

The Suicide Research and Prevention Unit

Thoresen, Siri and Mehlum, Lars:

Suicide prevention in veterans from peace-keeping

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For more than 50 years Norway has taken part in international military peace-keeping missions. During recent years, increased attention has been given to the stressors inherent in peace-keeping, and to the possible negative long-term health effects for the personnel involved. Exposure to danger and grotesque impressions during the service period may result in an increased risk of post-traumatic stress disorder in the veterans. We will discuss the risk of suicide in veterans from peace-keeping operations, and present the existing suicide prevention measures for the Norwegian Armed Forces' international operations.

Each year approximately 1 500 Norwegian men and women serve in these forces. The vast majority of these soldiers (90-95%) are reservists. Most are granted a leave of absence from their place of work or school to serve for six months, a year or more. Currently there are more than 30 000 veterans in Norway who have served with the UN or NATO.

Norway and other countries have recently been looking more closely into the stress and strain UN soldiers are subjected to. Questions have been raised concerning the consequences such stress may have on the mental health of the soldiers in a long-term perspective. Some studies have found an increased risk of suicide and accidents among war veterans (Hendin & Polliger Haas, 1991; Eitinger & Strøm, 1973). Impulsive risk behaviour as a reaction to war trauma was already described as a clinical phenomenon after World War I (Herman, 1992), and an increased risk of suicide has been found among Vietnam veterans with a diagnosis of post-traumatic stress disorder (Bullman & Kang, 1994).

Service in the UN forces brings with it other types of challenges and strains than traditional war. A UN soldier is not fighting an enemy. The aim of the UN forces is to adopt a neutral stance, acting as a buffer between enemies, and their military tasks primarily concern observing and reporting, keeping guard and mediating. During his service, the UN soldier may be subjected to military humiliation or verbal harassment, or the warring parties may test his limits, taunting him and putting on a show of strength. He may also be placed in dangerous situations, or be a witness of abuse or violence against civilians without being allowed to react. A UN soldier is expected to control his or her aggressive impulses and escape mechanisms when threatened. Frequently the conduct expected of a UN soldier is quite different and much more restrained than what a soldier learns in boot camp. The reactions this may give rise to in individuals have been designated the UN-soldier syndrome (Weisæth, 1990).

A number of studies have shown an increased risk of post-traumatic stress disorder among veterans of UN operations (Aarhaug et al. 1993; Litz et al. 1997; Ward, 1997; Mehlum & Weisæth, 1998; Bache & Hommelgaard, 1994; Stuart & Halverson, 1997). On the other hand, there have been few studies that have examined mortality among veterans after their years in service. Among American soldiers after the Golf War an

increased mortality rate due to accidents was found, but not due to natural causes (Campion, 1996). An increased risk of involvement in accidents was found among Swedish UN veterans who had been subjected to direct acts of war (Kettner, 1972). A large study of the experiences of UN personnel has been undertaken in Norway, in addition to an analysis of mortality (Aarhaug et al. 1993).

Experiences and reactions among UN veterans

The UNIFIL study (Aarhaug et al. 1993) showed that the majority of those who had served in Lebanon considered their UN duties as a positive and instructive experience. Most felt that their UN service had improved their stress tolerance level and increased their understanding of the Middle East conflict. At the same time, a large proportion of the personnel had been involved in dramatic events such as being held at gunpoint, being taken hostage, witnessing violence against the civil population, or had been in other difficult or dangerous situations. Some of the respondents reported post-traumatic stress reactions, such as nervousness, sleeping disorders, nightmares, feelings of guilt and reliving events from their service period.

Mortality among Norwegian UN veterans

The UNIFIL study examined mortality in the years after the service period. From 1978 to 1991, 15 931 Norwegians served in UNIFIL in Lebanon. Table 1 shows the mortality rate for this group during this period (observed mortality), distributed as natural deaths, suicides and other violent deaths (ICD 8 and 9). The expected number of deaths is calculated on the basis of mortality in the Norwegian population, controlled for the number of persons, age, gender and period of time (Aarhaug et al. 1993).

Table 1: Death from various causes for personnel who served in UNIFIL during the period 1978-1991. Observed and expected deaths.

Cause of death	Observed deaths	Expected deaths
Natural deaths	68	113
Suicides	45	32
Other violent deaths	59	45
Total	172	190

A total of 172 deaths were observed, which is lower than expected. The number of natural deaths is lower than expected, quite probably due to the fact that UN personnel have been selected on the basis of good physical health. However, the number of suicides and other violent deaths is higher than expected. These findings may suggest a potential relationship between participation in international military operations and increased mortality through accidents and suicide. These findings have helped to put a

greater focus on suicide prevention in the international operations of the Armed Forces.

Suicide prevention among UN veterans

A suicide-prevention model has been established for the Armed Force's international operations. The model is based on Norwegian and foreign research and on the general suicide prevention activities of the Armed Forces, which in turn is part of the national action plan against suicide. For international operations, interventions are divided into measures prior to, during and after service.

Prior to service, importance is attached to selecting and training personnel. While serving abroad, the focus is on establishing a good inclusive social environment and on improving how particular crises and stress are dealt with.

After being discharged, all personnel are given information about support schemes that have been established for UN personnel who have completed their service. Support schemes comprise systematic follow-up of risk groups after discharge, consultation with the Stress Mastering Team for international operations, Crisis phone (800 number) and support groups in UN veteran associations.

Systematic follow-up programme

In 1995 a follow-up programme was initiated at the home base for UN and NATO operations, and in 1996 the Stress Mastering Team for international operations was established. This unit carries out education, training, guidance, consultation and research related to stress management issues in Norway's international peacekeeping operations.

The follow-up programme primarily focuses on the two groups identified as risk groups by the UNIFIL study (Aarhaug et al. 1993) – personnel exposed to traumatic stress and repatriated personnel. The follow-up given is adapted to the needs of the two groups.

Some of the UN or NATO soldiers have been exposed to life-threatening situations (such as being shot at while patrolling), have witnessed grotesque sights and incidents (such as handling bodies after grenade attacks), or they may have made decisions that caused injury to their own personnel. Military leaders are responsible for reporting traumatic events when personnel are discharged so that those exposed to traumatic stresses will be followed up. Experience and research indicate that possible mental reactions, such as nightmares, reliving events or nervousness, often appear some time after being discharged. The person in question is thus contacted two or three months after completing his tour of duty, and the event(s) and possible reactions will then be dealt with.

Repatriated personnel often perceive the repatriation as an humiliating or insulting event. Repatriation can be experienced as failure in many areas: social rejection, loss of self-respect, expectations of rejection or condemnation by family or friends on the

return home and frequently also financial problems. The repatriated person will be accompanied to Norway and on arrival at his home base, he will be interviewed by a psychiatric nurse. An important task is to ensure that the person in question handles the situation realistically and constructively, for example by calling home and informing his family. Suicidal ideation is sometimes identified during this interview, and individual appointments for follow-up are made. In some cases it will be necessary to refer the soldier to the civilian health service in his municipality.

The follow-up programme described above is designed for the ongoing peace-keeping missions, and for soldiers when they are discharged from these missions. Veterans who have served in earlier missions may also develop psychological problems related to their service period, and in such cases they can address themselves or be referred to the Stress Management Team for international operations for consultation. The Stress Management Team does not offer long-term treatment, but rather provides assessment and short-term assistance to veterans. If treatment is appropriate the Stress Management Team will cooperate with the civilian health service.

Some clinical experiences

Most veterans of UN or NATO service are persons with rich and varied experiences, persons who are interesting to talk to. Most have or have had a high level of functioning, and have been able to cope with extremely challenging situations. Some are deeply tormented by the traumatic incidents they experienced during their service period. During our contact with veterans we have gained much respect for their efforts in war zones. Our experience is that many of the soldiers are eager to master challenges, reflect on experiences or voice their own reactions so that others may learn from their experiences. We have deemed it counterproductive to meet veterans with a typically diagnostic attitude. Without insight into these issues it may be easy to misconstrue conditioned fear reactions as paranoid ideas, or mistake reliving the past as hallucinations. Occasionally stories from UN or NATO service may sound fantastic, and we have occasionally found it useful to have events confirmed by the home unit. Veterans seeking assistance fairly often find that civilian doctors and psychologists focus strongly on their childhood, adolescence and early life. This may be unfortunate. Even if the person in question has experiences from his childhood and adolescence that need to be dealt with, a genuine interest in the service stress itself could represent an excellent starting point for an alliance.

As to risk assessment, it is important to be aware of the increased rate of lethal accidents that has been found among UN veterans. In addition to assessing the risk of suicide based on reactions such as depression or withdrawal, it may be useful to enquire about life-threatening activities, such as dangerous driving habits or careless handling of firearms. Some veterans who will not report suicidal ideation, still may feel indifferent as to whether they live or die. These veterans may more easily report irritability, aggression, anxiety, restlessness or behavioural changes. Such reactions may be expressions of depression.

There are several possible interpretations of the finding of an increased risk of death by suicide and accidents in the UN veterans: Selection factors, availability of weapons, traumatic experiences during the service period, and more. A psychological autopsy study has been initiated, which will explore the possible relationships between participation in international peacekeeping operations and processes that might lead to death by suicide or accident. We hope that the findings from this study will contribute to increased effectiveness in the prevention strategies in the Norwegian Armed Forces.

The Stress Mastering Team cooperates with the assistance services and may be contacted for literature, information or advice concerning clients with experience from UN or NATO service. If you wish to read more about UN or NATO service, please check the following Internet address: http://www.mil.no/fn-nato.

Literature:

Aarhaug P, Weisæth L, Mehlum L, Larsen S. (1993). The UNIFIL study 1991-1992. Report - part I. Results and recommendations. Oslo, HQ Defence Command Norway. The Joint Medical Service, 1993.

Bache M, Hommelgaard B. Danske FN-soldater: Oplevelser og stressreaktioner [Danish UN soldiers: Experiences and Stress Reactions]. Forsvarets Center for Lederskab, September, 1994.

Bullman TA, Kang HK. Post-traumatic stress disorder and the risk of traumatic deaths among Vietnam veterans. Journal of Nervous and Mental Disease 1994; 1: 604-610.

Campion EW. Disease and suspicion after the Persian Gulf War. The New England Journal of Medicine 1996; 14: 1525-1527.

Eitinger L, Strøm A. Mortality and morbidity after excessive stress. A follow-up investigation of Norwegian concentration camp survivors. Humanities Press, New York, 1973.

Hendin H, Polliger Haas A. Suicide and guilt as manifestations of PTSD in Vietnam combat veterans. American Journal of Psychiatry 1991; 148: 586-591.

Herman J L. Trauma and recovery. Harper Collins, NY, 1992.

Kettner B. Combat strain and subsequent mental health. Acta Psych. Scand, 1972; Supplement 230.

Litz BT, Orsillo SM, Friedman M, Ehlich P, Batres A. Post-traumatic stress disorder associated with peacekeeping duty in Somalia for US military personnel. American Journal of Psychiatry 1997; 154(2):178-84.

Mehlum L, Weisaeth L.(1998). Predictors of post-traumatic stress reactions in Norwegian UN peace-keepers seven years after service. Submitted to Journal of Traumatic Stress, April 1998.

Stuart JA, Halverson RR. The psychological status of US army soldiers during recent military operations. Military Medicine 1997; 162 (11): 737-74.

Ward W. (1997). "Psychiatric morbidity in Australian veterans of the United Nations peacekeeping force in Somalia. Australian and New Zealand Journal of Psychiatry 1997; 31: 184-93.

Weisæth L: Stress of UN military peacekeeping. WISMIC Newsletter 1990; 2(2): 15-18

The authors:

Siri Thoresen is a Special Psychologist with *Stressmestringsteamet* (The Stress Mastering Team) for International Operations, a professional team connected to Norway's UN and NATO forces. She is conducting a research project on suicide and lethal accidents among veterans of international military service.

Lars Mehlum is a professor and Dr. Med. and heads the Department for Suicide Research and Prevention. He has broad clinical experience and has carried out a number of research projects in the area of suicidology and crisis psychiatry.