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Task force calls military suicide prevention efforts inadequate

By BARBARA BARRETT
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A Defense Department task force devoted to preventing suicide in the military presented a grim picture of the trend Tuesday, with suicides rising at a near steady pace even as commanders apply various balms to soothe a stressed, exhausted fighting force.

The military has nearly 900 suicide prevention programs across 400 military installations worldwide, but in a report released Tuesday, the task force describes the Defense Department's approach as a safety net riddled with holes.

Last year, 309 men and women slipped through.

In 2008, 267 service members committed suicide. In 2007, the number was 224.

However, the task force also gave a message of hope: Prevention efforts can work, members said, and suicidal behavior after combat deployment isn't normal.

"Having any of our nation's warriors die by suicide is not acceptable - not now, not ever," said Army Maj. Gen. Philip Volpe, a physician and co-chairman of the Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces.

Among the task force's findings:

- The military doesn't have enough behavioral specialists and suicide prevention officers, and that those it has need better training.
- Suicide prevention programs aren't streamlined across services.
- Service members still encounter discriminatory and humiliating experiences when seeking psychiatric help.
- Unit-level leaders especially struggle with how to assist the men and women under their guidance.

The numbers of suicides have increased almost steadily since the conflicts in Iraq and Afghanistan began, and task force members said Tuesday they were unable to pinpoint exactly why the trend continues despite prevention work being done so far.

"We don't have enough data to answer that question," said David Litts, a retired Air Force colonel and task force member.

But the task force found much to be concerned about. Volpe described a "supply-and-demand mismatch" that hurts a service member's ability to spend enough time back home to become re-engaged with the community and their personal lives.

The report suggests either growing the size of the military or reducing mission demand.

It suggests establishing a policy office under the secretary of defense to streamline suicide prevention programs.

The report also recommends working more closely with military family members and improving communications between unit-level leaders and the men and women under their care.

The report found suicide investigations aren't now standardized. Task force members recommended learning more about suicide victims' last hours and days.

But mostly, the task force said, the military must look at mental health and well being as part of an overall approach to fitness - one that includes social, physical, spiritual and psychological wellness.

Individual installations are developing their own programs to combat suicide.

As of July, the Army's Fort Bragg, N.C., for instance, had four confirmed suicides, with two others under investigation. The base had six suicides in 2009, 13 in 2008 and 10 in 2007.

Another Army base, Fort Campbell, Ky., reported 14 suicides in 2009, 12 in 2008 and nine in 2007. Of the military's branches, the Army has the highest number of suicides: 160 soldiers killed themselves in 2009.

Fort Bragg has begun using role-playing scenarios to train soldiers on how to help friends in despair.

Bonnie Carroll, an advocate for military survivors and co-chairwoman of the task force, said Tuesday she found hope watching young Marine recruits in training at Parris Island, S.C. There, she said, recruits are being told they should be as quick to call in support for personal problems as they would for air support during combat.

"And who's your front line?" Carroll asked. "Your buddy."

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