



As part of the Army family, you know your buddies to your left and right, and you may recognize early warning signs of distress that sometimes precede suicidal thoughts or behaviors. Be vigilant to buddy check and make sure your team is doing well. *Reach Out, Talk & Listen*, we are all a part of the team and need everyone to stay strong. (U.S. Army photo by Sgt. 1st Class Caleb Barrieau)

The NCO's Role in Suicide Prevention

By Sgt. Maj. Jason L. Barton

III Corps

I remember April 6, 1987, like it was yesterday. Not only because it was the day before my mother's birthday, but also because my mother called and urgently wanted to see me. I was staying with my grandparents at the time and attended a private school, so we decided to meet halfway. I was a 13-year-old boy at the time and I couldn't stop wondering why my mother wanted to meet with me on a Monday morning of all mornings. I was supposed to be in school, and my mother should have been at

work. I also wondered why wouldn't she tell me the important news over the phone. As we arrived at our meeting place, I noticed my mother did not smile and run to greet me as usual. Instead, she walked toward my grandmother and me with her head down, looking at the ground. She slowly lifted her head to look at me. I could see the tears in her eyes. She then told me that my father, a Vietnam War veteran, had committed suicide with a .357 Magnum pistol. From that day forward, my life would never be the same.

"Our Army's people are our greatest strength and our most important weapon system"

—Gen. James McConville, 40th chief of staff of the Army ("New Chief," 2019, para. 2).

An Alarming Increase

According to the *Department of Defense (DOD) Quarterly Suicide Report for 4th Quarter, Calendar Year (CY) 2018*, there were 139 active duty Army suicides, an increase of 20 percent from the 2017 total of 114 (Orvis, 2019). The total number of suicides from all three Army components is also higher: 305 in 2018, compared to 298 in 2017. An increase of 2.3 percent. And the DOD as a whole had 676 suicides in 2018 compared to 2017's 644. Another increase of 5 percent.

Data and Factors

In Benedict Carey's *New York Times* article, "Suicide rates rose steadily in nearly every state from 1999 to 2016, increasing 25 percent nationally. In 2016 alone, there were more than twice as many suicides as homicides" (2018, para 1).

According to the *DOD Suicide Event Report CY 2017*, the most recurring individual factors for suicides and suicide attempts are "stressors pertaining to relationships, family issues, legal or administrative problems, work or financial difficulties, and abuse victimization or perpetration" (Pruitt et al., 2018, p. 48). Additional data points identified in the report are:

- Personal firearms continue to be the most common mechanism of injury, accounting for 65.4 percent of all CY 2017 suicides.
- Drug and alcohol overdoses were the most common method of attempted suicide, accounting for 55.5 percent of recorded CY 2017 suicide attempts.
- Approximately half (50.8 percent) of those who died by suicide in CY 2017 did not have a documented behavioral health diagnosis.
- Approximately half (51.5 percent) of individuals who died by suicide in CY 2017 made contact with the Military Health System (MHS) in the 90 days prior to death (p. vi).

According to the *Centers for Disease Control and Prevention*, "Suicide is the 10th leading cause of death and is one of just three leading causes that are on the rise" ("Suicide Rates Rising Across the U.S.," 2018, para. 1).

Prevention

"I know my Soldiers and I will always place their needs above my own" ("NCO Creed," n.d., para. 2). As a non-commissioned officer (NCO), we must remain personally and professionally involved leaders for our Soldiers.

According to authors O'Connor and Pirkis (2016), "Most individuals who die by suicide are reported to have communicated their intent to others (usually next of kin or friends)" (p. 11). While this fact may be true for the total population, a major obstacle that plagues the military is the negative stigma surrounding mental health.

Available, Accessible, Approachable

To overcome the shame associated with mental health, especially suicide, three leadership initiatives can be utilized. We can make sure we are *available*, *accessible*, and *approachable*.

Being *available* means more than just being in the same location. You should show a genuine interest in a subordinate's well-being and mental health. Ask yourself, how often do you positively interact with your Soldiers? Is it only at physical training formation, or do you make other attempts throughout the week? Do you know their interests or future goals? Subordinates should be more than just a means to increase readiness numbers.

Accessible means more than being reachable by text message. It means a Soldier can see you and/or hear your voice. Some questions to help you self-reflect:



Some have a handful of reasons why they considered suicide. But they only need one to live. Sgt. Rebecca Landry and Spc. Asia Jones, 529th Support Battalion Soldiers and close battle buddies, assist with suicide prevention/intervention photos taken at Camp Taji, Iraq, June 5, 2019. (U.S. Army National Guard photo by Sgt. Roger Jackson)

- When was the last time you interacted with your Soldiers at their place of duty?
- Are you a part-time leader? Or are you available anytime so Soldiers can reach you with problems or concerns?
- When was the last time you called your Soldiers while they were away on temporary duty or on leave to see how they were doing? Your leadership shouldn't stop just because a Soldier is not physically present.
- What topics do you discuss during counseling sessions? Only job performance and educational goals? Why not discuss finances, family situation, and relationships during counseling? When you care about the complete Soldier and not just what they can do for you, the unit becomes cohesive.

An NCO should be approachable. The “tough as nails” and “someone to be afraid of” attitudes are not effective leadership styles. Being approachable requires NCOs to be self-aware, not only verbally, but also non-verbally with their body language.

The 15th Sgt. Maj. of the Army Daniel Dailey has a Top 10 list for effective leadership. One of his points is **Don't be the feared leader. It doesn't work:** “Soldiers and leaders should be seeking you, looking for your guidance, asking you to be their mentors on their Army career track, not posting jokes about you on the

'Dufflebag blog'" (Tan, 2015, para. 22).

In the *NCO Creed*, it clearly states, “My two basic responsibilities will always be uppermost in my mind—accomplishment of my mission and the welfare of my Soldiers” (“NCO Creed,” n.d., para 2). So if you feel the need to yell at or intimidate your Soldiers into submission, you're in the wrong business. Your Soldiers should have a trusting relationship with you. Only through trust can we get rid of the negative stigma associated with talking about suicide.

More Information

For more information on suicide prevention training and official Army publications, consult the Army G-1's *Army Suicide Prevention Program* (ASPP) at <https://www.armyg1.army.mil/hr/suicide/>:

“As an integral component of Army's Ready and Resilient Campaign (R2C), ASPP improves readiness of the Army through the development and enhancement of Army Suicide Prevention Program policies, training, data collection and analysis, and strategic communications designed to minimize suicide behavior; thereby preserving mission effectiveness through individual readiness and resilience for Soldiers, Army Civilians and Family members. (“Army Suicide Prevention Program,” n.d., para. 2)”

ARMYSTRONG

ACE Suicide Intervention

Ask your buddy

- Have the courage to ask the question, but stay calm
- Ask the question directly: Are you thinking of killing yourself?

Care for your buddy

- Calmly control the situation; do not use force; be safe
- Actively listen to show understanding and produce relief
- Remove any means that could be used for self-injury

Escort your buddy

- Never leave your buddy alone
- Escort to chain of command, Chaplain, behavioral health professional, or primary care provider
- Call the National Suicide Prevention Lifeline

National Suicide Prevention Lifeline: 1-800-273-8255 (TALK)

USAPHC <http://phc.amedd.army.mil/>

TA - 095 - 0510

The Army Ask Care Escort (ACE) Suicide Intervention Training Program was developed by U.S. Army Public Health Command (Provisional) behavioral health experts. ACE was created to develop a Soldier-specific suicide intervention skills training support package for Army-wide distribution. (Courtesy graphic by U.S. Army Public Health Command)

Emergencies

“The Army Suicide Prevention Office is not a crisis center and does not provide counseling services. If you are feeling distressed or hopeless, thinking about death or wanting to die, or, if you are concerned about someone who may be suicidal, please contact Suicide Prevention Lifeline at 1-800-273-TALK (8255). (“Army Suicide Prevention Program,” n.d., para. 3)”

Talk to Someone Now

“If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the Lifeline network is available 24/7 across the United States. The Lifeline is available for everyone, is free, and confidential. (“National Suicide Prevention Lifeline, n.d., paras. 1-2)”

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