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Military suicides hold steady in 2015

By Patricia Kime,
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Active-duty suicides have held relatively steady for the third-straight year, but officials say impediments remain that hinder efforts to put prevention programs in place across the Defense Department.

For the third straight year, suicides among active-duty members have remained relatively steady, which Pentagon officials say could indicate that suicide-awareness and -prevention programs are hitting their mark.

According to Defense Department data, 275 soldiers, sailors, airmen and Marines took their own lives this year as of Dec. 15 — two more than in 2014 and 22 more than in 2013.

But the relatively steady pattern following a peak of 321 in 2012 is encouraging news, Defense Suicide Prevention Office director Keita Franklin said in a Dec. 15 interview.

"This is never a celebration or an 'end zone' kind of thing, but [the numbers] reached a plateau, where you see three years of data that is similar in nature, and are not largely spiking like we saw in 2008, 2009 and again in 2011," Franklin said.

The DSPO, with an annual budget of \$24 million, came under fire from the DoD Inspector General in October after the watchdog said that office did not have the power to develop and execute effective programs, which has hampered efforts to implement effective suicide-prevention programs across the Defense Department.

The IG also said that DSPO's strategic plan lacked measures to gauge the success of programs or include timelines for completing goals.

While the military services largely are responsible for creating and implementing their own suicide-prevention programs, the lack of guidance from the top has led to the creation of a number of disparate programs, some of which are not necessarily proven, investigators said.

The DSPO is working to solve the issues spelled out by the IG, including updating its strategic plan, Franklin said.

In the coming weeks, that office will release a new strategy, publish a DoD suicide-prevention instruction and continue promoting military-wide use of the Columbia-Suicide Severity Rating Scale, a tool for identifying and assessing suicide risk.

Adam Walsh, a suicide-prevention analyst with DSPO, said these efforts should lead to more effective programs across the services.

"It's very important to have a strategic, unified, comprehensive strategy," Walsh said. "There is some evidence from the World Health Organization that says countries with a unified strategy do a better job of communicating their messaging and having a multifactorial approach to prevent suicide."

From 1998 to 2005, the number of suicides among active-duty troops remained relatively stable, ranging between 140 and 155 each year. Suicide rates, a measure that compares the number with the overall military population, also remained steady, with crude rates hovering between 10.1 and 14.0 per 100,000 among male troops, according to DoD data.

The numbers began climbing in 2005, coinciding with lengthy periods of intense combat operations in Iraq and Afghanistan.

But defense officials say their research indicates that societal issues, such as relationship problems, financial stress or employment issues, are present in the majority of active-duty suicides, while deployment has not been shown to be a major factor.

Still, about half the personnel who died in 2013 — the last full year for which DoD published a complete review of military suicides — had deployed at least once.

For the National Guard and Army Reserve members, the Pentagon has not released any year-to-date suicide figures. But the most recent data indicates those numbers are leveling out as well.

From Jan. 1 to June 30, a total of 89 Guard and Reserve members died by suicide, an 11 percent increase from the same time frame in 2014, but a 20 percent decrease from the same period in 2013.

DoD has launched a number of suicide-prevention programs and mental health initiatives designed specifically for National Guard and Reserve members, to include two \$2.5 million grants this year to the American Association of Suicidology and Massachusetts General Hospital to train doctors and counselors on military culture and mental health conditions.

Walsh said these programs will emphasize proven treatments for post-traumatic stress disorder and combat-related depression, such as cognitive-processing therapy and prolonged exposure therapy.

He said the programs also will focus on emphasizing the importance of seeking help, either the patients themselves or the friends and family members of those who are struggling.

"We need to continue to improve our training on the actions people can take," Walsh said. "People don't want to get involved, they are reticent, but that's exactly what needs to happen. Just reaching out and telling someone you've got their back and you care about them is absolutely one of the best ways to prevent individual suicide."