

Suicide in the Military

A National Tragedy

By Ray Luppe

The continued mobilization of our nation's armed forces and the recent recession have placed a great deal of stress on service members and their families. From an increased military operations tempo to the very real possibility that any unit can be mobilized for battle, the daily stresses have pushed some of our service men and women to the brink. An increasing number, sadly, have committed suicide.

The wars in Iraq and Afghanistan are listed among the important potential contributors for those who do research on suicide in the military, but they are not the most significant. Experts point out that suicidal behavior is a complex phenomenon and cannot be blamed solely on combat or the potential for entering a combat zone. Stressors such as failed relationships, financial difficulty, bullying, and loss of employment have plagued people from all walks of life for centuries. "Dear John letters" and "Pink Slips" have been around for generations. But the delivery systems for such things have changed in the last 20 years.

Twenty-first century stressors are not the same as just two decades ago. Couples break up on email or in a text message. The immediacy of instant messaging has replaced letters to service members servicing far from home. Facebook and Twitter broadcast infidelities and catch the unsuspecting service man or woman completely off guard. Cyber chat becomes gossip and bullying and soon, the person who is unprepared for the aftermath of a breakup or other emotional assault is left feeling lost and worthless. Service men and women have taken their own lives as result of feelings of despair, hopelessness, loneliness, guilt, uselessness, heart break, fear of an uncertain future or any combination of these factors.

To better understand the breadth of the problem of suicide, one must first have a firm understanding of impact suicide has on the country. The numbers relating to suicide in the United States are staggering. Here are some of the grim statistics:

- *Suicide is the 11th leading cause of death in the United States.*
- *Suicide is the fourth-leading cause of death among 25- to 44-year old people in the US.*
- *Suicide is the second leading cause of death among college students.*
- *Suicide is the third leading cause of death for young people aged 15-24.*
- *For every suicide event, the deceased leaves behind at least six survivors (family, friends).*
- *More than 30,000 Americans commit suicide every year, about one every 17 minutes, while more than 650,000 attempt suicide.*
- *For every two victims of homicide in the U.S., there are three deaths from suicide.*

Strategies for Turning the Tide

What can be done? That question has been asked by Secretary of Defense Robert Gates, Chairman of the Joint Chiefs of Staff, Navy Admiral Mike Mullen, and the heads every branch of service, National Guard and Reserve. There are posters, pamphlets, slide shows, phone numbers, refrigerator magnets, and more available but the numbers keep climbing. What is the solution?

Command Emphasis

In July 2010, the Department of the Army released the Health Promotion, Risk Reduction, and Suicide Prevention (HP/RR/SP) Report. This report is the result of a 15-month effort to better understand the increasing rate of suicides in the force. This candid report is intended to inform and educate Army leaders on the importance of recognizing and reducing high risk behavior related to suicide and accidental death along with reducing the stigma associated with behavioral health and treatment.

This report represents the next phase in the Army's ongoing campaign to promote resiliency in a force that has been at war for a decade. Resiliency refers to one's ability to quickly recover from change or misfortune.

"The dedicated effort behind this report sends a clear message to our force that we take the resiliency of our soldiers and families very seriously," said Secretary of the Army John McHugh.

Army Chief of Staff Gen. George W. Casey, Jr., added, "This comprehensive review exposes gaps in how we identify, engage, and mitigate high-risk behavior among our soldiers. We must keep pace with the expanding

needs of our strained Army, and continuously identify and address the gaps that exist in our policies, programs and services.”

Secretary of Defense Robert M. Gates addressed the National Press Club in Washington, D.C., last September regarding the National Action Alliance for Suicide Prevention, a nation-wide suicide prevention strategy. In his remarks, he pointed out that the DoD has taken steps to alleviate the stress on the force in general, and to help all those who are struggling and at risk.

Some of those steps include:

- Expanding the size of the Army and Marines in order to increase the time at home among those who have been most-frequently deployed;
- Adding more than 2,000 mental health providers to military treatment facilities, part of a on-going expansion effort to increase access to these services

Gates closed his remarks with these thoughts, “As with almost every issue in our military, progress on this front comes down to leadership. All those in command and leadership positions — including junior officers and NCOs closest to the issue — they need to aggressively encourage those under them to seek help if needed, and also set an example by doing the same. In everything we do, we must remember that every soldier, sailor, airman, or marine is part, not just of the military, but also a larger community. Their families, their hometowns, their civilian employers, their places of worship — all must be involved in the solution.”

What Can You Do?

The American military has always taken care of its own. That has never been more important than now. So

what can you do? Learn the signs of potential suicide:

- Preoccupation with death or dying
- Drastic changes in behavior or personality
- A recent severe loss (such as relationship) or threat of a loss
- Unexpected preparations for death such as making out a will
- Giving away prized possessions

- One or more previous suicide attempts
- Uncharacteristic impulsiveness, recklessness, or risk-taking
- Loss of interest in personal appearance
- Increased use or abuse of alcohol
- Sense of hopelessness about the future

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If you or someone you know is experiencing any of these warning signs, the first thing to do is ask for help. The following are just some of the numbers and websites available with trained professions that are there ready to help:

- **Military OneSource** toll-free 1-800-342-9646
www.militaryonesource.com
- **Veterans Suicide Prevention Hotline** 1-800-273 TALK (8255)
press Option 1, www.suicidepreventionlifeline.org
- **Suicide Prevention Resource Center**, (877) GET-SPRC or
(877) 438-7772
- **National Institute of Mental Health**, (866) 615-NIMH (6464)
- **American Association of Suicidology**, (202) 237-2280
- **American Foundation for Suicide Prevention**, (212) 363-3500
- **Suicide Prevention Action Network (SPANUSA)**,
(770) 998-8819
- **National Hopeline Network: Toll-free, 24-hour crisis hotline**,
(800) SUICIDE or (800) 784-2433

Myths and Facts about Suicide

Perhaps because suicide is rarely talked about openly, there are a lot of misconceptions surrounding the issue, including who is at risk, why and under what circumstances it occurs, and how to get help. Knowing the facts is critical to taking action and essential in saving lives.

Myth: *Suicide usually happens with no warning.*

Fact: *Eight out of ten people who kill themselves give some sort of warning or clue to others, even if it is something subtle.*

Myth: *There is always a note left behind when someone commits suicide.*

Fact: *Actually, in most cases, there is no suicide note.*

Myth: *Someone who talks a lot about suicide is just trying to get attention.*

Fact: *It is just the opposite. More than 70 percent of people who kill themselves have previously considered it seriously.*

Myth: *People who are suicidal are intent on dying and feel there is no turning back.*

Fact: *Most people who are suicidal are actually of two minds about it. Part of them wants to die, but part of them does not. The main thing they want is to stop their pain.*

Myth: *People who attempt suicide once are unlikely to try it again.*

Fact: *80 percent of people who die from suicide have made at least one other attempt already.*

Myth: *Someone who survives a suicide attempt is obviously not serious about it.*

Fact: *Any suicide attempt should be treated as though the person intended to die, and not simply dismissed as an attention-getting device.*

Myth: *If you mention suicide to someone who seems depressed, you are just planting the idea in his or her mind.*

Fact: *Discussing it openly can actually help, not hurt.*

Keeping on Track

courtesy inTransition

inTransition is a voluntary program to support you as you move between health care systems or providers, due to a move, deployment or retirement. A personal coach, along with resources and tools, will help you during this transitional period. You'll have everything you need to make your transition a success.

The Defense Department developed the inTransition program in response to its Mental Health Task Force recommendation to "maintain continuity of care across transitions" for service members and veterans. The Defense Centers of Excellence for Psychological Health and Traumatic Brain

Injury (DCoE) manages the program and its support

inTransition
COACHING • CONNECTING • EMPOWERING

coaches. Family members are also encouraged to call the program to find out how their service member can get started with **inTransition**. Coaches are available 24/7 via toll-free call.

All **inTransition** coaches are skilled counselors who understand today's military culture and issues. They understand and respect the importance of your privacy. They are with you every step of the way. When you contact **inTransition**, you will be assigned your own coach who will:

Coach you one-on-one as you go through your transition

Connect you with your new provider

Empower you with tools to continue making healthy life choices

Simply call the toll-free numbers:

800-424-7877 Inside the United States

800-424-4685 (DSN) Outside the United States toll-free

314-387-4700 (collect) Outside the United States

www.health.mil/inTransition

Join our listserv!

E-mail: intransition@tma.osd.mil