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## Army Taking Action to Stem Rising Suicide Rates

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WASHINGTON, Jan. 31, 2008 – With Army suicides on the rise -- approaching rates for the same demographic among civilians -- Army officials are evaluating their programs to see what more can be done to stop the escalation.

During 2006, 102 active-duty soldiers committed suicide, the highest number since the last large-scale military deployment, in 1990 and 1991, Army Col. (Dr.) Elspeth Cameron Ritchie, psychiatric consultant to the Army surgeon general, said during a media roundtable today.

That's a rate of 17.5 per 100,000, a dramatic spike from 12.8 per 100,000 in 2005 and the highest rate since 1980, Ritchie said. This compares with the 19.9 per 100,000 rate among military-age civilian males.

All indications show the 2007 rates will be at least as high as in 2006 and probably higher. So far, 89 suicides have been confirmed during 2007, and another 32 active-duty deaths are being investigated, Ritchie said.

Meanwhile, there's an equally troubling spike in suicide attempts, which surged beyond 2,000 in 2007 from about 1,400 the previous year and about 350 in 2002. Ritchie conceded the rate is on the rise, but probably not as dramatically as the numbers alone indicate. She cited better compliance with reporting requirements and new electronic medical records that make data easier to capture with boosting the numbers.

Army officials said they're alarmed about the increase, particularly in light of initiatives already under way to prevent suicides through training and education, outreach and mental health screenings. The Army has made broad strides in improving access to mental health care, both in combat theaters and at home stations, and in working to overcome the stigma associated with seeking care, she said.

Ritchie said it's impossible to gauge how many suicides these efforts may have prevented.

But even with this emphasis, “we see the numbers continue to rise,” said retired Col. Dennis Dingle, director of the Army’s Well-Being Branch. “It’s something that we’re concerned about. We’re committed to do everything we can to mitigate those risks that cause soldiers to take their lives.”

Contrary to popular belief, most active-duty suicides aren’t among deployed troops or those just back from combat. Of 102 suicides during 2006, 72 of the soldiers were not deployed or had been back from a deployment for more than a year, Ritchie said.

Twenty-seven were deployed to Iraq and three in support of Operation Enduring Freedom. Seven committed suicide within the first year of returning from a deployment to Iraq, and one within a year after returning from Afghanistan.

Most of those taking their lives were young, junior-grade troops, generally ages 18 to 24 ranking E-3 through E-5. During 2006, 11 were women -- the Army’s highest number on record.

Another common misconception is that suicides are directly linked to combat or multiple deployments. Ritchie said the root cause of most suicides boils down to relationship problems.

“Consistently, and this has been true over time, the main motive is difficulty with intimate relationships – failed marriages, mainly, and sometimes difficulties with parents and children,” she said. “Historically and now, two-thirds to three-quarters of suicides are related to the failure of intimate relationships.”

Legal, financial or occupational problems are the No. 2 motive, she said.

While emphasizing that long deployments aren’t the immediate motive, Ritchie conceded they can be factors because they can lead to relationship problems. “Frequent deployments strain relationships, and strained relationships and divorces are definitely related to increased suicide,” she said.

Another factor, she said, is post-traumatic stress disorder. “Historically post-traumatic stress disorder is associated with strained relationships (and) with substance abuse, so there can be, in some cases, a cascade,” she said.

“We are under strain as an Army,” Ritchie said. “Soldiers are coming and going and really busy. ... Soldiers, (non-commissioned officers and) families are getting tired. And therefore, they are sometimes more irritable, sometimes they don’t take care of each other the way they should (and) are not as nurturing as they should be. So I think it is a marker of the stress on the force.”

Army Lt. Gen. Raymond T. Odierno, commander of Multinational Corps Iraq, was so concerned by that impact on his troops that he called on an Army team to help figure out ways to address the suicide prevention effort.

Ritchie was part of the team, which spent most of October in Iraq interviewing more than 200 deployed soldiers to get their input. "We heard some things that didn't surprise us but indicated we need to do better," she said.

Troops want "something new" in terms of education and training, she said. They've gotten suicide-awareness training, but want to know exactly what to do if they or a buddy runs into trouble. They know chaplains and mental health professionals are available to help them but hesitate to take advantage of their services because they're concerned about what their buddies will think if they find out, she said.

Ritchie and her fellow team members went to work, drawing up 55 recommendations of ways to improve the program. "This is an ongoing process at looking at what we are doing and saying what we can do better," she said.