

U.S. Army Releases 2008 Suicide Data, Highlights Efforts to Prevent Suicide

WASHINGTON – The Army released its 2008 data on suicides today and highlighted its efforts to reduce suicides in the force.

“We want the families who have lost loved ones to suicide to understand how deeply we feel their loss and that we are committed to doing everything possible to prevent this tragedy in our Army,” said Secretary of the Army Pete Geren. “Progress depends on coordinated efforts across our entire Army – across all components, jurisdictions and commands, and on effective work with our government partners – the VA and the National Institute of Mental Health. To ensure the level of leadership and coordination we need, Gen. [George W.] Casey, [chief of staff of the Army], and I have asked Gen. Peter Chiarelli, the Vice Chief of Staff of the Army, to lead our efforts and ensure that we are working together effectively and that we do everything we can as rapidly as possible.”

To identify soldiers at risk for suicide and to intervene appropriately, the Army will conduct a stand-down within a 30-day window running February 15 to March 15, 2009. The stand-down will include training for peer-level recognition of behaviors that may lead to suicidal behavior, and intervention at the buddy level. The stand-down will be followed by a chain-teaching program focused on suicide prevention, from March 15 to June 15, 2009.

For the fourth consecutive year, the Army has seen an increase in suicide rates. There were 128 suicides last year in the active Army, with another 15 cases still pending a determination, according to data compiled by Army human resources officials. This was up from 115 suicides in 2007.

Over the past two years, the Army has increased its efforts, and has enhanced resources and initiatives aimed at identifying and mitigating the causes of suicidal behavior. Key to these efforts is eliminating the stigma associated with seeking mental health care. “We need to help our Soldiers and their Families understand that it’s OK to ask for help,” said Chiarelli.

Additionally, the Army is in the process of implementing a Comprehensive Soldier Fitness program which will enhance resiliency and develop a total fitness program for Soldiers, Families, and civilians to help them thrive in an era of high operational tempo and persistent conflict. Programs are also being offered to help Soldiers deal with difficult situations and circumstances.

The Army’s BATTLEMIND training helps prepare Soldiers and their Families for the stressors of war, and also assists with the detection of possible mental health issues before and after deployment. It informs them about the common signs and symptoms they may experience when readjusting after a combat deployment. “Strong Bonds” is a specialized training program for single Soldiers, couples, and Families to assist them

with communication tactics to improve relationships and build skills that enhance relationships and strengthen resiliency.

Leveraging the expertise of the NIMH, the Army and NIMH signed an agreement in October 2008 to conduct long-term research to identify factors impacting the mental and behavioral health of Soldiers and to share intervention and mitigation strategies that will help decrease suicides. During the study, which is expected to last five years, the NIMH may interview Soldiers, their Families, and their parents. The study will include Soldiers from each component of the force – Active Army, Army National Guard, and Army Reserve.

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ARMY SUICIDE PREVENTION PROGRAM

FACT SHEET

Army Statistical Data for Suicide

1. Active Duty suicide rates, based on standardized DOD reporting requirements, are 16.8 for CY07 and 20.2 (preliminary) per 100K for CY08 (confirmed and pending). Final suicide rates for CY07 were an all-time high for the Army. The U.S. population's demographically-adjusted suicide rate for CY05 was 19.5 per 100K, based on the latest Centers for Disease Control fatality data. U.S. population's demographically-adjusted suicide rate for CY06 will be provided upon receipt of national suicide rates. Army CY08 suicide rates for the Army will surpass the U.S. population demographically-adjusted rate of 19.5 per 100K for CY05.

Total number of active duty suicides by CY:

CY03: 79 (including 6 USAR and 11 ARNG)
 CY04: 67 (including 3 USAR and 10 ARNG)
 CY05: 87 (including 6 USAR and 18 ARNG)
 CY06: 102 (including 10 USAR and 4 ARNG)
 CY07: 115 (including 3 USAR and 19 ARNG)
 CY08 (As of 26 Jan 2009): 128 (including 6 USAR: 13 ARNG) with 15 cases pending final determination by the Armed Forces Medical Examiner.

Total number of non-active duty Reserve Component suicides by CY:

CY03: 16 (11 USAR, 5 ARNG)
 CY04: 15 (8 USAR, 7 ARNG)
 CY05: 29 (19 USAR, 10 ARNG)
 CY06: 33 (11 USAR, 22 ARNG)
 CY07: 61 (21 USAR, 40 ARNG)
 CY08: 43 (17 USAR, 26 ARNG)

Suicide Rates:

| | CY05 | CY06 | CY07 | CY08 |
|--|-------------|-------------|-------------|--------------|
| Active Duty (Includes RC on Active Duty) | 12.7 | 15.3 | 16.8 | 20.2* |

* These are estimated rates; final rate will be provided once all pending cases receive a final manner of death determination by the Armed Forces Medical Examiner

2. Deployment History:

- a. 30% Deployed; 35% No Deployment History; 35% Post Deployed
- b. Majority (53%) of Post Deployed suicides occurred after 365 days
- c. Majority (78%) of Deployed suicides occurred among first-time deployers
- d. Total number of suicides that occurred in the OIF / OEF theater since CY01: **171**

| | CY05 | CY06 | CY07 | CY08 | TOTALS |
|---|-----------|------------|------------|------------|------------|
| Deployed status at time of death | 25 | 30 | 36 | 37 | 129 |
| Post deployment status at time of death | 37 | 36 | 50 | 50 | 173 |
| No deployment history at time of death | 25 | 36 | 29 | 44 | 133 |
| Records pending deployment history | 0 | 0 | 0 | 12 | 11 |
| TOTAL | 87 | 102 | 115 | 143 | 446 |

3. The Army will conduct the next suicide update in Apr 09.

4. FACT SHEET prepared on 26 Jan 2009.

BATTLEMIND

In 2006, the Army incorporated into the Deployment Cycle Support program a new training program called "BATTLEMIND" training. It is a strengths-based approach that highlights the skills that helped Warriors survive in combat instead of focusing on the negative effects of combat.

The Army's efforts to address behavioral health continued in 2007 as we expanded BATTLEMIND training with modules for pre- deployment training and for spouses. The goals of post-deployment Spouse BATTLEMIND training are to identify common areas of deployment-related concern or conflict that military Spouses and Soldiers experience; to provide strategies to enhance your and your Family's resilience after deployment; and to identify cues for when to seek help and available resources for yourself and your Family

The acronym "BATTLEMIND" identifies 10 combat skills that, if adapted, will facilitate the transition home. An example is the concept of how Soldiers who have high tactical and situational awareness in the operational environment may experience hyper-vigilance when they get home. The post-deployment BATTLEMIND training has been incorporated into the Army Deployment Cycle Support Program, and is being used at Department of Veterans' Affairs Vet Centers and other settings.

BATTLEMIND stands for:

Buddies (cohesion) vs. Withdrawal from Family
Accountability vs. Controlling
Targeted Aggression vs. Inappropriate Aggression
Tactical Awareness vs. Hypervigilance
Lethally Armed vs. "Locked and Loaded" at Home
Emotional Control vs. Anger/Detachment
Mission Operational Security (OPSEC) vs. Secretiveness
Individual Responsibility vs. Guilt
Non-Defensive (combat) Driving vs. Aggressive Driving
Discipline and Ordering vs. Conflict

ARMY CHAPLAIN SUICIDE PREVENTION FACT SHEET

Suicide affects everyone. Each of the over 6,000 members of Army Chaplains Corps Unit Ministry Team are firmly committed to helping the Army reduce the numbers of completed suicides and to helping reduce the stigma associated with suicide events. To that end, the following chaplain policies, programs and resources support this objective.

Unit Ministry Team (UMT) Presence: Most battalions have an assigned chaplain and chaplain assistant (UMT) responsible to execute the commander's religious support plan. All units have a chaplain responsible to provide coverage to them. UMTs provide a quick and effective response to crises, including suicidal crises, as a result of their integration with the unit, credibility with their Soldiers and superior pastoral skills. They provide countless interventions to prevent self-destructive behavior, not only at the point of suicidal crisis, but also in working with distressed Soldiers and Family members prior to a crisis.

Confidentiality: The Chief of Chaplains' confidentiality policy encourages help-seeking behavior from a trusted resource that is readily available within the Soldier's own unit. This policy provides for a safe environment in which Soldiers can seek help with easy access.

Suicide Awareness Training: Unit Ministry Teams and leaders continue to provide approved suicide prevention training programs for leaders and Soldiers throughout the deployment cycle. These programs include Ask-Care-Escort (ACE) and Applied Suicide Intervention Skills Training (ASIST) in order for key leaders to enhance intervention skills, identify risk factors and warning signs, and refer at-risk Soldiers to the appropriate agency for care.

Strong Bonds: Failed spousal or other primary relationships are one of the leading contributing factors in Army suicides. Strong Bonds is a unit-based, chaplain-led program that helps Soldiers and Families build and maintain strong relationships. The program's mission is to build Soldier readiness by providing education and skills which strengthen the primary relationships of married and single Soldiers. Since its inception in 1998, over 100,000 Soldiers and Family members have attended a Strong Bonds event.

For more information, go to www.strongbonds.org

Comprehensive Soldier Fitness

In terms of suicide and other mental health issues, the Army is committed to true prevention, aimed at the entire force, not waiting until a Soldier is in the throes of a crisis to act.

Comprehensive Soldier Fitness is a strategy to bring mental fitness up to the same level of attention as we have historically given only to physical health and fitness. The strategy is to enhance resilience, or the ability to “bounce back” from an adverse event or experience, whether combat or other stressful challenge. People come into the Army with a very diverse range of experiences, strengths and vulnerabilities in their mental as well as physical condition, so we will start with assessment at Accession, and provide training and education as need is demonstrated, prior to an adverse outcome.

As part of this effort, the Army has instituted BATTLEMIND training, with modules for essentially every juncture in a Soldier’s career- from Basic Training to the Pre-Command Course. There are also pre- and post-deployment modules for both Soldiers and Spouses. To date, BATTLEMIND is the only mental health and resilience training program demonstrated to reduce symptoms of Post-traumatic stress upon redeployment. People who participated in Battlemind also feel less stigma attached to getting mental health care if needed than people who have not had the training.

NIMH, U.S. ARMY TO CONDUCT GROUNDBREAKING SUICIDE RESEARCH

NIMH and the U.S. Army entered into a memorandum of agreement (MOA) to conduct research that will help the Army reduce the rate of suicides on October 23, 2008. The MOA allows for a \$50-million, multi-year study on suicide and suicidal behavior among soldiers, across all phases of Army service. It will be the largest single study on the subject of suicide that NIMH has ever undertaken.

NIMH has issued a request for applications (RFA) for the Collaborative Study of Suicidality and Mental Health in the U.S. Army. The funding opportunity will be in the form of a cooperative agreement with NIMH. Letters of Intent are due March 3, 2009. Applications are due April 3, 2009.

The joint project will strengthen the Army's efforts to reduce suicide among its soldiers by identifying risk and protective factors for suicidal thinking and behavior. It will help the Army develop more effective intervention programs and target them where they are most needed.

NIMH recognizes the need for urgency in this research, and is prepared to provide results throughout the study period. By working with the Army to understand and interpret the Army's existing suicide data, NIMH will be able to provide immediate research assistance even while the RFA is in process. Intermediate data will be available throughout the five-year study to inform the Army's ongoing intervention strategies. The combination of rapidly available cross-sectional data on representative samples of soldiers, together with rich long-term data on soldiers followed throughout the study period, will directly inform the Army's current and future intervention programs.

Benefits of the study will go beyond the Army. The study's findings will also inform our understanding of suicide in the U.S. population overall, and may lead to more effective interventions for both soldiers and civilians. Every year, an average of 30,000 Americans die by suicide.

The RFA is announced in the NIH Guide for Grants and Contracts and is available online at <http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-09-140.html>.