

Psychological Autopsy Study

Death by Suicides Among US Special Operations Forces

Issue: Special Operations Forces (SOF) have the highest rates of death by suicide among both the US military and general population.

- The suicide rate among SOF members is about 30% higher than the US military.
- Suicide rates among SOF members are significantly higher than the general US population.
- Based on USSOCOM records, there were 117 deaths by suicide among SOF members between 2007 and 2015.

Background: This white paper discusses the aggregate findings from 29 psychological autopsies of Special Operations members who died by suicide between January 1st, 2012 and December 31st, 2015.¹ Mental illnesses are diagnosed according to criteria in the forms of symptoms, feelings, thoughts, or behaviors either observable to or reported by the individual to others. The Department of Defense reports show that nearly half of the SOF members examined in the study had a diagnosed mental illness.

Mental Illness & Comorbidity:

1. A mental illness is a psychological or behavioral pattern in an individual that causes distress, disability, or dysfunction and is not expected as part of normal development or culture.
2. Comorbidity is the presence of two or more occurring diagnosable mental illnesses.

The following symptoms were diagnosed in the SOF members examined: isolation, substance abuse, purposelessness, anxiety, hopelessness, withdrawal, anger, recklessness and mood changes.

- 62% Exhibited one Sign
- 45% Exhibited more than one sign
- 33% Exhibited Depression.

Out of the 29 cases studied, 28% had a combination of the following risk factors:

- Escalating conflict in relationships
- Financial issues
- Legal adversities
- Lack of access to mental health care
- Nearly all cases suffered from some form of emotional trauma following their first deployment. Interviewees typically saw changes in the SOF member after the first deployment.

While this study observes the troubling amount of neuropsychiatric disorders, such as depression, anxiety and post-traumatic stress in the SOF members autopsied, there is no mention of possible causal trauma, whether physical or nonphysical, for the development of such disorders. The Special Operations Association of American (SOAA) offers the following perspective of Traumatic Brain Injury (TBI) and nonphysical conditions that induce neuro-inflammation prevalent and insufficiently treated among SOF members:

¹<https://www.socom.mil/FOIA/Documents/Psychological%20Autopsy%20Study%20of%20Suicides%20among%20nited%20States%20Special%20Operations%20Forces.pdf>

- Physical and nonphysical trauma can result in alterations to the molecular chemistry of the brain in a process called neuro-inflammation.
- Neuro-inflammation can lead to neuropsychiatric disorders that are often labeled as depression, anxiety, and post-traumatic stress.
- Up to one out of every two head injuries can result in a neuropsychiatric disorder.
- The neuro-inflammation secondary to physical trauma (such as sub-concussive hits accumulated over time without a loss of consciousness) can result in emotional, cognitive and physiological changes in the brain.
- The neuro-inflammation secondary to non-physical trauma (such as emotional trauma, chronic stress, toxins, medications, poor sleep, poor nutrition) can result in emotional, cognitive and physiological changes in the brain.

The environment and training required of SOF members puts them at an elevated risk of developing chronic neuro-inflammation. Every key finding, warning sign, and psychological diagnosis observed in the USSOCOM study could result from chronic neuro-inflammation in the SOF member's brain and body secondary to their service to the United States. But, despite the overwhelming scientific evidence on neuro-inflammation leading to neuropsychiatric disorders, no SOF members in the study were said to be assessed for alterations to the molecular chemistry of their brains.

Recommendation: The Special Operations Association of America (SOAA) recommends the Committee to direct the Departments of Defense and Veterans Affairs to include the study of neuro-inflammation to determine its etiology in correlation to deaths by suicide among SOF members.

Current medical procedures of VA and private healthcare have yet to consider biochemical trauma as causal or correlative to the many neuropsychiatric disorders heavily associated with death by suicide.

Laboratory testing is readily available to identify alterations or damage to the brain's neurosteroids from physical and nonphysical trauma, which neurosteroids can be repaired via non-toxic treatments that abate inflammatory cytokines—the likely cause of such neuropsychiatric disorders afflicting members of the SOF community following their service for our country.