

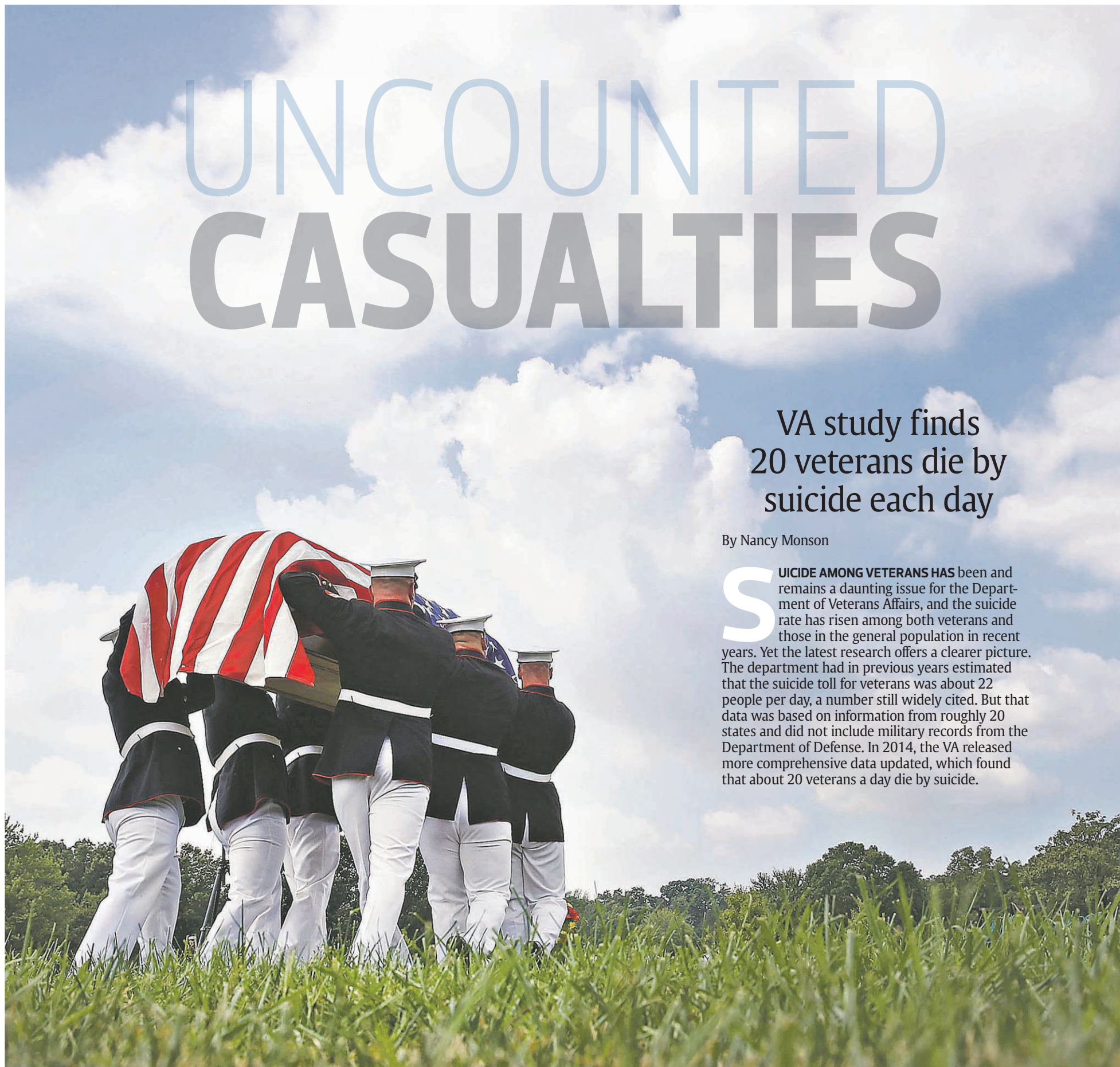
HEALTH

UNCOUNTED CASUALTIES

VA study finds
20 veterans die by
suicide each day

By Nancy Monson

SUICIDE AMONG VETERANS HAS been and remains a daunting issue for the Department of Veterans Affairs, and the suicide rate has risen among both veterans and those in the general population in recent years. Yet the latest research offers a clearer picture. The department had in previous years estimated that the suicide toll for veterans was about 22 people per day, a number still widely cited. But that data was based on information from roughly 20 states and did not include military records from the Department of Defense. In 2014, the VA released more comprehensive data updated, which found that about 20 veterans a day die by suicide.



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COURTESY OF RANDALL WILLMON

After returning home, Army veteran Randall Willmon became a mentor through the Military Peer Veteran Network. Images from top left: Willmon during deployment in Iraq; Willmon, right, and his gunner, Sgt. Greg McKee; Willmon, left, and members of his squad in Iraq; Willmon, holding his mental health first aid certificate, with Verlene Dickson, director of the Veterans Resource Center in Amarillo, Texas.

"The VA's findings confirm that for those receiving it, treatment works, and those in VA care are much less likely to die by suicide," said Kim Ruocco, chief external officer for suicide prevention and postvention at the Tragedy Assistance Program for Survivors (TAPS), a group that provides grief counseling and other support to people with a loved one who died during military service.

MILITARY RISK FACTORS FOR SUICIDE

The reasons behind suicide among veterans differ somewhat from those in the general population. Those in the military are exposed to death every day

and may be desensitized to it; and many have recognized that they may die young, noted Ruocco, whose husband, Marine Maj. John Ruocco, died by suicide in 2005. They are also more prone to using means with a high likelihood of being lethal, such as guns. And when they lose their sense of belonging to a unit or feel like they are a burden to comrades, families and friends, their risk for suicide is very high, Ruocco added. Surprisingly, research suggests that deployment does not raise the risk for suicide, but being in the military for less than four years and being discharged less than honorably does.

"Ironically, someone who is driving a truck on a U.S. base in Germany has the

same risk of mental illness and suicide as someone deployed to Afghanistan," noted Bryan Gibb, director of public education for the National Council for Behavioral Health, a trade association that represents community behavioral health programs across the United States. He speculates that non-deployed service people may feel useless if they're not in a combat situation. And those who have deployed may experience traumatic brain injuries plus physical and psychological traumas that increase their risk of mental illnesses, such as post-traumatic stress disorder (PTSD), which in turn are linked to a higher risk for

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RECOGNIZING THE RISK

"Family members are often the first to notice changes in the mood or behavior of their loved one and can be an integral part in helping to prevent suicide, but they need to be informed and offered resources before crisis emerges," said Carla Stumpf-Patton, manager of suicide survivor services for the Tragedy Assistance Program for Survivors (TAPS).

Although some people decide to commit suicide without giving any warning, the Department of Veterans Affairs highlights the following changes in behavior as red flags or warning signs:

- ▶ Anxiety, agitation, sleeplessness, mood swings.
- ▶ Intense anger and irritability.
- ▶ Engaging in risky behaviors without thinking of the potential consequences.
- ▶ Increasing alcohol or drug use.
- ▶ Withdrawing from family and friends.
- ▶ Talking about ending their life.
- ▶ Feelings of hopelessness and loss of purpose ("no reason to live"), which may not be noticeable by outsiders.

"It is critical that people understand that when left undressed — as with any other medical concerns — mental health issues can quickly evolve into life-threatening emergencies that can potentially result in a death by suicide," said Stumpf-Patton. "It is equally important to promote the concept of hope — hope that there is help available for both the service member/veteran and family members, that treatment works and that suicide can be prevented."

— Nancy Monson

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WIN MCNAMEE/GETTY IMAGES

suicide. There is also something inherent in military life itself, with the constant relocation and loss of support networks it entails, that increases the risk for suicide, he added.

Although effective treatments, such as counseling and medication, exist to address the underlying issues behind suicidal thoughts and feelings, there are barriers to receiving mental health care on institutional, cultural and individual levels.

"Vets may be resistant to going to the VA because they don't want to be labeled sick, and they may not go until they are in crisis — meaning they get a DUI, lose their job or their spouse leaves them," Ruocco said. "At that point, it may be difficult to get treatment immediately."

Ruocco's colleague, Carla Stumpf-Patton, manager of suicide survivor services at TAPS and the surviving spouse of Marine Sgt. Richard Stumpf Jr., added, "sometimes service members reject help due to feelings of hopelessness and helplessness in the moment."

However, since the death of Stumpf-Patton's husband in 1994, much has changed in the military and in mainstream culture, she added.

"Awareness of suicide is much better than when Rich died and care has improved," she said. "At the time of his death, suicide wasn't talked about at all. It was swept under the carpet as a dirty secret."

Today, the military leadership has recognized the severity of the issue and

created a help-seeking culture, she said, while the VA has made improvements in the quality of care being delivered. And, of course, social media has become an important tool for spreading the suicide prevention message.

VA PROGRAMS AND CHALLENGES

Although the VA is working hard to improve access to care, the agency continues to be plagued by issues. USA TODAY reported in June that more than a third of veterans who call the Veterans Crisis Line (800-273-8255, press 1) may not have access to the most highly trained suicide-prevention professionals because of staffers' poor work habits and slacking on the job; instead, their calls are rolled over to backup respondents with less training. Other reports suggest that it is still difficult to get timely appointments at some VA medical centers and that there are routine violations of veterans' privacy and medical records.

In the face of such criticism, Dr. Harold Kudler, the VA's chief consultant for mental health services, defended the agency's efforts. "We are not perfect," he said. "Care varies from one center to the next and we all hear these stories, but there are 1,000 sites of care within the VA and many millions of visits yearly. We have a comprehensive system for responding to vets' needs. Ninety-six percent of all VA appointments are completed within 30 days and the average wait time for an

SUICIDE STATISTICS

More than 7,400 veterans took their lives in 2014, accounting for 18 percent of all suicides in America, according to data from the Department of Veterans Affairs.



APPROXIMATELY

66%

of suicide deaths among veterans were caused by firearms

In 2014, **20** veterans a day died from suicide



14 of those 20 veterans did not use VA services; **6** did

The risk for suicide is **21% HIGHER** for **veterans** compared with the general U.S. population

The risk for suicide is **2.4x HIGHER** for **female veterans** compared with U.S. civilian females

The risk for suicide is **18% HIGHER** for **male veterans** compared with U.S. civilian males

Source: Department of Veterans Affairs

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appointment is two days. Those in crisis can be seen immediately, and the Veterans Crisis Line can be accessed from anywhere in the world.”

“Suicide prevention is one of our top priorities at the VA,” reported Caitlin Thompson, executive director of suicide prevention for the VA. “We are doing a better job of engaging vets and families, and we get lots of calls that we are saving lives, but we know we need to do more, and we can’t do it alone.”

COMMUNITY SUPPORT

Community partnerships are essential to the effort, to relieve some of the burden on the VA, and to draw in veterans who are not eligible for VA care. The National Council for Behavioral Health exemplifies this type of partnership, with its Mental Health First Aid (MHFA) program that helps professionals and laypeople recognize the signs and symptoms of mental illness, provide comfort and refer people in crisis to professionals for treatment before they attempt suicide. The program, which teaches skills to respond to the signs of mental illness and substance use, also has a specialized curriculum related to veterans and those affected by military life. “The MHFA program is given all over the country and in all states, in public settings and within institutions,” Gibb said. “The course can help people with PTSD and other mental health issues, as well as those who want to help others.”

Randall Willmon, 44, a retired Army veteran who did four tours of duty in Iraq, Afghanistan and Kosovo, fits the bill on both fronts. He experienced PTSD for years after he returned from combat, felt angry and isolated and was hesitant to seek help.

But spurred by the suicides of vets he knew, he began to rejoin the world. As he recovered, he became a mentor to other ex-military men and women through the Military Peer Veteran Network and was encouraged to take the MHFA course.

“I love the idea of doing mental health first aid, and the way the course gave me the tools to help people avert crisis and be caring,” he said. “It helped me identify things I was doing right and doing wrong in talking to other military people, and finding resources I could recommend to them.” It also helped him heal some of his own psychological traumas of war. “Being a peer helped me to better myself as I tried to help others,” he said.

“These measures are positive steps, but they are only a down payment. So much more is necessary.”

— Sen. Richard Blumenthal (D-Conn.), member of the Senate Committee on Veterans’ Affairs

that the VA “has taken some very strong steps toward building a 21st-century support system, but gaps remain — and they are devastating for our veterans.”

Blumenthal has been instrumental in passing two key pieces of recent legislation: the Clay Hunt Suicide Prevention for American Veterans Act in February 2015, which enhanced VA suicide prevention efforts; and the Female Veteran Suicide



ANDREW BURTON/GETTY IMAGES

Sen. Richard Blumenthal (D-Conn.), who helped pass the Clay Hunt Suicide Prevention for American Veterans Act in February 2015 and the Female Veteran Suicide Prevention Act in June, says gaps in support are “devastating for our veterans.”

CONGRESSIONAL SUPPORT

On the congressional side, Sen. Richard Blumenthal (D-Conn.), the ranking member of the Senate Committee on Veterans’ Affairs, said

Prevention Act in June, requiring that female-specific mental health and suicide prevention programs be tracked and evaluated for effectiveness.

“These measures are positive steps, but they are only a down payment,” he said. “So much more is necessary.” The task of reducing the suicide rate among military veterans requires an “all hands on deck effort — the VA plus community partners,” Blumenthal said. “Vet service organizations, local service organizations and all of us have a profoundly significant obligation to reach out and lend a hand to all vets, and particularly those with PTSD or traumatic brain injury, the invisible wounds of war that may lead to suicide.” ●

SUICIDE RESOURCES

Veterans Crisis Line
800-273-8255 (press 1)
▶ veteranscrisisline.net

Tragedy Assistance Program for Survivors (TAPS)
800-959-TAPS (8277)
▶ TAPS.org

Vets4Warriors
855-838-8255
▶ vets4warriors.com

National Council for Behavioral Health
▶ thenationalcouncil.org