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# **Changes in Suicide Rates in Lithuanian Armed Forces: Impact of Psychological Support Program**

*Riga, Latvia, 5<sup>th</sup> of April, 2017*

**NATO STO HFM-275 Military Suicide prevention**

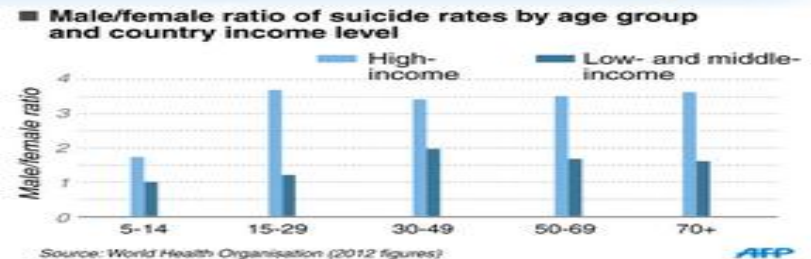
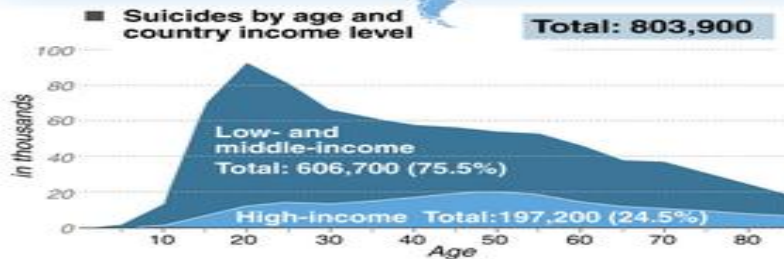
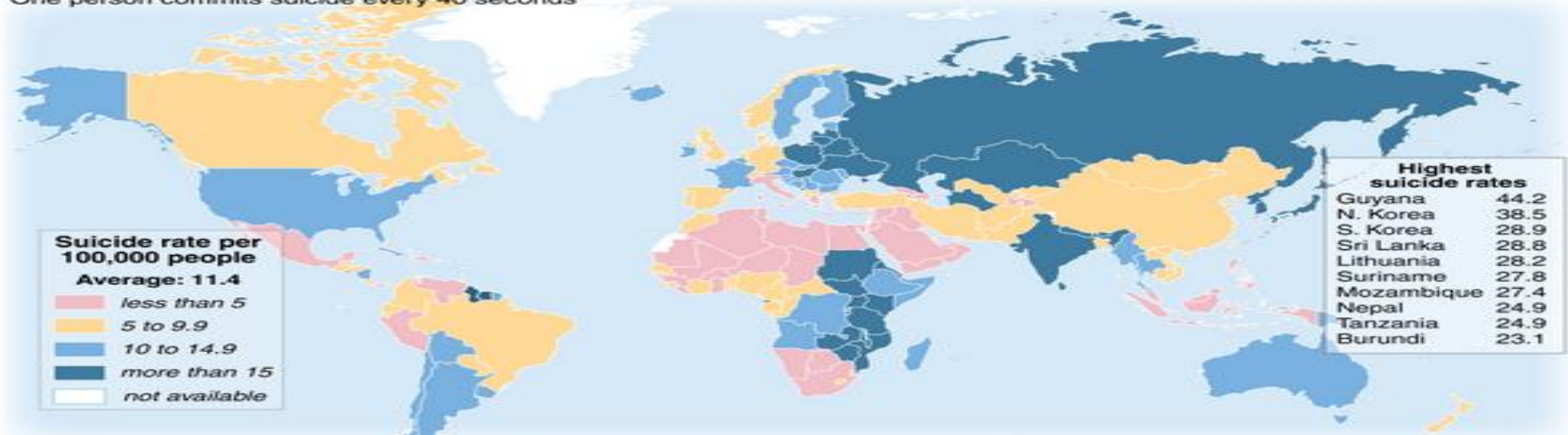


# Introduction and General Situation

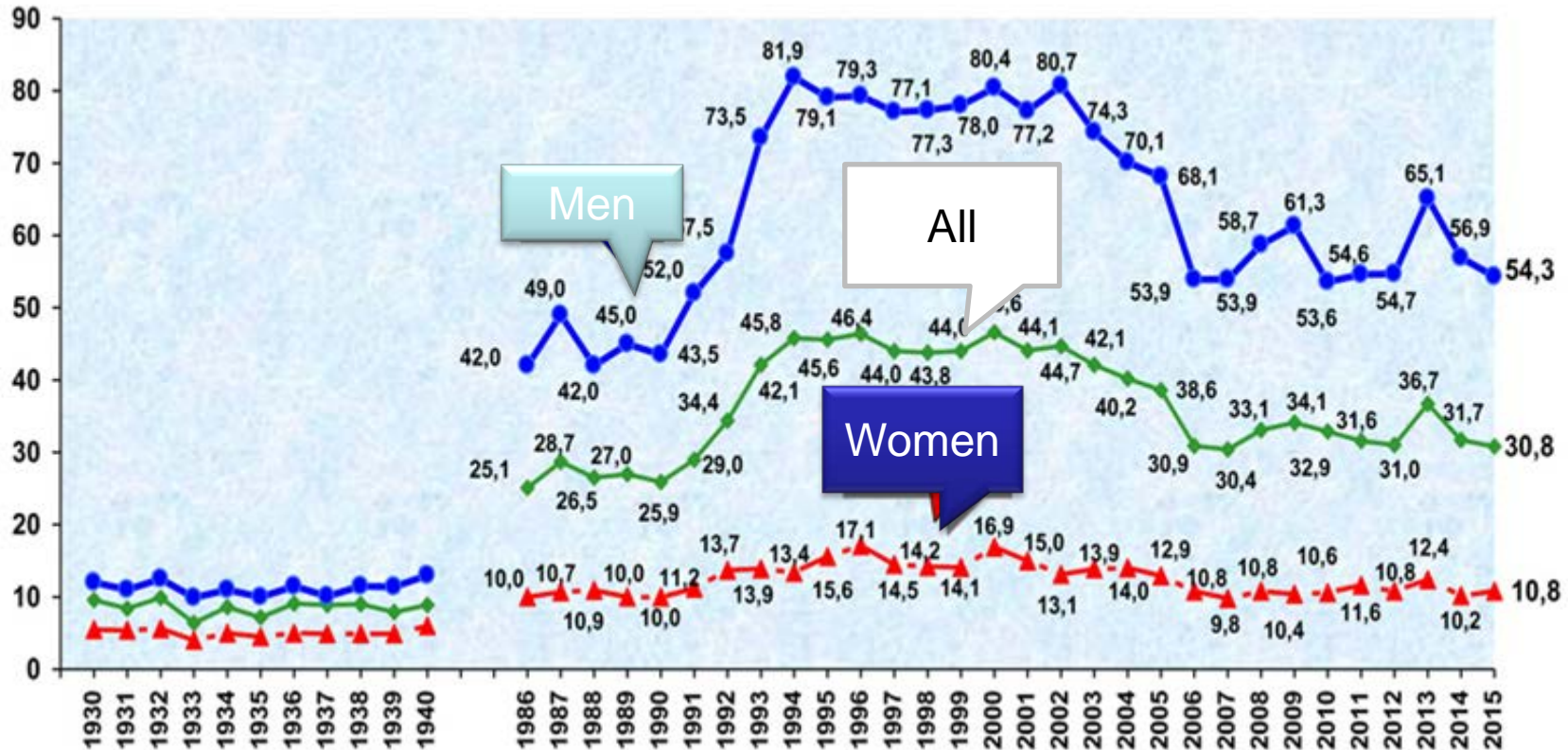
## WHO Report on Suicide (2014)

### WHO targets 10% cut in suicides by 2020

One person commits suicide every 40 seconds



# Suicide Rate in Lithuania 1930-2015 / per 100 000 of population



# Main Risk Factors (1)

- Sociodemographic situation (low salary, emigration, unemployment etc.)
- “Postsovietic” way of life (to feel free);
- Mental health problems (e.g. depression, substance abuse);
- Low financial support for mental health prevention;
- Other addiction problems;
- Economic crisis;
- Stigma for seeking help;
- No persons at primary care level etc...



# Risk Factors in Military (2)

- Impulsive behavior due to stressful life events (breaking of relations, divorce, retirement);
- Financial or health problems (unfit for service);
- Lack of family or friends support, low motivation, no skills of problem solving;
- Suicides in family;
- Male 20-25 or 32-38 years, or 41- 44 years;
- Access to guns, alone on duty.





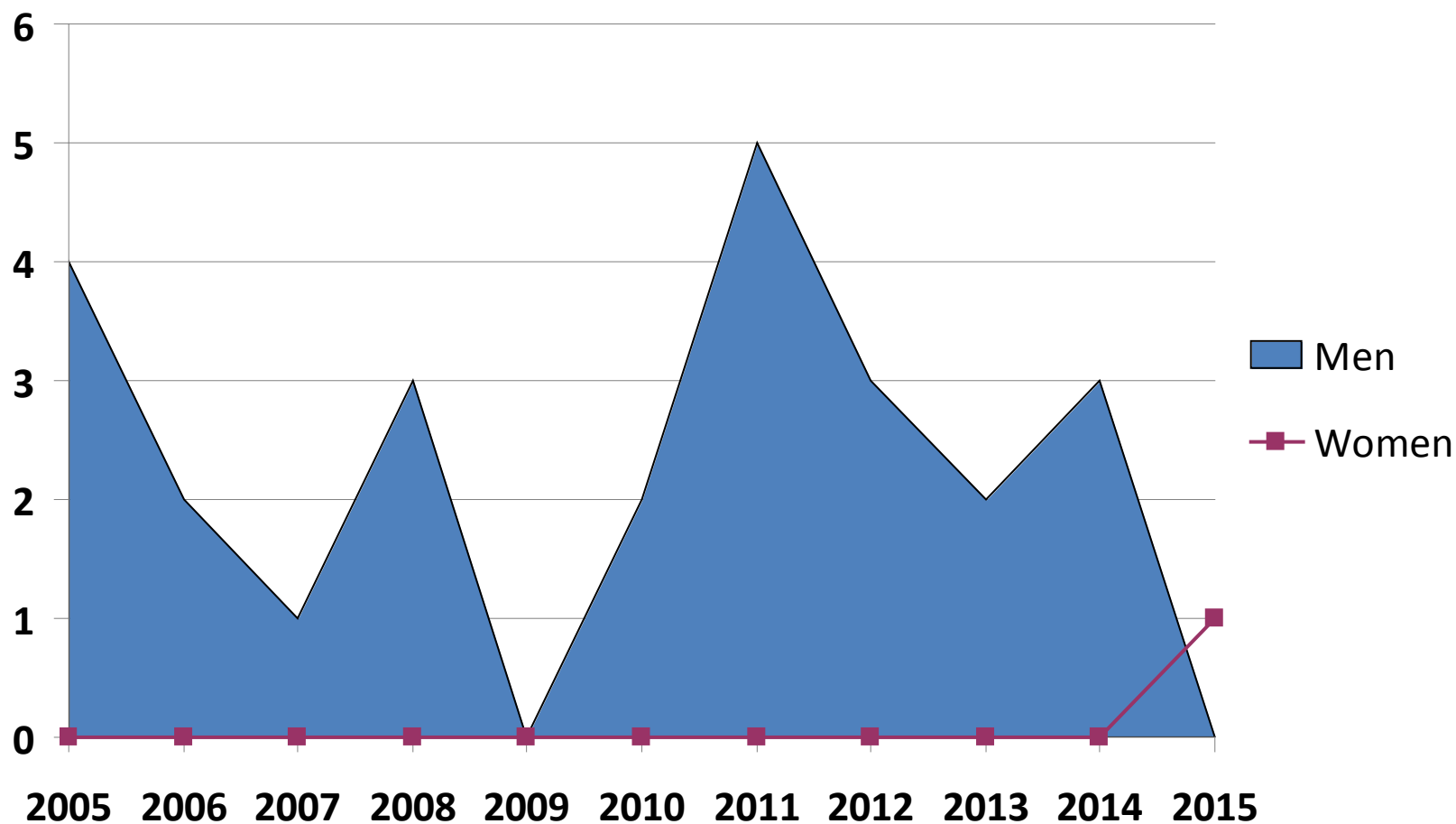
# Suicides in Military

- Military Medical Service was established in 1991
- All servicemen are checked by Military Medical Expertise Board specialists (entering, before deployment, regularly).
- Statistical data of soldiers death cases are incomplete.
- Recorded suicide cases:
  - **39** (1992 – 2004);
  - **26** (2005 – 2015) –
  - **aprox. 37 %** from all death cases.

*And 2016 - 2; 2017 - 1 !*

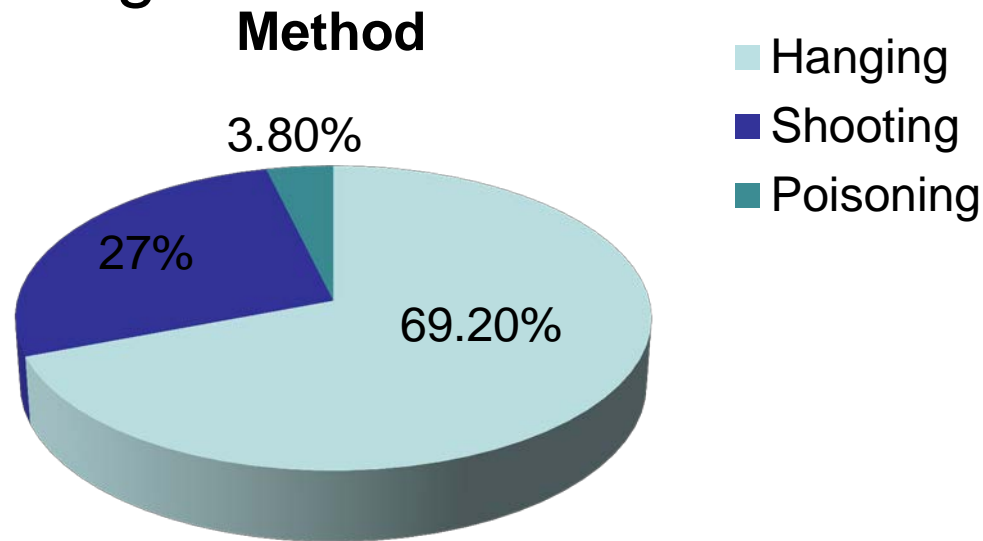


# Suicide Cases in Lithuanian Armed Forces During 2005-2015 years (1)



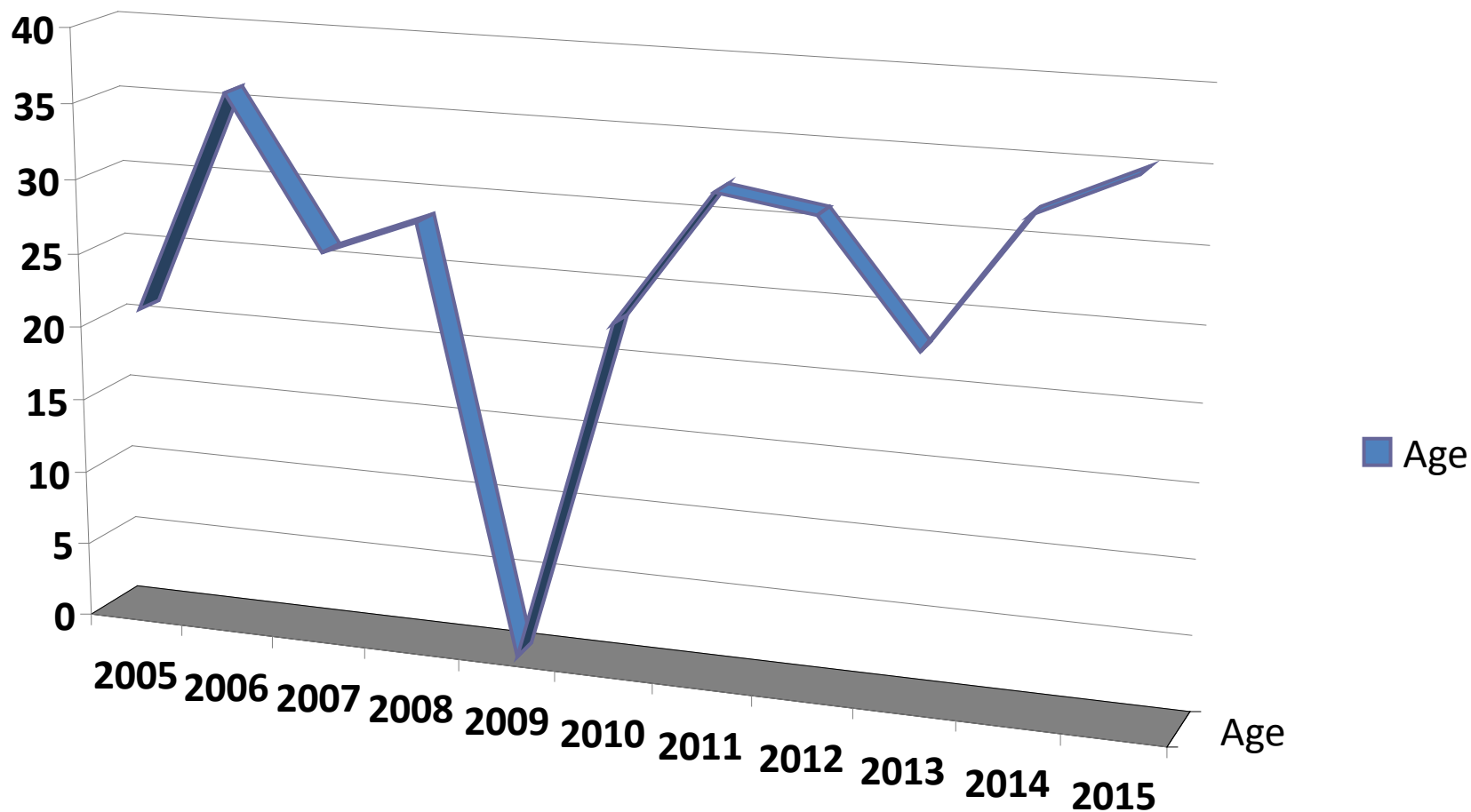
# Suicide Cases in Lithuanian Armed Forces in 2005-2015 (2)

- Most suicide cases committed at home (23 of 26).
- Most frequent ranks – lowest (private), sergeants.





# Age of Servicemen Committed Suicide in Lithuanian Military (2005-2015)



# Psychological Support Program

- Mental health providers: number of psychologists in Local Medical Expertise Boards and units: 1993 – only **1**, 2015 – **15**, now **30**.
- Investigation studies on stress level and coping, ideation, deployment impact, needs for help: 61% of personnel experience frequent and moderate stress; 10% suicidal thoughts; biomarkers (70%/30%); 17% would visit specialists etc.
- „*Preventive stress and depression program*” (started at 2000): series of lectures, booklets;
- telephone line for consultations;
- pre deployment training;
- critical incident debriefings (CISD).



# Beginning of CISD in LAF



Start – in 2006 with  
Youth Psychological Aid Centre  
More than 30 cases, 4 – in mission



# Other psychological support forms

- After receiving information about event – active **management** of situation, providing help and work with family members;
- Organization of CISD in the unit within 2–3 psychologists („from outside“);
- Telephone line **24/7**;
- Stress coping skills training (“antistress ABC”);
- Group of counselling.
- **Bereavement group** in a



Church (45 open group meetings, 38 persons (7men/31 women), usually 2-9 in one tea drinking session, 50% 1-2 times, getting support when unifying experience of suffered loss)



# Lessons learned

1. Easy access to servicemen psychological support must be achieved in each **region** of Lithuania (not only in 5 big cities).
2. **Leaders** should be trained to recognize and manage high levels of stress and crisis situation of their followers.
3. As a first priority - must be active work on reducing **stigma**.
4. Developing a short course on Buddy help **training** for stress coping and communication skills is necessary.
5. Person on duty with **guns** should not be leaved alone.





# Main Conclusions

- Increased **number** of psychologist, intensive their efforts in training and counselling made psychological support more attainable in LAF.
- Suicide prevention must be **permanent and individual**:
  - Support from leaders, their education in mental health risk and protective buddy help factors might be a key for success in decreasing suicide rates in military.
- **Plans** for future:
  - Effective measures (other best practices - from this HFM-275);
  - Mobile crisis team



# Thank you for your attention!



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[psichologai.kam.lt](http://psichologai.kam.lt) – psychological support

