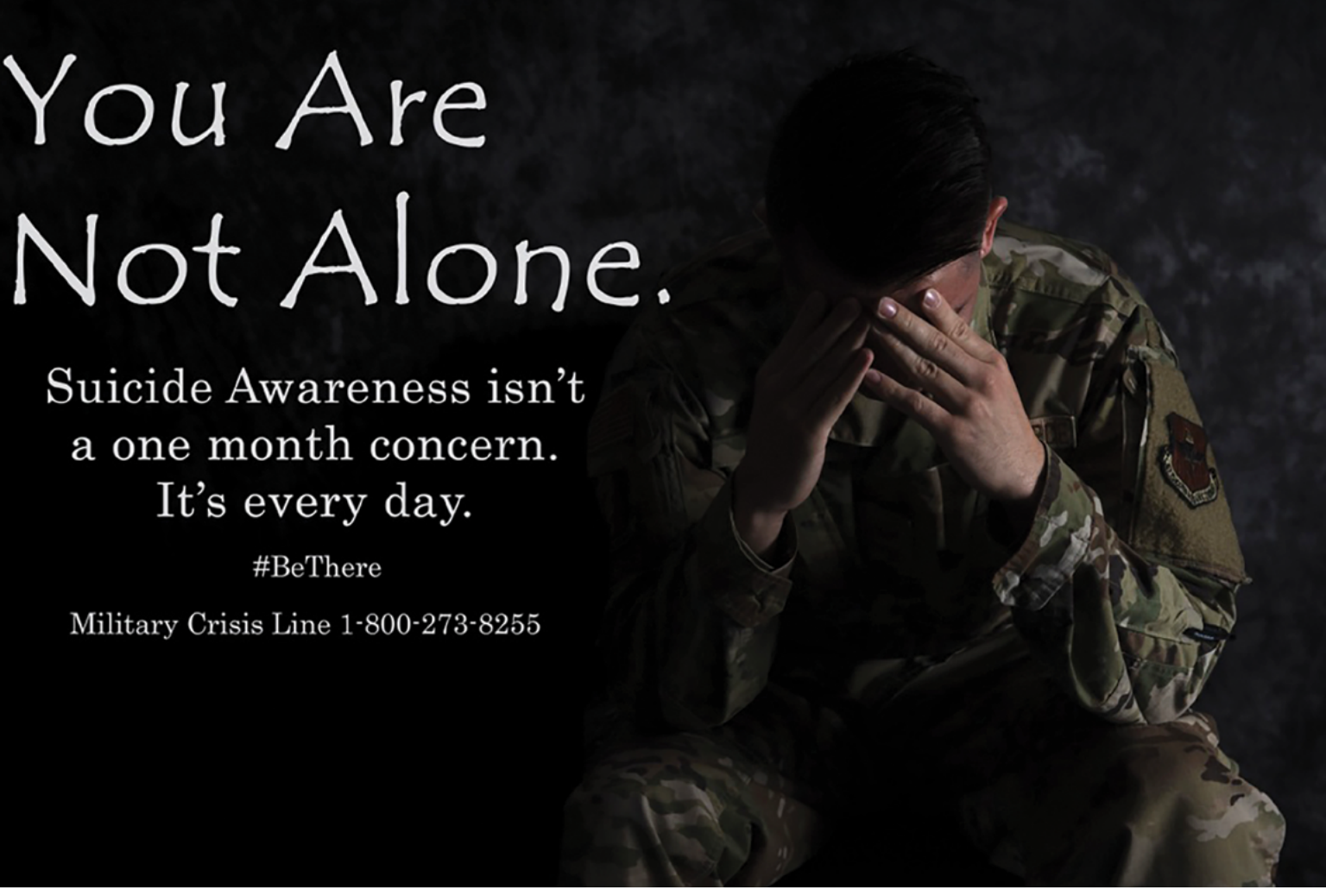

Defense Department officials say awareness is key in suicide prevention, as this poster illustrates. (Photo by Airman 1st Class Heather Leveille, Air Force)

The Army's Silent Killer

Recognizing and Preventing Potential Suicides

Capt. Jared A. Sparrey, U.S. Army

It was my first night on staff duty. I was a specialist posted at one of the barracks. I did not know what to expect, but my noncommissioned officer (NCO) in charge simply told me to patrol the halls, read the standard operating procedure, and notify him if something out of the norm occurred. I remember him saying, "It's typically quiet during the week." That all changed when I was making my rounds, and I heard a commotion. Upon arriving at the scene, I saw a broken barracks door and a soldier with an extension cord

wrapped around his neck on the floor. Luckily, medics living in the barracks were able to provide aid until emergency management services personnel arrived. Emergency services brought the soldier to the nearest emergency medical facility and saved his life.

When the soldier's NCO arrived at the barracks, I found out why the soldier tried to commit suicide. The soldier was going through a difficult divorce, and while video-chatting with his spouse, the soldier drank roughly a full 1.75 liters of whiskey. At some point during their conversation he said, "I'm going to kill myself." He fastened an extension cord around his neck and the door to his bathroom so it would tighten as he fell from a chair. The spouse called the soldier's NCO, who took immediate action. That night, when I wrote up my report on the incident, I asked myself two questions: "Why would someone try to do something like this?" and "How could it get to this point before someone stepped in?" It was not until five years later, after a soldier I personally knew took his life, that I would begin to get the answers to those questions.

Generally, in the military, the term "leader" refers to the officers and NCOs, but when referring to suicide prevention, everyone can be a leader. Officers, NCOs, Department of Defense (DOD) civilians, and junior enlisted can all be considered leaders when it comes to helping prevent suicide. Unfortunately, since 2011, the Army has seen a gradual increase in suicide deaths. The unadjusted rate of suicide for the active component (tied to ages 17–59 years) in 2011 was 18.7 per 100,000 and in 2022, it was 25.1 per 100,000.[1] This may not seem like a significant number until you realize there were 331 active component service members who committed suicide and 1,278 who attempted suicide.[2]

Highest Risk

While suicidal risk factors can affect anyone across all demographics, white enlisted men are overwhelmingly more likely to commit suicide. According to the *Annual Report on Suicide in the Military, Calendar Year 2022*, out of all suicides, 93.1 (308/331) percent were male, 71.6 percent were white (237/331), and 83.1 percent were ages 17–34 years (275/331).[3] Perhaps the most revealing statistic is that out of the total suicides committed, a staggering 90.9 percent of them were enlisted service members (301/331).[4] At first, the numbers seem too shocking to believe, but when factoring them in with the main causes of suicide and the demand of the military lifestyle, the picture becomes a little clearer. Behavioral health diagnoses such as alcohol abuse, depression, anxiety, and posttraumatic stress disorder were the highest reported contributing factors to suicide. Does this sound familiar to the military lifestyle? High stress, long hours, and the possibility of losing a friend or teammate are all realities of the military. When this is combined with the other top contributing factors, intimate relationship problems, and workplace difficulties, the connections become apparent.[5]

Recently, I have received many phone calls or texts from service members who have been dealing with significant problems going on in their lives. These issues range from being overworked to not working at all, to drug abuse, to alcohol abuse, and to issues within their relationships. After offering my advice and guidance, I found that either they would "feel better" and think that they were no longer suffering but then slip right back into their old habits, or something would happen that would cause them to come crashing down from their high and into a low. Once they hit that low, the cycle restarts. Finally, I just ask, "Do you enjoy feeling this way? Do you want to continue this cycle?" I am often told, "No. I just don't know how to stop hurting."

Training rotations, field exercises, outloads, deployments, and the unit lockdowns to find misplaced property put added stress on the service member and their significant others. This does not include the stress that the service member may experience from traumatic experiences such as someone's death, sleepless nights, firefights, etc. I knew a service member who had lost a teammate while on deployment. When he returned, he worked long hours as the only subject-matter expert on a no-fail mission. Yet, because of the lack of

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Main causes: 45 percent of suicides have behavioral health issues, 42 percent have intimate relationship issues, 26 percent have workplace issues, and 26 percent have administrative/legal issues

Highest risk: White, male, enlisted, 17–34 years old

Methods: Firearm or hanging

Services/tools that prevent suicide: Use your master resiliency trainer; Field Manual 7-22, *Holistic Health and Fitness*; Lethal Means Safety program; open-door policy; dependent/next of kin call rosters; soldier and family readiness group support trees; NCOs; or DOD programs.

Source: Defense Suicide Prevention Office, *Annual Report on Suicide in the Military, Calendar Year 2022* (Washington, DC: Under Secretary of Defense for Personnel and Readiness, 26 October 2023), 10, https://www.dspo.mil/Portals/113/Documents/ARSM_CY22.pdf?ver=StAk_q6lJgNRUsOlptzVVA%3d%3d.

time at home, the service member's spouse wanted a divorce. There were other factors, but the point is that the deployment resulted in behavioral health issues and workplace difficulties, both driving factors in the service member's relationship problems. Those are the three largest contributing factors to suicide, and it culminated in the service member taking his life. When I heard about the service member's death, I was stunned. I had just seen that person roughly four hours before the incident occurred, and the service member had told me he had gone to the sixth floor of a medical facility, which is code for getting behavioral health counseling for suicidal ideation. According to the calendar year 2017 *Department of Defense Suicide Event Report*, 54.5 percent of individuals who died by suicide contacted the military health system within ninety days prior to their death.[6] On top of that, the service member committed suicide by the most common method: a firearm. Roughly 65 percent of active-duty service members used a firearm as their mechanism of injury. The next most common was hanging.[7] When considering all the data, most leaders have roughly a 50/50 chance of preventing a suicide attempt. Editors Rory O'Connor and Jane Pirkis state in The International Handbook of Suicide Prevention that most individuals "communicated their intent to others (usually next of kin or friends)."[8] This means that the service member considering suicide is looking for a way out. They feel trapped and are reaching out for help. So, what are some of the tools that we, as suicide prevention leaders, can use within the military?

The Help

As I previously stated, officers and NCOs are not the only ones who can prevent suicide. It will take the entirety of the military force to stop this awful increasing trend. The largest issue I have experienced when it comes to suicide prevention is not the lack of programs or tools, but rather the lack of information circulating amongst units. The most common action taken is to have a service member experiencing suicidal ideations go to behavioral health. It is an excellent resource, but time is the largest pitfall to use behavioral health. I remember hearing from a service member that the earliest available appointment was in two months. What was he to do in the meantime? When suicidal ideations begin to creep into your mind, an hour feels like an eternity. How could we expect someone to wait two months? This is not a condemnation of behavioral health; I highly encourage service members to utilize their treatments, as the professionals there are uniquely equipped to treat military members. Yet, what can leaders do to bridge the gap until a service member can be admitted?

The 18th Military Police Brigade collaborated with multiple special staff sections to develop an effective suicide prevention program.[9] One such aspect of the program was for commanders and leaders to better

understand the role of embedded behavioral health (EBH). In 2012, the Department of the Army directed replicating the EBH model across all deployable units.[10] The behavioral health team is assigned to the brigade surgeon cell. Their main functions are treatment, prevention and outreach, and consultation. Leaders work together with the EBH to prevent and treat service members with suicidal ideations and other behavioral health issues.

Friday morning to walk to each platoon's place of duty and speak to as many service members as possible. The Command Team would ask questions about how the service memberswere doing, improvements within the company, and sustains within the company. Essentially, it was a quick after action review to help provide bottom-up feedback and top-down transparency from the command team. The culture and climate reflected this leadership style too.

"The 18th Military Police Brigade has created a five-step problem-solving process to help combat suicide-related incidents; *engage*, *track*, *identify*, *deploy*, and *assess* were specifically meant to meet the needs of the soldiers assigned to the 18th Military Police Brigade."

Another important method is to create a constructive culture and encouraging climate. According to Sgt. Maj. Jason L. Barton, NCOs need to be available, accessible, and approachable, but all leaders in the military need to have these qualities.[11] A common misconception is that availability means a service member should initiate the interaction. While simply having an open-door policy will check the box, there is a difference between that type of leader and a leader who makes it a point throughout the week to physically show up to and positively interact with service members. Accessibility refers to how easily you can be reached, not just by text or phone, but more along the lines of how present you are to those around you. Lastly, are you approachable? Do the personnel around you feel comfortable bringing issues to your attention? Approachability means putting yourself in someone else's shoes and empathizing. At one of my previous units, there was a commander who scheduled a specific time for his open-door policy. From 1100-1200, service members could meet with him to discuss any issues they may be having. Now, to most, this would seem an obvious error in judgement. The intent of an open-door policy is to be available for a service member who may have an urgent situation or issue. Needless to say, this commander's climate and culture reflected his leadership style. In contrast, consider the next commander I had at the same unit. He, the first sergeant, and the executive officer would make it a point every

The 18th Military Police Brigade has created a five-step problem-solving process to help combat suicide-related incidents; *engage, track, identify, deploy, and assess* were specifically meant to meet the needs of the soldiers assigned to the 18th Military Police Brigade.[12] Yet, I believe military leaders can apply these steps across all formations. Leaders must foster a constructive culture by engaging with service members. The available, accessible, and approachable method accomplishes this. Second, tracking refers to any quantitative analysis or calculable measurement. Obvious tracking systems for suicides would include how many deaths a year, how many attempts, or tracking overall suicide-related behaviors. Another example would be the DOD's Lethal Means Safety Program. The Lethal Means Safety Program is an informative website that teaches how to increase the time and distance between a high-risk suicidal person and their access to a lethal means.[13] The website itself does not qualify as tracking, but it takes information about firearms, medications, and alcohol, and generates it into an individualized spreadsheet. Tracking which of your service members have firearms, where they are stored, and who has access to them are all ways to quantify information. In combining that list with a master tracker of adverse actions, a leader can see the number of suicidal risk factors a specific service member may have. The third step identifies all assets and resources available to

support the specific service member. Some of the most common resources are behavioral health, unit chaplain, holistic health and fitness team, Veteran/Military Crisis Line (dial 988 then press 1), wellness checks, Ask Care Escort suicide prevention, and unit master resiliency trainers. After identifying the resources, you must take the next step and deploy them. This is the step where the unit leaders coordinate a plan between the personnel trained in suicide prevention and the at-risk service members. This synchronization will typically accomplish two things: (1) all parties involved will collaborate and agree upon a strategy and (2) the at-risk service member should recognize that he or she is not trapped and can escape suicidal ideations. Lastly, leaders must assess how effective the deployed resources are. This step is much like the tracking step, except leaders should compare data from before and after the service member received care. Utilizing the at-risk service member's feedback, behavioral health team's feedback, and evaluating the service member's overall performance from the time of contact are all methods to achieve an accurate assessment of resource effectiveness.

My Overall Message

With all services missing their recruitment goal by forty-one thousand recruits and retention becoming more difficult, the well-being of our service members is essential to our success in future wars.[14] U.S. and NATO adversaries do not need our help weakening our Armed Forces, yet that is exactly what happens when service members commit suicide. My overall message is simple: regardless of your rank, you can help prevent suicide by knowing the risk factors, circulating information, and arming your formations with prevention tools. Through these techniques, our formations will increase in readiness, become more lethal, and foster an environment of trusted connections. ■

Notes

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