



Original Article

Efficacy of mentoring skills in Indian Air Force suicide prevention training: Challenges and opportunities

B Thomas¹, S Chaturvedula²

¹Department of Psychiatric Social Work, National Institute of Mental Health and Neurosciences, Bengaluru, India, ²Psychologist, Department of Aviation Psychology, Institute of Aerospace Medicine IAF, Bengaluru, India.



***Corresponding author:**

Dr. S Chaturvedula,
Psychologist and HoD,
Department of Aviation
Psychology, Institute of
Aerospace Medicine IAF,
Bengaluru- 560 017, Karnataka,
India.

sowgandhic@gmail.com

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ABSTRACT

Introduction: Mental health promotion and suicide prevention are important initiatives of Indian Air Force (IAF) for its personnel. Institute of Aerospace Medicine (IAM), Bengaluru, has been conducting suicide prevention training programs for the IAF personnel since 1997. More than a 100 programs have been completed. In-time identification of the vulnerable, empowerment of instructors, provision of information about suicide prevention and improvement of approach toward the *ab initio* who are at risk are the focus of the suicide prevention program (SPP). This paper aims at assessing the efficacy of the mentoring skills imparted during the suicide prevention training in successfully identifying and providing support to the vulnerable *ab initio* cadets in the training establishments of IAF.

Material and Methods: Mentors ($n = 34$) who are instructors in the training establishments in IAF and who have completed SPP conducted by IAM participated in the study. A feedback tool which was to assess the usefulness of the SPP in terms of the extended use of mentoring skills in their work, problems faced in the identification of the vulnerable persons, challenges faced in their mentoring activities were administered. Qualitative analysis was carried out and compiled.

Results: Qualitative analysis brought out certain important issues regarding the challenges faced by the mentors and their competency in effectively dealing with the challenges. The results provide support in improving the existing SPPs and the role of mentors in mental health promotion in IAF.

Conclusion: Suicide prevention program being conducted at IAM (IAF) was found to be beneficial to the mentors. It also addressed some of the professional and personal challenges faced by them. The findings of the study has brought out important take home messages for refining the program in the future.

Keywords: Suicide prevention, Mental health, Mentoring, Gatekeeping

INTRODUCTION

Loss of life due to suicides is a serious public health issue in all countries, demanding a global concern and intervention. Suicide prevention has become an agenda globally to combat the increasing attempts to end life through self-harm behavior. Globally, nearly 800,000 people die by suicide every year; nearly one-third of all suicides occur among young people. Suicide is the second leading cause of death among 15–29-year-olds and the second leading cause of death for females aged 15–19 years.^[1] Suicide prevention workshop and suicide prevention training are used interchangeably in this article.

Worldwide, there is a growing recognition that prevention strategies should be customized specifically to regions and settings.^[2] Reiterating the same, United Nations Organization in 1996 has stated gate keeper's course to be implemented as an effective strategy to prevent suicides.

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Many countries and armed forces have adopted this method along with several other measures and found gatekeeping training to be effective in reducing suicides significantly.^[3-5]

US Air Force Suicide Prevention Program (SPP) started in 1996 as an integrated product team. This program focussed on interconnectedness and social support, individual coping skills, and promoting responsible help-seeking behaviors in distress.^[6] This program helped in record lows of suicides rates and heightened community awareness of suicide risk factors. It also created a safety net that provided protection and adds support to those in trouble. US Army SPP was an initiative in 1998 and has gate-keeping program and comprehensively deals with myths, facts, and warning signs of high-risk individuals. The cornerstone of this SPP is “Ask, Care, Escort.” It focusses on the holistic approach and encourages “soldiers to take care of soldiers.” The Texas National Guard SPP minimizes suicidal behavior by programs like Suicide Applied Suicide Intervention Skills Training which provides awareness on gatekeeping and intervention skills.^[7,8]

Israel Defense Force SPP incorporated gatekeeping for its conscripted personnel serving at various levels of seniority. A study by Shelef *et al.* on suicidal soldier profile, stated that reduction in accessibility to weapons and greater accessibility to mental health officers resulted in the reduction of suicide rates by 50% from 2006 to 2014.^[9] Ukraine Military Model of suicide prevention focusses on educating officers, training representatives of vulnerable risk groups and increasing follow-up procedures based on booklets, promotional material.^[10]

A concern regarding loss of lives, amid ab-initio trainees due to suicides in the 90s led to the development of the Suicide Prevention Workshop.^[11] The statistics of suicides in the Armed Forces have been equivocal though less than the national average, it still remains a cause of concern. This is so also because of the understanding that, to an extent, suicides are preventable by timely initiatives and active lookout for such cases. The Armed Forces statistics on suicides^[12-15] have shown a decreasing trend, but has prompted the services to institute remedial measures.

Mental health promotion and suicide prevention are important initiatives of IAF for its personnel. In view of the increasing suicides, the Department of Aviation Psychology in Institute of Aerospace Medicine (IAM) evolved a suicide awareness-training program in association with the National Institute of Mental health and Neurosciences, Bengaluru, in late 1997.^[11] The objectives of this SPP are as follow:

- a. Initiation of personal growth
- b. Self-awareness and openness to experience
- c. Empowering oneself and empowering others.

The curriculum dwells on in-time identification of the vulnerable and improving the approach toward the *ab initio* who are at risk. More than 100 such programs have been

organized and about 1500 Air Warriors have undertaken the training. These Air Warriors then serve as counselors and perform mentoring duties in training establishments. However, the impact of SPP on the air warriors in discharging their duties as mentors and in preventing suicides has not been studied to date. This exercise would provide valuable insights regarding the SPP and elicit certain desirable amendments to be carried out to the curriculum.

Thus, the aim of this study was to assess the efficacy of mentoring skills imparted during the suicide prevention training in identifying and providing support to the vulnerable *ab initio* cadets in the training establishments of IAF.

The objectives of the study were as follows:

- a. To assess the efficacy of mentoring skills imparted during the suicide prevention training held at IAM, Bengaluru
- b. To assess the outcomes in mentors after attending the training program
- c. To identify the areas for improving the SPP.

MATERIAL AND METHODS

The current paper analyzed the data of 34 instructors under different training establishments in the southern part of the country. Datasheet was given to 50 instructors who had attended SPP in the past 3 years at IAM. The authors constructed the questions and the higher authorities validated the tool. Institutional permission was taken for the evaluation and use of data for publication. The study was based on self-reported questionnaire and hence, respondent bias was not within the scope of the present study.

RESULTS

The demographic details as shown in the Table 1 indicate that the majority (24, 70.5%) of the participants were above the age of 40 years. Half of the participants had college education (undergraduates; 06, 17.6%, and postgraduates; 11, 32.4%). All of them had significant years of service in IAF. Around three-fourth (73.5%, 25) of the participants had service more than 20 years in IAF. Although the majority had several years of service in IAF, 88.2% (30) of them had only <5 years of a mentoring role.

Table 2 describes the skills enhanced after participating in the program. Overall, the participants have reported high on skills on listening to the mentees (91.2%), understanding them (85.8%), helping mentees solve their issues (85.8%), managing the issues of mentees (77.6%), and ability in identifying mentees in situations of risk (75.3%).

Mentor qualities that have developed in mentors after attending the suicide prevention training are illustrated in Table 3. Greater changes are reported in terms of mentors' approachability to

the mentees (92.4%), positive attitude toward the mentoring activity (87.6%), openness toward the mentees problems (86.5%), and empathetic approach toward mentees (81.8%).

The mentors have reported that they could see several changes in the mentees' behaviors after they have attended the suicide prevention training as shown in Table 4. Three quarters of the mentors reported that there is an attitudinal change among the mentees about mentoring which is positive. More than half (23, 67.6%) of the mentors reported that they could see more openness among the mentees toward the mentors in addition to better interaction and acceptance

of mentoring inputs. Mentors also have reported that there is more trust toward the mentors, mentees speak exact issues, less complaining of physical illnesses, and importantly a few mentors have seen betterment in academics, improved personal skills and self-goals of the mentees.

Table 5 shows the various practices mentors engage in mentoring practices in their training establishments after attending the suicide prevention workshop. They have reported that they (64.7%) actively listen to the mentees, differentiate the real needs of the mentee during mentoring (47.1%), practice empathetic approach (38.2%), reach to the mentees with positive attitude (29.4%), be nonjudgmental, and able to maintain calm during mentoring.

Table 6 illustrates the changes mentors have reported in their personal lives as an after-effect of the training. Table 6 shows reports of increased (14.7%), more involvement with family (11.8%), efforts toward friendly relationship at workplace, contemplative, less complaining, encouraging (8.8%), and not taking decision for others (5.9%).

There have been reports of challenges faced by the mentors at two levels; organizational and mentoring role-related which are described in Table 7. Half of the participants (52.9%) were

Table 1: Personal and service variables.

Personal and service variables	n (34)	Percent
Age		
30–40 years	10	29.5
40–50 years	15	44.5
Above 50 years	9	26
Education		
Up to 12 th grade	11	32.4
Undergraduate	11	32.4
Postgraduate	6	17.6
Others	4	11.8
Not given	2	5.9
Years of service		
10–15 years	2	5.9
15–20 years	7	20.6
Above 20 years	25	73.5
Years of mentorship		
0–05 years	30	88.2
Above 05 years	4	11.8

Table 2: Skills enhanced after attending the suicide prevention training.

Skills	Scores (170) (%)	Average score
Ability to listen to the mentees	155 (91.2)	4.5
Ability to understand the mentees	146 (85.8)	4.2
Helping mentee to solve problems	146 (85.8)	4.08
Managing issues of mentees	132 (77.6)	3.88
Identifying mentees in situations of risk	128 (75.3)	3.76

Table 3: Qualities developed after attending suicide prevention training.

Qualities	Scores (170) (%)	Average score
Being approachable to the mentees	157 (92.4)	4.61
Positive attitude toward mentoring activity	149 (87.6)	4.38
Openness toward mentees problems	147 (86.5)	4.32
Empathetic toward mentees	139 (81.8)	4.02

Table 4: Changes among mentees after mentors attended the training.

Changes in mentees	Number of responses (%)
Positive attitude toward mentoring among mentees	26 (76.5)
More openness among trainees toward mentors	23 (67.6)
Increased approach toward mentoring	17 (50)
Better interaction with and more acceptance of what mentors convey	11 (32.4)
More trust toward mentor	4 (11.8)
Tell exact issues	4 (11.8)
More attentive to academics, services, improved personal skills, and self-goals	4 (11.8)
Less complaining of physical illness	2 (5.9)

Table 5: Specific practices by mentors as an outcome of suicide prevention training.

Mentor practices after suicide prevention training	Number of responses (%)
Listen to mentees actively	22 (64.7)
Differentiate the real needs of the mentee	16 (47.1)
Identify issues systematically	13 (38.2)
Practice empathetic approach with the mentee	12 (35.3)
Positive attitude toward mentoring and reaching to the mentees	10 (29.4)
Being nonjudgmental, available, and calm during mentoring	5 (14.7)

of the view that they have a shortage of time for mentoring due to secondary duties and tasks. However, a few of them (8.8%) have mentioned that trainees have difficulty in being open and honest about their concerns.

One-third (35.3%) of the mentors reported that they still find difficulty in dealing with the reluctance of mentees for mentoring, confusions regarding solutions to the problems (29.4%), and identifying the genuineness of the problems presented by the mentees (26.5%). About 11.8% of the participants had also reported an inability to organize group mentoring, confusion regarding identifying problem behaviors when manifested differently by different mentees. Four mentors also had reported their own personal stresses added challenges to mentoring activity.

The suggestions given by the participants [Table 8] reveal that there is a need for modifying the curriculum used in the suicide prevention training by incorporating ongoing challenges and concerns of the trainees and trainers. Refresher course once in a year for those attended the SPP, and self-care inputs in the training program are also some of the suggestions made by the participants.

DISCUSSION

This paper is an attempt to identify the strengths of the suicide prevention training program and identify areas to improve. After the initial implementation in 1997 and review of the program in the year 2004,^[11] the program had been going on regularly without changing the curriculum. In the year 2015, the concept of mentoring and gate-keeping was also introduced within the curriculum.

The results show that though most of the mentors have been working in IAF for more than 15 years, their role in mentoring was <5 years. The majority of the mentors were between the age of 40 years and above which would mean that they are quite experienced. Notably, the majority had college education. Findings on skills such as better listening skills, ability to understand the mentees, ability to help mentees solve their issues and manage the issues of mentee, and their ability and confidence in identifying mentees in situations of risk, emphasize the usefulness of skill-building exercises in the training program which need to be continued. Improving qualities such as approachability to the mentees, positive attitude toward mentoring activity openness toward the mentees problems and empathetic approach toward mentees indicate their achievement of appropriate qualities essential for mentoring the trainees.

It is interesting to see the benefits of training from the beneficiaries point of view, especially after mentors have undergone the training. Mentees show a positive attitude toward mentoring, openness, purposeful interaction in mentoring, and acceptance of mentoring inputs. Mentors feel

Table 6: Personal changes in mentors after attending suicide prevention program.

Personal changes in mentors	Number of responses (%)
Increased self-confidence	5 (14.7)
More open communication and involvement with family	4 (11.8)
Efforts toward friendly relationships at work	3 (8.8)
Become thoughtful and contemplative	3 (8.8)
Less complaining, open, and encouraging at workplace	3 (8.8)
Stay away from making the decision for others	2 (5.9)
Time management	1 (2.9)

Table 7: Challenges faced by mentors even after suicide prevention training.

Challenges faced by mentors	Number of responses (%)
Organizational	
Shortage of time due to instructional duties and other organizational roles	18 (52.9)
Provision of leaves, disciplinary issues, and fear of trainees to open up due to structural hierarchy	3 (8.8)
Related to mentoring	
Difficulty to deal with the reluctance of mentees for mentoring	12 (35.3)
Confusions about solutions to be provided to the trainees	10 (29.4)
Difficulty to identify the genuine problems of the mentees	9 (26.5)
Inability to deal with the challenges in group mentoring	4 (11.8)
Confusion to identify problem behaviors when manifested differently by different mentees	4 (11.8)
One's own stresses	4 (11.8)

Table 8: Suggestions about suicide prevention training curriculum.

Additional inputs	Number of responses
Curriculum that deals with ongoing challenges and concerns of trainees	15
Once a year refresher program/seminar/talk on this topic for those attended the suicide prevention workshop (SPW)	6
Self-care inputs	4

that there is more trust toward mentors, mentees speak exact issues, less complaining of physical illnesses and importantly a few mentors have seen betterment in academics, service

delivery improved personal skills and self-goals of the mentees. These changes indicate that the mentees benefit from mentors. SPP has helped them develop basic counseling skills such as active listening, empathy, genuine concern, non-judgmental attitude, and ability to conduct mentoring sessions calm. This is an important aspect of gatekeeping that the mentors have developed soft skills, which would definitely be useful in their work. Interestingly, these findings are supported by studies carried out in US universities among the employees where the gatekeeper skills increased significantly post-training^[3] and also by a study that reported multi-modal gatekeeper training to be efficient in enhancing positive gatekeeper skills and self-efficacy for suicide prevention.^[16]

Moreover, the current study reported enhanced self confidence and being contemplative at a personal level. Further, the mentors also reported improvement in their involvement at family level. However, a few of them have reported that they try to maintain friendly relations in workplace, less complaining, and encouraging. The information obtained throws light on the multidimensional usage of such training.

Two types of challenges (organizational and mentoring role-related) reported by the mentors guide us to include sessions that help them identify the opportunities and limits at the organizational level. Although lack of time was a major concern among the mentors, the training program could be designed to ensure internalization process and thus mentors do not feel that these soft skills are a task but an internal quality.

The disciplinary actions, and fear about the consequences in the organization lead the trainees to be less open and honest about their concerns. The training could focus on enabling mentors to abide by the rules of the organization and transfer the procedures in a way that the mentees understand them. This could also help mentors in organizing orientation programs for the trainees in training establishments.

Mentoring related challenges emphasize the need for an advanced level of training for mentors in dealing with the reluctance of mentee, confusions regarding solutions to the problems, and identifying the genuineness of the problems presented by the mentees. Future programs should also explore group mentoring practices that could take care of concerns of time. Such training programs could also address the personal stresses of the mentors so that they become stress-free to manage mentoring activity. Training programs that address self-care inputs become more attractive.

Recommendations

1. Assignment of mentorship to begin a bit early in their career in IAF
2. Skills building methodologies to be continued and focused on a few sets of skills pertaining to gatekeeping behaviors

3. Have strategies to enhance mentor qualities in suicide prevention training
4. Instil outcome-driven objectives of the training
5. Incorporate practice-based sessions on soft skills
6. Bring a few sessions focusing on mentor psychological experience
7. Incorporate aspects of personal development and self-care for mentors
8. Internalization of the skills and qualities important aspect of training
9. Institute advance level of training/refresher courses for the trainers
10. Obtain feedback from mentors periodically once in 5 years and review the SPP.

CONCLUSION

Suicide prevention workshop being conducted at IAM (IAF) was found to be beneficial to the mentors. It also addressed some of the professional and personal challenges of them. The findings of the study has brought out important take home messages for refining the program in the future.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms.

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Conflicts of interest

There are no conflicts of interest.

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