SUICIDE

Across the Lifespan

ABOUT ABCT

ABCT is dedicated to bridging communication between scientific and clinical members and the media as well as the public.

We do that in a few ways by

- respond to media inquiries about CBT-related topics by connecting interested journalists, writers, and producers with relevant ABCT experts.
- develop initiatives to assist ABCT members in communicating with the public about science and evidence-based practice. Possible video.
- develop resources to help communicate with the media for ABCT members, journalists, and the public at large if we offered compendiums of relevant resources ("Briefing Books") that provide information about the current science presented in layman's terms.







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CONTRIBUTORS

Association for Behavioral and Cognitive Therapies (ABCT) would like to thank our dedicated contributors without whom this project could not have happened.

Our organization is strengthened by your contribution and commitment to supporting our mission and vision. The wider community benefits daily from your efforts to support evidence based research and your commitment to those in your care.

ingratitude

YOUTH 5 TO 24 YEARS



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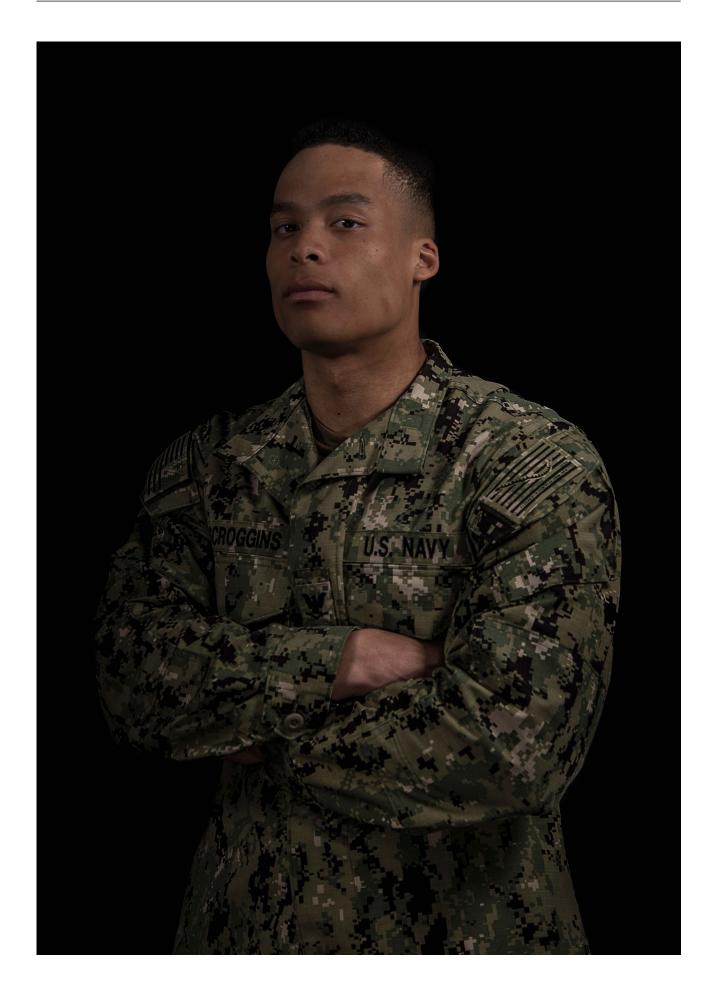
ADULTS & MID-LIFE OLDER ADULTS & VETERANS



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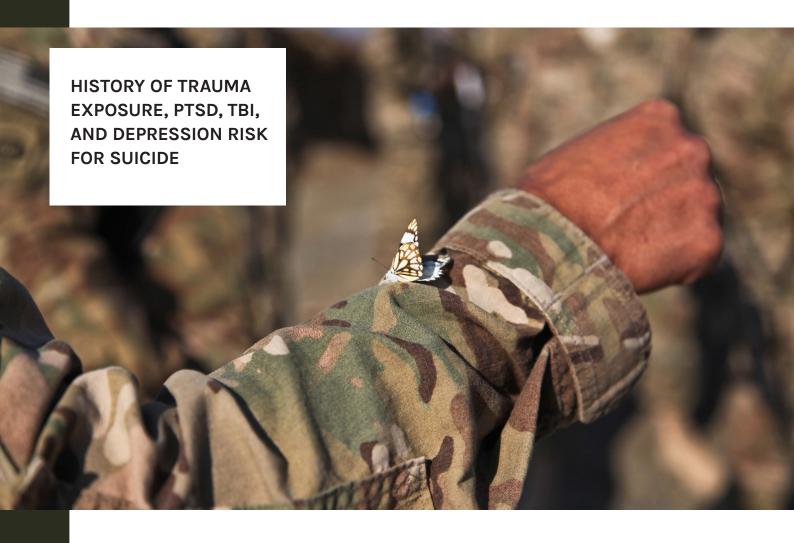
Rita Hitching, M.Sc.



VETERANS

uicides among military personnel have been steadily rising during the past ten years, with suicide now being the second-leading cause of death among military personnel. In recent years, more military personnel have died by suicide than died in combat. This is

partly because of rising suicides in the military, but also because of decreased combat deaths due to the recent withdrawal of military personnel from Iraq and Afghanistan. Service members and their families are living with and exposed to significant stressors that are likely to contribute to the risk of suicide.



PREVALENCE

The statistics on Veteran suicide are high, with 20 Veterans taking their lives every day. In 69.4% of cases, firearms are the cause of death. The rate of Veteran suicide has been on the increase since records first started in 2005, from 16.2% to 21.5% in 2017. Between 2005 and 2017, a total of 53,230 died by suicide,

a number 13x greater than service members killed in action in Syria, Afghanistan, and Iraq (4,076). The overwhelming majority of military suicides (greater than 90%) are by male personnel who are typically younger than 35 years of age.



RISK & PROTECTIVE FACTORS

Suicide is complex, and many different factors contribute to it. Suicide is therefore very hard to accurately predict. Like other populations, Veteran suicide is associated with risk factors such as a (i) mental health condition, (ii) stressful life events, such as job loss, death of a loved

one, marital issues and divorce, (iii) history of a prior suicide attempt, and (iv) access to lethal means. Intuitively, it would seem to make sense that the number and length of deployments would contribute towards suicide risk, but the evidence is inconclusive.



MILITARY SEXUAL TRAUMA

There are several factors that may offset the risk of suicidal behavior in Veterans, including (i) feeling connected to others, (ii) having a sense of purpose or meaning in their lives, (iii) access to mental health care, and (iv) positive coping skills. The sense of belonging to a unit provides many Veterans with a strong coping mechanism in times of adversity. The high incidence of military sexual trauma and a history of intimate partner violence (IPV) contributes to the suicide risk, in some instances doubling the risk, and the expansion of targeted of mental health services for women Veterans, is one of the approaches to reduce the incidence of suicide in this population. The expansion of telehealth

services, mobile apps, Veteran peer mentors, and heavy investment into research on the reasons and possible treatments to prevent suicide are some of the additional efforts the VA is making to reverse the suicide trend. The Army's Study to Assess Risk and Resilience in Service members (STARRS) program is shedding some light on the risk factors for Veterans. For instance, frequency of deployment does not seem to be associated with greater incidence of suicide, but the absence of deployment or the earliest months of service do seem to increase the risk, in addition to the increased risk of suicide for any service member if member of their unit dies by suicide.

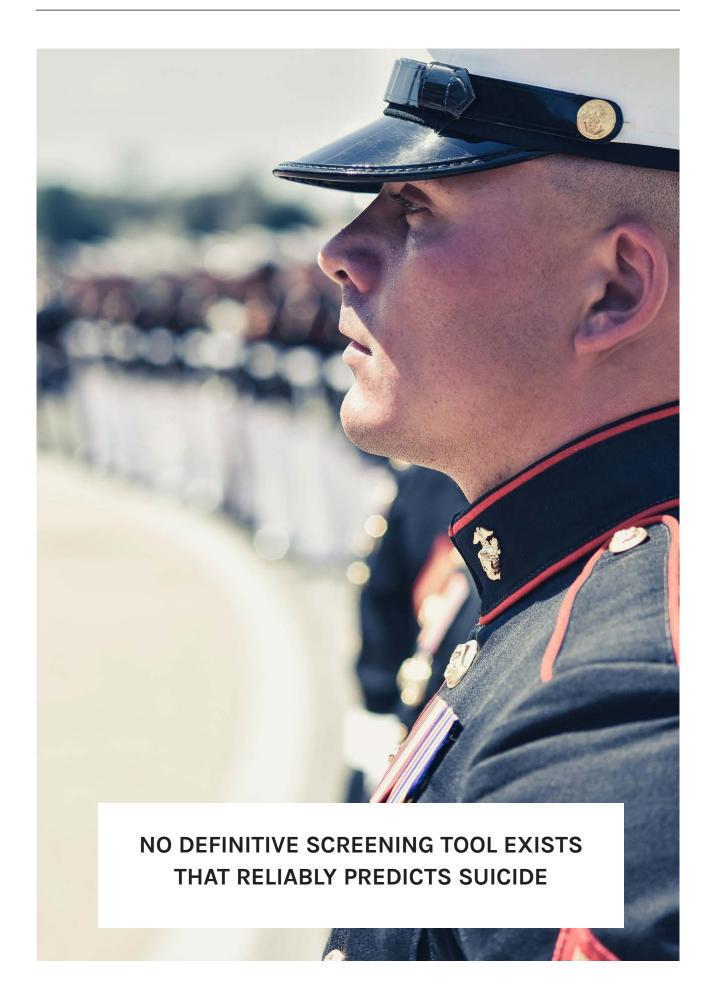




RISK ASSESSMENT

The VA has made great efforts to reduce Veteran suicide amongst the 9 million plus Veterans they serve annually. The addition of a risk predictive model (REACHVET) is part of the electronic health record of any Veteran at elevated risk for suicide, hospitalization, illness, or other adverse outcomes. The VA encourages its clinicians to routinely screen for suicidality, and has invested heavily in public information on the issue of Veteran suicide, with a focus on seeking assistance and eliminating the stigma associated with suicidal behavior. Due to the unique risk and protective factors for Veteran suicide, there currently is no definitive screening tool that accurately assesses suicide risk.

The VA has developed tailored screening tools for clinicians to assess suicide risk in Veteran populations, but they are imperfect. The Community Provider Toolkit has a list of recommended screening and diagnostic tools for suicide that clinicians can use. The available screening tools have low positive predictive value and generate a nigh number of false negatives (50%) and false positives. Clinicians regularly attend training on suicide screening as research findings emerge that indicate more effective approaches. Suicide prevention is a core feature of VA health care, and an integral part of a Veteran's electronic health record.

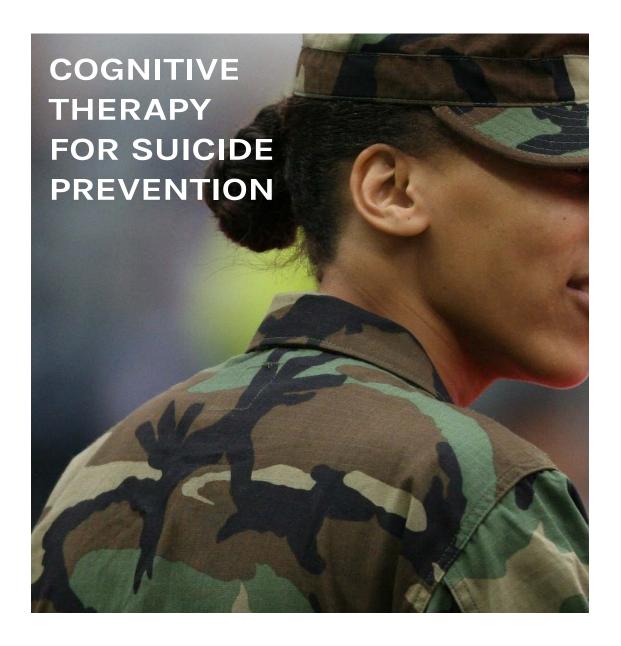


TREATMENT

Research is indicating that an approach that incorporates a strong focus on prevention and awareness is a critical first step. Just as the cause of suicide is not attributable to one single factor, a multi-factorial approach to prevent repeated suicide is the only available treatment at present. In suicidal Veterans with depression pharmacological treatments are available, depending on whether treatment is happening following a hospital admission or

as an outpatient. Cognitive Behavioral Therapy (CBT) and an adapted version targeted at suicide, Cognitive Therapy for Suicide Prevention (CT-SP), both focus on teaching patients to identify problematic behavior and thought patterns, and to understand the subsequent impact they have on emotional wellbeing. Both approaches have shown promise in the reduction of repeat suicidal behavior, by as much as 60%.

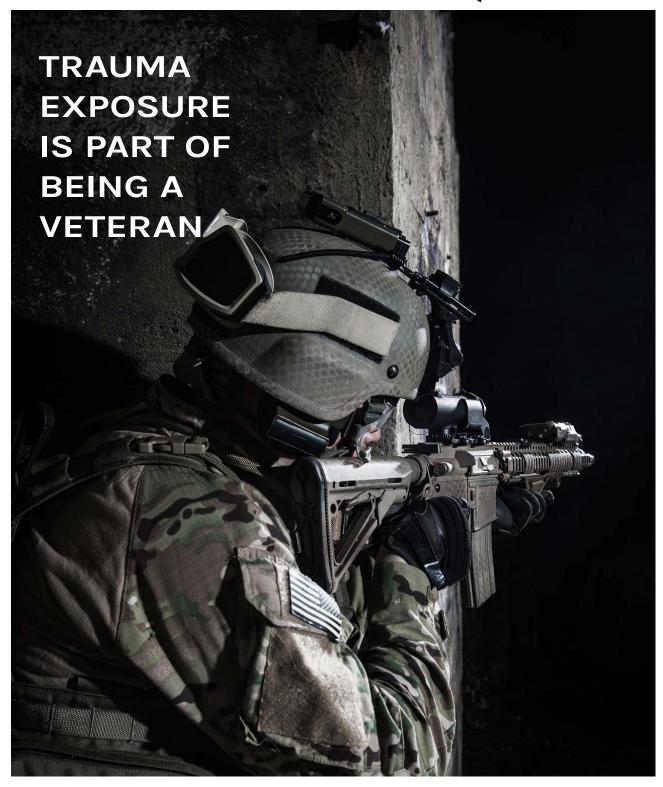




An approach initially developed for those with borderline personality, Dialectical Behavior Therapy (DBT) has been used in the reduction of suicidal thoughts and behavior. DBT aims to offer some of the thought and behavioral training of CBT with mindfulness techniques that support health emotion regulation, tolerance, and interpersonal relationships. Problem-Solving Therapy

(PST) and Interpersonal Therapy (IPT) are other approaches focused on solving problem behavior and addressing life events that may interfere with the coping skills of Veterans; both aim to increase-effectiveness and decrease emotional volatility. The efficacy of CBT, CT-SP, DBT, PST, or IPT at reducing suicide is inconclusive.

VETERAN SUICIDE FAQS



VETERAN FAQS

Do Veterans die by suicide more than civilians?

What Causes Military Personnel to Attempt Suicide?

The suicide rate among veterans is estimated at about 30% (30 per 100,000) in comparison the civilian rate is 14% (14 per 100,000 population). The suicide rate is highest amongst younger Veterans aged 18 to 29 years, and lowest in those aged 60 years and older. Looking at the number of annual deaths from suicide, it is the highest in those aged 60 and over, but is in part explained by the larger number of Veterans in this subgroup of all Veterans. The rate of death by suicide is lowest in middle-aged Veterans. The overall number of deaths is greatest in Veterans above 50 years

Suicide is rarely caused by a single problem or issue, but rather seems to be due to a combination of stressors and problems that often occur at the same time. Relationship problems, financial stress, and legal or disciplinary problems are the life events that occur most often in the time before military personnel die by suicide. These situations can cause military personnel to become emotionally overwhelmed. If military personnel start to think that they cannot handle the stress and feel like their problems will never get any better, they may consider suicide and make a suicide attempt. Relieving emotional pain and/ or stopping bad feelings are the most common reasons that military personnel make suicide attempts. Veterans are at increased risk of trauma, and may develop mental health issues as a consequence. For others the transition from military life can result in significant stress that may make a Veteran feel unable to cope.

TRAUMA IS A
RISK FACTOR FOR
DEPRESSION

What role does depression play in suicide in Veterans?

Is the risk of suicide higher after multiple tours?

Exposure to trauma is a risk factor for depression, and many Vetereans are exposed to trauma and death in combat and outside. By itself, depression is a known risk factors for suicide, and approximately 14% of all Veterans develop depression post deployment. It is likely that this is an underestimate of the prevalence of depression. Veterans with living with depression and other psychiatric disorders have close to a 6 fold increase in suicidal ideation. It is important to note, that not all Veterans who are living with depression or PTSD have suicidal thoughts or end their life by suicide.

Combat exposure can increase the risk and intensity of psychological and behavioral disorders, such as posttraumatic stress disorder, depression, and substance abuse. These conditions increase the risk for suicide. This has led many to conclude that deployments and combat are directly causing the recent increase in military suicides. However, less than half of military personnel who die by suicide have ever been deployed or been in combat, meaning that for the majority of military suicides,

deployment and combat could not be a causes. For those military personnel who have been deployed, combat appears to have a small relationship with increased suicidal thoughts over time. Military personnel who have deployed and who also have posttraumatic stress and depression are more likely to be suicidal, especially if they feel isolated or disconnected from others. Combat veterans who feel like they do not "belong" or "fit in" with others are at greatest risk for suicide.



Is brain injury linked to suicide in Veterans?

Are firearms the reason for suicide in Veterans?

Researching the relationship between TBI and suicide is challenging. Veterans wit TBI often experience depression and post-traumatic-stress disorder (PTSD), in addition to substance use, that contribute to suicide risk The incidence of PTSD is greater in Veterans with a history of TBI. PTSD has been shown to contribute to risk of suicide, and having a TBI doubles the risk of having PTSD, and in some by as much as 6x.

The most common way for military personnel to die by suicide is by firearms. Military personnel are more likely than civilians to use firearms when making a suicide attempt, meaning they are much more likely to die due to how lethal gunshot wounds can be. In general, military personnel seem to make more lethal suicide attempts than civilians, even when using other methods for suicide (e.g., overdose), meaning that they are more likely to die than civilians when they make a suicide attempt. Gun ownership is common in Veterans, with 45% reporting owning a gun, compared to 20% of 20% of non-Veterans, with ownership of 6 firearms

on average non-Veterans, with ownership of 6 firearms on average. Male veterans are more likely to use a firearm as a method of suicide, 70.7%, compared to females 43.2%. Although death by firearm has increased for female veterans from 2005 through 2017 by 26%, (from 34.3% to 43.2%), in comparison the increase in males is 2.8% (from 68.8% to 70.7%). In females Veterans, poisoning is the leading means of suicide, including the ingestion of drug and non-drug substances, such as industrial cleaners, pesticides, or prescription and nonprescription medications in conjunction with alcohol.







IMPACT OF COVID

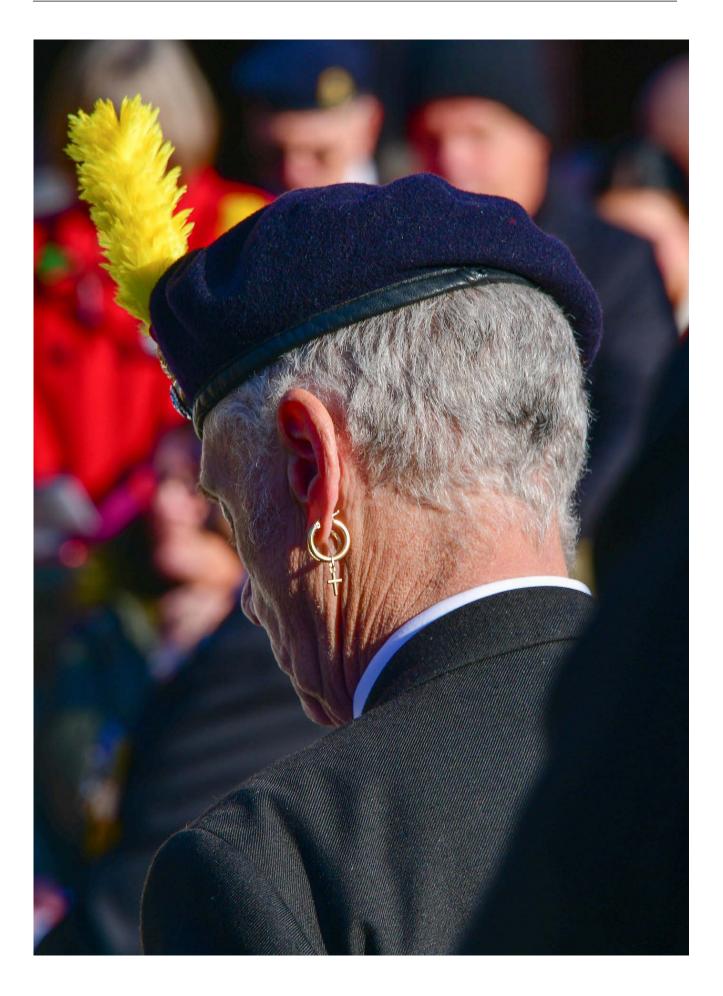
Since 2019 military suicides have increased by 20%, with a 30% increase in active duty suicides (88 death in 2019 and 114 in 2020) and 10% increase (78 death in 2019 and 86 in 2020) likely attributable to the stress associated with COVID-19, as deaths by suicide were showing a decline between January and March 2020. Veterans that have sustained injuries are feeling greater levels of stress and isolation, and have not been able to attend support groups, to prevent the spread of the virus, or any possible worsening of their pre-existing medical condition(s)

in the event of an infection. All personnel, active or not have been seeking more mental health services with an increase in 10% of call to mental health providers or virtual support organizations that prior to the pandemic. The longer term consequences of COVID on suicide remain to be seen, but is likely to follow the current trend of higher number of Veterans dying by suicide.

SUMMARY

Suicide is the second-leading cause of death in Veterans, and in recent years, more military personnel have died by suicide than died in combat. The incidence of death by suicide is greater in male personnel under 35 years of age. Suicide is complex in all populations, and Veterans are no different. The higher

incidence of access to and ownership of guns may explain the high fatality rate of suicidal behavior. Significant efforts by the Veterans Administration have been made to increase awareness, screening, and treatment for those at risk of suicide.



ABCT PRESS OFFICE

ABCT Press Office

Responsible for all ABCT publications and ABCT's website. Coordinates projects with the Publications Committee. Handles press relations for ABCT. In Executive Director's extended absence, serves as Deputy Director.

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Media Finding Experts

ABCT has a list of speakers and subject matter experts on topics such as PTSD, anxiety, suicide, and more. Details available on the website or by contacting the ABC Press Office.

Media Guidelines for the Responsible Reporting & Depicting of Nonsuicidal Self-Injury (NSSI)



Avoid use of NSSI-related images and details within text, especially of NSSI wounds and methods/tools.



Highlight efforts to seek treatment, stories of recovery, adaptive coping strategies as alternatives to NSSI, and updated treatment and crisis resources.



Avoid misinformation about NSSI by communicating peer-reviewed and empirically supported material, including distinguishing NSSI from suicide.



Present information neutrally; avoid exaggerated descriptions of NSSI prevalence and sensational headlines that include NSSI, especially the method of NSSI.



Use non-stigmatising language and avoid terms that conflate person and behaviour (e.g., cutter, selfinjurer).



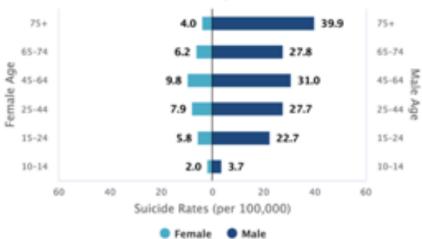
Assure that online article comments are responsibly moderated.

SUICIDE STATISTICS

Leading Cause of Death in the United States (2018) Data Courtesy of CDC								
		Select Age Groups						
Rank	10-14	15-24	25-34	35-44	45-54	55-64	All Ages	
1	Unintentional Injury 692	Unintentional Injury 12,044	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301	Malignant Neoplasms 113,947	Heart Disease 655,381	
2	Suicide 596	Suicide 6,211	Suicide 8,020	Malignant Neoplasms 10,640	Heart Disease 32,220	Heart Disease 81,042	Malignant Neoplasms 599,274	
3	Malignant Neoplasms 450	Homicide 4,607	Homicide 5.234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Unintentional Injury 167,127	
4	Congenital Abnormalities 172	Malignant Neoplasms 1,371	Malignant Neoplasms 3,684	Suicide 7,521	Suicide 8,345	CLRD 18,804	CLRD 159,486	
5	Homicide 168	Heart Disease 905	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157	Diabetes Mellitus 14,941	Cerebro- vascular 147,810	
6	Heart Disease 101	Congenital Anomalies 354	Liver Disease 1,008	Liver Disease 3,108	Diabetes Mellitus 6,414	Liver Disease 13,945	Alzheimer's Disease 122,019	
7	CLRD 64	Diabetes Mellitus 246	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebro- vascular 5,128	Cerebro- vascular 12,789	Diabetes Mellitus 84,946	
8	Cerebro- vascular 54	Influenza & Pneumonia 200	Cerebro- vascular 567	Cerebro- vascular 1,704	CLRD 3,807	Suicide 8,540	Influenza & Pneumonia 59,120	
9	Influenza & Pneumonia 51	CLRD 165	HIV 482	Influenza & Pneumonia 956	Septicemia 2,380	Septicemia 5,956	Nephritis 51,386	
10	Benign Neoplasms 30	Complicated Pregnancy 151	Influenza & Pneumonia 457	Septicemia 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	Suicide 48,344	

CLRD: Chronic Lower Respiratory Disease





USEFUL RESOURCES



www.veteranscrisisline.net



www.afsp.org



www.suicidepreventionlifeline.org



www.theactionalliance.org

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BRIEFING BOOKS

SUICIDE