

Psychopathology, Iraq and Afghanistan Service, and Suicide Among Veterans Health Administration Patients

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RESEARCH HIGHLIGHTS:

- While the current study did not report any significant differences in suicide rates between veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) as compared to veterans from other eras, the diagnosis of a mental health condition was shown to have a relationship with a higher risk of suicide.
- OEF/OIF veterans were more likely to be diagnosed with depression, post-traumatic stress disorder (PTSD) and anxiety disorders as compared to other veterans, and were less likely to be diagnosed with schizophrenia, bipolar disorder or a substance abuse disorder.
- Results from this study indicate a relationship between mental health conditions and elevated suicide risk, with a 4.4-fold increased suicide risk for OEF/OIF veterans and a 2.5-fold increase in other veterans, as compared to other Veterans Health Administration (VHA) patients without a mental health condition.

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ABSTRACT:

“Objective: Despite concerns regarding elevated psychiatric morbidity and suicide among veterans returning from Operations Enduring Freedom and Iraqi Freedom (OEF/OIF), little is known about the impact of psychiatric conditions on the risk of suicide in these veterans. To inform tailored suicide prevention efforts, it is important to assess interrelationships between OEF/OIF status, psychiatric morbidity, and suicide mortality. This study sought to examine potential associations between OEF/OIF status and suicide mortality among individuals receiving care in the Department of Veterans Affairs health system, the Veterans Health Administration (VHA). Analyses assessed potential interactions between OEF/OIF status and psychiatric conditions as predictors of suicide. Method: Analyses included data for all individuals who received VHA services during fiscal year (FY) 2007 or FY08 and were alive at the start of FY08 (N = 5,772,282). Results: For this cohort, there were 1,920 suicide deaths in FY08, including 96 among OEF/OIF veterans. Controlling for demographic factors, psychiatric conditions, OEF/OIF status, and the interaction between psychiatric conditions and OEF/OIF status, no main effects of OEF/OIF status were observed. However, a significant interaction was found between psychiatric conditions and OEF/OIF status. Specifically, having a diagnosed mental health condition was associated with a greater risk of suicide among OEF/OIF veterans (hazard ratio [HR] = 4.41; 95% confidence interval [CI]: 2.57, 7.55; p = .01) than among non-OEF/OIF veterans (HR = 2.48; 95% CI [2.27, 2.71]; p = .01). Conclusion: These findings highlight the importance of mental health screening and intervention for OEF/OIF veterans.”

Implications

FOR PRACTICE

Although the VHA has suicide prevention strategies in place, this study illuminates the need for suicide prevention and screening to be in place in other healthcare settings and private practices providing service to OEF/OIF veterans. If suicide prevention programs and screening for mental health disorders are provided to all veterans of OEF/OIF, suicide rates for this population may be lowered, but only if treatment and evaluation are administered properly. Since this study found mental health conditions to have earlier onset and higher prevalence rates among OEF/OIF veterans receiving treatment from the VHA, clinicians should be vigilant and thorough in their screening, diagnosis and treatment of these veterans for both mental health issues and indicators of suicidal behavior. Families and community members should also be engaged in prevention, and should they notice an OEF/OIF veteran showing signs of a mental health condition (like depression or PTSD), should encourage the veteran to seek treatment. Every veteran should be referred to treatment if they show signs of suicidal ideation or mental health conditions to ensure their safety and proper treatment. Community and advocacy groups may wish to focus on informational sessions for veterans and military families providing information on VHA treatment options and resources, as well as the importance of social and community ties for the mental health and well-being of veterans.

FOR POLICY

These findings indicate that policies focused on suicide prevention and screening would be beneficial for veterans of the OEF/OIF conflicts, both in terms of receiving healthcare and community interventions. While all veterans of OEF/OIF are guaranteed five years of treatment, only 52% of all OEF/OIF veterans received treatment from the VHA in 2008, while among all veterans only 32% received treatment, largely because of differences in eligibility criteria. Policies extending treatment options for veterans beyond the OEF/OIF population may be useful in decreasing suicide risks for veterans overall, as this study has shown that OEF/OIF veterans are not necessarily at a higher risk for suicide than other veterans using VHA services. Since mental health issues are linked to higher suicide risks, all veterans showing signs of mental health conditions need increased access to treatment and screenings. For veterans who have recently returned from the OEF/OIF conflicts, additional screenings for mental health conditions and suicidal thoughts may also be greatly beneficial, as findings from this study reinforce the important link between psychiatric conditions and risk of suicide. Policy makers should also fund and strengthen educational programs for veterans' spouses and families, including informational sessions on mental health issues, suicide risks and resources available to assist veterans and their families.

FOR FUTURE RESEARCH

Future research should examine immediate risks for suicide following traumatic experiences while deployed in OEF/OIF, in addition to overall relationships between combat exposure and mental health. Since not all service members have returned from OEF/OIF, a longitudinal study evaluating suicide risk from immediate return until five or 10 years after a veteran has returned from conflict/war, would greatly illuminate when risks for suicide or mental health issues become greatest. Researchers should also aim to compare suicide risk for OEF/OIF veterans to other veterans receiving treatment from the VHA. Future studies should also examine the difference between deployed and non-deployed OEF/OIF veterans, determining whether the rate of mental health issues and suicide risk differs between the groups. In this article, more OEF/OIF veterans receiving treatment were younger females, so future studies should evaluate the risk for suicide by gender and cohort, in addition to deployment and veteran status. In addition, researchers should determine the efficacy of suicide prevention and screening programs currently in place by the VHA to monitor the success rate in terms of reducing suicide risk. Such a study can be an important tool in ensuring that veterans are receiving the best care possible at the VHA, and determining areas for future improvement.

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