Suicide Prevention and Veterans

By Ken Norton LICSW

In recent months there has been a great deal of information and reports in the media about the increase in suicide for soldiers and veterans. Military sources have also confirmed dramatic increases in Post Traumatic Stress Disorder (PTSD) among returning Iraq and Afghanistan Veterans. Most experts contend that these rates of suicide, PTSD and depression will continue to rise in the coming years and that the Veterans Administration (VA) lacks the capacity to adequately meet the needs of returning military and veterans. This means these individuals will look beyond the VA and increasingly turn to both public and private providers for their mental health care. This article will give an overview of some of the data, trends and services available to returning military in NH so that social workers will be more familiar with needs and resources for Veterans.

The Army is the service branch which has been hardest hit by suicide. During 2007 suicides in the Army (including National Guard and Army Reserve) increased by 13%. More than a quarter of these occurred in Iraq with an additional four occurring in Afghanistan. The majority of deaths (43%) occurred in the US after returning to the US. Over one quarter of those who died by suicide had never been deployed. There was no connection between suicide and multiple deployments, however the strain deployment places on families was cited as a major factor. Breakup of personal relationship was cited as a catalyst in 50% of the cases, financial distress is also a major factor. A recently released longitudinal study over 40 years (Korean to Gulf war) of suicide rates of all veterans indicated that rates are twice that of the general population.

Rates of PTSD also increased dramatically during 2006 and 2007 across all branches of the military with over 40,000 confirmed cases for Iraq and Afghanistan veterans. Pentagon officials indicate that since the symptoms of PTSD often occur years later, the actual figures are probably much higher. A study of soldiers returning from Iraq and Afghanistan after the first two years of the war, demonstrated very high rates of potentially traumatizing experience with the veterans reporting their involvement in the following events:

- Were attacked/ambushed 92.5%
- Saw buddy wounded 23.9%
- Had hand-to-hand combat 15.8%
- Caused death of enemy 55.7%
- Caused death of non-combatant 20.2%
- Saw bodies/remains 94.5%
- Knew someone injured/killed 85.0%
- Have handled corpses/human remains 50+%
- Saw women/children couldn't help 75.4%
- Saved soldier or civilian 20.2%
- Were wounded or injured 11.6%
- Had "close call," but were saved 8.6%

While these events have probably decreased some in the past two years, many soldiers (and civilian contractors) are constantly under the threat of danger. High rates of depression are also being observed in soldiers and like PTSD, depressive symptoms often do not manifest themselves until after the soldier has returned from deployment. Depression is a key factor in suicide.

Our National Guard and Reserves in NH face unique challenges with reintegrating. Since our Guard troops are essentially civilian soldiers, they often return from theatre to home in as little as 72 hours. Once home they are expected to return to their previous roles in the family and at work with little support or time for adjustment. This is in contrast with soldiers in other service branches who although granted a short leave home after deployment, they quickly return to their base and unit where they have comrades and built in structure and support.

As mentioned earlier, families also struggle during deployment. Many Guard and Reserve families experience a significant decrease in income as a result of deployment. For soldiers with children, the remaining parent, whether mom or dad, have all the additional responsibility of parenting, earning money and running a household. After deployment, attempts by families to return to "normal" are hindered by the difficult adjustment soldier's face. There is increasing recognition that providing supports to families is essential to supporting our soldiers and reducing rates of suicide, depression and PTSD.

Stigma continues to be a major factor which prevents soldiers and military from seeking mental health assistance. Although each of the service branches have campaigns to encourage help seeking and treatment for PTSD, depression and suicide, many soldiers believe asking for help is a sign of weakness and they also believe that their careers will be threatened if they seek mental health treatment.

The VA has two systems of care in place to support veterans. One is the traditional VA hospitals which NH Veterans with a service related disability can access either at Manchester or White River Junction Vermont. The VA hospitals do not provide supports to families, and all medical records are accessible by the Department of Defense (DOD). VA Centers are separate from the hospitals and were created to support combat veterans *and* their families. Records from VA centers are confidential and can not be obtained by the DOD. VA Centers are located in Manchester, White River Junction and the newest one recently opened in Berlin, NH

The Pentagon and Veterans Administration have taken a number of unprecedented steps to promote suicide prevention efforts. This includes the hiring of over 130 suicide prevention coordinators across the country at each VA hospital. Sebrina Posey is the suicide prevention coordinator at the Manchester VA and Brady Cole is the contact at the White River Junction VA. The VA has also partnered with the National Suicide Prevention Lifeline (NSPL) to establish a suicide prevention crisis line for veterans. Although the number 1-800-273 TALK is the same hotline for civilians, calls from military members are immediately diverted to a call center which has operators who are specially trained to answer calls from veterans or their family members.

At a state level, led by the New Hampshire National Guard, a number of public private partnerships have developed to support returning military and their families. The guard has been providing weekend reintegration workshops for soldiers returning from deployment. While the soldiers attend the workshops, the all-volunteer NH Disaster Behavioral Health Response Teams provide counseling and support to spouses and children. Under a DOD grant, Easter Seals together with the NH Department of Health and Human Services and many other private agencies, has been developing an innovative program to provide training and support to soldiers and families prior to, during and post deployment. The National Alliance of Mental Illness, NAMI NH's Frameworks Suicide Prevention Project has been providing training and technical support to the NH National Guard to develop a suicide prevention program and curriculum. All of these efforts will go a long way to supporting soldiers and families and ultimately preventing suicide.

Social Workers can assist in these efforts by making an effort to learn more about military culture and the needs of soldiers and families, getting specific training for treating trauma and or PTSD, or by participating in some of the efforts mentioned above.

This is the fifth in a series of articles for the NH NASW newsletter on suicide prevention. Series articles include: Suicide Prevention: A Public Health Issue, Suicide Prevention Efforts in NH, Survivors of Suicide, Restricting Access to Lethal Means, No Harm Contracts, Suicide and Older Adults, Suicide Risk in Lesbian, Gay and Transgender Youth, Clinicians as Survivors, Suicide and the Economy, and Media, New Media, Safe Messaging and Suicide Prevention. These articles can be viewed in the Newsroom/Articles section of the Connect website at www.theconnectproject.org. Ken Norton is the Director of NAMI NH's Connect Suicide Prevention Project and can be reached at (603) 225-5359 or knorton@naminh.org.