

# Suicide attempts before joining the military increase risk for suicide attempts and severity of suicidal ideation among military personnel and veterans

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## Abstract

**Objective:** Past self-injurious thoughts and behaviors (SITB) are robust predictors of future suicide risk, but no studies have explored the prevalence of SITB occurring prior to military service among military personnel and veterans, or the association of premilitary SITB with suicidal ideation and suicide attempts during or after military service. The current study explores these issues in two separate samples.

**Method:** Self-report data were collected from 374 college student veterans via anonymous only survey (Study 1) and from 151 military personnel receiving outpatient mental health treatment (Study 2).

**Results:** Across both studies, premilitary suicide attempts were among the most prominent predictor of subsequent suicide attempts that occurred after joining the military, even when controlling for demographics and more recent emotional distress. Among military personnel who made a suicide attempt during or after military service, approximately 50% across both samples experienced suicidal ideation and up to 25% made a suicide attempt prior to joining the military. Military personnel and veterans who made suicide attempts prior to joining the military were over six times more likely to make a later suicide attempt after joining the military. In Study 2, significantly more severe current suicidal ideation was reported by participants with histories of premilitary suicide risk, even when controlling for SITB occurring while in the military.

**Conclusions:** Military personnel and veterans who experienced SITB, especially suicide attempts, prior to joining the military are more likely to attempt suicide while in the military and/or as a veteran, and experience more severe suicidal crises.

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## 1. Introduction

Suicides in the United States Armed Forces continue to rise across all Branches of service. Suicide is the second-leading cause of death among military personnel [1], and in the first six months of 2012, more military personnel died by suicide than by combat-related injuries or causes [2]. A

number of relatively dynamic psychological risk factors for self-injurious thoughts and behaviors (SITB) such as suicidal ideation, suicide planning, and suicide attempts have recently been confirmed in military populations, including depression [3,4], insomnia [5], hopelessness [6], and perceived burdensomeness [7,8]. Dispositional risk factors have likewise been identified (e.g., male gender, younger age, history of psychiatric diagnosis; [1]) but have received much less attention relative to situational stressors such as interpersonal conflict, deployment, and combat exposure, although considerable evidence suggests that dispositional and historical variables show much stronger relationships with SITB among military personnel [9,10].

Although a number of predisposing baseline risk factors for suicide have been identified, the role of previous SITB is especially well-established [11–13]. Specifically, individuals

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who have been suicidal in the past, especially those who have made suicide attempts, report significantly higher levels of psychopathology that tend to endure for longer periods of time [14–17]. Military data indicate that past self-injurious behavior is known in approximately 13% of suicide deaths and over 25% of suicide attempts among service members [1]. Furthermore, previous suicide attempts are associated with more intense current suicidal ideation among active duty service members even when controlling for a large number of suicide risk factors including depression, hopelessness, gender, and personality traits [13].

One model of suicide risk that explains how past SITB contributes to future SITB is the *fluid vulnerability theory* [18], which posits that suicide risk is best understood as an interaction between dispositional risk factors (referred to as *baseline* risk) and situational risk factors and stressors (referred to as *acute* risk). Baseline risk includes relatively stable vulnerabilities to suicide that persist over time and serve as an individual's "set point" for experiencing suicidal crises, whereas acute risk includes relatively transient life events and emotional distress that can fluctuate in intensity over time. From the perspective of fluid vulnerability theory, military suicide is more accurately understood as the combination of situational stressors and acute distress *within the context of* predisposing baseline vulnerabilities. To this end, fluid vulnerability theory hypothesizes the following about how preexisting vulnerabilities contribute to the process of suicide risk over time [18]:

1. Baseline risk varies from individual to individual, and is established by dispositional factors and variables that influence the person's threshold level for activation. For those with elevated baseline risk, the threshold activation level is reduced, such that suicidal episodes occur even during times of relatively low stress.
2. After resolution of an acute suicidal episode, individuals return to their baseline risk level, which means that individuals with elevated baseline risk remain at increased risk for SITB even when they are not in acute distress or have not experienced a recent crisis.
3. Because past suicidal episodes result in easier activation of future suicidal episodes, repeated SITB, especially multiple suicide attempts, indicate elevated baseline risk.
4. The severity of the suicidal episode depends on both the individual's baseline risk and the severity of aggravating risk factors (e.g., situational stressors, emotional distress).

As applied to military and veteran suicide risk, the fluid vulnerability theory posits that SITB occurring *prior* to military service elevates a service member or veteran's baseline risk for suicide, thereby making it "easier" for a service member or veteran to be suicidal again in the future.

From the perspective of the fluid vulnerability theory, military personnel and veterans who have experienced SITB before they joined the military, especially those who have made suicide attempts, are (a) more likely to make suicide attempts while in the military and (b) will experience more intense suicidal episodes.

Unfortunately, to date there are no known studies that explore *when* service members and veterans first experience SITB relative to their military service. More specifically, there are no studies that report how many military personnel and veterans first experience SITB *before* joining the military as compared to *after* joining the military, and how they are related to each other. Perhaps because of this general absence of data, public and professional discourse about military and veteran suicide has largely omitted the potential role of preexisting vulnerabilities that serve to elevate risk for SITB during or following military service, despite the fact that these vulnerabilities may have a relatively stronger relationship with military and veteran suicide than other commonly-investigated risk factors such as psychiatric symptoms and life stressors. Such data could yield important contextual information about how (and when) suicide risk first emerges in military personnel and which military personnel are most vulnerable to experiencing suicidal behavior after joining the military, which could inform screening and treatment procedures with these populations.

The primary aims of the current study were (1) to provide preliminary data regarding the prevalence of premilitary SITB among military personnel and veterans, and (2) to determine the relationship of premilitary SITB with SITB that occurred during or after military service. We additionally hypothesized that military personnel and veterans who made suicide attempts prior to military service would be significantly more likely to make a suicide attempt during or after military service, and would experience more severe suicidal episodes during or after military service. Two separate samples were used to explore these questions: a nonclinical sample of military personnel and veterans enrolled in college classes (i.e., "student veterans") and a clinical sample of military personnel receiving outpatient mental health treatment.

## 2. Study 1: student veterans

### 2.1. Method

#### 2.1.1. Participants

Participants included 374 military personnel (34.0%) and veterans (66.0%) ranging in age from 19 to 78 years ( $M = 36.76$ ,  $SD = 10.40$ ) who were enrolled in college classes. Gender distribution was 71.7% male and 28.3% female. Racial distribution was 82.1% Caucasian, 5.3% African American, 3.2% Native American, 3.4% African–American, 2.4% Asian, and 1.1% Pacific Islander. Latino/Hispanic ethnicity was additionally endorsed by 11.0% of participants. Branch of service included 32.6% Air Force,

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