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Veteran Suicide Crisis

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Project submitted in partial fulfillment of the
Requirements for the
Bachelor of Integrated Studies Degree

Continuing Education and Academic Outreach
Murray State University
10-12-2017

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Abstract

For centuries, the United States of America has been deploying military men and women to go fight for the sovereignty of the country. However, when these men and women have done their duty and go back home with the hope to transition back to civilian life, the transition becomes difficult. These veterans come back home bearing physical and mental illnesses that they did not have when they first signed in to the military. Due to frequent combat exposure, veterans are physically harmed and may be left with function limitation. Similarly, the gruesome experiences of bloodshed and death they experience in the battlefield taunts their memories leaving them with psychological disorders such as depression and PTSD. The physical or mental harm can predispose the veteran to suicidal behavior. According to national statistics, about 20 veterans die every day through suicide. Though numerous organizations have been set up to help veteran deal with the trauma of combat and adequate adapt to civilian life, the number of deaths by suicide are continuously increasing. Currently, at least 6 veterans who are receiving services

to help them cope with their issues of combat exposure die every day by suicide. The main purpose of this study is to determine the rates of suicides among veterans discern the risk factors that predispose the veteran to lose the will to live and commit suicide and find ways that these suicide rates can be reduced. Gender, family history of suicidal behavior, previous history of suicide and access to lethal weapons are some of the factors that elevate the risks for suicide ideations among veterans. Psychological factors, social factors, medical conditions and mental disorders are some of the reasons why suicide levels are high in the country.

Keywords: *veterans, deployment, combat exposure, mental health, suicide, depression, post-traumatic stress disorder*

CHAPTER ONE: INTRODUCTION

In the U.S., there are more veterans in the military than those in active duty. In Indiana for instance, there are over 470,000 veterans who served in the military against a mere 4,978 militaries who are in active duty (Center for Deployment Psychology, 2016). The experiences that these veterans get in the battlefield alter their physical, mental and emotional health. In most instances, servicemen in combat experience life threatening injuries that could leave them disfigured or crippled for the rest of their lives. They could incur gun injuries to vital parts of the body that could alter their body processes or could have their limbs cut off. Correspondingly, being in the battlefield disposes servicemen to violence and cruelty that will stick in their memory. These gruesome memories haunt servicemen even after they are done with their mission and go back to the society to transition to civilian life. The physical injuries or the taunting memories could affect the mental health of the veteran. Poor mental health could lead to

psychological disorders such as depression, anxiety and post- traumatic stress disorders. If these disorders are left untreated, they could have life threatening effects on the individual which include self- harm (Castro, Kintzle and Hassan, 2014). Consequently, suicide levels among veterans are very high. Due to high suicide levels in the country increased advocacy, research and health care initiatives have been established to prevent suicides, save lives and promote hope among those who are likely to commit suicide.

Background Information

For centuries, the country has been deploying military men and women to go fight for the sovereignty of the country. Many people consider it an honor to be in the military and to serve the country. After the service term is done, veterans come back home and try assimilating into the civilian life and forget about what happened in combat. However, forgetting the things that happened during combat has proved to be difficult. Longitudinal studies conducted over the years have revealed that veterans suffer PTSD even decades after their time in service. The studies revealed that there is a significant relationship between combat exposure and mental and physical health. After the September 11 terrorist attack that occurred in our country, the government has deployed more and more servicemen into battles against its foes in Iraq and Afghanistan. The influx in service troops translates to an influx in negative physical and mental health outcomes that will consequently affect a large proportion of the society. These negative health effects are expected to taunt the nation for years to come. As a result, the negative health of veterans will have adverse impact on disability and medical costs. As much as medical expenses may cause worrying, nothing should be spared to ensure the physical and mental stability of the veterans of each war.

Military personnel go to the extreme of circumstances to fight for their country, put their lives in jeopardy in every instance and leave their loved ones back home. All these sacrifices made by the veterans can still have a negative effect on their life. Frequent exposure to combat, killings and bloodshed hurt the service personnel mentally and physically. Deterioration in mental and physical health pushes the personnel into depression, anxiety and PTSD. A combination of these mental disorders can prove fatal when the veteran inflicts self-harm. Currently, thousands of studies (both longitudinal studies and systematic reviews) have been conducted to determine the negative effects of deployment on servicemen and women as well as the toll it takes on a veteran. These studies have encompassed the effects combat exposure and deployments on the mental health of a veteran and how it can predispose a veteran to commit suicide.

The studies have revealed that there is an increased frequency of diagnosis of post-traumatic stress disorder and other mental disorders among veterans. In addition to PTSD, other anxiety disorders have been diagnosed including substance abuse disorders and affective disorders. Research has revealed that anxiety disorders are more common in veterans who are frequently deployed than the non-deployed veterans. It is unfortunate that after deployment in an era, the prevalence of the disorders do not reduce despite passing of time. For example, in clinical assessments, it was revealed that veterans of the American Gulf War have a PTSD rate of approximately 5.4 percent, ten years after deployment; these rates were still high and had barely reduced from the initial assessment (Nasveld, Cotea, Pullman and Pietrzark, 2014). High PTSD rates years after combat means that the veteran did not seek help to cope with their condition. Lack of proper mental health care access can lead to worsening of the condition which may drive the veteran to suicide.

Several warning signs can be presented by veterans who are trying to commit suicide. These signs can be divided into three groups; veteran specific risks, at- risk communities and signs that need instantaneous attention. In veteran specific risks different signs may be portrayed including frequent deployments, voluntary exposure to extreme stress, placements to hostile environments, assaults that occur in service both sexual and physical, the extent of deployments and injuries that are related to service. Some signs presented by veterans warrant immediate attention because they mean that the veteran is close to committing suicide. These signs include the thoughts of hurting or killing oneself, death and suicide talks, searching for different ways to die and behaviors that are self- destructive and risky particularly when they are drunk, intoxicated or holding a weapon (U.S. Department of Veterans Affairs, 2017).

Some veterans do not necessarily have to portray danger signs; some factors just predispose them to the risk of committing suicide such as the community they are from. In some communities such as Alaska natives and American Indians, veterans' risks for suicide are exponentially higher than other communities. These communities have alarming rates of suicides among veterans. Therefore, the communities should prioritize awareness about the levels of suicide in their community and adopt the necessary measures to prevent them. The communities' main priority should be to promote wellness, prevent suicide and decrease the levels of stigma. Necessary stakeholders such as the Indian health service should create public health campaigns that are relevant in the prevention of suicides in the region. Similarly, leaders in various aspects of the communities, schools, tribes and reservations should ensure sharing of resources and information for the suicidal veterans (U.S. Department of Veterans Affairs, 2017).

According to the department of Veteran Affairs (VA), U.S., out of every 20 veterans who commit suicide daily 14 of them did not receive any care from the relevant health administration.

Statistics have shown that the highest percentage of veterans do not seek care after serving in their respective mission. Though several platforms have been put out for them to reach out for help such as the national Veterans Health Administrations, the number of veterans who reach out for their assistance is dwindling every day. In addition, the society has neglected their psychological needs whereby in most cases, the veterans are treated only physical conditions and are assumed to be fine. After the missions they serve, the veterans withdraw and would rarely state when they have a problem especially to a stranger. This is why the VA department has stated that it takes an entire community's effort to reduce the number of veterans who die through suicide each day. They have encouraged families, friends and the community at large to help the department contact the veterans since they won't ask for help themselves (U.S. Department of Veterans Affairs, 2017).

Purpose of the Study

The main purpose of this study is to determine the rates of suicides among veterans discern the risk factors that predispose the veteran to lose the will to live and commit suicide and find ways that these suicide rates can be reduced. This study aims at providing means and steps that can be followed by individuals, the community and private and public organizations in the country to prevent suicide among veterans. In addition, the study will provide statistics from different databases and factsheets about the rates of veteran suicide in the country. The study also aims at describing the risk factors that pushes a veteran to the edge such that the only resolution they have is to take their own lives. The study will analyze organizations that have invested resources in the campaign to prevent suicide among veterans and the society at large. The culture of military will be highlighted.

CHAPTER TWO: LITERATURE REVIEW

Culture of the Military

The military in the country are represented by a set of beliefs, customs, morals, knowledge, capabilities and habits. These identities are assimilated by the service members as well as their families through their membership that they attain in the military organization. Militaries are differentiated by uniform, bearing, salute and rank. They have core values and service creeds that guide their service provisions. In addition, they have hidden warrior values, ethos and beliefs that further determine their functioning. In the society, people have some common beliefs that they associate with the military. Common beliefs about service in the military include unwavering teamwork, utmost discipline, stanch loyalty, self- sacrifice and having a higher calling to serve the country. In addition to beliefs about the military, there are other beliefs and values that people associate with the country. These beliefs include freedom, democracy, equality, helping the oppressed and championship. These American values are also observed by most military servicemen and women (Center for Deployment Psychology, 2016).

Veterans maintain strong affiliations with their service even after they accomplish their time in the military. Military veterans have a specific culture that is different from the rest of the community. They identify themselves with values, symbols, traditions and mottos that they abide by; these identities are unique for the Navy, Air Force, Army, Marine Corps, Reserves, Coast Guard and National Guard. For each category of military, the combat and deployment experiences are different from the next. The combat and deployment experiences can have a profound impact on the militant's life. The impact can be so life changing that can push the veteran to the verge of committing suicide (U.S. Department of Veterans Affairs, 2017).

There are various protective factors that have been set for the veterans as well as the military. These protective factors include strong leadership, promotion of healthy lifestyle, social support from the community, access to assistant services, spiritual and religious support, sense of belonging, unit cohesion and establishment of cultures and policies that encourage them to seek help. All of these issues are not just obligated by one entity like the government. For these protective features to be adequately enforced numerous units in the societies must play their part to make sure that servicemen and veterans are protected from themselves. Family members, friends and acquaintances have to provide social support that veterans need when they come back home from service as well as support those are leaving for combat. Correspondingly, the society and the government should provide strong leaders and access to assistant services for encouragement and convenience when serving the country (Center for Deployment Psychology, 2016).

Moreover, the community and religious leaders should provide spiritual support to the veterans and military to give them a sense of belonging, faith and hope. Public health and other health care service providers should promote healthy lifestyles among veterans as well as provide initiatives that help in problem solving and effective coping; this can best be achieved by providing adequate mental health care. Lastly, veterans and military should create unit cohesion between themselves. They should connect with each other even after service; the brotherly and sisterly bonds created during service should hold them for a lifetime. Unit cohesion is very vital during transition back to the society post service because they will encourage each other. Only the military know how it feels to be on a battle and therefore they can help each other overcome post- traumatic stress disorder (Center for Deployment Psychology, 2016).

Statistics of Veteran Suicide Rates

According to the Suicide Prevention Resource Center (SPRC), there are approximately 40,000 deaths by suicide annually in the United States of America. It is the second highest cause of death in the country in people aged between 15 years and 39 years. These statistics account for all the suicides committed in the country regardless of gender, profession or age (Suicide Prevention Resource Center, 2017). Historically, suicide has been ranked as the second highest cause of death among people in the military after accidents. According to the Department of Defense, the average rate of suicide in the country is 11.4 per 100,000. The Army has the highest percentage of the victims while the air force has the least. In the U.S. military, the highest percentage of recruits and active duty servicemen are young men of age 17-26 years. Consequently, suicide rates are highest among these men; suicide is the third leading cause of deaths among men of these ages (Center for Disease Control, 2007).

In 2016, the Veterans Affairs department conducted a comprehensive research on the suicidal tendencies of veterans. The research was conducted on over 55 million records kept for the veterans from 1979 to 2014. According to the research, approximately 20 veterans committed suicide that led to death on a daily basis. The study also revealed that 14 out of the 20 veterans who died by suicide were not receiving help from the Veterans Health Administration. The department has said this is a major cause for the suicide and the first step is to convince the veterans to receive help. By sharing this data with the public, their partners and the community centered healthcare providers, the department was encouraging all members of the society to help them find the “14 veterans” before they get to the breaking point of suicide (U.S. Department of Veterans Affairs, 2017).

Statistics provided by the Center for Deployment Psychology in 2016 echoed the statistics provided by the U.S. department of Veteran Affairs. According to these statistics, approximately 20 veterans died by suicide every day; this translates to about 18 percent of all suicides committed by adults in the United States. Though these numbers are quite high, it is still a significant drop from the previous 2010 record of 22 percent. The report states that out of the 20 veterans, at least 6 of them were receiving care and other services from the Veteran Affairs department. The highest percentage of these suicides (66 percent) was committed using a firearm while the remaining 44 percent are spread through use of medication, strangulation among other means. The elderly were revealed to comprise the highest percentage of these veterans with nearly 65 percent of the suicides being committed by veterans aged over 50 years. It is important to note that the risks of suicides were ascertained to be higher in veterans as compared to civilian adults by 21 percent.

In 2014 studies, reports stated that suicide rates have been on a steady rise from 2001. The country's civilians had a 23 percent increment in suicide rate between 2001 and 2014. Veterans had a relatively higher increment in the suicide rates which skyrocketed by 32.2 percent. These statistics revealed that the increase was higher for women than for men. For civilian men, the suicide rates increased by 0.3 percent while in female civilians, it increased by 39.7 percent. Similarly, the increment in suicide rates was still higher for female veterans than male veterans with the former incurring an 85.2 percent raise and the later accruing 39.7 percent increment. The fact that the rates went down in the next two years is promising. While the rates were higher in 2014, studies in 2016 showed that there was a significant decrease in the statistics. As stated earlier, the statistics provided for 2016 showed a 22 percent drop in suicide rates

among veterans. This implies that the strategies set by private and public organizations towards prevention of suicides among veterans and civilians are making somewhat successful.

According to the Center for Deployment Psychology, Indiana had a total of 438 deaths by suicide among men and women who had served in the military. The highest percentage of people to commit suicide in the year was from the army with a 27.9 percent suicide rate (122 people). The least annual percentage of suicide rates were observed in Marine Corps with 7.8 percent that is 34 people. Air force, Navy, national guards and reserves had suicide rates of 13.7 percent, 12.1 percent, 20.3 percent and 18.3 percent respectively. The same report states that in the Indiana National Guard have 13,232 soldiers in the military and veterans. Out of the 13,232 soldiers, a total of 110 soldiers have suicidal ideations every year. Out of the 110 suicidal ideations, 25 of them actually try to commit suicide and as a result 5 of them actually lose their life in the process (Center for Deployment Psychology, 2016).

It is concerning to reveal that the suicide rates have been on the rise despite provision of services by the VA. Since 2001, there has been an 8.8 percent increase in suicide rates among veterans who are beneficiaries of services provided by the VA. On the other hand, these rates are much higher for veterans who are not accessing the services with a 38.6 percent increase. It is worrying that despite intervention from the Veteran Affairs department and increased advocacy for mental and physical health access, the suicide rates are still increasing. It is also disquieting that despite huge publicity and advocacy for the need to seek mental health care, very high numbers of veterans are still not seeking Veterans Affairs services. Statistics have shown that the highest percentage of veteran suicides occur to those who are not receiving VA services. If all psychologically disturbed veterans accessed and received services from the VA, then the suicide rates are bound to drop drastically. However, after all is said and done, it is promising that the

VA services are successful in reducing the number of deaths by suicides among veterans. Though the numbers are worrying, the mere fact that the suicide rates are lower for those receiving VA services shows that most of those receiving the services are treated adequately and go back to their lives without the need to commit suicide. However, the battle should still continue to ensure zero suicide rates among veterans (VA Suicide Data Report, 2016).

Moreover, in the same time frame (from 2001 to 2016), suicide rates among male who use VA services increased by 11 percent while the rates of those who do not receive the services increased by 35 percent. On the other hand, the rate of suicide increased by 4.6 percent for female veterans who were receiving VA services. The rate skyrocketed for female not receiving VA services by 98 percent (VA Suicide Data Report, 2016). These statistics are very alarming. The fact that there was an almost a hundred percent increment in the number of suicides among women not receiving VA services means that the community, family members and friends are doing nothing to ensure protection of female veterans. In the recent past, women have taken more roles in the society including enrolling in the military. These changes in traditional roles seem to not have been appreciated fully by the society.

From the above statistics, it is shown that for veterans who do not receive VA's service, significantly less veteran men commit suicide than women. This implies, although the men do not receive VA services, the community, their loved ones and acquaintances stay by their sides and help them recover. On the other hand, women are left neglected and alone. This is probably because of the fact that traditionally, the women have been seen as the primary care givers in the community and therefore if it is their turn to be taken care of, no one is beside them. Nonetheless, high suicide rates among female veterans can be linked to the high divorce rate among female. Female veterans have been reported to have higher rates of divorces than men.

Therefore, when a female veteran comes back home trying to transition back to civilian life and her family breaks, she may be left distraught. Suffering from PTSD and other mental conditions alone can take a toll on the lady and it may drive her to commit suicide.

It is promising to find out that suicide rates have significantly decreased by approximately 20 percent among youth and young adult veterans aged between 18 and 29 years. Although this decrease is only in veterans that access VA services, it is still a significant number of lives saved per year; that is 250 lives annually. Most people who enroll in the military are young men and women and therefore they make a big portion of the veteran population. However, special attention should be paid in the reduction of suicide rates among the elderly because they make the biggest percentage of veteran suicide victims in the country. Furthermore, it is promising that female veterans who access VA services have a 75 percent lower likelihood to commit suicide than their counterparts who do not (VA Serious Mental Illness Treatment Resource and Evaluation Center, 2015). This shows that when all female veterans are convinced to access the services, the suicide rates will decrease significantly. It is however worrying that most women do not access the service. Actions should be taken to make services and the VA department friendlier to women to encourage them to join. Similarly, studies could be conducted to determine the reasons why women do not enroll to the services.

Factors that Elevate Risk for Suicide Behavior

Hospitalization and history of suicide attempt: numerous researches have revealed that people who have a history of suicide are most likely to commit it again. According to a research conducted in 2013, past suicide mannerism is the best predictive factor for any future suicide behavior (May et al., 2013). Though this is not the reason why veterans have the high rates of

deaths by suicide, it still predisposes them to suicide. According to statistics states earlier, the highest percentages of veterans who commit suicide are at the age of 65 years and above. This implies that these men could have had attempted suicide several times before they were actually successful. However, this is also unlikely since according to statistics provided by the VA department state that the highest percentage of veteran deaths by suicide is committed by firearms. In some means of suicide such as medication, the veteran can be saved before actual death occurs. However, in areas where the veteran attempts suicide using firearm, it is difficult for the person to be saved. This implies that though history of suicide attempt can be a contributing factor to a person to commit suicide again, it is not necessarily one of the reasons why veterans have such high rates of deaths by suicide. Nonetheless, after all is said and done, research supports the fact that veterans who have tried committing suicide once or have had suicide ideations are more likely to repeat the habit and there is a high probability that they will repeat the suicide attempt (Veterans Suicide Prevention Resources, 2017).

Family history of suicide behaviors: according to some studies, suicidal behaviors can be hereditary. According to a 2009 research, people with previous family history are likely to be at risk of having suicidal behaviors or have aggressive tendencies (Sarchiapone et al., 2009). Therefore, if a veteran has a family history of suicide, they are more likely to commit suicide themselves. Furthermore. This implies that mental health care providers should pay close attention to veterans who are showing suicide behaviors and have a family history of suicide. Though no statistics have been recorded to show how many veterans with family history of suicide have committed suicide, the department of Veteran Affairs has warned that a family history of suicide elevates the risk for suicidal behavior (Veterans Suicide Prevention Resources, 2017). In addition to family history of suicide, history of substance abuse and mental illness are

highlighted as worrying aspects. Veterans who have family histories of alcoholism and illicit drug abuse are more likely to follow in their family's footsteps and abuse drugs too. Likewise, veterans with parents or family members suffering from a mental illness such as depression are more likely to go through the same fate. Therefore, when assessing the mental health of a veteran, it is prudent to thoroughly find out about their family's history because maybe it could be their stumbling block. If suicidal behavior is passed from one generation to the next it can be harder for this veteran to survive without the ideations of suicide and close care needs to be taken.

Gender: studies have revealed that male veterans are at a higher risk of death by suicide than their female counterparts. It is widely known that veterans have higher rates of deaths by suicides than other civilians. However, male veterans have higher rates of suicide as compared to women. Currently, the numbers of female veterans who commit suicide are almost five times higher than their civilian equivalents. However, although these numbers are alarming, the rates are still lower than their male counterparts. In addition, the number of female veterans committing suicide has increased steadily over the past years which make it more alarming that despite this rise, more veteran men are dying by suicide than women. This statistics can be attributed to the fact that more men apply for the military position than women. Until recently, women rarely signed up for military and were viewed as less competent for the battlefield. However, as world is changing and cultures shifting, women have decided to prove that they can do what men can and have enrolled more and more into the military. The influx in the number of women serving the country in combat has consequently led to an increase in the number of veteran women who commit suicide. This implies that if the new tradition of more women

joining the military continues and measures to prevent suicide are not successful then the rate of suicide between the two genders will be equalized.

Access to lethal weapon: statistics has shown that approximately 66 percent of all deaths by suicide have been committed by a firearm. Therefore, access to lethal weapon can be stated as one of the risk factors that elevate suicide behaviors. As a result of this concept, the department of VA has taken a new task of convincing the society to safely store their weapons away from reach by a veteran. In this regard, they created a gun lock that they are issuing free of charge to any family members that need one for their gun. Despite the myth that a person with the intent to commit suicide will do so despite the means, it is still safer to lock lethal weapons away from veterans. Other than lethal weapons, the care giver should ensure that the veteran lacks access to items that they may use to inflict self- harm. These items may include prescription drugs or illicit drugs. Veterans with mental illnesses could have access to regular prescription drugs that they could overdose with. Therefore, it would be wise if the caregiver could convince the health care practitioner to provide small dosages rather than big amounts of drugs that the veteran could use to harm themselves. For example, rather than get a months' worth of dosage, they could receive a week's dosage. These drugs could be few enough such that even when they try overdosing on them the consequence will not be lethal.

Why Veteran Suicide Rates are So High

Risk factors that predispose a veteran to commit suicide can be divided into four main categories that are: psychological factors, social factors, mental disorders and medical conditions. It is important to remember that deployment is not in itself a risk factor for suicide. Some people may have been deployed on several occasions, such as doctors in the military, but

they may not be suicidal when their term on the military ends and they go back to civilian life. However, the experiences that they get while in the military (the gruesome killing and death) are some of the risk factors that predispose the veteran to commit suicide (Kaplan, et al., 2014).

Psychological Factors: There are numerous psychological factors that could push a veteran to take their own lives. First, it could be a loss of a relative. In some instances, while spending time apart from their families, the serviceman may come back home and find that one of their close relative is deceased. For example, when a serviceman is in battle and is told that they have lost a loved one. This loss can psychologically damage the veteran such that it can rapidly deteriorate their mental health to the point of killing themselves. The veteran could keep blaming themselves for neglecting their loved one; they would claim that it is their fault that their loved one dies because if he or she was around then things would have been different. This guilt is worsened when the loved one was not in good terms with the veteran. They would argue that they left them without mending their mistakes and this can push the veteran further into depression. This psychological factor is not limited to veterans only since most people who lose their life by suicide are usually in depression. Loss of a loved is one of the main reasons people would fall deep down into depression (Kaplan, et al., 2014).

The loss of a spouse is another reason veterans may take their own lives. Sometimes, a veteran is deployed for months and months without once coming back home. While the man of the house is away in service, the wives are left alone to take care of the children and the household. Some strong women stay at home and remain faithful to their husband for months even with the uncertainty of whether he is going to come back home someday or he is going to die in battle. However, some wives are not that strong to wait for their return. They find the loneliness impossible and they end up cheating on their husbands. Some women would have the

fling when their husbands are away while some of them will go the extra mile of falling in love with the other man and end up leaving her husband for the new man. On the other hand, the women who only cheat while he is away think that it will hurt him less because he was not there and he may not even find out about the unfaithfulness. However, though the unfaithfulness could have occurred when her husband is away, it will still hurt him just as much when he comes to find out about it (Kaplan, et al., 2014)..

Servicemen in the military are usually young men and women. The military provides incentives for these young people to marry; apparently, the incentives highly influence the decisions for the servicemen and women to marry. When the military term is over, the veteran has to come back home and transition back to civilian life. During the transition, the marriage incentives are withdrawn. According to studies done on military marriages, servicemen are less likely to get divorced while they are still serving. However, more women in the military get divorced while in the military than their male counterparts. Nevertheless, divorces in veterans are higher than men who are serving in the military. Since a veteran is now a civilian, the incentives are withdrawn and this can be the cause of the divorce; most marriages occur because of the incentives. Statistics have reported that both male and female veterans have higher rates of divorces than civilians. Most servicemen at the battlefield stay strong in combat with the hope of going back home to their loved ones. So when they realize that their source of hope is gone, they are left hopeless and this may push them into depression. The betrayal of breaking the solemn promise they made at the altar could be too hard for the husband to endure. In such a situation, the veteran could result to drinking and substance abuse to drown his sorrows. Substance abuse could worsen their mental health, which by this time is failing due to depression and PTSD, thus increasing their risk for suicide (Pollard, Kearney and Loughran, 2008).

Loss of status could be drivers for veteran suicide. Veterans are used to the adrenaline rush that they get before going into battle. They are used to working in a team, solving problems on a daily basis and sparing lives. They have a code of honor that they abide to when in the military. However, when they come back and their term is done, they feel alone and unworthy. They are used to running around having to take cover and trying to save their lives as well as others. However, back at home, they have to go back to the normal 'boring' routine that had before they joined the military. Though this could be what they yearn when they are away on combat, it becomes overwhelming when they actually have to live it. They are used to sleeping with one eye open and looking at anyone that passes by suspiciously as though they are the enemy. Carrying this behavior back home can make their transition very difficult. Similarly, while they are used to being guided by code of honor and ethics, the society is not. So the chaos in the society and the fact that they cannot fix it can lead to anxiety. The anxiety could lead to chronic depression which is one of the leading influencers for a military to try and kill themselves. Similarly, the PTSD and difficulty in adjusting back into civilian life can drive the veteran into alcoholism or substance abuse which has the same fate as depression (Castro, Kintzle and Hassan, 2014).

The experience the veteran gets during deployment is one of the major causes of suicides among veterans. Combat exposes a military to a lot of killings and death. Servicemen and women are forced to do some gruesome things while in the military for the sake of their country and their countrymen. When in the battlefield, they do not think about themselves. The only thing running in their heads is their need to accomplish the mission they have been assigned. During completion of mission, it gets dangerous and they may be forced to do cruel things that some of them would not be able to endure when they get back to civilization. Though nobody

judges servicemen and women for the things that they need to survive while in combat, they will keep blaming themselves. Only the military person could remember how many bodies they maimed in the battle field, how many women and men they left on the ground dead, how many children they left orphaned and unable to care for themselves (Kaplan, et al., 2014).

Furthermore, in some cases, the military person would make a mistake that will haunt them forever. For instance, while trying to smoke out and kill terrorists, they could kill a child in the process. The blood of a child in anyone's hand is enough to push someone off the brink. By the same token, the guilt and pain of losing a counterpart or partner or teammate in the field can be overwhelming. People in the military have adopted a lifestyle to live like brothers and sisters and look after each other's back. However, in the heat of a battle, a mistake can be made or the enemy could overpower them leading to the demise of one or several servicemen. The death of a teammate can also push the military over the edge. These killings, deaths and bloodshed may not affect the military immediately while in the battlefield because the only thing they are thinking about is survival and mission completion. However, it will taunt them when they transition back to civilian life. The guilt can become so much for the veterans to bear leading to post-traumatic stress disorder commonly known as PTSD. Similarly, the anxiety of always waiting for something bad to happen can be excruciating leading to anxiety. Anxiety combined with the PTSD and depression caused alcoholism and substance abuse thus causing suicide (Field and Peterman, 2016).

Frequent deployment and exposure to combat can be a precipitant for suicide among veterans. During military service, the servicemen and women need a break after every deployment to get back to civilization, spend time with family and friends and remind them that outside that battlefield are loved ones waiting for them. They need this time to view life from

another perspective not just death and blood. However, in special circumstances, deployment can be so frequent such that this family time is shortened significantly and the person is expected to be in combat for long periods at a time. These frequent deployments could strip the veteran of the holding on factor which is their family. Every time servicemen and women go to battle they link their humanity to the memories they have of their family and loved ones. Nonetheless, when they get deployed for a long periods without once meeting their families, this link can be severed and they end up burying themselves in their careers. They focus on staying alive in the battlefield and accomplishing the task they are assigned without caring what they have to do get it done. According to studies conducted in the recent past, deployment itself does not negatively affect the mental health of the person. However, frequent exposure to combat can deteriorate a militant's mental health rapidly (Nasveld, Cotea, Pullman and Pietrzark, 2014). Fundamentally, frequent deployment exposes a serviceman to more and more combat thus further deteriorating their mental health that may later push them to commit suicide.

Social Factors: several social factors predispose a veteran to commit suicide. Research has shown that in most occurrences, veterans who die by suicide usually have recently undergone an adverse life event such loss of a job, spouse or legal issues. First, acute experiences can influence veterans to take their own lives. Acute experiences refer to experiences that affect the veteran other than the experiences they get from combat exposure. Acute experiences comprise being laid off, break ups, assault and eviction. After combat, veterans are taunted by the memories of the battle. In such a state, they depend on the support of family and friends. In instances like break ups, they feel abandoned and unloved and the loneliness can drive them into depression which consequently can lead to suicide. Similarly, after service, military personnel comes back home and try to transition back to civilian life. During this period, they search for

employment to pay their bills and occupy their minds rather than sit at home and think about their experiences in combat. Unfortunately, in some instances, the job does not work out and they end up getting fired. The unemployment will consequently lead to financial instability and later to eviction. The veteran could try to stabilize their finances by getting into crime and this may cause their arrest. This vicious cycle can be so much for the veteran to bear and will again drive them into depression. Assaults can be physical or sexual and this could happen to anyone including veterans. Though the veterans have spent time in battlefields and have witnessed a lot of bloodshed, this does not exempt them from getting hurt during an assault. Physical or sexual assault could damage them mentally causing several psychological disorders such as anxiety and PTSD and depression. Likewise, the veteran could result to drinking and substance abuse that will aggravate their disorders and increase their chances of suicide (Phillips, 2002).

Chronic stressors are other social factors that can predispose a veteran to commit suicide. Chronic stressors could include unemployment, excessive debt, homelessness, legal problems, and lack of social support. Unemployment is a common factor in most veterans. Most people who join the military are still young some of them even before getting a college degree. At this age, they have little to no experience of work and lack of skills to get employed. As a result, they end up spending several months looking for a job after they finish their service time. The longer the veteran searches for work the more they lose hope of getting one. Continues unemployment could lead to anxiety and depression and consequently could cause the person to commit suicide. Unemployment could lead to poor finances and excessive debts. The nagging of creditors wanting their money back could be so depressing such that the veteran would want to be free and end up taking their own lives. Legal problems could include lawsuits from creditors or other

legal issues. If lawsuits and arrest would lead to jail term or high fines that the veteran cannot afford, they may resort to suicide to avoid serving the term (Field and Peterman, 2016).

Lack of social support is an example of a chronic stressor that can push a veteran to commit suicide. Lack of social support could encompass poor interpersonal relationships, obstacles to mental health access and geographical isolation from loved ones and support. Poor interpersonal relations refer to relations that veteran may nurture such as spouses, friends, family and workmates. After spending quite sometime in the battle field, interpersonal communication with the rest of civilian community could become challenging to a veteran. Similarly, after a long time away from home, the veterans loved ones and acquaintances find other people to communicate with or spend time with. As a result, the veterans become lonely since the people they were most comfortable with and fond off have created new connection. Continuous loneliness means that the veteran has no one to talk to and vent out every time their memories haunt them. Accordingly, the taunting drives them into depression and later without the necessary medical intervention; the veteran may result to suicide (VA/ Dodd Clinical Practice Guidelines, 2017).

Geographical isolation from support is a huge cause for suicide among veterans. According to statistics, women who do not receive services from Veterans Affairs department have a 75 percent higher chance of committing suicide than veteran women who receive the services. Correspondingly, the rate of suicide among male veterans who do not receive VA services is significantly higher than those who receive the services. Access to mental health care helps the veteran deal with their ghosts. Speaking with a specialist ensures that their psychological conditions including anxiety and PTSD is managed and in some cases completely cured. Therefore, in situations where the veteran does not have access to these mental health care

facilities, there is no way for them to manage their psychological condition thereby resulting to suicide. In some instances, geographical accessibility is not the issue. The VA department has offices in all counties in the country. This implies that almost every individual has the ability to access mental and physical health care if they want to. Furthermore, numerous videos and online sites are available for any veteran who needs help to deal with any mental issues. However, despite the effort that the government and some private organizations to establish mental healthcare facilities, the turn up for these services is still low. This implies that there are other barriers other than geographical distance that prevent a veteran from accessing mental health care (VA/ Dodd Clinical Practice Guidelines, 2017).

As stated earlier, barriers to mental health care access are not necessarily geographical distance but unwillingness of the veteran to access the services. In most cases, people with mental disorders do not realize they have a problem until it is too late. Most veterans do not accept they are suffering from PTSD or depression and this hinders them from getting the appropriate mental health care. For example, after combat exposure, the veteran could develop anxiety whereby they would be jumpy or cautious with everyone or become guarded every time an argument or fight arises. Though people around the veteran observing his behavior could notice his change in behavior and even recognize that the veteran needs mental help; the veteran will still try to argue that the way they are acting is normal and there is no call for alarm. If the mental condition goes untreated for a long period, the person could worsen and end up abusing drugs and alcohol to calm their nerves down; in extreme case, substance abuse and alcoholism could trickle down to suicide (VA/ Dodd Clinical Practice Guidelines, 2017).

In the same token, veterans who fall into depression rarely acknowledge that they are facing a mental condition. They will become insomniac or sleep all the time; they would

withdraw from communication and mingling with family and friends and spend the whole day in closed doors; they will eat unhealthy or abstain from eating completely; they would hate their hobbies and their lives in general. Although all these signs are symptoms of depression, the victim is almost never ready to acknowledge that they are sick. They would refuse to ask for help from health practitioners and thereby decide to deal with their mental poor health alone. Barriers to health care access are one of the major causes of suicide. If these obstacles were to be eliminated such that every veteran would willingly access mental health care services, the rates of suicides among veterans would significantly drop (VA/ Dodd Clinical Practice Guidelines, 2017).

Mental Disorders: there are numerous mental disorders that veterans can suffer from as a result of combat exposure. These mental disorders may arise while still in the military and in some cases it arises after service. Mental disorders are the primary cause of suicides among veterans. In most cases, the veterans do not even realize that they are suffering from the mental condition and it may take a long time before they are convinced that they are really sick and need mental health care. In instances where the veteran does not have close friends and family members to care for them and tell them when it is time for them to ask for professional health care, they may stay with their conditions untreated for quite some time and it may push them to suicide. Mental disorders include bi-polar disease and major depression (collectively known as affective or mood disorders), PTSD and panic (collectively caused by anxiety), psychological trauma and substance use disorder. Though most people who are suffering some form of mental disorders do have display suicidal behaviors, the highest percentage of people who have suicidal intents and ideations suffer from at least one mental disorder (Martin et al., 2009).

Affective or mood disorders refer to conditions that seriously affect the moods of a person such that it affects how they live their lives and interact with others. Mood disorders include depression and bipolar disease. Depression refers to a psychological condition whereby the patient has a long period of unhappiness or diminished morale such that it may lead to ideation of self-harm and eventually suicide. Bipolar disorder refers to a psychological condition whereby the patient is characterized by extreme mood swings from great energy to serious chronic depression. In both instances, the victim has severe hopelessness. Hopelessness is a significant component of mood disorders that has proven to be of key relevance in suicidal behaviors. Hopelessness and mood behaviors have been used as better predictors of suicide intentions than other psychological conditions such as loss of appetite, guilt or irritability. Generally, up to 90 percent of all deaths by suicides among veterans and the community at large have a mood disorder as their antecedent to commit suicide (Rohmer, 2007).

Typically, depression may affect a person only once in a lifetime; it however occurs in multiple episodes. Feelings of sadness and hopelessness are just one symptom of depression. Angry outbursts, frustration and irritability are other symptoms of depression. In such scenarios, the veteran would get worked up even with the smallest reason. They would angrily outburst at someone with no reason and will easily be frustrated even over the most trivial matters. A depressed veteran would also present sleep irregularities. The veteran could spend the whole day sleeping and refuse to totally get out of bed even when they have slept for several hours. They could also lack sleep and spend days without even an hour of sleep. Every time they try to sleep, their mind gets too preoccupied and they just get restless and unable to sleep. Similarly, a depressed veteran could lack energy and constantly feel tired. The veteran could spend the whole day in doors doing nothing just sitting and lazing around; even the simplest of task would take

them a lot of effort to accomplish. Loss of appetite and consequent weight loss is another symptom of depression. On the other, the depressed person could still get cravings that will cause them to overeat. Overfeeding and less activity due to their lack of energy will result to weight gain (Rohmer, 2007).

Additionally, anxiety, restlessness and agitation are some other symptoms of depression. The veteran would constantly be jumpy even when they are alone. They would move up and down as if they are waiting for something and they will easily be agitated even in the simplest of circumstances. A depressed person would have slow bodily processes including thinking, movement and speaking. This can be attributed to their lack of energy and constant exhaustion thus the reason why they take a lot of effort to accomplish a simple task. The veteran would feel unworthy, guilty and blame themselves for things they did in the past. Due to the depression, the veteran will keep thinking of the things they did in the past that haunt him. They will blame themselves for everything that happened even when it was not their fault. These mistakes that they blame themselves for will make them believe that they are unworthy. In extreme cases, the veteran could begin having unexplained physical problems such as chronic headaches and back pains (Rohmer, 2007).

Psychological trauma is a mental disorder that is caused by severely stressful events. Trauma is diagnosed when an individual is unable to integrate emotions and cope with an overwhelming amount of stress. Trauma can be caused by a single event or repeating sets of events that can be precipitates for months and in some instances years. These events most often have immediate effects which develop into serious long term negative effects. Not all people react to the same trauma the same. While some people will be able to deal with their emotions and recover from the stressful events, some become incapable to do so and end up suffering from

psychological trauma. In a combat zone, numerous servicemen and women go through the same experiences. While some of these veterans would come home and be mentally fine, some of them will be tormented with the experiences for a long time and may be diagnosed with physiological trauma. People with some coping mechanism such as resilience characteristics and actively seeking help are most likely to overcome a traumatizing experience without incurring any psychological disorders. In this light, veterans who do have access to help are most vulnerable to experience psychological trauma (Wingo, Ressler and Bradley, 2014).

Typically, psychological trauma is caused by harassment, abandonment, embarrassment, abusive relationships, codependence, rejection, physical assault, discrimination, pernalism, sexual abuse. Though not all these causes are experienced by veterans, the few experiences they get may traumatize them. Death of a colleague, assault, and sexual violence in combat are some of the experiences that can lead to psychological trauma in military personnel even before they retire from service. In veterans, the trauma they experienced while still in the battlefield can be a cause of Trauma that will affect them even years after service. Equally, veterans may experience some stressful events after they have transitioned back to civilian life and this stressful event can lead to trauma. Though the trauma was not caused by combat exposure, it could still cause a veteran to commit suicide. Traumas often result to violent behaviors and anger outburst and therefore if not looked up closely, its psychodynamic aspects could be overlooked by everyone including the health practitioner (Moroz, 2005).

Anxiety disorders such as PTSD and panic are mainly caused by combat exposure experiences, deployment to inimical environments, repeated deployments, exposure to extreme stresses, long periods of deployment, sexual or physical assault and service related injury (Field and Peterman, 2016). According to the National Institute of Mental Health, anxiety disorders

develop in people who have had dangerous, scary or shocking events. Though it is natural for people to feel traumatized by a dangerous event, the fear can be so extreme that it causes panic and PTSD. Almost every human being display different types of symptoms after a traumatizing event. In some people these symptoms may feed away naturally after sometime. However, in some people, the symptoms persist thus leading to the diagnosis of PTSD. PTSD is most commonly represented by extreme fear and stress even when the person is not in danger.

Normally, PTSD does not necessarily arise in people who have been a dangerous event; some of them experience PTSD due to stressful situations such as the sudden death of a loved one. The National Institute of Mental Health warns that PTSD can occur within 3 months of the trigger event or in some cases can occur after years. This implies that PTSD among veterans can begin while they are still in service or can occur years after they transition to civilian life. For a veteran to be diagnosed with PTSD, the symptoms must persist for at least a period of one month and be austere enough to impede their relationships. PTSD is diagnosed by a psychologist or psychiatrist or a doctor who has enough experience treating people with mental disorders (National Institute of Mental Health, 2017).

Common signs and symptoms of PTSD include re-experiencing symptoms (such as bad dreams, flashbacks and scary thoughts), avoidance symptoms (such as avoiding places or places that remind them of a traumatic experience), reactivity and arousal symptoms (including feeling tense, easily startled, angry outburst and insomnia) and mood and cognition symptoms (such as distorted feeling, guilt, loss of interests in hobbies, negative thoughts about the world and self and remembering traumatic events). These symptoms have to be displayed continuously and recurring before the person is diagnosed with PTSD. Factors that increase the risks for PTSD include getting hurt, experiencing dangerous events, trauma, seeing another person dying or

getting hurt, feeling helpless, fear and horror, having no support after a traumatic event (National Institute of Mental Health, 2017). All these factors are associated with veterans that have been in the battlefield on several occasions. A lot of gruesome activities occur in combat and a serviceman or woman can witness a lot of bloodshed, death and other traumatic experiences. These traumatic experiences predispose the servicemen to suffer PTSD when they are done with service. Additionally, history of mental illness and dealing with extra stress after the traumatic event has occurred such as divorces and deaths of loved one can exacerbate the likelihood of PTSD.

Alcohol and substance abuse disorders account for approximately 26 to 55 percent of all suicide deaths among adults in the country making it the second most occurring mental disorders among deaths by suicide. The highest percentage of suicide attempts that are related to substance abuse disorders involve alcohol, with illicit drugs such as marijuana and cocaine coming up closely. Other than illicit drugs and alcoholism, psychotropic and pain medication also account for a significant percentage of deaths by suicide (Rohmer, 2007). In extreme cases, a veteran could suffer from depression, anxiety and substance abuse simultaneously. Research has shown that some veterans get rehabilitated after service, get a job and settle down with family. However, the veteran is most likely to still present chronic depression and substance abuse.

Researchers have said that, the depression and substance abuse is linked to veteran's time in service and that is why despite their best efforts to settle down and adopt a normal civilian life, they still break down to depression. This implies that no matter how good the treatment provided by mental health care providers, a veteran is not fully cured. Therefore, mental health care should be a continuous process even when it seems that veteran is fully healed and has everything settled. Alcohol and substance abuse, like most mental disorders are preceded by issues in

relationships. Relationship issues include break ups, sudden death of a loved one among others. Veterans are already tormented by their experiences in combat. Breakdowns of relations exacerbate their problems thus predisposing them to mental disorders and eventually suicide (McKay, Kolves, De-Leo, 2010).

Medical Conditions: there are specific medical conditions that may push a veteran to commit suicide. These medical conditions affect both the physical and mental health of the veteran. They include history of traumatic brain injury, chronic illness worsening, terminal disease, insomnia, chronic pain and function limitation. Traumatic brain injury could have occurred when the veteran was still in service in a battlefield. Common symptoms of traumatic brain injury include loss of consciousness and memory, disorientation and confusion. In instances where the veteran is disoriented and confused, they may unknowingly self-harm without realizing what they are doing. In extreme cases, infliction of self-harm can result to death. Some forms of brain injury can lead to the development of Alzheimer's years after the injury occurred. In such a situation, the veteran may have the intent to self-harm with the hope of releasing themselves from the problems they are facing. Brain injuries are caused by accidents and other traumas that may be inflicted in the head (Kaplan, et al., 2014).

Worsening of chronic illnesses may result to desperation and helplessness. When veterans come back home, they expect to get back to civilian life and live a healthy and long life with their loved ones. However, when they become diagnosed with a chronic illness and have no hope of getting better, their dream is shattered. In instances where the chronic illness worsens, the pain and uncomfortable living conditions can be harder on the emotional stability of the veteran. Additionally, the finances required to manage a chronic illness can be so high which could shake the financial stability of the veteran and the family. As a result, the veteran could

decide to find an easy way out for all the stress they are enduring. A veteran may prefer to die rather than leave his loved ones with thousands of dollars in debt for the health bills. Also, they may result to taking their own lives because of the pain they are going through. Rather than live a life of pain and stress, they prefer to kill themselves and escape from the problems of the world. This reasoning is similar to veterans who are living with a terminal disease and chronic pain (Kaplan, et al., 2014).

Function limitation can be really challenging to a veteran. Before joining the military, the recruits are usually in the optimum physical condition. During service, they could be exposed to many dangers while in the battlefield. Military personnel do not just incur mental traumas, sometimes the enemy overpowers them and they incur physical injuries. Physical injuries sustained while in the battlefield could prove to be terminal and permanently affect the lifestyle of the veteran. A person who was able to move around and do their own chores and provide for the family could come back home maimed and unable to even use the bathroom. This could lead to desperation and hopelessness. Function limitation could make the veteran unable to secure an employment and could be a source for pity. Consequently, the medical condition could drive the veteran to mental disorders such as depression (Kaplan, et al., 2014).

Organizations That Are At the Forefront to Reduce Veteran Suicide

U.S. Department Of Veterans Affairs: The national department of Veterans Affairs has an office that focuses on prevention of suicides among veterans that operates under the Veterans Health Administration. The governmental department has liaised with hundreds of other organizations and institutions that dedicate their operations to reduce suicide levels among veterans. To increase convenience of operations, the department has liaised with institutions

from both the local and national levels. For instance, when running an initiative to raise and increase awareness about the programs that are involved with suicide prevention, the department liaised with the Veterans Service Organizations (U.S. Department of Veterans Affairs, 2017).

One principal advantage of coordinating with other organization is that these organizations have direct and regular interaction with the veterans. The coordination between these hundreds of organizations means that a larger ground is covered and every veteran has been linked with a service organization. The fact that the organizations operate both locally and nationally translates to a large range of veterans served. Furthermore, the said organizations communicate regularly with active duty servicemen and women, National Guard members, reservists and their families. As said earlier, veterans often shy away from asking for help and do not think they need the help in the first place. Therefore, getting in touch with people who are linked to the veterans makes it easier to get help for them. For instance, communicating with active men on duty means that a problem is detected earlier such that it can be fixed even before it gets to suicide (U.S. Department of Veterans Affairs, 2017).

Similarly, colleagues of the veteran can offer much needed support that even the family cannot provide; this is because, only colleagues that they fought with in the same battle know what they saw and experienced. Similarly, families and other loved ones can report veterans to the department or other helping organizations that can help convince them to seek help before they end up committing suicide. Frequent communication between family members and the veterans and service providers ensures that the wellbeing of the veteran is regularly monitored. No one knows when the veteran will fall into mental illness but constant supervision ensures that there is always someone ready to help them acquire the necessary help they when they fall over. By linking local organizations with national organization, everyone gets an equal chance to get

high quality mental health care despite their geographical position. Therefore, linking organizations together is the best way that the department could impact the change that they desire (U.S. Department of Veterans Affairs, 2017).

Currently, the department of Veteran Affairs is focusing on encouraging communities to help them reach out to the veterans. Organized events are used as a tactic to reach as many community members and veterans as possible. In order to achieve their national goal of curbing suicide among veterans, connection between the community and the organization is vital. First, the communities are urged to provide veteran based resources such as wellness expos, job fairs among others. These resources will give the veterans purpose thereby drifting their minds away from suicide. Secondly, platforms are set where veterans are encouraged to connect with other fellow veterans. Through this connection, the importance of proper mental health can be spread by the veterans. However, once again, this connection cannot occur without the involvement of the community.

Moreover, the provision of suicide prevention resources is a community's liability and it is among the key steps in preventing veteran suicide. The public is being encouraged to provide their experiences, insights and resources that would help save a life for a veterans. Veterans need to be reminded that someone else has gone through the same condition and has walked out strong. By stating their experiences and insights, several ways are discerned that could help treat the sick ones. Provision of resources, both time and monetary, is vital in the running of these organizations because they are majorly not for profit. Fundamentally, the organization has provided numerous platforms that the community as well as veterans can communicate with them (U.S. Department of Veterans Affairs, 2017).

National Guard Crisis Intervention Team: The National Guard crisis intervention team runs 24-hour lines for Indiana National Guards soldiers in crisis. One of the crisis lines covers the crisis intervention team and the other line covers access to behavioral health. Furthermore, the intervention team trains civilians and soldiers that are involved in suicide intervention. Other than training the involved parties, the organization also endeavors to embolden guard members to develop a help-seeking behavior. There are three stages of trainings conducted on suicide intervention and they include; ACE, ACE-SI and ASIST. ACE refers to ask, care and escort. It is conducted in the army and taught at unit level. The suicide intervention officer conducts a 90-minute annual training for all soldiers and the United States department of defense (DOD) civilians. ACE-SI means ask, care, escort- suicide intervention. Like ACE, ACE-SI is also conducted in the army and is led by the ACE-SI trainer. The training involves a four-hour training session for all the junior leaders in the army. On the other hand, ASIST (applied suicide intervention skills training) is conducted as a part of living works education. It is directed by the Indiana national guard ASIST trainers in a workshop that runs for two days. The ASIST training is mainly conducted for the gatekeepers (Center for Deployment Psychology, 2016).

Suicide Prevention Resource Center (SPRC): The suicide prevention center is operated by the education development center (EDC). The organization's main purpose is to build an enabling capacity for the U.S. to prevent suicide. It is the only organization supported by the federal government that is involved in promotion of the national strategy for suicide prevention. The organization focuses on training, providing technical assistance and all the materials that are significant in increasing the expertise and knowledge of people whose professions are to help those who are the risk of committing suicide. Although the organization is not just focused on veterans, it still plays a vital role in the national initiatives in prevention of suicides. Its services

are not limited to anyone and everyone is welcomed to use them. Children, youth, women, men, civilians and military are all treated equally when they seek for help. The organization conducts trainings and activities that enhance national strategies for the prevention of suicide (Suicide Prevention Resource Center, 2017).

The organization has the advantage of working with other people and organization that are at the forefront of suicide prevention. These people include policymakers, school health personnel, and social workers especially in the Native American communities and professionals in the care of behavioral health. Moreover, the institution liaises with the National Action Alliance for Suicide Prevention (NAASP). NAASP is a private- public partnership whose main aim is to promote the strategies set by the NSSP. SPRC provides technical assistance to states, campuses and tribes on prevention of suicides in the society. Additionally, the organization provides online courses that reach a vast number of people in the society (Suicide Prevention Resource Center, 2017).

CHAPTER 3: CONCLUSION

Suicide levels are generally high across the country. However, in veterans, suicide is among the leading cause of death across all ages irrespective of the gender. Though suicide rates differ between ages and gender, they are still higher in veterans than the general population. With an increase in the number of women joining the military in the current era, the number of female veterans dying by suicide is consequently increasing. These rates are not skewed to only the women but all round to cover the men too. Suicide rates among both genders have been shown to be increasing steadily in the recent past. Various services have been offered to veterans by the VA department to ensure that these suicide rates go down. The department has spent time

and monetary resources to ensure that every veteran gets an opportunity to access their services that could help them transition back to civilian life. However, the number of veterans accessing those services is still low. Consequently, the rates of suicide rates are still rising rather than decreasing.

It is a worry that, although the number of suicide deaths is lower among veterans receiving VA services, the rates are still rising with each passing year. This makes one wonder if it is the services that are not adequate or the veterans are not just responding to treatment. In whichever case, it is the duty of the VA department to review their guidelines and ensure that they provide the utmost quality of service to the veteran if the objective of preventing suicides is going to be actualized. Correspondingly, the number of female veterans who do not receive VA services and die by suicide is almost twice the number of suicide deaths among female veterans who access VA services. This implies that without the VA, no one else in the society is ready to help female veterans deal with their troubles. This is very alarming considering that these women left their children, spouses, parents, and every loved one to go serve their country. The least that anyone could do is to take care of them. However, the society neglects them which eventually drives them commit suicide.

Numerous risk factors predispose veterans to commit suicide. However, all risk factors are linked to mental disorders. Whether chronic or acute experiences, social factors or physiological problems, they all trickle down to mental disorders. Mood disorders, anxiety and substance abuse are the main causes of suicide attempts among veterans. However, though these are antecedents to deaths by suicide, there are number of signs that can alert the primary care giver to know that a suicide attempt is eminent. Some veterans may talk about their ideas of suicide and talk about their life is not worth it. These veterans are seeking for help and the care

giver should recommend the best mental health care for the veteran. However, in some instances, the veterans would not talk about their thoughts or ideations of suicide and if the closest person to the veteran does not pay close attention, they may miss the clues. History of suicide attempt, family history of suicide, impulsivity, maladaptive problem solving and hopelessness are some of the clues that a veteran can leave to show that they are on the verge of committing suicide.

CHAPTER 4: RECOMMENDATIONS

Individual

First and foremost, individuals should validate the experiences that veterans have had that is, individuals should show compassion. Friends and family of the veterans should take crisis as an opportunity to give the veterans hope and prevent suicide. People should speak openly about suicide with veterans rather than view the talk as an omen. Friends and families should provide a listening ear by allowing the veterans to speak of their experiences and feelings. During this situation, people should not pass judgment and treat the matter as serious irrespective of the circumstances. Listen to the veteran and talk less. Show compassion by looking them in the eyes and let them recognize that you care. Do not argue with them when they speak and act with confidence around them; it is important to remember that compassion can be heard from the voice and is translated through nonverbal communication. Take an initiative to reassure the veterans that appropriate help is available and be a source of hope for them.

Secondly, it is the responsibility of individuals (family members, friends and acquaintances) to recognize the warning signs of suicidal thoughts. In often cases, veterans do not show signs or speak openly about their intention to harm themselves before they do so. However, close individuals can notice several signs and actions that are common in depression,

hopelessness, anxiety and low self-esteem; all of which may drive an individual to suicide. These signs include but are not limited to: dramatic and frequent mood changes, looking sad and depressed often, talking of excessive shame and guilt, ignoring personal welfare, desperation, feeling trapped, loss of interest in most aspects of life, weakening physical appearance. Suicidal veterans often feel like they are failures, they are always anxious and agitated and they withdraw from family friends and the society. If an individual notices these signs in a veteran, they should take the necessary step to provide the appropriate care or connect the veteran with the necessary health officers. Other than these signs, there are other actions that can be alarming to the involved individuals. For example, veterans can drastically change their normal behaviors and adopt unusual behaviors. In extreme cases veterans can appear to be actively preparing for or contemplating the suicidal act.

The U.S. Department of Veterans Affairs implores people dealing with veterans to ask whether the veteran is having suicidal thoughts. In most cultures and societies, it is assumed that talking about suicide with a person increases the risk of actually committing the act. However, this superstition could not be further from the truth. By asking the person whether they are having thoughts and ideas of suicide, you are creating a platform for them to speak out confidently about their struggles. When a conversation opportunity is created for the veterans, they are able to open up and the involved individual can instill hope. As much as it is important to ask the question, there are specific circumstances that the question should not be asked. For example, it is advisable not to ask the question in as if you are only enquiring for a no answer such as, “you are not contemplating killing yourself, are you?” similarly, there is no need to ask the question when you have already identified the warning signs; in such a circumstance, it is

prudent to just seek for help for the veteran. Conclusively, only ask the question in a manner that is natural and runs with the conversation.

In some communities, it is believed that when someone wants to commit suicide, they will do it irrespective of the means they use. This myth is wrong; means matter. It is wise to store firearm and means that people could use to kill themselves in a safe place in the home. Research has shown that most people who commit suicide do so using firearms. Therefore, correctly storing a firearm away from a veteran with suicidal thoughts could prevent a tragic outcome and save a life. In the recent past, there has been an influx in firearm suicides particularly among female veterans. The study has confirmed that proper storage of firearms has reduced unintentional deaths by firearms in youths by 80 percent. Currently, there are several organizations that provide free gun locks that family members and friends could acquire to lock away guns. Other than guns, medication is another means of death by suicide. Health care providers should be encouraged to limit the pills given in a single prescription; especially in incidences of overdose risks (U.S. Department of Veterans Affairs, 2017).

Individuals should encourage veterans to seek treatments. As much as the veteran could claim that they are beyond help (a sign of depression), they should still be reassured that adequate help is available. It is important to be honest that they will not be cured immediately and treatment takes time. People should not try to keep their suicidal ideas a secret or stigmatize them for it. They should be shown compassion and be reassured that with treatment, they could sober up and leave a normal life again. When it is discerned that they have thoughts of suicide, they should not be left alone. For instance, after the care giver takes the veteran into a crisis center or encourages them to seek help from doctors or emergency room, they can follow up on their health so that they can show that they care.

According to the U.S. Department of Veterans Affairs, people who commit suicide have communicated their problems with others to some extent. They believe that through talking about their troubles with people; they are giving these people the opportunity to intervene before they finally decide to kill themselves. The report states that the highest percentage of people who take their own lives have provided some warning or clues that they are going to commit the act. It is important for people to understand that when people make these threats, they should not be ignored or dismissed irrespective of the condition the threats were made; whether jokingly or casually. Most people dismiss these threats by providing several excuses on behalf of the veteran. Friends, family members or acquaintances believe that the affected veteran is too strong or had a prior commitment or loves his family too much to kill himself. These thoughts allow them to simply dismiss the veterans' threats thereby giving him or her chance to commit suicide without anyone to stop them. Conclusively, it is vital to take every suicidal threat seriously and provide the attention that the veteran requires (U.S. Department of Veterans Affairs, 2017).

The biggest number of suicidal thoughts and ideas are linked to treatable diseases. Therefore, helping a veteran to acquire treatment of the disease could save their lives. Time limitation is one acute risk for suicide victims. If the involved people can immediately help the veteran get through the crisis they are going through then the strong desire to die can greatly be undermined. People with suicidal tendencies or have suicidal thoughts and ideas should not be dismissed as angry or talking in the heat of the moment. They should be referred to the necessary health care provider for the provision of the appropriate care. Therefore, it is upon individuals related to the veteran, a friend, colleague, acquaintance or family; to always look out for the signs and to ensure that they do not ignore them when the signs arise. Veterans should not be stigmatized or ignored when they start acting out or adopting odd behaviors or getting suicidal

ideas. In such times, it is prudent for all the involved people to get them physical and psychological help that they need (U.S. Department of Veterans Affairs, 2017).

Community

The Veteran Affairs Department has provided several guidelines for community members who are ready and willing to help in combating death by suicide amongst veterans. Community members who are hosting boot camps, planning events for hiring new employees, showing a conference or organizing a wellness expo are eligible to help veterans using community based actions. The community includes a large ensemble of important entries that play a vital part in the promotion of awareness about suicide amongst veterans. This ensemble encompasses health care providers, law enforcement officers, emergency service personnel, local business, religious leaders, organizations that are focused on veteran welfare, representatives in the media, the funeral industry including coroners and medical examiners and political leaders (U.S. Department of Veterans Affairs, 2017).

Community members can use the following steps to support veterans in their respective communities. First, these community members could create or join an existing suicide prevention council. The suicide prevention council can provide ideas for an event, plan checklist and timely help veterans. The council will estimate challenges that may arise when helping veterans and solutions to counteract the challenges. Secondly, community members can develop promotional resources. These resources could include flyer template, blogs, media advisory template, content for social media and messages in electronic billboards. These platforms can be used to promote events that are vital in promotion of awareness about veteran suicides. Furthermore, they can provide a link between veterans who are looking for help and the care providers.

Thirdly, the community can stake clinical tools to all providers. These tools can be used in risk assessments for suicides as well as provide a treatment manual that details plans for suicide prevention safety. Finally, the community can engage in a campaign as well as actualizing safe storage of pills, firearms and other methods that are commonly used to inflict self-harm. These campaigns can be done through suicide risk assessments. Other platforms such as posters, suicide prevention safety plan quick guide, wallet cards and other additional resources can be used to promote the campaign against means of pain infliction (U.S. Department of Veterans Affairs, 2017).

Communities should recognize and appreciate women who have been in service and provide them with equal opportunities as the men veterans. Currently, there are a high number of women who have served in battle for their country. Consequently, the suicide rates among female veterans is significantly higher (2.4 times higher) than the suicide rate for the civilian counterparts. In most instances communities do not recognize female veterans therefore fail to reach out to them. A community could set up an event that would honor the female veterans as key community leaders connect them to other veterans. Suicide levels among female veterans have augmented in the recent past and therefore it is time for societies to increase their identification and resources available for female veterans. Health care providers should assess women in suicide crisis using the same criteria that they use for men. They should first assess the status of the female veteran, determine their access to firearms, discern their levels of substance abuse and finally identify their connectedness level (U.S. Department of Veterans Affairs, 2017).

Public and Private Organizations Partnership

Organizations in the public and the private sector across the country should work hand in hand to provide timely and quality mental health care to the veterans that need it. Taking care of veterans is not an individual battle and that is why organizations should be at the forefront in the provisions of the care. An integrated and comprehensive network of partnerships between the private and public organizations across the country is vital in addressing prevention of suicides. A public health approach created by the organizations could encompass patient care, veteran outreach, lines for national crisis and provide research and education to help understand the risks that drive veterans to suicide. Furthermore, the organizations should establish improved initiatives that are aimed at reducing the rates of suicides among the veterans (U.S. Department of Veterans Affairs, 2017).

Partnerships created between organizations that operate locally and nationally are in a better position to reach out to veterans and their families before the crisis begins. These partnerships are capable of establishing appropriate relations with communities and employers who can provide resources that are significant in wellness and health, treatment of substance abuse, care for mental health and benefits for veterans that will help prevent and even end suicide among veterans. Particularly, these partnerships should create a free crisis line that family members, veterans and health care providers can confidently use to initiate private conversations between them and experienced veterans responders who will provide the necessary information. Similarly, the partners can create a free and confidential coaching service. A free and confidential coaching service can be provided to friends and families to teach them how to constructively communicate with veterans. In addition, the coaching service can provide them with treatment options for the veterans (U.S. Department of Veterans Affairs, 2017).

Another way organizations can reduce suicides rates among veterans is promotion of employment among veterans. Provision of employment opportunities to veterans provides them with means to transition them back to civilian life. In most instances, it is very challenging for veterans to transition back to civilian life after service in battle. Rates of death by suicide are higher in veterans who are recently out of military service. It is very overwhelming for them to identify employment opportunities, pinpointing vocational rehabilitation programs and balancing their finances. Employers and individuals who have realized employment opportunities could share job openings with veterans and set up interviews for those that are qualified. Community employment coordinators should prescreen veterans in their vicinity to find out their education levels, qualifications and skills. Employers could link with community employment coordinators to facilitate the onboarding and hiring of veterans in their databases.

Finally, organizations should get technical in their efforts to prevent suicides among veterans. Technology is changing on a daily basis. Numerous electronic platforms have been established whereby resources and public health initiatives relevant to veterans have been provided. Emails, Social Medias, text messages and other online platforms can be used to reach out to communities to find the veterans, non- profit organizations and companies that are at the forefront to promote veteran transitioning to civilian life after service. Similarly, health care providers could use online platforms such as YouTube to provide health care to people who do not have quick access to quality healthcare such as those living in the rural setting. Through technology, veterans can receive healthcare from anywhere regardless of the distance between them and the provider's office. Organizations can participate in the prevention of suicides among veterans by simply spreading the word on their social media networks, engaging the online community

REFERENCES:

- Castro C. A., Kintzle S., and Hassan A. M. (2014). *Returning Home From War: The Military Transition Theory*. Submitted Symposium for the Annual Meeting of Society for Social Work Research, New Orleans, LA
- Center for Deployment Psychology. (2016). *Military Culture and Terminology*. Star Behavioral Health Provider Training
- Centers for Disease Control and Prevention. (2007). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Retrieved October 9, 2017 from www.cdc.gov/ncipc/wisqars
- Department of Veteran Affairs. (2015). *Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000- 2010*. VA Serious Mental Illness Treatment Resource and Evaluation Center
- Department Of Veterans Affairs. (2016). *VA Suicide Data Report: Suicide among Veterans and Other Americans, 2001- 2014*. Office of Suicide Prevention
- Field T., and Peterman R. D., (2016). *Military and Veteran Culture and Suicide Risk*. 2016 Presentation Indiana SP Conference: 1- 56
- Kaplan, M. S., McFarland B. H., Huguet N., and Valenstein M. (2012). Suicide Risk and Precipitating Circumstances among Young, Middle-Aged, and Older Male Veterans. *American Journal of Public Health*, 102 (2): 131–137.
- Martin J., Ghahramanlou- Holloway M., Lou K., And Tucciarone P. (2009). A Comparative Review of U/S. Military and Civilian Suicide Behavior: Implications for OEF/ OIF Suicide Prevention Efforts. *Journal of Mental Health Counseling*, 31 (2): 101- 118
- May A. M., Kolinsky, D. E., And Klein D. N. (2013). Predicting Future Suicide Attempts Among Depressed Suicide Ideates: A 10 Year Longitudinal Study. *Journal of Psychiatric Research*, 46 (7): 946- 952

- McKay K, Kölves K, De Leo D (2010): The Aftermath of War: A Case-Study Analysis of Veterans' Suicide. Abstract Book, pp.108 (poster at 4th Asia Pacific Regional Conference of IASP 2010, Brisbane, Australia)
- Moroz, K. J. (2005). The Effects of Psychological Trauma on Children and Adolescents. Vermont Agency of Human Services. PDF
- Nasveld, P., Cotea, C., Pullman, S., and Pietrzark E. (2014). Effects of Deployment on Mental Health in Modern Military Forces: A Review of Longitudinal Studies. *Journal of Military and Veteran's Health*, 20 (3): 1839- 2733
- National Institute of Mental Health. (2017). *Post- Traumatic Stress Disorder* Retrieved on October 7, 2017 from www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml
- Phillips, M. R., Yang, G., Zhang, Y., Wang, L., Ji, H., & Zhou, M. (2002). Risk Factors for Suicide in China: A National Case-Control Psychological Autopsy Study. *Lancet*, 360, 1728–1736.
- Pollard, M., Kearney, B., and Loughran, D. (2008). *Comparing Rates of Marriage and Divorce in Civilian, Military and Veteran Populations*. RAND Corporation, MG-599-OSD
- Rohmer, Z. (2007). Suicide Risk in Mood Disorders. *Current Opinion in Psychiatry*, 20, 17–22.
- Sarchiapone M., Carli V., Janiri L., Marchetti M., Cesaro C., and Roy A. (2009). Family History of Suicide and Personality. *Archives of Suicide Research*, 13 (2): 178- 184
- Suicide Prevention Resource Center. (2017). *Challenges, Key Activities and Impact of Suicide Prevention Initiatives*. Retrieved on October 7, 2017 from www.training.sprc.org

U.S. Department of Veterans Affairs (2017). Veteran Outreach Toolkit: A Community Call to Action. *Veterans Health Administration; Office for Suicide Prevention*, 1- 24. Retrieved on October 7, 2017 from www.va.gov

VA/ DOD Clinical Practice Guidelines. (2017). *Clinical Practice Guidelines for Assessment and Management of Patients at Risk for Suicide*. U.S. Department Of Veteran Affairs

Veterans Suicide Prevention Resources (2017). *Connecting With Veterans Who Have Survived A Suicide Attempt To Identify Signs Of Stress*. US Department Of Veteran Affairs. Retrieved on October 7, 2017 from www.starttheconversation.veteran Crisisline.net/pdf/

Wingo, A. P., Ressler, K. J., and Bradley B. (2014). Resilience Characteristics Mitigate Tendency For Harmful Alcohol And Illicit Drug Use In Adults With A History Of Childhood Abuse: A Cross Sectional Study Of 2024 Inner- City Men And Women. *Journal of Psychiatric Research*, 52 (1): 93- 99