Suicide Prevention for Military Personnel

Suicide is largely preventable. But an estimated of 900,000 people die by committing suicide each year around the world (www.who.int/features/qa/24/en/), and more than 3,500 people die from suicide each year since 2005 in Taiwan (www.mohw.gov.tw/cht/DOS/Statistic.aspx?f_list_no=312&fod_list_no=2747). Besides, in most studied countries, the suicide trends for males, particularly the younger age groups, have been increasing [1]. In Taiwan, youth suicide is the second leading causes of death in those aged 15-24 years (www.mohw.gov.tw/cht/DOS/Statistic.aspx?f_list_no=312&fod_list_no=2747). Thus, more specific suicide prevention actions to suit the young male sub-population groups must be conducted since factors contributing to suicide can vary in specific demographic and population groups.

Among the youth suicide prevention, more concern should be put on military personnel because they are susceptible to multiple psychopathology due to lack of social support system, traumatizing life events, and being deprived sense of control [2]. In recent years, the suicide rate has been increased among US Army active duty personnel [3-4]. In this issue of the Taiwanese Journal of Psychiatry, Ma and Tai have reported that the prevalence of suicide ideation in military recruits is 23.7% [5], which is much higher than that in a national census [6]. How can we do to reduce the suicide risk? (www.who.int/features/qa/24/en/). In the meanwhile, only a small number of suicides happens without warning. So, early detecting those people with suicide ideation in population becomes an important measure in suicide prevention actions. In the military community, screening to identify at-risk individuals and referring them to treatment may work because military community is a controlled environment in which screening instrument can be applied into routine check-up more easily than that in general population, and commanding officers can forcibly refer individuals with high risk for suicide to mental health services [7].

One of the most widely used and best-evaluated measures to assess suicide risk is the Scale for Suicide Ideation, a 21-item, interviewer-administered rating scale that measures the current intensity of patients’ specific attitudes, behaviors, and plans to commit suicide on the day of the interview [8]. But the SSI takes about 10 minutes or more to administer. As used in screening instrument in daily setting, the scales should be brief and shorter. In Taiwan, the five-item Brief Symptom Rating Scale (BSRS-5) is a screening instrument developed to screen psychiatric illnesses in non-psychiatric health settings [9]. Previous study also revealed that the BSRS-5 is an efficient tool for the screening of suicide ideation-prone psychiatric inpatients, general medical patients, and community residents [10]. Ma and Tai investigated the application of BSRS-5 on 1,222 military recruits and found that BSRS-5 can dif-
ferentiate suicidality from the military recruit group within five minutes, and that BSRS-5 is an effective screening instrument for the soldiers and officers to be rated by themselves or to be administered by interviewers [5].

One of the challenges in suicide prevention among the military setting and other communities is the stigma about mental illness, negative perceptions of treatment, that result in the barriers for service members to access mental health care system. Therefore, suicide prevention strategies among the military setting using screening as a routine work, is imperative. In addition, increasing awareness of suicide prevention concepts of all military personnel using education programs, (namely, improving recognition of suicide risk and help-seeking through improved understanding of the causes and risk factors for suicidal behavior, and reducing stigmatization of mental illness and suicide) is also recommended. Moreover, training gatekeeper and establishing “buddy care,” meaning that everyone is encouraged to look for others in the community, are strongly recommended to reduce the suicide risk in the military system [7]. (The author declares no potential conflicts of interest in the writing this invited editorial.)

References


Jin-Jia Lin, M.D.1,2,3*
Departments of Psychiatry,
1 Chi-Mei Medical Center, Tainan,
2 Chi-Mei Medical Center, Liuying, Tainan; and
3 School of Medicine, College of Medicine, Taipei, Taiwan
*Corresponding author. No. 442, Shulin Street, Section 2, South District,
Tainan 702, Taiwan
E-mail: Jin-Jia Lin
<jinjialin5483@gmail.com>