# Army Study Shows Decline in Behavioral Health Stigma

By Rob McIlvaine
Army News Service

WASHINGTON, Jan. 20, 2012 - A newly released Army study on behavioral health shows a decline in soldier suicides and more seeking treatment for their problems.

Gen. Peter W. Chiarelli, Army vice chief of staff, discussed the findings of the report, "Generating Health and Discipline in the Force, Ahead of the Strategic Reset," at a Pentagon news conference yesterday. The three-year study outlines the problem of suicide in the Army and related issues of substance abuse, spouse abuse and child abuse.

Two years ago, the Army reported 210,000 soldiers sought treatment for behavioral health problems, Chiarelli said, adding that public reaction was, "'My gosh, you've got that many in the Army? That's not good, is it?'

"I told them we'd like to see that number go up," he said. "And in fact, it has gone up. It's gone up to 280,000. I think we have begun the process in the Army of destigmatizing behavior health issues. That, to me, is absolutely critical. People who need help, get the help that they need."

More soldiers seek help because of the help of commanders and leaders at all levels, Chiarelli added.

**Suicide Prevention**

Three years ago, then Army Secretary Gen. Pete Geren and Chief of Staff Gen. George Casey appointed Chiarelli to look at driving down the number of soldier suicides.

Chiarelli found that drug abuse, suicide attempts, alcohol abuse, prescription drug abuse and anger management all are high-risk behavior common to soldiers who committed suicide.

In 2011, he said, overall suicide numbers decreased by 10 percent, from 350 to 315. "The only category where we had an increase of five suicides was in the active-duty category," Chiarelli said.

Most important, he said, is that more soldiers are receiving early intervention and treatment.

"This shows why I think we have arrested this problem and hopefully will start to push it down, because we have leader involvement," Chiarelli said. "They're not walking past the problem, and [they] are getting soldiers the help that they need. And that, to me, is a very positive sign."

**Traumatic Brain Injury**

One of the "huge advances" the Army has made downrange are the protocols that last year led to diagnoses for 9,000 soldiers who had concussions downrange, Chiarelli said. The protocols

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include an initial screening and keeps soldiers off the battlefield for another 24 hours for a second screening.

"If they fail any of those two screenings, they are sent to one of our concussion recovery centers," he said. "Some of them stayed up to 21 days until their brain looked normal."

Traumatic brain injury and the cognitive issues involved, Chiarelli said, occur when concussions are not treated.

"I think this is a huge step forward that we made," he said, added that the Army has diagnosed 126,000 cases of TBI in the past 10 years of war. "But I've got to tell you, if they're treated properly, most soldiers will have a full recovery from traumatic brain injury. The problem is if they return and get a second concussion before the brain has healed."

**Post-traumatic Stress**

"PTS is one of the key ones," Chiarelli said. "It represents a prevalent psychological injury with over 70,000 soldiers diagnosed by the Army since calendar year 2003. That's not 70,000 out of 1.1 million. That's 70,000 out of a much greater number because we have soldiers entering and leaving all the time."

The problem with PTS, he said, is it is hard to diagnose. It shares many of the same symptoms as TBI and sometimes symptoms don't appear for weeks, months, or even years after the event.

"I don't think we've done a good job in explaining the immaturity in the science of the brain," Chiarelli said. "I was quoted a figure that basically said that from the time an initiating event for PTS takes place to the time that somebody gets into treatment is 12 years. Twelve years nationally -- that's not with soldiers, that's nationally.

"And the horrible thing about that is all the bad things that happen in between," he said. "The abuse of alcohol, the abuse of drugs, prescription drugs, the anger management issues."

**Drug Abuse**

The Army continues to close the gap in drug surveillance and drug rehabilitation programs, although there was an increase last year believed to be related to increased surveillance, Chiarelli said. Illicit drug use declined by 19 percent from earlier highs in 2006 and 2008, he said.

Army substance abuse programs saw more than 24,000 soldiers last year. "I know because of the connection of alcohol abuse to post-traumatic stress, many people who go untreated for PTS self-medicate with alcohol," he said. "I know that after 10 years of war, those numbers have gone up. So seeing an increase in the number who are in the program is a positive step."

**Sexual Assaults**

Chiarelli said he is most concerned about an increase in violent sex crimes that rose 64 percent from 2006 to 2011. "This is unacceptable. We have zero tolerance for this," he said.

"Army leaders take sexual assault seriously," Chiarelli said. "We're expanding our surveillance and response against these crimes. We've identified numerous sex crime factors, such as alcohol and the newly designed barracks that offer privacy, coupled with a lack of leadership."

This impacts the youngest and most junior female soldiers, and the perpetrators mirror that age, he said.

Domestic violence among soldiers increased during the same five-year span by 33 percent, Chiarelli said, while child abuse cases rose by 43 percent.

Alcohol associated with domestic violence increased by 54 percent, and with child abuse by 40 percent, he said.

The research also shows that PTS contributes to domestic violence, Chiarelli said, with person diagnosed with PTS three times more likely to participate in some kind of partner aggression.

"That is why it is so critical to eliminate the stigma associated with PTS and get people in for treatment for their alcohol problem, their drug-abuse problem, prescription drug-abuse problem, or anger-management problems, spouse abuse and child abuse," Chiarelli said. "That, to me, is critical. And the National Institute of Mental Health lays this out as not just an Army problem, this is a national problem."

**Looking to Reset**

Similar to any post-war period, reset and recovery must remain focused on the health and discipline of the volunteer force, Chiarelli said.

"We have an opportunity to avoid mistakes of prior post-war environments by applying science and the many lessons learned to mitigate health, discipline and readiness challenges," he said. "I often tell folks if you were to ask somebody what good comes out of war, they would point to military medicine and the advances that are made that benefit us all. And I think if you were to ask somebody today what is the greatest advancement in military medicine in this war, they would probably point to the advancements we've made in prosthetics.

"But I honestly believe 10 years from now with some of the things that I'm seeing and the advancements we've made in brain science, that ... people are going to look back and say, 'You know the greatest advancements that were made in these particular conflicts was our understanding of the brain,'" Chiarelli said.