



# VETERAN SUICIDE

What Caused The Epidemic?

By:

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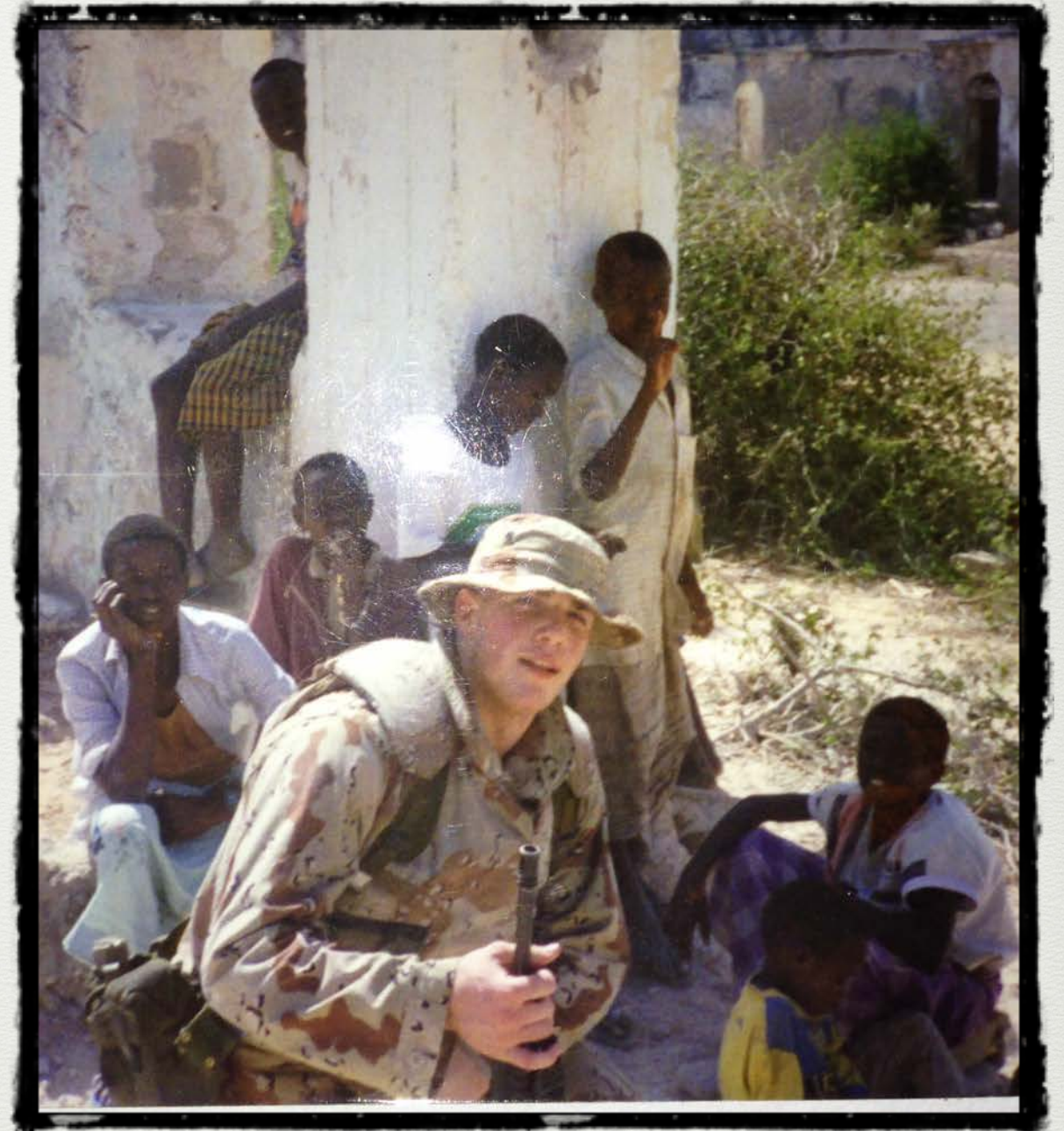




# About the Researcher

Daniel R. Gaita, MA, LMSW

- **United States Marine**  
Veteran of operations in Somalia,  
Bosnia and Haiti 1992-1996
- **BA Psychology**
- **MA Organizational Leadership** with  
concentration on Servant Leadership
- **LMSW** with concentration in  
Mental Health and Military Families
- Phi Alpha Honor Society Member
- **Married, father of three.**
- **Founder and Director,**  
Operation Vet-Fit, Inc.





# Quick Poll?:

Who Thinks...

1. Combat is linked to higher suicide outcomes?
2. Multiple Deployments are linked to higher suicide outcomes?
3. PTSD is linked to higher suicide outcomes?



# Overview

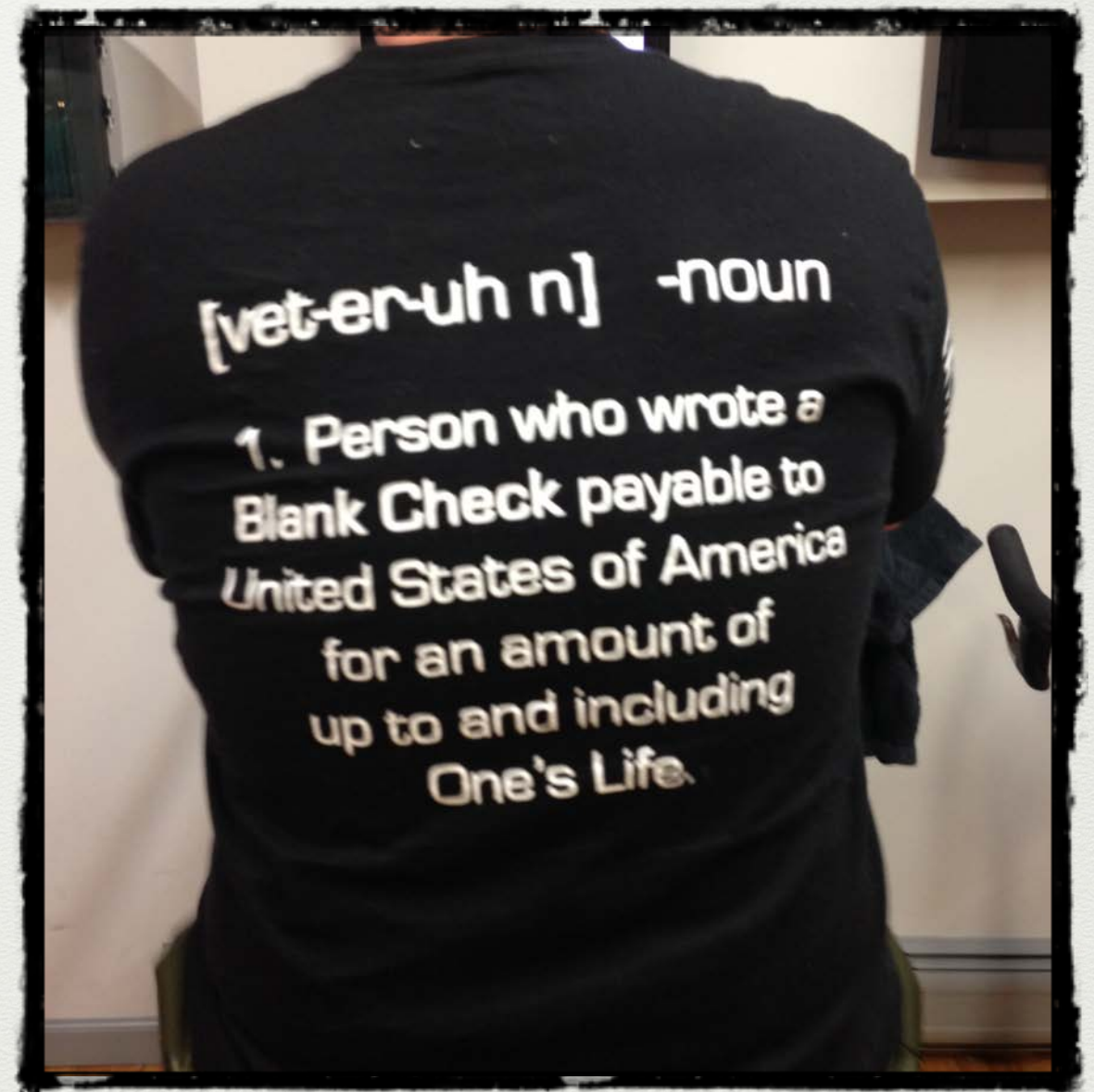
Previous studies have shown conflicting results as to whether combat or combat trauma are primary risk factors for veteran suicide. Meta-analysis of several cohort studies (>55,000,000 records) indicates that combat is not a primary risk factor associated with higher suicide rates. Further that **both prevalence and incidence of suicide are more associated with early discharge status (<4 years), level of educational attainment and not having an honorable discharge.**

Additional data from other cohort studies are examined to investigate the linkage between veteran suicide and the U.S. economic collapse of 2008 with strong encouragement for prospective studies to further investigate the underlying mechanisms of these relationships.



# Research Question

What caused the United States Armed Forces Suicide Epidemic of “22-a-day”?





# Hypothesis

Did the 2008 US Economic Collapse Impact the Veteran and Civilian Suicide Epidemic?





# Study Design

**Meta-analysis** of six recent cohort research studies (2012-2016) on suicide statistics specific to the United States veteran and civilian populations representative of over 55 million veteran and active duty records.



# The Suicide Studies

1. Bryan, C.J., Griffith, J.E., Pace, B.T, Hinkson, K., Bryan, A., Clemans, T.A., and Imel, Z.E. (2015) **Combat Exposure and Risk for Suicidal Thoughts and Behaviors Among Military Personnel and Veterans: A Systematic Review and Meta-Analysis.** *The American Association of Suicidology: Suicide and Life-Threatening Behavior* 45 (5) October 2015

- **22 study meta-analysis** comparing combat and deployment with "suicidal related outcome" (thoughts, attempts, success).
- **N=2,751,683**
- **Results:** Small significance  $r=.08$ , 95% CI [0.04, 0.13] with large heterogeneity,  $I^2 = 99.9\%$ ,  $Q(21) = 4880.16$ ,  $p < .0001$ , suggesting different associations between deployment-related variables and suicide-related outcomes across studies.



# The Suicide Studies (cont.)

2. Leardmann, C. A., Powell, T. M., Smith, T. C., Bell, M. R., Smith, B., Boyko, E. J., Hooper T.I., Gackstetter G.D., Ghamsary M. and Hoge, C. W. (2013). **Risk factors associated with suicide in current and former U.S. military personnel.** *Journal of the American Medical Association*, 310(5), 496–506.

- **Longitudinal study** To prospectively identify and quantify risk factors associated with suicide in current and former US military personnel including demographic, military, mental health, behavioral, and deployment characteristics.
- **N=151,560**
- **Results:** (hazard ratio [HR], 2.14; 95% CI, 1.17-3.92; P = .01; attributable risk [AR], 3.5 cases/10,000 persons). None of the deployment-related factors (combat experience, cumulative days deployed, or number of deployments) were associated with increased suicide risk in any of the models. Suicide risk was independently associated with male sex and mental disorders but not with military-specific variables.



# The Suicide Studies (cont.)

3. Reger, M.A., Smolenski, D. J., Skopp, N. A., Metzger-Abamukang, M. J., Kang, H. K., Bullman, T. A., Perdue, S., & Gahm, G. A. (2015). **Risk of Suicide Among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation From the US Military.** *JAMA Psychiatry*. 2015; 72(6):561-569. doi:10.1001/jamapsychiatry.2014.3195 Published online April 1, 2015.

- **Retrospective Cohort** used administrative data to identify dates of deployment for all service members and suicide data to estimate rates of suicide specific mortality.
- **N=3,900,000**
- **Results:** *Deployment was not associated with the rate of suicide* (hazard ratio, 0.96; 99%CI, 0.87-1.05). There was an increased rate of suicide associated with separation from military service (hazard ratio, 1.63; 99%CI, 1.50-1.77), regardless of whether service members had deployed or not. Rates of suicide were also elevated for service members who separated with less than 4 years of military service or who did not separate with an honorable discharge.



# The Suicide Studies (cont.)

4. Kang, H.K., Bullman, T.A., Smolenski D.J., Skopp, N.A., Gahm G.A., & Reger, M.A. (2014). **Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars.** *Annals of Epidemiology* , 25(2), 96 – 100. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25533155>

- **Retrospective Cohort** mortality study to determine the post-service suicide risk of recent wartime veterans comparing them with the US general population as well as comparing deployed veterans to non-deployed veterans.
- **N=1,300,000**
- **Results:** Deployed veterans showed a lower risk of suicide compared with non-deployed veterans (hazard ratio, 0.84; 95% confidence interval, 0.75-0.95). Multiple deployments were not associated with the excess suicide risk among deployed veterans (hazard ratio, 1.00; 95% confidence interval, 0.79-1.28).



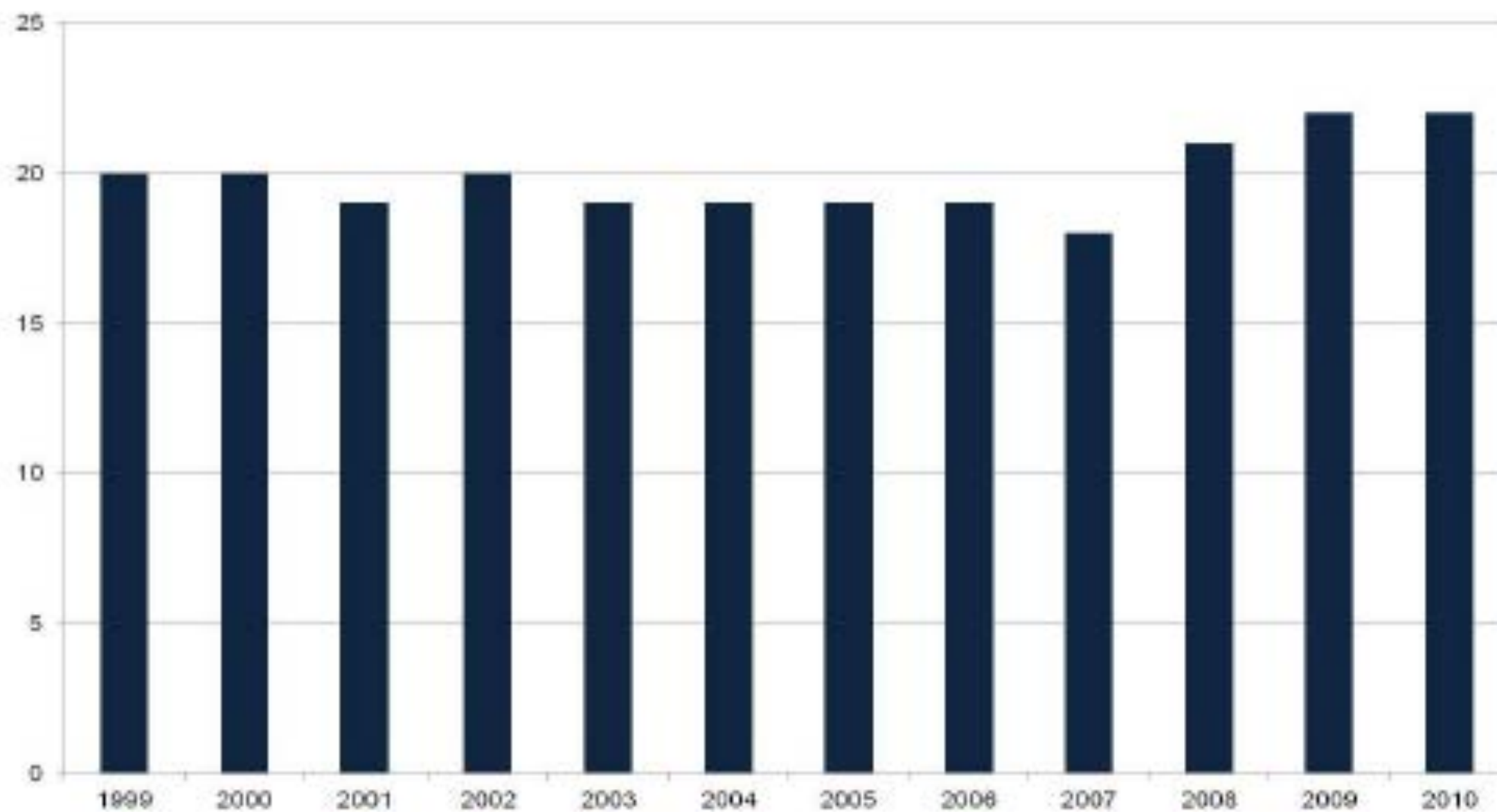
# The Suicide Studies (cont.)

5. Kemp, J., & Bossarte, R. (2012) **Suicide Data Report, 2012**. *Department of Veterans Affairs, Mental Health Services, Suicide Prevention Program*. Retrieved from <http://www.va.gov/opa/docs/suicide-data-report-2012-final.pdf>

- **Retrospective Cohort** conducted to integrate information collected through the National Death Index (NDI), state mortality records, Suicide Behavior Reports, Veterans Crisis Line, and the VA's universal electronic medical records to contribute to an increased understanding of suicide and risk
- **N=147,000**
- **Results:** Limited data from only 23 states demonstrated a 2010 veteran suicide rate of 22 per day. The rate had been on the decline between 2002-2007 (18/100,000 person years) and increased in 2008 to (22/100,000 person years).



Figure 3: Estimated Number of Veteran Suicides per day by Year



(Kemp and Bossarte, 2012)



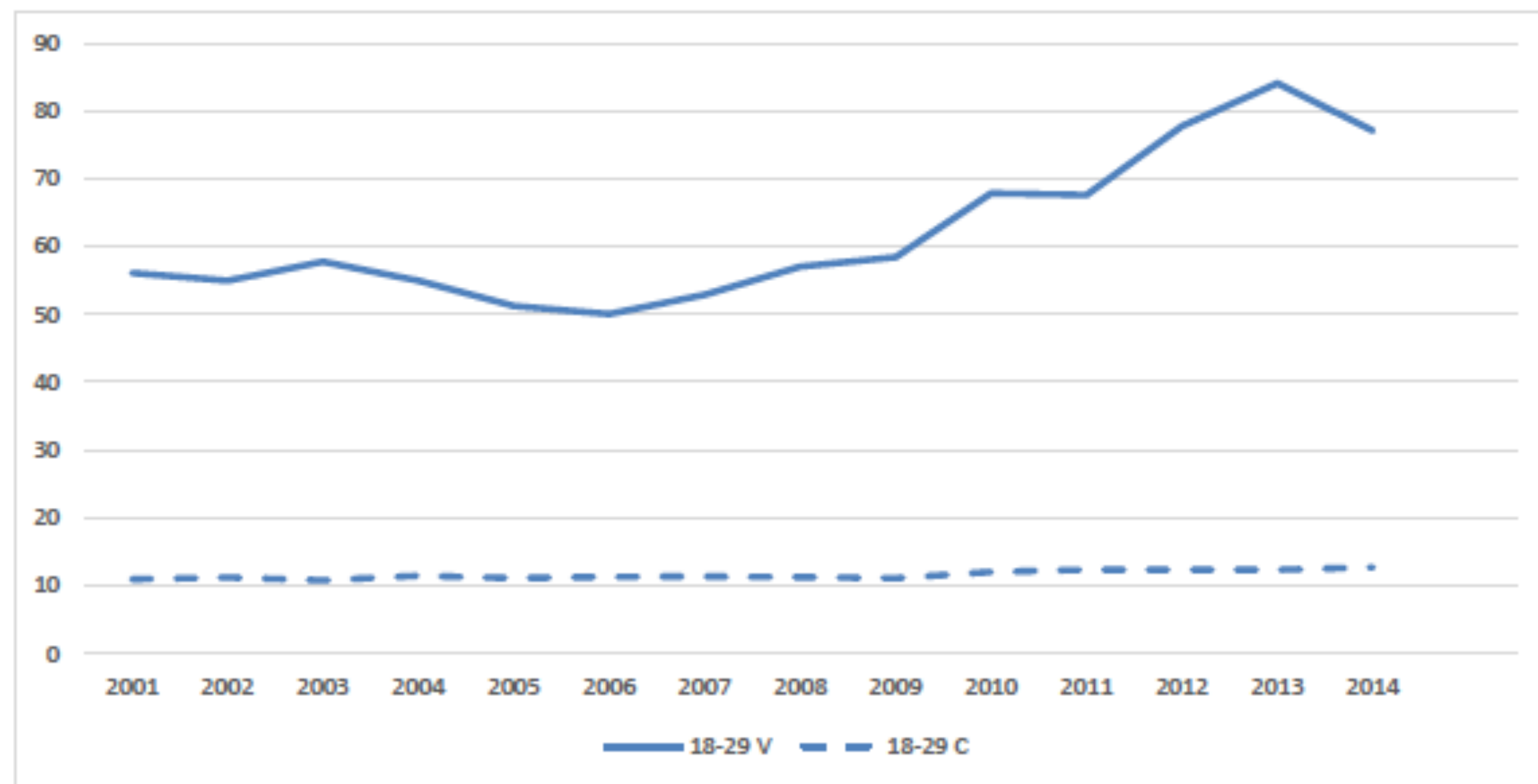
# The Suicide Studies (cont.)

6. VA (2016) VA Office of Suicide Prevention. **Suicide Among Veterans and Other Americans.** *US Department of Veterans Affairs*, Washington, DC. Available online: <http://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>

- **Retrospective Cohort** provides information regarding suicide mortality for all 50 United States between the years 2001–2014. It incorporates the most recent mortality data from the VA/Department of Defense (DoD) Joint Suicide Data Repository and includes information for deaths from suicide among all known Veterans of U.S. military service.
- **N=55,000,000**
- **Results:** In 2014, an average of 20 Veterans died by suicide each day. Six of the 20 were users of VHA services. Rates of suicide were highest among younger Veterans (ages 18–29) and lowest among older Veterans (ages 60+). Furthermore, rates of suicide among Veterans age 70 and older were lower than rates of suicide among civilians in the same age group.



Figure 15. Crude Rates of Suicide by Calendar Year Among Veterans (V) and Civilians (C) Ages 18–29 Years, 2001–2014

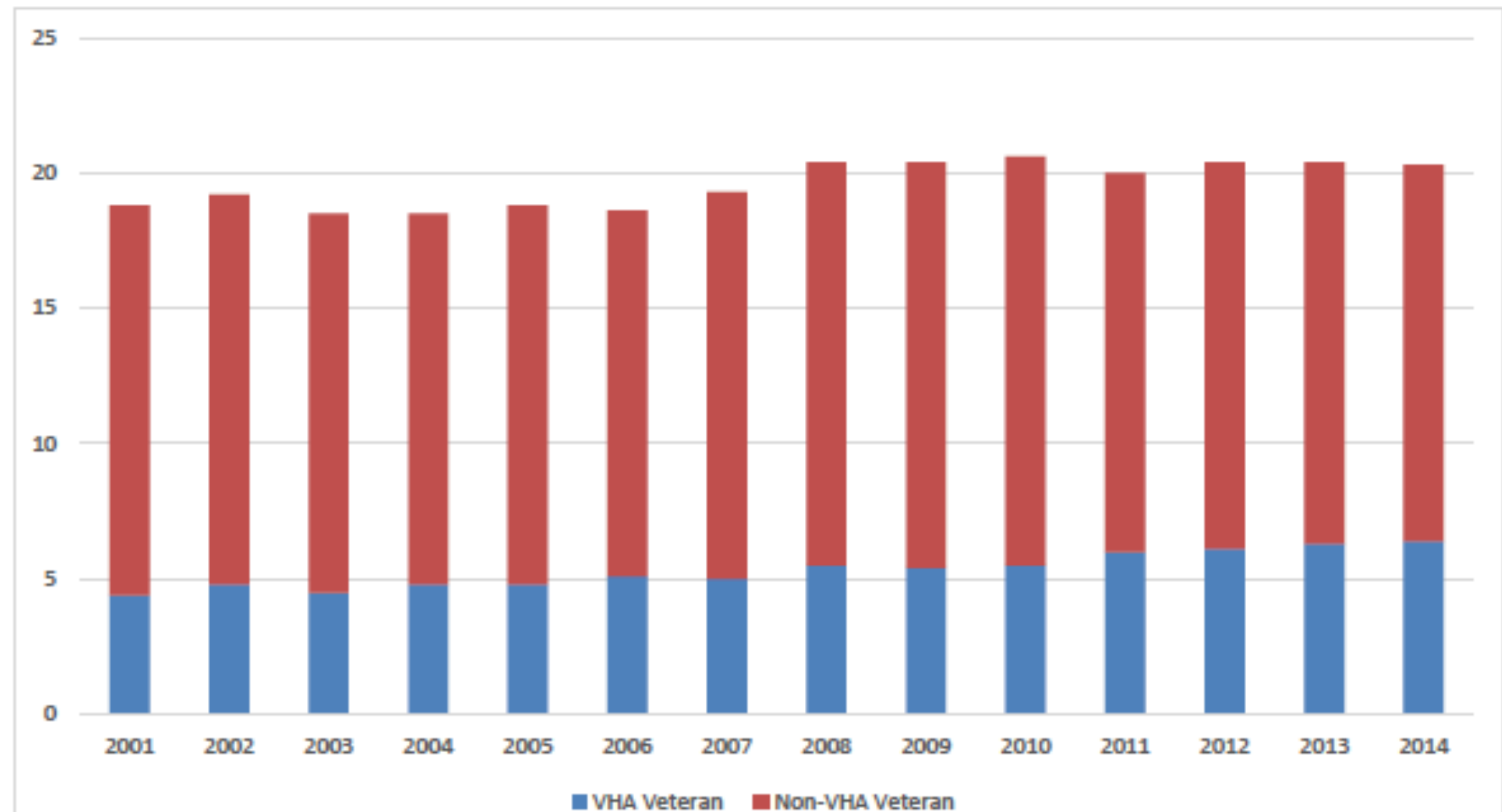


Rate per 100,000 person years

(VA, 2016)



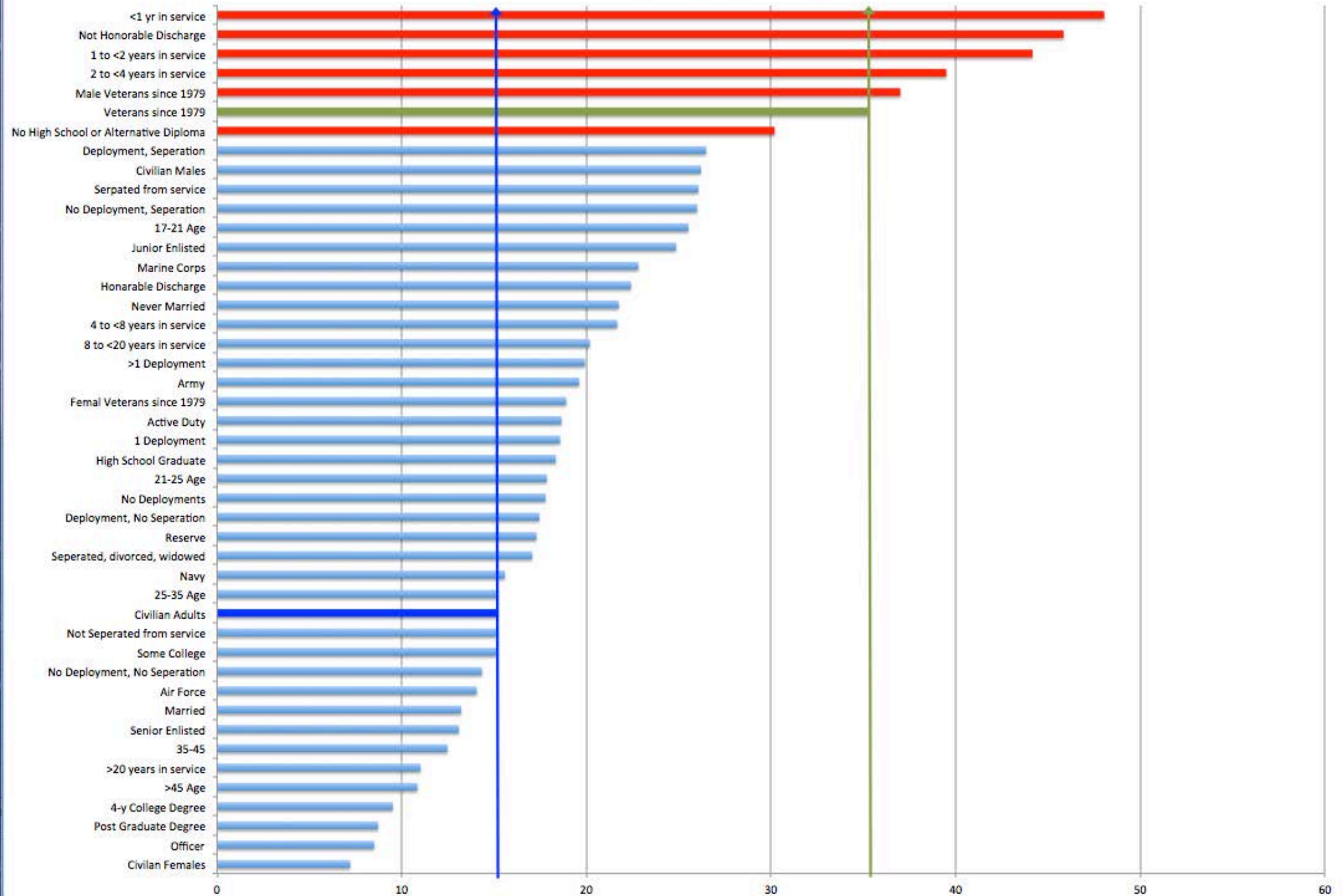
Figure 12. Average Number of Suicides Per Day Among Veterans With and Without Use of VHA Services, 2001–2014



(VA, 2016)



Suicide Rates By Catagory Per 100,000



(When studies were combined)



# US Civilian Suicide Data

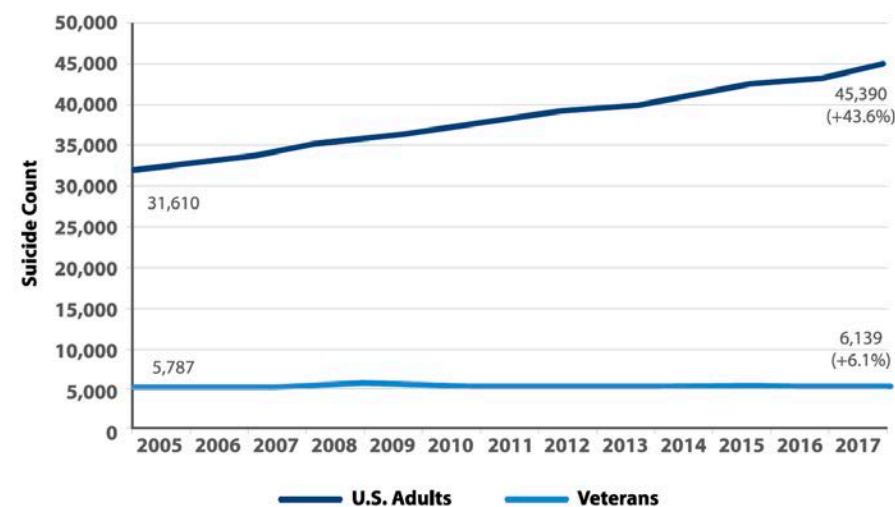
Since the 2008 economic collapse, civilian suicides in the US have also been on the rise.

- 34,598 in 2007
- 36,035 in 2008
- 42,773 in 2014
- 45,390 in 2017
- Unlike our veterans, the civilian suicide rate is still on the rise.

## Suicide Across the United States

- 45,390 American adults died by suicide in 2017, compared with 31,610 in 2005.<sup>6</sup>
- These deaths included 6,139 Veterans in 2017, compared with 5,787 in 2005.<sup>7</sup>
- In 2017, Veterans accounted for 13.5% of all deaths by suicide among U.S. adults and constituted 7.9% of the U.S. adult population. In 2005, Veterans accounted for 18.3% of all deaths by suicide and represented 11.3% of the U.S. adult population.

Graph 1. Number of Suicides, U.S. Adult and Veteran Populations



(Curtin, Warner, & Hedegaard, 2016; CDC, 2015, VA 2019)



# The 2008 Economic Collapse

- September 29th, 2008 the Dow Jones Industrial Average fell 777.68 points marking the largest single day drop in history.
- A convergence of information has manifested placing the fault upon a myriad of factors which include:
  - A. sub-prime lending
  - B. a housing bubble
  - C. easy credit conditions
  - D. fraudulent loan underwriting practices
  - E. predatory lending
  - F. deregulation
  - G. increased debt burden
  - H. financial innovation and complexity
  - I. incorrect pricing of risk
  - J. a shadow banking system
  - K. commodities boom
  - L. faulty economic forecasting
  - M. systemic crisis

(Archarya & Matthew, 2009; Obstfeld & Rogoff, 2009; Crotty, 2009; Kotz, 2009).



# Consequences of Economic Collapse on Armed Forces


- **Budget Cuts and Redistribution of prior allocated funds led to:**
  - Force downsizing
    - created a manpower crisis
    - which resulted in more stress across all ranks
  - Deteriorated base living conditions
    - diminished troop moral and unit cohesion
  - Outsourcing of services and maintenance
    - distanced forces from quality assurance
    - created delays in maintenance and upkeep of bases and equipment
  - Equipment Overuse and degradation
    - compounds downward pressure across the rank structure
    - negatively impacts overall troop readiness toward mission accomplishment

(Eckardt, 2017; Venable, 2016; Gertz, 2015)



# Result of Consequences on Armed Forces and Veterans

## **Troop burnout - Phase I**

- Stress - long duration stress has measurable consequences across biopsychosocial spheres impacting our health, brain, development and behavior
- 
- Often Resulting in:
    - depleted immune functions
    - rage
    - recklessness
    - substance abuse
    - anger
    - anxiety
    - depression

(Applegate & Shapiro, 2005; Badenoch, 2008; Cozolino, 2010)



# Result of Consequences on Armed Forces and Veterans

## **Disciplinary Action - Phase II**

- Discharges - Due to zero tolerance policies



- Many active duty service members are discharged under *less than honorable* conditions.

- Often Resulting in:

- Severed sense of belonging due to absence of prior camaraderie
- Disgrace, embarrassment, and loss of purpose
- Ineligibility of veterans based benefits
  - No Veterans Affairs (VA)
  - No Education Funding
  - No Disability compensation
  - No Mental health treatment



**Suicide**



# Discussion & Findings

Highest rates of suicide occur amongst those:

- who served less than 4 years and who did not deploy
- have less than a high school diploma
- received a less than honorable discharge (Reger, et al., 2015)
- 70% of suicides were carried out by those that did not use the VA (VA, 2016; Thompson, 2016)
- The suicide rate has increased since 2008, but had been decreasing prior, even while we have been at war since September 11th, 2001 (VA, 2016; Thompson, 2016)
- Veterans discharged under less than honorable conditions are not always eligible for veterans benefits through the VA.
- Disciplinary action often times leads to less than honorable discharges
- Repeated and long duration exposure to stress negatively impacts behavioral outcomes (Applegate & Shapiro, 2005; Badenoch, 2008; Cozolino, 2010)
- The impact of the economic collapse of 2008 resulted in increased exposure to long durations of occupational stress due to forced budget cuts (Eckardt, 2017; Venable, 2016; Gertz, 2015)



# Conclusion

The United States economic collapse of 2008 remains a greater contributor to the US Armed Forces, Veteran and Civilian suicide epidemic than war, combat and deployments combined.



# Future Implications for Practice

- Mental health screening of DOD members being prematurely discharged under less than honorable conditions should be seriously considered.
  - As of March 8th, 2017 the VA has expressed intent to expand mental health services to Other than Honorable (OTH) discharge recipients (VA, 2017).
- Greater consideration of eligibility for veterans benefits should be considered for those discharged due to economically induced occupational, long duration stress, PTSD, and TBI.
- US Defense Spending should not become a casualty of failed political and economic policy.
- Social malfunctions (greed) which led up to and caused the economic collapse of 2008 should be learned from and avoided in the future.



# Contact

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