

Help With Readjustment and Social Support Needed for Veterans Transitioning From Military Service



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

Most suicide attempts by those who are or will become Veterans occur following separation from military service.¹ Veterans are most vulnerable in the first three months following separation from military service, although suicide risk remains elevated for years after the transition.² Clinicians can assist by helping Veterans reconnect with their communities and providing need-based mental health treatment after separation.

Key Findings

Characteristics of Separation

- Veterans who were discharged for disability, disqualification, or misconduct have higher odds of suicidal ideation and behavior than those who received a routine discharge.³
- Veterans who received general or other than honorable (OTH) discharges were more likely than those honorably discharged to screen positive for generalized anxiety, depression, posttraumatic stress disorder (PTSD), a history of traumatic brain injury, or alcohol or cannabis misuse.⁴
- Shen and colleagues (2016) found that the risk for suicide was nearly three times higher immediately following separation than for active duty service members. This suicide rate remained higher more than six years following separation.²
- Among service members with no diagnosed history of mental illness, the characteristics with the highest odds ratios for attempted suicide included having attained less than a high school education, having been previously deployed, past-year demotion, eight or more outpatient physical health care visits in the preceding two months, and injury-related inpatient or outpatient health care visits.⁵
- Veterans who had completed fewer than four years of service prior to separation were at a higher risk for suicide than those who had served longer.⁶

Readjustment and Social Support

- While 27 percent of all Veterans reported having had a difficult time readjusting to civilian life, 44 percent of the post-9/11 cohort indicated difficulty in readjusting.⁷
- Veterans reported difficulty in several areas during reintegration into civilian life, including problems with productivity at work or school; an inability to take care of chores or health needs; and difficulty interacting with spouses, family members, and friends. The researchers also found that Veterans reported an increase in potentially harmful behaviors like substance misuse, difficulty controlling anger, having thoughts about hurting someone, and dangerous driving.⁸
- In a study of 18 variables (including demographic characteristics, service characteristics, and military career attainment), researchers found that 10 variables were significant predictors of the ease of a Veteran's reintegration into civilian life. The variables that predicted an easier reentry were having been an officer, having attended college, having consistently had a clear understanding of the mission while in service, and frequently attending religious services (though this variable is only a significant predictor for those who served in the post-9/11 era).⁷



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Mental Health and Suicide Prevention

Help With Readjustment and Social Support Needed for Veterans Transitioning From Military Service

- In the same study, the variables that predicted a more difficult reentry were having had a traumatic experience, having been seriously injured, having served in the post-9/11 era, having served in a combat zone, having served with someone who was injured or killed, and having been married while in the military (though this variable is only a significant predictor for those who served in the post-9/11 era).⁷
- Low community homecoming support was associated with PTSD symptoms and recent (in the past 30 days) suicidal ideation.⁹
- Both anger and perceived social support were found to be related to suicidal ideation. PTSD and suicidal ideation were also related but were no longer related when the researchers accounted for anger.¹⁰

Implications

Criminal justice involvement was also a risk factor for suicide among Veterans — consistent with findings that discharges for misconduct were associated with elevated risk for suicide³ and that 20 percent of Veterans reported that legal problems were an obstacle to successful reintegration.⁸

- Both having perpetrated crime and having been subjected to crime were associated with increased risk for suicide. The risk was further elevated among those in both groups who had experienced family violence.⁵
- Premilitary criminal justice involvement was also a risk factor for suicide; an enlistment waiver for a major non-drug-related offense was associated with an elevated risk for death by suicide.²

Ways You Can Help

- When possible, involve other Veterans as sources of peer support and foster reconnection between Veterans and their friends, families, and communities.¹¹
- Offer anger management services to Veterans who may be experiencing PTSD and other problems with reintegration.¹⁰
- Routinely administer mental health and substance use treatment needs assessments to Veterans who have recently separated from military service.¹²
- Engage in outreach efforts among those who received OTH discharges to help in overcoming issues of eligibility, access, and stigma related to mental health care services.

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

- 1 Villatte, J. L., S. S. O'Connor, R. Leitner, A. H. Kerbrat, L. L. Johnson, and P. M. Gutierrez. 2015. Suicide attempt characteristics among veterans and active-duty service members receiving mental health services: A pooled data analysis. *Military Behavioral Health* 3, no. 4:316–327.
- 2 Shen, Y. C., J. M. Cunha, and T. V. Williams. 2016. Time-varying associations of suicide with deployments, mental health conditions, and stressful life events among current and former US military personnel: A retrospective multivariate analysis. *Lancet Psychiatry* 3, no. 11:1039–48.
- 3 Brignone, E., J. D. Fargo, R. K. Blais, M. E. Carter, M. H. Samore, and A. V. Gundlapalli. 2017. Non-routine discharge from military service: Mental illness, substance use disorders, and suicidality. *American Journal of Preventive Medicine* 52, no. 5:557–65.
- 4 Brooks Holliday, S., and E. R. Pedersen. 2017. The association between discharge status, mental health, and substance misuse among young adult veterans. *Psychiatry Research* 256:428–34.
- 5 Ursano, R. J., R. C. Kessler, Naifeh, J. A., et al. 2018. Risk factors associated with attempted suicide among US Army soldiers without a history of mental health diagnosis. *JAMA Psychiatry* 75, no.10: 1022–1032.
- 6 Reger, M. A., D. J. Smolenski, N. A. Skopp, et al. 2015. Risk of suicide among US military service members following Operation Enduring Freedom or Operation Iraqi Freedom deployment and separation from the US military. *JAMA Psychiatry*, 72(6), 561–9.
- 7 Morin, R. 2015. *The difficult transition from military to civilian life*. Washington, DC: Pew Research Center, 2011. <https://www.pewresearch.org/wp-content/uploads/sites/3/2011/12/The-Difficult-Transition-from-Military-to-Civilian-Life.pdf>.
- 8 Sayer, N. A., S. Noorbaloochi, P. Frazier, K. Carlson, A. Gravelly, and M. Murdoch. 2010. Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatric Services* 61, no. 6:589–97.
- 9 Boscarino, J. A., R. E. Adams, T. G. Urosevich, et al. (2018). Mental health impact of homecoming experience among 1730 formerly deployed Veterans from the Vietnam War to current conflicts results from the Veterans' Health Study. *Journal of Nervous and Mental Disease* 206, no. 10:757–64.
- 10 Wilks, C. R., L. A. Morland, K. H. Dillon, et al. 2018. Anger, social support, and suicide risk in U. S. military Veterans. *Journal of Psychiatric Research* 109:139–44.
- 11 Ahern, J., M. Worthen, J. Master, S. A. Lippman, E. J. Ozer, and R. Moos. 2015. The challenges of Afghanistan and Iraq Veterans' transition from military to civilian life and approaches to reconnection. *PLoS One* 10, no. 7:e0128599.
- 12 Derefinko, K. J., T. A. Hallsell, M. B. Isaacs, L. W. Colvin, F. I. Salgado Garcia, and Z. Bursac. 2018. Perceived needs of Veterans transitioning from the military to civilian life. *Journal of Behavioral Health Services and Research*.

