

# Suicide and the Military: Gaining Ground in the Battle

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# How common is suicide?

- Suicide is a rare event.
  - U.S. population: **12 per 100,000**
- Veterans
  - **20%+ of all U.S. suicides** -- 13% population
  - 6,400 year -- 1 every 80 minutes
  - Men: **twice as likely** to die by suicide as non-vets
- Active duty:
  - **18 per 100,000** -- Army: **20 per 100,000**
- For each suicide, 5 more hospitalized



# Statistics

Historically, military had lower rates than civilians (before 2001 - 10 per 100,000)

- Six-fold  in attempts since wars began - 2001
- 2008 rate - exceeded for first time
- 2009: more suicides than deaths in wars
- National Guard / Reserve rates doubled since 2009; more isolated than active-duty
- About 2,300 suicides since 2001

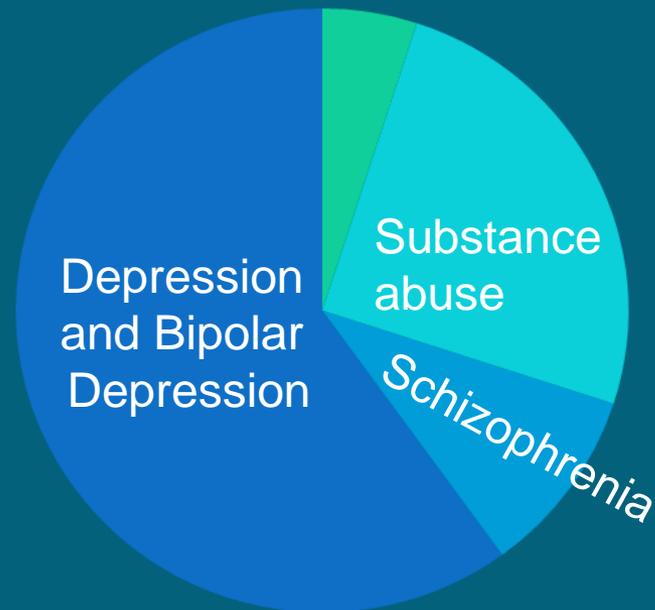


# Suicide: Causes

- Most explanations are too simplistic: never the result of single factor or event.
- Highly complex interaction of biological, psychological, cultural, sociological factors.
- No single CAUSE of suicide; only CAUSES.

# 90% of suicides have identifiable brain illness

- Depression
- Bipolar disorder
- Schizophrenia
- Substance abuse
- (Anxiety disorder;  
Borderline Personality)



## Multiple risk factors increase risk

- Mental disorders
- Substance abuse
- History of trauma
- Traits: impulsiveness
- Relationship loss
- Economic hardship
- Isolation



## Risk: number of times expected rate

- |                     |         |                   |       |
|---------------------|---------|-------------------|-------|
| • Prior attempt     | 40-100x | • Personality d/o | 8x    |
| • Depression        | 20x     | • Anxiety d/o     | 7x    |
| • Bipolar d/o       | 15x     | • Incarceration   | 9x    |
| • Subs abuse        | 6-17x   | • AIDS            | 8x    |
| • Schizophrenia     | 8x      | • Cancer          | 2x    |
| • Exposure as child | 9x      | • GLBT            | 2-14x |
| • Head injuries     | 3x      |                   |       |

Comorbidity increases rate

# Dispelling the myths

- ⦿ Late spring / early summer
- ⦿ Suicide **more than twice rate of murder**
  - 12 per 100,000 vs. 4.8 per 100,000
- ⦿ **Men** more likely to die; women attempt 2-3x more often, but get depressive d/o 2-3x more
- ⦿ **Rates rise with age**, with highest rates among white men in their 70s and 80s

# Two groups most concerned about: Vietnam veterans and Returning veterans



# Why do people kill themselves?

- Don't want to die; want to end intolerable pain.
- Most suicidal crises last very brief time: minutes, hours, days
- Half of all attempts occur with 5 minutes premeditation
- Although act may be impulsive, going downhill a long time
- 70% give some warning



## Beliefs that are common, but aren't true...

- ⦿ Talking about it will give them the idea.
- ⦿ Suicide occurs with little or no warning.
- ⦿ If attempt was not fatal, it means it was only attention-seeking behavior.
- ⦿ Suicide occurs because of a stressful event.
- ⦿ If they want to die, they will just keep trying until they succeed.
- ⦿ Intervening takes away a person's right to individual choice.



If you recognize  
some of those beliefs  
are part of your thinking...

...it will likely impair your ability  
to help a person at risk of suicide.

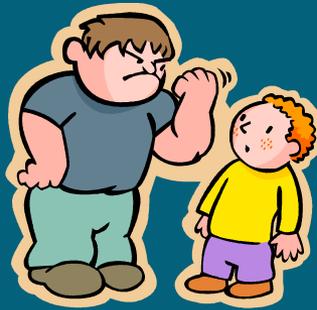
# Continuum of Severity



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**Biology / Heredity**

**Events / Stressors**

**Outcomes**

# Army Major General Mark Graham:

“I knew my son was sad...

but I didn't know  
you could die  
from being sad.”



*Depression and unhappiness are not the same.*

- ⦿ Unhappiness: **normal grief, bereavement, situational depression, reactive depression exogenous – originating from outside**
- ⦿ Depression: **biochemical, clinical, biological endogenous – originating from inside**

# 1. Grief or bereavement



# 2. Depression



# 3. Grief leading to Depression



- Trigger **onset**
- Trigger **relapse**
- Make episode **worse**
- Make episode **last longer**

# Depression: Causes



- ⦿ **Biology:**
  - changes in brain structure and chemistry
  - hereditary vulnerability
- ⦿ **Environment:**
  - stresses can trigger and/or worsen episodes
- ⦿ **Cognition:**
  - thoughts / beliefs

# Serotonin

Central in regulating:



mood



sleep



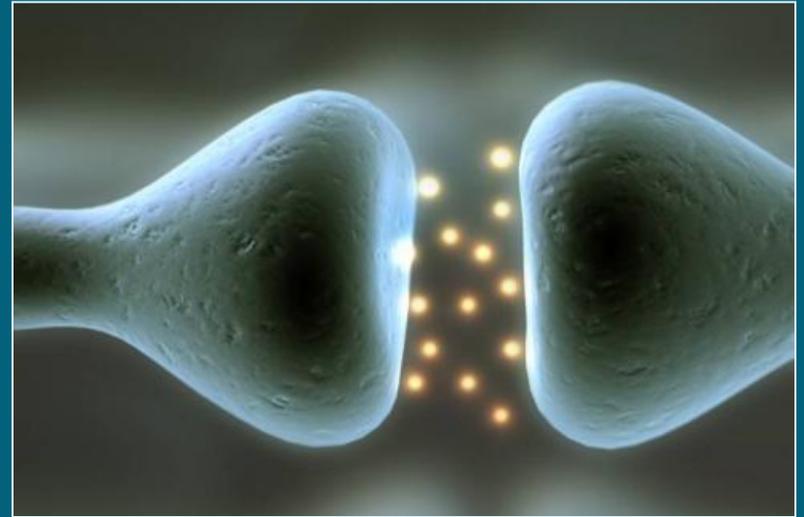
addictive behaviors



impulsivity / aggression / risk taking



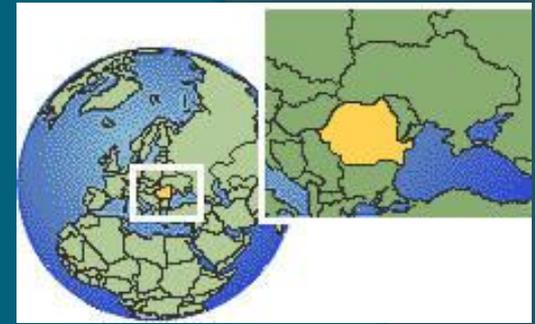
perception of physical pain



neurotransmission

Low serotonin levels associated with depression and with higher suicide risk.

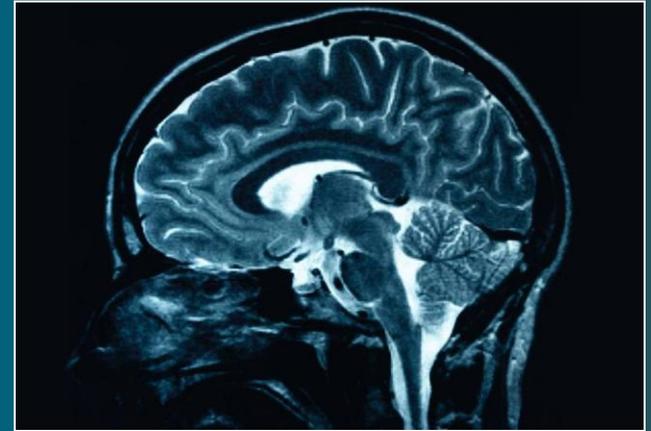
# Society and Culture



## Influences:

- stigma vs. acceptability for suicide & asking for help
- modeling: family member suicide = 2 - 3x more likely
- **Risk factors / stressors:**
  - available, easy, lethal methods
  - use of alcohol
  - prevalence of negative life events
  - economic hardship
- **Protective factors:**
  - support / proximity, religious faith
  - access to treatment

# Childhood trauma



- Affects developing brain with potentially lifelong abnormalities / deformities
- Changes in biochemical functioning
  - Stress response dysregulation
  - Vulnerable to subsequent traumas
- Greater number / severity = greater risk
- Sexual abuse - highest risk of suicide (over a lifetime) of all child maltreatment

# Cognitive Distortions



Thoughts / beliefs common in depression:

- I'm not as good as others, I'm worthless.
- Mistakes prove I'm no good.
- No one will ever like me. No one loves me.
- Nothing will ever change. My life is ruined.
- Others will be better off without me.
- I can't live without this person.

# Feedback Loop



- Chemistry interacts with thinking
- Thinking interacts with stress
- Stress interacts with chemistry

# Treatment / Intervention

## Medication / Treatment

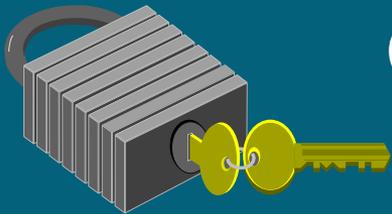
- Improve brain functioning and chemical imbalances (TMS, ECT, VNS, NFB)

## Cognitive Behavioral Therapy

- Change negative thought patterns that reinforce and worsen feelings

## Environmental changes

- Reduce stress: abuse, conflict, sleep
- Increase protective factors: skills
- Safety / intensive treatment



# Comorbid conditions (MH or medical)

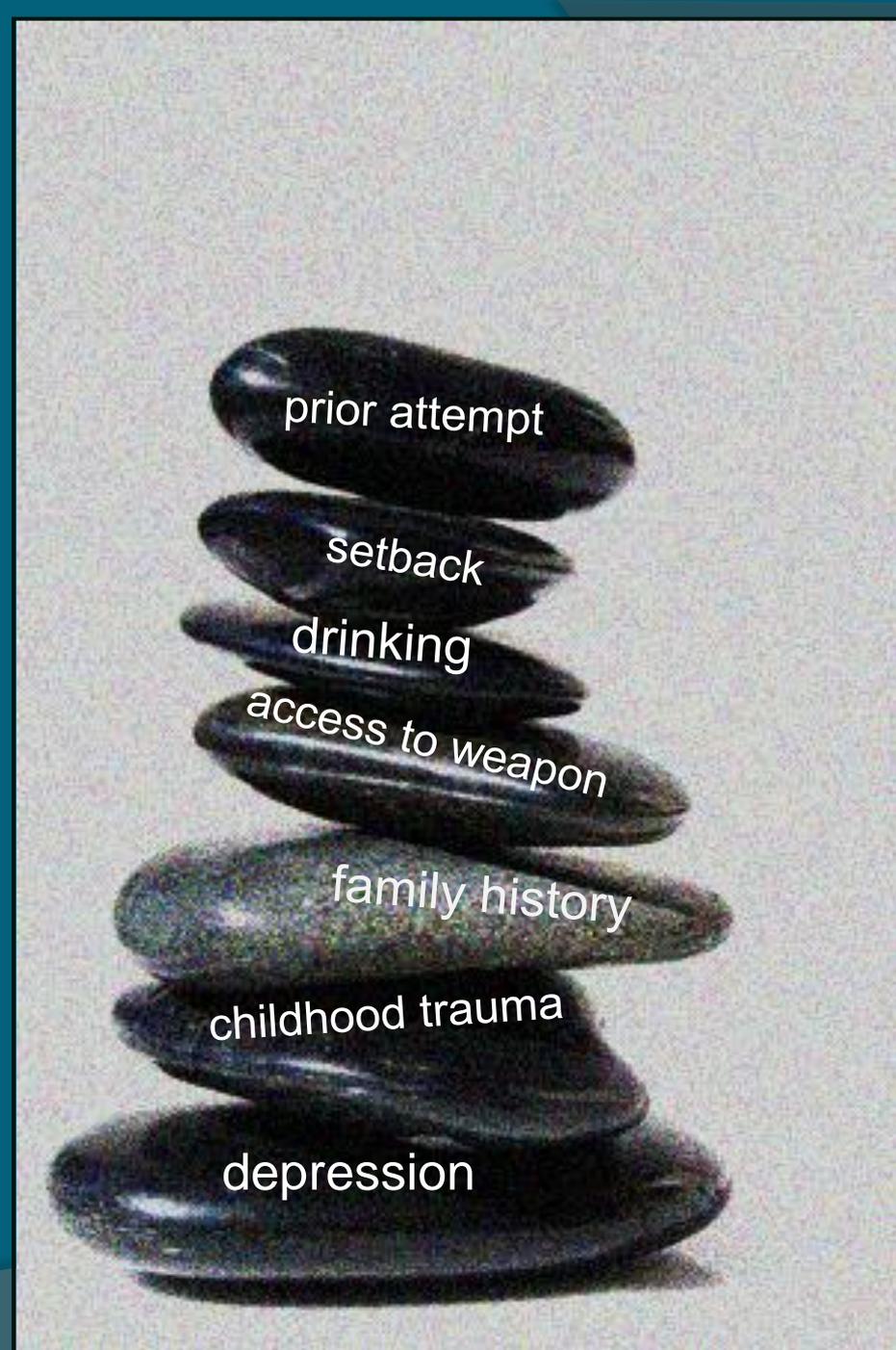
- ❖ Substance abuse (disinhibition)
- ❖ ADHD or disorders of impulse control
- ❖ Psychosis (command hallucinations)
- ❖ Medical conditions (especially chronic, poor prognosis or involve persistent pain)

# Chronic traumatic encephalopathy (CTE)

- Multiple concussions, repeated blows to head
- Degenerative condition where abnormal form of protein accumulates
- Eventually destroys cells throughout brain, including frontal / temporal lobes that regulate impulse control, judgment, memory, emotions



# Risk potential is cumulative



# Military not like U.S. population (+)

- Younger – half between 18 - 25
- More minorities
- Certain illnesses that are risk factors are cause for rejection for enlistment (schizophrenia)
- Intensive support system exists in unit.
- Sense of purpose / worth / value

# Military not like U.S. population (-)

- Disproportionately male
- More impulsive (46% vs 15%)
- More risk-taking
- Much higher alcohol use (20% report weekly use 5+ at a time)



# What is different now?

- Less time to integrate new members
- Transfers disrupt unit stability / treatment
- More surviving with head injuries:
  - Better on-scene medical care
  - I.E.D.s
- Mental health screening following deployment inaccurate because of desire to get home
- Bad economy = more unemployment

# Risk factors specific to military

- Injuries with chronic pain
- Poor continuity of care when moved
- Myth about ineffectiveness of treatment
- Negative **career concerns** (self and others)
  - Inability to get security clearance / promotions
  - Not to deploy for 3 months after starting meds
- Privacy / **confidentiality** concerns
- Access to **firearms**
- **Access to care** / quality care
- Frequently, long waits for care

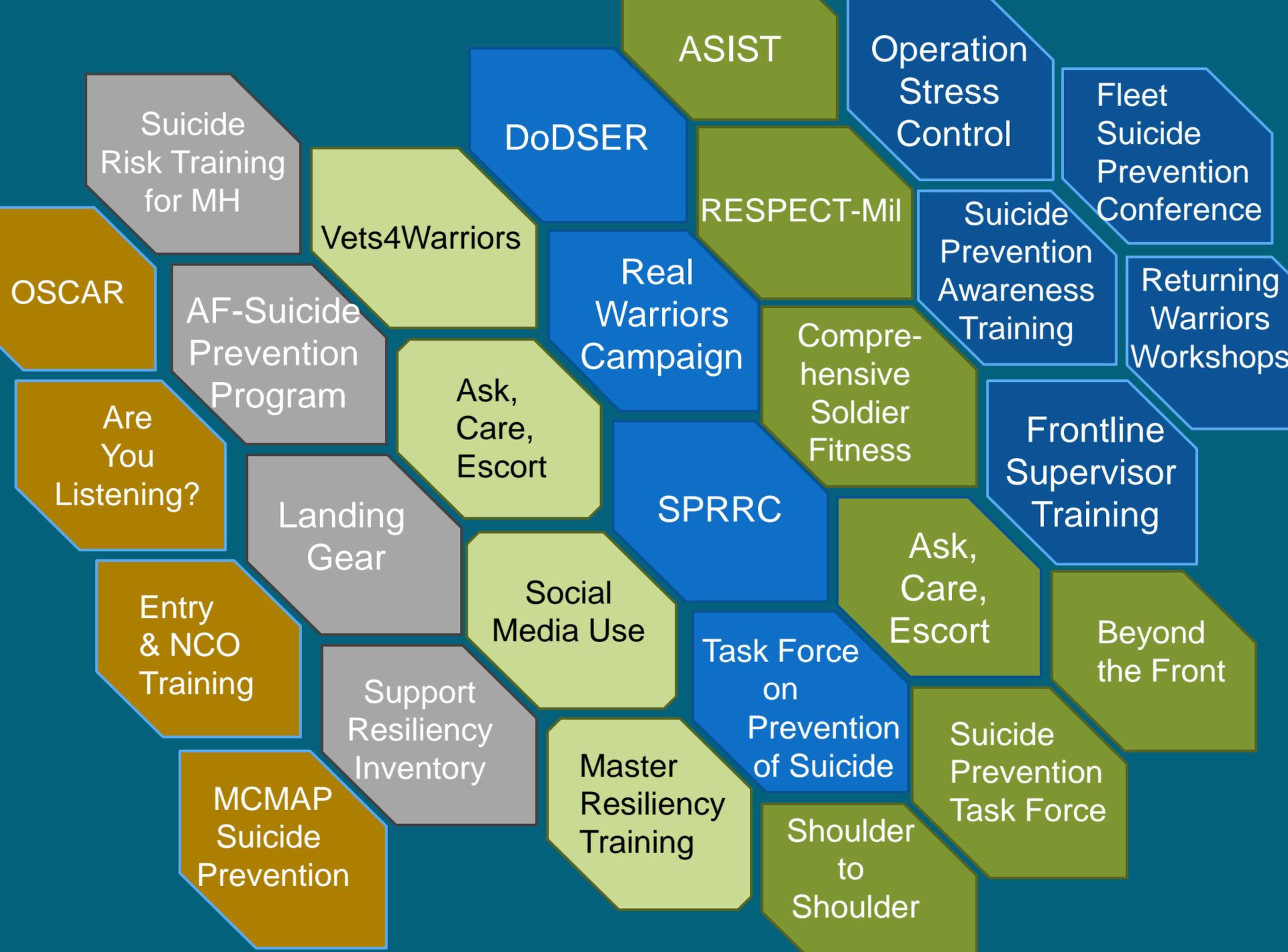
# Recommendations made:

- ❖ Accounting of suicides / attempts
- ❖ Provide **access to care**: offer in non-traditional settings (primary care / in theater)
- ❖ Hire more clinicians / train in **EB treatments**
- ❖ Increase **resiliency** (self care, skill building)
- ❖ Respond appropriately to suicide deaths
- ❖ Give support pre- & post- deployment
- ❖ **Identify and refer** those at risk
- ❖ Protect confidentiality
- ❖ Educate everyone

# Changing a culture

## Attitudes and actions (self / peer)

- Be tough. Man up. Show-no-weakness.
- Ridicule, ostracism for asking for help
- Life event (legal, mental health problems) not just humiliating, but causes significant occupational problems



ASIST

Operation  
Stress  
Control

Fleet  
Suicide  
Prevention  
Conference

DoDSER

RESPECT-Mil

Suicide  
Prevention  
Awareness  
Training

Returning  
Warriors  
Workshops

Suicide  
Risk Training  
for MH

Vets4Warriors

Real  
Warriors  
Campaign

Compre-  
hensive  
Soldier  
Fitness

AF-Suicide  
Prevention  
Program

Ask,  
Care,  
Escort

SPRRC

Frontline  
Supervisor  
Training

OSCAR

Are  
You  
Listening?

Landing  
Gear

Social  
Media Use

Task Force  
on  
Prevention  
of Suicide

Ask,  
Care,  
Escort

Beyond  
the Front

Entry  
& NCO  
Training

Support  
Resiliency  
Inventory

Master  
Resiliency  
Training

Shoulder  
to  
Shoulder

Suicide  
Prevention  
Task Force

MCMAP  
Suicide  
Prevention

## Carol DeBow lost her son Ryan...

“When Ryan joined the Army, he was willing to sacrifice his life for his country,” she said. “And he did, just in a different way, without the glory.”

“My home has been a nightmare,”  
...three of Ryan’s friends in the military have killed themselves since their return.”



“Since every man is part of a community,  
he injures that community by killing himself.”

St. Thomas Aquinas (1225 -1274)



# Screen everyone for vet status

- Don't assume stereotypes:
  - Men
  - Young
  - Muscled / physically fit
  - Long hair
  - Ask grandmothers if they've ever served in the military!



# Screen / treat those at risk:

- ✓ Brain disorders (depression, PTSD)
- ✓ Substance-use disorders
- ✓ Prior attempts
- ✓ Head trauma / TBI
- ✓ Traits: impulsivity, aggression, problem-solving deficits, hopelessness
- ✓ Negative life events, esp. childhood trauma
- ✓ Availability of lethal means / firearms
- ✓ Contagion / modeling



# Treatment / Intervention

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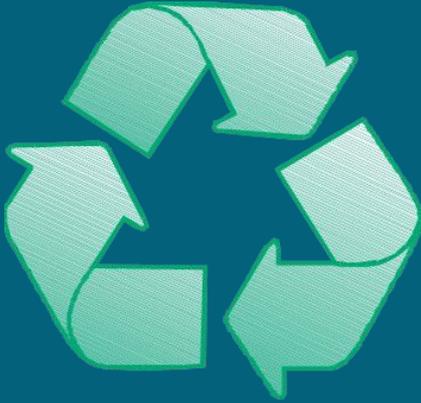
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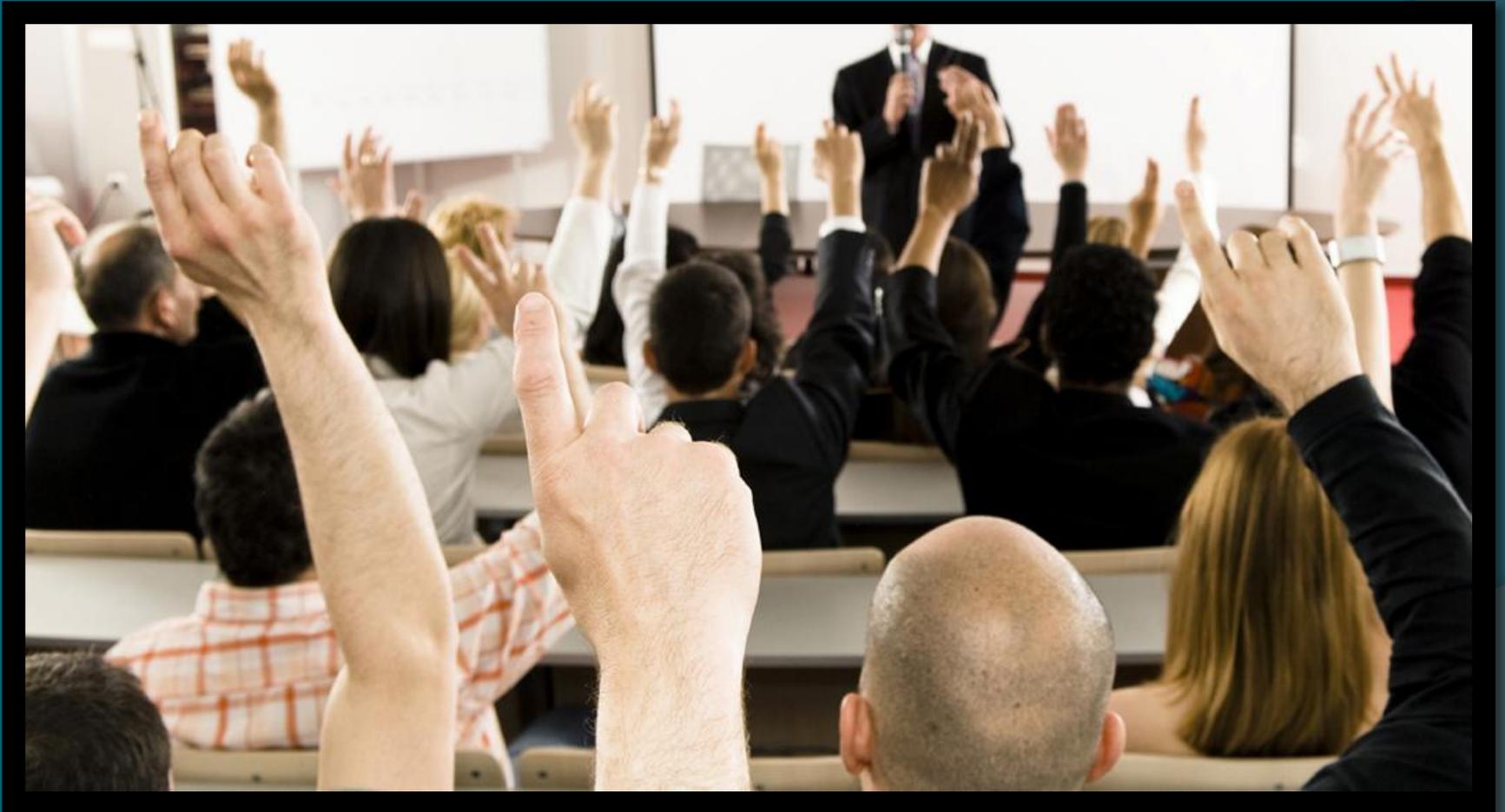
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## Environmental changes

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# Questions?



# Contact information

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