Rising Rates of Military Suicide

In June 2012, headlines proclaimed: suicides among active duty soldiers in the first five months of the year had surged. Suicides now surpass the rate of combat or action death by almost 50%. According to statistics released by the Pentagon, there were 154 suicides in the first 155 days of 2012, an 18% increase from the same time last year and a 25% increase from suicide rates from January through May in 2010 (Burns, 2012).

What are the trends? While suicide is the 11th leading cause of death in the United States as a whole, it has historically been the second leading cause of death in the military after transportation accidents. Since the beginning of the wars in Iraq and Afghanistan, it has been the second or third leading cause of death after combat deaths (AFHSC, 2012). The 2008 suicide rate of 20.2 per 100,000 was higher than the age and gender adjusted rate of civilian suicide of 19.2 per 100,000 (Griffith, 2012). Military active duty suicide rates have been rising since 2004 and “climbed from about 13.7 per 100,000 in 2005 to 20.2 in 2008” (Griffith, 2012).

The Army’s suicide rate went from 9 per 100,000 in 2001 (less than half the adjusted civilian rate) to 20.2 in 2008, an increase of over double (Department of the Army, 2012). In 2011, the Army reported 164 potential suicides among active duty troops (140 confirmed) and 114 potential suicides (103 confirmed) among troops not on active duty (U.S. Department of Defense, 2012).

The suicide rate among the Marine Corps, too, has increased to 23.7 per 100,000 in 2010. Suicides in the Navy and Air Force have only increased slightly, to about 12 per 100,000.

Suicide rates have also risen among Veterans, increasing by 26% between 2005 and 2007 (Sher & Yehunda, 2011). In 2008, Veterans accounted for about 20% of suicides in the U.S., but only account for 10% of U.S. adults (Kaplan, McFarland, Huguet & Newsom, 2012).

(Continued on page 2)
**Director’s Note**

In this issue, we focus on suicide among our military service members and Veterans. The articles connect the problem with a larger effort to better understand how to support their families and their communities. There are particular stressors associated with deployment and separation from family and friends for extended periods. Another challenge is finding local support for persons who serve in the National Guard and return to communities scattered across the state and the nation. Drs. Monica Matthieu and Rumi Price have been on the forefront of building a base of knowledge and support services. You have likely been at an event in recent years and heard the words, “We would like to thank you for your service.” While thank you’s are appreciated, we need to remember that their service is only a part of their lives; military service members are also our family, our friends, our neighbors, and our colleagues. We are pleased to be part of a growing network of dedicated researchers and practitioners, who have joined with the armed forces to understand how we can honor our military members’ service long after they come home.

Melissa Jonson-Reid
Professor, Brown School
Director, Center for Violence and Injury Prevention
Faculty Scholar, Institute for Public Health

**Rising Rates** (Continued from page 1)

Journalists and military officers hypothesize at why suicide rates continue to rise despite increased efforts to educate and encourage troops to seek help. They cite stigma around seeking help, misconceptions about depression and suicide by peer and senior officers, the economic downturn and related stress, and increased risk for Post-Traumatic Stress Disorder due to repeated tours of combat as reasons for its surprising climb. Research has found little evidence of these factors’ effects (Burns, 2012). Research studies have found few distinct risk factors among the military related to suicide as compared to risk factors among the general population. One study found that a mental health diagnosis was a strong risk factor for suicide, which is also true among the general public (Hyman, Ireland, Frost, & Cottrell, 2012). Many studies have also found that although PTSD is higher among military populations, the PTSD diagnosis alone does not have a strong correlation to suicide. Instead, a dual diagnosis of PTSD with another mental health diagnosis, like major depression or alcohol dependency, does.

The recent rise in the military suicide rate needs to be considered in context of many other factors. Ongoing research in the Departments of Defense and Veterans Affairs is working to identify unique characteristics that place individuals at risk. Yet more work at the local community level is necessary to ensure that access to suicide prevention and intervention services is available, to civilians and veterans, where and when they need it. Maintaining vigilance on this public health crisis is warranted. One of the foci of the CVIP is to help successful transition into young adulthood and many of our Veterans at risk today are in this category. We hope this issue helps bring attention to the important work being done to support this population.

**Citations (Rising Rates)**


Improving Access to VA Suicide Prevention Services

Suicide prevention has become a national priority in the United States and in the Department of Veterans Affairs (VA), as suicide rates are higher among Veterans utilizing Veterans Health Administration (VHA) services than in the general population. The current national statistics indicate a suicide rate of 11.5 per 100,000 with 34,598 Americans dying by suicide in 2007 (CDC WISQARS, 2008). In comparison, an earlier study of VA health care-seeking Veterans as compared to the general population (McCarthy et. al., 2009) showed the suicide rate among Veterans to be 43.13 and 10.41 per 100,000 persons/year for men and women, respectively. The rate is still unknown for those community-dwelling Veterans who die by suicide but do not go to VA for care. Epidemiological data on previous combat Veteran cohorts and data on underutilization of VA services among Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans suggest that suicide risk among our newest cohort of Veterans, as well as other Veterans not enrolled in VHA care, is of great concern.

There is a small, but growing library of literature on access and barriers to care regarding suicidal OEF/OIF Veterans (Bell, Harford, Amoroso, Hollander, & Kay, 2010; Brenner, Homaiar, Adler, Wolfman & Kemp, 2009; Reisinger, Hunt, Burgo-Black & Agarwal, 2012; Pietrzak et al., 2010). Perceived barriers, like difficulty scheduling appointments, lack of transportation (Hoge et. al., 2004), difficulty understanding procedures and options for treatment (Brett et. al., 2008), long wait times, and paperwork (Vogt, 2011), exist at the provider level. However, recent efforts focus on decreasing VA provider and organizational barriers that impede care provision.

Despite the heightened interest and policy development for suicide prevention among military service personnel and Veterans, the implementation of evidence-based treatments and prevention strategies with vulnerable and hard to reach veteran populations (e.g., non-enrolled OEF/OIF and rural Veterans) is underdeveloped. Research, federal reports, and VHA strategic plans note the importance of including stakeholders (those providing services to Veterans), since their participation is vital to the design, implementation, and use of services in the community.

In response to the demonstrated need for additional research on the above issues, Dr. Monica Matthieu and her team initiated work on the VA/QUERI-funded grant “Stakeholder Perspectives on Improving Access to VHA’s Suicide Prevention Services.” The project seeks to recruit community-based agencies and VHA personnel in eastern and central Missouri who provide services to Veterans in the following service areas: mental health and primary care, substance abuse, aging, homelessness, business/employment, police/court systems, justice/correction systems, education, benefits/military, and violence prevention.

To gain multi-level perspectives, qualitative interviews are conducted with executive directors, administrative staff, providers and clinicians. Research participants are asked to identify Veterans’ most important service needs (both in general and specifically for mental health), their experience referring Veterans to care (both to VHA and to community providers), and to discuss multi-level barriers in providing care, including self-imposed barriers Veterans place on themselves, as well as barriers to collaboration between service providers and the VHA. Participants are also asked to complete a brief survey about their personal and professional experience regarding suicide and referral for suicidal individuals. In an effort to better understand the special challenges faced by service providers in rural areas, the project has completed two data collection trips to southeast and central Missouri, with others planned for the northeastern parts of the state.

Preliminary indications from interview field notes indicate that job training, employment services, and financial assistance are among the most pressing service needs for Veterans of all ages, and programs to help transition skill sets from military to civilian life are needed for recently returned military members. Mental health and substance abuse were also frequently mentioned. All study participants to date endorsed the need for suicide prevention services. Data collection and analysis is ongoing with results expected in early 2013.

References


Rumi Kato Price has been studying military and Veteran populations for close to two decades. Beginning early in her career as the principal investigator for the Washington University Vietnam Era Study, Dr. Price has since studied Veterans in several other projects. The Vietnam Era Study, jointly funded by the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health, followed a cohort of Vietnam Veterans to examine the long-term effects of war exposure, substance abuse, psychiatric disorders, and life events. This original epidemiologic study led to a clinical follow-up effort because of the results among the cohort showing excessive risk of suicide and suicidal behaviors. Currently, Dr. Price is the principal investigator on a Center for Violence and Injury Prevention (CVIP)-affiliated grant: “The Family as a Total Package” (FAMPAC), which studies the effects of on Missouri National Guard Service members and their families.

The FAMPAC study, funded by the U.S. Department of Defense, examines behavioral health and reintegration issues from the perspective of a family system. National Guard and Reserve service members are distinct from the regular active-component military because they generally complete military training only one weekend a month, have regular civilian jobs, and live in the community the rest of the time. However, the federal government may deploy them for active duty overseas for one year or longer for national defense or peacekeeping missions. After their one-year deployment, the soldiers must then reintegrate into home life with their family and into their civilian lives and jobs.

The Family as a Total Package has two objectives: First, it seeks to evaluate whether the Yellow Ribbon Reintegration Program, a public health style psycho-education program, will have short- and long-term positive impacts on service members and their families. In addition, it examines the effects of deployment and war trauma on service members and families during their period of reintegration back to normal life in the U.S. Through secondary prevention efforts focused on mental and behavioral health, Dr. Price and her team hope that suicide rates will also be impacted. “Our belief is that addressing a wider array of mental health consequences of deployment and war trauma will actually reduce the frequency and intensity of suicidal thoughts,” says Price.

“Working with Drs. Melissa Jonson-Reid, Monica Matthieu, and William True, we were able to include measures on childhood maltreatment, so that we can examine the lasting effect of childhood trauma on mental health and reintegration many years after [service members] complete the deployment cycle.” The team has also found that family members, mostly spouses, have experienced a considerable level of childhood trauma and negative events. Their level of posttraumatic stress disorder and depression symptoms are not all that different from those of returning service members.

In addition, Dr. Price is working with CVIP collaborators from the FAMPAC project to implement a stigma reduction program using the principles of motivational interviewing. Researchers hypothesize that reduction of stigma toward mental health care will improve help seeking, thus indirectly contributing to suicide prevention and other health benefits.

After twenty years of examining the psychiatric consequences of a variety of traumas, biological vulnerabilities, and environmental factors, Dr. Price’s current work is integrating various pathological consequences of trauma experiences into the concept of “trauma spectrum disorder.”

Along with her research, Dr. Price now directs a NIDA institutional pre- and post-doctoral training program in Washington University’s Department of Psychiatry. Stemming from her own positive experiences with mentors starting with a first grade teacher who reached out to her after she experienced the trauma of a devastating typhoon, Dr. Price has a passion for mentoring and supporting other promising academics.

The opportunities for fostering cross-disciplinary biomedical and behavioral/social research are Price’s favorite parts of her involvement with CVIP. “Even with the best intentions, we are just too busy with our own research and teaching tasks to be able to collaborate across campuses to produce really meaningful results. Suicide prevention, childhood maltreatment and abuse, and adult violent behaviors have real-life consequences too severe for us not to be engaged in a range of research and prevention activities.”
Agency Overview: Veterans Affairs Suicide Prevention Program

The St. Louis Department of Veterans Affairs (VA) Health Care System provides services and care to approximately 55,000 Veterans each year, offering services from primary care to mental health and therapeutic services to extended rehabilitation. Their programs include services in three of the Center for Violence and Injury Prevention’s (CVIP) foci - sexual violence, intimate partner violence, and suicide prevention. Creating a partnership between the two organizations has benefitted the Veteran and military communities. In one of CVIP’s core research projects, Dr. Peter Hovmand and his team have worked to design and evaluate community-based strategies to prevent intimate partner violence among Veterans with PTSD. Collaborative research headed by VA Research Social Worker Dr. Monica Matthieu is working to improve access for veterans to suicide prevention services.

The St. Louis VA is home to one of the first suicide prevention research programs, led by Dr. Matthieu, who has studied gatekeeper training in the VA since 2005. National suicide prevention efforts began in 2007. The vast majority of the nation’s leading evidence-based suicide prevention services are found at the VA, not at civilian crisis centers or local hospitals. The VA’s concentration of resources embedded within their health care system is the evidence-based standard of care in suicide prevention¹. The VA draws on their strong research capacity to continually improve the quality of care provided to Veterans. For clinicians, root cause analysis and analysis of suicidal behaviors among Veterans provide better understanding of how to be more effective in clinical interventions to prevent suicide. For program managers and public health practitioners, written annual reviews of suicide attempts and national tracking of the suicide rate among VA users help evaluate the effectiveness of VA suicide prevention initiatives.

According to one of the St. Louis VA’s Suicide Prevention Coordinators, Brad Overmeyer, the VA National Veterans Crisis Line has been one of the most successful efforts of the VA’s national suicide prevention program. The crisis line provides immediate crisis services and was able to help 20,000 Veterans in 2011, becoming the most-used source of referral to care services in VA. Patterns in crisis line usage demonstrate an increase in suicide by middle-aged male veterans, while younger veterans are showing a decrease in both risk and prevalence of suicide, as well as in use of VA services in general.

Out of the 55,000 veterans seeking services locally through the VA Health Care System each year, 160-200 veterans are identified as high risk for suicide and receive an assessment and specialized treatment plans. The St. Louis VA suicide prevention team provides services that include support and follow up from phone and online crisis lines, safety planning, psycho- and pharmaco-therapy, referrals, and postvention, or aftercare to family members and veterans who have attempted suicide. The VA’s clinical and medical staff receives ongoing training to engage patients at heightened risk for suicide. Environmental efforts to prevent suicide in the St. Louis VA Health Care system include safety and environmental analysis of high-risk patients’ hospital rooms to identify areas of vulnerability for intentional or unintentional injury. Finally, outreach efforts focus on open communication with Veterans and their families regarding available services in order to decrease stigma and increase willingness to get help early.

These VA suicide prevention outreach services are, according to Overmeyer, both among the most successful and the most needed of the services offered in the St. Louis metro region. While the VA has made tremendous strides in addressing suicide among our nation’s Veterans, knowledge among community members and Veterans about all of the VA’s services, including the suicide prevention program’s services, is still limited. This lack of awareness is one of the biggest barriers in preventing suicide across the nation.

Society’s lack of understanding about how to prevent suicide is the other barrier to successful prevention and treatment mentioned by Overmeyer and Matthieu. “Suicide is a public health problem. It is not being recognized as such...This really needs to change.”

CVIP has selected Lina Millett as its 2012-2013 PhD Scholar. Lina’s interests revolve around understanding how culture and community play a role in child abuse and neglect prevention. She is particularly interested in the intersection of community influences and cultural influences on maltreatment among immigrant populations. She is also interested in the effectiveness of child maltreatment interventions among immigrant populations.

Lina brings a great deal of experience in research to the role of CVIP PhD Scholar, including a variety of research projects at the Brown School at Washington University related to child welfare and maltreatment prevention and her work as a research analyst at the Institute of Applied Research (IAR) in St. Louis. Lina’s work with CVIP has involved data collection for the Early Childhood Connection and Pathways Triple P studies, data analysis for the Young Adult Violence project, and grant proposal development for child maltreatment secondary and tertiary prevention program. Her work at IAR included program evaluation for Child Protective Services (CPS) practice reform initiatives (e.g. Differential Response) and Title IV-E waiver child welfare demonstrations. Lina’s practice experience includes provision of case management services to a variety of populations including low-income families, disabled children and adults, and domestic violence victims. Lina has been published as a co-author of two peer-reviewed articles and has three more articles under review.

According to Brett Drake, co-director of CVIP’s Education and Research Methods Teams and chair of Millett’s dissertation committee, “Lina’s work truly is tomorrow’s science today... As a clear empirical example, I would offer her 2011 work on child maltreatment during the great recession—the first work ever published in the area.” The study examined preliminary child maltreatment trends in six states and found that, contrary to anecdotal beliefs, there was no indication that maltreatment rates have increased since the great recession.

Although recent U.S. Census data show that almost a quarter of children in the U.S. have at least one immigrant parent, immigrants continue to be an understudied population in child maltreatment literature. Lina’s dissertation will focus on the effectiveness of two public child welfare programs in Minnesota at preventing child maltreatment and promoting family well-being among immigrants. Differential Response is a CPS response track designed to strengthen and support lower risk families deemed not to need more serious investigative response, and Minnesota’s Parent Support Outreach Program extends preventative child welfare services to families who were reported to CPS, but whose circumstances did not rise to the level of official investigation, along with families which are self- or community-referred. The study, done in collaboration with IAR, will compare services and outcomes of U.S. and foreign-born families.

Melissa Jonson-Reid notes that Lina’s work “combines a passion for improving the lives of immigrant families with high intelligence and a talent for recognizing important gaps in the literature.” This passion is easily recognized in her words and attitude: “The pursuit of my career combines my love for research and desire to help others. Every child deserves to be well taken care of and live in [a] violence-free environment. Unfortunately, that’s not the case for all children. Additionally, I believe that parenting practices should be looked at from judgment-free perspective without compromising child safety. However, due to the lack of understanding of cultural beliefs and practices, many families enter CPS without intent to harm their children. I’m very committed to bettering the lives of those vulnerable children and families and I hope that my research will take an important step in this direction.”
Engaging Fathers in Services to Promote Child Development and Prevent Child Maltreatment

Friday, November 30, 2012
8:30am-11:30am
3 CEUs Available

Washington University in St. Louis
Danforth University Center, Room 234

Patricia Kohl, PhD
Associate Professor, Brown School

Services aimed at reducing child behavior problems, promoting child development and preventing child maltreatment often fail to account for the instrumental role fathers play in the safety and development of children. Many programs would benefit from an effort to encourage the participation of fathers and retain their involvement. This workshop will review the barriers and leverage points associated with including fathers in services. We will discuss the engagement strategy developed through a university-community based agency partnership that sought to engage African American fathers in the Positive Parenting Program (Triple P). Issues of recruitment, retention, and active participation in the intervention will be addressed.

There is a fee for this event and registration is required.
http://brownschool.wustl.edu/careerdevelopment/ProfessionalDevelopment/Events/Pages/Engaging-

Publications

Here is a partial list of publications by our Center affiliates (bolded) from the past 12 months. The featured publications relate to this issue’s theme of Suicide.


Next Issue
Our winter issue will focus on: Injury Prevention

The Brown School’s Center for Violence and Injury Prevention was founded in 2009 with a grant from the Centers for Disease Control and Prevention. The Center conducts research, training, and outreach to prevent and ameliorate harm related to:

child maltreatment (CM)
intimate partner violence (IPV)
sexual violence (SV)
suicide attempts (SA)

Our butterfly icon represents transformation and symbolizes the developmental aspect of our mission to advance evidence-based primary prevention of violence and injury among young families, and intervention for childhood victims of violence to prevent potential later perpetration of violence toward themselves or others as they transition to adulthood. Our colors represent those typically used by community organizations working in these four areas.

Director
Melissa Jonson-Reid, PhD

Co-Director
John N. Constantino, MD

Administrative Assistant
Diane Wittling

Research Assistant
Heather Hollingsworth

Special thanks to Taking Flight contributors.

The Center is an open and dynamic collaboration with researchers from multiple disciplines and multiple universities. While it is not possible to acknowledge all our individual colleagues, we want to recognize our other university partners outside of Washington University who have had a particularly instrumental role in the CVIP. These include the Saint Louis University Schools of Social Work and Public Health; the University of Missouri at St. Louis Schools of Criminology and Criminal Justice and Social Work; and the University of Missouri at Columbia Schools of Nursing and Social Work.

Visit us online at http://cvip.wustl.edu

Opinions or views expressed in this newsletter do not necessarily reflect those of the funding agency.