

Sharing the

Suicides in the military are on the increase, now outnumbering combat deaths. It's an epidemic that affects — and must be addressed by — the entire military community.

By Deborah Huso

Illustration by David Cutler

Burden



I **N MARCH 2009**, Roxann Abrams received the news no mother ever wants to hear. Her son, Army Sgt. 1st Class Randy Abrams, was dead. Randy, who enlisted in the U.S. Marine Corps right out of high school and later went into the Army and served three tours of duty in Iraq, didn't die overseas — he died by his own hand

in February 2009. His death is one of a growing number of suicides in the U.S. armed forces.

Unofficial figures from DoD indicate 349 servicemembers, from all branches of the armed forces, died by suicide in 2012. That's a 15-percent increase in suicide rates from 2011. In fact, more soldiers died from suicide in 2012 than from combat in Afghanistan, which the Associated Press reports at 295 deaths. The U.S. Army has the highest rate of suicide of all branches: more than 32 suicides per 100,000 soldiers, and Army rates of suicide have been increasing steadily since 2004.

However, the average suicide rate in the armed forces overall — 24 suicides per 100,000 servicemembers — is fairly on par with the suicide rate for U.S. civilian men ages 17 to 60. The suicide rate for veterans greatly exceeds that of active duty servicemembers. Though DoD and the VA have not yet developed a way to track veteran suicides, the VA estimates 18 veterans kill themselves every day.

Reasons for rising rates

A variety of factors explain the rising suicide rates, according to Dr. David Rudd, a clinical psychologist, cofounder of the National Center for Veterans Studies at the University of Utah, and former military psychologist for the 2nd Armored Division. One is the U.S. military has seen 11 years of combat with high operational tempo, long working hours, and long periods in the field on two fronts: Iraq and Afghanistan. "We've never served in two

simultaneous wars for this duration," Rudd says. "Recent data shows that those with repeated combat exposure have greater risk of suicide."

However, DoD doesn't necessarily see combat as a factor in suicide risk. "Over 50 percent of those who have committed suicide have not deployed," says Jacqueline Garrick, acting director of the Defense Suicide Prevention Office of the Undersecretary of Personnel and Readiness. "So we don't see deployment as a factor."

"Our rate per 100,000 is based on a very small segment of the population," she adds, noting the military has a much younger demographic overall, with most servicemembers being between the ages of 18 and 29. "When you make decisions [about suicide rates] based on data instead of research, you miss the interactions. No two deaths are alike." Garrick points to relationship, financial, and legal is-

suues as major contributing factors to suicide risk in the military.

DoD carefully tracks suicides (and the potential reasons behind them) in its annual Suicide Event Report. In 2011, DoD reported nearly 45 percent of servicemembers who died by suicide had a history of at least one prior documented behavioral disorder, suggesting a preexisting condition might have contributed to a servicemember's decision to commit suicide.

Abrams, who in the wake of her son's death founded Operation I.V., an organization dedicated to helping servicemembers returning from war cope with issues like PTSD, thinks lack of proper screening of military recruits is a major problem. "Recruiting has failed," Abrams says. "The military has numbers to meet, and recruiters are under sales pressure."

Abrams might have a point.

Facts on Military Suicides

- 349 servicemembers died by suicide in 2012, up from 301 in 2011.
- The U.S. Army has the highest suicide rate, with 183 active duty suicide deaths in 2012.
- Data released recently by the U.S. Army indicates 140 Army National Guard and Army Reserve soldiers died by suicide in 2012.
- Suicide is now the most common form of death in the Army, claiming more lives annually than combat.
- Veteran suicide rates are substantially higher than those of active duty personnel; a veteran dies by suicide every 80 minutes.
- According to new data from the VA, veterans make up about 20 percent of the suicide deaths in the U.S., even though they make up only 1 percent of the population.
- New research suggests a servicemember suicide increases the risk of suicide among his or her family members.

Rudd, who has been studying veterans' issues for decades, says, about two-thirds of suicide attempts occur in servicemembers who had psychiatric issues before entering military service. However, he says, a preexisting mental health condition alone is not the only risk factor. "What we're seeing here [are] people with preexisting conditions coming into a high-stress environment," he says.

The military culture also might contribute to the rising suicide rates. In a recent survey conducted by Blue Star Families, a support organization for military families, 26 percent of respondents indicated their servicemember had demonstrated symptoms of PTSD. Of those respondents, 62 percent said their servicemember did not seek treatment. Most of them were concerned about the lack of confidentiality and, hence, potential effect on their military careers.

"Military members report stigma and worry about their careers," says Dr. Debbie Bradbard, a licensed clinical psychologist and deputy director of research and policy for Blue Star Families. "It is still an issue. You're really talking about changing a culture, not doing a training. It's harder to change a culture."

That's why, despite DoD's efforts to address rising suicide rates, Rudd expects the problem to get worse before it gets better. "Society as a whole still struggles with receptivity to psychiatric issues," he explains. "It's a reason why men, in general, don't seek psychiatric care." And 95 percent of suicides in the military are committed by men.

"We have excessive barriers to overcome," Rudd adds. "Psychological injury, for example, is specifically excluded from receiving a Purple Heart."

Barriers to change

Some argue DoD often uses the preexisting condition idea as a way to avoid committing funds to service-

members' treatment. "It's a workman's comp issue," Abrams argues. "PTSD is a mental illness, and if a [servicemember] has it, that puts DoD on the hook financially for the rest of that [servicemember's] life. DoD sees it as a never-ending black hole."

That's why Abrams thinks the military is underreporting the scope of mental illness issues in active duty and retired servicemembers. "Their statistics that only 20 percent of combat veterans suffer from PTSD [tick] me off," Abrams adds. She says she thinks most servicemembers are going to have symptoms of PTSD in the wake of combat stress but contends DoD's failure to acknowledge that reflects the agency's fear of creating a mire of legal and financial issues related to caring for veterans.

The reality is DoD doesn't have the resources to address the scope of the problem and doesn't have the funding to increase those resources either. Dr. Barbara Van Dahlen, psychologist and founder of Give an Hour, says organizations that demand DoD do better at tracking suicides, including suicides of family members, should understand the available funding must go directly to resources to help servicemembers recover from combat stress.

The shortage of mental health services and service providers in the military is a problem that can't easily be addressed because there's also a shortage in the civilian population, meaning it's not even easy to fill the gaps by partnering with mental health providers outside of the military.

Ironically, the shortages are less apparent because only a minority of servicemembers suffering from PTSD, traumatic brain injury, anxiety, depression, and other mental health disorders seek care.

Garrick agrees. He believes DoD's biggest challenge is getting the message out that it's OK to seek help and resources are available.

Resources

September is Suicide Prevention Awareness Month. If you or a loved one is suffering from PTSD, traumatic brain injury, anxiety, depression, or other issues that increase the risk of suicide, seek help. Below are resources for support, counseling, and networking with others facing similar concerns.

Blue Star Families

(202) 630-2583

www.bluestarfam.org

Defense Suicide Prevention Office

Military Crisis Line: (800) 273-8255, press 1, or text 838255

www.suicideoutreach.org

Give an Hour

www.giveanhour.org

Operation I.V.

(855) 8-USHERO (874376)

www.operationiv.org

Fountain House

(212) 582-0340

www.fountainhouse.org

But Bradbard says more servicemembers suffering from psychological trauma will go to a chaplain before they'll go to a doctor or mental health provider because there is greater confidentiality. She notes Military Suicide Research Consortium data has shown training gatekeepers is key. "Department heads, commanding officers, master chiefs — those who have access to someone who is in trouble — need training," she says. "Training gatekeepers is effective in reducing suicide rates in the civilian population."

Steps in the right direction

One of DoD's biggest efforts has been the Suicide Hotline at (800) 273-8255, Garrick says. "Anybody who needs assistance can call a military crisis [CONTINUES ON PAGE 120]

line, and counselors will help them find treatment.”

“We are also putting out clear guidance to prevent officers from belittling or hazing soldiers who seek help,” Garrick adds. “We are letting people know that if you don’t get treatment, you only make your problems worse.” And the end result isn’t only suicide; plenty of servicemembers self-medicate with drugs or alcohol.

Garrick says the military is offering training and webinars to make commanding officers, physicians, and mental health providers aware of what the signs look like that potentially could lead to a suicide attempt. She says DoD also is making it clear that getting help is not a career-breaker. Garrick says only 1 percent of servicemembers who have acknowledged mental health issues have lost security clearance, for example.

But regardless of how much help is available, the problem of military suicide is not likely to go away anytime soon. “Changing policies isn’t going to happen fast enough,” says Abrams. “We need to help these guys now. I think it’s going to take new blood with new ideas to make real change. In five years, a lot of leadership will be new and ready to listen to new policies.”

Until then, much of the responsibility of identifying servicemembers at risk of suicide will fall onto the shoulders of fellow servicemembers, commanding officers, and families. “PTSD is a normal, healthy response to combat,” Abrams says. Once the military begins to recognize that, Abrams believes the traditional stigma associated with psychological trauma will go away, and with it the now-increasing rates of suicide. **MO**

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