2022

EUROMIL REPORT "SUICIDE IN THE MILITARY"





EUROMIL aisbl
European Organisation of Military Associations
and Trade Unions
Boulevard du Roi Albert II, 5, B1
B - 1210 Brussels
Tel: +32 480 660933
policy@euromil.org
www.euromil.org

TABLE OF CONTENTS

- **01** Introduction
- **02** Main Results
- **03** Results by Country
- **04** S&H Prevention
- **05** Participants
- **06** Conclusion
- **07** ANNEX

INTRODUCTION

Following the publication of the study "High Suicide Rates among United States Service Members and Veterans of the Post9/11 Wars" by Thomas Howard Suitt from Boston University, EUROMIL decided to conduct an internal survey regarding the suicide rates of military personnel and veterans in Europe.

According to the study, approximately 30.177 active duty personnel and veterans of the post 9/11 wars have died by suicide, significantly more than the 7.057 service members which were killed during war operations. Besides, the report indicates that these high suicide rates are caused by multiple factors such as high exposure to trauma, stress, military culture and training, continued access to guns, and the difficulty of reintegrating into civilian life.

High suicide rates in the Armed Forces remain a worrying and important issue that needs to be addressed.

MAIN RESULTS

According to the survey, half of the participants (around 55%) indicated that suicide rates in the Armed Forces are not available in their country. The main reasons that these data are not available are that the data represent a sensitive and private data (e.g. Malta), people working in the Armed Forces receive help from military psychologists (e.g. Slovakia) and the Armed Forces are facing financial difficulties (e.g. Montenegro). Similarly, the 64,7% of the Military Associations and/or Trade Unions that took part in this survey do not have access to the abovementioned data.

Many differences were also observed on the question about the suicide level in the Armed Forces compared to the national rates; in some countries (as in Italy) the rate in the Armed Forces is lower than the national, where in other countries (as in Belgium) no significant difference exists, and in others (as in Denmark) suicide rate in the Armed Forces is higher.

More precisely, Suicide rates are:

- Lower than national level: Italy (with the exception of the Carabinieri where suicide rates are very high)
- Same level: Netherlands and Belgium, almost the same in Serbia (Armed Forces: approximately 0,015%, general population approximately 0,014%)
- **Higher level**: Greece, Sweden (Veterans 40% more than general population), Denmark (especially Veterans), Germany: in 2019 approximately 25 people per day commit suicide, however the percentage is lower than a few decades before; in 1980 it was 50 people per day.

According to the results of the survey the main causes of suicide in the armed forces are:

- High exposure to trauma (Denmark)
- Difficulty of reintegrating into civilian life (Denmark)
- Stress (Serbia, Italy, Hungary)
- Difficult financial situations (Serbia)
- Separation from partner (the Netherlands)

To continue, also around 65% of the participants indicated that they are not involved in a social dialogue in S&H prevention.

The majority of the participants indicated that they do not have access to data about suicide levels in the Armed Forces

RESULTS BY COUNTRY

- Belgium: No significant differences were observed between the suicide rates in the Armed Forces and the general population.
- Denmark: On the one hand, suicide rates among active members of the Armed Forces are low and on the other hand the rates among veterans are high. According to a study (Zøllner et al., 2012) the suicide risk in the group of previously deployed Danish soldiers is in higher level with the population, taking into account that the soldier population has a different gender and age distribution than the background population. However, new data is being developed at the moment, so it is difficult to state how much higher the rates are. The factors that contribute to suicide in the Armed Forces are high exposure to trauma, difficulty of reintegrating into civilian life, self-medication and abuse.
- **Estonia**: The suicide rate for men in Estonia is around 33/100.000 per year and for veterans 1 suicide every two years and the main factor for suicide is exposure to trauma. However, it is difficult to have concrete results because the sample that was observed was too small.
- **Germany**: The Federal Statistical Office has the figures on suicides from 2019. According to data available, a total of 9.041 people died by suicide in Germany that was 25 people per day. Men took their own lives significantly more often than women, with around 76% of suicides committed by men. The average age of men at the time of suicide was 58 years, and of women was 59. Overall, the number of suicides has declined significantly in recent years: in 1980, for example, around 50 people a day still took their own lives. Figures for 2019-2020 are not yet available.
- Greece: According to the leader's handbook on "Suicide" issued by the Hellenic Armed Forces General Staff, the common suicide rate of all 3 branches of the Armed Forces appears slightly increased compared to the official index of the general population of Greece. The latter is likely to be significantly higher as it does not include the number of suicides concealed for a variety of reasons. There are significant differences between the branches; In the navy there is half the suicide rate compared to that of the country's male citizens. In the air force the suicide rate is about the same as that of male citizens. Finally, the Army, following the trend observed in other NATO armies, is the most burdened branch. It is estimated that, 10 to 15 suicide attempts correspond to each suicide committed.

- Hungary: The main factor that leads to suicides in the Armed Forces is stress.
- Ireland: Suicide data are not traditionally been generated within the Irish Defence Forces. The issue is currently being addressed by a working group within the Defence Forces Mental Health and Wellbeing Standing Committee. There are issues of data protection, ensuring accuracy and confirming coroners' findings in respect of incidents of death in service which must be addressed. The Defence Forces has a strong relationship with the National Office for Suicide Prevention (NOSP) and is a participant organisation in CONNECTING FOR LIFE, the national strategy for suicide prevention. There are active suicide awareness and prevention measures in place through training and education interventions.
- Italy: The suicide rate in the Armed Forces is less high that the one observed in the general population and the main factor is stress.
- Latvia: Suicide in the Armed Forces is ten times lower. Lots of people find their highest
 possible earning job in the army so comparatively few would be inclined to despair.
 Most likely personal matters and relationship stresses. Only the social welfare,
 religious, medical and psychological staff of the army are involved in most of the
 suicide cases to work with the relatives and also in recognizing possible future risks in
 the units and in general.
- Malta: Suicide data is considered sensitive and private data. Hence, no data are available.
- Montenegro: No data are available due to lack of resources.
- Ombudsperson Institution of the Republic of Kosovo: the Department of Personnel of General Staff of the Kosovo Security Force (KSF HQ G1) is responsible for these data. As reported from the Kosovo Security Force the number of suicides within the armed forces is still low (1 case in 2015, one case in 2020 and 1 case in 2021). As reported, the Kosovo Security Force (KSF) on August 2021, has certified 15 members of KSF trained in the field of mental health which marks the beginning of capacity building of the KSF professionals in the treatment of mental health, in compliance with the practices of the Armed Forces within NATO countries.
- Portugal: No data are available in order to avoid multiplication of cases.
- **Serbia**: Suicide data: National rate 13,5/100000, Army rate 5/35000. The main factors are stress and difficult financial situation.

- **Slovakia**: One of reasons is connected with the system of prevention and an organized support focused especially on soldiers after their deployment abroad. There are several phases of case and support dependent on the type of mission. Additionally, care and advisory offered by the military psychologists at the military units are an effective tool. The main factor that contribute to suicide in the Armed Forces is stress.
- **Sweden** Veterans have 40% lower suicide rate compared to the general population.
- The Netherlands: Based on the statistical research of 2015 no difference could be
 detected in comparison to the national rate. The main factors that lead to suicide are,
 separation from a partner or spouse, a difficult financial situation before deployment,
 an unhappy childhood, undertaking pointless tasks during deployment and mental
 disorders.

S&H PREVENTION

Question: Is your organization involved in a social dialogue on this issue in the field of S&H prevention?



- PDFORRA / Ireland
- AFMP and MARVER/ the Netherlands
- PFEARFU/ Greece
- CS and HKKF/ Denmark,
- Deutscher BundeswehrVerband e.V./ Germany
- SAMO/ Sweden



64,7%

- RACO/Ireland
- AFM-GWU/ Malta
- GS UPOIp NEZAVISNOST/ Serbia
- ASSODIPRO/ Italy
- ZV SR/Slovakia
- ACMP-CGPM/ Belgium
- HOSZ/ Hungary
- CS, Denmark
- AOFA/ Portugal
- ANS Associação Nacional de Sargentos/ Portugal
- ZV SR/Slovakia
- SOVCG/ Montenegro



CONCLUSION

In this first attempt to address the issue of suicide in the military, EUROMIL conducted a limited survey to acquire a better understanding of the issue. It has become clear that the most of the data relevant to suicide rates in the Armed Forces are not publicly available. More transparency is needed, as well as a suicide prevention actions under a coordinate European framework. More precisely, the EU could include the issue of suicide in the military in its mental health policies and projects. Besides, the Defence Ministries could create - or better use - specialized bodies consisted of trained counsellors immediately dealing with mental health issues of soldiers and veterans. Lastly, by bringing the social partners into the debate of suicide prevention better results can be achieved; as they are closer to military personnel and their families and seen as an independent body.

Nevertheless, more work is needed towards suicide prevention in the military and an in depth research to identify the real numbers of people in the Armed Forces that decide to commit suicide.

PARTICIPANTS

• EUROMIL Members:

ACMP-CGPM/ Belgium

AFM-GWU/ Malta

AFMP and MARVER/ Netherlands

ANS - Associação Nacional de Sargentos/Portugal

AOFA/ Portugal

ASSODIPRO/ Italy

CS and HKKF/ Denmark

CS/ Denmark

Deutscher Bundeswehr Verband e.V./ Germany

GS UPOIp NEZAVISNOST/Serbia

HOSZ/ Hungary

PDFORRA/ Ireland

PFEARFU/ Greece

RACO/Ireland

SAMO/Sweden

SOVCG/ Montenegro

ZV SR/Slovakia

• Respondents outside of EUROMIL:

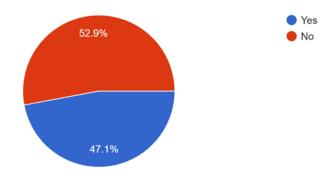
Estonia

Latvia

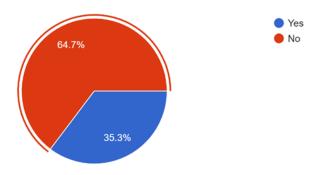
Ombudsperson Institution of the Republic of Kosovo

ANNEX

Are data on suicide rates available in your country's Armed Forces? 17 responses

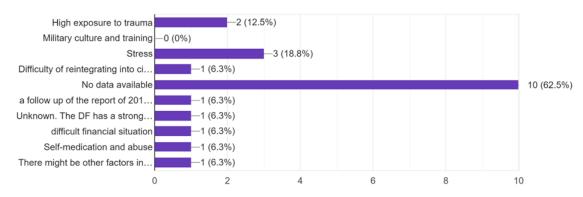


Do military associations/trade unions have access to these data? 17 responses



ANNEX

Which is the main factor(s) that contribute to suicide in the Armed Forces in your country? 16 responses



Is your organisation involved in a social dialogue on this issue in the field of S&H prevention? 17 responses

