# Suicide Prevention for Veterans and Military Connected Students

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# Overview

- Relevant language and statistics
- Strengths and challenges
- Barriers and facilitators for help seeking
- Fostering and maintaining community of caring
- Kognito suicide prevention program

# Terms

- Federal definition of a Veteran: "any person, who served in the military, naval, or air force, and was discharged or released therefrom under conditions other than dishonorable." **38 U.S. Code § 101**
- New Hampshire definition of Veteran (http://www.gencourt.state.nh.us/rsa/html/I/21/21-50.htm):

-Served in the United States armed forces for more than 4 years and continues to serve; or

-Has been discharged or released from duty in the United States armed forces with:

(A) An honorable discharge; or

(B) An uncharacterized discharge based on a service-connected injury, illness, or disability.

# Terms

- Military connected student:

  -individuals on active service duty

  -military personnel

  -Department of Defense members

# Terms

- Suicide ideation: Thoughts of suicide

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- Suicide intent: Wish to die by suicide
- Suicide plan: Developing a specific way to kill oneself
- Suicide means: The methods people are considering for suicide
- Die by suicide: Preferred phrase to "commit suicide."

# Terms

- Completed suicide: Preferred phrase to "successful suicide"
- Suicide survivor: Someone who has lived after a suicide attempt or

  A loved one of someone who has died by or completed suicide
- Self injurious behavior: Purposefully harming oneself (i.e.., through cutting or burning), not usually with suicidal intent

# Statistics

- The active military and veteran population represents about 4 percent of the entire undergraduate population in the United States
- Veterans comprise about 75 percent of this 4 percent (Radford, 2009; O'Herrin, 2011).
- There are approximately 300,000 veterans who suffer from post-traumautic stress (PTS) symptoms
- Therefore, about 20 percent of veterans generally on college campuses have PTS symptoms, which are known to be among risk factors for suicide (Whitley, Tschudi, & Gieber, 2013).

# Statistics

- Since 2001, over 1.9 million troops have been deployed to combat (Institute of Medicine, 2010)
- Approximately 94% of troops report experiencing or witnessing a traumatic event (Dedert et al., 2009)
- Between 8 and 31% of service members have psychological distress within their first year of post-deployment (Kim et al., 2011)

# Statistics

- Suicide can affect people of any demographic but veterans and college students are at particularly high risk.
- Suicide is the third leading cause of death of among individuals ages 15 to 24 (National Center for Health Statistics, 2011)
- In a recent study with a relatively diverse sample of college students (American College Health Association, 2013), 4.6% of participants endorsed seriously considering dying by suicide in the past year.

# Statistics

- A 2013 Air Force Assessment reported that 10 percent of active duty personnel indicated having untreated mental health challenges
- 90 percent of these individuals were not pursuing assessment or intervention (Barr, 2014).
- Similarly, another study showed that 70% of service members were not receiving adequate mental health care within one year of being diagnosed with a mental health condition (Seal et al., 2010)

# Statistics

- 22 veterans died by suicide daily (Kemp & Bossarte, 2012)
- Male veterans younger than 30 are thrice more likely to die by suicide when compared to peer civilian males
- Female veterans are also at elevated risk (Kemp, 2014)
- A 2011 report (Rudd, Goulding, & Bryan) indicated that almost half of undergraduates who are military veterans reported having suicide ideation, and 20% had at one point planned to kill themselves.

# Suicide Risk Factors, Protective Factors, and Warning Signs

# General Risk Factors

- **Environmental Factors**
- Contagion - direct witnessing or having some connection to another person's suicide; viewing graphic or sensationalized (including romanticized) accounts of suicide.
- Having direct access to methods of high lethality including firearms and drugs.
- Chronic Distress, which may include bullying and other harassment; relationship conflicts, and unemployment/financial challenges.
- Stressful Life Events, which may include a death, divorce/separation, or employment loss. (afsp.org)
- Barriers to Health Care - due to systemic obstacles or stigma (afsp.org)

# General Risk Factors

- **Medical Factors**

-Mental Health Problems, especially depression, bipolar disorder, PTS symptoms - especially un or undertreated

-Alcohol and Drug Abuse.

-Traumatic Brain Injury (afsp.org)

# General Risk Factors

- **Historical Factors**

-Previous Suicide Attempts

-History of trauma

-Recent release from the hospital for mental health reasons

-Family History of Suicide Attempts.

-Cultural and/or religious beliefs (i.e., believing that suicide is noble solution) (afsp.org)

# Risk Factors for Veterans

- Women had nearly 3 X the rate of suicide relative to women who never served in the military.
- Veterans, particularly older veterans, were more likely to die by firearms
- Individuals who died by firearms were more likely to have experienced a stressful life event during the two weeks prior to death.
- People who died by other means were more likely to have a diagnosis of mental illness and a previous suicide attempt. (Kaplan et al., 2012)

# Risk Factors for Veterans

- Almost one-third of the youngest veterans had a Blood Alcohol Concentration (BAC) greater than or equal to .08, regardless of whether or not they had a longstanding alcohol use problem.
- Contrastingly, fewer than 10% of veterans over age 65 were found to have BACs at an intoxicated level at the time of death (Kaplan et al., 2012)

# Risk Factors for Veterans

- Combat-related guilt has shown to be a significant risk factor for suicide attempts. This feeling can be experienced also in the form of intrusive thoughts (Hendin & Haas, 1991)
- A recent study (Jakupcak, et al., 2011) showed that among OIF/OEF Veterans, those with sub-clinical PTS symptoms were 3 times more likely to report hopelessness or suicidal ideation than those without this distress.

# Protective Factors: Environmental and Interpersonal

- Strong, positive connections to friends, family, and other significant others
- Feeling and having responsibilities/duties to others
- Having pets
- Having children and/or a romantic partner
- Opportunities to contribute to scholastic and/or community projects/activities

-(U.S. Public Health Service 1999; Emorycaresforyou.emory.edu)

# Protective Factors: Environmental and Interpersonal

- A reasonably safe and stable living situational
- Spiritual well-being/religious participation
- Restricted/limited access to firearms or other lethal methods
- Access to helpful mental and physical health care

-(U.S. Public Health Service 1999; Emorycaresforyou.emory.edu)

# Protective Factors: Individual

- Skills in problem solving and non-aggressive conflict resolution
- Cultural and/or religious beliefs that discourage or even prohibit suicide
- Healthy substance habits
- Valuing seeking help and wellness
- Healthy eating, restful sleep, and exercise
- Feeling a sense of belonging/connectedness

-(U.S. Public Health Service 1999; Emorycaresforyou.emory.edu)

# Protective Factors: Individual

- Strong self-esteem
- Sense of personal and impulse control
- Developed interpersonal skills (i.e.., communication skills, anger management, etc.)
- Hope for the future, optimism overall
- Reasons to live

-(U.S. Public Health Service 1999; Emorycaresforyou.emory.edu)

# Warning Signs: Behavior

- Increased use of alcohol or drugs.
- Searching for means: research online or buying a gun or more weapons
- Acting recklessly/taking more risks/impulsivity.
- Increased aggression
- Withdrawing from social or academic activities.
- Sleeping or eating too much or too little.
- Visiting or calling people to say goodbye.
- Giving away treasured belongings.
- Having panic attacks.

# Warning Signs: Verbal

In conversation, written form including online, indicating:

- Killing themselves.
- Having no reason to live.
- Feeling like a burden to others.
- Wanting to seek vengeance.
- Feeling trapped.
- Having unbearable pain.

# Suicide Warning Signs: Thoughts

- Hopelessness
- Helplessness
- "This will never get better"
- "There is no point."
- "People would be better off without me."
- Challenges with focusing

# Cultivating Strengths and Resiliency

- Identifying strengths
- Further developing personal and professional hobbies and skills
- Developing further meaning in life experiences
- Forming and maintaining healthy eating, exercise, sleeping, studying, and time management substance habits
- Continuing (or starting) to build a social support network
- Engaging in relaxation strategies as needed
- When possible, taking self-care time

# Post-Traumatic Growth (PTG)

- Concept developed and articulated by two psychologists (Tedeschi & Calhoun, 1995)
- Related to concepts of positive psychology
- Idea of growth through pain and suffering

# Signs of PTG

- Sense of new opportunities/possibilities
- Changes in relationships with others
- Increased sense of personal strength
- Greater appreciation for life overall
- Spiritual/religious changes

- Not everyone experiences all (or any) of these factors

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# Barriers and Facilitators of Help Seeking

# Types of Barriers

- A recent research study (Stecker et al., 2013) worked with 143 women and men who served in OEF or OIF and identified the obstacles to seeking support:
- Most participants (N=143) were male (84%, N=120) and Caucasian (67%, N=95). Thirteen percent of the sample were African American (N=19), and 9% identified as Latino (N=13).
- The mean age was 28
- Almost all of the US was represented

# Types of Barriers

- The following obstacles emerged:

  -Concerns about treatment itself (40%)

  -Emotional readiness for treatment (35%)

  -Stigma (16%)

  -Logistical (8%)

# Treatment itself

- Negative association with medication
- Provider will not understand the service member
- Preference for individual counseling over group

# Emotional readiness

- Being concerned that treatment would be too triggering, especially of PTS symptoms
- Not feeling the need for treatment due to using other coping strategies, such as substance use
- Feeling that more "courage" was needed before treatment began
- "Going to treatment would mean I really have a problem."

# Stigma

- Fear of being labeled
- In another study (Blais & Renshaw, 2011) anticipated stigma from unit leader, unit members, friends and families was highest in that order
- Anxiety about "getting in trouble" especially regarding security clearance and future employment
- Self-stigma: Pride/needing to "man up"

# Logistics

- Location
- Time
- Family responsibilities

# Facilitators

- Blais & Renshaw (2011) surveyed 165 National Guard/Reserve service members who had experienced recent deployment
- Most were in the Marines or in the Army and had been deployed once
- The majority were White, married, and members of the Latter Day Saints church.
- The mean age was about 27.8
- About 75% had reported having some college education

# Facilitators

- About 20% had ever received mental health care and about 10% were in treatment
- Approximately 6.8% had a mental health diagnosis before deployment

# Facilitators

- Lower self-stigma
- Being married
- Earlier mental health care treatment (though this was not connected to wanting to seek medication treatment)

# Cultivating a Community of Caring

# Off-Campus Resources

- Recent anti-stigma campaigns, such as Real Warriors, Real Battles, Real Strengths (Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, 2014) have likely contributed to an increased number of military personnel seeking mental health care (Quartana et al., 2014)

-http://www.realwarriors.net/aboutus

# Off-Campus Resources

- Forming/maintaining linkages to VA systems and peer-supported veterans agencies/services
- Developing/maintaining supportive partnerships with local physical health as well as mental health professionals (e.g., counselors, social workers, psychologists, nurse practitioners, psychiatrists, chiropractors, nutritionists, naturopaths)

# On-Campus Resources

- Form and develop partnerships among Counseling Center, Health Services, Veterans/Military Services, Residential Life/Housing, student programming
- Sponsor events with military/veteran student group on-campus
- Create/cultivate veterans peer mentoring program
- Reduce focus on PTS symptoms/increase focus on resiliency, including in online materials
- Have consistent training for counselors and other student affairs professionals
- Invite veterans/military connected students to participate in the developing/revamping of services

# Kognito suicide prevention program

# Description

- Co-developed by Veterans Students of America
- 30 minutes in duration
- Computerized gatekeeping training for student affairs professionals, faculty, and students in identifying warning signs as well as risk and protective factors for suicide.
- Part of the AFSP/SPRC Best Practices Registry for Suicide Prevention
- This program uses avatars to participants to practice gatekeeping and active listening skills to identify students who may be at risk; users also increase their awareness of military culture in the process.

- (Kognito, 2013).

# Research

- A recent study (Albright, Goldman, & Shockley, 2013) demonstrated effectiveness in over 290 Kognito participants' ability to hone gatekeeping skills and learn more about military culture

- Kognito is utilized by approximately 110 schools

# Demo

- https://www.kognito.com/products/voc/