

Military suicide prevention efforts fail: report



By Maggie Fox, Health and Science Editor

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WASHINGTON (Reuters) – Efforts to prevent suicides among U.S. war veterans are failing, in part because distressed troops do not trust the military to help them, top military officials said on Thursday.

Poor training, a lack of coordination and an overstretched military are also factors, but a new 76-point plan lays out ways to improve this, Colonel John Bradley, chief of psychiatry at Walter Reed Army Hospital in Washington, told a conference.

Bradley said a team of experts spent a year interviewing troops who had attempted suicide, family members and others for the report and plan, presented last month to Defense Secretary Robert Gates, who is due to report to Congress in 90 days.

"They tell us again and again that we are failing," Bradley told a symposium on military medicine sponsored by the Uniformed Services University of the Health Sciences and the Henry M. Jackson Foundation.

Each branch of the services -- the Army, Air Force, Navy and Marines -- rushed to create a suicide prevention program, but there was no coordination. The report recommends that the defense secretary's office take over coordination of suicide prevention efforts.

On-the-ground prevention training often failed because those running the sessions did not understand their importance, Bradley said.

"They are mocked and they are probably harmful," he said.

According to the report, available at <http://www.health.mil/dhb/default.cfm>, 1,100 servicemen and women committed suicide in 2005 to 2009 -- one suicide every day and a half. The Army's suicide rate doubled in that time.

About 1.9 million U.S. service men and women have been deployed in Iraq and Afghanistan.

'FORKED TONGUES'

"We have done all the right things but despite all the things we have done, suicide rates have risen, particularly in the Marines and Army," said Colonel Charles Hoge of Walter Reed.

"A large percentage of our servicemen, our veterans, do not come in to get help," he added.

"It is not just the perception that they will be treated differently or somehow that it will affect their career, but

it is also distrust in the system and distrust that mental health professionals can help them," Hoge added.

"They don't trust us. They believe we speak with forked tongues," Bradley said.

Most of the suicides are among young, white males, the experts said.

"Marines are young, they are confident, they are aggressive," said Lieutenant General Richard Zimmer of the U.S. Marine Corps. "They are the last ones to raise their hand and say they have a problem."

And troops who seek mental health services can lose their security clearances, their weapons and can be taken away from duties vital to their careers, Hoge and Bradley said.

When they return home from war, the skills that kept them alive under fire make them dysfunctional in civilian society, Hoge said.

"There are messages that the warrior gets when they back here that they are crazy," he said.

In addition, all the services are overstretched, the report said. "The force is out of balance," Bradley said.

"The force is fatigued. Anyone who doesn't believe that has their eyes closed."

Hoge said physical demands can also affect the mind. Troops often operate on just 3 or 4 hours a sleep a night for extended periods.

"They often have pain, chronic pain," he said. "They have gone through all these events, including concussions. It is clear there are physical changes that happen."

Bradley said the report calls for skills-based training for commanders, troops and their families.

(Editing by Xavier Briand)