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MENTAL HEALTH IN THE INDIAN ARMED FORCES AND CENTRAL ARMED POLICE FORCES

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DISCUSSION PAPER

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ABSTRACT

The conventional idea is that, for an army to perform well in battle, physical fitness is vital. Emphasis is rarely placed on the mental or psychological health of the soldier, which could be impacted by prolonged exposure to situations and threats of extreme violence in sustained military actions as well as by the isolation and deprivation that comes from lack of regular contact with friends and family, amongst other issues (Pillay 2018). This impact can aggravate other medical conditions and ailments and usually extends beyond active service period into the post-retirement life.

INTRODUCTION

The conventional idea is that, for an army to perform well in battle, physical fitness is vital. Emphasis is rarely placed on the mental or psychological health of the soldier, which could be impacted by prolonged exposure to situations and threats of extreme violence in sustained military actions as well as by the isolation and deprivation that comes from lack of regular contact with friends and family, amongst other issues (Pillay 2018). This impact can aggravate other medical conditions and ailments and usually extends beyond active service period into the post-retirement life.

There is a lot of stigma around mental health, with such issues being viewed as something that weaken the soldier and thus should be hidden. Stigma has been identified as one of the critical issues preventing service members from seeking help for mental health symptoms or disorders (Acosta, Becker, Cerully et al. 2014:1). This stigma¹ continues to follow them into the mainstream society post-retirement, where these retired personnel tend to be seen as “damaged” and incapable of joining the larger workstream, thus, limiting the pool of jobs that these former members of forces can apply for.

Without appropriate treatment, these mental health symptoms or disorders can have an impact that is wide-ranging as well as negative, affecting the quality of life as well as the social, emotional, and cognitive functioning of affected service members (Ibid).

US-based research shows that one-fourth of all military members have symptoms of at least one mental health condition, and one-tenth of them qualify for a diagnosis of two or more mental illnesses. Some soldiers do enter the military with mental health problems, but most are acquired while in service (Schoenbaum, Kessler, Gilman et al. 2014).

The main conditions include post traumatic stress disorder (PTSD), generalised anxiety disorder (GAD), panic disorder, and substance use disorder (Science Daily 2018).

These conditions emerge from the violence and combat a soldier faces – seeing their fellow soldiers lose

¹ Mental health stigma can be understood as a dynamic process by which a service member perceives or internalises an identity about themselves or other people with mental health disorders. Several contexts create stigma including the public space, the institutional space, the social space and the individual's space. Within the military this becomes the service member (individual context); family, friends, and the unit (social context); military policies, programs and the treatment system at large (institutional context) as well as the military norms and culture (public context) (Acosta, Becker, Cerully, et. al. 2014).

their lives, killing “enemy” soldiers, the near-constant threat of death, military excesses that may undermine their beliefs (for instance, actions taken in Guantanamo Bay), etc. Combat exposure remains one of the key causes of PTSD and depression (Ramchand, Rudavsky et al. 2015; Tanielian and Jaycox 2008; Tanielian, Hansen et al. 2016).

Considering that some amount of their service takes place in “forward areas” or in the sea, they are separated from their family, and the lack of network prevents them from even staying in touch via phone calls.

Further, the armed forces work based on a collective identity rather than an individual identity, and the chain of command is one in which the soldier is not allowed to make decisions on his own, but instead carry out the decisions taken by his seniors, leading to a loss of individual autonomy and choice. This, with the combination of isolation, could lead to a variety of mental health issues like depression and anxiety disorder.

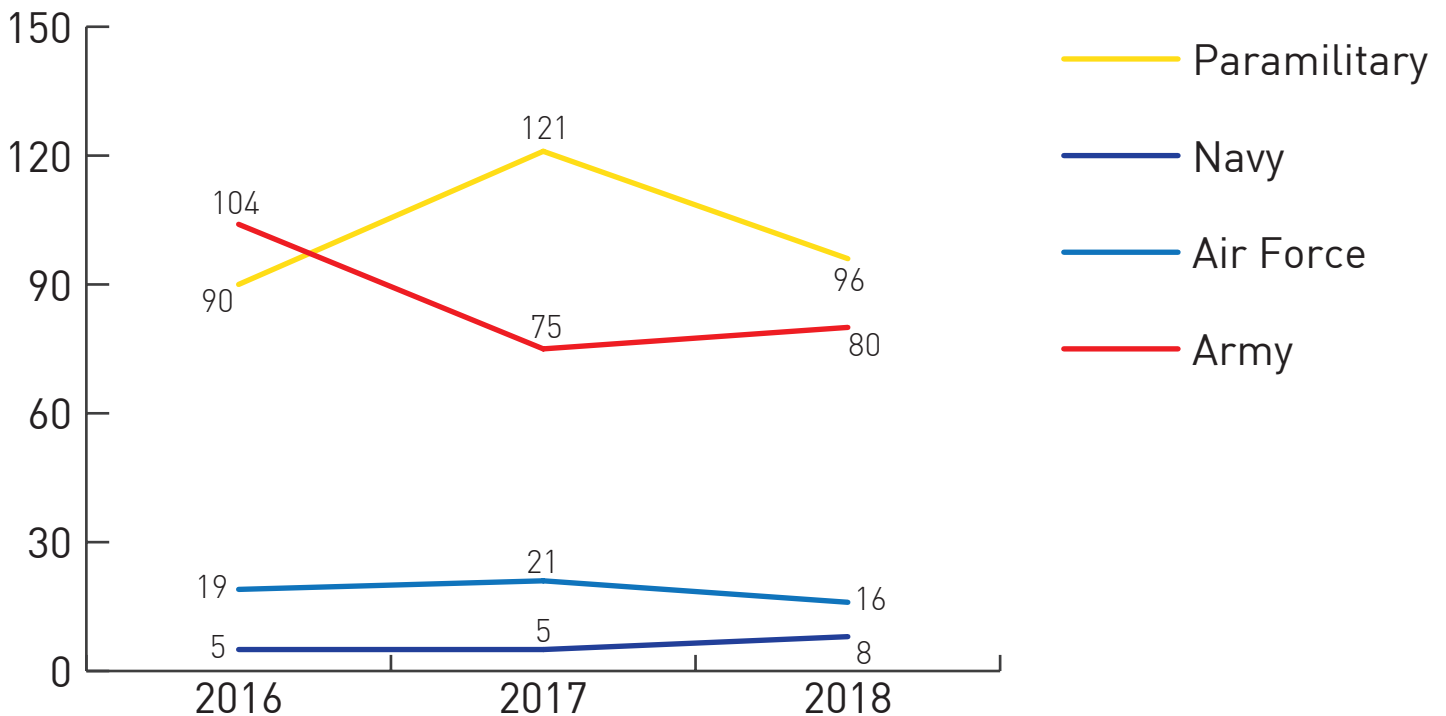
The Indian Armed Forces (IAF) and the Central Armed Police Forces (CAPF) do not provide data as to the number of personnel who suffer from mental health issues. The only way to get an understanding of the magnitude of this problem is through the number of suicides and fratricides. Data for mental health issues caused by sexual assault or harassment, similarly, remains unavailable.

NUMBER OF SUICIDES AND FRATICIDES WITHIN THE INDIAN ARMED FORCES AND CENTRAL ARMED POLICE FORCES

Fratricide, more commonly known as fragging, is a deliberate attempt to kill, or killing of a soldier, by a fellow soldier.

1. RATE OF SUICIDE AND FRATICIDES WITHIN THE INDIAN ARMED FORCES AND CENTRAL ARMED POLICE FORCES

DEATHS DUE TO SUICIDE (2016-2018)

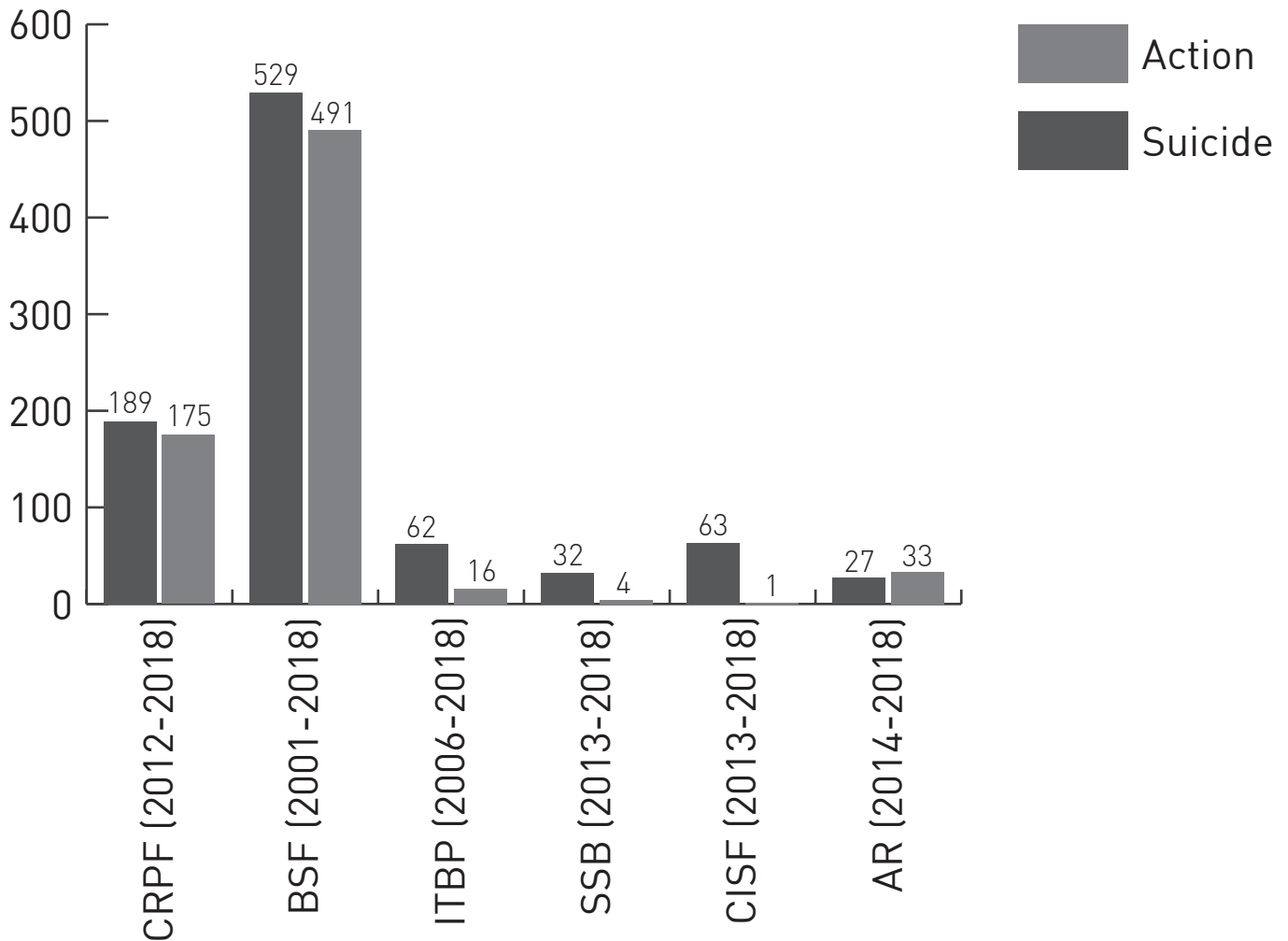


(THE WIRE STAFF 2019; PTI 2019)

According to the information given by the Minister of State for Defence Dr Subhash Bhamre, the Indian Army, Navy and Air Force saw 259, 19 and 56 cases of suspected suicide between 2016-2018, respectively. In the same vein, the Indian Army and Indian Airforce saw 4 cases and 1 case of fratricide, respectively and the Indian Navy saw none within the last three years (Press Information Bureau 2019). It is argued that these numbers are due to stressful working conditions and tensions within their households, exacerbated by distance (Johari 2014).

2. RATE OF SUICIDE WITHIN THE CENTRAL ARMED POLICE FORCES

DEATHS DUE TO SUICIDE VS IN ACTION - CAPF



Similarly, within the CAPF, 189 Central Reserve Police Force Officers (CRPF) committed suicide, since 2012 (while 175 were killed in action), 529 soldiers of the Border Security Force (BSF) have committed suicide since 2001 (491 killed in action), 62 soldiers of the Indo-Tibetan Border Police (ITBP) have committed suicide since 2006 (16 killed in action), 32 soldiers of the Sashastra Seema Bal (SSB) have committed suicide since 2013 (4 killed in action), 63 soldiers of the Central Industrial Police Force (CISF) have committed suicide since 2013 (only 1 was killed in action) and 27 soldiers of the Assam Rifles (AR) have committed suicide (with 33 killed in action). This highlights that apart from the Assam Rifles, the number of deaths due to suicide within the CAPF until 2018 is disturbingly higher in comparison to those killed in action (Ministry of Home Affairs 2018: 94).

FACTORS CONTRIBUTING TO MENTAL HEALTH ISSUES WITHIN THE ARMED FORCES AND CENTRAL ARMED POLICE FORCES

1. SERVICE-RELATED ISSUES

Most suicides on duty are reported from Jammu and Kashmir and the North East region, which can be linked to the stress and trauma that comes from active duty in conflict (Navlakha 2017).

Further, considering most militarised areas are in rough terrains with little to no links to the world at large, and at high altitudes², the sense of isolation and the lack of oxygen also increases stress, according to retired Major General Afsar Kareem, a former member of the National Security Advisory Board (Johari, 2014).

In areas like Kashmir and Bastar, operations are mainly counter-insurgency, with a large amount of the collateral being locals. The CAPF in specific, is perpetually posted in hostile areas, without any alternating between peace and hostile postings. In a situation where these troops are posted for months in such areas, with little ambit for leave and little to no contact from home, the possibility of increased mental health issues is high.

2. DOMESTIC ISSUES

Lt. Gen N.K. Parmar, former Director-General, Armed Forces Medical Services, has stated that in comparison to work-related stress, it is more the problems that the soldier faces back home that make him feel helpless and drive him to suicide. The Union Home and Defence Ministry similarly state that family issues, domestic problems and marital discord are some of the leading causes of suicide (Press Information Bureau 2014). Echoing this, a 2010 report of the Parliament's Standing Committee on Defence pointed out that a soldier's inability to solve familial issues due to their operational requirements and other constraints enhance levels of stress, causing suicides and fratricides (Dixit 2011: 8). It is interesting to note that most issues of service related stress are deflected by the forces into the domestic sphere, for which the institutional structure at large is not responsible.

3. INSTITUTIONAL ISSUES

Institutional issues like poor salaries³, denial of leaves, and poor-quality amenities also are causes of stress. In January 2017, a BSF jawan, Tej Bahadur Yadav posted several videos on social media about the "substandard food" that was being served to soldiers in the Indo-Pakistan border region within Jammu and Kashmir and alleged that senior officers were selling off the food supplies that were meant for the junior troops. (India Today Web Desk 2019). This criticism was continually suppressed, and he was later dismissed from the forces. In 2019, when he attempted to contest from Varanasi, in the General Elections, his nomination was dismissed on the grounds that he failed to submit documents stating that his dismissal from the BSF was not due to corruption or disloyalty to the state (Rashid 2019).

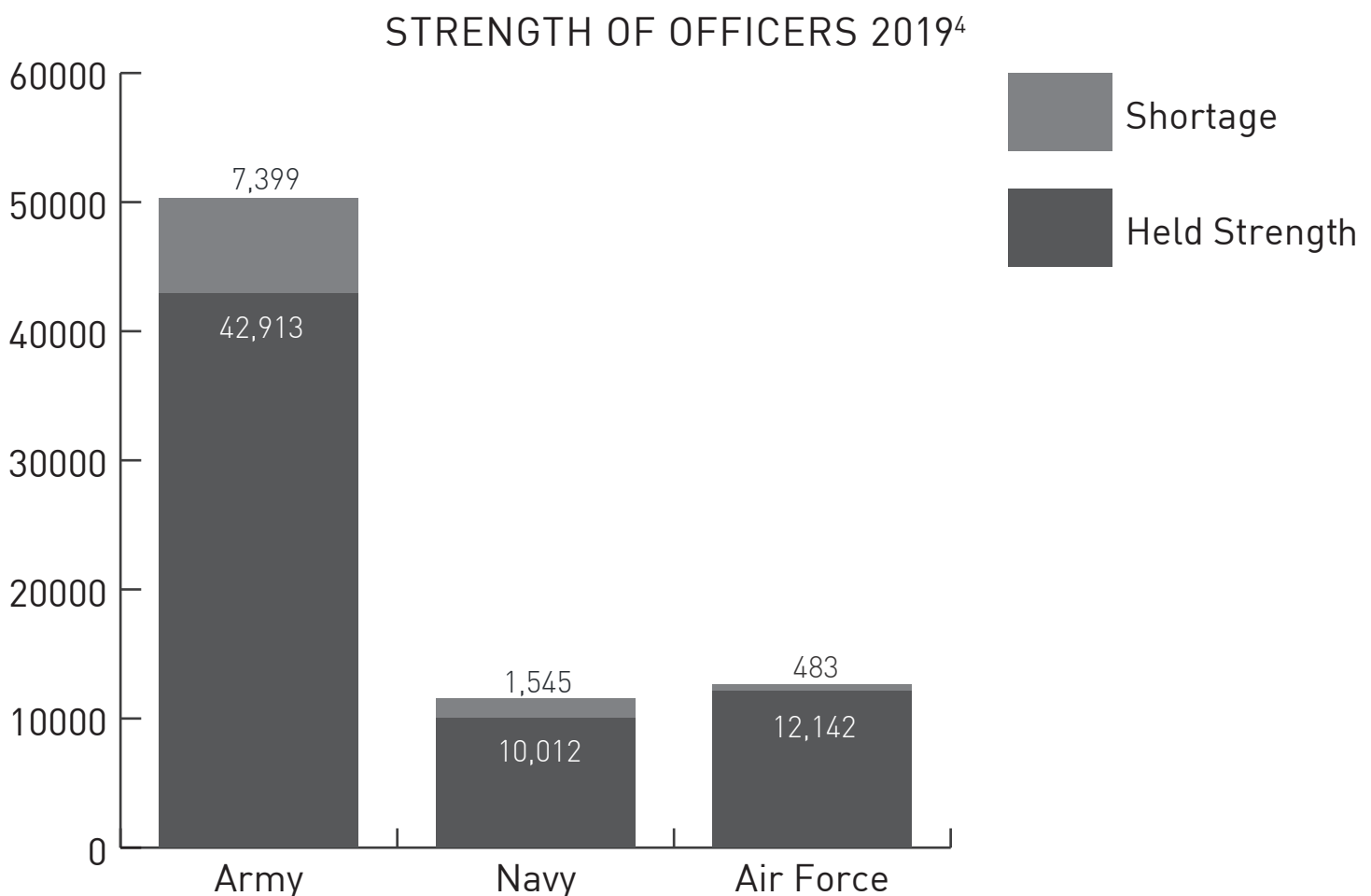
² India has forces posted on the world's highest battleground, the Siachen Glacier. The glacier is located at an average altitude of 20,000 feet.

³ The military has consistently been at loggerheads with its counterparts in the civil service over the lack of equal pay.

Humiliation by senior officers and issues in leadership also remain key causes. In 2017, a Major was shot by a *jawan* (personnel below officer rank), using his service rifle. The senior officer had pulled up the *jawan* for using his mobile phone while on duty (Aroor 2017). Soldiers are consistently discouraged from sharing their issues and grievances with senior officers. A communication gap between officers and their soldiers is emerging, and a lack of sensitivity on the officer level, especially towards the needs of soldiers as both individuals and as a collective group, is being realised. This lack of sensitivity discourages soldiers from sharing their issues and grievances with senior officers. (Dixit 2011: 9)

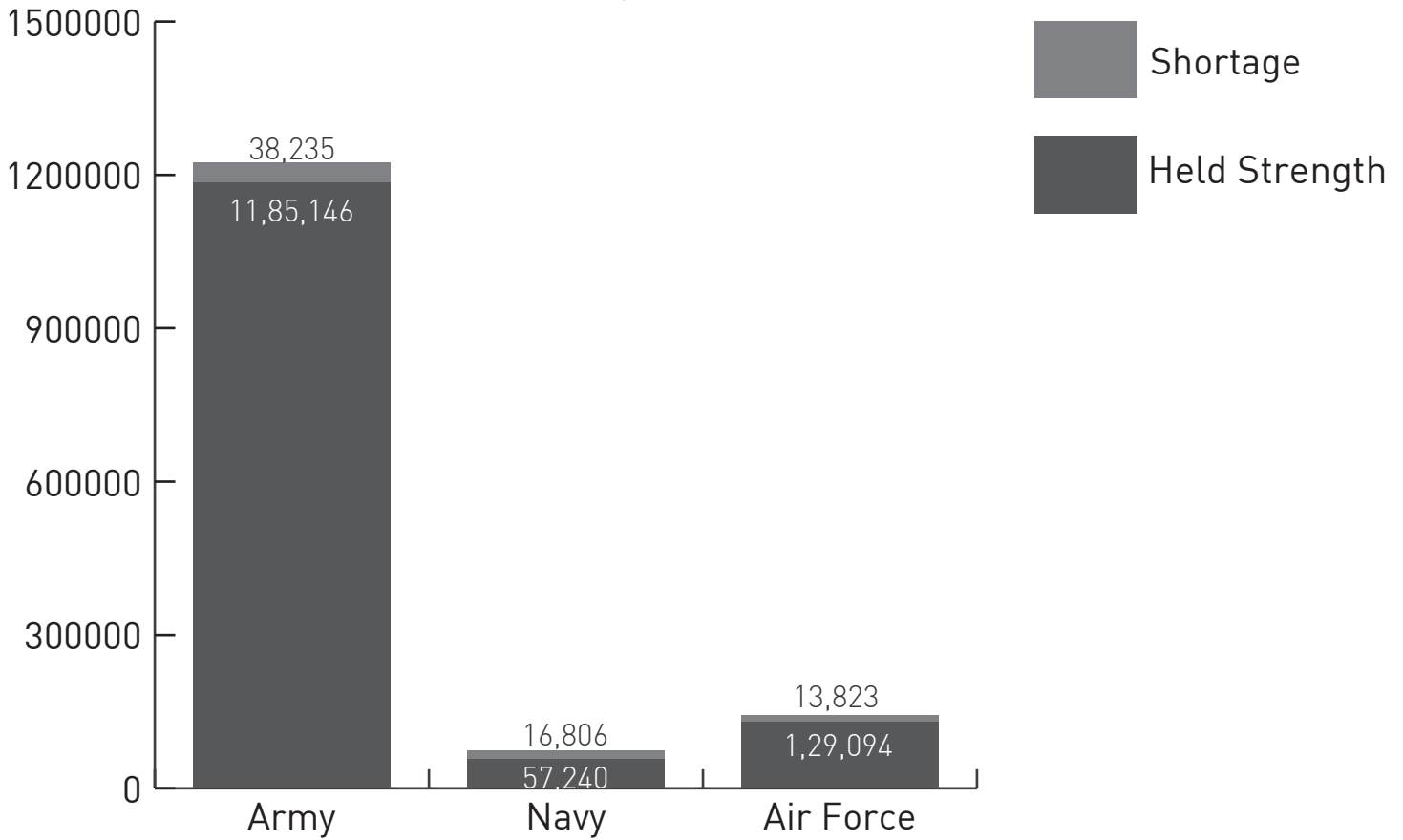
Further, there is a shortage of troops, leading to an increase in the number of functions that the existing pool of soldiers and officers perform. This not only leads to increased stress but also reduces the time for inter-personal interaction and recreational activities. This interaction is especially pertinent in the case of the forces, since the location and type of service often cut down contact between the individual and his family, leaving only the fellow soldiers as company. While a chain of command does exist to understand and engage with problems present, where an officer is responsible for interacting and understanding the problems of soldiers under him, the shortage of both officers and soldiers, within the forces at present, does not let this happen.

At present, the Army is short of 7399 officers and 38225 soldiers. The navy is short of 1545 officers and 16806 sailors and the Air Force is short of 483 officers and 13823 airmen. This shortage, aggravates the issues that are being faced.



⁴ Data for the Navy and the Air Force as on June 1 2019, data for the Army as of January 1, 2019.

STRENGTH OF PERSONS BELOW OFFICERS RANK/AIRMEN/ SAILORS 2019



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In the face of the stigma that exists in Indian society, and as mentioned earlier amplified in the military, personnel are made to hide their mental health issues since they believe they may be labelled as abnormal, weak or it may affect their career prospects. Mental Health personnel are not attached to each unit (as is the case with physical health units) and the number of psychologists and psychiatrists remain dangerously low (Dixit 2011: 15). In the CAPF, there is already a shortage of doctors (about 41.3%), and most units do not have a doctor attached let alone a mental health personnel (Kumar 2015). The presence of such personnel would encourage troops to address and be more mindful of mental health needs, but further, in a space, where notions of masculinity are linked with toughness and bravery is idolised, personnel need to be encouraged to bring up their mental health issues.

I MEASURES WERE TAKEN BY THE INDIAN STATE TO ADDRESS THIS ISSUE

The Ministry of Defence has stated that the Armed Forces have taken various steps to create what they term a “healthy/appropriate environment”. These include the formation of Military Psychiatry Treatment Centres at INHS⁵ Ashwini, Mumbai as well as the establishment of Mental Health Centres in Mumbai, Visakhapatnam, Kochi, Port Blair, Goa and Karwar⁶. The army has begun to conduct activities like yoga and meditation routinely. The Army and Airforce have also established a *Mansik Sahayata* (Mental Health) Helpline for professional counselling. Mental health awareness is being created across the forces during pre-induction meetings as well (Press Information Bureau 2019).

The government has also begun to provide better and greater facilities for personnel, both in conflict zones and peace zones. There has been an improvement in the quality of *ration* or food supplies provided, and uniforms. Subsequently, it has begun to build more housing projects so that more personnel can live with their families and construct more defence aided schools, where their children can receive a quality education at lower costs (Press Information Bureau 2019).

In an attempt to improve the mental health and better manage the stress of CAPF personnel, the Ministry of Home Affairs has stated that several steps have been taken to improve mental health and better manage stress. These include transparent transfer policies, and an improved promotion and financial benefit system as well as better leave policies. Regular interaction with senior officers to find and address grievances, adequate rest and relief, especially in the regulation of duty hours, improvement of living conditions by providing recreation, entertainment, sports and communication facilities; and better rehabilitation of retired CAPF personnel are some of the other means that are being used (Press Information Bureau 2019).

However, these solutions have not been enough to solve the issue at hand.

I WHAT NEEDS TO BE DONE

The IAF and CAPF remain chronically understaffed. The leadership needs to be sensitised, and junior officers especially need to be trained in identifying and helping the soldiers who may be showing signs and symptoms of mental illnesses. In the case of the CAPF, there is a need to reduce the number of functions that they serve, especially since at times they are made to travel across the country with no rest nor respite in between.

The forces are based on a strict chain of command, and this hierarchy often turns into grounds of differences. These differences between the officer level and the soldier level need to be addressed since these often turn into being metrics for discrimination.

⁵ Indian Hospital Naval Ship

⁶ Incidentally all 6 are in Naval bases only.

A by-product of this discriminatory differences are practices like the *sahayak* (helper) system⁷, which needs to be removed. What was initially meant to be an assistant to the officer, a by-product of the colonial times where the *sahayak*'s duties included protecting the officer, maintaining weaponry and uniforms, amongst others. This has now turned into a system where soldiers are being misused as domestic help. Several videos have also come up where soldiers have complained about being treated as slaves and being made to do personal chores for the officers they serve. In 2018, Lance Naik Roy Mathew was found to have committed suicide after having featured in a sting video criticising the *sahayak* system. In regards to his death, the Army has stated that it was the guilt of letting down his superiors or conveying a false impression in the videos, that made him commit suicide (Pandit 2018).

The forces also need to sensitise and modernise themselves alongside the developments within the larger society. Gender dysphoria and homosexuality are still looked at as mental disorders. In 2017, a sailor was discharged from the Indian Navy after having undergone gender re-assignment. When the Navy became aware of her surgery, they had her transferred to the psychiatric ward for six months (Biswas 2019).

Despite homosexuality being decriminalised by the Supreme Court in 2018, the Chief of the Indian Army, General Bipin Rawat was quoted saying that “*hum logon ke yahan nahi chalega*” (this will not work in our organisation) in the context of inclusion of the LGBTQ+ community within the forces at a policy event in early 2019. For him, homosexuality was “unacceptable” (News18 2019).

The stigma that mental health is associated with, needs to be removed and all personnel need to be made comfortable with identifying and addressing issues of mental health. The forces also need to recruit more Mental health specialists and depute them to high-stress areas so that they are readily available to the troops. Research into preventing and better addressing stress and mental health issues also need to be encouraged and prioritised.

CONCLUSION

Soldiers have consistently not been seen as humans but rather as machines that need to be battle-ready at all time. The risk of development of stress and other mental health issues remains consistently higher with the Indian Armed Forces and Central Armed Police Forces, the cases of suicide and fratricide signal to the ongoing war within the minds of the troops. It is in this space that it becomes imperative to wake up to the idea of mental health and to prioritise it like physical health. Further, the stigmatisation of mental health needs to be discouraged, and a larger conversation needs to start both within the armed forces and the Indian society at large.

⁷ The *sahayak* system remains only in the Indian Army and the Central Armed Police Forces. The Indian Navy and Air Force replaced the *sahayak* system with privately hired civilian bearers.

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