

ANNEX D



ASSESSMENT OF SOLDIER SUICIDE PREVENTION PROGRAM
AND
REPORT ON COMPLETED SUICIDES
IN
OPERATION IRAQI FREEDOM (OIF-II)
MENTAL HEALTH ADVISORY TEAM (MHAT-II)

30 January 2005

Chartered by:
The U.S. Army Surgeon General

This is an annex to the Operation Iraqi Freedom (OIF-II) Mental Health Advisory Team (MHAT-II) Report addressing suicide prevention activities and suicides among soldiers deployed to OIF, including Kuwait and Iraq.

The views expressed in this report are those of the authors and do not necessarily represent the official policy or position of the Department of Defense (DoD), the U.S. Army, or the Office of The Surgeon General (OTSG).

ANNEX D

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INTRODUCTION

As part of its charter, the Operation Iraqi Freedom (OIF-I) Mental Health Advisory Team (MHAT-I) was directed to determine whether the July 2003 suicides represented a burgeoning suicide rate among OIF soldiers. The MHAT-II's charter included an assessment of implementation of the MHAT-I recommendation for a Suicide Prevention Program in OIF II. In addition to suicide prevention activities, a comparison of suicide rates for calendar year (CY) 2003 and CY 2004 for the OIF theater was conducted and is reported in this annex.

This report provides an analysis of Army suicides occurring in Iraq and Kuwait between January and December 2003 and January 2004 and December 2004 by male and female Active and Reserve Component (RC) soldiers. The OIF suicide rates for 2003 and 2004 were compared to other relevant suicide rates, and the characteristics of OIF suicides were studied to determine whether there are increased risks for suicide associated with OIF deployment. Findings and recommendations are presented first, followed by discussion, tables, summary of methods, and references.

FINDINGS

FINDING #1: The community-based Army Suicide Prevention Program (ASPP) objectives have been adapted and a unit Suicide Prevention Program is evident at all OIF major commands of the combat units in Iraq as recommended.

All major commands of the combat units surveyed in Iraq indicated that they have designated proponent(s) to manage the Suicide Prevention Program. All major commands of the combat units surveyed indicated that they had leader and soldier suicide awareness training in the past year.

FINDING #2: Surveillance of completed suicides with use of the standardized suicide event reporting has been implemented.

Army Suicide Event Reports (ASERs) for completed suicides for OIF-II have been submitted as required, according to the ASER program manager.

FINDING #3: The January-December 2003 suicide rate for soldiers deployed in OIF was 18.0 per 100,000 soldiers. The January-December 2004 suicide rate for soldiers deployed in OIF was 8.5 per 100,000 which is lower than 2003 and recent Army historical rates.

Although in July and November 2003 OIF suicides rose to 5 each month, there was no confirmed trend of rising suicides in OIF in 2003 and the rate for other months remained lower at 2 each month, which is consistent with Army historical rates. The OIF 2004 confirmed suicide rate was 8.5 per 100,000 soldiers for suicides occurring between January-December 2004. This rate is lower than the 2003 OIF rate of 18.0 per 100,000

and the average annual rate of 12 per 100,000 for the 9-year period 1995-2003 (range 9.1 - 14.8).

RECOMMENDATIONS

- 1. Continue existing (community-based) objectives of the ASPP for OIF soldiers and units during pre-deployment, deployment, and re-deployment.***
- 2. Continue monitoring and reporting of completed suicides and serious suicide attempts with the ASER.***
- 3. Develop and implement an assessment process to track suicide prevention training for all soldiers in accordance with AR 600-63 and DA PAM 600-24 during pre-deployment, deployment, and re-deployment.***

DISCUSSION

FINDING #1: The community-based ASPP objectives have been adapted and a unit Suicide Prevention Program is evident at all OIF major commands of the combat units in Iraq as recommended.

All major commands of the combat units surveyed in Iraq indicated that they have a designated proponent to manage the Suicide Prevention Program. All major commands of the combat units surveyed indicated that they had leader and soldier suicide awareness training in the past year.

Two BCT brigades of the combat units indicated they have had key unit personnel trained in providing crisis intervention (e.g. Applied Suicide Intervention Skills Training (ASIST)). Mental Health Advisory Team (OIF-II) member contacts with Unit Ministry Teams (UMTs) and commands confirm the above and indicate most UMTs have had ASIST.

There is evidence of a command climate that encourages appropriate help-seeking behavior by distressed soldiers. The Soldier Health and Well-being Survey responses indicated that 77% of soldiers surveyed reported they received suicide prevention training in the past year, and 59% of soldiers surveyed indicated they felt confident in their ability to identify Soldiers at risk for suicide. Ninety percent of UMTs surveyed reported that they provided suicide prevention training in the past year ranging from 2 to 3 times per month to several times a week to their various units.

FINDING #2: Surveillance of completed suicides with use of the standardized suicide event reporting has been implemented.

Army Suicide Event Reports for completed suicides for OIF-II have been submitted as required, according to the ASER program manager. Data have been compiled and

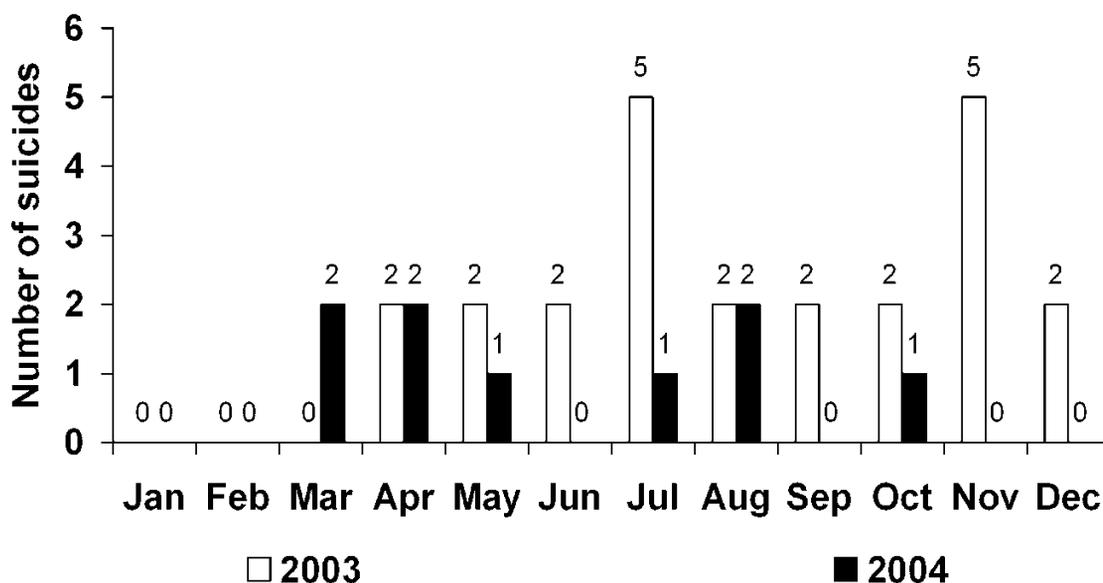
distributed on these cases. However, ASERs on nonlethal, serious suicide attempts have not been submitted consistently. This requires improved compliance to make the ASER Program a viable data source for future study.

FINDING #3: The January-December 2003 suicide rate for soldiers deployed in OIF was 18.0 per 100,000 soldiers. The January-December 2004 suicide rate for soldiers deployed in OIF was 8.5 per 100,000, which is lower than CY 2003 and recent Army historical rates.

Although in July and November 2003 OIF suicides rose to 5 each month, there was no confirmed trend of rising suicide in OIF in 2003 and the number of suicides for other months remained lower at 2 each month, which is consistent with Army historical rates. The OIF 2004 confirmed suicide rate was 8.5 per 100,000 soldiers. This rate is lower than the 2003 OIF rate of 18.0 per 100,000. The average annual rate for the 9-year period 1995-2003 was 12 per 100,000 (range 9.1 - 14.8) (Appendix 1, Tab A). The rate of 8.5 per 100,000 was based on 9 January-December 2004 Army deaths occurring within Iraq or Kuwait that the Office of the Armed Forces Medical Examiner (OAFME) classified as suicides (Appendix 1, Tab D).

Table 1 displays monthly OIF suicides for 2003 and 2004. When comparing numbers of suicides each month in 2003 and 2004, there were increases in suicides in July and November 2003. There were no spikes in the number of suicides in 2004 and no indication that any of the suicides were related to each other. There were no suicides in OIF in January, February, June, September, November, and December 2004; two suicides in March, April, and August 2004; and one suicide in May, July, and October 2004.

Table 1: Monthly OIF Suicides for 2003-2004



Firearms were the only confirmed method of suicide for OIF soldiers in 2003 and 2004 with the exception of one drug overdose case in 2003. Suicides were committed predominately by young males, a group that is typically high risk for suicide. The frequency of firearm suicide during OIF was much higher when compared to firearm suicide for the Army and U.S. populations in previous years. The deployed force is comprised of a large number of young males who are a group with high suicide risk in the U.S. population.

Table 2 compares demographic characteristics of CY 2003 and CY 2004 OIF Soldier-suicides to Army suicides in 2003. The OIF suicide cohort is comprised of young males (a group that is high risk for suicide in the U.S. population with twice the national rate of suicide in 2002 (ages 25-34)). The OIF 2003 and 2004 cohort is more junior in rank to the 2003 Army suicides with no females in 2004 and fewer minorities in 2004 than 2003.

Table 2: Summary of Demographics on OIF 2003, OIF 2004, and Army 2003 Suicides

<i>As of 12 Dec 2004</i>	2004 Army OIF Suicides	2003 Army OIF Suicides	2003 Army Suicides
Suicide by firearm/gunshot	100%	96%	71%
Male	100%	92%	94%
Age 30 or younger	89%	79%	72%
E-4 or below	78%	71%	56%
Married	11%	38%	53%
Minority (non-white)	22%	42%	22%

RECOMMENDATION #1: Continue existing (community-based) objectives of the ASPP for OIF soldiers and units during pre-deployment, deployment, and re-deployment.

Strategies of the ASPP should be applied to the OIF force through actions in the following five areas: proponentcy, awareness, training, surveillance, and help-seeking behavior. See the MHAT-I report for detailed descriptions of these five areas.

RECOMMENDATION #2: Insure monitoring of serious suicide attempts with the ASER.

Enough precedence exists to support the strategy of reducing suicide occurrence by reducing the occurrence of serious suicide attempts (leading to hospitalizations and evacuations). A critical component of this strategy is the monitoring of suicide attempts as an outcome metric for suicide prevention actions. Serious suicide attempts (that result in hospitalizations or evacuations) should be included as reportable medical

events analogous to communicable disease and other reportable events. See the MHAT-I report for rationale for use of the ASER as a means of data collection.

RECOMMENDATION #3. Develop and implement an assessment process to track suicide prevention training for all soldiers in accordance with AR 600-63 and DA PAM 600-24 during pre-deployment, deployment, and re-deployment.

Limited data were available on suicide prevention training during pre-deployment, deployment, and re-deployment.

APPENDIX 1

TABLES

TAB A: U.S. Army Suicide Rates: 1995-2004

Calendar Year	Rate per 100,000
1995	14.8
1996	12.4
1997	10.6
1998	12.0
1999	13.1
2000	12.1
2001	9.1
2002	11.1
2003	12.8
2004	9.5
Average 1995-2003	12

TAB B: OIF Suicides: 2003-2004

SUICIDE UPDATE	2003	2004
OIF Confirmed	24	9
OIF Pending	0	3
OIF Confirmed Rate	18.0	8.5 (As of EOM: Dec 2004)

TAB C: Profile of Confirmed OIF 2003 Suicides

Date of Suicide	Age	Rank	MOS	Comp	Gender	Race/Ethnicity	Married	Method
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TAB D: Profile of Confirmed OIF 2004 Suicides (as of 12 December 2004)

Date of Suicide	Age	Rank	MOS	Comp	Gender	Race/Ethnicity	Married	Method
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APPENDIX 2

METHODS AND PROCEDURES

1. Operation Iraqi Freedom suicides were defined as those Army Active or RC deaths for which the fatal self-inflicted injury occurred in Iraq or Kuwait between 1 January 2003 and 31 December 2004, and for which the OAFME determined the manner of death to be suicide.
2. Information about the soldiers from the suicide cohort was obtained from casualty reports, personnel records, CID reports, and the medical examiner records. There were no psychological autopsies or other reports from behavioral health personnel for the suicides occurring in Iraq or Kuwait.
3. Suicide rates are reported by convention as the number of suicides per 100,000 persons. Monthly suicide rates were calculated by multiplying the number of suicides each month by 100,000 and dividing by the number of soldiers in the OIF theater. The denominators used were force strength numbers at the end of each month, January 2003 through December 2004, for male and female active and RC soldiers assigned to Kuwait and Iraq.

APPENDIX 3

REFERENCES

1. Mental Health Advisory Team (MHAT-I) Report from Operation Iraqi Freedom, chartered by The U.S. Army Surgeon General and HQDA G-1, December 16, 2003, available on www.armymedicine.army.mil
2. Crow, BC. Ft. Lewis Suicide Prevention 1998-2003, the Quest for Best Practices. 6th Annual Force Health Protection Conference, Albuquerque, New Mexico, 14 August 2003, sponsored by the U.S. Army Center for Health Promotion and Preventive Medicine, Edgewood, MD.
3. Other Military References:
 - DA PAM 600-24, Suicide Prevention and Psychological Autopsy
 - AR 600-63, Army Health Promotion
 - Army Suicide Prevention: A Guide for Installations and Units (Draft)
 - AR 600-5, Health Promotion
 - AR 190-40, Serious Incident Reporting
 - DoD Suicide Prevention and Risk Reduction Committee Charter