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**978-81-987316-9-2**

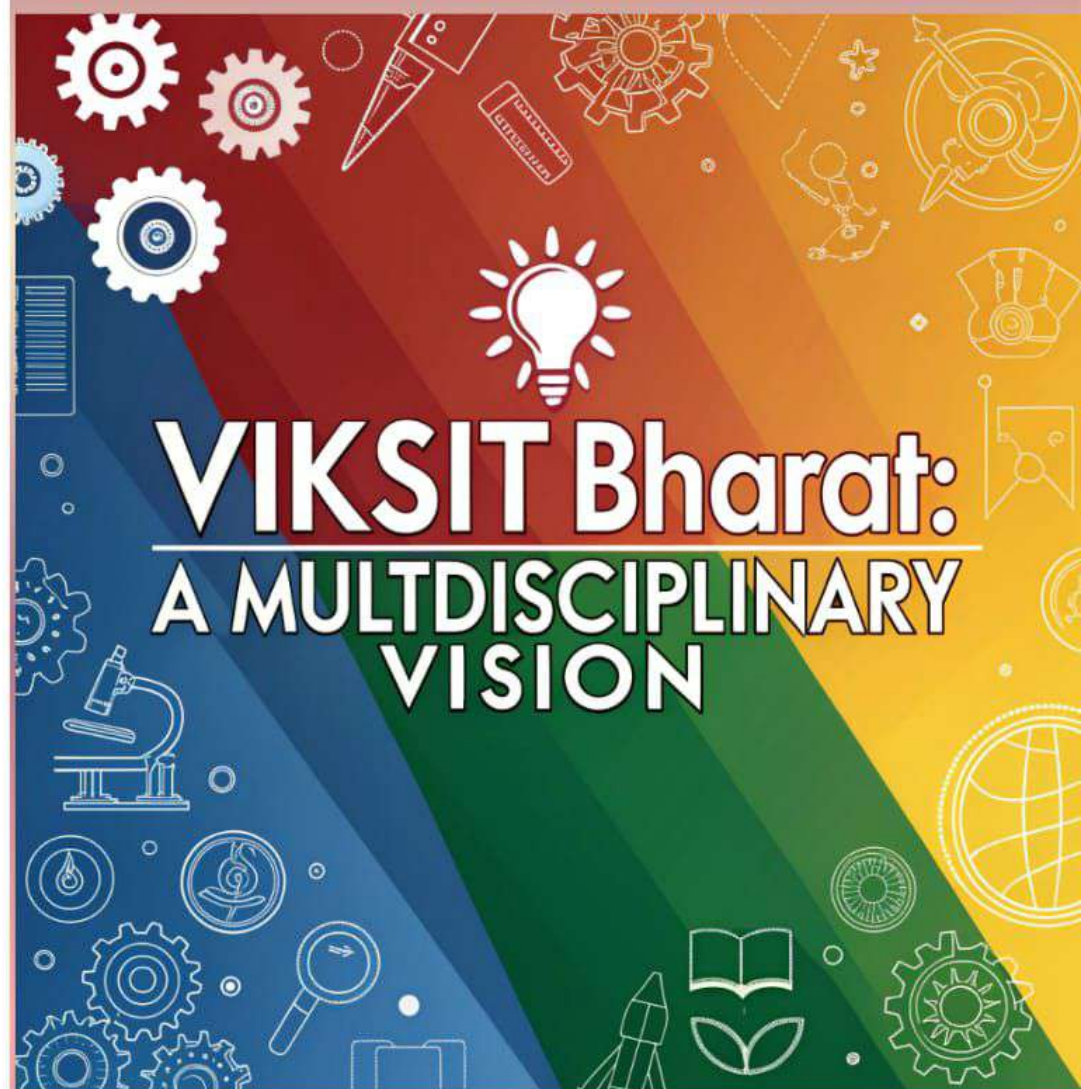
**Published by**  
**HENXI Publication**  
**Managed by Research Matrix**



**VIKSIT BHARAT: A MULTIDISCIPLINARY VISION**

**ISBN:978-81-987316-9-2**

**YEAR: SEPT-2025**



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# FROM COMBAT TO CRISIS: THE 'SHATAGHNI' FRAMEWORK FOR PSYCHOLOGICAL WELLNESS AND SUICIDE PREVENTION IN THE INDIAN ARMED FORCES

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**Abstract:** The Indian Armed Forces, known for their valour and resilience, operate under unique and extreme psychological pressures ranging from high-altitude combat to prolonged separation from families. Despite their robust training, a concerning rise in mental health issues, including suicide, among service personnel and veterans necessitates a comprehensive, culturally sensitive, and proactive approach. This paper proposes the 'Shataghni' (Firepower) Framework, a multi-layered conceptual model for psychological risk assessment, prevention, and intervention in military suicidality within the Indian context. Drawing upon global best practices and integrating Indian socio-cultural realities, the framework comprises four pillars: Proactive Preparedness (Agnibaan), Early Detection & Support (Drishti), Targeted Intervention & Treatment (Sanjeevani), and Posttension & Learning (Chintan), underpinned by critical enablers (Adharshila). The 'Shataghni' Framework aims to demystify mental health, enhance resilience, ensure timely and confidential care, and foster a supportive environment to safeguard the psychological well-being of India's defenders. This paper outlines the framework's components, discusses its implications for policy and practice, identifies implementation challenges, and suggests areas for future research.

**Keywords:** *Shataghni Framework, Military suicide prevention, Mental Health, Psychological Well-being, Risk assessment, Interventional Strategies.*

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## 1. Introduction:

The Indian Armed Forces, comprising the Army, Navy, and Air Force, along with various Central Armed Police Forces (CAPFs), constitute one of the largest and most disciplined military establishments globally. Their personnel operate in diverse and demanding

environments – from the icy heights of Sachem to the dense jungles of the Northeast, and from maritime patrols to complex counter-insurgency operations. These unique operational stressors, coupled with prolonged separation from families, hierarchical pressures, limited recreational outlets, and the constant threat of life-threatening situations, exact a significant psychological toll (Ministry of Defense, 2022; Singh & Sharma, 2019). While the physical fitness and strategic prowess of our forces are widely acknowledged, the burgeoning crisis of mental health, particularly the alarming rates of suicide, often remains in the shadows, shrouded by stigma and a culture of stoicism.

Historically, mental health concerns within the military have been viewed through a narrow lens, often perceived as a sign of weakness or a failure of character, rather than a legitimate health issue. This perspective, deeply ingrained in military ethos and sometimes reinforced by societal norms in India, has created significant barriers to reporting, seeking help, and receiving timely intervention (Chakrabarti, 2018). Recent data, though often incomplete or understated, indicates a concerning trend of suicides among service personnel, with implications for morale, operational readiness, and the welfare of service families (Press Trust of India, 2023). While some initiatives like counselling centers and stress management programs exist, they are often piecemeal, reactive, and lack the comprehensive, multi-faceted approach required to address the systemic nature of the problem.

This paper argues for the urgent need to shift from a reactive, crisis-management model to a proactive, comprehensive, and culturally appropriate framework for psychological wellness and suicide prevention in the Indian Armed Forces. Drawing insights from international military mental health models and adapting them to the unique socio-cultural and operational realities of India, this paper proposes the 'Shataghni' (शताघ्नी - Firepower) Framework. Shataghni, It is derived from शत (shata) meaning "hundred" and घ्नी (ghnī) which comes from the root हन् (han) meaning "to strike, kill, destroy," literally meaning "hundred-slayer," was a formidable ancient Indian weapon known for its immense destructive power. Symbolically, it represents a potent, targeted intervention or strategy designed to effectively combat and overcome a significant crisis. The term 'Shataghni' metaphorically represents the targeted and powerful approach needed to combat the 'enemy' of psychological distress and suicidality, enabling our forces to maintain their internal strength and resilience, much like a well-aimed and impactful weapon. The proposed framework aims to provide a holistic roadmap

for addressing military suicidality across the entire spectrum of service, from recruitment to post-retirement.

## **2. Literature Review: Understanding Military Suicidality in the Indian Context:**

Global research consistently identifies a robust set of risk factors associated with military suicide, providing a foundational understanding of this complex phenomenon. These factors broadly encompass: **operational stressors** such as combat exposure and deployment-related trauma; **psychological sequelae**, including Post-Traumatic Stress Disorder (PTSD), depression, and anxiety disorders; **maladaptive coping mechanisms**, frequently manifesting as substance abuse; and **significant psychosocial stressors**, such as financial instability, relationship dissolution, and social isolation. Furthermore, **access to lethal means** is consistently identified as a critical situational factor, increasing the probability of a fatal outcome during periods of acute suicidal ideation (RAND Corporation, 2014; U.S. Department of Veterans Affairs, 2023). While these biopsychosocial vulnerabilities are globally observed across military populations, their specific manifestation, the pathways through which they precipitate suicidal behavior, and the cultural acceptability and efficacy of intervention strategies are profoundly shaped by prevailing socio-cultural norms, the unique organizational culture of a given military, and the availability and accessibility of mental healthcare infrastructure.

In India, a comprehensive and empirically robust understanding of military suicidality is considerably hampered by several systemic and socio-cultural constraints. The primary impediment is the **limited availability of accessible, disaggregated, and transparent data**. While the Ministry of Defense officially reported 177 suicides within the armed forces in 2022, with the Indian Army accounting for the majority of these incidents, these figures represent the acknowledged minimum (Press Trust of India, 2023). Independent analyses and reports from non-governmental organizations or veteran advocacy groups frequently suggest a higher actual incidence of suicide than officially recognized (Sharma, 2021). This discrepancy is often attributed to **systemic underreporting**, driven by a potent confluence of factors: the pervasive **socio-cultural stigma** surrounding mental illness and suicide, which can deter individuals from seeking help and institutions from fully acknowledging the issue; a perceived imperative to **maintain institutional image and morale**, potentially leading to a reluctance to publicize adverse psychological trends; and **bureaucratic pressures** that may disincentives

accurate reporting or thorough investigation of suicide cases. Consequently, the absence of granular data, coupled with a culture that historically prioritizes physical over psychological well-being, significantly impedes the precise identification of context-specific risk factors, the development of evidence-based prevention programs, and the effective allocation of resources for mental health support within the Indian military establishment.

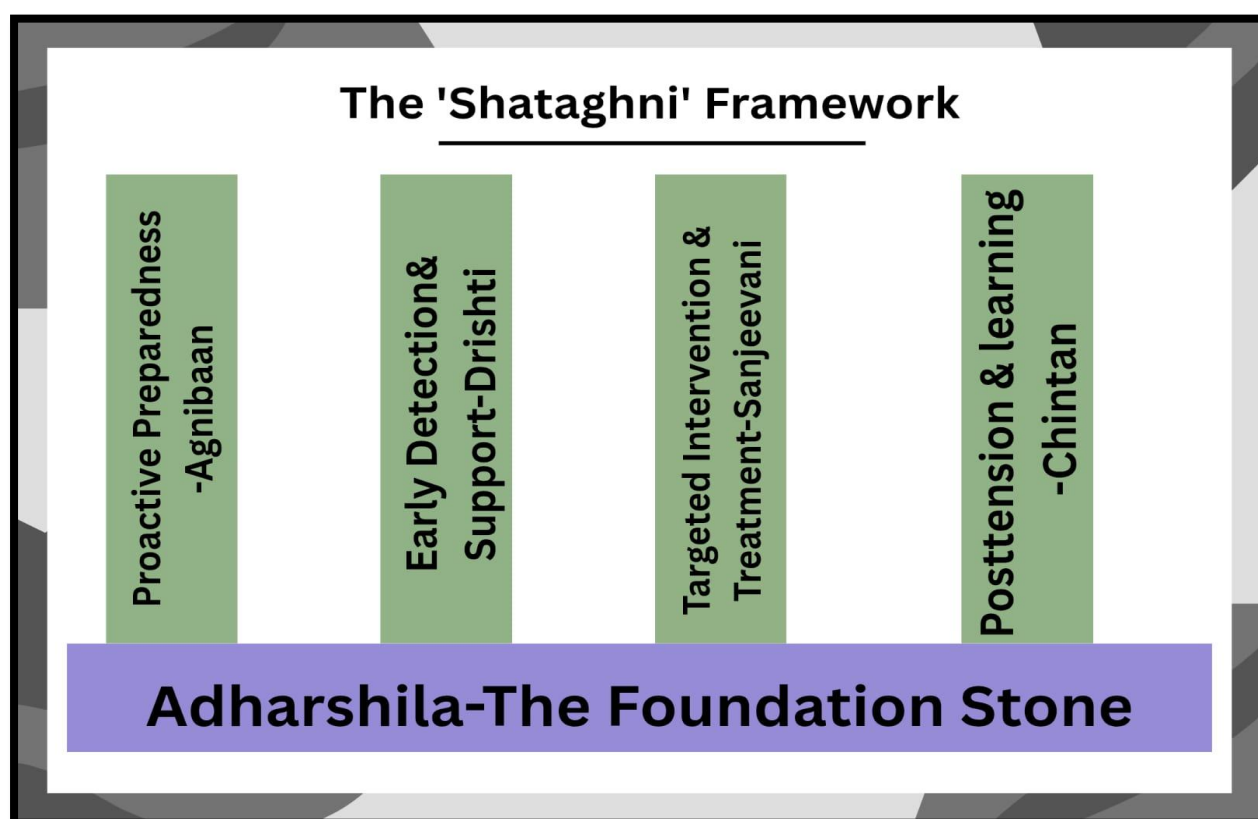
### **3. Key Stressors and Risk Factors Specific to the Indian Context:**

- 1. Operational Strain:** Prolonged counter-insurgency duties, high-altitude deployments, isolation, and constant exposure to danger lead to chronic stress and burnout (Kumar & Singh, 2020).
- 2. Lack of Leave & Separation Anxiety:** Long periods away from family, especially in a collectivistic society where family bonds are paramount, can lead to immense emotional distress and marital discord (Chakrabarti, 2018).
- 3. Hierarchy and Command Pressure:** The rigid hierarchical structure can sometimes impede junior ranks from openly discussing mental health issues with superiors, fearing negative career implications (Sharma, 2021).
- 4. Stigma and Masculinity Norms:** A strong cultural emphasis on "bravery," "stoicism," and "not showing weakness" discourages help-seeking. Mental health issues are often equated with a lack of courage or moral failing (Singh & Sharma, 2019).
- 5. Access to Healthcare:** While military hospitals exist, there is a severe shortage of trained mental health professionals (psychiatrists, psychologists, counsellors) within the forces, especially in remote operational areas (Ministry of Defense, 2022).
- 6. Financial and Family Issues:** Concerns about land disputes, property matters, children's education, and the well-being of aging parents often plague soldiers, especially those from rural backgrounds, who are the primary breadwinners (Kumar & Singh, 2020).
- 7. Post-Retirement Challenges:** Veterans often struggle with re-integration into civilian life, financial insecurity, and untreated mental health conditions, increasing their vulnerability (Rao & Srivastav, 2021).

Current intervention strategies within the Indian military typically include stress management workshops, yoga and meditation sessions, and the availability of some counsellors at select establishments. While commendable, these efforts are often reactive, lack

integration with other support systems, and struggle to overcome the deep-seated stigma that prevents soldiers from coming forward (Chakrabarti, 2018). There is a critical gap for a comprehensive, proactive framework that addresses the issue systematically, from prevention to posttension, rooted in an understanding of the Indian military's unique culture and challenges.

#### 4. Components of the 'Shataghni' Framework:



The framework is structured around **four primary pillars**, supported by **overarching enablers**.

##### I. Pillar 1: Proactive Preparedness (*Agnibaan* – The Arrow of Fire):

This pillar focuses on building mental resilience before significant stressors accumulate, akin to an arrow proactively striking at potential problems.

- **Pre-Induction Psychological Screening:** Beyond physical fitness, robust psychological assessments during recruitment to identify vulnerabilities and strengths (e.g., resilience, coping skills, temperament). This is not to exclude, but to inform targeted early interventions.
- **Integrated Resilience Training:** Mandatory, regular training modules for all ranks (Jawans, JCOs, Officers) focusing on:
  - **Stress Inoculation:** Preparing individuals for operational stressors through simulated scenarios.
  - **Coping Mechanisms:** Teaching adaptive strategies like mindfulness, yoga, breathing exercises (drawing on India's contemplative traditions).
  - **Emotional Intelligence:** Developing self-awareness and empathy.
  - **Financial Literacy:** Addressing common financial stressors that burden soldiers.
- **Mental Health Literacy Programs:** Compulsory awareness campaigns across all units, using culturally appropriate language and examples to:
  - Educate on common mental health conditions (stress, anxiety, depression, PTSD).
  - Identify warning signs of distress and suicidality.
  - De-stigmatize mental health, emphasizing it as a health issue like any physical ailment.
  - Promote help-seeking behaviors.
- **Leader & Peer Sensitization:** Training for all levels of command (from Section Commanders to COs) and NCOs/JCOs to:
  - Recognize signs of distress in their subordinates/peers.
  - Initiate compassionate conversations.
  - Know the pathways for referral and support.
  - Role-model healthy coping strategies.

## **II. Pillar 2: Early Detection & Support (*Drishti* – Vision):**

This pillar focuses on having clear 'vision' to identify early signs of distress and provide immediate, accessible support.

- **Enhanced Buddy-Buddy System:** Formalizing and empowering the informal 'buddy' system, where peers are trained in psychological first aid and encouraged to look out for each other. Regular check-ins and structured opportunities for peer debriefing.
- **Accessible & Confidential Counselling Services:**
  - **On-Post Counsellors:** Increasing the number of resident psychologists/counsellors at battalion/unit levels, ensuring confidentiality and easy access without requiring command permission.
  - **Tele-Counselling & Digital Platforms:** Leveraging technology for remote access to mental health professionals, especially for personnel in isolated areas or those hesitant to seek in-person help (ensuring data privacy).
  - **Mobile Outreach Teams:** Deploying multidisciplinary mental health teams to forward areas and remote posts.
- **Family Inclusion Programs:** Recognizing the critical role of family in the Indian context.
  - **Family Welfare Centers:** Expanding their scope to include mental health education, support groups for spouses and children, and access to family counselling.
  - **Communication Protocols:** Facilitating regular and reliable communication channels between deployed personnel and their families.
- **Regular Well-being Surveys:** Anonymous, periodic surveys to gauge the mental health climate within units, identify emerging stressors, and inform targeted interventions.

### **III. Pillar 3: Targeted Intervention & Treatment (*Sanjeevani* – The Life-Giving Herb):**

This pillar focuses on providing specialized and effective treatment, much like the mythical Sanjeevani herb that brought life back.

- **Specialized Clinical Services:**
  - **Increased Mental Health Professionals:** Significant recruitment and training of psychiatrists, clinical psychologists, and psychiatric nurses within military hospitals.
  - **Evidence-Based Therapies:** Providing access to therapies like Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Trauma-

Focused CBT (TF-CBT), and Eye Movement Desensitization and Reprocessing (EMDR).

- **Pharmacotherapy:** Judicious and evidence-based use of medication where clinically indicated, with careful monitoring.
- **Crisis Intervention & Safety Planning:** Robust protocols for immediate response to suicidal ideation/attempts, including:
  - Rapid assessment and stabilization.
  - Safety planning with the individual.
  - Inpatient care options where necessary.
  - Restricting access to lethal means.
- **Rehabilitation & Re-integration Programs:** For personnel undergoing treatment for severe mental health conditions:
  - Structured programs for recovery, skill-building, and gradual re-integration into duty or appropriate alternative roles.
  - Vocational training and support for veterans struggling with mental health post-retirement, ensuring a dignified second career.
- **De-addiction Centers:** Addressing substance abuse, a common comorbidity, with dedicated and accessible de-addiction and rehabilitation services.

#### **IV. Pillar 4: Posttension & Learning (*Chintan* – Reflection):**

This pillar focuses on supporting those affected by a suicide and learning from incidents to prevent future ones. 'Chintan' signifies thoughtful reflection for improvement.

- **Grief and Trauma Support:** Providing immediate and ongoing psychological support for units, colleagues, and families impacted by a suicide. Critical Incident Stress Debriefing (CISD) should be a standard protocol.
- **Comprehensive Review and Audit:** Conducting thorough, confidential reviews of every suicide incident to:
  - Identify contributing factors (systemic, individual, and environmental).
  - Evaluate the effectiveness of existing prevention efforts.
  - Learn lessons and inform policy changes.

- **Data Collection and Analysis:** Establishing a robust, centralized database for mental health incidents, including suicides and attempts, with detailed demographic and contributory factor analysis to enable evidence-based policy formulation.
- **Policy Refinement & Continuous Improvement:** Regularly updating and refining mental health policies and protocols based on research, incident reviews, and evolving best practices.

#### ❖ Overarching Enablers (*Adharshila* – The Foundation Stone):

These are the essential elements that make the entire 'Shataghni' framework possible.

- **Top Leadership's Commitment:** The highest-ranking officials in the military and government must be fully committed to this plan. This means backing it with clear policies, allocating enough money, and openly supporting a mental health-friendly culture.
- **Enough Money:** Dedicated funds must be set aside for mental health facilities, training, staff, and research.
- **Major Campaign to End Stigma:** A big, ongoing public awareness campaign led by military leaders (involving veterans and families) to make mental health conversations normal and remove any shame. Show that it's brave to ask for help.
- **Research & Development:** Invest in studies specifically on military mental health in the Indian context, working with universities.
- **Working Together:** Partner with civilian mental health experts, charities that help veterans, and even other countries' military mental health organizations to share knowledge and learn from each other.

#### 5. Implications and Recommendations for the Indian Context:

Implementing the 'Shataghni' Framework requires a monumental shift in mindset and significant strategic investment.

1. **Cultural and Language Adaptation:** Mental health concepts must be translated into culturally relevant terms and disseminated in local languages to resonate with personnel from diverse backgrounds. Using metaphors and analogies familiar to the Indian context can aid understanding and acceptance.

2. **Training at All Levels:** Training programs for NCOs and JCOs are paramount as they are often the first point of contact for junior ranks. Their ability to identify distress, offer initial support, and guide personnel to professional help is critical.
3. **Building Trust and Confidentiality:** Ensuring that soldiers can access mental healthcare without fear of career repercussions is crucial. This may involve independent ombudsmen for mental health grievances or ensuring external, non-military professionals are accessible.
4. **Leveraging Technology:** India's growing digital penetration can be leveraged for tele-counselling, mental health apps, and anonymous reporting platforms, overcoming geographical barriers and promoting anonymity.
5. **Family Engagement:** Active engagement of family members, particularly spouses, in awareness programs and support networks can act as a vital early warning system and provide invaluable emotional support.
6. **Addressing Post-Retirement Needs:** A dedicated wing within the Department of Ex-Servicemen Welfare focusing on mental health support, skill re-training, and community integration for veterans is essential to prevent a secondary crisis.
7. **Evidence-Based Policy Making:** The current lack of granular data on military suicides and mental health needs to be addressed through robust, ethical research and data collection, leading to informed policy decisions.

## 6. Limitations of the Framework:

While comprehensive, the 'Shataghni' Framework is conceptual and its implementation would face several challenges:

- **Resource Constraints:** Significant financial investment and human resources are required to train and deploy adequate mental health professionals.
- **Cultural Resistance:** Overcoming deeply ingrained stigma and resistance to change within a traditional, hierarchical institution will be a prolonged effort.
- **Implementation Fidelity:** Ensuring consistent application of the framework across diverse units and operational environments will be complex.
- **Measurement and Evaluation:** Developing robust metrics to assess the framework's effectiveness will be crucial, and potentially challenging.

- **Continuity of Care:** Maintaining consistent mental health support throughout transfers, deployments, and post-retirement can be difficult to manage logistically.

## **7. Future Research Directions:**

### **7.1 Empirical Validation: Proving What Works:**

**What it means:** Imagine you've designed a fantastic new medicine. Before giving it to everyone, you'd want to test it in small, controlled trials to see if it actually works, how well it works, and if it has any side effects. That's what "Empirical Validation" means for the 'Shataghi' Framework. We need to run focused "pilot studies" like mini-experiments to test specific parts of the framework.

**Why it's important:** We need to know:

- ✓ Does that stress management workshop really reduce anxiety levels?
- ✓ Does the peer support group actually help soldiers open up?
- ✓ Does a particular training module truly build resilience?

This testing needs to happen in different military environments maybe a frontline unit, a training academy, or even on a naval ship because what works perfectly in one setting might need tweaking in another. The goal is to gather solid proof, showing what's effective and where we can make improvements, so we know we're investing in solutions that genuinely make a difference.

### **7.2 Cultural Adaptations: Making it Relevant to Everyone:**

**What it means:** India is a vast country with incredible diversity, and our armed forces reflect that rich tapestry. "Cultural Adaptations" means we need to deeply understand how mental health is viewed by soldiers and personnel from different regions, speaking different languages, and holding varied beliefs.

**Why it's important:** What might be seen as a sign of strength in one culture – like stoicism or keeping emotions hidden – might inadvertently prevent someone from seeking help when they truly need it. This research would involve detailed "qualitative studies" – not just surveys, but

in-depth conversations and interviews – to uncover the subtle ways people perceive their own well-being, stress, and illness. We'd ask questions like:

- ✓ "What makes someone feel comfortable talking about their struggles?"
- ✓ "Who do they trust to confide in?"
- ✓ "Are there specific words or phrases that make mental health topics easier or harder to discuss?"

By understanding these cultural nuances, we can adapt the 'Shataghni' Framework, making sure our support programs, awareness campaigns, and help-seeking pathways feel relevant, respectful, and accessible to everyone, no matter their background. It's about ensuring our solutions truly resonate.

### 7.3 Technology-Based Interventions: Using Modern Tools for Modern Needs:

**What it means:** In our rapidly advancing world, technology offers incredible potential to transform mental health support. "Technology-Based Interventions" focuses on exploring how cutting-edge tools can be used effectively within the military.

#### Why it's important:

- **Tele-health:** Imagine soldiers deployed in remote areas who can't easily access a therapist; tele-health allows them to connect with professionals via video calls, maintaining privacy and accessibility.
- **AI-powered mental health apps:** These could offer personalized exercises, mindfulness techniques, or even 'smart' chatbots for initial support, available 24/7 and offering a sense of privacy for those who might be hesitant to speak to someone face-to-face.
- **Virtual Reality (VR):** VR could be revolutionary for training – simulating high-stress situations to build resilience in a safe environment. It could also be used for therapy, like exposure therapy for conditions such as PTSD, where individuals gradually confront their fears in a controlled virtual world.

This research would test how effective and user-friendly these technologies are for military personnel, offering accessible, scalable, and potentially stigma-reducing ways to promote mental well-being, especially for those in isolated or high-stress environments.

#### **7.4 Longitudinal Studies: Tracking the Journey over Time:**

**What it means:** Mental health isn't a static condition; it evolves throughout a person's life, especially for those serving in the military. "Longitudinal Studies" means we would follow a large group of service personnel over many years – literally from the day they join up until they retire. Think of it like a continuous health check-up for their minds.

**Why it's important:** The goal is to "track their mental health trajectories" – seeing how their well-being changes over time, what challenges they face at different stages of their career, and how they cope. This long-term view helps us:

- ✓ **Identify 'predictive factors':** Are there early warning signs or specific experiences (like certain deployments or training) that might make someone more vulnerable to mental health issues later on?
- ✓ **Evaluate 'long-term outcomes of interventions':** Did that resilience training program they received early in their career still help those ten years down the line? Did a specific therapy have lasting benefits?

This research would provide invaluable insights into the cumulative impact of military service and help us design truly sustainable support systems that adapt to the changing needs of our personnel throughout their careers.

#### **7.5. Economic Impact: Showing the Value of Investing in Well-being:**

**What it means:** While the human cost of mental health issues and suicide in the military is immeasurable and heartbreaking, there's also a significant "Economic Impact" that often goes unnoticed. This research would involve a detailed analysis of the financial costs associated with untreated mental health conditions.

**Why it's important:** This isn't just about direct medical expenses (like hospital stays or therapy sessions). It also includes:

- ✓ **Lost productivity:** When personnel are unwell, they can't perform at their best, impacting unit effectiveness.
- ✓ **Early discharges:** The cost of losing trained personnel prematurely and having to replace them.
- ✓ **Training costs:** The extensive financial investment required to recruit and train new individuals to fill gaps.
- ✓ **Broader societal impact:** The ripple effect on families and communities.

## 8. Conclusion:

The mental well-being of our soldiers isn't just a matter of compassion; it's deeply tied to how strong our nation is and how prepared our forces are. The heartbreaking rise in military suicides across India is a stark warning. It tells us we can't just wait for problems to emerge and then react. Instead, we need a complete shift – a proactive, comprehensive approach that truly understands the unique world of the Indian Armed Forces. The 'Shataghni' Framework offers exactly this: a clear, structured path to make this transformation happen.

Imagine a future where every soldier feels supported, where their inner battles are recognized as seriously as external threats. By focusing on building inner strength and resilience (Agnibaan), cultivating a sharp awareness to spot early warning signs (Drishti), ensuring prompt and life-saving treatment (Sanjeevani), and consistently reflecting to learn from every experience (Chintan) – all firmly supported by strong leadership and sufficient resources (Adharshila) – India can genuinely protect the mental well-being of its courageous men and women in uniform.

This isn't just about policies; it's about creating an environment where our defenders feel safe enough to be vulnerable, knowing their struggles will be met with understanding and effective help. It's time we truly embrace the idea that real strength isn't just found in physical power or courage on the battlefield. It lies, profoundly, in the unwavering resilience of the mind, ensuring that those who stand guard for our nation are themselves fiercely protected from the silent battles within.

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