

(53A)

Tele : 23018188

Additional Directorate General
Discipline and Vigilance
Adjutant General's Branch
Integrated HQ of MOD (Army)
New Delhi-110011

No. 50451/AG/DV-1(P)

11 Dec 2006

Headquarters
Southern Command
Eastern Command
Western Command
Central Command
Northern Command
South Western Command
Army Trg Command
A & N Command

SUICIDE CASES IN THE ARMY- PREVENTIVE MEASURES

1. A number of letters have been issued to the Commands from time to time to tackle the issue of suicide and stress related incidents. This issue has also been examined by DGMS in detail in conjunction with Consultant (Psy) and Sr Adviser (Psy) and the following measures are proposed:-

(a) **Sensitization training for Offrs and Junior Leaders.** Appropriate training capsules be introduced in training pitched at the level appropriate to the target audience, to sensitize them to the nuances of stress recognition, management and amelioration.

(i) **Corps Battle Schools (CBS).** In 15 Corps Z and 16 Corps Z, during pre induction trg for units, and also at CIJW school in EC.

(ii) In NDA, IMA, OTA for cadets.

(iii) In various trg courses for officers.

(iv) In courses being conducted at JLA for JCOs/NCOs.

(v) **For Medical Officers.**

(aa) **OTS AMC C&S Lucknow.** MOBC and MOJC Courses.


(ab) **Pre- induction Capsule.** A pre-induction capsule be conducted for all MOs being inducted to 15 Corps Z and 16 Corps Z (at 92 BH and CH (NC) respectively) and also in 3 Corps Z & 4 Corps Z.

(b) **Psychiatric Teams.** A team consisting of a Psy specialist, Counsellor and PNAs be constituted at the Corps level (in 15 and 16 Corps Z, to begin with, and in 3 Corps and 4 Corps Z in EC) which would be tasked to investigate each incidence with a view to identifying contributory factors and developing preventive measures and also organize talks at various levels in the corps Z to sensitise the environment on relevant issues of stress recognition and management. Psychiatric specialists of Corps Z will also supervise and guide counsellors.

(c) **Role of RMO.** The RMO has traditionally been an important institution in all units and held a special place in the hierarchy between CO and the troops. The role and support provided by the RMO has been amply exemplified in WW-I and WW-II and subsequent conflicts during 1965 and 1971. However, it is perceived that over the years the interaction between COs and RMOs has somehow decreased, perhaps due to the inherent organisational hierarchy of units, or other reasons. By virtue of their compassion, training and interaction with troops, RMOs develop a unique perspective and insight into the problems of troops. It could be impressed upon the Cdrs at all levels to revitalize this important link of the RMO, and judiciously utilize their inputs to help detect and minimize incidence of stress and related suicides.

(d) **Role of Counsellors.** It is emphasized that the Psychiatric Counsellors are intended to be utilised as facilitators in the unit environment. They should not be perceived as encroaching upon the units or as some sort of fault finding or inspecting agency.

2. The above may be given wide publicity and where applicable necessary instructions may be issued to implement the above measures.


(R C Malik)
Brig
DDG (B) D&V
For Adjutant General

Copy to :-

JAG Deptt

List 'D'

T-4: 35125

Human Rights Cell
Addl Directorate General
Discipline and Vigilance
Adjutant General's Branch
Integrated HQ of MOD (Army)
DHQ PO, New Delhi-110011

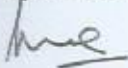
C/6203/AG/DV/Follow UP/HRC

23 Dec 2020

Southern Command
Eastern Command
Western Command
Central Command
Northern Command
ARTRAC Command
South Western Command
Andaman & Nicobar Command

ADVISORY ON SUICIDE CASES IN THE ARMY

1. Ref DV Dte letter No C/6206/AG/DV/Follow Up/HRC dt 30 Sep 2013.
2. Psy Autopsy was made mandatory in 2013 for all C of I involving suicide cases to study and analyse factors associated with suicides. The procedure has been in vogue for last seven years and several reasons attributable to suicides have emerged since then. However, eff of the outcome of Psy Autopsy in reducing the overall No of suicides in the Army have largely remained unchanged. Based on a No of inputs from the envt incl from the DGMS, the present system of psy autopsy has been reviewed. Henceforth, the fwg guidelines shall be followed in all suicide cases :-
 - (a) Psy autopsy may not be a mandatory exhibit in all suicide cases and be conducted on case to case basis and be delinked from C of I.
 - (b) Psy autopsy must be conducted in attempted suicide cases also, on case to case basis.
 - (c) It should be used as a research methodology to ascertain reasons for suicide rather as an investigative tool.
 - (d) Psy autopsy to be carried out in the form of a questionnaire by med auth to arrive at better objectivity and disseminate the outcome to the envt to impl measures to prevent suicides in future.
 - (e) In addn, it is of paramount imp that every case of suicide/attempted suicide be investigated and lessons learnt/recommendations are also disseminated to the envt for future prevention.
3. Para 2 (k) of ADG DV (HRC) letter No C/6206/AG/DV/Follow Up/HRC dt 30 Sep 2013 may please be treated as cancelled.


(Viney Handa)
Brig
Offg ADG DV
for Adjutant General

Copy to :-

DGMS

DV-1(P) ✓

REGD SDS

Tele: 35123

Human Rights Cell
Addl Directorate General
Discipline and Vigilance
Adjutant General's Branch
Integrated HQ of MOD (Army)
DHQ PO, New Delhi - 110011

C/6203/AG/DV/Follow UP/HRC

13 Dec 2021

Headquarters
Southern Command (A)
Eastern Command (A)
Western Command (A)
Central Command (A)
Northern Command (A)
ARTRAC Command (A)
South Western Command (A)
Andaman & Nicobar Command (A)

ADVISORY: PREVENTIVE MEASURES AGAINST SUICIDES

1. The Year 2021 has witnessed a tangible increase in the No of suicide cases in Indian Army. While the percentage of pers committing suicide is miniscule, losing even one well trained soldier is a great loss to the org. Besides resulting in loss of precious lives and disrupting families, the trend is detrimental to morale of tps as well as image of the Armed Forces. It is therefore imperative that the ongoing efforts at all levels to prevent suicides need to be invigorated and implemented with utmost sincerity. A brief analysis of the trends, causative factors and suggested measures are given out in the succeeding paras.

Analysis of Suicide Cases

2. It has been obs that, most of the suicides are not pre-meditated but may be a result of piling up of multiple stressors over a pd of time. It may also be a result of impulsive response to a moment of crisis.

3. In addn to the above, study of suicide cases also leads to the fwg inferences which have been consistent:-

(a) Soldiers in younger age bracket (i.e. between 20-30 yrs) are more vulnerable to suicide. It has also been inferred, that in most of the cases the incident occurred when a soldier had recently joined from lve. Therefore, it could be attributable to some grave issues on the domestic front.

(b) Hanging of self was primary method used in peace stns while shooting of self with service wpn was resorted to in fd stns. Hanging is gen resorted to in places which are not being visited frequently or may have ltd accessibility. Self

infliction by pers wpn is carried out when the pers is on a gd duty either alone or when there is a turnover of his buddy.

(c) In majority of cases, suicides within unit premises were committed at ni/ early morning hrs and discovered only at day break.

(d) Suicides in majority of cases were attributed to domestic/marital/familial reasons.

(e) Indls having been humiliated in public by srs/ subordinates, suffered loss of self esteem/loss of loved ones and newly married indls were found to be particularly susceptible.

Causative Factors and Warning Signs

4. There are a No of causative factors at personal as well as professional front which may lead to suicides. Some of the significant contributors to such incidents involve challenging op domain/ envt, socio economic envt, aspirational changes both at professional as well as personal level, financial problems, chronic illness, and advent of technology/ social media. Incidents of suicides are attributed to an impulsive trigger, however, the same may be a result of persistent issues which would have been going on for a considerable time. Domestic issues, denial of lve, harassment and humiliation at work place etc are some of the possible triggers which could have precipitated into the drastic final step. Some of the common causatives factors and warning signs are as follows:-

(a) Causative Factors.

- (i) Marital discord/ recent interpersonal losses/loss of loved ones/ break up of close relations, further accentuated by mob phones usage and social media.
- (ii) Perceived harassment at wk place/ denial or deprivation/loss of self-esteem.
- (iii) Inability to cope with mil envt/ assignments, trg and new resp.
- (iv) Discp, legal or hlth issues.
- (v) Financial stressors or accumulation of stressful events.
- (vi) Heated arguments over the phone mostly with family or wk place related events.
- (vii) Non adherence to est SOPs /instrs resulting in easy access to arms and amn.

(b) **Warning Signs.** Indicators have to be picked up in terms of abnormal behavior, change in body language, mental orientation, speech and intended/hidden comn. In most cases, it was obs that victims had given verbal/non-verbal indicators before attempting suicide. These indicators, if picked

up and correctly analysed in a timely manner, would have helped in suicide prevention. Certain warning signs identified are as follows:-

- (i) Disobedience of orders, lack of interest in routine wk.
- (ii) Social withdrawal, reduced comn and reclusive behavior.
- (iii) Inefficiency at wk.
- (iv) Loss of appetite, hlth related issues and insomnia.
- (v) Enhanced alcohol and drug abuse.
- (vi) Instances of impulsive behavior, persisting bouts of anger or guilt.
- (vii) Incr dependence on mob phone and social media.

Remedial Measures

5. Measures to mitigate the trend of suicide have been promulgated from time to time and are reiterated as follows:-

(a) **Building Interpersonal Relationship (Offrs - Men Interaction)**. There has been a considerable change in socio economic envt leading to changes in our org envt too. Basic teaching of regular interaction with tps to know them better and to act as a sp sys needs to be enforced again. There is a pressing need to get '**Back to the Basics of Knowing Your Tps**' mindset to curb the menace of suicide.

(b) **Positive Unit Envt**. Good procedures and protocols prevalent in any unit are a manifestation of institutional memory in the form of SOPs and 'Unit Tartib'. Unit Tartib must nurture a buoyant org culture. Adherence to laid down procedures/ SOPs on ensuring safe custody of arms and amn will prevent cases occurring from instant outburst of emotions. Positive unit envt encourages ethical behavior and fosters esprit-de-corps, besides promoting loyalty and sense of pride in the unit. Also, unit and sub unit cdrs must regularly interact with max pers during trg, maint, games parades and on other formal and informal occasions. The aim is to give personal attn to all indls, which will promote a sense of accessibility and assurance of social sp.

(c) **Role of Imdt Superiors & Peers**. Imdt leaders are the people in contact of an indl. These could incl NCOs, JCOs, RT JCO, team members, buddies etc. If they are alive to the situation and can recognise the pers with suicidal tendencies, the incident of suicides can be checked at early stage itself.

(d) **Buddy Sys**. Strict impl of 'Buddy Sys' has an imp role in prevention of suicides, since companionship and mut sharing of info/thoughts between indls can act as a vent for pent-up emotions/feelings. Keeping that in mind, 'buddy pairs' or 'triads' need to be thoughtfully formed. The aspect of compatibility

amongst buddies needs to be ensured by giving due consideration to age, rk, language, regional and sub-unit affiliations.

(e) **Suicide Watch.** Indls vulnerable to suicides can be discerned by relating to the causative factors discussed above. Such indls can be discreetly placed under '**Suicide Watch**'. Suicide Watch may be institutionalised by earmarking a team of indls at unit level. In addn, CCTV cameras can be installed at isolated places. State of mind of an indl can also be picked up from a careful scrutiny of indl's status posted on social media. An eff '**Suicide Watch**' mechanism comprising of pers with a discerning eye for sensing abnormal activity /behavior pattern and associated warning signs will help reduce occurrence to a great extent.

(f) **Comn with Family Members.** Timely and eff comn is of immense imp in suicide prevention. It emerged in analysis of some cases that family members, despite noticing unusual behavior/comn, failed to alert the unit, since they did not have contact detls of concerned appts. Contact detls of key appts who will be the pt of contact for the families must be made known to family members/ spouse to report any cause of alarm/distress/unusual behavior of soldiers noticed by them.

(g) **Role of Family Welfare Org.** Family Welfare Org in the units must focus on the imp aspect of educating the spouses of soldiers (especially newly -weds). Edn needs to focus on wk associated pressures in a soldier's life and imp of spouse's role in promoting care, cordiality and harmony in the family. They must also be encouraged and educated to share and seek help in case of family relationship coming under stress. Couples who have suffered unexpected loss of a child or an imdt family member need to be suitably counselled and kept under watch. Soldiers prior to marriage and newly-wed couples after marriage need to be counselled on familial change mgt and need for maintaining positive comn and social harmony.

(h) **Feedback to New Unit.** A formal sys of providing feedback on personal behavioral traits of an indl being posted to a new unit should be est. The same will help new unit take preventive measures, as reqd.

(j) **Social Stigma.** Social stigma att to seeking help to manage psy/ med condition leads to reluctance amongst indls and their colleagues to report any unusual behavioral change. Dedicated effort needs to be dir towards correcting this perception and encouraging indls to seek specialist med/ psy help where reqd.

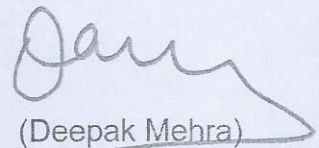
(k) **Trg of Cdrs.** Aspects related to iden of prospective indls with weakness / suicidal tendencies need to be incorporated in the syllabus of courses at JC and SC level to equip ofrs to eff deal with them. Additionally, vacs on Psy Counselor's course run by the DIPR are periodically rel by DV Dte which need to be optimally utilised. Practice of compassion, empathy and humane apch by cdrs will prevent such occurrences to a large extent.

6. **Conduct of Inquiries.** Suicides are a result of stress and other intangible factors. However, they may also to some extent be related to weak leadership and

comd. C of I conducted in such cases must deal with the subject very diligently and recom definitive corrective measures for future. Sincere endeavor to inv the case be made rather than arr at vague conclusions aimed at non-apportioning of attributability.

7. **Reporting of Incident.** With concern it is obs that cases of suicides are not being reported on time as per SAO/6/S/2000. In addn, there has been a significant anomaly in data recd at DV Dte wrt suicides. In view of the same, Comd HQ are requested to fwd a qtrly update on suicide/ attempted suicide with analysis of all the cases based on C of I conducted over the entire qtr along with recom and conclusion drawn. The first report on the same for qtr ending Dec 2021 should reach this Dte by 01 Jan 2022.

8. Suggestions/recom made in this advisory are not exhaustive by themselves. These be considered as guidelines while cdr's on grnd must explore and implement more means/ measures to arrest incidents of suicides/ attempted suicides in the IA.


(Deepak Mehra)
Maj Gen
ADG DV