

HIGH-RISK BEHAVIOR; FATAL CONSEQUENCES



By Cindy Ramirez

A screen shot from the Army's suicide prevention video, "Shoulder to Shoulder: No Soldier Stands Alone."

Ilicit drug use, binge drinking and criminal activity are among the high-risk behaviors endangering Soldiers' lives — often leading to relationship problems that can culminate in suicide, according to a recent Army report.

It's a trend that's been on the upward swing, and 2010 seems to have been no exception — 301 suicides were reported among active-duty, National Guard and Reserve Soldiers, compared to 242 in 2009.

UPS & DOWNS

"While we achieved modest success in reducing the number of suicides of these Soldiers on active duty, we saw a significant increase in the number of suicides of Soldiers not serving on active duty," said Army Vice Chief of Staff Gen. Peter W. Chiarelli during a January press conference at the Pentagon.

Statistics revealed six fewer active-duty Soldiers took their lives in 2010 than in 2009. The National Guard, however, reported 101 suicides in 2010 — nearly twice as many as the previous year. In the Army Reserve, 44 Soldiers took their lives in 2010, a dozen more than in 2009.

"We've got two obvious questions. First of all, what happened, and second, we have to be able to respond and tell people what we are doing about it," Maj. Gen. Ray Carpenter, acting director of the Army National Guard, said at the press conference.

Carpenter noted a large portion of last year's suicides were not directly related to multiple or extended deployments: 50 percent of the Soldiers who committed suicide in 2010 had never deployed. Ongoing investigations into Soldier suicides reveal a majority of those who killed themselves were experiencing relationship problems, he said.

Chiarelli added that conflicts in romantic, family and other relationships aren't necessarily the root stressors driving Soldiers to suicide. Drug and alcohol abuse, anger management issues and financial troubles lead to relationship breakdowns, which further stress and depress Soldiers, he said.

DOING WHAT'S RIGHT

Poor adherence to Army policies and lack of accountability in disciplinary reporting processes may be keeping Soldiers from receiving the care — and the discipline — they need to remain resilient when faced with adversity, according to the Army's Health Promotion, Risk Reduction and Suicide Prevention Report released in summer 2010.

Though specifics for 2010 are not yet available, statistics indicate nearly one-third of suicide victims from 2005 to 2009 were subjects of a prior law enforcement investigation, including alleged offenses of driving under the influence, aggravated sexual assault or cocaine use.

Moving forward, the Army Campaign Plan for Health Promotion and Risk Reduction, or HP&RR, tackles the challenges of promoting health and reducing risk Armywide.

PROGRAMS, POLICIES & PEOPLE

“This will require the full dedication of leaders across the force to ensure compliance with existing policies, programs and processes, and to set conditions for the next wave of Army solutions,” Chiarelli stated in the report.

“We must also recognize that on occasion, we need to do the right thing for both the Soldier and the Army through firm enforcement of discipline, retention and separation policies,” continued Chiarelli. “This will require compassionate, fair but firm leaders who understand when to mentor Soldiers and when to accept that they will not meet Army standards.”

Chiarelli and other officials said the report exposes gaps in how leaders mitigate disciplinary problems among Soldiers.

“We have got to get our NCOs back to basics, leading by example, ensuring they’re doing everything they can and everything they’re supposed to be doing to take care of their Soldiers,” said Sgt. Maj. of the Army Kenneth O. Preston during the 2011 Nominative Sergeants Major and Senior Enlisted Advisors Conference at Fort Bliss, Texas, in January.

“Our NCOs need to demonstrate what right looks like,” Preston said. “And when Soldiers aren’t living by those Army values, following rules and regulations, it’s our NCOs who need to put them back on track.”

Preston noted the 2011 “Profession of Arms” campaign will be key to that mission. The yearlong effort encourages a recommitment to a culture of service, responsibilities and behaviors that are articulated in the Army’s values and ethics.

As part of the campaign, the U.S. Army Training and Doctrine Command, in conjunction with the Center for the Army Profession and Ethic, will review how the force has changed over the past decade of persistent conflict; Soldiers’ understanding of what it means to be in the profession; and the policies needed to sustain the force for the next 10 years.

Unprecedented operational tempo has dictated that leaders be primarily focused on preparing for their next deployment, said retired Sgt. Maj. Walter Morales, a member of the Army Vice Chief of Staff’s Suicide Prevention Task Force.

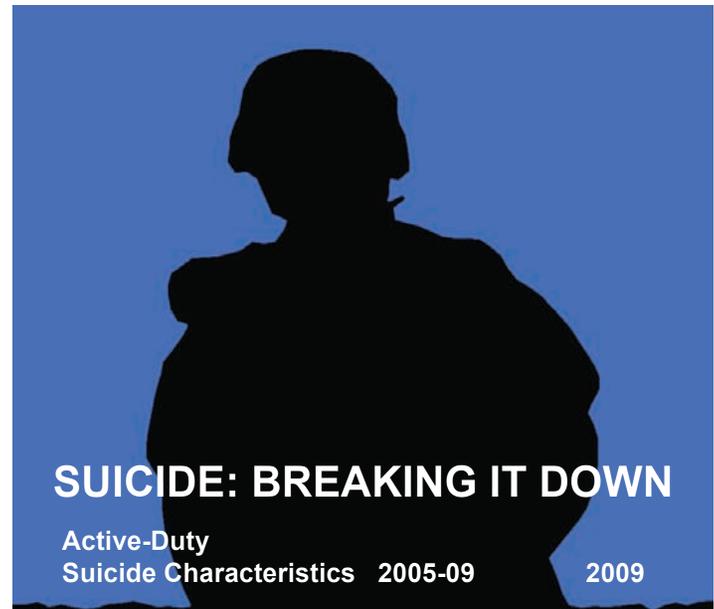
“We have been at war for 10 years now, and we have lost touch of how to lead our Soldiers back in garrison,” Morales said. “We’ve got to get back to basic soldiering and basic leadership: counseling, visiting with and calling our Soldiers and their families, and getting them any assistance they may need to remain safe, strong — and alive.”

Echoing Chiarelli and Preston, Morales said he encourages leaders to be “strict but fair,” an approach that provides “the Soldier and the Army with what’s best for both.”

“Nonetheless,” he added, “we’re not closing the doors on our Soldiers as far as providing them the care they need. Instead, we’re working to balance keeping them safe and alive with maintaining a strong operational force.”

The HP&RR recommends various actions to curb high-risk behaviors, and ultimately, suicides. They include enhancing policies to better report and track alcohol and drug abuse, enforcing separation actions for Soldiers when warranted, and consolidating criminal and misconduct databases to improve situational awareness for commanders, law enforcement agencies and service providers.

An array of other initiatives are already in place, including expanding behavioral health screening and resiliency training, improving access to medical and behavioral health care providers, and providing suicide intervention training.



SUICIDE: BREAKING IT DOWN

Active-Duty Suicide Characteristics	2005-09	2009
Location of Suicide		
USA	72.9%	80.0%
In theater	22.8	17.0
Other	4.3	3.0
Method		
Gunshot	67.5	62.0
Hanging	19.8	23.3
Overdose	4.6	6.2
Stressors (can be more than one)		
Relationship	55.8	55.8
Military/work	49.6	57.4
Physical health	20	23.2
Substance abuse.....	15.8	16.7
Alcohol or Drug Involvement		
Alcohol	19.8	17.6
Drug	9.8	5.7
Primary Motivation		
Unknown	41.2	47.2
Emotional relief	15.2	16.7
Depression	12.2	11.1
Avoidance/escape	7.5	4.6

Source: U.S. Army Health Promotion, Risk Reduction and Suicide Prevention Report 2010

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“It’s not until you sit down with these people who have been through so much pain and suffering ... that you get a better sense of the consequences of suicide and high-risk behaviors.”

— Retired Sgt. Maj. Walter Morales

The Comprehensive Soldier Fitness program, which kicked off in 2009, is meant to help equip Soldiers with coping and resiliency skills.

Part of the CSF is the Global Assessment Tool, or GAT, an online survey that assesses a Soldier’s four dimensions of strength — emotional, social, spiritual and family. Self-guided online courses then help strengthen Soldiers in those areas. More than 1 million Soldiers have taken the mandatory survey since 2009, a milestone reached in January.

Nearly 3,000 Soldiers have completed the Master Resilience Course, an initiative of the CSF program. The 10-day course teaches Soldiers to use positive psychology when faced with adversity — learning to see the positive in life and taking proactive measures to avoid making poor choices.

“These programs allow us to give Soldiers the skills they need to not get in the dark place we sometimes do,” said Chief of Staff of the Army Gen. George W. Casey Jr. during the Fort Bliss sergeants major conference.

In talking about CSF and resiliency, Casey said strength is not just physical.

“You can do all the push-ups you want, but if you don’t get mentally fit, you’re not going to make it,” he said.

The Army has made significant progress in a number of other areas, specifically:

- **In partnership with the National Institute of Mental Health**, the Army Study to Assess Risk and Resilience in Service members, or STARRS, is the largest study of mental health risk and resilience ever conducted among military personnel. The five-year study began in 2010. Starting this month, researchers will assess Soldiers’ psychological and physical health; events encountered during training, combat and non-combat operations; and life experiences to determine how these factors affect resilience, mental health and risk for self-harm.

- **A new online system gives medical review officers** improved access to drug and alcohol information systems, resulting in better identification of prescription or illicit drug use and potential dependency or abuse.



- **Commanders have been issued a compendium of Army policies** emphasizing the service’s methods for surveillance, detection and response to high-risk behavior across the force, which must to be re-enforced to improve compliance.

- **Six installations have initiated a Confidential Alcohol Treatment and Education Pilot** program to provide opportunities for Soldiers to seek help. Under this program, commanders are notified only when there’s risk to the Soldier or others, officials said.

- **Revised policies require a comprehensive medical review** of patients who are receiving four or more medications when at least one is a psychotropic or antidepressant.

- **An additional 72 chaplain positions** were created, and the process for them to help identify and refer Soldiers and their families to behavioral health care providers was streamlined.

- **The TRICARE Assistance Program** is a free, anonymous online counseling program that allows Soldiers and their families to video chat and instant message licensed counselors. Counselors also help users learn about other TRICARE benefits for which they are eligible. **Information:** <http://www.tricare.mil/TRIAP>

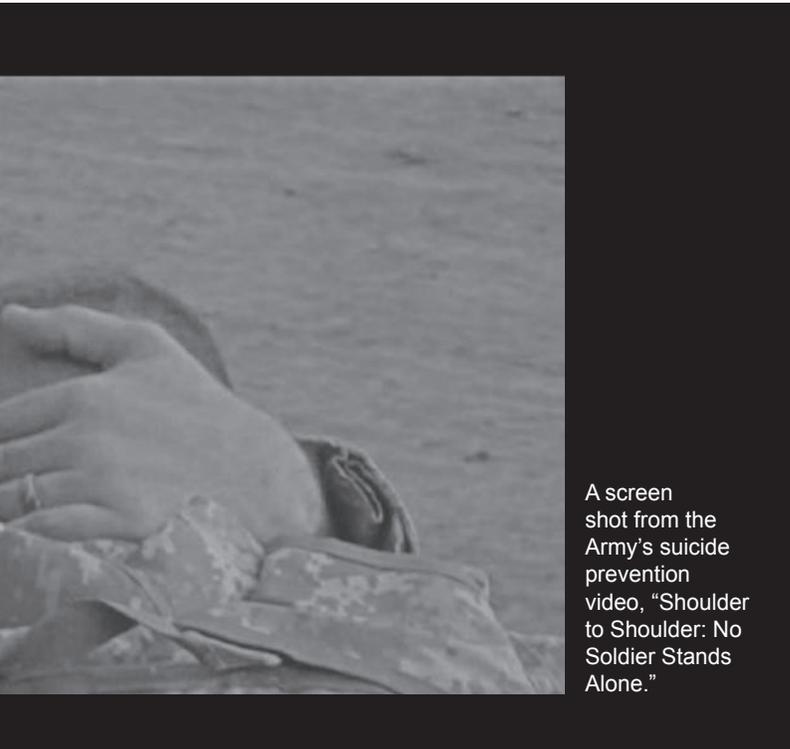
- **Programs such as Applied Suicide Intervention Skills**

WHAT’S BEING DONE

The Army has expanded behavioral health screening, improved access to providers, created additional chaplain positions and is piloting confidential alcohol treatment programs.

TRACKING PROGRESS

More than 1 million Soldiers have taken the Global Assessment Tool, and some 3,000 Soldiers have completed the Master Resilience Training Course.



A screen shot from the Army's suicide prevention video, "Shoulder to Shoulder: No Soldier Stands Alone."

SYNCHRONIZING EFFORTS

Bringing all these programs together to avoid duplication of services is the work of Community Health Promotion Councils now formally established under the Public Health Command in a dozen installations across the nation. Within a few years, all installations should have a council charged with streamlining all health promotion, risk reduction and suicide prevention programs.

"The goal really is to synchronize all the assets — garrison, medical and tactical," said Tameka A. Owens, the Fort Bliss health promotion officer.

"In the past, there was a lot of operating in silos. And in the past, that might have been fine," Owens continued. "But when we think about the optempo our Soldiers are experiencing, as well as the mandates from the vice chief of staff of the Army, it can't be business as usual."

The bottom line, Owens said, is to provide commanders with information to pass down to their Soldiers.

"It's a more coordinated approach to avoid confusing Soldiers who are trying to navigate through all the different resources," she said.

Morales praised the efforts of the councils, saying they're necessary to align the vast number of programs and initiatives aimed at reducing suicides among Soldiers.

However, he said, leadership is what's most important for those efforts to be effective.

"The resources are there," Morales said. "But we can't just point to them and say, 'There they are.' We need to stay proactive in learning about our Soldiers' lives, in keeping them safe. We have to be tuned in. It's not being intrusive. It's caring, and it's our job." 

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Training and Ask, Care, Escort are being offered to an increasing number of Soldiers Armywide to teach them how to intervene when a person is considering taking his or her life.

• **Training and awareness continues through videos** such as "Shoulder to Shoulder: I Will Never Quit on Life," and most recently, "The Home Front," which integrates scenarios to teach viewers how to confront and help suicidal persons.

"Every time we do these videos, it really, really hits home," Morales said, adding that the third installment of the "Shoulder to Shoulder" series will be out late this summer.

The videos drive home a number of messages through the voices of those who have overcome adversity, helped save a comrade's life — or are having to live with the devastation left behind by someone who took their life, Morales said.

"We're putting a face to the issue. We tend to concentrate on strategies, programs and services and how to fund the different initiatives. ... But it's not until you sit down with these people who have been through so much pain and suffering ... that you get a better sense of the consequences of suicide and high-risk behaviors."

ALCOHOL & DRUGS

From FY 2005 to 2009, nearly one third of Soldier suicides involved alcohol or drugs; and nearly half of accidental or undetermined deaths involved a drug overdose.

NATIONAL SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

ARMY SUICIDE PREVENTION PROGRAMS

www.preventsuicide.army.mil

ARMY REGULATION 600-63 (HEALTH PROMOTION)

www.army.mil/usapa/epubs/pdf/r600_63.pdf