

Understanding Suicidal Risk of LGBTQ Veterans: A Call for Action

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Abstract

Veterans are identified as a vulnerable population with an increased risk for suicidal ideations and attempts. They face multiple challenges after separation from military service, including finding employment and housing, and reintegration into family and civilian life. Veterans have a high rate of homelessness, which may predispose them to greater risk for depression and suicide. Lesbian, gay, bisexual, transgender, and queer (LGBTQ) veterans have a potentially higher risk for suicide compared to the heterosexual/cis-gendered veterans. The lack of research on the LGBTQ community within the U.S. military is sparse due to the military's historical policies with respect to homosexuals serving in the military. This article focuses on identifying future research aimed toward understanding the suicidal risk of veterans. A vignette is presented as an illustration of the severity of this problem.

Keywords: Veterans; Veteran safety; Suicidal risk; Suicide; LGBTQ

Introduction

Suicidal ideations and attempts are encountered on a daily basis in nursing practice. The Centers for Disease Control and Prevention (CDC) identified suicide as a large and growing public health problem accounting for approximately one death every 12 minutes [1]. Every year, more than 900,000 emergency department (ED) visits are made by people thinking of committing suicide [2]. In 2016, suicide was the 10th leading cause of death in the United States, accounting for nearly 45,000 deaths. Furthermore, the CDC and Substance Abuse and Mental Health Services Administration (SAMHSA) identified that veterans and other military personnel have a higher rate for suicide, as an estimated 22 veterans die by suicide each day in the United States [1-3]. Veterans are considered a vulnerable population with an increased risk for suicidal ideations and attempts resulting from mental and medical conditions such as post-traumatic stress disorder (PTSD), mood disorders, anxiety, schizophrenia, substance use disorders and traumatic brain injury (TBI). The risk for suicide death is 3.8 times higher for 17 to 24-year-old male veterans compared to the same age men without a military background [4].

Literature Review

Suicide risk factors in veterans

Thinking about committing suicide, working on a suicide plan, and obtaining the lethal means to commit suicide occur prior to the suicide attempt or death by suicide. Veterans have a disproportionate rate of homelessness, which may alter their sense of social connectedness and put them at greater risk for depression and suicidal ideations. Veterans also face the same hardships, mental and physical health conditions as non-veterans; which compounds their service-related matters. Many veterans encounter unemployment challenges after separating from military service. Unemployment, marital difficulties, and family reintegration are complicated by issues related to complex multiple deployments that may have occurred for veterans [5,6]. The lesbian, gay, bisexual, transgender, and queer (LGBTQ) population within the military has a higher potential to be vulnerable to suicide. However, the research is sparse in this area. Herrell et al. [7] found, using data from the Vietnam Era Twin Registry, those veterans that reported having had at least one same gendered sexual partner were twice as likely to have reported suicidal ideation compared to those that reported no same-gender partners. Similarly, Blosnich, Bossarte, and Silenzio [8] reported a three-fold increase in suicidal ideation among lesbian, gay and bisexual veterans compared to heterosexual veterans.

Being a LGBTQ community member and a veteran could potentially contribute to double the risk for suicide [9]. Unfortunately, there is no reliable or consistent way to examine the prevalence of sexual orientation on death certificates [10]. The lack of research on the LGBTQ community within the United States (U.S.) military is sparse due to the military's historical policies with respect to homosexuals serving in the military. The Don't Ask, Don't Tell Repeal Act of 2010 concerning homosexuals in the military opens an opportunity for examination of suicidal risk and suicidal behavior among LGBTQ military personnel [11]. It is time to explore ways to prevent death by suicide in this population and maximize their health and lifestyle [9].

American psychiatric nursing association competencies

Health care professionals must be aware of patients' military history, complex multiple deployments, and be able to recognize risk for suicidal behavior among veterans. The American Psychiatric Nursing Association (APNA) developed essential competencies for psychiatric nurses for assessment and management of individuals at risk for suicide [12]. These competences include:

- The psychiatric nurse understanding the phenomenon of suicide.
- Managing personal reactions, attitudes, and beliefs; maintaining a collaborative, therapeutic relationship with the patient.
- Collecting accurate assessment information and communicating the risk to the treatment team.
- Formulation of a risk assessment.
- Formulation of an ongoing nursing plan of care based on continuous assessment.
- Performance of ongoing assessment of the environment in

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Received February 02, 2019; Accepted February 12, 2019; Published February 15, 2019

Citation: Maltseva T, Olenick M, Flowers M, Diez-Sampedro A (2019) Understanding Suicidal Risk of LGBTQ Veterans: A Call for Action. J Trauma Treat 8: 441. doi: 10.4172/2167-1222.1000441

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determining the level of safety and modification of environment accordingly.

- Understanding legal and ethical issues related to suicide; and providing a thorough and accurate documentation of suicide risk.

Clinical vignette

A 22-year-old U.S. veteran presented to the emergency room with complaints of severe headache, anxiety, and insomnia. During the psychosocial assessment, the patient reported nightmares. He described them as a vivid battlefield with explosions and blood around him. These nightmares were so severe that the patient could not differentiate the reality of the situation. Psychosocial factors of this patient revealed lack of family support and stable relationship(s). The family stopped communicating with him upon his return from deployment once they found out about his homosexuality. Patient reported that his partner for the past 3 months left him abruptly. The whole situation made patient feel very depressed and isolated from society.

Patient refused to elaborate further on the questions about his suicidal ideations and prior suicidal behaviors. Columbia Suicide Severity Rating Scale (CSSR-S) was administered [13]. The patient answered yes on the first five-out-of-six questions of the CSSR-S scale, which was indicative of a high risk for suicide. The patient was referred to Veterans Affairs (VA) Mental Health Team for initiation of inpatient hospitalization at the VA psychiatric facility for the patient's safety, protection, and treatment.

Based on the APNA competencies [12] future research will need to focus on the prevention of suicidal behavior in veterans and explore perceptions and variables of suicidal behavior and risk in U.S. veterans in order to better understand suicidal tendencies in veterans and stimulate the development of suicide prevention strategies, interventions, and policy changes. Moreover, it is also imperative to research participants' sexual orientation and gender identity, as data suggests that individuals who are LGBTQ are at greater risk for suicide attempts [10]. The significance of future studies aiming toward assessment of suicidal risk in veterans, in particular those that identify as part of the LGBTQ community will need further exploration in an effort to stimulate the development of suicide prevention strategies and save the lives of U.S. veterans.

Discussion and Conclusion

Veterans who seek help in an emergency department offer us a brief, yet significant opportunity to intervene and save their lives. Approximately 37% of those who die by suicide make an emergency department visit within a year of their death [14]. Understanding and

implementing the APNA competencies outlines above is essential to identify and reduce suicide risk, particularly in veterans who are most vulnerable and most lethal. Future studies with a focus on LGBTQ veterans are imperative for the life saving measures in this population.

Disclosures

The authors have no potential conflicts of interest, including financial and/or personal relationships that might bias their work.

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