

Army and Agency Will Study Rising Suicide Rate Among Soldiers by Lizette Alvarez

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Conceding it needed outside help in figuring out why the [suicide](#) rate among service members was rising, the Army announced plans on Wednesday to collaborate with the National Institute of Mental Health in an ambitious five-year project to identify the causes and risk factors of suicide.

The Army will make thousands of soldiers available to researchers for interviews and will provide access to its many databases, including those with medical, personnel, criminal and deployment histories. Researchers will draw from a cross section of the Army and will include soldiers who have just joined the service or are training for war and those who have returned from war.

Rather than wait until the study is completed, the National Institute of Mental Health will provide the Army with new information as researchers find it in the hopes of preventing soldier suicides.

Peter Geren, the secretary of the Army, described the five-year, \$50 million study as a “landmark undertaking” modeled after the Framingham Heart Study. That influential study looked at heart health over a long period of time among a large group of participants who had not yet developed symptoms or suffered a [heart attack](#).

“The goal is to build resiliency and to prevent suicide,” said Mr. Geren, who approached the National Institute of Mental Health with the idea to partner on the project.

Suicides in the Army have been climbing since the 2003 invasion of Iraq. In 2007, 115 soldiers killed themselves, a rate of 18.1 per 100,000 people, or 1 percent lower than the civilian rate.

Of the 115, 36 soldiers killed themselves while deployed overseas, 50 had deployed at some point before the act and returned, and 29 had never deployed. Only a fraction had a prior diagnosis of [post-traumatic stress disorder](#).

The pace of suicides by soldiers in 2008 could eclipse last year’s. As of August, the number stood at 62 confirmed cases in the Army. An additional 31 deaths appear to be suicides and are under investigation. Dr. S. Ward Cassells, assistant secretary of defense for health affairs, said the Army was familiar with the most common triggers: marital or relationship problems, poor job performance, feelings of failure on the battlefield and alcohol or [drug abuse](#). Yet, in half the cases, Dr. Cassells said, the Army cannot figure out why the suicide occurred.

“We’ve reached a point where we do need some outside help,” Dr. Cassells said. “We’ve learned a lot. We’ve also learned we don’t understand it all.”

Dr. Thomas R. Insel, director of the National Institute of Mental Health, said researchers would study, among other things, the role that combat and multiple deployments play in suicide. They will conduct follow-up surveys of soldiers to show how risk factors evolve over time and shift their focus, as they see fit, depending on what they find. The study also will look at existing treatments and gauge their effectiveness.

The findings could be far-reaching not just for the Army but for civilians, as well, Dr. Insel said.

“The Army really is a microcosm of the nation,” he said.