Suicidality in Veterans and Military Members

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Abstract

This paper explores the course outcome of assessing the issues related to suicidality assessment, prevention, and risk management in the veteran and military population. Veterans and military members share several commonalities that place them at higher risk of suicide than the general civilian population. Suicide is difficult to predict, and there is no single risk factor for suicide. As a nurse working directly with veterans and military members, suicidality remains a top concern. Therefore, there is a need for ongoing identification, assessment, and risk management strategies are necessary to prevent suicide in the Veteran and military population. This paper discusses the reasons veterans and military members have an increased risk of suicide, methods of suicide prevention, and recommendations for the future.

Suicidality in Veterans and Military Members

Suicide is causing death to oneself using intentional self-infliction of lethal harm. Suicide claimed the lives of 48,183 people in 2021, an increase of nearly 36% from the prior year, making it among the top 9 causes of death for people ages 10-64 (Centers for Disease Control and Prevention, 2023). In addition, in the same year, the number of people who seriously contemplated suicide was around 12.3 million; 3.5 million had suicidal ideation with a plan, and 1.7 million people attempted suicide (Centers for Disease Control and Prevention, 2023). As a result of these staggering statistics, suicidality is a public health crisis that we can not afford to ignore.

Although suicide affects people of all ages, certain groups have higher suicide rates than others. For example, veterans have a higher-than-average rate of suicide in comparison to similar-aged non-veteran adults (Centers for Disease Control and Prevention, 2023). According to the U.S. Department of Veterans Affairs (2022), age and sex-adjusted suicide rates for Veterans were 57.3% higher for veterans than non-veteran U.S. adults. In 2020, suicide was the 13th leading cause of death among Veterans and the second cause of death among veterans under 45 years old (U.S. Department of Veterans Affairs, 2022). As a result of the increased risk of suicide in veterans, the U.S. Department of Veterans Affairs (VA) continues to make suicide prevention a top clinical priority. In 2018, the VA launched a public health approach to suicide prevention known as the National Strategy for Preventing Veteran Suicide. This six-year strategic plan has already shown promising results with a downtrend in suicide rates despite the challenges of the COVID-19 pandemic.

Suicidality Diagnostics and Assessment

Identifying at-risk veterans is critical to reducing suicide rates and requires consistent diagnostics and assessments with evidence-based clinical strategies (Carroll et al., 2020). Several risk factors apply to veterans to cause an increased risk of suicide. History of suicide attempts, post-traumatic stress disorder (PTSD), alcohol use disorder, depression, and anxiety are all associated with an increased risk for suicide (Holmgren et al., 2022).

Sleep disturbances are linked to many psychiatric symptoms and are common among both active duty and veterans. For example, a study conducted by Acheson et al. (2019) explored the longitudinal relationship between PTSD and sleep disturbance in Marine and Navy Corpsmen deployed to Iraq and Afghanistan, which found a relationship between pre-deployment sleep disturbance and future PTSD symptoms. In addition, studies identifying relationship conditions linked to suicide are significant for veterans and military members.

Assessing suicide risk through standardized suicide screening has been a high priority to identify those at risk for suicide but is limited to those willing to answer the questions asked. The Patient Health Questionnaire (PHQ-9) is a nine-question screening tool to identify at-risk patients who should be further screened with other standardized questionnaires (Holmgren et al., 2022). The VA began a Risk ID process in 2019, and with this process, patients who screen positive for the PHQ-9 can undergo further screening using the Columbia-Suicide Severity Rating Scale (C-SSR). If C-SSR is positive, the provider can then complete the V.H.A. Comprehensive Suicide Risk Evaluation (C.S.R.E.) (Holmgren et al., 2022). The screening results have many disadvantages, evaluated by suicides after being screened negatively with one of these measures.

Suicide Prevention

Suicide prevention is complex and does not have a single solution for every scenario, but the VA has committed to battling suicide from many different angles. According to the U.S. Department of Veterans Affairs (2023), VA S.A.V.E. provides the resources to provide care and compassion for veterans experiencing a mental health crisis. S.A.V.E. is an acronym to facilitate the memorization of suicide prevention steps recommended:

1. **S**igns of suicidal thinking: hopelessness, anxiety, anger, rage, risky behavior, increased alcohol or substance use, withdrawal from family or friends.
2. **A**re you thinking of killing yourself?
3. **V**alidate the Veteran and their experience.
4. **E**ncourage treatment and expedite obtaining help.

Support for veterans is also available through the national Veterans Crisis Line by dialing 988, and confidential chat is available online at VeteransCrisisLine.net/Chat or text 838255.

Sources of lethal means, such as access to dangerous medications and access to firearms, are essential aspects of suicide prevention. Although firearm possession can become a debate for some, the VA has taken a neutral approach, understanding that nearly half of all veterans own firearms and have training in firearms safety. With that in mind, the VA approaches the topic from the perspective of safe storage of the weapon unloaded, locked, and secure (U.S. Department of Veterans Affairs, 2022a). Safe firearm storage may save lives by increasing the time and space between suicidal impulses and access to lethal means.

Medications may also pose a risk of suicide. Medication management to prevent intentional or unintentional overdose includes utilizing a friend or family member to help manage to dose, portioning out medications needed for the week and locking the rest away, or

asking the provider or pharmacist to limit the number of refills or quantity of medication (U.S. Department of Veterans Affairs, 2022a).

Suicide Risk Management

The VA provides a Suicide Risk Management Consultation Program (S.R.M.) as a free resource to support providers who serve veterans. The consultants with the S.R.M. are subject matter experts in veteran suicide risk assessment and management of their care. The S.R.M. program provides comprehensive, updated research and best practices for providers to use to guide their treatment decisions for veterans at risk for suicide (U.S. Department of Veterans Affairs, 2023a). The S.R.M. offers many different options for education in training. Online lectures and webinars are available on topics relevant to treating veterans at risk for suicide. Additionally, clinical practice guidelines, risk stratification tools, and risk-benefit analysis tools are available for providers to utilize to make better treatment decisions for veterans.

Recommendations for the Future

Advancing research and developing new and improved ways of addressing risk factors is the future of preventing suicide in veteran and military members. Some biomarkers identified are related to the increased risk of suicide in the veteran population and could be a way to improve the identification of suicide risk. According to Holmgren et al. (2022), biomarkers such as neurotransmitter levels, hypothalamic pituitary adrenal axis, lipid levels, neuroplasticity, and structural brain imaging are associated with an increased risk of suicide in the general population. In addition, other physical factors also correlate with increased suicide risk, such as sleep disturbances, speech patterns, and heart rate variability. Although it is a considerable step in the right direction by identifying the biomarkers, more studies specific to the veteran population are required for this information to be better utilized to fight suicide in the future.

Additionally, ongoing evaluation of the National Veteran Suicide Prevention Annual Reports is needed for the VA to review data trends on veteran suicide counts, trends, and rates. The data collected helps guide future initiatives and programs to decrease veteran suicide. Since there is no single cause for suicide, the need for ongoing evidence-based programs and initiatives will continue. The VA should continue to use various approaches that have been proven to decrease veteran suicides. Some examples include the Veterans Crisis Line, which is a free and confidential resource to connect veterans to a caring and trained responder, V.A. S.A.V.E. training to help people understand how to talk to a veteran who may be having thoughts of suicide, and the Caring Letters program which focuses on writing and sending letters to veterans during the year after using the Veterans Crisis Line (VA News, 2023).

Lastly, telehealth services are one improvement made by the VA to expand healthcare delivery during the COVID-19 pandemic. Although the VA has been using telehealth services for years, the number of VA-issued tablets during the COVID-19 pandemic increased 6-fold (Dhanani et al., 2023). While this increased access to healthcare, it also revealed a problem. Before the pandemic, tablets were issued to veterans with complex clinical and social needs. The veterans with complex needs were often older and had a history of housing instability. As a result, there has been difficulty with access to care despite the issuance of tablets. However, during the COVID-19 pandemic, tablets were issued to younger veterans with stable housing situations who had mental health conditions. Compared to pre-pandemic tablet recipients, pandemic tablet recipients were likelier to use video healthcare services (58.4% vs 44.3%) (Dhanani et al., 2023). Veterans with mental health conditions may have better access to care with the expanded services through the VA Office of Connected Care. However, interventions

are needed to improve the disparities among recipients of devices used for telehealth services and should be a focus to improve tele-mental health services in the future.

Conclusion

One of the top priorities for the VA is preventing the suicide of veterans. Ongoing research, assessments, training, and program development are needed to win the fight against veteran suicide. Suicide prevention requires treatment of other conditions and situations that increase the risk of suicide. Access to care, improvements in virtual healthcare delivery education, and scientific discoveries may offer further improvement in rates of suicide. Reducing risk factors and strengthening protective factors are the key to successful suicide prevention. One veteran lost to suicide will always be one too many.

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