

Suicide Among Veterans

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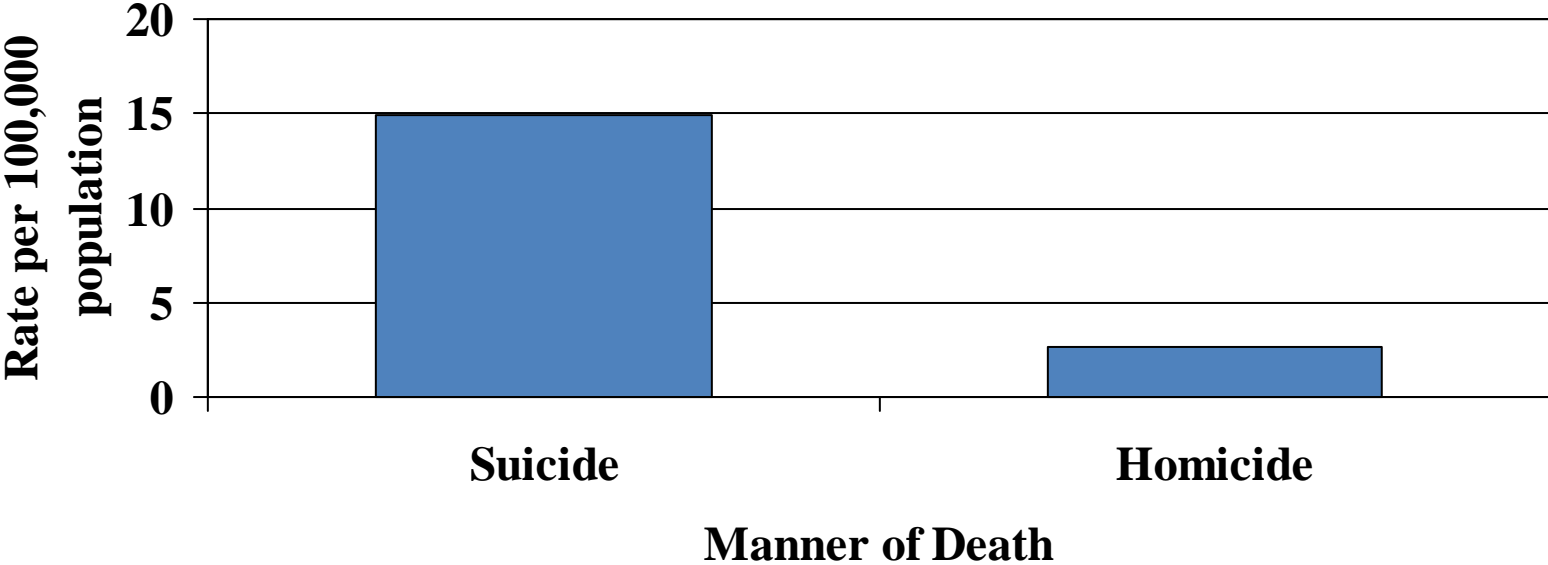
SAMHSA Grantee Meeting, Portland, OR
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Suicide Deaths

- 550 deaths in Oregon in 2005
 - Over 10 deaths each week
- 7th ranking cause of death for men
- 12th ranking cause of death for women
- More deaths from suicide than from traffic crashes (400-450 each year)

Most Violent Deaths in Oregon Are Suicides

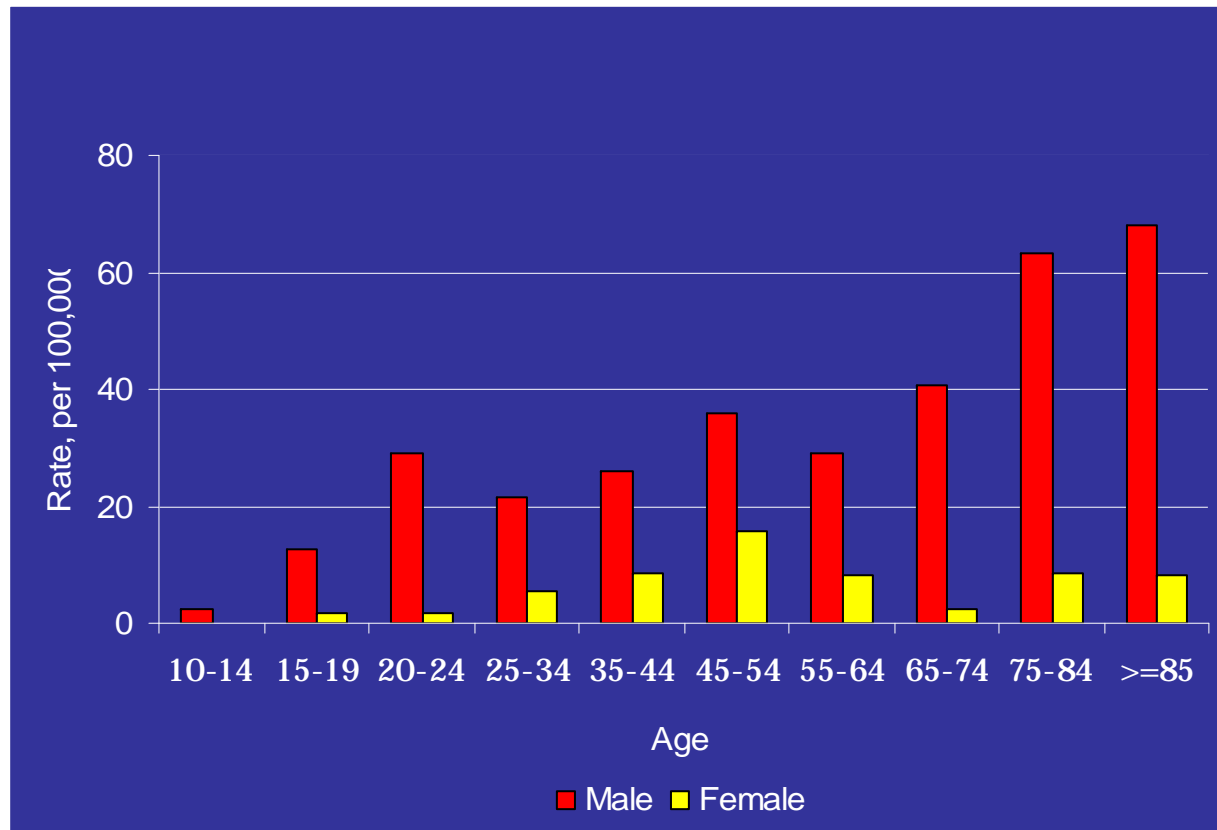
Age-Adjusted Violent Injury Death Rates by Manner of Death, Oregon, 2005



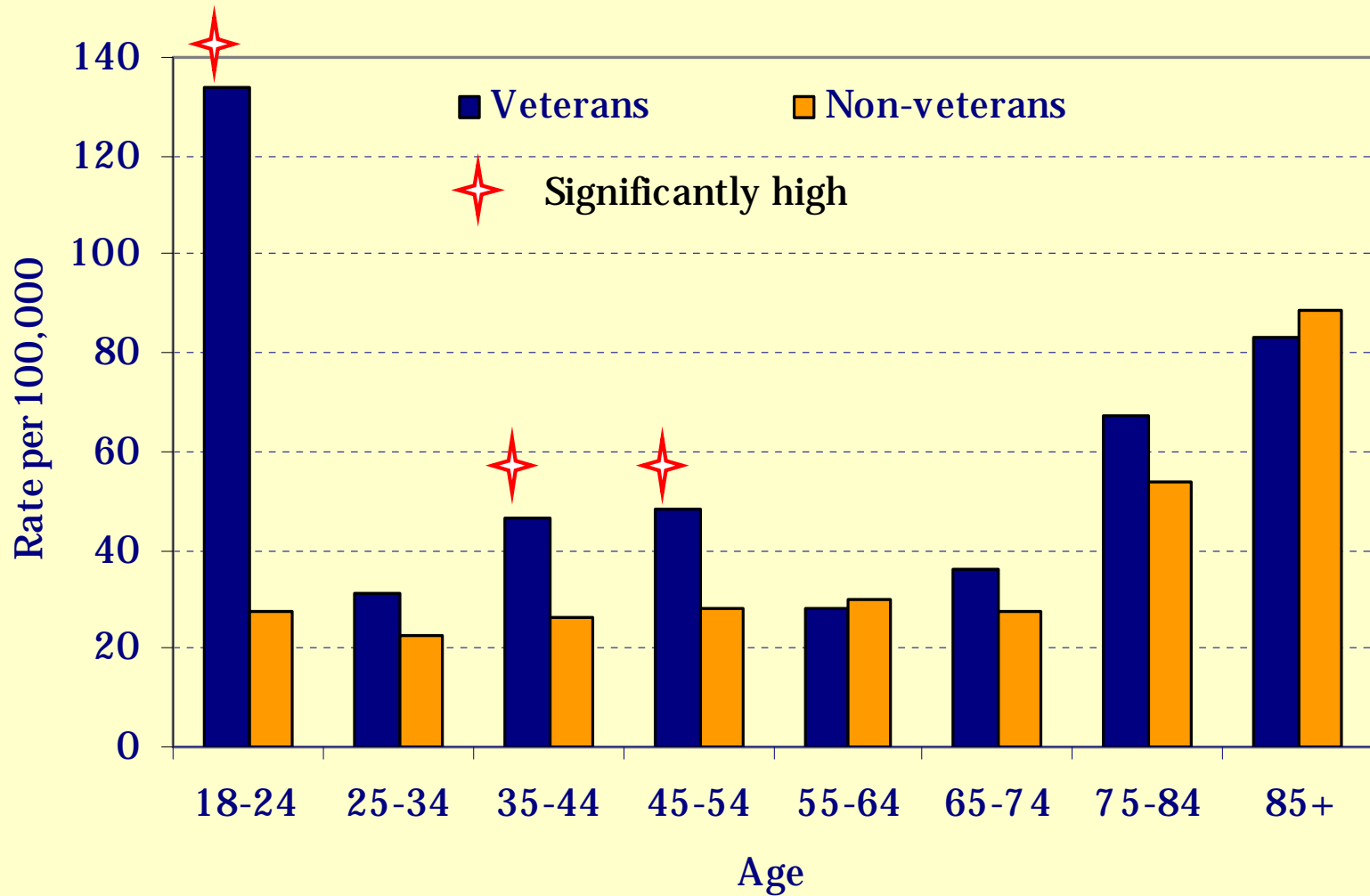
Source: Oregon Vital Statistics, Census Data

Males are the Predominant Risk Group, Rates Rise with Age

Age-specific rate of suicide by sex, OR, 2005



Age-specific suicide rates among male veterans and non-veterans, OR, 2000-2005



Some Individual-level Risk Factors

- Depression
- Hopelessness
- Withdrawal
- Institutionalization
- Organic mental deterioration
- Recent change in organization
- Access to lethal means
- Drug, alcohol use
- Poor physical health
- Expectation of death
- Change in sleep patterns, nightmares
- Life lacks pleasure or purpose

Some Individual-level Protective Factors

- Effective coping skills for adversity
- Engagement in effective treatment for behavioral health problems
- Existential and spiritual well-being
- Belief that one can resolve problems and survive difficult periods

Some Relationship-level Risk Factors

- Social isolation
- Family discord
- Bereavement, particularly in the first year after death
- Family members' attitudes about behavioral health care

Some Community and Institutional Level Risk Factors

- Social connectedness
- Availability of health, behavioral health and social services
- Gaps in health care providers trained in providing care to seniors
- Availability of religious institutions
- Perceptions of safety

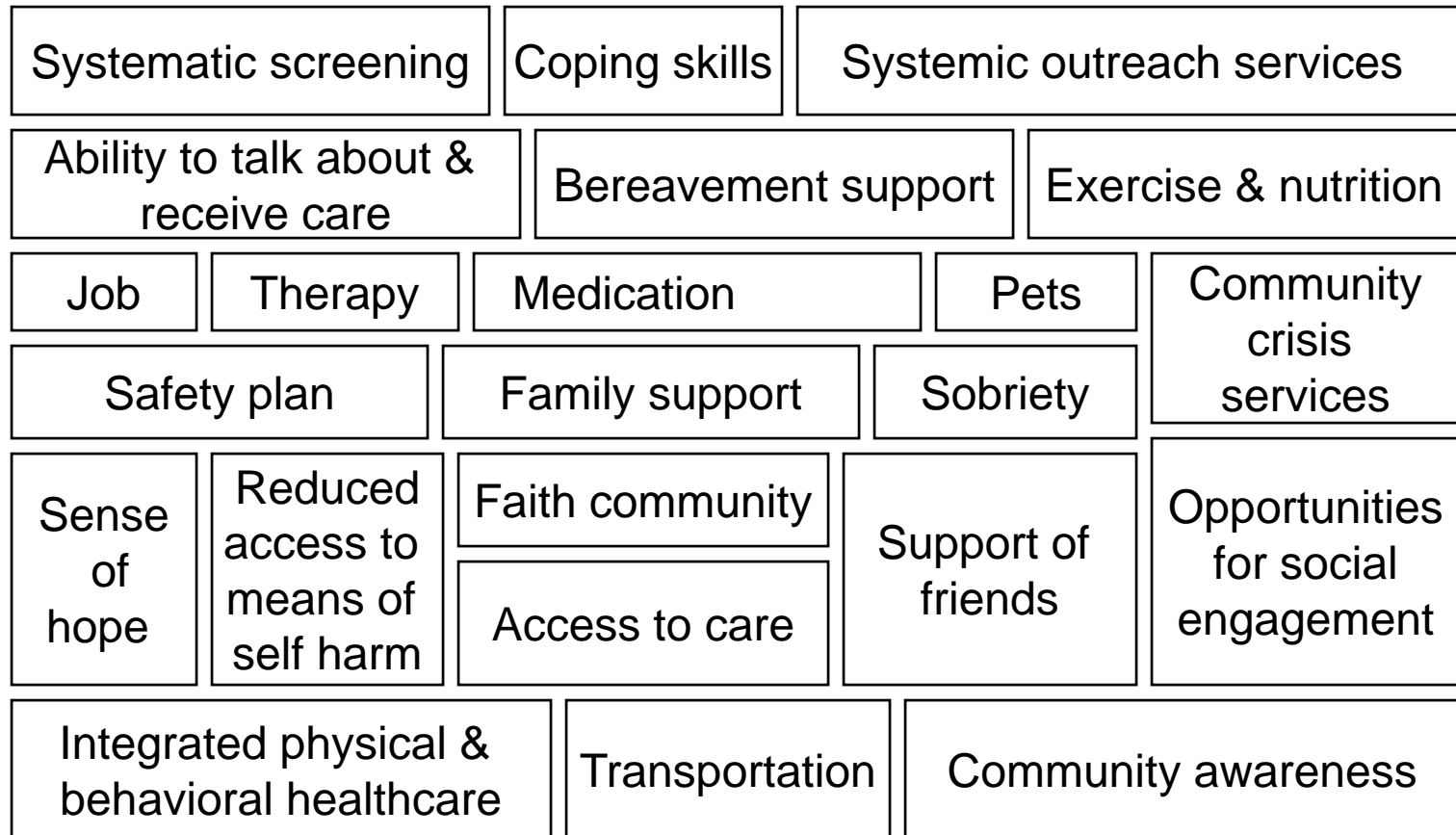
Some Societal Level Risk Factors

- Beliefs that poor health, depression and suicidal thoughts are normal or that people will eventually snap out of it
- Stigma about behavioral health problems

Factors Possibly Increasing Suicide Risk for Veterans

- Combat exposure, PTSD
- Brain injury
- Other physical problems
- Readjustment to civilian life
- Strong value of self-reliance
- Stigma, honor
- Accessibility of guns
- Lack of access to mental health care

Wall of Protection



Prevention Approaches

- No single intervention will fix this problem
- Need to address multiple factors in addition to provision of individual mental health care
- Need a multi-faceted, comprehensive approach
- Multiple approaches are complementary

Activities Related to Veterans and Suicide

- Identify resources to link suicide data with service records
- Alert county mental health providers and crisis intervention teams to increased risk for veterans and availability of reintegration team
- Promote recently passed physician tax incentive for provision of health care to veterans
- For National Guard:
 - Provide suicide prevention training to reintegration team and family support network members
 - Provide materials from an effective suicide prevention program implemented by the US Air Force
 - Connect with federally funded suicide prevention projects (NE Oregon, SW Oregon, Lane County)
- For Veterans Administration Hospital:
 - Provide training on suicide prevention
 - Encourage linkage between newly hired suicide prevention coordinators and other local suicide prevention resources