

# Suicide prevention month: taking care of Soldiers

Kelly Schloesser, Army War College Public Affairs Office

## Suicide prevention: taking care of Soldiers and families

September 1, 2009 – The Army lost more than 130 Soldiers in 2008. This year, in January and February alone, 51 deaths have been confirmed. Perhaps more confounding, these were not combat deaths in Afghanistan or Iraq, but rather the result of Soldier suicide.

With these staggering statistics, the Army has worked vigorously over the past few months implementing suicide prevention training at all installations world-wide. As a part of this program, the Army has designated the month of September as Suicide Prevention Month.

The theme of this year's awareness campaign is, *Improving our Soldiers and families health: a healthy force combating high risk behavior.*

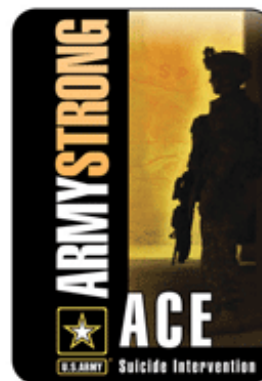
"Improving our Soldiers' and families' health means helping them address any needs to improve their physical, emotional and spiritual well-being," said Ginger Wilson-Gines, behavioral health chief at Dunham Health Clinic.

"My goal is to develop a program at Carlisle Barracks that offers a variety of services including some nontraditional treatment approaches that help individuals develop a tool kit to address whatever challenges come their way," said Wilson-Gines.

### Ending the stigma

There has been much effort from senior military leaders to address the perceived stigma of seeking help, said Wilson-Gines.

"We need to get those in the Army and families to understand, this is no different than any other injury," said Gen. Pete Chiarelli, Army vice chief of staff, in a speech given to Soldiers at major military installations this past March.



"You need to seek professional help when you realize you need it and not let the stigma get in the way of that," he said.

Chiarelli explained that many Soldiers worry it may affect their career, peers may think less of them, feel they just need to tough it out. He emphasized that a Soldier's career will not be put at risk, and encouraged anyone in need to seek help.

"No longer are providers required to report to Commanders unless there is a risk of safety," said Wilson-Gines.

"Soldiers at all levels are beginning to recognize that seeking treatment is actually a sign of strength rather than weakness," she said.

Along with this stigma, directors at Dunham also noted that many people assume that with Carlisle Barracks' atypical population, it would not have behavioral health problems.

"Here at the Army War College, I worry about enabling," said Brigit Mancini, clinical director of the Army Substance Abuse Program supporting Carlisle Barracks and Army units throughout Pennsylvania.

Mancini also said she has seen commanders who are aware of a problem, try to fix it themselves without higher command involvement, but eventually feel the need to send their Soldier to get help. However, she said, by that time, the symptoms of depression, abuse, or dependencies on drugs or alcohol are much worse.

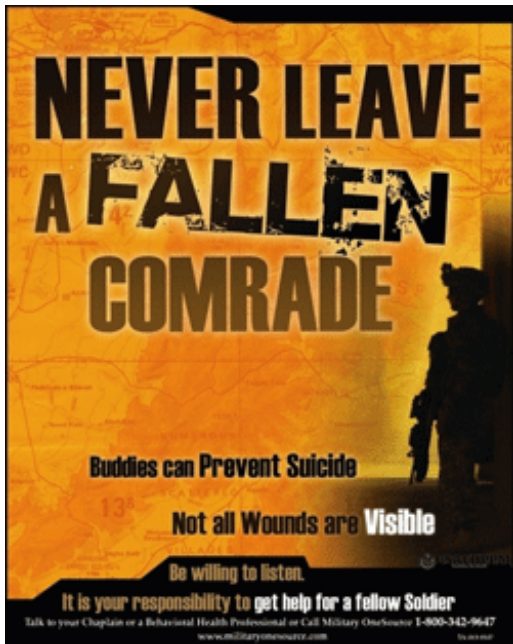
"A lot of Soldiers and their commanders see going to ASAP counseling sessions as a career ender. But that is not the case at all," she said.

The Army Times reported that only 70 percent of Soldiers who tested positive for illegal drugs in the past three years have been referred to ASAP for treatment. That rate must be 100 percent, said Chiarelli in a message to ASAP leaders.

The Army also pointed to alcohol as a main factor in many Soldier suicides.

"Typically, I will find a Soldier who has come back from a deployment with problems echoing PTSD," said Mancini of her clients. "They have visited the VA or another doctor and were prescribed medication to help them sleep or to calm them down. But they still aren't talking to anyone," she continued. "They then start mixing the medications with alcohol or taking too many at once."

The trend worsens if a Soldier doesn't get needed help before deploying yet again, she said. But the Dunham staff notes, there are programs in place now that can help.



### Getting help

Carlisle Barracks provides numerous resources for Soldiers, family members, veterans, and DA civilians struggling with behavioral health problems.

"They have many resources available to them. At Dunham, we already are offering specialized treatment in PTSD, couples, child, and family therapy. This year we plan to offer individual and group services in 'mindful behavior,' meditation and relaxation, and biofeedback," said Wilson-Gines.

"ASAP offers group, individual, and marital counseling," said Mancini. "You can self-refer yourself, or be referred by a commander, a life consultant, or a chaplain."

A helpful resource can be the post's Military and Family Life Consultant: designated anonymous counselors provided through Army Community Services.

"MFLC is different than the many other programs offered to military families in that it is non-medical and offers short-term, situational, problem-solving services that are fully confidential," said Linda Slaughter, Army Community Service Director.

Along with confidentiality, the program is also known for its accessibility.

Advocates of the program said often Soldiers and families are embarrassed or afraid to seek help, concerned about their privacy. With MFLC, Slaughter contends, it is not a problem. The consultant can not only meet in a closed door office at ACS, but also will meet someone off-post, after work, or on weekends if necessary in order to maintain complete confidentiality.

Another option available on Carlisle Barracks is our chaplains.

"As chaplains, we provide confidential counseling and seek to honor the person's desire to assist and help based on their needs," said Lt. Col. Jim Carter, chaplain.

"We provide spiritual counseling and pastoral care to those who are hurting or depressed. Additionally we provide both individual and family counseling," Carter said.

Outside of post, 24-7 phone hotlines are offered by the military and the VA for those wishing simply to talk to someone.

**Your Carlisle Barracks resources**

**Dunham Army Health Clinic**, 450 Gibner Rd.

Behavioral Health Services	54602
24 hour crisis/suicide assistance line	866-284-3743

**Military and Family Life Consultant**, 46 Ashburn Dr.

MFLC	717-713-9173
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**Memorial Chapel**, 452 Mara Circle

CH Col. Gregory D'Emma, Catholic	53318/54205
CH Lt. Col James Carter, Protestant	53318/53867

<b>VA's Suicide Hotline</b>	1-800-273-8255
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**Military OneSource**

<a href="http://www.militaryonesource.com">www.militaryonesource.com</a>	1-800-342-9647
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**September Behavioral Health Events**

Sept. 1 - Suicide Prevention Month Kick-off

ACE Card Handout

Sept. 15 - Teen Presentation by Holy Spirit Crisis Intervention

4:30 pm @ Youth Services, Grades 6-12, YS registered

Sept. 15 - Dunham Behavioral Health Open-house

4-6:30pm @ Dunham Clinic, open to TRICARE beneficiaries

Sept. 21 - Executive Stress Management: Sustainment Operations for Strategic Leaders

11:45 @ Bradley Auditorium, APFRI presentation

Continue to check The Banner for more events this month

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