

REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

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1. REPORT DATE (DD-MM-YYYY) 18-04-2020	2. REPORT TYPE Master of Military Studies (MMS) thesis	3. DATES COVERED (From - To) AY 2019-2020
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4. TITLE AND SUBTITLE Suicide in the Military: Exploring Ways to Decrease the Growing Trend	5a. CONTRACT NUMBER N/A
	5b. GRANT NUMBER N/A
	5c. PROGRAM ELEMENT NUMBER N/A

6. AUTHOR(S) Jackson, Brendan D., US Department of State	5d. PROJECT NUMBER N/A
	5e. TASK NUMBER N/A
	5f. WORK UNIT NUMBER N/A

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) USMC Command and Staff College Marine Corps University 2076 South Street Quantico, VA 22134-5068	8. PERFORMING ORGANIZATION REPORT NUMBER N/A
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9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) N/A	10. SPONSOR/MONITOR'S ACRONYM(S) MER
	11. SPONSOR/MONITOR'S REPORT NUMBER(S) N/A

12. DISTRIBUTION/AVAILABILITY STATEMENT
Approved for public release, distribution unlimited.

13. SUPPLEMENTARY NOTES

14. ABSTRACT

Suicide is a complicated issue that is a result of actions taken to deal with unbearable mental distress and pain, fear or depression that engulfs a person's value for living and hope in life. This is more prevalent than ever in the US military's active duty service with data revealing that the suicide rate for active duty troops across all service branches increased by over a third in five years, to 24.8 per 100,000 active duty members in 2018. This paper discusses the possible causes of the increase in suicide, symptoms of suicidal behavior, recommendations on how to prevent suicide, suggestions on implementing improved and innovative solutions to detect, diagnose, and treat suicide, and finally monitoring and restricting easy access to guns which is the leading means to commit suicide. The Department of Defense (DoD) uses \$1 billion of their \$693 billion toward suicide prevention. These funds invest in helpful programs and resources but with the suicide rate increasing within the military year by year this paper examines how this money is being spent and recommends other areas where this money can be used and also recommends the DoD to double the funds towards suicide prevention to increase staff and implement new and innovative programs and resources.

15. SUBJECT TERMS
Suicide; Mental Health; Gun Access; Toxic Masculinity

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			USMC Command and Staff College
Unclass	Unclass	Unclass	UU		19b. TELEPHONE NUMBER (Include area code) (703) 784-3330 (Admin Office)

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MASTER OF MILITARY STUDIES

**SUICIDE IN THE MILITARY: EXPLORING WAYS TO DECREASE THE GROWING
TREND**

SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF MILITARY STUDIES

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AY 2019-20

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Date: **April 9, 2020**

Executive Summary

Title: Suicide in the Military: Exploring Ways to Decrease the Growing Trend

Author: Mr. Brendan Jackson, United States Department of State

Thesis: As the responsible agent, the Department of Defense needs to implement improved programs and a new approach of mental outreach to detect suicidal behavior, along with denying access to guns for those that exhibit suicidal conduct. These implementations will assist the US military to significantly decrease, and ultimately dissolve, the suicide rate within the military.

Discussion: Suicide is a complicated issue that is a result of actions taken to deal with unbearable mental distress and pain, fear or depression that engulfs a person's value for living and hope in life. This is more prevalent than ever in the US military's active duty service with data revealing that the suicide rate for active duty troops across all service branches increased by over a third in five years, to 24.8 per 100,000 active duty members in 2018. This paper discusses the possible causes of the increase in suicide, symptoms of suicidal behavior, recommendations on how to prevent suicide, suggestions on implementing improved and innovative solutions to detect, diagnose, and treat suicide, and finally monitoring and restricting easy access to guns which is the leading means to commit suicide. The Department of Defense (DoD) uses \$1 billion of their \$693 billion toward suicide prevention. These funds invest in helpful programs and resources but with the suicide rate increasing within the military year by year this paper examines how this money is being spent and recommends other areas where this money can be used and also recommends the DoD to double the funds towards suicide prevention to increase staff and implement new and innovative programs and resources.

Conclusion: The key to preventing suicide within the military, and generally, is to build a foundation of understanding and lending that helping hand or that listening ear. Too often people get too caught up with how brave and strong military servicemembers are that they forget that they are still human beings. It is important to rid the US military of the stigma of "toxic masculinity" to let servicemembers know that although they are heroes in the eyes of the majority of the American public it is okay to reach out for help mentally and emotionally when times seem to tough to cope with. Also, there is a great possibility that putting a restriction on the easy access to guns for those that display suicidal behavior will drastically reduce the amount of suicides in the US military and American society at large.

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Introduction

The United States of America relies on the US military to protect and defend the country. The US military defends the nation, provides humanitarian aid, supports natural disaster relief efforts, combats terrorism, and fulfills many other tasks. The United States government and its citizens do much to make it known that the men and women of the military are valued, honored, and appreciated but it is not enough when compared to what most of the servicemembers experience throughout their military careers. When joining the military, many servicemembers are away from home for the first time, they are placed in a new and strict environment, and in most cases will eventually serve in a combat zone area where the threat level is very high. Although many servicemembers are successful in this environment, there are some that develop less than optimal behaviors. Tragically, some lose all hope and resort to committing suicide. As the responsible agent, the Department of Defense needs to implement improved programs and a new approach of mental outreach to detect suicidal behavior, along with denying access to guns for those that exhibit suicidal conduct. These implementations will assist the US military to significantly decrease, and ultimately dissolve, the suicide rate within the military. There are several methods that should be implemented to address this crisis, but it is important to take a deeper look into the conditions related to servicemembers committing suicide and the reasons why the suicide rate within the military is increasing.

There are no solid explanations as to why the military suicide rate continues to rise. The most logical problem appears to be the inability to properly detect suicidal behavior among servicemembers. There are many factors that result in suicide that may consist of hasty decisions or minimal warning for the victims. The DoD has many resources and goes to great lengths to combat the rise of suicide by military servicemembers, but there is still more that can be done.

With the amount of training, education, and opportunities for assistance available during these current times, one would not suspect that suicide rates within an organization as honorable and courageous as the US military to increase each year. Not only should the goal be to decrease suicide within the US military, it should be eliminating suicide altogether. The federal government invests numerous resources and the DoD puts forth much effort toward this goal, but until there is a full understanding of why servicemembers are committing suicide the rate will unfortunately continue to rise. To their credit, the DoD is still conducting extensive research to combat suicide among active duty members but there is no easy solution.

There are many people in roles that exemplify the meaning of bravery and courage. Still, one would be hard-pressed to find personnel with more valor than that of the servicemembers of the United States military. The servicemembers of the United States military are the epitome of heroism by sacrificing their livelihood to protect the freedom and liberty outlined in the United States Constitution. Several of them endure hostile living conditions in austere locations overseas so that they can fight against terrorism, inequality, and injustice to protect the United States' values and liberate people in need. Numerous servicemembers fight to the point where they make the ultimate sacrifice (death in combat). Many consider the United States military servicemembers' courage to be unmatched and unsurpassed, but the rate of suicide within the military is rising year by year.

Data and Funding

According to a *New York Times* article written in November 2019, based on statistics in recent years, suicide has been deadlier than combat in the military. The Pentagon data reveal the suicide rate for active duty troops across all service branches increased by over a third in five

years, to 24.8 per 100,000 active duty members in 2018.¹ This article examines how the Pentagon has been making attempted improvements to assist those in need but the rate of death by suicide continues to rise.² The federal government invested \$1 billion in pursuing resolutions in recognition of the threat that suicide presents to the military. Even with this substantial dollar amount investment, the suicide rates for active duty service members is increasing due to a military society of strength and independence that dissuade service members in distress from receiving necessary support. This is a clear indication that solely allocating a large amount of money into the effort of suicide prevention, is not enough to produce a solution. The way to assist in solving the tragedy of military suicide is to ensure that there are beneficial programs of quality in place that are encouraging and engaging to all personnel suffering during active duty.³ A key aspect that needs improvement is the difficult task of peers and superiors detecting suicidal behavior, and having reliable qualified professionals to diagnosis and treat those that suffer from suicidal behavior. There should be a program that challenges the paradox of the toxic masculine military culture and encourage those that suffer from suicidal symptoms to come forward and share those feelings with someone they trust and feel comfortable with.

The military made progress in the area of showing more compassion to personnel to show care and concern for what a servicemember may be going through personally and professionally, but there is still a lingering stigma within the military of stoicism equating strength and “machismo”, while anything short of stoicism is occasionally viewed as weakness. There is the existing notion that campaigns against toxic, or hyper, masculinity inflicts a good amount of damage on the military and society as a whole. Lt. Gen. (Ret) William G. “Jerry” Boykin suggests that instead of criticizing an apparent "toxic masculinity," the US military should be developing the charisma of men and nurturing their natural impulse to protect and defend. He

implies that the strength of the US military and the safety of the nation relies on it.⁴ This mindset and way of thinking is bound to make some servicemembers hesitate to seek necessary assistance out of fear of being viewed as lacking stoicism, toughness, and Esprit de Corps.

The Department of Defense (DoD) is an executive branch department of the US federal government that has the duty of organizing and managing all agencies and functions of the government directly associated to national security and the United States Armed Forces. As such, the DoD is committed to prevention of suicide within the military. Every year, the DoD collects data and information to incorporate in their Annual Suicide Report (ASR). The DoD ASR serves as the release authority for the official annual suicide totals and unadjusted rates for the DoD. It also illustrates current and future departmental plans in progress to combat suicide among servicemembers and their families. This report focuses on recent surveillance trends which allow for the assessment of whether recent DoD strategy and program initiatives are having the desired outcome.⁵

Since 2010, DoD has made progress in creating a structure for preventing military suicide by affiliating their strategy with the public health approach. This affiliation provides policy guidance and an organizational suicide prevention body of authority. It also regulates and enhances research, clinical interventions, data surveillance, and program evaluation. For additional support, the DoD also collaborates with other federal, non-profit, and private organizations. Despite this noble effort of strategy, collaborations, and other methods of attempting to combat the tragedy of military suicide the DoD contends that “there is still much more work that needs to be done”.⁶ According to the 2018 DoD ASR, during Calendar Year (CY) 2018, there were 541 servicemembers who fell victim to suicide. CY 2018 rates increased in the Active Component each year since 2013 from 18.5 to 24.8 suicides per 100,000

servicemembers. This increase was due to a result of small rises in the number of suicide deaths across all the services. The CY 2018 suicide rate for the Reserve was 22.9 suicides per 100,000 Reservists. The suicide rate was 30.6 suicides per 100,000 members of the National Guard.⁷ Within the US general population, the suicide rate in 2018 was 14.2 per 100,000 individuals.⁸ Just as the suicide rates in the military have increased over time, so has the suicide rate of the civilian population. The suicide rate in the US population as a whole is less than military rates, but the composition of the military and U.S. population fluctuates significantly by age and sex, which are two factors with strong connections with suicide risk.

The military members most at risk of committing suicide are enlisted males under the age of 30. They are most likely to commit suicide by firearm. In CY 2018, suicide deaths by military factors and demographic echoed the profile of the Total Force (DoD Active and Reserve Component military personnel). The victims were predominantly enlisted males less than 30 years of age. Although this demographic makes up roughly 46% of the military population, it is approximately 60% of military suicide decedents.⁹

Understanding Suicide

Suicide cannot be prevented until an understanding is developed. Many people are aware of the basic factors of committing suicide to be depression, mental illness, and stress. In the book *Understanding and Preventing Suicide*, clinical psychologist and author Kristine Bertini, discusses how the most effective way to understand suicidal thinking and tendencies develop. She examines how biology, culture, environment, and social factors predispose people to lose all hope and view death as the only option for their suffering to end.¹⁰ The DoD is trying to do a better job in this area of understanding by combining their strategy with a public health approach

as outlined in their ASR, but Bertini provides some insight that the DoD has not fully engaged in yet that can be beneficial to the goal of reducing and eliminating suicide within the military.

Within her book, Bertini mentions suicidal predisposition as not being a fatal diagnosis. People who have behaviors and thoughts of suicide can recover to have a healthy life. For this to occur, it is necessary for someone of positivity and ability to uplift and intervene and try to form an understanding to alter the negative thoughts for those individuals to recover. That person of positivity can be a professional counselor, a colleague, a spiritual leader, a coach, a teacher, a mentor, and the list goes on. Essentially someone of understanding, compassion, and thoughtfulness reaches out to lend a helping hand and a listening ear to assist letting the individual know that they matter. Bertini lets the reader know that depression is a treatable ailment with a great healing rate when assistance is attained.¹¹ Support systems can have a major positive impact in this regard. When self-harm becomes overwhelming, the people who develop support systems have an extra resource. The DoD speaks of addressing and implementing efforts that align with this concept by way of the Defense Suicide Prevention Office (DSPO), but it looks to still be in the future departmental stage. The effort of having a strong support system is part of a public health approach that the DoD endorses in hopes of educating colleagues and peers to learn how to detect suicidal behavior in an individual.

The DSPO has a mission to advance holistic, data-driven suicide prevention in the US military community through policy, oversight, and engagement to positively impact individual beliefs and behaviors, as well as instill systemic culture change.¹² Their vision is to pursue a mission-ready, suicide-free military community with values of innovation, accurate data, integrity, and collaboration. The DSPO has five specific strategic goals: 1) They have the goal of advocacy to serve as a lead change agent for all suicide prevention efforts with internal and

external partners; 2) their goal of data surveillance is to serve as the authoritative source for suicide data in the DoD; 3) they have the program assessment goal to evaluate the effectiveness and strategic integration of suicide prevention programs and research throughout DoD; 4) another one of their goals is policy oversight to serve as the primary originator and coordinator of suicide prevention policy throughout the DoD; 5) outreach & education is another strategic goal to advance the field of suicide prevention through strategic partnerships, targeted messaging, and evidenced-based training.¹³

To reduce and prevent suicide within the military, the DoD needs to ensure that they are encouraging and preparing servicemember peers and the leadership within units with tools to help detect suicidal behavior and provide quality reliable professionals that can understand and can diagnose and treat the individuals once the detection is made. One key factor to detect suicidal behavior is recognizing symptoms of depression. Symptoms of depression consist of hopelessness, sleep disruption, significant weight loss or gain, increased substance abuse, loss of energy, crying bouts, impaired concentration and memory, self-destructive thoughts, poor sense of self, negative thinking, moodiness, isolation, and feeling of being “run down.”¹⁴ When the depression reaches a higher level, the symptoms consist of talking about dying, preoccupation with wills and insurance, giving away possessions, becoming unusually violent, taking dangerous risks, and talking about suicide.¹⁵ By getting out in front of the issue and focusing on detection could ultimately lead to suicidal prevention.

DoDSER and Factors

The DoD also collects data on suicide via the Department of Defense Suicide Event Report (DoDSER). They collect data in order to help better understand suicidal influences and the specific aspects associated. DoDSER is utilized as a surveillance tool to accumulate risk and

protective component information on suicides and suicide attempts. Their objective is to use past experiences to help improve identification of individuals that are at-risk.¹⁶ The DoDSER information includes Demographics (age, gender, marital status, place of residence, education level, children, and religious preference); Conditions of Life (failed relationship, loss of property or finances, loss of job, access to weapons, legal issues, and risk-taking behavior); High Risk Behavior (substance abuse, criminal activity, gambling, illegal use of drugs, infidelity, and excessive spending); Medical Information (post-traumatic stress disorder (PTSD), mild Traumatic Brain Injury (mTBI)), physical pain, prescriptions, behavioral health diagnosis, and family history of suicide; Military Specific Information (pay grade, duty station, amount of time with unit, history of deployment, and level of exposure to violence and death); Circumstances surrounding the Suicide Event (prior attempts, a note, method used, use of drugs or alcohol, and environment of event).¹⁷

This information is gathered to help indicate stressors surrounding active duty military servicemembers pertaining to suicidal behavior. Research conducted by the Center for Health Promotion and Preventative Medicine (CHPPM) revealed that 82% of active duty suicide deaths had at least one significant stressor.¹⁸ The most common stressor was relationship issues. Relationship problems are on average about 58% of the active duty suicide deaths. 50% of active duty suicide deaths are related to the stresses of work, 48% are related to behavioral health diagnosis, and 34% with a history of legal issues.¹⁹

The relationship problems can be viewed as a wide-ranging for other contributing risk considerations consisting of family burdens (i.e. ailing parent(s) or sick child), financial stresses, deployments that cause extended separation, and substance abuse. The military work-related stress may consist of being placed in a combative dangerous environment and voluntary or

involuntary removal from military service. The legal issue stressors are composed of Article 15 punishment, being absent without leave (AWOL), civil legal issues, and court-martial actions.²⁰

In order to recognize and help decrease the stress in some of these factors, leaders and peers must intervene and help provide and directly recommend treatment resources to help rehabilitate the suffering individual(s). It is the responsibility of leadership and fellow unit peers to be vigilant in taking action to recognize and indicate potential suicide risk factors.²¹ The reason that this does not happen that often and is very difficult is due to the stigma of a “toxic masculine” military culture where seeking or admitting to mental health issues is viewed as a sign of weakness.

Within the military, medical issues have a significant role pertaining to identification of risk factors for suicide. When a servicemember receives news of a serious behavioral health diagnosis it is a life altering experience. The combination of a long-term prognosis, view of humiliation for seeking treatment, and hesitancy to continue care are stress factors that can contribute to suicidal behavior.²² The medical issues largely consist of Post-Traumatic Stress (PTS), PTSD, mTBI, drug and alcohol abuse, and comorbidity.

While PTS is defined as the natural response to extraordinary situations, PTSD is the medical condition that develops when PTS negatively effects someone’s normal daily activities. The impact of PTSD in someone’s life can be detrimental and ultimately can result in suicide. Roughly 15% of suicide deaths among active duty servicemembers were committed by individuals diagnosed with PTSD.²³ The remaining 85% of suicide deaths were either committed by those suffering from other suicidal behavioral ailments, or they are individuals who suffer from PTSD but were not properly diagnosed. Symptoms of PTSD consist of avoiding activities that remind the individual of the trauma, re-experiencing the trauma via disturbing thoughts and undesirable recollections, mood swings, difficulty concentrating, and isolation from friends and

family.²⁴ The result of PTSD can result in worsening depression, decrease in marital satisfaction, and can cause other high-risk behavior and health issues. Medical intervention is necessary to assist with PTSD. If untreated, the risk of suicidal behavior increases substantially.²⁵ The DoD puts forth an effort to train military and civilian behavioral health professionals to provide high value, culturally sensitive, evidence-based services to military personnel and their families.²⁶

mTBI is a component that impacts daily life which makes it a risk factor that can contribute to suicide. The *Army Health Promotion Risk Reduction Suicide Prevention* book points out an instance of suicide in relation to the pain and struggle of TBI. The instance was about a Lieutenant Colonel that deployed to the combat zone many times and experienced head trauma and several concussions. In addition to TBI, he also suffered from dementia and issues sleeping. During his assignment in the Warrior Transition Unit he was prescribed multiple medications. After a visit to the emergency room he was given 30 tablets of Ambien to help him sleep. Once he got into his car, he ingested the entire prescription along with four 50ml bottles of rum. He wrote a suicide note that explained the headaches and pain he experienced were unbearable.²⁷

Another significant health issue within the military is drug and alcohol abuse. There is a correlation of servicemembers that deploy versus the non-deployed as it pertains to alcohol abuse. Those that deploy are more likely to abuse alcohol than those that do not deploy. Over 30% of military suicide deaths, over 45% of non-fatal suicide behavior, involve the use of alcohol or drugs.²⁸

Comorbidity is known to be more than one medical diagnosis that exists at the same time as another medical condition. It is more difficult to treat comorbid conditions than it is to treat an individual illness. Analysis of suicide deaths imply comorbidity as a problem within the military.

The CHPPM provides analytical data that shows suicide rates marked higher for servicemembers who have been diagnosed with behavioral health disorders and PTSD than servicemembers without a diagnosis. The suicide numbers for servicemembers diagnosed with behavioral health disorders consist of approximately 212,000 with anxiety disorders, 210,000 with substance abuse disorders, 174,000 with major depression, 119,000 that have mood disorders, and 116,000 with general behavioral and mental health disorders to include PTSD. The suicide number for servicemembers without any history of a behavioral health diagnosis is around 13,000 within each category.²⁹

Mental Health Assessments

Currently, the military uses mental health assessments by way of the Defense Health Agency (DHA) that consists of a sequence of deployment health screenings intended to detect mental health issues, including PTSD and other behavioral health conditions that may need referral for further care and treatment. These screenings are conducted for the purpose of individual and unit readiness.³⁰ Another resource that the military, specifically Marines, use to assess mental stability is the Military & Family Life Counselors (MFLC). The MFLC's are knowledgeable behavioral health professionals who work with Marines and their families to address stressors that effect a Marine's everyday life. MFLC's are integrated within the units and can notify the command of tendencies in the behavioral health of the unit. A shortcoming, however, is the MFLC's do not have the capability to provide medical care. If a Marine, or any servicemember, needs medical support from a psychologist or psychiatrist, the MFLC must coordinate them with the appropriate resource which can take some time.³¹ The time period of waiting to see the medical care professional can be the difference between life and death.

When it comes to the effectiveness of mental health assessments within the military their application has provided less than ideal results. Many servicemembers view the completion of these assessments as “going with the motion” or “checking the box”.³² It is put in place as a formal procedure in order for the servicemember to get through it and continue to conduct their military duty and can be viewed as an ineffective method to assess mental health. The dangerous side to this procedure is that without proper detection, military personnel are at risk of going through the process without a thorough mental stability check conducted by a psychologist to diagnosis and treat. MFLC’s are clinically trained but cannot provide the level of medical care that a psychologist or psychiatrist is able to. The MFLC’s are mainly composed of licensed clinical social workers. A major issue in this situation is that the MFLC’s do not possess the extensive expertise as a psychologist or psychiatrist when conducting mental health sessions therefore making it easier for servicemembers to conceal mental and behavioral issues out of fear of risking their career. A servicemember’s career could be at risk if mental and behavioral issues are discovered. The discovery of symptoms related to either of these issues could make the servicemember non-deployable. The reality of the matter is the military personnel that try to mask their issues are doing more harm to themselves than good. Their anxiety and other stressors are being buried deep inside them due to this stigma that if they express themselves as struggling mentally that they will be perceived as weak and unfit to serve in the military. The conduct of concealing mental and behavioral issues has a high chance of causing the matters to get worse as time progresses and can ultimately drive them to destructive behavior such as suicide.

Every suicide is different. The reality of suicide is that each suicide is unique. During a testimony before the House Armed Services Committee in July 2009, retired United States Army General and former Army Vice Chief of Staff, Pete Chiarelli, stated that “every suicide is as

different and as unique as the people themselves. And, the reality is there is no one reason a person decides to commit suicide. That decision reflects a complex combination of factors and events.”³³ General Chiarelli notes that there is no single factor that can have a person choose to take their own life. There is more than one reason alone. It is the mixture of hardships and factors that ultimately make someone commit suicide. The method of a stronger implementation by the DoD to detect suicidal behavior via personal mental outreach will provide a resource for sufferers an improved platform to share the many hardships that they are facing. Once the hardships after detection are identified, the DoD can take appropriate action to help the individual(s) cope with it. If the individual is going through issues with their marriage the DoD can place them with a certified marriage therapist; if they are going through financial difficulties the DoD can provide them with a competent financial planner; if stress at work feels overbearing to the individual the DoD can identify qualified professionals that can assist the individual by providing coping mechanisms. The current main military resource for issues of this nature are MFLC’s whom do not have the appropriate background or qualifications to resolve matters of this magnitude.

One of the suicidal factors that is not discussed that often within the military is the issue of economic difficulty. When servicemembers return home from deployment to move on to a new assignment, or transition to civilian life, there is a significant amount of stress involved. Questions tend to arise in their head such as “Will there be a job for me upon my return?”, “Am I going to miss a vital advancement opportunity?”, and “Will my house sell in the current housing market?” These questions and concerns can cause anyone, including servicemembers and their families, an enormous amount of stress that can unfortunately put thoughts of suicide in someone’s head especially if combined with such factors as family issues, health problems,

marriage discontentment, hostile work environment, and other stressors. The DoD partners with a program to assist with the transition from military to civilian life entitled the “Transition Assistance Program” (TAP), but this program also has poses challenges that need to be addressed and resolved.

Transition Assistance Program

The TAP provides knowledge, tools and guidance to help servicemembers and their spouses prepare for a transition from the military to civilian life. It provides members with information regarding veteran benefits, educational opportunities, federal assistance and veteran employment assistance. The TAP is composed of five parts. It starts with initial counseling (session to help understand the TAP process and build a transition plan), then a pre-separation briefing (session of information regarding available benefits), followed by a DoD “transition day” (emphasis is on developing resilience, learning how to manage the transition, translating military occupational specialty into a civilian career, and information on financial literacy), then a specialized transition assistance program career track plan (helps servicemembers plan to reach individual goals during and after the transition), and finally a TAP Capstone (certification that all transition requirements have been fulfilled and meet the Pentagon’s career readiness standards (CRS)).³⁴ While the TAP is a beneficial program it struggles to reach success for roughly 27% of servicemembers who claim transitioning from military to civilian life was difficult.³⁵ The reason for TAP’s lack of success across all, or more, servicemembers in transition is due to having the same TAP process for many individuals that have different demographic characteristics, distinct experiences, and diverse attitudes.

Aside from the specialized transition assistance program career track plan portion of the TAP process, TAP is rather general for military servicemembers without close attention to

specific needs based on demographic, experience, and attitude. For instance, statistics show that a servicemember that experienced a traumatic event, was seriously injured, or served in combat will have a much more difficult time transitioning into civilian life than those that have not had these experiences. Statistics also show that servicemembers who graduated from college or have a religious background transition much easier into civilian life. Although the DoD and TAP experienced success, they should come together to support an effort for transition assistance for the 27% of servicemembers that have a difficult transition period. Many of the servicemembers that have a difficult time in transition to civilian life are prone to committing suicide out of frustration, disappointment, lack of finances, and feeling out of place in society. More money out of DoD's budget should go toward this effort to develop a program catered to the military to civilian life transition for servicemembers with traumatic experiences, injuries, and lack of college education to decrease the military suicide rate. This may sound a bit precarious as after TAP the servicemembers are the responsibility of Veteran Affairs (VA) and not the DoD, but during this transition it is the DoD's task to ensure the transition goes smooth and that servicemembers are ready to enter civilian life.

Reducing Access to Firearms

A key element of trying to prevent suicide is a controversial topic but an important one to address. A potential means to reduce the suicide rate is by removing one of the main means to do so. In the military specifically, a way to reduce the suicide rate would be to decrease the easy access to firearms. Granted, the military is commonly referred to as the "armed" forces and are expected to carry firearms the majority of the time. Firearm access should be reduced based on the detection of suicidal behavior and symptoms. It is a fact that firearms are the most commonly used method of suicide, in both the military and the civilian population. A way that the military

and the DoD can improve in this area is to distribute gun locks and, if necessary, allow commanders to remove a servicemember's firearms based on the accurate confirmation of detection of suicidal behavior.³⁶

Recent data shows suicide as the 10th leading cause of death throughout the United States with 42,773 cases reported.³⁷ For further context, in 2014 there were 15,809 homicide reported cases and 32,675 motor vehicle accident reported cases of death.³⁸ As far as the role that firearms play in suicide, in 2014 about 50% of all suicide deaths were caused by self-inflicted gunshot wounds.³⁹ Congresswoman Carolyn Maloney, Vice Chair of the Joint Economic Committee, published a document correlating guns and suicide. Maloney also believes that the rise of the suicide rate throughout America, which has increased by 30% within the last 20 years and every year for the past decade, is primarily due to lethality and easy access to guns.⁴⁰ Her data indicates that roughly 85 percent of people that attempt suicide with a gun die, while about 95 percent of those who attempt suicide without a gun survive.⁴¹

Maloney's document also discusses some key facts and statistics pertaining to firearms and suicide such as work-loss and lifetime medical costing an estimate of close to \$70 billion annually due to suicides and suicide attempts; each year there are 1.5 times more firearm suicides than there are firearm homicides; having access to a gun increases the risk of death by suicide by three times; firearms were used in over 50% of suicides in 2017; the rate of firearm suicide is approximately 10 times higher in the United States than in any other high income country; Americans living in rural locations are roughly 75% more likely to die by gun suicide than people who reside in urban areas; men are 6.5 times more probable to die by gun suicide than women.⁴² Research indicates that the inclination of suicide is transient and that being able to access firearms is a risk factor for whether a suicide attempt is fatal. The period between the

decision to take action and the suicide attempt tends to be approximately 10 minutes or less. Research demonstrates an alternate method is not likely when a highly lethal method is inaccessible. The document also compares the suicide by firearm rate between active duty military servicemembers and the general population. Active duty military servicemembers tend to generally have easier accessibility to firearms, and are more likely to be gun owners, which increases the risk of firearm suicide. Firearms were the means of suicide in 71 percent of servicemember suicide deaths by men, and 43 percent of servicemember suicide deaths by women. As far the general population, firearm is the method for 54 percent of suicides among males and 31 percent of suicides among females.⁴³

In the book, *Guns and Suicide*, Dr. Michael Anestis discusses the unique profound role that guns play in American suicide. He focuses the narrative on evidence that demonstrates that if the means to commit suicide, specifically guns, is reduced then the number of suicides will be reduced. Dr. Anestis opens with a story of the struggles of a Hispanic-Caucasian soldier in his mid-twenties by the name of “Hector”.⁴⁴ Since Hector had no prior deployments his struggles were not a result of being in combat zones. Dr. Anestis points out that contrary to public belief, military suicide is not necessarily a consequence of combat. Soldiers who have never been out on deployment represent a higher number of deaths by suicide.⁴⁵

Hector received treatment from a mental health therapist and shared that he experienced suicidal thoughts. Between a very demanding on-call duty to work military funerals and having tension within his marriage, Hector pulled his rifle out of his storage closet and leaned it against the wall with ammunition on the table. He balanced the rifle on his shoulder and considered moving forward to end his life. His wife was on a video call with him and she pleaded for him to stop. That may not have been enough though. It was not until his dog walked in and licked his

face that the thought of death went out of his head. Hector's dog showed him an expression of love and a beacon of hope. As a result, Hector's wife called Command to remove his weapon and provide further assistance.⁴⁶

One of the main significant factors about Hector's story is during a therapy session, after the attempt, he said that he never considered ending his life using any other method than a gun (rifle). It is interesting to know that his goal was suicide, not necessarily suicide by gun. Still, Hector's mind defined suicide as pertaining to only one method of a self-inflicting gunshot.⁴⁷ Hector's story, and many others like it, can justify good reason to limit access to guns during crises. There are many other military members, veterans, and civilians that loaded their gun to take their life but did not have the fortune of their dog (in Hector's case) or any other individual to show them love and hope before they pulled the trigger. Based on the suicide by firearms statistics, annual suicide rate increases, and stories like Hector's, the DoD and overall federal government should give thought of reducing gun access. The way to try to accomplish this difficult effort is to make background checks, specifically pertaining to mental health stability, more thorough in order to have a better chance at detecting possible suicidal behavior. If none of these suggestions are legally or institutionally feasible, those in DoD who are tasked with reducing suicide need to at least actively include gun ownership into the discussion and solution suggestions.

DoD Investment, Programs, and Recommendations

The federal government and US lawmakers have the capability and funds to ensure improvement takes place regarding not only the decrease in the suicide rate, but also the factors that lead up to suicidal behavior. \$1 billion may seem like a sizeable amount of money that the federal government has invested in pursuing resolutions to suicide within the military but based

on the number of servicemembers and families that suffer from behavioral health disorders, show signs of suicidal behavior, and rely on high-quality programs for assistance, \$1 billion may not be enough. The DoD's investment into pursuing resolutions currently goes towards programs such as the military crisis hotline, MFLC, "Be There Peer" support network (outreach center where servicemembers can call or text to chat with trained peers), "Real Warriors Live Chat" (resource in which servicemembers can confidentially speak with trained health resource consultants 24 hours a day and 7 days a week), Psychological Health Center for Excellence, suicide prevention programs within each respective military branch, and a "Warriors PreVail" program that allows anonymous help for military servicemembers experiencing combat stress. The DoD deserves a lot of credit for providing these types of resources as it is logical to say that without these programs the suicide rate would be much worse than it is currently. However, to meet the goal of reducing and eliminating suicides within the military, these funds should be increased and invested in additional areas to improve current resources and innovate new programs.

The DoD has a large budget of approximately \$693 billion. The bulk of this budget goes toward defense capabilities with the latest technology such as cyber defense, a Space Force, air and maritime domain, ground systems, munition production, missile defense, facilities, and military salary. These defense systems are very important to fund thoroughly as the DoD is dedicated to providing security to the US but based on a \$693 billion the DoD is capable and should find it necessary to invest more than \$1 billion to suicide prevention. These defense structures are important but so are the individuals that operate them. The DoD needs to invest more money, time, and resources into the mental and behavioral stability of the military servicemembers. The DoD should double the investment effort to \$2 billion to see if that will

decrease the suicide rate within the military. The funds can go toward making upgrades within such programs as the MFLC to provide easier access to qualified medically trained psychologists and psychiatrists, and the TAP to staff more personnel to deal with individual specific needs during transition. The extra \$1 billion can assist in ensuring that no servicemember is left feeling like they are on their own to deal with serious life issues. A portion of the extra funds can go toward innovative training programs that can help create awareness of suicidal behavior and assist peers and leadership detect with a member of a unit exhibits such behavior.

Conclusion

Marine commandant, General David Berger stated, “we must create a community where seeking help and assistance are simply normal, important decisions Marines and sailors make.”⁴⁸ The life of a military servicemember is difficult enough considering the workload, the deployments to combat areas, the daily duty of risking life, and being away from family. As pointed out, these are some factors that lead to stress, depression, anxiety, suicidal behavior, and suicide. A member of the US armed forces sacrifices many aspects of their life mentally, emotionally, physically, and financially. It can seem at times that the gratitude is not reciprocated and that although serving in the military is viewed as honorable, it can come with little benefit considering the amount of sacrifice. Based on this argument, it is natural for the American public’s opinion of those who serve in the military to be at high risk of mental or emotional trauma.

Though the American public opinion of the military is a supportive with roughly 74% of citizens expressing high confidence, there is a number of people that do not support the military based on the effect that it causes its members.⁴⁹ Despite many flaws and internal issues, the US military is considered the nation’s most trusted institution. The public may have much

confidence in the military, but many discourage young people from joining the armed forces. Data shows that only roughly 48% of Americans would advise a young person to join the military.⁵⁰

The Pew Research Center conducted an interesting study regarding American opinion on the military and their sacrifices. Although much of the American public admires the military, most Americans recognize that the public has an inadequate grasp of the challenges of serving in the armed forces. It is difficult to understand the trauma and stress that servicemembers go through unless the individual has been through it too. This can be a strong possibility as to why some lawmakers and officials within the government, without traumatic military experience, have a difficult time in attempting to assist the military in reducing and decreasing suicide and suicidal behavior.

An American family can fully support the US military but still have concern and hesitation when it hits “too close to home.” When a family member joins the armed forces, the wish is that they come back safe, sound, as a strong professional, wiser, with honor, and as an overall better person than when they left home. The issue and bitterness comes to the family when that individual family member comes back home after deployment and they are not in a good space mentally or emotionally. There are instances in which the servicemember comes back home after deployment and the family do not recognize the person that they have become (in a negative way). Chances are the servicemember experienced some form of trauma that can possibly change their mindset forever if untreated. It is natural for this family to become very upset with the military, especially if the appropriate support is not received. Unfortunately, sometimes people buy into the notion that “these effects come with the territory” or “he or she

knew what they were getting themselves into once they enlisted”. Though these may be fair points, it does not give leaders reason to not seek improvement.

In order for the US military to continue to be the strongest line of defense that the world has ever known, better programs devoted to supporting the mental and behavioral health of servicemembers must be put in place to improve efforts to decrease stress factors. The US federal government and the DoD have an obligation to thoroughly assist in the effort to develop and invest in quality programs and resources to significantly decrease and eventually eliminate the suicide epidemic among active duty servicemembers. In addition to investing more of the DoD budget and enhancing current programs, the author recommends that the DoD provide a more intense assessment to detect the possibility of suicidal behavior among servicemembers. This may call for the budget to include a psychologist in every battalion. The strategies of the assessment should incorporate an authenticated screening means to recognize individuals at risk for suicide-related behavior. The assessment ought to measure risk factors as part of a wide-ranging evaluation of suicide risk. It should utilize intellectual interactive treatment-based interventions fixated on suicide prevention for individuals with a history of a personality disorder or self-directed violence.⁵¹ The outcome of the assessment will be a solid military crisis response plan, which is a process used to decrease someone’s risk for suicidal behavior.⁵² As controversial as it may sound, the author also recommends more strict denial of gun access to servicemembers that experience suicidal behavior. As guns are by far the leading method of committing suicide it makes logical sense to remove the easy access to those that are in danger.

Being a servicemember in the US military is one of the toughest responsibilities in the world. The job comes with a lifestyle of immense stress, hard work, sacrifice, and uncertainty. It also comes with honor, pride, distinction and a strong concept of resiliency. Military resilience

entails the ability to conquer the negative impacts of obstacles and correlated stress on military execution and combat efficiency. The US military's concept of resiliency consists of various realms to enhance the lethality, readiness, and modernization of armed forces. Studies of these realms focus on five key domains of resiliency of psychological versus physiological, strength training, sex differences, the role of nature versus nurture, and thermal tolerance.⁵³ The studies highlight how the domains interconnect and incorporate interdisciplinary methods to build resiliency for the enhancement of military performance. These resiliency concepts and studies assist DoD and the US military with coping mechanisms personally and professionally.

The author's final recommendation to the DoD and the military servicemembers is to know that regardless of the new technologies, the deadliest weapons, and the newest gadgets, there is no better investment than the investment in the people that make it all happen in the first place. Investing does not only mean finances, although it is a major part, but also investing in individuals via time, resources, effort, mentally, emotionally, and in some cases spiritually. The key to preventing suicide within the military, and generally, is to build a foundation of understanding and lending that helping hand or that listening ear. Too often people get too caught up with how brave and strong military servicemembers are that they forget that they are still human beings. No matter how strong someone may perceive to be, you never know what someone is going through unless you ask, and the other person is comfortable sharing that information. General (Ret.) Tony Thomas once said, "every one of us is fighting a demon that no one else knows about. You don't know what people are going through".

¹ Giacomo, Carol. *Suicide Has Been Deadlier Than Combat for the Military*. <https://www.nytimes.com/2019/11/01/opinion/military-suicides.html>. The New York Times. 2019.

² Ibid.

³ Ibid.

⁴ Perkins, Tony. *Our Military Should Be Cultivating Masculinity, Not Denigrating*. <https://www.frcaction.org/updatearticle/20200130/military-masculinity>. FRC Action. 2020.

⁵ *Annual Suicide Report*. https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%2019_508c.pdf. Department of Defense under Secretary of Defense for Personnel and Readiness. 2018.

⁶ Ibid.

⁷ Ibid.

⁸ *Suicide Statistics*. <https://afsp.org/about-suicide/suicide-statistics/>. American Foundation for Suicide Prevention. 2019.

⁹ *Annual Suicide Report*. https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%2019_508c.pdf. Department of Defense under Secretary of Defense for Personnel and Readiness. 2018.

¹⁰ Bertini, Kristine. *Understanding and Preventing Suicide: The Development of Self-Destructive Patterns and Ways to Alter Them*. Westport, CT. Praeger Publishers. 2009.

¹¹ Ibid.

¹² *Defense Suicide Prevention Office*. <https://www.dspo.mil/AboutDSPO/>

¹³ Ibid.

¹⁴ Bertini, Kristine. *Understanding and Preventing Suicide: The Development of Self-Destructive Patterns and Ways to Alter Them*. Westport, CT. Praeger Publishers. 2009.

¹⁵ Ibid.

¹⁶ *Military Transition Assistance Program Overview*. <https://www.military.com/military-transition/transition-assistance-program-overview.html>. 2020

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ Ibid.

-
- ²⁴ Howley, Elaine K. *Statistics on PTSD in Veterans*. <https://health.usnews.com/conditions/mental-health/ptsd/articles/ptsd-veterans-statistics>. 2019.
- ²⁵ Army. Health Promotion Risk Reduction Suicide Prevention. 2010.
- ²⁶ Post-Traumatic Stress Disorder Efforts health.mil
- ²⁷ Ibid.
- ²⁸ Ibid.
- ²⁹ Ibid.
- ³⁰ *Mental Health Assessment*. <https://health.mil/Military-Health-Topics/Health-Readiness/Reserve-Health-Readiness-Program/Our-Services/Mental-Health-Assessment>.
- ³¹ *Military & Family Life Counselors*. <https://usmc-mccs.org/services/support/military-family-life-counselors/>.
- ³² *2D MLG MAG. Volume I, Issue VII*. https://static.dvidshub.net/media/pubs/pdf_50391.pdf.
- ³³ Army. Health Promotion Risk Reduction Suicide Prevention. 2010.
- ³⁴ *Military Transition Assistance Program Overview*. <https://www.military.com/military-transition/transition-assistance-program-overview.html>. 2020
- ³⁵ Morin, Rich. The Difficult Transition from Military to Civilian Life. <https://www.pewsocialtrends.org/2011/12/08/the-difficult-transition-from-military-to-civilian-life/>. Pew Research Center. 2011.
- ³⁶ Bertini, Kristine. *Understanding and Preventing Suicide: The Development of Self-Destructive Patterns and Ways to Alter Them*. Westport, CT. Praeger Publishers. 2009.
- ³⁷ Anestis, Michael D. *Guns and Suicide: An American Epidemic*. Oxford: Oxford Press University. 2018.
- ³⁸ Ibid.
- ³⁹ Ibid.
- ⁴⁰ Maloney, Carolyn. *Guns and Suicide*. https://www.jec.senate.gov/public/_cache/files/e4c6a3e3-a170-4cee-8218-0167fe4311e9/jec2019-gunsandsuicide-final.pdf. Joint Economic Committee.
- ⁴¹ Harvard Public Health. 2016. "Guns & Suicide." Harvard Public Health Magazine, Madeline Drexler, Editor. Retrieved October 10, 2019. https://www.hsph.harvard.edu/magazine/magazine_article/guns-suicide/; Everytown for Gun Safety. 2019. "Firearm Suicide in the United States." August 30, 2019. <https://everytownresearch.org/firearm-suicide/>.
- ⁴² Maloney, Carolyn. *Guns and Suicide*. https://www.jec.senate.gov/public/_cache/files/e4c6a3e3-a170-4cee-8218-0167fe4311e9/jec2019-gunsandsuicide-final.pdf. Joint Economic Committee.
- ⁴³ Ibid.
- ⁴⁴ Anestis, Michael D. *Guns and Suicide: An American Epidemic*. Oxford: Oxford Press University. 2018.
- ⁴⁵ Ibid.
- ⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ Giacomo, Carol. *Suicide Has Been Deadlier Than Combat for the Military*.
<https://www.nytimes.com/2019/11/01/opinion/military-suicides.html>. The New York Times. 2019.

⁴⁹ Nichols, Curt. *Public Opinion and the Military: A Multivariate Exploration of Attitudes in Texas*.
https://www.baylor.edu/political_science/doc.php/300720.pdf. Journal of Political and Military Sociology. 2015.

⁵⁰ *Chapter 5: The Public and the Military*. <https://www.pewsocialtrends.org/2011/10/05/chapter-5-the-public-and-the-military/>. Pew Research Center. 2011.

⁵¹ Walter, Kenny. *US Government Updates Guidelines to Reduce Veteran Suicide*.
<https://www.mdmag.com/medical-news/us-government-updates-guidelines-reduce-veteran-suicide>. MD Magazine. 2019.

⁵² Bryan, Craig J. *About the Crisis Response*. <https://crpforsuicide.com/about>. Crisis Response Planning for Suicide Prevention. 2017.

⁵³ Nindl, Bradley C., et al. *Perspectives on resilience for military readiness and preparedness: Report of an international military physiology roundtable*.
<https://www.sciencedirect.com/science/article/pii/S1440244018301397>. Science Direct. 2018.

Bibliography

2D MLG MAG. Volume I, Issue VII.

https://static.dvidshub.net/media/pubs/pdf_50391.pdf.

Anestis, Michael D. *Guns and Suicide: An American Epidemic*. Oxford: Oxford Press University. 2018.

Annual Suicide Report.

https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%2019_508c.pdf. Department of Defense under Secretary of Defense for Personnel and Readiness. 2018.

Army. *Health Promotion Risk Reduction Suicide Prevention*. 2010.

Bertini, Kristine. *Understanding and Preventing Suicide: The Development of Self-Destructive Patterns and Ways to Alter Them*. Westport, CT. Praeger Publishers. 2009.

Bryan, Craig J. *About the Crisis Response*. <https://crpforsuicide.com/about>. Crisis Response Planning for Suicide Prevention. 2017.

Chapter 5: The Public and the Military.

<https://www.pewsocialtrends.org/2011/10/05/chapter-5-the-public-and-the-military/>. Pew Research Center. 2011.

Defense Suicide Prevention Office. <https://www.dspo.mil/AboutDSPO/>

Giacomo, Carol. *Suicide Has Been Deadlier Than Combat for the Military*.

<https://www.nytimes.com/2019/11/01/opinion/military-suicides.html>. The New York Times. 2019.

Harvard Public Health. 2016. "Guns & Suicide." Harvard Public Health Magazine, Madeline Drexler, Editor. Retrieved October 10, 2019.

https://www.hsph.harvard.edu/magazine/magazine_article/guns-suicide/; Everytown for Gun Safety. 2019. "Firearm Suicide in the United States." August 30, 2019.

<https://everytownresearch.org/firearm-suicide/>.

Howley, Elaine K. *Statistics on PTSD in Veterans*.

<https://health.usnews.com/conditions/mental-health/ptsd/articles/ptsd-veterans-statistics>. 2019.

Maloney, Carolyn. *Guns and Suicide*.

https://www.jec.senate.gov/public/_cache/files/e4c6a3e3-a170-4cee-8218-0167fe4311e9/jec2019-gunsandsuicide-final.pdf. Joint Economic Committee.

Mental Health Assessment. <https://health.mil/Military-Health-Topics/Health-Readiness/Reserve-Health-Readiness-Program/Our-Services/Mental-Health-Assessment>.

Military & Family Life Counselors. <https://usmc-mccs.org/services/support/military-family-life-counselors/>.

Military Transition Assistance Program Overview. <https://www.military.com/military-transition/transition-assistance-program-overview.html>. 2020

Morin, Rich. *The Difficult Transition from Military to Civilian Life.*

<https://www.pewsocialtrends.org/2011/12/08/the-difficult-transition-from-military-to-civilian-life/>. Pew Research Center. 2011.

Nichols, Curt. *Public Opinion and the Military: A Multivariate Exploration of Attitudes in Texas.* https://www.baylor.edu/political_science/doc.php/300720.pdf. *Journal of Political and Military Sociology*. 2015.

Nindl, Bradley C., et al. *Perspectives on resilience for military readiness and preparedness: Report of an international military physiology roundtable.* <https://www.sciencedirect.com/science/article/pii/S1440244018301397>. Science Direct. 2018.

Perkins, Tony. *Our Military Should Be Cultivating Masculinity, Not Denigrating.* <https://www.frcaction.org/updatearticle/20200130/military-masculinity>. FRC Action. 2020.

Suicide Statistics. <https://afsp.org/about-suicide/suicide-statistics/>. American Foundation for Suicide Prevention. 2019.

Walter, Kenny. *US Government Updates Guidelines to Reduce Veteran Suicide.* <https://www.mdmag.com/medical-news/us-government-updates-guidelines-reduce-veteran-suicide>. MD Magazine. 2019.