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14. ABSTRACT The purpose of this thesis was to determine whether the continue rise in Army suicides were attributed to failed marital/intimate partner relationships, lack of mental health support, and repeated deployments combined with mental health issues. Based on current research, the researcher hypothesized that suicides continue to rise in the Army because service members and veterans fail to seek mental health care because of the negative stigma associated with mental health disorders. Notably, failed marital/intimate partner relationships were hypothesized as the primary reason for suicide increase. It was recommended that DOD and the Army invest more resources to promote individual soldier and / or veteran healthy relationships and resilience development. Crisis healthcare outreach teams should be dispatched to rural communities to provide healthcare support services. Lastly, the Army must dedicate more time and resources toward suicide prevention research, and current suicide prevention processes and programs to remain an elite fighting force.						
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MASTER OF MILITARY STUDIES

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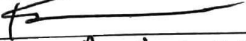
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MASTER OF MILITARY STUDIES

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Executive Summary

Title: Why do Suicides Continue to Rise in the Army

Author: Major Shunmas Cummings United States Army

Thesis: The constant rise in suicides in the U.S. Army is a detriment to force readiness. This increase could be attributed to failed marital/intimate partner relationships, lack of mental health support to veterans, and the impact of repeated deployments combined with PTSD, depression, and numerous other mental health issues. The Army needs to reassess its mental health services, and self-reporting processes to determine what adjustments are required to mitigate the continuous unnecessary loss of life that is undermining force readiness.

Discussion: The continuous rise in suicides among Army veterans and service members is unacceptable. The rise of suicides further undermines force readiness, disrupts veterans and service member families and military communities, and potentially causes significant harm to the Army and the armed forces holistically. Moreover, this phenomenon has the potential of stifling future recruitment. Although the Department of Defense (DOD) and the Army have made great strides to combat this conundrum, a more nuanced approach is required. The first section of this thesis will encompass the literature review, which addresses failed marital/intimate partner relationships, lack of mental health support to veterans, and the impact of repeated deployments combined with PTSD, depression, and numerous other mental health issues. The second section of the thesis will focus on factors that could potentially contribute to the rise in suicides amongst veterans and service-members. The third section evaluates the impact of deployments to determine whether there is any correlation between veterans and service members with multiple deployments and the rise in suicides. In the fourth section, that paper analyzes how failed marital/intimate partner relationships influence the rise in suicides among veterans, and service members of the military communities.

Conclusion: The thesis will conclude with recommendations for how the Army can enhance the systems already employed and propose areas of further research. The constant rise in suicides in the U.S. Army is a detriment to force readiness. The military have spent significant sums of money on developing many solutions to mitigate the issue. Yet the problem lingers, and suicides continues across all Army domains disrupting and undermining the normalcy of force readiness. The VA has also spent an enormous amount on solutions to curb the rise in suicides. Yet the problem persists. Despite these considerations, veterans are still finding it challenging to obtain the basic routine health care from reliable medical treatment facilities. This is especially true of veterans residing in rural communities. As a result, the lack of mental health support has only exacerbated to problem. Repeated deployments combined with other mental health issues such as, PTSD, depression, and mental health issues lead to suicide. Repeated deployments also place significant stress on marital/intimate partner relationship having an adverse impact on the family that lead to suicide. Notably, failed relationships are the primary factor in soldier suicide. The rise in suicides have adversely impacted force readiness over the past 18 years. Soldiers repeated deployments to Afghanistan and Iraq, combined with internal/external societal factors have precipitated the problem. It was recommended that DOD and the Army invest more resources to promote individual soldier and / or veteran healthy relationships and resilience development. Crisis healthcare outreach teams

should be dispatched to rural communities to provide healthcare support services. DOD and the Army should collaborate with the commercial industry to start a suicide prevention campaign featuring celebrities and Army suicide survivors to promote suicide awareness and dispel negative mental health stigma across the Army. Lastly, the Army must dedicate more time and resources toward suicide prevention research, and current suicide prevention processes and programs to remain an elite fighting force.

DISCLAIMER

THE OPINIONS AND CONCLUSIONS EXPRESSED HEREIN ARE THOSE OF THE INDIVIDUAL STUDENT AUTHOR AND DO NOT NECESSARILY REPRESENT THE VIEWS OF EITHER THE MARINE CORPS COMMAND AND STAFF COLLEGE OR ANY OTHER GOVERNMENTAL AGENCY. REFERENCES TO THIS STUDY SHOULD INCLUDE THE FOREGOING STATEMENT.

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Introduction

There are potentially 22 veteran suicides committed per day or 8,030 per year.¹ As sad as this is, it may be worse, as many experts believe the reporting to be inaccurate, and feel as though the reporting significantly underestimates the total number of suicides. Many experts assume that some suicides are reported as accidents or go unreported.²

In the US Army, the rise in suicides is unprecedented, leaving the US Army Leaders perplexed about how to grapple with such an issue. Despite investing vast sums of money on research to curb the increase in suicides, the Army has experienced a constant rise in suicides. For instance, there has been an increase of over 18% in suicides indicating that 1 out of every 5 soldiers who died between 2005 and 2017 died of suicide. Since 2002, the US Army has been consistently confronted with this upward trend in suicides. Experts believe that more soldiers have killed themselves by suicide than have died from hostile action in both Afghanistan and Iraq.³ The Army suicide rate hit a record high in 2012.⁴

The general population suicide rates have always trended higher than the military.⁵ For instance, from 1977 to 2003, the military suicide rates were substantially lower than the general population.⁶ But that changed in 2008 when there was a significant rise in the number of deaths attributed to military suicide. This was the point where the military (the Army being the trend setter) surpassed the general population (20.2 per 100,000 vs 19.2 per 100,000) in the number of deaths by suicides for the first time in American history.⁷ Moreover, many experts believe the number of military suicides to be significantly higher than reported, with the conviction that many suicides get reported inaccurately or as unknown causes.⁸ Given the rise in suicides, the military is desperately seeking ways to thwart the surge.⁹ However, despite the military's efforts, the latest data according to the Departments of Defense (DOD) Annual Suicide Report (ASR) depicts a continuous upward trajectory in suicides.¹⁰ For example, 541 service members

died from suicides across all military branches amid Calendar Year (CY) 2018. Approximately 361 of the 541 reported suicide deaths were from the Army.

Numerous theories offer reasonable hypotheses as to why suicides continue to rise in the Army, despite awareness. The hypotheses include repeated deployments coupled with PTSD, depression, failed personal relationships (particularly marriages), financial problems, military service hardships, and other factors.¹¹ Many scholars argue that it takes a combination of these factors for service members to commit suicide. However, the most common reasons for suicide, is the intense emotional pain associated with the loss of a relationship.¹² There is a correlation between the military lifestyle and its influence on personal intimate / partner relationships. Military lifestyle is often arduous on families, with service members participating in repeated deployments which places an enormous amount of stress on the partner.¹³ Repeated deployments also have a negative impact on children and tend to disrupt the family structure. One of the complaints expressed by soldiers during their behavioral health assessment was the idea of feeling like a guest in their household upon returning from a deployment.¹⁴

The Department of Veteran Affairs (VA) is also struggling with finding a solution to manage the crisis.¹⁵ The VA has invested millions of dollars to reduce the number of veteran suicides. To combat the issue, the VA has expanded its suicide prevention programs and data systems to increase the understanding and prevention of suicide among veterans in hopes of finding a solution to the rise in veteran suicides.¹⁶ Furthermore, current research reveals that veterans who are making use of Veterans Health Administration (VHA) services are experiencing less suicidal ideations and suicide attempts. The suicide rate for at-risk veterans receiving care from the VA has improved. Conversely, the rate for at-risk veterans refusing treatment continues to climb.

Veterans are the most at-risk demographic group for increased physical and mental health issues, specifically the many that reside in rural communities where medical treatment facilities are not readily available.¹⁶ Mental health issues are a strong predictor of suicide within the veteran population. For instance, from 2002 to 2009 more than a million veterans departed the military upon their return from tour of duties in Iraq and Afghanistan. 48% of the veterans who departed the military sought VA services for mental health problems.¹⁷ After being evaluated, over 46% of the veterans were determined to be diagnosed with some form of mental health problem and approximately 14% of veterans are dying [or died] by suicide.

There are many risk factors that increase the likelihood that someone will attempt suicide, conversely there are also protective factors that decrease that likelihood.¹⁸ Risk factors exist at varying levels, and include individual, family, community, and societal factors. Protective factors also exist at the same varying levels. The aim is to gain better comprehension about the risk factors that may contribute to the rise in suicides amongst veterans and service members. This will serve as a catalyst for providing insight on how the Army could improve its mental health services and self-reporting processes to mitigate the rise in suicides. Hence, the first section of this thesis will encompass the literature review, which addresses the subsequent themes of interest. The second section focuses on factors that could potentially contribute to the rise in suicides amongst veterans, service-members, and their lack of mental health support. The third section of the thesis evaluates how repeated deployments combined with other variables such as PTSD, and depression contribute to the constant rise in veterans and service members suicides. The fourth section analyzes how failed marital/intimate partner relationships influence the rise in suicides among veterans, and service members of the military communities. The thesis will conclude with recommendations on how the Army could enhance the systems it

already employs and propose areas of further research.

Literature Review

The literature review is structured to address several areas concerning the rise in suicides throughout the entire military domain, with special interest given to all the Army components (active duty, national guard, and reserves). Failed marital/intimate partner relationships, the lack of mental health support to veterans, and repeated deployments combined with PTSD, depression, etc. have adversely influenced veterans and active service members' decisions towards committing suicide.

Since 2008, the Department of the Defense (DOD) has released annually the Department of Defense Suicide Event Report (DODSER). The DODSER assists the DOD with standardizing suicide surveillance efforts across all armed services domains (Army, Navy, Air Force and Marines).¹⁹ For this thesis, I will focus our attention on the US Army and its reserve components (Army National Guard and Army Reserve). Army leaders use the DODSER to help identify and address suicidal ideations and suicide attempts. The Department of Defense (DOD) collects data on suicides and suicide attempts across the US and redistribute the information throughout the force in a DODSER.²⁰

In 2019 the Department of Defense developed the Annual Suicide Report (DODASR) to compliment the DODSER. The DODASR was developed to provide a timelier release of official annual DOD suicide rates to the public. The ASR focuses primarily on recent surveillance trends that examines DOD policy or programmatic initiatives.²¹ In contrast, the DODSER provides critical interpretations of military suicide data and is the department's official source for detailed risk and contextual factors associated with suicide and suicide-related behavior.

In the Army, service members refusal to seek mental help because of the negative stigma

associated with it contributes to the constant rise in suicides.²² According to the DODASR there was a combined 305 service members who died by suicide. The report indicates a continuous increase in suicides among Active and Reserve service members. There was also a significant jump in suicides per 100,000 among the active service members during this period. Nonetheless, the rates for the National Guard remain rather consistent amid this era. The DODASR showed that service members who died by suicide were 30 years of age or less. The data further determined that the decedents were usually junior enlisted (E1 – E4), and white males comprising 80.1% of the demographic.²³ Table 1 below, depicts the data captured by DODASR illustrating the annual suicide counts and unadjusted rates (per 100,000) for the Army Components.

Table 1. Annual Suicide Counts and Rates per 100,000 Service members by Army Components, CY.

Army Component/ Service	CY 2018	
	Count	Rate
Army	139	29.5
Reserves	48	25.3
National Guard	118	35.3

The table only highlights the ongoing issues across the Army. The table also reveals the Army's inability to combat this gap, despite all the money and resources the service has exhausted trying to mitigate the problem.

Amid CY 2018, approximately 305 personnel across all army components lost their life to suicide. Most of the personnel were Caucasian males and under the age of 30. Both tables provide a breakout of the suicides by army component and by demographics to provide a better comprehension of where the Army is sustaining most of its losses to force readiness. Based on reporting, this is a driving force behind unit morale decline in the Army.

Lack of Mental Health Support for Veterans

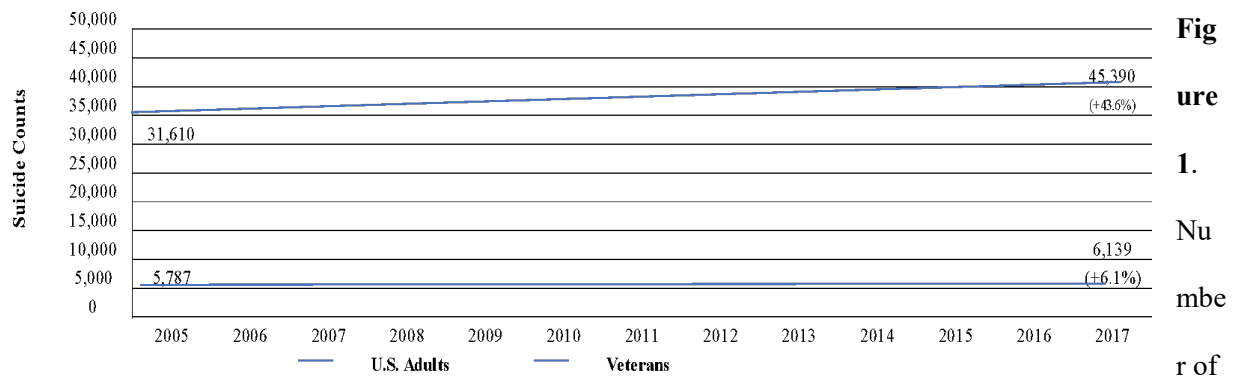
There are many factors that are causing veterans to commit suicide. Veterans who attempt suicide are coping with multiple physical and mental factors that heightens their desires to pursue death and never seek counseling or any other aid because of the stigma associated with mental health. The mental health stigma is a dynamic process that impacts how veterans perceives themselves when coping with mental health disorders.²⁴ Without the appropriate mental health support mental health issues can have wide-ranging and negative implications on the quality of life of affected veterans.²⁵ One of the primary reasons is the lack of mental health support. For instance, many veterans are no longer connected to the military medical infrastructure that once provided them with a sense of direction in their lives. Without the mental health support readily available, many veterans feel ostracized, which places them at greater risk of suicide. Other reasons why veterans feel compel to commit suicide, is because they are forced to cope with similar mental health issues such as PTSD, depression, etc., as active service members but have access to fewer resources.²⁶

Veterans often have fewer mental health resources or lack the knowledge of how to access them when transition back into the civilian population. Veterans who relocate to rural areas face substantial difficulty accessing these services. According to a Suicide Data Report, veterans with mental health issues do a lot worse coping with their illness once departing the military because of the lack of medical treatment facilities readily available near their residences.²⁷ Without the appropriate mental health services, veterans are at increased risk for death by suicide. The report indicates also that the lack of access to support also skews the data about the rates of suicide among veterans.²⁸ However, the absence of a suicide note and the nature of the suicide makes it difficult in determining if the death were a suicide. Without

accurate reporting, the conservative estimate that twenty-two veterans take their own lives each day, could be drastically under reported. For the VA to adequately address this crisis, it must address the lack of access to support services faced by some veterans.

Given the negative perceptions surrounding mental health without the appropriate persuasion, veterans will continue to avert seeking care. Nevertheless, the issue is larger than just the stigma of a diagnosis. Veterans are concerned with keeping their identity as veterans and not wanting to be medicated.²⁹ Many veterans like to continue being identified as a service-member long after being discharged. Unfortunately, this means veterans metaphorically believe that a negative stigma, such as mental health issues, may be perceived as a sign of weakness. Altering the negative stigma associated with mental health must be imminent, making mental health issues socially acceptable by the mainstream American culture to include the leaders and individuals. Veterans can start the healing process once they acknowledge that a problem exists and ask for help.

As more and more veterans commit to receiving mental health services, the greater the likelihood services will become available. More importantly, this could lead to a decline in deaths in veteran communities. For example, Figure #1, below is a snapshot of the rise in suicides among veterans and non-veterans from 2005 to 2017. As can be garnered from the graph, suicide during this period grew approximately 6.1% among veterans. This was significant because the increase reveals that the VA's method of mitigating and or preventing the rise in veteran suicides is ineffective. Notably, post 2017, the suicide rates among veterans were continuing to grow due to consistent increases in economic disparities, the media, policies pertaining to lethal means, and health care access.³⁰



Suicides, U.S. Adult and Veteran Populations

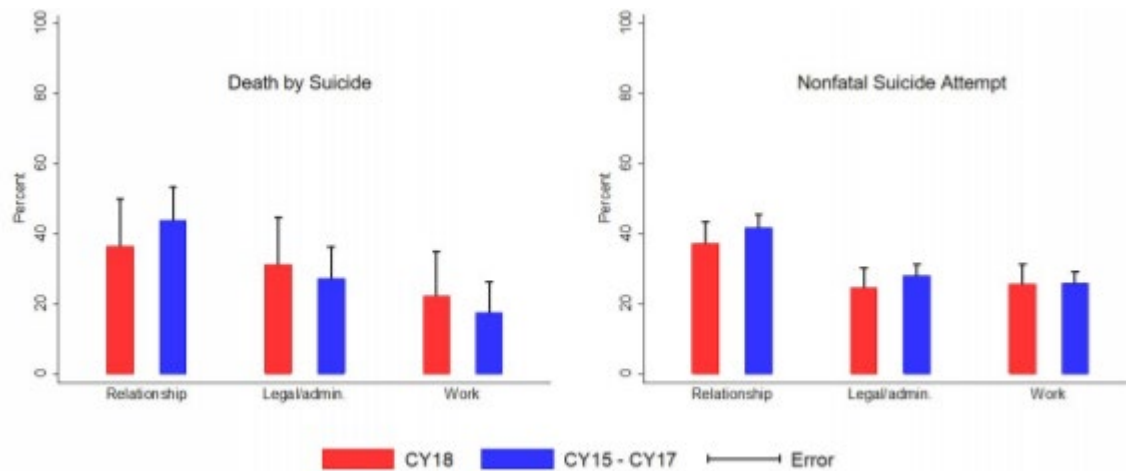
Examine the impact of deployments to determine if there is a correlation between repeated deployments and the rise in suicides

Many experts argue that repeated deployments are the sole factor for the rise in suicides across all army components. Unfortunately, evidence does not support this assumption. On the contrary, there is literature that supports the fact that when additional mental health issues such as PTSD and depression are combined with repeated deployments soldiers are not more prone to committing suicide. Studies have shown that more service-members have died from suicide, than were killed by ISIS, the Taliban, and Al-Qaeda combined.³¹

According the DODSER, 2018 a common factor leading to the rise in suicides was not repeated deployments, but stressors such as relationships, legal / administrative, and work. For instance,

these stressors account for 37.7 percent, 30.4 percent, and 21.4 percent respectively, as contributing factors as to why service members suicide rates continue to rise amid this period. The graph #2 below, shows a good illustration of the common stressors and their influences by percentage. Note, also that the chart is categorized by suicides and suicide- attempt.

Figure 2 suicide or suicide-attempt DODSER between CY 18 and the CY 15-CY17 average



Of
note,

most suicides were performed by individuals who had never deployed to a combat zone (N=156 out of 268; **58.2%**). This debunks the assumption that deployment history was the strongest predictor for suicides within the military.³²

Nevertheless, the additional time away from family often has a negative influence on family relationships. Most service members find adjusting to their new normal exceedingly difficult. According to experts, returning service members find it perplexing to cope with the family being able to press onward without them. For example, in instances where the service member was the planner in the family and now, they see things being planned and executed without their involvement they tend to find this difficult to process. The literature reveals that as time passes the rift thickens between the service member and the family, as service members feel a sense of loneliness and neglect by his or her support system. Service members often translate

the messages or signals from family very differently and deal with an immense amount of emotion and pain. At this point, service members feel useless and believes that they are no longer needed by the family and their way of coping with this feeling of emptiness is to commit suicide.³³

Soldiers deploying for the first time are exposed to the same strains of a military lifestyle as those who have carried out repeated deployments.³⁴ For these soldiers, the pain associated with becoming distant or disconnected from family in many cases were worse than those experienced by soldiers who had repeated deployments. Some experts also argue that prolonged and repeated deployments, exposure to traumatic events, along with the feeling of uncertainty can create a significant strain on the family, leading soldiers to commit suicide.³⁵

Analyze how failed marital/intimate relationships contributes to the rise in suicides among communities of military families

Most of the soldiers who commit suicide do so because of a failed marital / intimate partner relationship. They do so even after having received medical, behavioral health, substance abuse, family, or chaplaincy services several months prior to the suicide. Table 2 provides a comprehensive visual by the numbers and percentages of the individuals whose death was caused by a failed intimate relationship or non-intimate relationship such as parents, friends, etc. Also, it is worth mentioning that 57.9% of data reported on suicides were inconclusive, meaning there is no guarantee the cause of death of a victim was correlated to the loss of a relationship. That said, this means there is the potential for the DODSER to be much higher due to inconclusive data reporting.

Table 2
Contextual factors, Army-component suicide DoDSER forms, (CY18)

Failed or failing relationship, last 90 days		<u>Precent</u>
Yes		
Intimate relationship	yes	36.9%
Other relationship	no	37.4 %
	Unknow	57.9%

The common reoccurring stressor in most suicide attempts, is the emotional pain soldiers feel from a failed relationship. Failed relationships could encompass any type of relationship such as: a spouse, parent, significant other, boyfriend, and girlfriend. According to Lundquist and Zhun, 4.2 million or (65%) American military members are married.³⁶ Many marriages often coincide with other life-altering experiences and are used as an attempt by soldiers to anchor an identity before the change. For instance, soldiers in the military often get married early in life, generally just before or after deployment.³⁷ In addition, marriage in the military is higher than the general population in part because of financial benefits, especially in lower ranking enlisted.³⁸ For instance, enlisting in the military is one of the few higher-paying and stable career paths available to soldiers without a college education. For example, low-ranking enlisted personnel living in military barracks may get married to acquire private living quarters, along with subsidized rent. Moreover, soldiers feel their lives are more manageable when they are married.³⁹ They feel they are better able to handle the demands of repeated deployments and constant relocating. This false sense of security lulls soldiers into believing they have everything under control, so when the relationship fails, they commit suicide.⁴⁰ Other experts argue that increasing divorce rate among military couples are related to issues like getting married too early. In another twist, experts also argue that dual-military couples are at a higher risk of divorce because of their competing job demands and the added stress placed upon the family.⁴¹

Although marital relationships are strongly associated to soldiers' suicides, non-intimate relationships play a role as well. For instance, the loss of a loved ones such as mother, father, and friend etc. are important aspects to soldier's psychological well-being and constitute their social support group representing their protective factors. The absence or loss of any of these relationships may adversely impact service members behavior, causing them to commit suicide.⁴²

Recommendations for Mitigating the Rise of Suicide in the Army

To mitigate the continued rise in suicides, this paper recommends holistically addressing the main drivers, causes, and correlated things for suicide as described above. To start, DOD and the Army need to invest more resources that promote individual soldier and / or veteran healthy relationships and resilience development. Crisis healthcare outreach teams need to be dispatched into rural communities to provide healthcare support. Also, crisis healthcare outreach teams should be used to facilitate trust building to ensure deaths caused by a failed intimate relationship or non-intimate relationship is mitigated. This can be executed by allocating more funding towards strengthen DoD programs that promote resilience and prevent suicide. This would include developing and implementing a cost benefit analysis process that is stringent and meticulous to oversee all the programs investment / expenditures for quality, and efficiency of service. Suicide prevention training and education programs for military personnel should be assessed on a quarterly basis for efficacy and efficiency to mitigate the rise of suicides and reduce suicides impact on the organization.

Focusing on individual soldier and / or veteran healthy relationships and resilience skill building is crucial. Building off already existing platforms, such as Strong Bonds and Master Resilience Training, DOD and the Army should collaborate with the commercial industry and start a suicide prevention campaign featuring celebrities and Army suicide survivors to spread suicide awareness across the Army. More funding should be allocated to strengthen

interoperability between the Army and the Department of Veteran Affairs to improve mental health support for veterans.

Furthermore, to address access to care disparities and help-seeking stigmas for veterans, VA mental healthcare providers should be directed to reach out to their patients on a regular basis, particularly when they are away from the military environment. This policy would directly address the findings listed above regarding veteran isolation described by veterans in rural communities. Furthermore, the VA should make use of incentive campaigns that will motivate veterans to seek help. The VA needs to place more emphasis on utilizing various digital and multi-media platforms to alter the negative stigma associated with mental health, and publicize material depicting mental health as being more socially acceptable in today's mainstream society. The documentation process needs to be user friendly along with making several social media platforms available for veterans and service members in need of mental health care. Provide enhanced suicide prevention training that promotes suicide prevention, as well as protective factors that try and safeguard against suicides. For example, VA could team up with Face Book, Twitter, etc. to heighten its social media presence to dispel the negative stigma surrounding mental health issues and disseminate positive messaging that promotes mental health disorders. In addition, the VA could hire more Suicide Prevention Coordinators to help with making health care facilities readily available to accommodate veterans. There needs to be continuous family life and marital training that teaches coping skills before, during, and post military service. The training should be interactive and resembles real life interactions as closely as possible. Like with veterans and service members, family members should always have facilities accessible and user friendly. To promote a strong marital / intimate partner relationship it was recommended that more financial resources be allocated towards building or

improving existing marital family programs.

Conclusion

The thesis will conclude with recommendations for how the Army can enhance the systems already employed and propose areas of further research. The constant rise in suicides in the U.S. Army is a detriment to force readiness. The military have spent significant sums of money on developing many solutions to mitigate the issue. Yet the problem lingers, and suicides continues across all Army domains disrupting and undermining the normalcy of force readiness.

The VA has also spent an enormous amount on solutions to curb the rise in suicides. Yet the problem persists. Despite these considerations, veterans are still finding it challenging to obtain the basic routine health care from reliable medical treatment facilities. This is especially true of veterans residing in rural communities. As a result, the lack of mental health support has only exacerbated to problem.

Repeated deployments combined with other mental health issues such as, PTSD, depression, and mental health issues lead to suicide. Repeated deployments also place significant stress on marital/intimate partner relationship having an adverse impact on the family that lead to suicide. Notably, failed relationships are the primary factor in soldier suicide. The rise in suicides have adversely impacted force readiness over the past 18 years. Soldiers repeated deployments to Afghanistan and Iraq, combined with internal/external societal factors have precipitated the problem. The Army must dedicate more time and resources toward suicide prevention research, and current suicide prevention processes and programs to remain an elite fighting force.

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