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U.S. ARMY EUROPE EXPERTS WORKING TO IMPROVE SUICIDE PREVENTION PROCESS

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HEIDELBERG, Germany -- With just under 100 suicides in 2006, the Army's suicide rate is at its highest in 26 years. The Army hopes to bring those numbers down by stressing that suicidal thoughts are not a sign of weakness.

"It doesn't mean that you're unable to manage; it simply means there are probably changes that have occurred as a result of chronic stress," said Gary Southwell, chief of outpatient behavioral health at Landstuhl Regional Medical Center and the Europe Regional Medical Command psychology consultant to the Army surgeon general.

When the numbers were published in the Army Suicide Event Report in August, they were not unleashed on an Army that was unprepared to deal with the issue. The U.S. Army participates in National Suicide Prevention Week each year, and in March kicked off a new Army Standard Suicide Awareness Program that will include mandatory suicide prevention training for Soldiers.

The new program emphasizes practical protective steps for suicide prevention instead of the mere recognition of warning signs, said Chaplain (Col.) Don Rutherford, U.S. Army Europe command chaplain, whose office is the proponent for suicide prevention in USAREUR. The program also stresses that leaders should not discriminate against Soldiers who receive mental health counseling.

"No one is perfect," said Lt. Col. Robert F. Whittle Jr., rear detachment commander for the 2nd Brigade, 1st Infantry Division. "I don't think anyone in the world would suffer from seeing a mental health counselor."

Whittle said he has seen the stigma against seeking mental health diminish in his time in the Army, and he attributes that decline to having a force that is more keen on understanding the toll constant deployment and war can take on Soldiers.

“There are so many outstanding leaders who come back (from this war), and say ‘I want to see a counselor,’ and they say it with their heads held high,” he said.

One way experts are working to remove the stigma of seeking help is by treating suicidal thoughts as a medical condition.

“It doesn’t imply that the person is weak or crazy ... It’s simply a physiological change that can be treated. It can happen to anybody,” said Southwell.

He explained that people who are under chronic excessive pressure begin to produce high levels of cortisol from the adrenal gland, and there is a correlation between levels of cortisol and suicidal thinking and behavior.

“Their brain begins to physiologically change,” Southwell said, and that can lead to suicidal thoughts in people who have never received psychiatric treatment or ever considered themselves to be depressive.

The most common stress among Soldiers experiencing suicidal thoughts is interpersonal stress, which stems from relationship problems and problems with family members, Southwell said. A typical example is a deployed Soldier who has to face the stress of not having control over family affairs at that same time he is experiencing the stress of a high operational tempo, Southwell added.

It doesn’t help that the demographic most likely to face intense combat stress is also the population group most susceptible to suicide and suicidal thoughts: males between the ages of 18 and 25, Rutherford said.

The most common symptoms of suicidal behavior include anxiety; chronic worry; ruminating thoughts; a sudden change in personality, and a sudden desire to get affairs in order, Rutherford said. He added that staying generally healthy and making wise personal, social and financial choices are key in preventing depression and avoiding the overwhelming and hopeless feelings of stress that result in suicidal thoughts.

Southwell emphasized that anyone experiencing suicidal thoughts should get help immediately.

“These thoughts are a cue that they really have gotten to a point where they may need to get some help,” Southwell said

If you recognize or suspect that a peer is thinking of killing himself, don’t keep it to yourself, Rutherford said.

“If you keep it a secret, trying to help someone’s career out, you’re keeping a very deadly secret,” he said.

He added that it is also important to be straightforward with the suicidal person and ask, “Are you thinking about killing yourself?” Rutherford explained that this approach is generally effective, because most Soldiers experiencing suicidal thoughts are “sitting on the fence between life and death,” and may simply be waiting to see if anyone cares enough to ask.

As Whittle put it, “The only way to ensure that someone isn’t judged on a decision they made in the last 30 seconds of their life is by keeping them from making the wrong decision.”

The web site for the Army's Center for Health Promotion and Preventive Medicine offers a wide variety of suicide prevention training and education resources. For information, go to chppm-www.apgea.army.mil, click on "S" in the index, and follow the suicide prevention link.



www.hqusareur.army.mil