RECORD VERSION

STATEMENT BY

LIEUTENANT GENERAL HOWARD B. BROMBERG
DEPUTY CHIEF OF STAFF, G-1
UNITED STATES ARMY

BEFORE THE HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON MILITARY PERSONNEL

FIRST SESSION, 113TH CONGRESS

ON MILITARY SUICIDE PREVENTION

MARCH 6, 2013

NOT FOR PUBLICATION UNTIL RELEASED BY THE

COMMITTEE ON ARMED SERVICES

STATEMENT BY
LTG HOWARD B. BROMBERG
DEPUTY CHIEF OF STAFF, G1
UNITED STATES ARMY

Introduction

Chairman Wilson, Ranking Member Davis, and Distinguished Members of this Committee – Thank you for the opportunity to appear before you on behalf of America's Army**.**

The United States Army remains engaged in the longest period of combat operations in our Nation's history. Our Soldiers, Army Civilians and Families remain the strength of our Nation and have demonstrated unprecedented strength, performance and resilience over the past 12 years. While physical injuries may be easier to see, "invisible wounds" such as depression, anxiety and post traumatic stress take a significant toll on our service members. Army leaders at all levels are committed to eliminating the negative stigma associated with seeking help; building physical, emotional and psychological resilience in our Soldiers, Army Civilians and Families; and ensuring that anyone who may be struggling gets the help he or she needs.

Strategic Overview

The Army had 324 potential suicides during 2012 – the highest annual total on record. Of those, 183 deaths occurred within the Active Component and Reserve Component on Active Duty. This total exceeds the previous high of 148 in 2009. The Reserve Component (ARNG/USAR) not on Active Duty total of 141 is the second highest on record, exceeded only by the 2010 total of 166. While most Army suicides continue to be among junior enlisted Soldiers, the number of suicides by Non-Commissioned Officers has increased over each of the last three years. Of note, during this same three-year period, 2010-2012, we have seen a decrease among Asian/Pacific Islanders and Native Americans. By far, most Army suicides were in the 21-30 age range, a trend that held each year from 2010 to 2012.

The observed attributes of the Army's suicide profile describe Soldiers across all components; however, it is important to remember that while Soldiers in all components share some common challenges, Army National Guard (ARNG) and United States Army Reserve (USAR) Soldiers may face unique and disparate stressors. Army Leadership recognizes that suicide prevention is even more challenging with these individuals who may not be "full-time" Soldiers. Soldiers in the ARNG and USAR may be more acutely affected by unemployment issues and other negative effects of current economic conditions than their Active Component counterparts. Financial stress borne by many ARNG and USAR Soldiers is the same as those in the civilian community

As requirements in Afghanistan and Iraq began to decrease, starting with troop withdrawal from Iraq in 2009 (completed in 2011), we have seen an aggregated increase in the number of suicides in Service Members who have not deployed. However, we have also seen an increase in suicide numbers of Soldiers who have deployed one or more times from year to year from CY 2009 through CY 2012.

Suicide is not solely a military problem – it is a rising National issue. Comparison between the National suicide rate and Army suicide rate should be done with caution. There are differences between the two populations, which make direct correlations problematic (e.g. gender ratio, age range, etc.). The demographically-adjusted 2010 U.S. national suicide rate for males between 17- 60 is 25.1 per 100,000, based on the latest crude rate published by the Centers for Disease Control (CDC). Thisl rate is slightly higher than the Army Active Duty rate for 2010 and 2011, which was 22.2 per 100,000 and 22.1 per 100,000, respectively. These very general comparisons strongly support the notion that suicidal behavior is an urgent national problem that affects all Americans across all dimensions of society, including those who have chosen to serve in an Army uniform.

With all things considered, and with what we know about the U.S. national suicide rate, the approach towards the suicide challenge should continue to be coordinated and multifaceted. The Army is confident that through our continued emphasis in the

services, programs, policies, and training that support our Army Family, we will overcome this threat to our Force.

The Army continues to institute a multi-disciplinary, holistic approach to health promotion, risk reduction, and suicide prevention. This approach is reflected in the various senior leader forums that are conducted throughout the Army: the Army Vice Chief of Staff-led Suicide Senior Review Group; the Health Promotion Risk Reduction Council; and the Community Health Promotion Councils at posts, camps, and stations.

Key elements of the Army's approach are:

- Prompt access by Soldiers to quality behavioral health care;
- Multi-points screening and documentation of mild Traumatic Brain Injuries/Post Traumatic Stress Disorders;
- Improved leader and Soldier awareness of high-risk behavior and intervention programs; and
- Increased emphasis on programs that support Total Force (Soldiers, Army Civilians and Family members) readiness and resilience.

Changing Culture

The Army had traditionally perpetuated a culture in which asking for help was seen as weakness. This culture is now changing and must continue to change.

Although the Army is overcoming most of the stigma related barriers, stigma remains a challenge within the Force. A comprehensive Stigma Reduction Campaign Plan is being developed to identify and eliminate institutional and cultural barriers and promote seeking help for invisible wounds. The campaign will highlight Army, DoD, VA and national stigma reduction initiatives and target: Education and Outreach; Policies and Procedures; and Evaluation and Measurement. At the core of this initiative will be a robust communications campaign with effective messaging to promote help seeking for a myriad of invisible wounds.

We have experienced a degree of reduction in Soldiers' negative perception toward seeking help for behavioral health issues. Results from the Sample Survey of Military Personnel (SSMP) from 1999 to fall 2012, revealed that the percentage of officers and enlisted Soldiers who felt seeking behavioral health counseling / care would harm their career dropped significantly, from 81% to 54% for officers and from 69% to 52% for enlisted Soldiers. While many factors may influence this occurrence, we believe that two key efforts contributed to this change: co-locating behavioral health care with primary care and expanded use and promotion of confidential services (Military Crisis Line; on-line self-assessment programs for substance abuse; and confidential treatment programs). The Army has also increased access to, and availability of, Behavioral Health Care services. This has contributed to an overall increase in the number of Behavioral Health encounters from 991,655 in FY07 to 1,961,850 in FY12, a 97.8% increase.

We continue to employ a multi-tiered approach to increase awareness regarding suicide prevention and behavioral health services. Included are public service announcements using celebrities and Amy leaders; advocacy and outreach messages and programs through numerous non-governmental organizations; and educational videos such as our "Soldier to Shoulder" series. Additionally, the Army continues to promote the use of confidential support programs such as Military OneSource and the Army's Confidential Alcohol Treatment and Education Pilot (CATEP) which bolster our efforts to ultimately mitigate stigma associated with seeking behavioral health care from among our ranks.

Suicide Prevention Awareness Training

Suicide Prevention Awareness Training continues to be updated based on trends and lessons learned from the Vice Chief of Staff of the Army-led Suicide Senior Review Group meetings each month and assessments conducted during installation visits.

During the 2012 Suicide Prevention Stand Down, commanders across the Army led their personnel in team-building activities and conducted suicide prevention and

resilience training to promote the buddy system and sharpen intervention skills and knowledge.

Programs such as Embedded Behavioral Health, a multidisciplinary, community based program that provides behavioral health care to Soldiers in close proximity to their units and in coordination with their unit leaders is a leading example in how the Army is redesigning behavioral health services. Embedded Behavioral Health is being established for all operational units in the active Army. Program evaluation determined that Embedded Behavioral Health resulted in statistically significant reductions in: 1) inpatient psych admissions 2) off-post referrals, 3) high risk behaviors and 4) number of non-deployables.

Additionally, Embedded Behavioral Health has higher acceptability and satisfaction rates by both Soldiers and supported leaders than conventional systems. These results directly contributed to the decision to expand the program in support of all operational active Army units and an example in how the Army is aligning behind evidenced based programs in establishing a network of complementary behavioral health services in support of Soldiers and Families.

Among other efforts, the Army is enhancing behavioral health care through: Tele-Behavioral Health, Patient Centered Medical Home and School Behavioral Health focused on reaching Soldiers and beneficiaries wherever they are located in order to improve access and reduce stigma.

Ready and Resilient Campaign

For us to continue to improve, and increase capability and performance, we must continue to build resilience in our total force. We have a historic opportunity to understand the lessons of the last 12 years and make our strong force stronger. Thus on February 4, 2013, the Secretary of the Army issued a Directive requiring the Army to move forward with its Ready and Resilient Campaign (R2C) plan. The R2C will address the challenges that stress the Force, and integrate and synchronize the multiple efforts

and programs designed to improve the readiness and resilience of Soldiers (Active, Reserve and National Guard), Army Civilians and their Families.

The R2C is focused on making resilience a part of our culture, using the Comprehensive Soldier and Family Fitness (CSF2) program and other supporting programs to accomplish that objective. The campaign also recognizes the value of the Army Profession Campaign. R2C, like many of our suicide prevention programs, targets Soldiers; however, every opportunity is taken to expand available programs and services to our Army Civilians and Family Members, as appropriate to their needs. Some programs don't elicit immediate change in behavior, but are based on the premise that investment now will help achieve desired results in the future.

Comprehensive Soldier and Family Fitness Program

Another holistic approach is the Army's Comprehensive Soldier and Family Fitness (CSF2) Program which addresses the precursors to suicide. CSF2's mission is *to increase the physical and psychological health, resilience and enhanced performance of Soldiers, Families and Army Civilians*. Key elements of the CSF2 Program include:

- Training for Soldiers, Family members and Army Civilians by a cadre of NCOs (along with some spouses and Army Community Service personnel) who serve as Master Resilience Trainers (MRT) at their home stations. The Army's goal is to embed MRTs down to the company level.
- A Global Assessment Tool (GAT) which measures an individual's psychological health and level of resilience. The designed to be taken annually and after deployments; it is designed to identify additional training needs to improve resiliency. Taking of the GAT is mandatory for all Soldiers on at least an annual basis; it is available to Family members and Army Civilians on a voluntary basis.
- Comprehensive Resilience Modules – short videos that provide self-development in specific areas identified by individual GAT assessments.

A key element of resilience training is teaching individuals to avoid the catastrophic thinking that leads to an emotional downward spiral, and providing them with skills to identify the positive things in their lives. The Army is focused on Institutional Training -- ensuring that elements of resilience training are taught at all levels -- from basic training to the War College.

The effectiveness of CSF2's holistic approach has been verified by four independent, peer-reviewed technical studies performed between February 2011 and February 2013.

The results include the following findings:

- Soldiers who committed suicide were significantly less resilient (as measured by the GAT) than other Soldiers
- Soldiers who received training conducted by a MRT improved their GAT scores (a measure of their psychological health and resilience) more than Soldiers who did not
- MRT training shows the greatest results for Soldiers 18 to 24 years old
- Developing MRT skills leads to improved Soldier adaptability and optimism, which, in turn, leads to decreased anxiety, depression and PTSD

CSF2 provides tools and skills that stay with Soldiers, Army Civilians and their Families long after leaving the Army. Some future plans include: expanding the number of CSF2 Training Centers at installations throughout CONUS and OCONUS; making resilience training part of Soldier in-processing; and developing a social media-oriented Health and Fitness Platform to provide an interactive online environment.

Army Strong Bonds Program

One program that has been tremendously beneficial is Army Strong Bonds. The Strong Bonds program has been highly effective in helping Soldiers and Family members develop resilience and readiness by giving them the skills necessary to cope with stress within relationships. Data shows that suicide rates are closely related to relationship issues; therefore, programs that support healthy relationships also potentially reduce

suicides. Strong Bonds training helps reduce relationship-related stress, thereby reducing the number of failed relationships and, potentially, the number of suicides. In support of Army-wide suicide prevention efforts and in response to the Army Vice Chief of Staff's Health of the Force assessment, the Chaplaincy conducted a Strong Bonds "surge" that trained 50,000 Soldiers and their Family members in FY12.

Learning More Through Research - Army STARRS

In June 2013, the Army will enter its fifth year of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) partnership with the National Institute of Mental Health (NIMH). This study represents the largest study of mental health, psychological resilience, suicide risk, suicide-related behaviors, and suicide deaths in military personnel ever conducted. The goal is to identify factors that put a Soldier at risk for suicide, and factors that provide resilience, at specific points of Army service and over time. This information will then be used to develop evidence-based, targeted intervention strategies to decrease the frequency of suicides in the Army.

During the initial years of Army STARRS, researchers analyzed information from nearly 40 Army and Department of Defense datasets, spanning more than a billion data records, on all 1.6 million Soldiers who served on active duty from 2004-2009. In addition, the team is collecting data from willing Soldiers in every component of the Force (Active Army and those Army National Guard and Army Reserve Soldiers on active duty) who are in all phases of Army Service (Soldiers in initial entry training, Soldiers before and after deployment, Soldiers in theater, and Soldiers assigned to installations worldwide). Extensive information is collected through surveys and psychological evaluations, blood samples, and through Army and Department of Defense administrative records.

To date approximately 112,000 Soldiers have voluntarily participated in Army STARRS and approximately 52,000 have given blood samples. Researchers will analyze these samples to look at biological risk associated with a history of mental illness and these samples could be used as a baseline for future studies.

The size of these cohorts is unprecedented in military research; this grand scale will help our understanding of suicide risk and protective factors and the development of mental health disorders. The data will compliment other survey and neurocognitive data to give researchers a more complete understanding of risk and resilience.

Preliminary findings include analyses in the areas of deployments, enlistment waivers, unit combat deaths, unit suicides, marriage, private housing, age and education, rank, years of service, military occupational specialties, exposure to traumatic events, head/neck/blast injury, prescription drug abuse, mental health disorders and treatment, and suicide attempts. Researchers are using these findings to develop tools to help identify subsets of Soldiers who may be at elevated risk for suicidal behaviors. Army STARRS is currently working with the Army on analogous approaches to targeting prevention and treatment interventions for Soldiers with particularly elevated suicide risk.

Conclusion

Any time a Soldier, Army Civilian or Family member chooses to end his or her life, the loss is devastating to Family and friends, fellow Soldiers, and the Army. It is our shared responsibility – the responsibility of our nation's military leaders and Congressional leaders – to ensure the readiness of our military and the well being of our Soldiers. As we continue our mission to reduce the occurrence of suicide, I ask for your support as we continue to build and sustain the resiliency and readiness of our Soldiers, civilians and Families.

We have invested a tremendous amount of resources and deliberate planning to preserve the All-Volunteer force. Simply put, People are the Army. We have a continued responsibility to the courageous men and women who defend our country to take care of them and their Families. We must not break faith with those who dedicate their lives to serving our nation.

I assure the esteemed Members of the committee that there is no greater priority for me and the other senior leaders of the United States Army than the safety and well-being of our Soldiers. I wish to thank all of you for your continued support, which has been vital in sustaining our all-volunteer Army through an unprecedented period of continuous combat operations and will continue to be vital to ensure the future of our Army.