

Declaring War On Suicide

The Army Fights Back With New Four-Pronged Prevention Campaign

Army News Service

WASHINGTON (Feb. 26, 2001) -- Faced with a recent rise in active-duty suicides, the Army this spring will field a new prevention plan. The "Soldiers, Leaders and Communities Saving Lives" campaign focuses on training people to recognize early signs of suicidal behavior and teaches them how to intervene.

The number of suicides among active-duty soldiers rose 26 percent between 1997 and 1999, said Lt. Col. Jerry Swanner, the Army's suicide prevention program manager at the Pentagon. He said the problem seemed to culminate in the first five days of January 2000, with six confirmed suicides of service members.

"Obviously, this caused great concern within the Army leadership" and prompted Army Chief of Staff Gen. Eric K. Shinseki "to direct a complete review of the Army's suicide prevention program," Swanner said.

The Department of the Army Suicide Prevention Working Group – which consists of policy officers, chaplains, and psychiatrists across the Army staff -- launched an exhaustive study. The group examined the U.S. Surgeon General's 1999 "Call to Action to Prevent Suicide" and other reports and studies. Members also met with leading civilian psychiatrists like Dr. David Shaffer, who in 1996 was commissioned by the assistant secretary of Defense for Health Affairs to analyze all DoD suicide prevention programs.

"We used to believe that suicides were from stress, and if we reduced stress, that would reduce the risks of suicides," Swanner said. However, recent studies indicate the majority of suicides are the result of some psychiatric disorder. Stress can trigger the desire to commit suicide, but stress alone is not the cause, said Col. David Orman, psychiatry consultant to the surgeon general of the Army.

The New Strategy

The Army's new suicide prevention model focuses on four major areas:

- Developing soldiers' life-coping skills.**
- Encouraging help-seeking behavior.**
- Raising vigilance through suicide awareness.**
- Integrating and synchronizing unit and community programs.**

The working group is awaiting a final DoD directive concerning "psychological autopsies" and the requirements for a standardized suicide surveillance format, but Swanner said he expects the program's official release within the next six weeks. Draft versions of the campaign have already been sent to the Army's major commands.

The new plan encourages leaders to reinforce positive life-coping skills through programs like the 25th Infantry Division's "Building Strong and Ready Families." It focuses on developing interpersonal communication skills between spouses. The Army recently funded pilot programs for a selected number of brigades.

About 75 percent of all soldiers who committed suicide last year were experiencing "significant relationship problems," said Lt. Col. Glen Bloomstrom, a chaplain in the Family Ministry Office for the Army's Chief of Chaplains.

Swanner said the Army Surgeon's General Office and the U.S. Army Training and Doctrine Command are studying the feasibility of pre-screening recruits for dysfunctional behaviors during the early stages of their initial training. He said recruits determined unfit for duty would ideally be separated before they reach their first unit of assignment.

On the other hand, Swanner said, the Army should not discriminate against those who seek and receive mental health treatment. The idea is to change the stigma associated with mental health care.

"We must tear down these barriers that prevent our soldiers from receiving the professional mental help that some so desperately need and deserve," Swanner said. But dramatic change can occur only if there's a shift in the "gung-ho, drive-on" mentality that implies seeking help is a "sign of weakness," he said. When soldiers realize they need help, it's a sign of individual strength and maturity, Swanner said, not of weakness.

Help From ASIST

With its new program, the Army is turning to ASIST, or "Applied Suicide Intervention Skills Training," a workshop developed by Living Works Education, a Calgary, Canada-based public service organization.

ASIST should be considered as "triage" for suicidal risk, Swanner said. ASIST will train soldiers to take immediate life-saving actions when they come into contact with someone who is potentially suicidal, giving trainees the confidence to help an individual until a mental health care professional can take over.

The Army's goal is eventually to have one ASIST-trained soldier per battalion to assist commanders in determining the actual risk of self-injurious behavior, Swanner said.

Chaplains currently attend ASIST workshops, but Swanner said all counselors who come in contact with soldiers in need would benefit from the training.

Trial defense lawyers, MPs, and even unit leaders preparing for an extended deployment should take ASIST training, Swanner said. To accomplish this goal, the campaign calls for two ASIST trainers at every installation.

Currently there are only three ASIST-qualified trainers, Swanner said, but TRADOC is sponsoring a trainer's course for 30 chaplains during the **(last)** week of March.

Help Online

"Chaplains have been receiving training on suicide prevention for a long time now, but ASIST will give everyone that receives the training a common language," said Lt. Col. Gregory Black, staff chaplain for the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM). "If a commander or counselor has to refer a soldier to mental health, they can give a proper risk assessment."

To standardize suicide prevention training, USACHPPM and the American Association of Suicidology have published "Suicide Prevention, A Resource Manual for the U.S. Army." The manual contains three lesson plans: one for

individuals, one for formal gatekeepers, and one for medical professionals. The manual is available on the USACHMMP Web site.

Throughout the creation of the new suicide prevention campaign, Swanner said, one theme was emphasized over and over again by the senior Army leadership: suicide prevention is a leader's responsibility. Therefore, he said the plan was prepared to assist installation commanders in the refinement of their own suicide prevention policies and programs as outlined in AR 600-63 and DA Pam 600-24.

"The bottom line is to get involved and take action," Swanner said. "After all, you may be the very last person to have a chance to help."