

Stress, Emotional Distress, and Suicide Risk



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Overview

Acute and chronic emotional distress are both implicated in suicidal ideation, suicide attempts, and suicide death.^{1,2} Acute stressors, such as an argument with a significant other, often precede a suicide attempt or death. Distressing circumstances that persist over time without resolution, called chronic stressors, can also increase vulnerability to suicidal thoughts.¹ Such chronic distress may be contributing to the recent decrease in life expectancy in the United States as stress also contributes to obesity, stroke risk, heart disease, and a suppressed immune system.^{3-4,5,6} It has been proposed that 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 between 1990 and 2010 (deaths due to suicide and substance use), particularly among middle-aged white, non-Hispanic adults.³ Veteran men aged 35–49 had higher rates of suicide and alcohol-related deaths between 2013 and 2017 than their counterparts in the general population, but lower rates of drug-related deaths.⁷ 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,² which may depend on one's ability to make sense of distressing life events.⁸ Biological processes, such as cortisol level, may also play a role in one's ability to cope with stressors.⁹⁻¹⁰

Key Findings

- Service members with a history of suicidal ideation or attempt 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%).¹
- 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.²
- 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.¹
- 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.¹
- 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.¹
- A study on the association of stressful life events and suicide attempts among Veterans found that reports that exposure to a stressful life event accounted for 59.5% of the observed difference in suicide attempt prevalence between Veterans predicted to be at high risk of suicide and those with lower risk.¹¹
- The end of a relationship, job loss, major financial crisis or any economic event were the four life events that had significant difference in risks among Veterans predicted

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- to be at high risk of suicide.¹¹
- How one makes sense of stressors is associated with the risk of suicide, self-injuring behavior, and risky 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.⁸

Ways You Can Help

- Consider suggesting **free VA apps** designed to help Veterans cope with stress.
- Encourage Veterans to use the **Virtual Hope Box Apple** or **Virtual Hope Box Google** smartphone app, aimed to help 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.
- Connect Veterans to financial tools and resources at the **National Center for Veterans Financial Health** in the following domains: housing, food security, auto/clothes, saving, budgeting, impulse buying, work, school, benefits, investing, debt management, credit, lowering bills, avoiding scams, secure banking, and preparing for financial emergencies.
- Urge those in distress to contact the **Veterans Crisis Line** at 1-800-273-8255 and to Press 1, to Text 838255 or to Visit the VA's Veterans Crisis Line Online Chat.
- For financial, housing, disability, and physical stressors, consider directing veterans to **VA benefits for Service members** including VA's Disability Compensation, VA's Support for Veteran-Owned Small Businesses, the Veterans Pension Program, the Disability Housing Grant, and Aid and Attendance or Housebound Allowance.
- More information on post-traumatic stress disorder (PTSD) and acute stress disorder management is available in the **VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Reaction**.

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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