SMALL WARS JOURNAL

Knowing and Caring: Leadership and the Prevention of Military Suicides

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Journal Article | *Feb 16 2012 - 9:25am*

Editor's Note: *The scourge of mental health issues and suicides is one that has grown far worse during our decade of small wars. While many of our readers will be unsurprised that good leadership is key in preventing these tragedies, LTC Dixon provides a much needed look at the problem and some possible solutions. Toxic leadership is as prevalent as it is unacceptable. Officers and staff non-commissioned officers must stand up to this affront in defense of their subordinates. Senior institutional leaders must do a far better job in weeding it out. Toxic leaders are destroying our military.*

Abstract

Despite numerous briefings and mental health programs in response to the record number of suicides within the military (164 active duty deaths in 2011), the epidemic continues and out-paces the civilian rate. A different approach is needed. One way to effectively stem the tide of military suicides is for leaders to change the way they lead. There must be an emphasis on personal interaction (Transformational Leadership) between leaders and subordinates. The old saying "Nobody cares how much you know, until they know how much you care" is very relevant in dealing with someone contemplating suicide. The military suicide rate is a huge concern and each branch of service has independently tried to resolve the issue, rather than a concerted effort across DOD. Like any military mission, unity of effort and a common strategic vision are imperative to success. The task of suicide prevention is no different. Leaders focusing on the personnel they lead as "people" by taking the time to interact with them rather than just direct them, is the type of leadership that will stem the tide of military suicides.

Introduction

Despite numerous briefings and mental health programs in response to the **record number of suicides within the military (164 active duty deaths in 2011)**, the epidemic continues and out-paces the civilian rate. A different approach is needed. One way to effectively stem the tide of military suicides is for leaders to change the way they lead. There must be an emphasis on personal interaction between leaders and subordinates. The old saying "**Nobody cares how much you know, until they know how much you care**" is very relevant in dealing with someone contemplating suicide.

Though much has been done to try to change military culture and the acceptance of treatment for mental health issues, the stigma still exists. Many service members are reluctant to seek assistance for combat stress/post traumatic stress disorder (PTSD) symptoms. This compounds the problem. In a **twenty-year longitudinal study of combat veterans**, PTSD was found to be a predictor of depression, anxiety and other comorbid behaviors, but the reverse was not true.

The relationship between suicide and PTSD has been extensively studied, but with mixed results. **Agreement exists for a correlation between combat trauma and suicide, but there is a debate whether PTSD is the cause or another co morbid psychiatric condition**. Of course, this does not take into account the many suicides of military personnel that were not combat veterans, and begs the question of what the common variable is in each of these tragic deaths. According to the **Army Times**, "the majority of service members who commit suicide have never been deployed or seen combat." The article went on to list the percentages by service of those that had committed suicide and had no deployment history: Air Force 68%, Marines 20%, 70% (one or zero deployments) Army, no correlation for the Navy. One possible explanation for this is the presence of the Y Generation, also known as the Millennium Generation (under 30 year olds) within the military. Generation Y members are described as having had pampered upbringings and are **according to Associate Managerial Science Professor Jordan Kaplan**: "much less likely to respond to the traditional command-and-control type of management still popular in much of today's workforce." They have high expectations of themselves and others, and were "…brought up in the most child-centered generation ever. They've been programmed and nurtured." This need for constant feedback and the desire to offer input versus the directive leadership nature of the military appears to be in direct conflict with Generation Y's expectations and possibly their coping skills.

Though natural for us to categorize things in an attempt to analyze them and seek a solution, it is important to note each suicide represents the death of an individual and each of those people had their own unique set of circumstances in which they chose to end their lives. If there is a commonality where change could have happened, it is that each of them had a supervisor. On the subject of military suicide, former **Chairman of the Joint Chiefs of Staff Admiral Mike Mullen states** that "The most important ingredient is leadership: aggressive, focused, listening leadership. Because…in the toughest situations, when nothing else seems to work, leadership breaks through."

The prevention of suicide among the military ranks is a task that must begin at the lowest level, and begin as early as possible in an individual's military career. The initial leader most frequently encountered in the military is the recruiter. In response to their increased suicide rate, the Army Reserve recognizes the recruiters' role in making sure individuals are joining the service for the right reasons. Chief of the Army Reserve, **Lieutenant General Jack Stultz, relates**, "So, I think the challenge for us, in our suicide prevention, and what I have been telling my commanders is, if we are really going to have an impact on reducing the rate of suicide in the Army Reserve, we have to get inside the soldier's head in his civilian life-not in his military life."

Though the Army Reserve's approach is unique to its given circumstances, the recognition of leadership interaction with personnel is not. It is what good leaders do. This is not to say the military suicide problem is the result of poor leadership. There has been no single factor identified as the problem. As **Admiral Mullen remarked**, "…When nothing else seems to work, leadership breaks through." The combination of knowing and caring leadership makes all the difference between someone getting help or committing suicide.

Suicide Rates Among the Services

The Army

The **suicide number in 2008** was a twenty-eight year high and represented a fourth year of increasing consecutive records starting from 67 in 2004. Unfortunately, this trend continued with **140 deaths in 2008**, and **162 in 2009**. **For 2010, there was a slight decrease in active duty suicides, (159 versus 162) but the rate for National Guard/reservists has more than doubled (101 versus 48)**. The year **2011 accounted for an all time high** of 164 active-duty, Army, National Guard, and Reserve troop suicides.

When the active-duty and Guard/reserve suicides are combined for 2011, **there is a 9% decrease** (278 compared to 304); meaning non-mobilized soldier suicides are on the decline. Recently retired Vice Chief of Staff of the Army General **Peter Chiarelli, states** "I think we've at least arrested this problem and hopefully will start to push it down."

The 2011 active and reserve/Guard suicide numbers highlight some key issues the Army is facing. The first is leadership involvement in the active Army may be having positive results, despite the record suicides. **General Chiarelli states** "We recognize we must be even more aggressive" and echoed what other Army leaders stated, that section leaders need to be checking on their troops more frequently. Subsequently, the **soldier hospitalization rate** for suicidal behavior is on the rise. The second is by the nature of their service, reserve and National Guard soldiers are at a distinct disadvantage in seeking comparable mental health services. Guardsmen typically train once a month at local armories, which lack the resources of an active duty post. One of the **findings of the Suicide Prevention Task Force** indicated, "Service Members in the Reserve Components face additional challenges when they lose easy access to myriad installation-based support and healthcare services because the Service Members are generally not physically collocated with military installations." Some Army officials speculated that a contributing factor to the rising reserve/Guard suicide rate, **might be difficulty finding employment** after returning from deployment. The **Washington State National Guard experienced seven suicides in 2009 when their unemployment rate was nearly 33%, but zero in 2010 when unemployment was 11%**. **Guard leadership made a concerted effort** to find jobs for those not on active duty orders, in additional to publicizing Veterans Affairs hotline numbers and discussing suicide prevention at monthly training. The 2011 9% decrease in non-mobilized Guard/reserve deaths suggests leadership involvement extending beyond Washington State's borders.

Though the Guard and reserve have had some positive results, and the active-duty are getting more help, there is a great deal more work to be done. Far too many soldiers are taking their own lives. Leadership must take a more caring approach to handling the suicide problem.

The Navy

The Navy has had a spike in suicides for 2011, with **February 2011 as the worst month** on record for suicides within the Navy. The year **2009 was a record high** 46 deaths with a rate of 13.3 per 100,000 sailors and the 2010 total saw an overall reduction with 38 deaths, but that is an unofficial estimate and subject to change. The **final number of suicides in 2011** eclipsed the 2009 record with 51 active-duty deaths. According to the Navy Times, "A survey of military suicides in 2008 shows that **roughly one of every 35 sailors** attempted suicide, approximately 2.8 percent of the service." This **rate has tripled** since the previous survey in 2005.

Like the other services, the Navy has struggled to define the cause of the suicides. They have **instituted a number of programs** to include the Navy Operational Stress Control (OSC) Program, the Navy Reserve Psychological Health Outreach Program, Warrior Transition Program, Returning Warrior Workshop, Navy Safe Harbor, and Medical Home Port Program. Though the 2010 Navy suicide rate has declined from the record high 2009, the 2011 new record high indicates that there is still a serious problem that needs to be addressed in a different manner.

The Air Force

For 2012, the Air Force directed bases to stand down for resiliency training after **15 suicides (up 5 from the same period in 2011) in the month of January**. In 2010, **100 Airmen committed suicide**, representing a 39% increase from 2009. Despite the common perception that they are deployment related, **most of the Airmen had never deployed or only had one deployment**. The **Air Force "Wingman" approach**

to suicide prevention has been in existence for over a decade and was the result of increasing suicide rates in the late 1990's when 20 airmen per 100,000 were committing suicide. The **2011 suicide total for airmen was 56** (29 active-duty, 27 reserve), a dramatic decrease from 2010. **At least two more airmen are suspected of having committed suicide in January**.

The Air Force Suicide Prevention Program (**http://afspp.afms.mil**) is an outgrowth of the "Wingman" Program and is a one-stop resource for leaders as well as anyone else with an interest in suicide prevention. The **Frontline Supervision Training (FST) reference material** offered on the website uses the phrase "Good leadership is good prevention," and speaks to the personal interaction required of leaders with their subordinates, in order to detect personnel in distress. This is the type of leadership behavior required to prevent suicide. In existence since 2008, the full measure of the program does not appear to have had the impact it should, given the current spike of suicides within the Air Force.

The Marines

In 2009, the Marines had **52 suicides for a rate of 24 per 100,000 Marines**, their highest rate since the beginning of Operations Enduring Freedom and Iraqi Freedom. Marine suicides totaled **37 for 2010, the lowest rate since 2007** (33 suicides). Suicides **decreased in 2011** to the 2007 level of 33. However, suicide attempts are on the rise (175 for 2011). It is unclear if this equates with hospitalizations for suicidal behavior, which could imply intervention on the part of fellow Marines. The "Never Leave a Marine Behind" Program has been aggressively implemented and is built upon the **following philosophy**:

> Individual Marines are the bedrock upon which our corps is built. The loss of any Marine through suicide is a tragedy for the Marine's family and unit, and can never be accepted. Marine Corps leadership is taking proactive action, focusing on the important role of all Marines in addressing this issue. Prevention through education and training that targets the individual Marine will help us reduce suicides, improve resiliency, and remain America's expeditionary force in readiness.

Previously, suicide training was focused upon noncommissioned officers, but now the emphasis is on junior enlisted. **According to suicide prevention trainer, Sergeant Jordan Jones**, "The big problem is in the junior ranks statistically. They come into the Marine Corps at a young age and are less equipped to handle the stress factor than more experienced Marines." The program appears to be working for the Marines. Leadership has combined the right level of intervention and training and they have a 30% reduction in suicides between 2009 and 2011 to show for it.

Leadership and Mental Health

In the **Mental Health Assessment Team IV Report** from 2006, a disturbing relationship was discovered between Soldier/Marine rates of mental health problems, and the perception of their leaders. Depending upon the intensity of combat experienced, Soldiers and Marines having an unfavorable opinion of their leaders screened positive for mental health problems at two to three times the rate of those having a favorable opinion of their leaders. **The "Toxic Leader"** has a lack of concern for subordinates, interpersonal skills negatively affecting the command climate, and a primary motivation of self-interest. Toxic leadership has long existed in our military and according to Colonel Denise Williams's 2005 **Army War College research paper**, "the paradoxical nature of military leadership" tends to reinforce some of the toxic leadership traits from a results oriented environment. A **recent Army survey** of over 22,630 soldiers from the ranks of E-5 through O-6 and Army civilians (pay grade unknown), found that "roughly" one in five believed the person they worked for was "toxic and unethical". Such leadership may

not only contribute to PTSD, but it can create an environment not conducive to seeking mental health treatment. Recent news stories of hazing in the Army and Marines and a court martial for attempted suicide underscore the importance of positive leadership driven environments. The **best approach to preventing suicide is proactively treating PTSD/depression and other psychiatric conditions**.

Is there a leadership theory that could create the environment needed to prevent suicides? Yes, there is, and it's not some new untested leadership theory, but one introduced by James MacGregor Burns in 1978: **Transformational Leadership**. Burns defined it as:

"Essentially the leader's task is consciousness-raising on a wide plane. …The leader's fundamental act is to induce people to be aware or conscious of what they feel--to feel their true needs so strongly, to define their values so meaningfully, that they can be moved to purposeful action."

Much of military leadership is directive in nature and understandably so given austere operating environments and the challenges of armed conflict. However, simply directing others to get help if they need it, or mandating a "death by Powerpoint" presentation on suicide is not going to have the desired affect on suicide rates. **Colonel Mark Homrig's 2001 Transformational Leadership research paper** noted that Transformational Leadership is geared toward problem solving, "such as the planning process where consensus is the leader's goal." When you consider the **attributes of Generation Y** and their desire for "…fair and direct managers who are highly engaged in their professional development," Transformational Leadership seems like a logical fit. Though Colonel Homrig did not address suicide, (it was not an issue in 2001) what greater leadership consensus requirement can there be than the prevention of suicide within our military? It would require all levels of leadership and would necessitate a training program rather than bulletized items in a slide show. Training would need to begin at the initial entry level.

The Marine Corps' approach to small unit leadership with junior leaders trained to identify potential mental health issues while in combat, best epitomizes the "caring versus knowing" transformational concept of leadership. Based upon Israeli studies from the 1980's, the **concept consists of treating individuals among their comrades**, which leads to normal functioning in civilian society. Individuals can work through their grief with their buddies and are not allowed to isolate themselves. Isolation is a common behavior among those struggling with mental health issues and frequently occurs after returning home from combat. Such isolation can tragically lead to suicide.

Conclusion

The military suicide rate is a huge concern and each branch of service has independently tried to resolve the issue, rather than a concerted effort across DOD. In a recent study at the request of Congress, the U.S. Government Accountability Office examined Defense Centers of Excellence (DCOE) for Psychological Health (PH) and Traumatic Brain Injury (TBI). The **GAO concluded**: "Some DCOE officials told GAO that DCOE leadership has not focused or prioritized DCOE's mission, and told GAO that the lack of clarity in DCOE's mission hampered DCOE's ability to move forward." Like any military mission, unity of effort and a common strategic vision are imperative to success. The task of suicide prevention is no different.

A **2005 Rand Study** stated: "Leadership has a significant impact on the extent and severity of combat stress reactions within a unit." Chairman of the Joint Chiefs of Staff **General Martin Dempsey has already acknowledged** the importance of eliminating poor leadership and "the recent failures of key leaders would be neither ignored nor accepted." The removal of toxic leaders will have a positive impact on soldier mental health in both combat and garrison environments, but to prevent the development of future toxic leaders, transformational leadership training needs to be embraced and taught within all levels

of our military. It is not a replacement or alternative to directive leadership, but rather another tool in the leader's tool box to use when appropriate.

Leaders focusing on the personnel they lead as "people" by taking the time to interact with them rather than just direct them, is the type of leadership that will stem the tide of military suicides. **General Dempsey was recently quoted in a 12 April 2011 Pentagon briefing** as saying, "I want to know who you are. Expect that I'll want to learn something about you before we get down to business." That is the difference between showing how much you care versus how much you know.

Author's Note: This is an updated version (2012 citations) of an unpublished Joint Research Paper (JRP) written for the Joint Forces Staff College. The original version received the Commandant's Writing Award for Advanced Joint Professional Military Education Class 12-01 in October 2011.

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