

# SUICIDE:

## COMBATING THE UNSEEN ENEMY

Stories by Sgt. Jimmy Norris

No one expected Sgt. John Doe to take his own life. Just days before, he seemed relatively normal, despite the searing 120-degree heat in the Iraqi desert.

The offensive phase of the operation was over. The Soldiers had started moving into fixed structures, which meant they could finally contact family members back home.

Doe was initially excited about the prospect of speaking to his wife. But after a few phone calls, he confided to his fellow Soldiers that things weren't going so well at home. His wife was talking about divorce.

When Criminal Investigation Command investigators concluded that Doe's fatal gunshot wound was self-inflicted, others in his unit were left with unanswered questions.

Why hadn't anyone noticed? What did they miss? Was there anything they could have done?

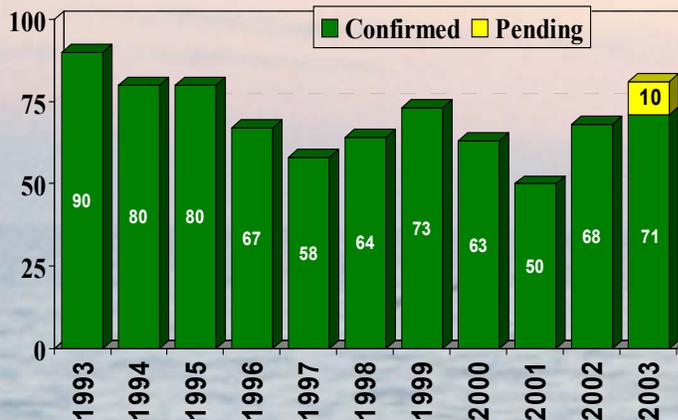
Many blamed themselves for not noticing – for not saving Doe. He'd never displayed any of the warning behaviors leaders are trained to look for.

"Herein lies the challenge with suicide prevention in the Army," said Lt. Col. Jerry Swanner, manager of the Army's Suicide Prevention Program. "Many Soldiers don't show those typical suicidal warning signs that are discussed during our standard suicide prevention training classes. Their actions, especially the younger Soldiers, can be very impulsive, allow-

ing for little time for an intervention. That impulsive nature combined with constant access to lethal means can lead to tragedy."

This is especially tragic within the Army, Swanner said, because there are so many people – chaplains, behavioral specialists and even battle buddies – that are able and willing to help.

The suicide rate throughout the Army has been on the rise for the past two years. In 2002, 68 Soldiers committed suicide. In 2003, 73 Soldiers committed suicide. This rise in suicide rates came on the heels of an all-time low of 50 in 2001. That



The above graph represents the number of suicides Army-wide during the years 1993 through 2003.

was the first full year after the Army revamped its suicide prevention program late in 2000.

“We were really encouraged,” said Swanner. “Then Sept. 11 hit and increased security demands, operational tempo and deployments all potentially led to an increase in suicides. Suicide is a serious problem regardless of the numbers,” he added, and there are a number of steps leaders can take to combat the problem.

Of great importance in the fight against suicide is the role of the Army’s leaders, Swanner explained. First-line supervisors, in particular, can play a major role in preventing suicide.

By knowing their Soldiers and being aware of what’s going on in their lives, first-line supervisors should look for changes in behavior that might signal a problem.

Behaviors indicating a problem may include impulsiveness or violent traits, self-injurious acts, excessive anger or agitation, excessive alcohol use, heavy smoking, or a sleeping or eating disorder.

Supervisors should also look for potential triggers for suicidal behavior. These behaviors generally include one or more of the following: some sort of loss, such as the death of a loved one; loss of a significant, intimate relationship, such as divorce; separation or break-up; loss of a child custody battle;

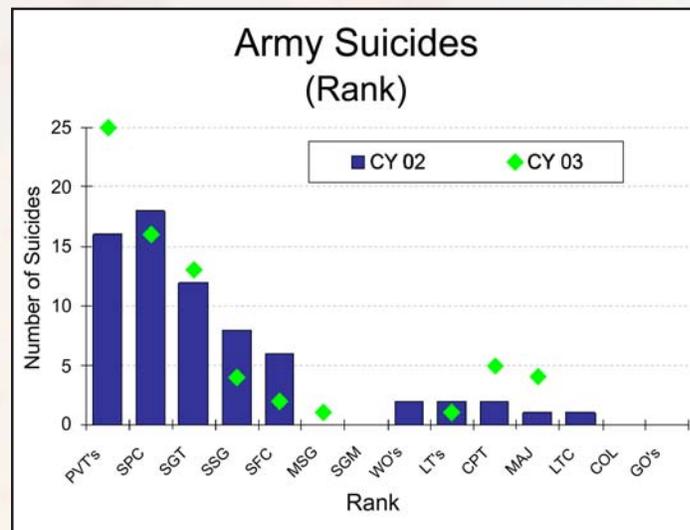
loss of friendship or social status; loss of a job or rank (UCMJ or civilian legal action, or separation from the Army); loss of freedom (incarceration); loss of financial security; loss of self-esteem (humiliation, passed over for promotion or educational opportunity); loss of hope or having a feeling of helplessness); and loss or change in lifestyle (unwanted PCS move or a major deployment).



“What [first-line supervisors] need to do is to know what is happening in the lives of their Soldiers – to be able to ask questions and recognize changes in behavior when Soldiers are experiencing stress,” Swanner said. “Some of our first-line supervisors are saying ‘suck it up and drive on. This is the Army.’ Although that might be appropriate to encourage someone on a long road march, that doesn’t help the person who’s feeling depressed or hopeless. We need to instill in our junior leaders that you can still be tough and encourage health-seeking behavior.”

First-line supervisors also need to know what agencies and individuals are available to help Soldiers during stressful times. There are numerous helping agencies available to Soldiers, whether deployed or in a garrison environment. Supervisors need to promote these programs to Soldiers so they can receive

*The graph below illustrates a breakdown of the Army’s suicides by rank during calendar years 2002 and 2003.*



the help they need to see them through a stressor, without it turning into a life crisis, explained Swanner.

Supervisors need to know what helping agencies are available at the installation, such as the Family Life chaplain who can help with marital problems and Army Emergency Relief that can help with financial emergencies, he added.

“One of the things first-line supervisors can do is really stress to their Soldiers they need to get help early, before performance is impacted, before the Soldier [becomes a] danger to himself or others,” he said.

One way Soldiers can get the help they need, Swanner said, is Army One Source (see related story on Page 15), a 24-hour-a-day, seven-day-a-week counseling and referral service that Soldiers can use free of charge to obtain help without having to worry about any negative impact on their careers.

Using Army One Source, Soldiers can talk to a counselor up to six times about a single problem. If the Soldier needs further counseling, he or she will be referred to a counselor in the Soldier’s local area.

“A lot of Soldiers are afraid that if they go to mental health, it’ll hurt their careers,” Swanner said. “Army One Source was implemented to make behavioral healthcare more accessible to Soldiers.”

Having access to behavioral healthcare is important, Swanner said, because within the United States, it is estimated that about 90 percent of those who commit suicide are depressed or have another diagnosable mental or substance abuse disorder. Mental disorders are the second-leading cause of Soldier hospitalizations, the leading cause of hospital-related lost duty days and the leading cause of premature attrition from the military.

Another way Soldiers can get help without worrying about the stigma associated with a visit to the mental health clinic is through the Unit Ministry Teams (UMT). The UMT chaplains have experience connecting Soldiers with helping agencies, Swanner said. Chaplains assigned to UMTs are also the ones in a unit most likely to have the training necessary to assess a Soldier’s risk of suicide.

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# Training helps leaders 'ASIST' Soldiers in crisis

As early as basic training, Soldiers learn the techniques needed to help keep their comrades alive on the battlefield – techniques such as how to perform CPR, bandage a wound or splint a broken bone.

But not all injuries are of the physical kind. Some come in the form of depression, stress or emotional trauma.

Experts from the Army's Suicide Prevention Program say injuries like this can cause a dangerous sense of hopelessness and despair in some Soldiers, which could lead to thoughts of finding permanent solutions to temporary problems.

"When someone is contemplating suicide, that person is bleeding emotionally and they need first aid," said Chaplain (Maj.) Randy Brandt, chief of Plans, Training, Operations and Resource Management for the Army Medical Command Chaplain's Office, Alexandria, Va.

Just as Combat Lifesaver training teaches Soldiers to "Keep them alive until the medics arrive," the Army offers Soldiers similar training to help prevent suicides.

Applied Suicide Intervention Skills Training (ASIST) is a 14-hour block of instruction taught by ASIST master trainers certified by Living Works Education, designed to help leaders identify when a Soldier is at risk of suicide. Students who receive the training learn what signs and symptoms to look for in Soldiers who might be at risk as well as what questions to ask at-risk Soldiers.

The program explains the steps to take to find out if a Soldier has been contemplating suicide and if he or she has a plan. Under the program, unit ASIST representatives also learn to look for certain characteristics in a Soldier, such as a strong family or religious background. These factors help unit representatives determine the risks (called "risk alert") that the Soldier may be facing.

The ASIST program employs a river analogy where the river's tributaries represent the stresses and emotional traumas that can lead to suicidal thoughts. The main body of the river represents thoughts of committing suicide; and the waterfall represents a suicidal act, such as an attempt or actual death. By determining "where in the river" a Soldier is, ASIST-trained personnel can determine the Soldier's potential risk for suicide and help the at-risk Soldier get the help he or she needs.

"It's triage at the unit level," said Lt. Col. Jerry Swanner, manager of the Army's Suicide Prevention Program. He added that ASIST is designed to help keep Soldiers from harming themselves and place them in the care of professional help.

"ASIST is an integral part of the Army Suicide Prevention Program. Chaplains, behavioral health professionals, counselors, suicide prevention program managers and even the leadership – from division commanders down to company and battery commanders –



have universally endorsed it throughout the Army," said Swanner. "It refines personal counseling techniques, provides the skills to professionally estimate the risk of suicide, gives [unit representatives] the confidence to engage those who are considering suicide and, most importantly, protects those who are at risk of committing suicide."

ASIST differs greatly from the standard suicide prevention training Soldiers receive semiannually because it is more in-depth and teaches leaders to confront the Soldier's problems directly by asking the Soldier a series of questions, Swanner said.

"Suicide prevention training is designed to make people aware of a potential problem and let them know [what] resources are available. ASIST is a leadership tool to help take care of Soldiers at the battalion level. ASIST gets people trained to provide good initial care to Soldiers who need it," said Chaplain (Maj.) Jeffery Zust, U.S. Army Sergeants Major Academy, Fort Bliss, Texas. Zust is one of 120 master trainers who were initially trained to teach the ASIST program when the Army adopted it in 2001.

The Army's Mental Health Advisory Team has recommended at least one ASIST-certified Soldier per company for units scheduled for prolonged deployments, Swanner said.

"When units get forward deployed, companies can get scattered and the chaplain could be miles away. Commanders need someone who can assess the risk of suicide," he said.

Unit leaders interested in scheduling ASIST training for their Soldiers should contact their chaplains for information. Swanner said units can have as many ASIST-trained Soldiers as they can spare for training. There are no specific eligibility requirements, and Soldiers of any rank may attend.

"It's more important [than what rank they are] that Soldiers selected to attend are respected and trusted by others in the unit, and that they're mature enough to handle the topic," said Swanner.

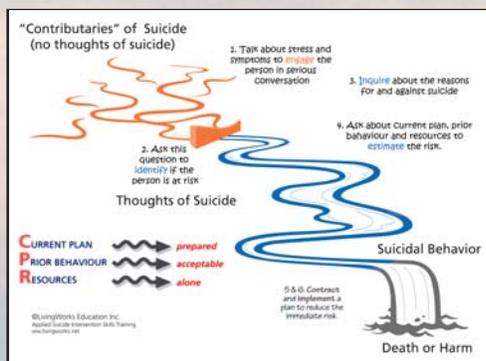


Illustration courtesy of Living Works Education

*The illustration above depicts the "river analogy" used in the ASIST program's suicide prevention training. The red "tributaries" represent stress and emotional problems, the blue "river" represents suicidal thoughts and the grey "waterfall" represents suicidal behavior.*

# Army One Source provides help for almost anything

One of the most important things a leader can do in caring for his/her Soldiers is be aware of helping agencies and know how to put Soldiers in touch with them, said Lt. Col. Jerry Swanner, manager of the Army's Suicide Prevention Program.

That job became a lot easier with the August release of Army One Source, a 24-hour-a-day, seven-day-a-week call-in, counseling and referral service.

"Army One Source was created to provide a private resource for Soldiers and families because we know people are reluctant to use their chain of command when having personal and family issues," said Delores Johnson, director of Family Programs, U.S. Army Community and Family Support Center, Alexandria, Va. "This is an excellent way to provide the privacy people want and the services they need."

Described by one official as a virtual family support program, Army One Source is staffed by professional personnel who can address a wide variety of problems.

"Active duty, Army Reserve and Army National Guard Soldiers and their family members can look to Army One Source for help with almost anything," Swanner said.

The service offers advice on legal issues, family problems, financial management, stress reduction, emotional well being, deployment issues and more. Through Army One Source, patrons are eligible to attend up to six pre-paid, face-to-face counseling sessions with a variety of counselors, state licensed in their areas of expertise and located within 30 miles of the person being referred. At this time, the service is only available to patrons in the continental United States.

"One of the great things about Army One Source is a Soldier coming back from a deployment who's starting to feel awkward about being home and recognizes his [or her] problem could get bigger, can now get help early, before the problem ever has to go through his [or her] chain of command," according to Swanner. "Or, if a couple is having minor problems, they can get help before the situation deteriorates."

Being completely confidential, the help Army One Source offers will never show up in a Soldier's medical or personnel records. Officials stressed the fact that Army One Source is not a resource for long-term mental health problems. If a Soldier's problems cannot be resolved by the end of the allotted six



sessions, they will be referred to his/her TRICARE provider.

Army One Source also provides research services to help callers find necessary services such as local daycare providers or information for the purchase of new cars.

Approximately 5,000 Soldiers and family members have used the service as of February. Officials hope once more people find out about the service, more people will avail themselves of the service. Soldiers can reach Army One Source by calling one of the following numbers:

From the United States: 1-800-464-8107

From Germany, Italy or the Netherlands: 00-800-4648-1077

From South Korea on a DSN line: 550-ARMY (2769), on a commercial line 001-800-4648-1077

From Japan: ITJ: 0041-800-4648-1077; IDC: 0061-800-4648-1077; KDD: 001-800-4648-1077; NTT: 0033-800-4648-1077

Callers who experience difficulty can call their operator and make a collect call to 1-484-530-5889

TTY/TDD: 1-800-346-9188. In Spanish call 1-888-375-5971.

Army One Source can also be accessed on the Internet at <https://www.armyonesource.com>. To log on the user ID is "army" and the password is "onesource."

## SUICIDE

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Applied Suicide Intervention Skills Training (ASIST) (see related story on previous page), is a suicide-intervention training program that is used by caregivers to assess a Soldier's suicide risk level.

UMT chaplains and drill sergeants currently receive the training. In the near future, Soldiers assigned to line units will receive the training. The goal is to have ASIST-trained NCOs in every battalion, according to Chaplain (Maj.) Jeffrey Zust, the U.S. Army Sergeants Major Academy (Fort Bliss, Texas) chaplain.

"I think the ASIST program is an onramp to helping the Army's leaders in dealing with the issue of suicide," Zust said. "It sensitizes leaders to suicide [concerns] and gives them a tool to respond to Soldiers in crisis using the dynamics of suicide prevention."

Swanner said it's important to remember that demographics don't always tell the whole story. In 2003, about

half the Soldiers who committed suicide were junior enlisted Soldiers. Eighty percent of that total number were male Soldiers.

Despite the statistics, leaders should watch out for anyone who may be going through a crisis, Swanner said.

"Everybody has a first-line supervisor and privates are not the only ones killing themselves. Master sergeants and majors also killed themselves in 2003. Given certain circumstances, we could all be at risk for suicide," Swanner said. "The Army has had localized successes [with suicide prevention] at installations. When you look at those successes, the common denominator is there's been a renewed emphasis by the leadership to address suicide prevention. We can make a difference if we're fully engaged and have the support of all leaders."

Since resources vary between installations, the best place to start looking for information about the ASIST program or for a list of organizations that can help Soldiers with your Unit Ministry Team.