20 too many: Understanding Military and Veteran Culture and its effects on Suicide

Michelle Langlois, LCSW
Lead Suicide Prevention Coordinator at the Jesse Brown VA Medical center
Who is a veteran?

- According to Merriam-Webster a veteran is someone who fought in a war as a soldier, sailor, etc. or a former member of the armed forces.

- The federal definition states a veteran is defined as a “person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.” This does not include Reserves or National Guard unless they were called to active duty outside of their 4-6 months for their initial training.
War Eras

- *World War I: April 1917 - November 1918
- *World War II: December 1941 - December 1946
- *Korean Conflict: June 1950 - January 1955
- *Vietnam Era: February 1961/August 1964 - May 1975

- *Operation Enduring Freedom (OEF): October 2001 -
- *Operation New Dawn (OND): September 2010 -
Military Culture

Understanding the nature of the military culture, combat and the stresses of living and working in a war zone are critical to establishing credibility with your clients.
Basics of Military Culture

What do you call them?

- **Marine** = Marine
- **Navy** = Sailors
- **Army** = Soldiers
- **Air Force** = Airmen/Airwomen
- **Coast Guard** = Coast Guard - “Coasties” or Guardians
- **National Guard** = The Guard
- **Reserve** = Reservist

When in doubt – Sir or Ma’am will do just fine.
Basics of Military Culture

- “Duty, Honor, Country”
- The military emphasizes discipline and hierarchy, prioritizes the group over the individual, and uses specific rituals and symbols to convey important meanings and transitions.
- Military law requires commanding officers and those in authority to demonstrate virtue, honor, patriotism, and subordination in all that they do.
- Shared set of beliefs - thinking & behavior
- Based on the shared understanding of the mission
Core Values
Duty * Honor * Country

- **Army:** Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, Personal Courage
- **Navy and Marine Corps:** Honor, Courage, Commitment
- **Air Force:** Integrity, Service before Self, Excellence
- **Coast Guard:** Honor, Respect, Devotion to Duty
Military Language

- Acronyms
  - For the military they are a second language
  - Stop and ask them what it is
  - Do not ask what it stands for...
    - You may not understand that either!!

- MOS - military operational specialty (what is your job)
- BDU - Battle dress uniform/ACU - army combat uniform
- “Roger That” - (they understand)
- “Roger Wilco” - (task them with something)
Unique Health Risks
Burn Pits*IEDs*Oil Well Fires*Agent Orange
Unique Physical Health Issues

- *Surviving Veterans/lost comrades
- *Integration back into society
- *Physical issues/injuries
- *Moral Injury: “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009.)
- * Onset of symptoms: PTSD, sleep issues, TBI, substance abuse.
Unique Physical Health Issues

**Vietnam**

- *Agent Orange*
- *Leukemias and other cancers*
- *Diabetes*
- *Genetic abnormalities (Teratogenic)*

**Gulf War syndrome 1990-present**

Undiagnosed illnesses: fatigue, headaches, joint pain, indigestion, insomnia, dizziness, respiratory disorders, memory problems, fibromyalgia, chronic fatigue.

**OEF/OIF /OND**

- *IEDs (~ 3000/month), repeated blast exposure, more complex weapons, heavy armor and carry-on supplies*
- *Traumatic Brain Injury (TBI)*
- *Poly-trauma*
- *Amputation*
- *Mild TBI (mTBI)*
- *Chronic pain (Musculoskeletal issues)*
Unique Mental Health Issues

Coming Home.... The Challenges....

**COMBAT-ZONE**
- Cohesion with buddies
- Accountability and control
- Targeted aggression
- Tactical awareness
- Lethally armed
- Emotional control
- Non-defensive driving
- Discipline and obeying orders

**HOME-ZONE**
- Withdrawal from others
- Lack of control
- Inappropriate aggression
- Hypervigilance
- “Locked and loaded” at home
- Detached and uncaring
- Aggressive driving
- Giving orders leads to conflict (no clear “chain of command”)
Unique Mental Health Issues

Post Traumatic Stress Disorder (PTSD)
*After exposure to a traumatic event like war, assault, disaster, sexual trauma...
*Effects on personal and social life
  *Functionality (Hyperarousal, Hypervigilance, & flashbacks)
*Avoidance/Numbing:
  *Social isolation
  *Alcohol and substance abuse
*May resurface with aging
*Effects on family??
Unique Mental Health Issues

Military Sexual Trauma (MST)

*Psychological trauma resulting from any harassment, assault, or battery of a sexual nature while in training or on active duty.

*20% to 43% among women and 1% to 4% in men

*May cause PTSD and other myriad of physical ailments
Unique Social Issues

Homelessness

Veterans:
* 9.5% of Population

BUT

*~ 1/3 of adult homeless population

*Women Vets are 2-4 times more likely to become homeless than non-Vets.
Suicide: The Uncomfortable Truth

General Population Statistics *Based on 2014 US Suicide Data

*Suicide is the 10th leading cause of death

~43,000 suicides occurred in the U.S.

Homicide is the 15th leading cause of death, approximately 16,000 deaths

*Only 15% visit Mental Health Professional in the month of their death
*75% saw Primary Care MD within 3 months of completing suicide
*50% within one month*20% within 24 hours

*According to the CDC, suicide increased by 24% between 1999-and 2014.
Veteran Specific Statistics
2016 Suicide Data Report; Department of Veteran’s Affairs Office of Suicide Prevention

- In 2014, it is estimated that 20 veterans die by suicide per day (6 of the 20 were users of VA services).
- In 2014, Veterans were 8.5% of the US population, however, constitute 18% of all suicides.
- There is continued evidence of a high burden of suicide among middle-aged and older Veterans. In 2014, approximately 65% of all veterans who died from suicide were 50 years or older.
- In 2014, approximately 66% of all veteran deaths by suicide were the result of firearm injuries.
Average Number of Suicide Per day among Veterans and civilians by year, 2001-2014

All Veterans: 20 per day
Civilians: 62 per day in 2001-93 daily in 2014.
On average, the number of veterans who die of suicide each day has remained stable since 2011.
Main Finding: When compared with suicide mortality among the civilian population, a greater increase in the relative risk for suicide among Veterans was observed for those without use of VHA services.
Suicide Statistics by Gender

- After adjusting for differences in age, risk for suicide was 18 percent higher among male Veterans when compared with U.S. civilian adult males. (2014)

- Risk for suicide was 2.4 times higher among female Veterans when compared with U.S. civilian adult females after adjusting for differences in age (2014.)

- Among male Veterans, the largest number of lives lost to suicide are middle-aged (ages 50-69), with the highest rates of suicide are among the youngest males (ages 18-29.)

- Among Veteran females, the largest number of lives lost to suicide occurs in middle age (ages 40-59.)

- Rates of suicide among younger male users of VHA services, age 18-29 have been increasing more than other male age groups.

- Female suicide rates of younger females that use the VHA have increased as well from ages 18-29.

- When compared to the US general population, risk for suicide among users of VHA has decreased since 2001 for both males and females.
Rates of suicide have increased substantially among younger Veterans while remaining stable among non-veterans ages 18-29.
Comparison of Rates of Suicide Between Veterans and Civilians Based on Age

- Rates of suicide have increased among Veterans ages 30-39 while stable among civilians of this same age group.
- Veteran suicide rates ages 40-49 have remained relatively stable while civilians of this same age have had an increase in suicide rates.
- Both Veterans and Civilians age groups 50-59 and 60-69 had an increase in suicide rates, however much more so with the veteran population.
- Suicide rates increased for the civilian population from ages 70-79, however remained stable for veterans for this same group.
- Rates of suicide increased for veterans 80 and older while this remained stable for civilians of this age group.
Suicide Deaths by Mechanism and Gender

Veteran Suicides

Civilian Suicides

Caption Text Option 1: shown in VA Light Blue and set differently as for calling out sidebar information

Caption Text Option 2: shown in VA Light Grey and set differently as for calling out sidebar information
Veteran Specific Risks Factors

- Training
- Frequent deployments to hostile environments
- Length of deployments
- Exposure to extreme stress
- Physical/sexual assault while in the service (not limited to women)
- Service-related injury
Veteran Specific Risk Factors

- Pride “I can do it on my own.”
- High Rates of PTSD and TBI
- Stigma of mental health treatment
- Fearlessness about death
- Fatalism
- Self-sacrifice
- Self-reliance
- Mental toughness-suppress emotions
Veteran Specific Risk Factors: (Dr. Thomas Joiner)

- Due to exposure to pain and death, veterans habituate and are more likely to develop the capacity for suicide
Challenging Thoughts of Burdensomeness and Thwarted Belonging: (Dr. Thomas Joiner)

- **Burdensomeness**: Asking the veteran if he/she believes that other’s would say they are a burden and see it the same way?
  - Worth more dead than alive
  - Military provides rewards to those who sacrifice themselves

- **Belongingness**: Explore the veteran’s current and past feelings of belongingness. Asking how they have contributed to others currently or in the past.
  - After returning to civilian life and transitioning out, it can be difficult to feel they belong.

- Evaluate for Burdensome and thwarted belongingness.
Barriers to Seeking Treatment

- Fear the perception of being seen as “weak”
- Fear leadership might treat them differently
- Fear others would have less confidence in them
- Culture clash with military culture and therapy
  - Military is Mission Focused-everything else is secondary; one mission after another. Not much time to decompress. “No one wants to be the weak link.” Airforce Veteran.

- Many veterans have reported they are concerned people will think they are “crazy.” Reframe to tools, coping skills, etc. to destigmatize mental health.
Signs of Suicidal Thinking

- Hopelessness, feeling like there’s no way out.
- Anxiety, agitation, sleeplessness, mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities
- Withdrawing from family and friends
- Increasing alcohol and drug abuse

- The presence of any of the following signs requires immediate attention:
  - Thinking about hurting or killing themselves
  - Looking for ways to die
  - Talking about death, dying, or suicide
  - Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs or weapons
Suicide Prevention and Substance Abuse
Prevalence of Suicide and the Substance Abuse Client

- Research suggests that around 90% of individuals who complete suicide have a mental health and/or substance abuse diagnosis (Harris and Barraclough 1997; Molnar et al 2001.)
- Mood disorders combined with substance abuse disorders increase the risk of suicide (Moscicki, 2002)
According to Wilcox, Conner, and Caine (2004), suicide is the leading cause of death among individuals with substance abuse disorders.

Individuals with substance abuse disorders are 6xs more likely to make a suicide attempt compared to the general population (Borges1999.)

As many as one fourth of individuals who die by suicide are intoxicated with alcohol (IOM 2002).

Patients with prescription drug misuse (specifically benzodiazepines, pain meds, & methylphenidate) and those with alcohol abuse were 6.8 times and 3.3 times more likely to die of suicide than those without (Kim et al 2012.)

Substance abuse treatment has been determined to be a preventative strategy towards the reduction of future suicidality (Ilgen et al. 2007)
Prescribed Opiates and OEF/OIF/OND

- A VA Study found that Iraq and Afghanistan vets who were prescribed opiates and were diagnosed with PTSD had more opiate related accidents and overdoses, ETOH and non-opiate related accidents and overdoses, and self inflicted injuries.

- Vet’s with PTSD were 2xs more likely to get prescriptions for pain medications than vets with only pain issues and the vets with a PTSD dx combined with substance abuse were 4xs more likely to get these medications compared to vets with no mental health diagnosis.

- Suicides, non-suicidal self directed violence, and overdoses were higher for these vets with a diagnosis of PTSD who were prescribed these medications.
Prevalence of Suicide and Substance Abuse and Veterans

- A study by Santiago, Wilk, Milliken (2010) consisted of 6527 US Army soldiers who were screened after returning from deployment to Iraq. It was determined that 27% screened positive for alcohol misuse, and arriving late to duty and rates of drinking and driving were high.

- According to the National Institute on Drug Abuse (NIDA) “Zero-tolerance policies and stigma pose difficulties in identifying and treating substance use problems in military personnel, as does lack of confidentiality that deters many who need treatment from seeking it.”
  - This may cause an increase in substance use during transition to civilian life.
Why Veterans May use Substances?

- Self medicate symptoms of intrusive memories, anxiety, depression, and PTSD
- Helps with insomnia
- Veterans with PTSD may be more binge drinkers to cope with intermittent intrusive memories and re-experiencing.
- The National Center on PTSD states that more than 2 out of 10 veterans with PTSD diagnosis also is categorized with a SUD.
- Vietnam veterans may have started using during the War and continued due to a hostile return. Not integrated back into society, shunned, no sense of belonging.
- Both Substance Abuse and Suicide regulate emotions
Main Finding: The percentage of VHA users diagnosed with a mental health or SUD has increased since 2001.

*Percentage of VHA Users With Diagnosis of Mental Health Conditions/Substance use disorders by Calendar Year. VA 2016 Suicide Data Report*
Main Finding: As compared to 2001, rates of suicide have remained stable among VHA patients diagnosed with a mental health condition or SUD.
Main finding: rates of suicide were elevated among VHA patients diagnosed with an opioid use disorder and have increased since 2001.
Overall, suicide rates are highest among patients with mental health and substance use disorder diagnoses who are in treatment and lower among those who received a MH diagnoses but were not sick enough to require enhanced care from a MH provider (Table 1).

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<td></td>
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Maketheconnection.net
What Are We Doing About It?
More than 300 SPCs nationwide
Education

- Operation S.A.V.E. training to all staff and residential clients
- Education to community providers
- Collaboration with Chicago Police on Police suicides
- Consultation for all staff
Outreach: (5 per month)
Build community relationships and awareness through training, outreach events, resources and materials
*Mail Program
Report and Tracking

Just-in-time reporting of events and behaviors to enhance our knowledge of common risk factors, trends, and outcomes

- Suicide Prevention Application Network (SPAN)
- Behavioral Health Autopsy (BHAP)
- Family Interview Contact (Fit-C)
- Root Cause Analysis (RCA)
Direct Care

- SPCs play an important role in getting Veterans into care and providing face-to-face support in navigating VA’s services.
- Identifying Veterans who are high risk for suicide
- Case Management of high risk flags, minimum of 90 days
- SPC ensures veteran has 4 contacts within the first 30 days
- Pilot to implement Brief Cognitive Behavior Therapy for Suicide
- Monitor individual Veteran’s progress and follow up to ensure personal *safety plans* are implemented
Safety Planning

- Identify the Warning Signs “How do I know when to use the Safety Plan?”
- Reasons for living: May need assistance.
- Internal coping strategies that could be employed without the assistance of another person
- People or social settings that could serve as a distraction
- Information for reaching out to friends or family members for help
- Information for contacting professionals and agencies
- Making the environment safe (i.e., limiting access to lethal means)

*** Review the Safety frequently. Determine what works and what doesn’t work and under what conditions. Should be a working document.***
Assessing for Firearms

- Guns are more lethal than other suicide means.
- About 85% of attempts with a firearm are fatal - much higher case fatality rate than for nearly every other method.
- Attempters who take pills or use razors have some time to reconsider mid-attempt and get help; the method itself often fails even in the absence of a rescue.
- There is no difference in mental illness or suicidality when comparing households with gun ownership vs. non-ownership.
- Gun owners are not more suicidal, but, they are more likely to die if they become suicidal.

Information provided by Harvard Injury Control Research Center.
Means Restriction
CPD-Firearm Retrieval Program
Veteran’s Crisis Line (National Suicide Prevention Lifeline):

This Crisis Line is staffed by VA personnel who can access veteran’s VHA medical records.

Suicide Prevention Coordinators:

• High risk list management of veterans identified as high risk for suicide
• Increased outreach and follow-up
• Increased community outreach and education
Veterans Crisis Line: 9 years of saving lives

2007
National Veterans Suicide Prevention Hotline

2009
Online chat

2010
Veterans Crisis Line
1-800-273-TALK (1-800-273-8255)

2011
Text to 838255

2012
Increased number of responders

2013
Mobile site

Over 2.5 million calls

Nearly 308,000 chats

Over 60,000 texts

Over 408,000 referrals

66,000 dispatches of emergency services

as of September 2016
MENTAL HEALTH ENVIRONMENT OF CARE

- Reducing environmental risks
- Mental Health Environment of Care has 123 items on checklist
- Quarterly rounds; multi-disciplinary
- Adopted by Alberta Canadian Health Care System
- National Alerts
Environmental risks

Location of Inpatient Suicide Attempts and Completions (N = 350)

- Inpatient Psychiatry Unit
- Acute Care or Medical Unit
- Nursing Home Care Unit
- Common Space
- Detox Unit
- Intensive Care Unit

(Joint Commission Journal on Quality and Patient Safety, 2008)
Additional Interventions

- **Naloxone kit**: October 2016 to the present we have dispensed 427 Naloxone kits.

- **Reach Vet**: uses statistical approaches to help identify Veterans utilizing VA health care services who are calculated to be at increased risk for suicide and other adverse events.
  - Those who are at the greatest risk of suicide are also at increased risk of death from overdoses, injuries, accidents, and medical illnesses.
  - Top .1% has a 33 times greater calculated risk of suicide over one month and 15 times risk over one year.

- **2010 VA had a comprehensive plan to end homelessness.**
  - 123,000 Veterans and their families were permanently housed.
  - 78,000 HUD VASH (Section 8) vouchers.
  - National Call Center for Homeless Veterans had a total of 128,000 calls and 38,00 Chats.
  - 17% decline of homeless veterans from 2015-2016
VA Services

- Methadone/Suboxone
- Local and National residential programs
- Mental Health Partial Hospitalization Program (DHP)
- Inpatient Psychiatry (38 bed unit, involuntary admissions)
- Suicide Prevention Program
- Outpatient Psychiatry
- Biofeedback
- Affordable medication
- Psychosocial Rehab
- Mental Health Intensive Case Management
- Yoga/Recreational therapy/pet therapy
- Primary Care Mental Health Integration
- Psychiatric Assessment Clinic (same day walk-in)
- Women’s Health Clinic
- Homeless Program/HUD VASH
- Tele-psychiatry
- Transition and Care Management Clinic

*** Veteran’s Court***
Vet Centers

- Only treat combat veterans and MST
- Provide counseling to the veteran and their family
- Free
- Computer record is not connected to the VA record
- Located in Chicago, Evanston, Forest Park, Orland Park, Chicago Heights, & Aurora
In the words of Abraham Lincoln “Honor to the soldier and sailor everywhere, who bravely bears his country's cause. Honor, also, to the citizen who cares for his brother in the field and serves, as he best can, the same cause.”

Thank You

Questions?