

Healthy Ways to Cope With Emotional Distress Are Important for Suicide Prevention



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

Acute emotional distress is implicated in suicidal ideation, suicide attempts, and suicide death.^{1,2} Often, a distressing situation, such as an argument with a significant other, precedes a suicide attempt or death. These are called acute stressors. And distressing circumstances that persist over time without resolution can also increase vulnerability to suicidal thoughts. Life stressors that have persisted over a longer period of time are called chronic stressors.² Such chronic distress may be contributing to the recent decrease in life expectancy in the United States.³ It has been proposed that the distress resulting, in part, from financial insecurity has increased levels of hopelessness throughout the general population which, in turn, has led to an increase in so-called deaths of despair (deaths due to suicide and substance use), particularly among middle-aged white, non-Hispanic adults.³ Though little research exists on the link between stress and suicide in Veteran populations, a body of work studying this relationship in service members does exist.

Although stressful life events can be precursors to suicide attempts, what may matter more is whether individuals experience these events as emotionally distressing,¹ which may depend on one's ability to make sense of distressing life events.⁴ Neurobiological processes also play a role in one's ability to cope with stressors.^{5,6}

Key Findings

- Service members who reported prior suicidal ideation or suicide attempts experienced an average of five life stressors in the 24 hours before presenting to a military mental health clinic and reporting suicidal ideation in

the past week. These stressors were predominantly social in nature, including having had an argument or conflict (59.3%), being criticized or yelled at by someone (57.4%), disappointing someone (50%), feeling isolated more than desired (46.3%), or being unable to spend time with someone (33.3%).²

- The higher levels of emotional distress associated with life stressors experienced in the 24 hours before a suicide attempt were related to more severe intent to die and less time deliberating during a suicide attempt.¹
- Compared with service members who experienced low-intensity suicidal thoughts, service members who experienced high-intensity suicidal thoughts reported more chronic stressors (those with onset more than seven days before the attempt) but not more stressors experienced in the past 24 hours.²
- Service members who had made multiple suicide attempts reported more chronic stressors than either those who had made only one attempt or those who reported suicidal ideation but never attempted suicide.²
- In service members, chronic stressors were more strongly associated with suicidal ideation than acute stressors were, and a high number of chronic stressors was associated with a longer duration of suicidal crises.²
- How one makes sense of stressors is associated with the risk of suicide, self-injuring behavior, and risk behaviors such as driving under the influence of alcohol. Among Veterans who had transitioned to college, those with high scores on comprehensibility (the ability to make sense of a stressful event) for the most stressful event they had experienced had lower levels of suicide risk, lower rates of self-harm, and a lower likelihood of driving under the influence of alcohol compared to those with lower scores for comprehensibility.⁴
- The stress hormone cortisol may play a role in suicide attempts.^{5,6} Researchers observed that individuals who had attempted suicide in the past year had lower cortisol levels and, thus, a more blunted response to stress than those who had attempted suicide more than one year prior.⁶

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Implications

Because acute and chronic emotional distress are precursors to suicide, suicide prevention must involve the promotion of healthy ways of coping with stress. Also, because there may be a neurobiological basis for why individuals who attempt suicide may face challenges in adapting to stressors, therapeutic interventions that target stress responses may be helpful. Interventions must also address maladaptive ways in which individuals make sense of and understand life. For example, the more a Veteran can make sense of a stressful life event, manage the emotions surrounding the event, and actively problem-solve, the less at risk they are for suicide and non-suicidal self-injury.

Ways You Can Help

- Encourage Veterans to seek immediate help from supportive family members and friends, as well as from mental health professionals, following stressful life events, because prolonged, chronic stress is most closely related with suicide attempts.²
- Assess Veterans' emotional experience of stressors, including the level of distress experienced, how they make sense of the stressors, and perceived level of feeling overwhelmed.¹
- Assess recent, ongoing, and potential future stressors, and work collaboratively with at-risk Veterans to resolve them or mitigate their effect. Veterans experiencing chronic stressors may benefit from interventions designed to enhance their problem-solving skills, helping them to resolve conflicts and stressful events as they occur. Psychopharmacological and psychotherapeutic interventions that target stress responses may be needed.⁶
- Evaluate and consider suggesting free VA apps designed to help Veterans cope with stress. Visit the VA App Store at mobile.va.gov/appstore/veterans.
- Virtual Hope Box focuses on helping Veterans manage negative thoughts and feelings, including thoughts of suicide. The app lets Veterans store a collection of photos, music, and messages that reduce stress and hopelessness. It also includes relaxation techniques, games for distraction, inspiring quotes, and one-touch access to the Veterans Crisis Line.⁷ For more information, visit apps.apple.com/nz/app/virtual-hope-box/id825099621 or play.google.com/store/apps/details?id=com.t2.vhb&hl=en.
- Suggest evidence-based interventions, such as brief cognitive behavioral therapy and safety planning, which can help Veterans learn positive methods for coping with stress.⁸
- Consider the use of mindfulness-based stress reduction to help enhance Veterans' ability to cope with chronic stress.⁹ For more information, visit www.va.gov/patientcenteredcare/veteran-handouts/introduction_to_mindful_awareness.asp.
- Use group psychotherapies for Veterans experiencing life stressors to enhance peer relationships, improve coping strategies, and support resilience.
- More information on post-traumatic stress disorder and acute stress disorder is available in the VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder, available at www.healthquality.va.gov/guidelines/MH/ptsd/.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

References

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