



# COURAGE TO CARE



A Health Campaign of Uniformed Services University of the Health Sciences, [www.usuhs.mil](http://www.usuhs.mil), and the Center for the Study of Traumatic Stress, Bethesda, Maryland, [www.cstsonline.org](http://www.cstsonline.org)

## SUICIDE FACTS FOR PRIMARY CARE PROVIDERS

### *Helping Service Members and Families Overcome Barriers to Care*

Suicide of our military service members is the highest on record, rising for a fourth straight year and surpassing the suicide rate in the general population. In the Army, about one third of suicides occur during deployment and one third occur post deployment. Despite stepped up efforts for mental health prevention and outreach, a military culture that values strength and resilience presents multiple barriers to care. Service members and families are reluctant to seek mental health services due to “not wanting to let anyone down,” shame, guilt and feeling stigmatized by one’s coworkers and loved ones, and fear of job loss. Furthermore, frequent military moves can disrupt and impede patient-doctor relationships that enable a physician to know a patient’s history and more easily detect changes in his/her physical or mental

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status and behavior.

Primary care, however, is where patients often present physical and emotional issues that signal distress. *Studies indicate that many who commit suicide have seen a health care provider within the month prior to their death.* Military spouses, often the first to notice changes in

their returning service member, may share information about their service member and seek knowledge about mental health issues including suicidal behavior from their primary care provider. Educating military families about mental health and the need for care for depression and stress can assist in help seeking and the care of service members.

In this *Courage to Care*, we provide warning signs and risk factors associated with suicidality.

#### Suicide Warning Signs

When a patient discloses suicidal ideation, intent, or plan an assessment is required. A safety evaluation should also be undertaken when a provider sees substantial changes in demeanor, or the following signs and symptoms: *extreme anxiety, appearing withdrawn and overwhelmed, depression, or when a patient discloses significant, unexpected, highly important, recent losses (such as relationships, finances, status, and job)*. Importantly, suicide is not only associated with depression, but also with anxiety.

The following risk factors should lead the provider to expand their assessment and questioning about thoughts of self-harm. Remember, these are not absolute indications that someone is suicidal; however, they should be factors to take into consideration in evaluating risk.

#### Suicide Risk Factors<sup>1</sup>

- Current thoughts of suicide including ideas, plans, attempt
- Past thoughts of suicide: ideas, plans
- Past suicide attempts are a particularly important risk indicator
- Alcohol/substance abuse
- Access to firearms
- Psychiatric diagnosis (e.g., major depressive disorder, bipolar disorder, substance use disorders, anxiety disorders)
- Hopelessness, worthlessness
- Severe anxiety
- Impulsiveness

*Continued on reverse side*

- Lack of social support
- Widowed, divorce, single
- Family history of suicide, i.e. first degree relatives
- Male gender (males complete suicide more often, females attempt more often)
- Age — young enlisted in the military are at risk. In the civilian world elderly (greatest proportionate risk) and adolescents (highest number of suicides)
- Physical and chronic illnesses, such as pain syndromes, head trauma

**Ways to Help**

In collaboration with the patient, the provider can enlist the support of the patient’s family and identify other immediate supports. Some service members may be reluctant to engage in treatment. It is important for providers to convey that others have experienced similar life

events and there is help available to deal with the present crisis. *Restoring hope and the feeling of not being alone are the key interventions to move the patient to the next step of care*

Remember, there are outpatient programs available that are suited to meet the needs of service members and families. If there is any question regarding need for further evaluation and more definitive treatment, providers should consult with their mental health providers and/or refer to more emergent care/evaluation.

*In emergencies tell the patient or the concerned family member to call 911 or take the suicidal individual to the nearest emergency room.*

1 American Psychiatric Association (APA). Factors associated with an Increased Risk for Suicide. Accessed 21 November 2008. American Psychiatric Association. Available from URL: <http://www.psychiatryonline.com/popup.aspx?aID=56260>

**PLACE LOCAL CONTACT INFORMATION HERE**

*Courage to Care* is a health promotion campaign of Uniformed Services University and its Center for the Study of Traumatic Stress (CSTS). CSTS is the academic arm and a partnering Center of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury.

