

'Resiliency' efforts run up against busy AF

By Markeshia Ricks - Staff writer

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More airmen killed themselves in the first three months of this year than in any other first quarter in the past decade. The spike in suicides comes amid an intensive campaign to improve airmen's "resiliency" — and the rollout of the service's new Comprehensive Airman Fitness program, which focuses on physical, social, mental and spiritual fitness. Though not billed as a suicide prevention program, the Air Force program is modeled after the Army's Comprehensive Soldier Fitness program, designed to combat daily stresses that can lead to drinking problems, failed marriages and suicidal thoughts.

But airmen say the focus on resiliency alone cannot address the complicated problem of suicide. They blame being overworked, stressed about their futures and tired of doing more with less.

The statistics back up their arguments: Two of the busiest groups of airmen — security forces and maintainers — have been hardest hit by suicide. Since 2009, 19 percent of airmen who killed themselves were security forces members, yet they make up only 8 percent of the total force; 22 percent of suicides were maintainers, who make up about 16 percent of the force.

The Air Force knows these airmen are at greater risk because they do shift work that disrupts their sleep patterns and takes them away from supportive relationships with family and friends, said Maj. Michael McCarthy, the Air Force Suicide Prevention Program manager. Airmen who have financial, legal and relationship problems are also at risk of suicide.

"When you factor [suicides in these career fields] out, the Air Force's rate of suicide is really quite low," McCarthy said. "The problem is that the vast majority of people who have relationship problems and legal problems and financial problems don't die by suicide," McCarthy said. "Having those risk factors doesn't say for certain that this is the guy who is going to do it."

And though maintainers and security forces airmen tend to deploy often, McCarthy said frequent deployments aren't a risk factor for the Air Force. In fact, deployment is associated with reduced risk of suicide.

"People who deploy are deemed to be healthy," he said. "That means you're not going to be someone who has a lot of health problems ... or who has a failed family health care plan. You've got the ability to take care of your dependents.

"Our deployers are healthy folks," McCarthy said. That's because deployed airmen live and work in close quarters with a tight-knit group of people who will know if someone in their unit is struggling with his job, finances or marriage, McCarthy said.

Fighting a different enemy

In the mid-2000s, the number of suicides began growing at an alarming rate in all the services. When compared with the Army and the Marine Corps, the Air Force, Navy and Coast Guard's rates have remained relatively low.

Since 2000, the number of suicides in the Air Force has ebbed and flowed, with a low of 29 in 2002 and a record high of 54 in 2010. Since 2008, there have been at least 40 Air Force suicides every year. Now the Air Force is trying to stave off another record year.

In January, Chief of Staff Gen. Norton Schwartz ordered a one-day stand-down for all airmen; 11 airmen killed themselves that month. By the end of March, 16 airmen had taken their own lives compared with 13 in the first quarter of 2011. Add in suicides by airmen in the Guard, Reserve and civilian force and the numbers are staggering — 35 by March 31, a 40 percent increase over last year.

Schwartz and Chief Master Sergeant of the Air Force James Roy say leadership and resiliency are key to reducing the number of airmen who commit suicide.

“The fundamentals of this are that we need to continue to build resilience into our airmen to better deal with the crises that life presents to all of us; to offer the kind of institutional assistance for which the services are very well known; again, to do our best to minimize the likelihood that someone would make that terrible, final decision,” Schwartz said in an April 5 interview with Air Force Times.

“It’s a continuing leadership issue for us, and so I think it’s a maximum effort on our part because certainly we’re crushed when we lose one of our teammates to suicide,” Schwartz said. “We’re working in a multitude of areas as all the services are to try to minimize the likelihood of people taking their own lives.”

Though enlisted airmen represent the majority of Air Force suicides in the past 10 years, Roy said that no airman is immune to having suicidal thoughts, pointing out that even a brigadier general took his own life.

Roy talked about it during a panel discussion at the Warrior Resilience Conference at the end of March and again during an Air Force Association event in April, both in Washington, D.C.

“We have a problem with suicides,” Roy said at the Warrior Resiliency Conference. “Every single one that happens hits you in the heart. This is life. Life matters. Every single one matters.”

The Air Force suicide rate is slightly higher than the national average. According to the Centers for Disease Control and Prevention, the national suicide rate is 12 suicides per 100,000 people, compared with 13 for every 100,000 airmen in 2011.

Roy declined to be interviewed for this story. Through spokesman Senior Master Sgt. Christopher Vadnais, Roy said in a statement that airmen are trained to watch for signs of suicide and leaders rely on them to be attentive.

“There may not always be signs, but airmen should always be looking,” Roy said in the statement. “Any airman contemplating suicide needs to know help is available — and more important, be open to getting that help. Legal counsel, personal finance experts, Airman & Family Readiness Centers, and a host of other helping agencies are standing by to provide solutions.”

Roy said all airmen need to speak more openly about their struggles and all airmen need to be ready to listen when others speak up.

“No airman should ever feel alone,” he said. “We can overcome these issues together, as a team. Human life matters, and no problem calls for ending it.”

No more programs

Roy said at the conference that the military doesn’t need more programs to battle suicide. He said the Air Force, and its sister services, need to create a culture where people take care of each other. For Roy that means putting down the smartphone, powering off the iPad and being able to look another airman in the eye, see the cues for distress and do something about it. “We’ve got to understand how to communicate with people,” Roy said.

While the Air Force is not creating another program aimed at suicide prevention, the service plans to spend at least \$7 million on training Air Force personnel in skills that promote physical and mental strength and leadership skills that help increase organizational resilience, according to a request for proposal. The training will ultimately produce master resiliency trainers and instructors, along with a resiliency curriculum that will be part of the Comprehensive Airman Fitness program.

‘Make work suck less’

Ask airmen what they think will help reduce the number of suicides in the Air Force, and they'll tell you they need more time off and more resources at work to get their jobs done.

Enlisted airmen told Air Force Times that with fewer people trying to manage a higher ops tempo, people are more stressed out than ever. And they said supervisors are not empowered to acknowledge that and do something about it.

"If they see their guy is stressed out, they need to be given the opportunity to say, 'We need to give this guy a day off,'" said a maintainer, who asked not to be named. "It just seems the more and more we try to give our guys a break, the more and more we have to do computer-based training."

Some airmen complain that the push for resiliency and the additional time spent talking about it is taking them away from their jobs and their busy lives. They say the constant talk about resiliency is a growing source of frustration.

Staff Sgt. Dana Rohlfing, a maintainer at Little Rock Air Force Base, Ark., said the Air Force might be telling airmen that being resilient will help with the stressors of military life, but what she hears is that she should toughen up and get back to work.

"My impression of the overarching message of 'resiliency training' is, in order to prevent suicide, we need to eat more fruits and vegetables, keep fit and share our feelings with our co-workers on a regular basis," she said in an e-mail. "The fact that our manning keeps getting cut, our work day keeps getting longer, and we've been fighting the 'Forever War' for over a decade is shrugged off as something we can't change and just need to accept. "In other words, the onus is on us to 'toughen up' and find ways to deal with whatever the Air Force chooses to throw at us."

Rohlfing said she knows the Air Force has no plans to cut back its mission and manning issues will remain, but said there are things the service could do to relieve the pressures airmen face. She points to endless additional duties, demands for off-duty volunteering, emphasis on off-duty education and the growing number of computer-based trainings that airmen must endure.

"Stop pretending that we can eliminate all human error and come up with more realistic expectations," she said in the email. "In other words, make work suck less." Rohlfing said she believes that enlisted airmen make up a larger portion of Air Force suicides because they have the least amount of control over their lives.

"Many of us have little say in how things are managed, and we face dire consequences if we can't meet the expectations placed on us," she said in the email. "Couple that with a lousy economy and ever-increasing pressure to 'do more with less,' and you have a population who feels they just can't escape any other way."

She said a mechanic who has been at work for 12 hours doesn't want to sit through yet another briefing on why he should eat more vegetables and do more PT. "He wants to go home to his wife and kids," she said. "Let the poor man go home, okay?"

A noncommissioned officer who did not want to be identified criticized efforts to promote resiliency by having more of the same training. "If someone has a suicide then basically the base kind of stops and you get [an] all-day suicide briefing," the noncommissioned officer said. "I mean, how effective is that, really?"

An expert opinion

Mark Lerner, a clinical and forensic psychologist who specializes in traumatic stress, said he suspects troops experience a certain level of frustration and resistance when they hear their leaders talk about resiliency.

"Resiliency really implies by definition the ability to bounce back, or in more clinical terms, to restore a person to pre-morbid, or pre-crisis functioning," he said. "But it's about finding a way to take your painful energy and use it to cultivate a mission and some purpose for your life."

Lerner, who is the author of such books as “It’s OK To Not Be OK ... Right Now” and “Crisis Notes,” said usually one of three things happens to people who live through a traumatic event: They shut down and get stuck in that moment and live with their pain; they become destructive at work and in relationships, and turn to self-medication; or they turn their trauma into triumph. Lerner said more people need to know that they can be taught the third option.

That happens by educating people that what they feel and experience is normal. Then they can learn practical strategies to help them survive. People can be taught that the very thing they find painful can be used to fuel their mission, Lerner said.

“The answer is not resiliency,” he said. “I think it’s about providing people with a toolbox. In the same way we train our men and women to deal with the physical aspects of war, we train them in weaponry, we train them in how to fly their aircraft and how to repair it — all of the physical stuff — we also have to train them to deal with the hidden trauma, the traumatic stress, the emotional hemorrhage.” He said no approach to dealing with stress and trauma should be one size fits all.

Know when to step in

Everyone in the Air Force has been trained to recognize the risk factors associated with people who die by suicide and how to intervene, McCarthy said.

Because of the heightened risk of suicide for airmen who are maintainers, enlisted intelligence and security forces, and the emphasis on leadership as part of prevention, supervisors in those fields have received additional training since 2010. Airmen who provide mental health services or work in security forces or offices of special investigations also receive advanced training.

The Air Force is currently the only service with a process in place to specifically meet the needs of an individual who is under investigation. The investigating officer is allowed to notify the person’s command of the investigation so that the command can look out for behavioral changes and provide an opportunity for additional support. If the person being investigated does seek out mental health services, Air Force policy prevents the use of notes from counseling sessions for further prosecution.

In addition to training, at every base and major command and at the Headquarters Air Force level, a Community Action and Information Board, or CAIB, monitors the health and welfare of airmen on a quarterly basis. But McCarthy said the Air Force must still do more to prevent suicide, especially at the most basic level.

“When we see our young airmen not relating well to their spouse, when we see our young airmen making decisions that aren’t good for them with their money, or in their career, that’s when we need to intervene,” McCarthy said. “Not when they are watching their marriage crumble, when they’re watching their financial situation get out of hand and feeling overwhelmed.

“If we’re waiting that long, we’re not doing our job and it’s not good suicide prevention,” McCarthy said. But early intervention is only half the battle. Convincing airmen to take advantage of programs before it’s too late is the other half.

Perception vs. reality

Capt. Julia Vanover with the Eglin Air Force Base Outreach and Resiliency program said she’s worked with many upper enlisted airmen and they usually fall into one of two categories when it comes to seeking mental health services: those who have decided to end their lives and those who’ve waited until the end of their career to get help.

She said for those who’ve decided that suicide is the answer, a visit to mental health is a last-ditch effort. But for those who get help at the end of their career, the delay was about preserving their career.

“They believe — appropriately in many cases — that coming in will hurt their career,” she said during the question-and-answer period of an enlisted service chiefs’ panel at the Warrior Resiliency Conference.

McCarthy said the stigma associated with seeking help for mental health issues is real and not unique to military culture. Because of the very nature of military service, there are some jobs, such as those dealing with nuclear weapons, where you cannot have a mental health condition.

In addition to that, security forces airmen who have been determined to be high suicide risks and deemed unfit for duty will have their guns taken from them and everyone will likely know.

“We’re going to take their gun away for their protection and everybody else’s,” McCarthy said. “But every other cop sees that. Nobody likes their co-workers to think that – to use their language – ‘not a full up round.’”

But McCarthy said that 97 percent of people who seek mental health care do not have adverse actions taken against them, and the Air Force has to get that message out to airmen.

Vanover suggested that one way to get that message out would be for the enlisted chiefs to share their personal stories with troops so they’ll know you can seek mental health services and still advance your career.

“I hear a lot of people say that [seeking help] is a sign of flexibility — it’s a sign of strength,” she said to the panel of service chiefs. “You all have successful careers ...what if every single one of you went to mental health and talked about it?”

No shame in getting help

At the conference, Sergeant Major of the Army Raymond Chandler said the personal message is what people remember most, so on the spot he shared his own story.

In 2004, he was almost killed by a 122mm rocket that came into his room while he was winding down from an eight-hour patrol in Baghdad. He said he pushed aside how he felt about his near-death experience for years until he found himself on a downward spiral.

“I pretty much spent 2009 through 2011 in behavioral health seeing a social worker and going through some pretty intense counseling,” he said.

Chandler said when he was being considered for his current position, he was asked by then-Army Chief of Staff Gen. George Casey if there was anything that might come up that would embarrass the Army if it came to light. Chandler told him about his time in counseling. Instead of Casey viewing the confession as a sign of unfitness, Chandler said the general told him to share that story with soldiers whenever he felt he could.

“If I can be chosen, that shows the Army’s commitment,” he said. “I’m a better husband, a better father, and at the end of the day, a better soldier” for seeking help.

Marine Sgt. Maj. Bryan Battaglia, the top enlisted adviser to the Joint Chiefs of Staff, said that he, too, sought the help of a psychologist for post-combat stress.

“Battaglia didn’t see it, some of his fellow NCOs or officers didn’t see it,” he said, speaking in the third person. “It was my spouse who saw it. I was in denial and she’s the one who identified it: ‘Hey, there have been some changes in you. Maybe you need to go see someone.’”

Though Roy didn’t have a personal story to tell, he said at the conference that Air Force leaders are considering whether to do more pre-screening for pre-existing mental health conditions. He said if maintaining security clearances and personnel reliability programs for airmen in nuclear operations is a barrier to seeking mental health services, then those are both areas that need to be looked at.

He also said there is a concern that when airmen do seek help — particularly for post-combat stress — that they aren't given the same respect as other troops.

"In certain situations, we've had airmen come back from the Area of Responsibility who went to behavioral health where they were told, 'There's no possible way that could have happened to you because you are an airman,'" he said. "That's a problem."