Nevertheless, security personnel generally agreed that suicidal behavior should be reported to DoD CAF (e.g., using JPAS) in accordance with personnel security policy. A study participant opined that underreporting (e.g., to protect people) may violate policy and undermine security. SMEs also noted that personnel still harbor misconceptions and confusion about what types of mental health concerns they must report. They also remarked that suicidal behavior does not always result in access suspension.

Various personnel report suicide-related incidents. For example, a commander may request a psychological evaluation for someone exhibiting unusual behavior, which may lead to an incident report. Supervisors sometimes report suicidal behavior by civilian employees. Other personnel may report mental health concerns to an insider threat hub based on the requirement to share information that meets DITMAC reporting thresholds. Subsequently, DITMAC might recommend entering a suicide-related incident in JPAS based on a threat assessment.

SMEs offered examples of Service-specific procedures for reporting suicide-related incidents. For example, one of the Services requires commanders to submit a Serious Incident Report (SIR) within 12 hours of incident discovery. SIRs and Commanders Critical Incident Reports are tracked at the command level. Some commands may wait a few days to determine whether to submit a JPAS incident report and suspend local access. Commands may send military personnel with suicidal behavior to medical facilities or put them on short-term leave during this period. Some commanders choose to place personnel on administrative leave, although this is not required.

Reporting Obstacles

According to SMEs, DoD personnel do not always report psychological conditions, including suicidal behavior, as required, due to possible negative career consequences (i.e., some cases are “field adjudicated”). SMEs said that command climate can influence help-seeking behavior, and mental health problems may affect Service members’ ability to perform their duties. Moreover, commanders and security managers may not understand the link between suicidal behavior and national security. Some personnel might not even know they are supposed to report suicidal behavior to DoD CAF. In addition, psychological evaluation and adjudication timeliness remain a concern for commanders as suicide-related incidents can take more than a year to resolve.

Psychological Evaluations

DoD CAF determines if a psychological evaluation is necessary for mental health-related cases. For suicide-related incident reports, adjudicators sometimes rely on two DoD CAF staff psychologists to make a recommendation regarding whether a psychological evaluation is necessary. DoD CAF psychologists also provide feedback to

these mental health professionals to ensure that psychological evaluations are useful. SMEs remarked that some contracted and military psychologists have substantial relevant experience personnel security psychological evaluations while others do not. Some providers might not be well versed in the connection between mental health and protection of classified information due to lack of training. Psychological evaluations are performed at the installation level, but the results remain at DoD CAF.

Upon discovery of a suicide-related event, military personnel may be taken to a hospital for evaluation. According to SMEs, hospital admission facilitates the documentation of suicidal behavior because it requires follow-up assessment. Military leaders usually refer suicidal personnel to mental health and medical professionals for evaluation and observation, and commanders can encourage inpatient mental health treatment with a command-directed psychological evaluation. However, SMEs said that coordinating mental health services in some locations poses challenges. One Service also uses high-risk review boards to assess personnel with mental health concerns, but some units may try to keep personnel on the job, unless the situation appears serious. Military personnel will receive an entry in their medical record with a severity classification.

SMEs indicated that military leadership are well informed about how to deal with suicidal behavior. SMEs stated that commanders have authority to require medical attention for Service members but may try to persuade DoD CAF to recommend a psychological evaluation. DoD CAF relies on military installation mental health professionals to provide psychological evaluation services. The government provides psychological evaluations to Service members at no cost. The intent of psychological evaluations for suicide-related incident reports is to assess individuals' judgment, reliability, and trustworthiness to handle classified information, as opposed to fitness for duty.

DoD CAF will contact security management offices to arrange mental health evaluations for civilian employees. In some instances, civilians can use a military installation's mental health services. Some components use Federal Occupational Health services. For instance, they may use Federal Occupational Health to find an acceptable provider and pay for the evaluation out of their personnel security investigation budget. The government usually pays for psychological evaluations, but the subject pays for privately obtained mental health services. A government-approved provider must perform the evaluation and the approval process can be long. In some cases subjects may use employee assistance programs.

DoD CAF is responsible for coordinating psychological evaluations for contractors as well. Facility Security Officers will submit incident reports through JPAS to the Defense Security Service Personnel Security Management Office for Industry. The adjudication team will contact the subject to obtain consent for an evaluation. The subject incurs no cost for the evaluation, as the contract pays for contractor evaluations. DoD CAF usually does not inform Facility Security Officers about evaluation results.

Treatment

SMEs indicated that intervention often occurs at the unit level, and commanders have tried to encourage reporting of suicidal behavior. Reporting of Guideline I: Psychological Conditions may result in administrative leave for the subject. A military SME said that when an incident related to post traumatic stress disorder occurs, security managers enter a report in JPAS as a matter of course, but their focus is on helping the individual (e.g., by connecting them to resources with the Civilian Employee Assistance Program). Another SME said that company commanders may consult with doctors after initial evaluation about how to manage personnel who received treatment. Commanders will try to return military personnel to their daily routine and avoid stigmatizing individuals who have received mental health care. In general, commanders will refer civilian personnel to employee assistance programs and military personnel for treatment. According to a SME, security managers need more guidance on how to address suicidal behavior.

Process Improvements and Policy Modifications

Study participants made a number of recommendations to address suicide-related incident reporting processes and policy. First, SMEs indicated that DoD should standardize reporting processes and provide more guidance about what to report. For example, security managers need minimum standards for documenting incidents. DoD also should provide better definitions of psychological and suicide-related security concerns (e.g., the Defense Suicide Prevention Office is issuing policy that will provide the standard for how DoD defines suicidal behavior).

SMEs recommended that DoD CAF expedite suicide-related incidents and determine whether DoD CAF can share more information about pending cases with security managers to inform local access decisions. In addition, DoD should make it easier for components to find qualified mental health professionals for psychological evaluations and provide sufficient training to mental health providers on how to evaluate security clearance cases (to include a reporting guide).

Participants recommended that DoD improve incident report training for all cleared personnel, to include formal training on how to handle suicide-related incidents and how to work with suicidal personnel to facilitate their recovery. Components should ensure that security managers receive a minimum level of training on reporting responsibilities: ensure that commanders know what to report, understand how to help people deal with their problems, and provide better training to junior enlisted personnel about recognizing and reporting suicide-related behavior.

Additionally, participants suggested changing the perception of incident reporting from punitive to supportive. DoD CAF correspondence should reassure individuals that seeking mental health treatment does not jeopardize their access eligibility (i.e., it is considered a mitigating factor in the adjudicative guidelines). Furthermore, security managers should foster good relationships with commanders to facilitate carrying out their duties. Some components encourage security managers to meet with

commanders to brief responsibilities and reporting requirements related to personnel security and insider threat. They also encourage security managers to find other ethical ways to address relevant information if commanders do not want to submit formal incident reports.

DISCUSSION AND RECOMMENDATIONS

The present study explored data trends, field procedures, and policy requirements associated with DoD suicide-related incident reporting. The research objectives were to understand the scope of suicide-related incident reporting, consequences of reporting, and circumstances surrounding these events. This section synthesizes the quantitative and qualitative findings and provides recommendations for improving associated processes.

HOW COMMON IS SUICIDE-RELATED INCIDENT REPORTING IN JPAS?

Of the incident reports entered in FY16, 3.9% pertained to suicidal behavior or ideation. Military personnel, as opposed to DoD civilians and contractors, had the highest percentage of suicide-related incident reports in FY16, and the components with the highest proportion of suicide-related incident reports were Army and Marine Corps. SMEs explained that, while still relatively rare, suicidal behavior may be more common in military units preparing to deploy, which is consistent with some risk factor studies examining military service and life transitions in general (e.g., Franklin, 2016). The greater proportion of suicide-related incident reports for Army and Marine Corps is consistent with recent unadjusted suicide rates for active components (DoD Suicide Event Report, 2016).

This study also found that security managers categorized more than two-thirds of suicide-related incidents as Guideline I: Psychological Conditions. Nevertheless, a substantial number of suicide-related incidents were associated with other concerns (e.g., Guideline E: Personal Conduct, Guideline J: Criminal Conduct, and Guideline G: Alcohol Consumption). Security managers and adjudicators can select multiple concerns in JPAS to categorize incidents. While suicide-related incidents should apply to Guideline I: Psychological Conditions per the adjudicative guidelines, these types of incidents may involve behavior related to other concerns as well. Thus, selecting multiple concerns for suicide-related incidents is to be expected. Suicide-related incident reports that were not categorized as Guideline I: Psychological Conditions may have been inadvertent omissions or some officials may not be aware of the connection between suicidal behavior, national security, and Guideline I as pointed out by SMEs. SMEs also indicated that some personnel may not know suicidal behavior should be reported to DoD CAF. Therefore, SMEs recommended additional training for security personnel and/or feedback from DoD CAF to ensure proper categorization of incidents.

WHAT ARE THE ACCESS, ELIGIBILITY, AND TIMELINESS IMPLICATIONS FOR REPORTING SUICIDE-RELATED INCIDENTS IN JPAS?

In FY16, suicide-related incidents were slightly more likely than non-suicide-related incidents to involve an access suspension, but the duration of suspensions was similar for suicide-related and non-suicide-related incidents. The proportion of incidents in which subjects retained or lost eligibility differed little between suicide-related and non-suicide-related incidents (i.e., there were similar eligibility retention rates in both

groups). Likewise, suicide-related incident reports were not more likely to be associated with denials and revocations than non-suicide-related incident reports. Based on the results of this study, it is unclear why suicide-related incidents were more likely to involve access suspensions, but future research should examine the potential cause.

DoD CAF adjudicators review incident reports to determine appropriate action (e.g., revoke access eligibility). However, a significant number of incident reports do not require adjudication because the reported information is not potentially disqualifying based on the adjudicative guidelines. In these cases, the incident reports are stored in JPAS for future reference and subjects retain their access eligibility. This study found that a higher proportion of suicide-related incident reports were closed without adjudication compared to other incident reports, which suggests that fewer of these incidents involved potentially disqualifying conditions based on the adjudicative guidelines.

For those incidents that were adjudicated and closed by DoD CAF at the time of data acquisition, a greater percentage of non-suicide-related incident reports were adjudicated favorably compared to suicide-related incident reports. This finding indicates that disqualifying conditions were somewhat less likely to be mitigated in the closed suicide-related incidents. Future research could examine adjudicative rationales to compare the disqualifying and mitigating conditions considered in suicide-related incidents with favorable and unfavorable outcomes to better understand their differences.

More importantly, suicide-related incidents took considerably longer to resolve (an additional 2.5 months on average) than non-suicide-related incidents. This difference may be due, in part, to the time it takes for DoD CAF to obtain psychological evaluations in suicide-related cases. SMEs indicated that psychological evaluations and subsequent DoD CAF adjudications for suicide-related incidents can take more than a year to complete. This is particularly problematic because subjects' careers are essentially on hold and commands must find another qualified individual to perform their duties during this period. Other contributing factors may include the time it takes for subjects' conditions to improve as they undergo treatment.

In addition, SMEs indicated that in some cases an incident report might motivate the subject to seek help. However, flagging subject records in JPAS may contribute to stigma at the institutional level and deter personnel from getting the help they need (Acosta, et al., 2014). Moreover, SMEs suggested that incident reports can negatively affect subjects' careers and trust in their command, as well as command morale and mission readiness. To help reduce such negative effects, more emphasis should be placed on timely resolution of suicide-related incidents.

WHAT CIRCUMSTANCES ARE ASSOCIATED WITH SUICIDE-RELATED INCIDENT REPORTS?

The present study explored JPAS incident report comments to understand contextual factors associated with suicide-related incidents. Researchers examined how hospitalization events brought suicide-related incidents to the attention of security. To do this, the researchers used text analysis to summarize how hospitalizations appeared in suicide-related incident reports. They found that “hospital” words occurred more frequently in comments associated with suicide-related incidents, and approximately half of the manually reviewed comments contained at least one word related to hospitalization. Common scenarios included hospitalization for treatment of wounds, mental health evaluation, and blood alcohol assessment. These findings underscore the involvement of medical and mental health resources to support suicide-related incidents, which less applicable to other incident types.

The present study also examined how violence against others appeared in suicide-related incident reports. Some psychiatric disorders have been associated with an increased risk of violence, and a recent epidemiological study found that self-harm is associated with increased risk of a violent offense (Sahlin, et al., 2017). In this study, researchers found that words associated with assault and arrest appeared less frequently in suicide-related versus non-suicide-related incidents. Common scenarios in suicide-related incidents that involved violence against others included: suicidal behavior shortly after an assault and law enforcement contact, violence associated with an interrupted suicide attempt, an assault and arrest exposed a prior suicide-related incident, and an assault/arrest event was a precursor to a suicide-related incident.

WHAT RECOMMENDATIONS FOR PROCESS IMPROVEMENTS OR POLICY MODIFICATIONS CAN BE MADE?

Based on findings from both JPAS data and SME discussions, the following are recommendations to improve procedures associated with suicide-related incident reporting while supporting the health and safety of potentially vulnerable personnel.

- Enhance incident report training for all covered personnel to include formal training on how to address suicide-related incidents. For example, DoDM 5200.02 could include supplemental information or a memorandum could address the handling of suicide-related JPAS incidents. The enhanced incident report training could contribute to DoD suicide prevention and stigma reduction efforts by providing suicide-related education to all covered personnel.
- Provide more guidance to security managers about what to report to DoD CAF. Guidance should include specific suicide-related behaviors that are and are not reportable as personnel security concerns. This guidance could also contribute to DoD suicide-related stigma reduction by providing specific information on suicide-related behaviors that may not require a security incident report.

- Ensure that security managers select Guideline I: Psychological Conditions as the adjudicative concern when establishing suicide-related incident reports. Although other concerns also may apply, suicidal behavior is a psychological condition according to the adjudicative guidelines.
- Focus efforts on increasing the timeliness of the suicide-related incident reporting process. Prioritize these incidents for quick and efficient resolution once entered into JPAS and consider development of timeliness metrics to increase accountability. Such efforts would enhance support of the health and safety of potentially vulnerable individuals.
- Expedite psychological evaluations for suicidal personnel to close suicide-related incident reports in a timely manner. Make it easier for components and DoD CAF to find qualified mental health professionals for psychological evaluations. It is speculated that this will help protect vulnerable cleared personnel from lengthy adjudication waiting periods.
- Provide training to mental health providers on how to evaluate security clearance cases related to suicidal behavior. Healthcare providers performing psychological evaluations must understand the national security adjudicative guidelines as outlined in Security Executive Agent Directives 4.

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