

War-zone stress revealing itself in suicidal thoughts

Deployments, relationship issues, boredom contribute to trend

By Kelly Kennedy
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ASAD, Iraq — Standing on a landing pad outside the 399th Combat Support Hospital here, a group of military police wait for the next patient to arrive by helicopter.

It's a soldier. He's suicidal, and he's acting out.

"On the last tour, it was [post-traumatic stress disorder]," said Lt. Col. Graham Hoffman, hospital psychiatrist. "This time, it's suicide — suicidal thoughts. It's increasing."

Of the 15 people he has shipped to Landstuhl Regional Medical Center in Germany for suicidal thoughts or suicide attempts, one-third have been Marines, the rest soldiers, he said, which shows the problem is not Army-specific.

"This tour, only about 20 per-

cent are coming in for PTSD," said Hoffman, who is on his third tour. "But 80 percent is burnout and depression."

He sees more than 100 patients regularly. "I don't have time to keep statistics," he said. "There are not enough therapists."

In a report released last week, Army researchers found that 74 soldiers tried to commit suicide in Iraq or Afghanistan in 2006, and 30 more succeeded. Most were white, male and young, and committed or tried to commit suicide within six months of arriving in theater.

Nine weeks of interviews with mental health care workers and service members in Iraq show the problems don't appear to be the same from base to base. However, they say all the problems fall into the category of "stress": relationship issues, not enough

time between deployments, boredom, dread of returning to theater, deployment extensions and not enough time off.

The problem, they say, may be worse than the statistics in the latest report show: Suicidal gestures — such as swallowing a handful of pills — don't count as suicide attempts.

Also, therapists have differing information about a suicide prevention program in theater; some say it has been in full swing since the start of the Iraq war, others say there is no program.

In reality, an official suicide prevention program just for Iraq is only now being launched. Last fall, the Defense Department's Mental Health Advisory Team found suicide-prevention training in Iraq has been spotty at best and recommended creating a program just for deployed troops.

On May 1, Lt. Col. Michael Russell filled a new position at Medical Command headquarters



Lt. Col. Graham Hoffman, a psychiatrist with the 399th Combat Support Hospital in Asad, Iraq, talks about post-traumatic stress disorder with a soldier serving in the intensive-care unit.

RICK KOZAK/STAFF

in response to suicide issue.

Col. Carroll Diebold, theater mental health consultant with the 62nd Medical Brigade in Baghdad, said the length of deployments and open-ended deployments are the biggest complaints — especially when troops are extended.

"It's continuous readiness now," he said. "You have to refit your people, too. This is ... a big issue."

He said the suicide-prevention program has been bolstered to make it theater-specific and runs through the whole deployment, with briefings, family readiness groups and education for leaders.

Even with the extra training, challenges seem to be growing.

All the services have worked to kill the stigma associated with seeking mental health care, but it still stands strong in some units.

Around midmorning, Hoffman goes to talk with a soldier in the intensive care unit. This one has tried to kill himself twice while in Iraq.

"He said his command said he would not be promoted if he went to mental health," Hoffman said. "And that other guys in his unit who had sought mental health treatment were not getting promoted. If he had gotten the treatment he needed in the first place, he might not be here now."

Hoffman sent the soldier to Landstuhl.

"The bad commanders are

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