Redefining Suicide Prevention in the Military

A Model for Human Flourishing

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Suicide is a critical public health issue, particularly within military communities, where unique stressors and challenges can exacerbate mental health problems. This article explores the integration of suicide prevention and human performance strategies, root cause analysis, and organizational development to create a comprehensive framework for addressing this complex problem. Although current Defense Department approaches focus on intervention and reaction, a modified approach of prevention and data-driven resource utilization has the potential to reduce the burden on service members without increasing manning or cost. By examining the underlying causes of suicidal behavior and implementing organizational changes, the department can establish more effective prevention programs, positioning established resources and service members for mission success in great power conflict.

Suicide is a leading cause of death worldwide, with profound social, economic, and psychological impacts.[1] The loss of life itself presents a significant economic cost, but there is also the immeasurable toll it takes on survivors.[2] Military communities are particularly vulnerable due to the unique stressors associated with military life, including the inherent challenges and dangers of military service.[3] Studies indicate that the

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1. "Suicide and Self-Harm Injury," Centers for Disease Control, National Center for Health Statistics, last reviewed 2 October 2024, https://www.cdc.gov/; and see Anna S. Mueller et al., "The Social Roots of Suicide: Theorizing How the External Social World Matters to Suicide and Suicide Prevention," *Frontiers in Psychology* 12, no. 62 (2021): 1569, https://doi.org/; and Jessica Green et al., "The Role of Psychological and Social Factors in the Relationship Between Attachment And Suicide: A Systematic Review," *Clinical Psychology and Psychotherapy* 27 (2020), https://doi.org/.

2. US Department of Transportation, "Department Guidance on Valuation of a Statistical Life in Economic Analysis," effective 7 May 2024, https://www.transportation.gov/.

3. See Michael D. Anestis and Craig J. Bryan, "Means and Capacity for Suicidal Behavior: A Comparison of the Ratio of Suicide Attempts and Deaths by Suicide in the US Military and General Population," *Journal of Affective Disorders* 148, no. 1 (2013), https://doi.org/; and Christina L. Patton, Matthew R. McNally, and

routine nature of deployments for an extended period of time pose an additional risk for military members.[4] What is encountered in connection with those deployments intensifies this impact.[5] Over the past 20 years, service members have returned from a deployment to a new normal—whether a positive or negative one—only to deploy again. They are thus subject to a constant state of instability in terms of having their basic human needs fulfilled.

Between 2011 and 2022, the Department of Defense identified 5,997 military members who died by suicide.[6] Traditional approaches to suicide prevention often focus on individual-level interventions, such as counseling and medication. These approaches come from prior cultural associations in which suicide and suicidal ideation have been stigmatized and are focused largely on factors which contribute to individual risk of suicide.[7] Yet these methods may not address the broader systemic issues that contribute to suicidal behavior.

This article proposes a comprehensive approach that integrates root cause analysis and organizational development to enhance suicide prevention efforts on military installations. Such an approach shifts efforts to prevention, rather than intervention, emphasizing human flourishing to prevent suicide rather than post-crisis reparative action. Early prevention and flourishing development ensure the well-being, mission capability, and sustainability of a force.

Suicide Prevention in the Military

The US military has until relatively recently generally relied on preventative education measures to address suicide in the services. While there are indications that a shift in preventative efforts toward employing a primary preventative workforce may provide some measure of targeted prevention through focus on risk groups and necessary skill building,

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William J. Fremouw, "Military Versus Civilian Murder-Suicide," *Journal of Interpersonal Violence* 32, no. 17 (2017), https://doi.org/.

4. See Mark A. Reger et al., "Military Deployments and Suicide: A Critical Examination," *Perspectives on Psychological Science* 13, no. 6 (2018), https://doi.org/; and Mark A. Reger et al., "Risk of Suicide Among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation from the US Military," *JAMA Psychiatry* 72, no. 6 (2015), https://doi.org/; Lauren M. Denneson et al., "Military Veterans' Experiences with Suicidal Ideation: Implications for Intervention and Prevention," *Suicide and Life-Threatening Behavior* 45, no. 4 (2015), https://doi.org/; and Yossi Levi-Belz, Ariel Ben-Yehuda, and Gadi Zerach, "Suicide Risk Among Combatants: The Longitudinal Contributions of Pre-Enlistment Characteristics, Pre-Deployment Personality Factors and Moral Injury," *Journal of Affective Disorders* 324 (2023), https://doi.org/.

5. A. J. Khan, B. J. Griffin, and S. Maguen, "A Review of Research on Moral Injury and Suicide Risk," *Current Treatment Options in Psychiatry* 10, no. 3 (2023), https://doi.org/; and AnnaBelle O. Bryan et al., "Moral Injury, Suicidal Ideation, and Suicide Attempts in a Military Sample," *Traumatology* 20, no. 3 (2014), https://doi.org/.

6. *Report to the Committees on Armed Services of the Senate and the House of Representative: Report on Incidence of Military Suicides by Military Job Code* (Office of the Under Secretary of Defense, Personnel and Readiness, July 2024), https://s3.amazonaws.com/.

7. See Thomas Joiner, *Why People Die By Suicide* (Harvard University Press, 2005).

this step is simply an extension of an intervention-based approach. Preventative education occurs within risk groups generally after identifying these risk groups through data analysis of incidents and trends. In such an instance, prevention depends on data around intervention necessity.

Such prevention thus takes place after identified events in the risk community and might better be defined as a global postvention effort. The response to death by suicide or suicide attempt in the populace in question drives its assessment as an at-risk community and informs ostensibly preventative efforts that are themselves a reaction. Although the crisis may not have been local, the focus of the efforts is in response to risk category post-events rather than as a comprehensive program to help military members flourish. This current systematic approach of prevention only centers on a small population of those identified as at-risk due to prevalence of intervention, attempt, or death by suicide, while other military subcommunities receive little to no preventative work.

Analysis of broader populations indicates that there is a need for preventative work beyond the risk group after-event recovery response. This can be demonstrated by an analysis of a 2018 case study. In 2018, an Air Force group-level organization at one installation experienced roughly 200 documented destructive behaviors from its 1,796 members, although those same members engaged with helping agencies only 2,005 times. This rate of assistance engagement was insufficient to alleviate the factors resulting in these behaviors.[8]

The unit's data revealed concerning trends in destructive behaviors and the significant resources required for support. A total of 38 Airmen reported thoughts of suicide, while Airmen knew of 34 others who had died by suicide. Additional challenges included a number of Airmen undergoing alcohol and drug abuse treatment and some others with mental health high-interest cases and family advocacy cases as well as other destructive behaviors. A total of 5,873 man-hours were spent reacting to these documented destructive behaviors from helping agencies, the legal office, command teams, and frontline supervisors. This included hundreds of one-on-one visits, workshops, and hours of counseling for various concerns.

These statistics highlight the severe emotional and behavioral issues within the unit and the substantial time and effort required from support agencies. This reactive strategy averaged approximately 30 man-hours lost for each situation that rose to the level of being a documented destructive behavior rather than preventing the behavior by early engagement in the first place. As a result, mission readiness of roughly 40 Air Force Specialty Codes was degraded.[9]

What this case study suggests is that some people suffered in silence due to the lack of manpower available to concentrate on preventative and proactive models of intervention at a lower level. Clinicians were compelled to focus more on reacting to concerns than on

8. 355th Mission Support Group Close Airman Support Team, "Close Airman Support - MSG Plan," PowerPoint slides, Davis-Monthan Air Force Base, 2018.

9. 355th Mission Support Group Close Airman Support Team.

helping individuals before issues arose, spending more time responding to crises rather than on building relationships and teaching self-care. In short, the bulk of time and effort was spent with a minority group that required intervention, meaning that the majority group was not tended to. The potential adverse outcome of this current model is that some of these individuals may eventually need intervention if faced with adversity they cannot overcome on their own.

A comprehensive reallocation and re-baselining of existing assets to promote the flourishing of all service members, rather than targeted interventions for risk groups, is a genuine prevention effort. It not only enables prevention across the force but also increases the service capacity to conduct great power conflict through ensuring increased mission readiness.

Personal Adversity, Military Stressors, and Suicidal Ideation

An understanding of the unique challenges faced in military service is required to determine how and why suicide impacts service members. The main contributing factors to a military member's tread down the possible path of suicidal ideation can be categorized as psychological, social, environmental, organizational, leadership-related, and cultural in nature. Such factors must be considered in the context in which military members live and work; the member will thus encounter educational and preventative efforts in the areas of training and education, policy and procedure, and continuing effort.[10]

The developments that lead to suicidal ideation rarely involve a single event. More often, concurrent or subsequent events accumulate beyond a level of tolerable stress. While humans can increase function and productivity through optimum stress, exceeding these stressors can create distress.[11] Ultimately, this overwhelming effect becomes normalized in the military community, as the culture becomes one of achievement and performance, which carry a heavy weight for a military member's career through standards, performance reports, and awards.[12] The resulting normalization of high performance in the face of significant stressors creates an environment in which military members are expected to react to these stressors as if they remain in the span of optimal stress rather than distress. The general tendency for society at large to idolize the uniformed member as "the best" or as a hero only serves to exacerbate this. This environment generates a baseline of high-functioning, highly stressed individuals who are also subjected to varying types of additional stressors,

10. See Suicide Prevention & Response Independent Review Committee [SPRIRC], *Preventing Suicide in the U.S. Military: Recommendations from the Suicide Prevention & Response Independent Review Committee* (DOD, 4 January 2023), https://media.defense.gov/.

11. See Olorunsola Henry Kofoworola and Ajibua Michael Alayode, "Strategies for Managing Stress for Optimal Job Performance," *International Journal of Psychological Studies* 4, no. 2 (2012), https://doi.org/.

12. Melissa Pack, "Headspace for USAF - Pilot Overview and Learnings," Highspot [platform], updated February 2023, https://view.highspot.com.

such as psychological responses to stress or substance or alcohol abuse, the latter which precedes about 30 percent of military suicides, according to one study.[13]

Additionally, there is likely an increased suicide risk based merely on environment. Although a 2024 report indicates that only 14 out of 49 military occupational codes with enough data to compare to the US civilian population had a higher rate of suicide, this comparison is likely misleading in that military members are a select population without a history of mental health diagnosis prior to joining, with both robust, no-cost mental and physical healthcare, and with economic security due to employment.[14] While no adjusted study has been performed against a civilian population that (1) would qualify for military service, (2) has robust healthcare—to include available medical and non-medical mental health support—and (3) has economic stability, the assumption is more than reasonable that such a population would show lower incidence of suicide and suicidal ideation.

Military culture is unique and frequently misunderstood; it represents a conglomeration of people from all socioeconomic backgrounds who may have never ordinarily shared the same space. Social relationships involve individuals from a variety of ages, experiences, and intentions and are often organized differently at just about every department, base, and unit, leading to unbalanced and often tempestuous social circles. Any instability in such social relationships can be exacerbated by hasty and irregular deployment and work schedules. These factors, normalized as a part of military life, can lead to change fatigue and can impact a service member's ability to evolve with mission needs.[15] Such optimal stress from environmental challenges can bring some members to the limit of their capacity, setting the stage for a single adverse event to cascade into suicidality.

Organizational factors such as unit culture and scheduling as well as members' experience of their direct leadership contribute to the steep increase in the number of scenarios where service members experience service-related trauma effects both in and out of combat. Such factors, along with the high demands and understaffing within the Defense Department, have resulted in the military up to this point placing the term *prevention* centimeters before *intervention*.[16] Such an approach suggests that the only

13. Jenni B. Teeters et al., "Substance Use Disorders in Military Veterans: Prevalence and Treatment Challenges," *Substance Abuse and Rehabilitation* 8 (2017), https://doi.org/.

14. *Report on Incidence of Military Suicides*.

15. See Blair Rhodes Ellis, "The Trauma in Organizational Change: Correlation Study of Change Fatigue and PTSD in the Workplace Regent University," (dissertation, Regent University, Virginia Beach, VA, 2019); and Michael Frone and Ann-Renee Blais, "Work Fatigue in a Non-Deployed Military Setting: Assessment, Prevalence, Predictors, and Outcomes," *International Journal of Environmental Research and Public Health* 16, no. 16 (2019), https://doi.org/.

16. See Michael K. Dalton et al., "Long-term Mental Health Trajectories of Injured Military Servicemembers: Comparing Combat to Noncombat Related Injuries," *Annals of Surgery* 277, no. 3 (2023), https://doi.org/; and Anna Gross-Harwood, Nadav Stern, and Danny Brom, "Exposure to Combat Experiences: PTSD, Somatization and Aggression Amongst Combat and Non-Combat Veterans," *International Journal of Psychology* 58, no. 5 (2023), https://doi.org/.

concern is members remain mission ready or "good enough for now"—much like what is suggested by just-in-time training rather than continuous readiness. Additionally, these factors create a perception that anything less than mission ready is detrimental to one's career and perpetuate the sense that help-seeking behaviors are appropriate only at the breaking point.[17]

Withdrawal and burnout represent two main adverse impacts of high operational tempo on an individual's well-being. Withdrawal, or the physical or psychological disengagement from one's organization, manifests in behaviors such as absenteeism, turnover, and tardiness but has also been marked in other behaviors such as "passive compliance, minimal effort on the job, and lack of creativity" as well as laziness.[18] Burnout, the "prolonged response to chronic emotional and interpersonal stressors on the job," is characterized by "the three dimensions of emotional exhaustion, cynicism, and inefficacy."[19] The two impacts are often intertwined: The general idea behind burnout is that people give more than they are capable of to a job, exhaust their mental and perhaps physical energy, and consequentially withdraw from the organization.

To change this mindset, it is necessary to make a shift in training, education, and leadership approach, which must be championed by leaders who can effect genuine change by developing preventative flourishing in the individuals who serve. This involves both an iterative and agile process in identifying barriers to help-seeking and prosocial behavior, as well as developing the comprehensive expansion of human flourishing.

Given these considerations, this article proposes a model based on organizational development and involving the application of behavioral science to improve both organizational effectiveness and member well-being. In the context of suicide prevention, organizational development can help create a supportive environment that promotes mental health and utilizes correlating data on well-being from beyond the current model to incorporate all human factors of how members are coping through their time in service. Organizational development is an ongoing process that requires continuous evaluation and improvement; organizations should regularly assess the effectiveness of their mental health initiatives and adjust as needed. This may involve collecting data on member well-being and monitoring the use of mental health services, all resources available—on and off post—and courses available on base. It may also involve seeking feedback from members.

This prevention model has been piloted at US Air Force installations but can be applied with necessary changes to other service branches. It differs from just-in-time intervention and invests in the expansion of the service member optimum stress bandwidth and the reduction of the impact of non-adverse-event stressors. As a result, not only does this

17. See Richard E. Heyman et al., "Systematic Review of the Military Career Impact of Mental Health Evaluation and Treatment," *Military Medicine* 187, no. 5–6 (2022), https://doi.org/.

18. Craig C. Pinder, *Work Motivation in Organization Behavior*, 2nd ed. (Psychology Press, 2008).

19. C. Maslach, W. B. Schaufeli, and M. P. Leiter, "Job Burnout," *Annual Review of Psychology* 52 (2001), https://doi.org/.

minimize adverse behaviors and outcomes, but also there is a deepening of capability for those engaging with preventative efforts, enabling both the wise utilization of limited resources in garrison as well as increased mission effectiveness through the expansion of optimal stress capabilities in individual service members.

Human Flourishing Prevention Modeling: Operation MOJO

A case study of the application of this model, Operation MOJO, is presented here. Operation MOJO is an effort aiming to help service members find their "MOJO"—Met Obstacle, Jumped Over—by embedding a self-awareness and growth mindset focused on posttraumatic growth and connection into the unit's culture. In the current model of continuation, an individual faces adversity and engages in negative coping, and reactionary intervention occurs (fig. 1). The Operation MOJO suicide prevention model illustrates a structured pathway to reducing suicide risk by fostering resilience, connectedness, and self-care among Airmen (fig. 2).

The process begins with a trauma, incident, or issue, which then prompts the individual to engage in self-assessment and initiate self-care. Through self-care education and a growth mindset, Airmen build the foundation for resilience. As Airmen progress, they reach a decision point for resource intervention, emphasizing the importance of connectedness and leadership support. By facing the issue in a transformational manner, Airmen then work toward reducing physical and mental stress, ultimately leading to performance improvement. The next phase involves healing and recovery, where posttraumatic growth is encouraged through continuous self-assessment, connectedness, and self-care. This fosters a new positive normal, reinforcing overall well-being.

Operation MOJO integrates support from helping agencies, leadership, and organizational root cause analysis to create a total human performance support package, ultimately leading to reduced organizational suicide risk. As one clinician's guide on posttraumatic growth notes, "Regardless of the trauma or incident, patients felt similar feelings and clouded judgements."[20] This means that the body responds to stress in several ways well-known to the medical community. Such responses can be captured in a stress survey that can help members assess and understand what is going on with them mentally and in some cases physically in a nonconfrontational manner. Once a member recognizes their level of stress, they can more readily receive the care they need. Because such individuals respond to trauma similarly and face impaired decision-making, structured support and intervention are integral to prevent adverse outcomes.

20. Lawrence Calhoun and Richard G. Tedeschi, eds., *Facilitating Post-Traumatic Growth: A Clinician's Guide* (Routledge, 1999).

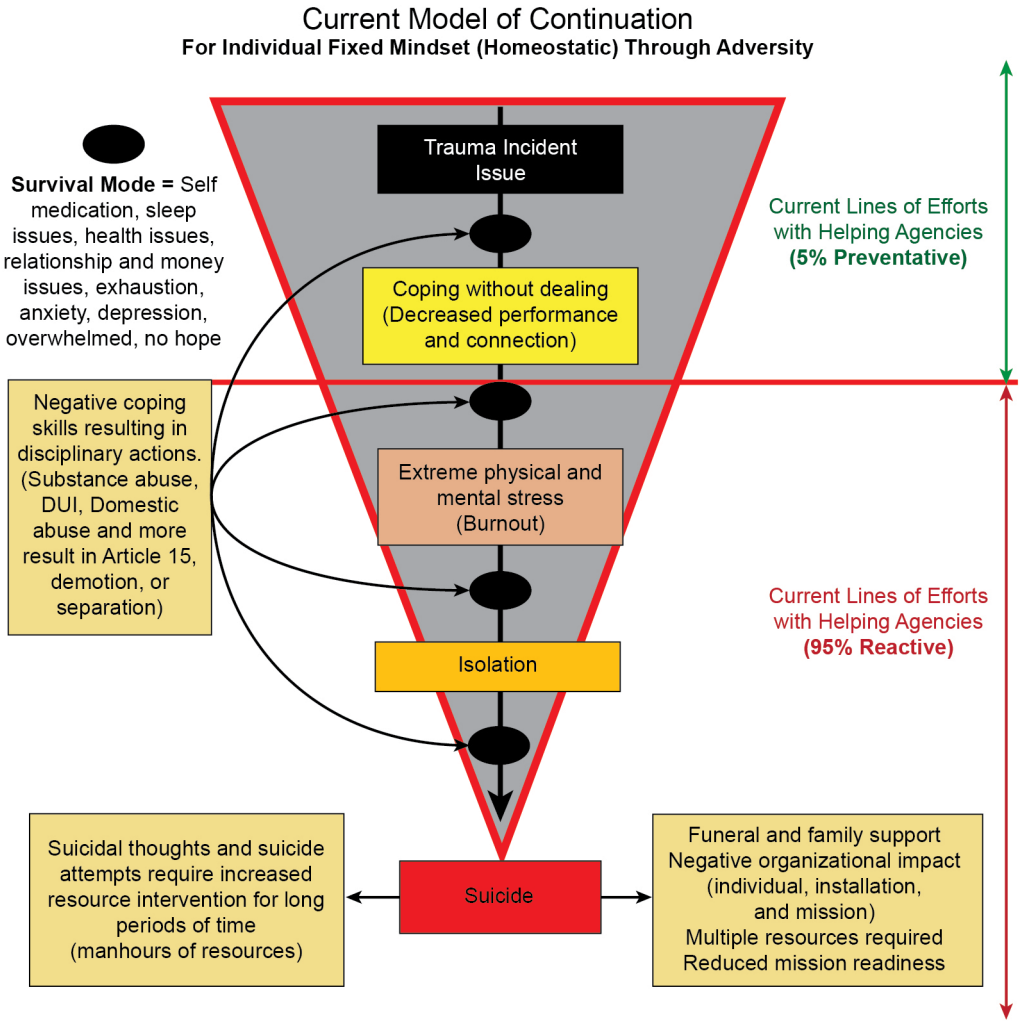

Figure 1. Current pathway through adversity, for an individual fixed mindset

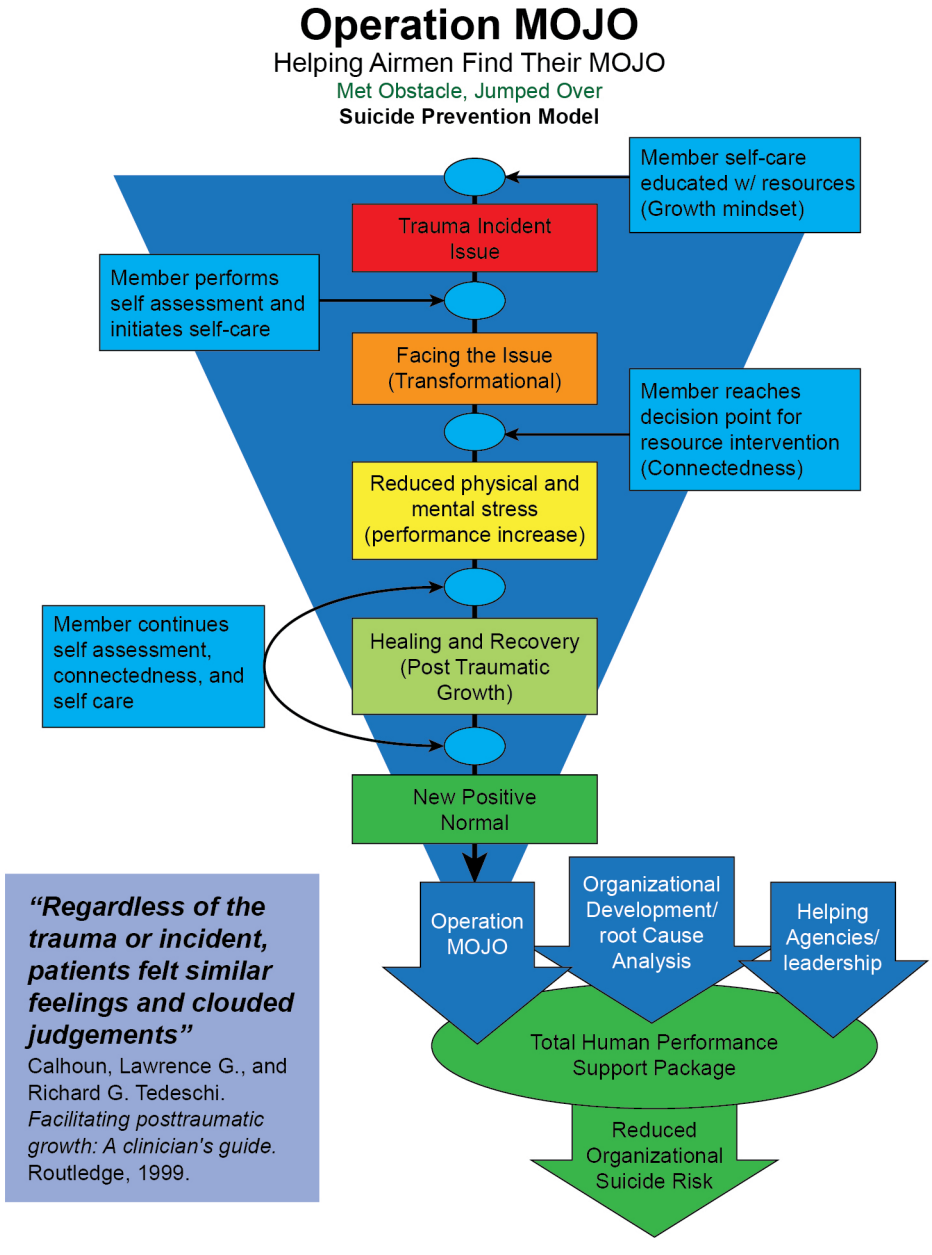

Figure 2. Operation MOJO suicide prevention model

Operation MOJO works as both an alternative and complementary approach to suicide prevention—alongside prevention frameworks currently employed by the Department of Defense—and provides a pathway for individuals to work through their hardships and become the best versions of themselves. Most importantly, it is an inclusive individual and

organizational toolkit designed for those suffering in silence, their family members, and anyone who wants to improve themselves. This approach not only enhances resilience but also enables individuals to thrive in all aspects of life. It empowers individual Airmen to have a growth mindset and to focus continually on self-care, providing returns for both the agency and growth of the individual. In doing so, Operation MOJO focuses on four areas along the pathway to well-being: a growth mindset, self-care, posttraumatic growth, and connectedness.

Growth Mindset

A growth mindset allows individuals to face hardships or strive for self-improvement with an open mind, enabling them to learn and work through challenges, often emerging stronger.[21] It not only empowers people to take ownership of their lives but also builds self-confidence. In emphasizing such a mindset, Operation MOJO seeks to develop a perspective that sees stress as a motivator for personal growth rather than a negative force.

Moreover, these resources are already available within the military at no cost to the service member. Yet as root cause analysis reveals, there remains a significant disconnect between the individuals' need for help and their accessibility to this help. Many service members do not seek help when needed, for reasons including the stigma associated with mental health and work schedules. The Defense Department must remove barriers and embed resources within units for service members to access freely. In this way, responsibility of self-care falls on members who must learn to take care of themselves by using what is offered to them. Ultimately, even the best resources can only provide solid advice and tools for an individual to implement; the effort to change must come from the individual—what is commonly referred to as *grit*. With a growth mindset, service members will be more inclined to embrace the discomfort that comes with hardship, leading to improved human performance.

Self-Awareness

The next step in Operation MOJO focuses on self-care, emphasizing what the individual has the most control over—the self. While every individual has their own concept of self-care, the most crucial aspect for implementation is self-awareness. Self-awareness involves being informed about health, including an understanding of one's mental and physical health status. Additionally, self-awareness encompasses life satisfaction and sense of organizational belonging, organizational citizenship, and perceived organizational and supervisory support. Self-awareness serves as a starting point for all future self-care activities, providing an honest look in the mirror and a deep dive into oneself through a comprehensive approach to fitness, across the eight pillars of the Chairman of the Joint Chiefs of Staff total force fitness

21. See, for example, Carol S. Dweck and Ellen L. Leggett, "A Social-Cognitive Approach to Motivation and Personality," *Psychological Review* 95, no. 2 (1988), https://psycnet.apa.org/; and Carol S. Dweck, *Mindset: The New Psychology of Success* (Random House, 2006).

framework—social, physical, environmental, spiritual, behavioral, psychological, nutritional, and medical and dental.[22]

Posttraumatic Growth

The concept of posttraumatic growth (PTG) was first developed in 1995, with a more detailed model established recently.[23] PTG is defined as "positive psychological change experienced as a result of the struggle with trauma or highly challenging situations."[24] This phenomenon should be considered not as an alternative to negative psychological consequences but as a parallel process. PTG may feature positive changes in self-perception, interpersonal relationships, and philosophy of life, leading to increased self-awareness and self-confidence, a more open attitude toward others, a greater appreciation of life, and the discovery of new possibilities.[25]

The impact of such positive changes is explored in a definitive 37-year study on the longest-held prisoners of war in Vietnam—captive from the 1960s until the early 1970s. The study demonstrated how they overcame adversity while in captivity by applying the same optimistic mentality to challenges faced. The study noted that optimism is a protective factor for confronting trauma and argued that it can be increased in individuals through training.[26] This also underscores the importance of proper training and support reflected in the model.

An important aspect of focusing on posttraumatic growth is the ability to self-measure progress. The evaluative criteria for PTG in this model are as follows:

- Appreciation of life: A heightened sense of gratitude toward life
- Relationships with others: Improved personal relationships and increased pleasure derived from being around loved ones
- New possibilities in life: Embracing new opportunities, both personally and professionally

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22. See Chairman of the Joint Chiefs of Staff Instruction (CJCSI) 3405.01, *Chairman's Total Force Fitness Framework* (CJCS, 2011, current as of 13 September 2013), https://www.jcs.mil/; and Department of Defense Instruction (DODI) 1010.10, *Health Promotion and Disease Prevention* (DOD, 28 April 2014, incorporating change 3, effective 16 May 2022), https://www.esd.whs.mil/.

23. Richard G. Tedeschi and Lawrence G. Calhoun, *Trauma & Transformation: Growing in the Aftermath of Suffering* (SAGE Publications, 1995); and see Richard G. Tedeschi et al., *Posttraumatic Growth: Theory, Research, and Applications* (Routledge, 2018); and Adam Kadri, Frances Gracey, and Adrian Leddy, "What Factors are Associated with Posttraumatic Growth in Older Adults? A Systematic Review," *Clinical Gerontologist* 48, no. 1 (2025), https://doi.org/.

24. Richard G. Tedeschi and Lawrence G. Calhoun, "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence," *Psychological Inquiry* 15, no. 1: 1, https://psycnet.apa.org/.

25. R. G. Tedeschi and L. G. Calhoun, "The Posttraumatic Growth Inventory: Measuring the Positive Legacy of Trauma," *Journal of Traumatic Stress* 9, no. 3 (1996), https://doi.org/.

26. Francine Segovia et al., "Optimism Predicts Resilience in Repatriated Prisoners of War: A 37-Year Longitudinal Study," *Journal of Traumatic Stress* 25, no. 3 (2012), https://doi.org/.

- Personal strength: Increased emotional strength and resilience
- Spiritual change: Greater spiritual connection

Connectedness

Connectedness is a continuous improvement and offers an organizational development approach to suicide prevention. The model highlighted the need for connection not only on an individual basis but also as an organizational design structure to overcome obstacles in life. Through the countermeasures developed by the root cause analyses, engagement in some units were doubled. The findings of the root cause analyses only highlighted the need for a different approach to employing resources and education on necessary life skills that affect the readiness and performance of an individual and unit. Utilizing an organizational developmental approach to these life skills proved critical in ensuring that both Airmen and their families could be ready and resilient and could perform well under the toughest of circumstances.

Application of Operation MOJO Framework

An intelligence unit at the National Air and Space Intel Center (NASIC), Wright-Patterson Air Force Base (AFB), Ohio, employed the Operation MOJO framework through three separate self-care (training) days in 2022 over a period of six months, aiming to provide personal and professional readiness support to its members utilizing the total force fitness framework. The events were organized in response to a 2021 occupational health assessment with the 711th Human Performance Wing—currently the only measure of an organization's whole health—which revealed that almost half of the organization's personnel were experiencing various risk indicators, such as psychological distress, emotional exhaustion, and sleep difficulties, among other health- and wellness-related data.[27] The assessment also noted key health behaviors among unit members, including a high level of physical activity. Members further identified the possible impacts on their duty status or clearance, the perceived stigma of seeking mental healthcare, and their work schedules as being among their top concerns regarding access to mental health care. The events also correlated with the unit's climate assessment and showed a cause and effect between pain points in the unit and the impact it was having on their health.

There were 150 personnel who attended these non-mandatory events in a sensitive compartment information facility (SCIF), utilizing agencies that supported both military and civilian personnel. A major highlight of the self-care day was that it featured all the helping agencies in one place. The main challenge was organizing access to and from the secured building for all military and civilian agencies and representatives.

27. 711th Human Performance Wing, *2021 Occupational Health Assessment Report* (National Air & Space Intelligence Center, 2021).

Over the course of the six months, participant engagement increased from less than 1 percent to 70 percent due to the consecutive engagements—that is, building of trust by the repeated presence of individuals representing helping agencies—and relationship building between leadership, resources, and employees. The framework focused on a growth mindset, self-care, and connectedness between resources and personnel, sparking future interactions and normalization of a new type of non-crisis driven interaction in a non-threatening environment.

A focus group, the health and wellness working group, was formed to analyze why personnel were not using the available helping agencies and leadership support when faced with adversity. Similar to events in the 2018 case study mentioned above, a continuous process improvement event centered on the health and wellness of the organization, which also included root cause analyses, countermeasures, and results. Artificial intelligence was used to correlate the climate assessment survey and comments and the operational health assessment, which was then utilized to assist in developing a training plan to address many of the issues highlighted. Results focused not only on individual health but also on organizational issues, including trust, communication, and leadership, offering insight into readiness and other important mission essential metrics for future research.

The root causes identified included lack of information, trust issues with supervisors or organizational leaders, perceived impact on career, self-perception, and stigma surrounding seeking help. Based on this analysis, several countermeasures were outlined to address these issues, including improving communication about the helping agencies, promoting a culture of self-care and excellence, and ensuring the availability of resources for military and civilian employees and family members. There was also a significant difference between resources for military members versus civilians, as civilians had substantially less resources available.

A notable countermeasure that had a major impact on overcoming the perceived obstacles to mental healthcare access was the implementation of the mental wellness application Headspace. A four-month trial that included over 2,500 users at both Wright-Patterson AFB, and Minot AFB, North Dakota, produced a 93 percent success rate for utilization and likeability as it was on demand and helped Airmen and families discretely through a multitude of scenarios.[28] The trial not only demonstrated the flexibility and effectiveness of the app between large and small bases, but it also proved how it could ease the burden on mental health teams, who had purchased Headspace to help cope with provider burnout and high turnover rates. The trial also expanded access to care for personnel and their families for common issues such as sleep, stress, family matters, and performance.[29] The results demonstrate how such a tool or other similar ones could benefit providers and mental healthcare workers as well as Airmen and their families. These results were presented to senior Air Force leaders with the capacity to consider and procure funding for the application across the wider Department of the Air Force.

28. Pack, "Headspace."
29. Pack.

The resources utilized were the Civilian Health Personnel Services, the Military Family Readiness Center, Military and Family Life Counseling, the Employee Assistance Program professional financial advisers, dedicated human performance resources, the Consortium for Health and Military Performance total force fitness model, and the assigned chaplain. The agencies held interactive courses on sleep hygiene, mindfulness, finances, communication, spiritual well-being, conflict resolution, posture, and more. There were several versions of the National Air and Space Intel Center self-care day, with countless course offerings available from agencies both on and off base. Sessions were free for members, civilians, and their families. For example, one such self-care day included the following sessions:

- Growth Mindset, Self-Care, Connectedness - The Blueprint[30]
- Getting Physically Active & Fueling a Healthy Lifestyle – Civilian Health Personnel Services (CHPS)
- Maintaining Lines of Communication with a Personal Finance & Relationship Building Focus – Military Family Readiness Center
- Military and Family Life Counselor and Personal Finance Coach
- Creative Ways to Engage Our Spirituality – Chaplain
- Resolving Workplace Conflict – Employee Assistance Program
- Getting a Good Night's Sleep – CHPS/Human Performance Wing
- Reframing Mindfulness – Integrated Resilience Office

Positive feedback from 150 personnel on the NASIC self-care day highlighted the relevance and usefulness of the information provided, as well as the desire for more such events in the future. The event emphasized the importance of the unit's efforts to set a strong foundation for its members, focusing on health, wellness, and retention; empowering them with necessary skills; and elevating their overall experience. The feedback thus indicates the value of making self-care resources accessible to everyone, not just supervisors.

Participants appreciated the diverse topics covered and the practical resources provided. Many found the event uplifting, emphasizing the importance of self-care in maintaining personal and professional well-being. Key takeaways included mindfulness techniques, financial awareness, the significance of sleep, and stress management strategies such as box breathing and sour candy for anxiety. Attendees expressed strong support for more events like this, suggesting larger venues and even an annual self-care day. Overall, the event was well received, with gratitude for the effort in organizing it.

Additionally, NASIC hosted three community fairs where hobbies and sports were showcased, allowing Airmen and families to sign up for groups like ultimate frisbee,

30. Secretary of the Air Force Public Affairs, "The Blueprint: Roadmap to Enlisted Force Development," US Air Force (website), 22 April 2022, https://www.af.mil/.

running, hiking, and 3D-printing clubs, while also providing opportunities to connect with the helping agencies. The fairs offered a neutral environment for participants to socialize and connect with whomever they chose. The increased agency presence in a SCIF also produced meet-and-greet opportunities for leadership teams, agencies, and workforce. Although as previously mentioned, there were a few challenges with getting some agencies into the secured space, ultimately the fairs helped to destigmatize mental healthcare resources by increasing trust among Airmen and the participating agencies, providing a psychologically safe and healthy work environment. Furthermore, continued repetition of these events created longer lasting relationships among unit members. This resulted in further collaboration between NASIC and the resources in several key events throughout the year, building an enduring relationship from the needs of the unit.

Ultimately, the application of the Operation MOJO framework at NASIC not only empowered personnel but also contributed to a healthier work environment, with continued engagement leading to sustained benefits for both individuals and the organization.

Conclusion

Currently, there is no standard approach in the Air Force to measure an organization's whole health experience that allows for both the helping agencies and leadership teams to see real-time data and ensure the unit is supporting Airmen as needed. The 711th Human Performance Wing occupational health assessment is the first model approved to collect data toward that goal. Additionally, much of the data, regardless of the source, is not whole-health focused, proactively collected, shared, assessed, or acted on, all of which was highlighted to the Fortify the Force Initiative, the Air Force's combined effort between organizations and individuals to "advocate for total-force fitness, resource awareness and accessibility of care so that all Airmen, Guardians and family members can thrive."[31]

Although the Fortify the Force initiative involved several lines of effort, the embedded care team line of effort—including more than 20 variations of the current embedded care models—created competition, lacked collaboration, and prevented information from being shared amongst team members. There is no agreed-upon metric for prevention efforts for each embedded medical discipline, resulting in the lack of justification for their existence.[32] Further, cooperation between embedded care programs and helping agencies was minimal, largely because most providers were set on their respective program being the solution for a unit.[33] This created a major gap in capabilities and a loss of an opportunity to create a thriving whole health model of care for the unit as warfighters were dealing with a multitude of issues that were not specifically related to medical issues.

31. "Department of the Air Force (DAF) Fortify the Force," accessed 5 March 2025, https://www.aflcmc.af.mil/.

32. "LOE - Embedded Resources – FFIT: Official Lines of Effort" (DAF, 2022).

33. "LOE."

Although such Department of the Air Force suicide prevention initiatives emphasize the necessity of proactive work, most of the effort is put toward reactive methodology, limiting the access to care and guided or self-intervention at lower levels. Not only is growing from a reactionary model to a capabilities-based strategy holistically the more effective option for suicide prevention, but it also develops human flourishing and drives an agile force with greater capacities for mission execution.

This is where the framework of Operation MOJO would be most successful with a shift to the institutionalization of self-care while finding and removing barriers between organizations and helping agencies. If the current model is continued and the Air Force were to enter a near-peer conflict, then it is likely to fail as an institution because it lacks what is necessary for Airmen: an integral focus on whole health.

Suicide prevention is a complex and multifaceted issue that requires a comprehensive approach. By integrating root cause analysis and organizational development principles, the Air Force and the Department of Defense as a whole can develop more effective strategies to address the underlying causes of suicidal behavior —which are compounded issues—and create supportive environments. Whether through the proposed model or another similar one, prevention must move from just-in-time to the creation of genuine environments for flourishing in order to stem the tide of suicidal ideations and behaviors within the military.

This is particularly true in future constructs in which existing support resources are increasingly constrained in garrison. To simplify, a service member would not be sent to war without being properly trained on mission success. It is equally important to train them on life success, to deal with the well-known documented issues of returning home as well as other challenges specific to military life. Service members are only as good as they are trained for mission execution, and that applies to their training for life as well. Any high performing sports team has robust support resources to fall back on through a rigorous season filled with mental and physical challenges that reach beyond the field they play for both on and off season. The same should be true for the team of service members. ✈