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DOD, Services Work to Prevent Suicides

By Karen Parrish
American Forces Press Service

WASHINGTON, Sept. 9, 2011 – Officials know the facts about suicide in the military services, but the causes and best means of prevention are more elusive, a senior Defense Department official said today.

In testimony before the House Armed Services committee, Dr. Jonathan Woodson, the assistant secretary of defense for health affairs and director of the TRICARE Management Activity, said DOD has invested “tremendous resources” to better understand how to identify those at risk of suicide, treat at-risk people, and prevent suicide.

“We continue to seek the best minds from both within our ranks, from academia, other federal health partners, and the private sector to further our understanding of this complex set of issues,” Woodson said.

The overall rate of suicide among service members has risen steadily for a decade, he said, and DOD and the services are taking a multidisciplinary approach in their efforts to save lives.

The Defense and Veterans Affairs Departments are developing shared clinical practice guidelines that health care providers in both agencies will use to assess suicide risk and help prevent suicide attempts, Woodson said.

DOD also is working with the Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration to offer critical mental health services to National Guard and Reserve members, who often don't live close to military medical facilities, he added.

Woodson acknowledged much work remains.

“We have identified risk factors for suicide, and factors that appear to protect an individual from suicide,” he said. “As you well understand, the interplay of these factors is very complex. Our efforts are focused on addressing solutions in a comprehensive and holistic manner.”

Defense suicide prevention research includes Army ‘STARS,’ a study to assess risk and resilience in service members, Woodson said.

“This is the largest single epidemiologic research effort ever undertaken by the Army, and is designed to examine mental health, psychological resilience, suicide risk, suicide-related behaviors and suicide deaths,” the assistant secretary said.

The study, he said, involves experts from the Uniform Services University of the Health Sciences, University of California, University of Michigan, Harvard University, and the National Institute of Mental Health.

STARS is examining past data on about 90,000 active-duty soldiers, evaluating soldiers' characteristics and experiences as they relate to subsequent psychological health issues, suicidal behavior and other relevant outcomes, he said.

DOD has added more than 200 mental health professionals from the Public Health Service to medical facilities' staffs, and is expanding access to services in civilian communities, Woodson said.

“Within the department, we have amended medical doctrine and embedded our mental health professionals far forward ... to provide care in theaters of operation,” he added.

The department also has worked to collect, analyze and share data more effectively “so that the entire care team understands the diagnosis and treatment plan,” he said.

“As important as any step, we have also made great attempts to remove stigma from seeking mental health services, a stigma that is common throughout society, and not just in the military,” Woodson continued. “This is a long-term effort, but both senior officers and enlisted leaders are speaking out with a common message.”

Defense leaders are encouraged that service members increasingly now seek professional help when it is recommended, he said.

The service chiefs of staff for personnel also testified at today's hearing: Army Maj. Gen. Thomas Bostick, Navy Rear Adm. Anthony Kurta, Marine Corps Lt. Gen. Robert Milstead Jr., and Air Force Lt. Gen. Darrell Jones.

The strain of decade-long war is wearing on soldiers and their families, Bostick said.

“The most-tragic indicator of this stress is the historically high number of suicides that we have experienced in recent years,” he said.

The past year has seen a slight decrease in suicide incidence among active-duty soldiers, which officials credit to programs and policy changes that began in March 2009, Bostick said.

Army research shows those programs help mitigate stress for active-duty troops, but reserve component soldiers don't have access to the same support networks or the oversight of a full-time chain of command, he said.

“This is a complex problem; it has no simple solution,” Bostick said.

COMMENTS

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9/13/2011 2:29:32 PM

There is another life line that most on Active Duty or in the Reserves and Guard don't think about. That is, those of us who have served and are no longer on Duty. Soldiers/Marines/Sailor/Airmen (Troops) are more likely to talk with someone, if that person is not in their Chain of Command. Many of the issues that those on Duty might be dealing with start out as a minor infraction, but if not addressed, can become a career ender. That minor issue is then seen as a burden and can weigh heavily. It's that train of thought that could lead to hopelessness and despair. Once the Troop reaches that point, it is an easy decision to end their life. Because we (Vets) don't pose a threat to that Troops next school or promotion, they are more inclined to accept help. Our hope is that the counseling and guidance available will make a difference in the Troops life, and will then accept the help from the mental health professionals.

- Pete Raciti, Michigan

9/12/2011 9:38:05 PM

This is a very good article and am very grateful that DOD and the branches of the military are taking a very active role in the prevention of suicides. Our grandson, a Marine, took his life by hanging on July 2 of 09 at MCAS Beaufort SC. We are grateful that TAPS was there for us and really don't know where we would be now if it wasn't for them. The Marine Corps has been there for us 100% and yes we are a Marine Corps family. Myself a Vietnam era Marine, my son in the mid 80,s, my two grandsons, and my grand daughter-in law. The other thing that has to be looked into is the number of suicides that are committed after the young men and women get out of the military. Quite a few that has taken place. Thanks for the article Dana M. O'Brien Sr

- Dana M. O'Brien Sr, Sumter, SC

9/12/2011 8:11:55 PM

To get our people to seek help is the main concern. When someone seeks help for depression or a mental illness they are taken from thier command and put in a insulting job, all because they sought help.This has caused many of these men and women to hide thier thoughts and not seek help, they are made to feel week, less than a person and not wanted at thier commands. I found myself in a similar situation- removed from my duties, grilled and insulted. I was given 2 weeks to get a medica;l note to indicate I was fit for duty or I was going to be fired from my job. How can a person trust that they will get help when they know what is in store for them, a loss of face, of honor and to be ridiculed by others. It can never really work until we ensure that these men and women are treated with respect and that mental illness is like any other illness or injury, but it is only mental illness that we fear and when we do not understand something we fear it. Respectfully

- Tom McGuinness, NMCP Portsmouth VA

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