

Mayo Clinic suicide prevention expert outlines new steps to tackle military suicide

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The suicide rate in the U.S. Army now exceeds the rate in the general population, and psychiatric admission is now the most common reason for hospitalization in the Army. These concerning trends are described by Timothy Lineberry, M.D., a Mayo Clinic psychiatrist and suicide expert for the Army, in the September edition of *Mayo Clinic Proceedings*. In the article, he also outlines steps to assess and address military suicide—an issue he calls a major public health concern. Dr. Lineberry proposes greater use of gun locks, improving primary care for depression, and better monitoring for sleep disturbances, among other steps.

"Despite the anticipated end of large-scale military operations in Afghanistan and Iraq, the effects on the mental health of active-duty service members, reservists, and veterans is only just beginning to be felt," Dr. Lineberry says. "Moreover, the potential effect on service members of their war experiences may manifest indefinitely into the future in the form of emerging psychiatric illnesses."

In the article, Dr. Lineberry integrates published research on increased rates of [psychiatric illness](#) in the military during the past decade and highlights the need for ongoing resources for prevention, diagnosis and treatment. While the National Institutes of Health and the Department of Defense have already invested millions of dollars into military [suicide prevention](#) and research, some key clinical steps can also be taken to tackle the problem.

Dr. Lineberry outlines four steps based on past research and emerging evidence that he believes could help begin curbing military suicide:

- Reduce access to guns and other means of suicide. Nearly 70 percent of veterans who commit suicide use a gun to do it. Veterans are more likely to own firearms. All veterans with psychiatric illness should be asked about their access to firearms and encouraged to lock up guns, giving someone else the key, or remove them from the home altogether. Just slowing down gun access by a few minutes may be enough to stop the impulse.
- Watch for sleep disturbances. Complaints of insomnia or other sleep disturbances in otherwise healthy soldiers, reservists, or veterans may signal the need for taking a careful history and screening for depression, substance misuse and post-traumatic stress disorder. [Sleep disturbances](#) have been previously identified as a risk factor for suicide. These complaints may also serve as opportunities for referring those potentially needing more intensive treatment.
- Prescribe opioid medications carefully and monitor. Unintentional overdose deaths, primarily with opioids, now outnumber traffic fatalities in many states. Individuals with psychiatric illness are overrepresented among those receiving prescriptions for opioids and those taking overdoses. This same trend has been seen in former military personnel. A recent study found that Iraq and Afghanistan veterans with a diagnosis of post-traumatic stress disorder who were prescribed opioids were significantly more likely to have opioid-related accidents and overdoses, alcohol and non-opioid drug-related accidents and overdoses, and self-inflicted and violence-related injuries.
- Improve primary care treatment for depression. Research suggests that patients who die by suicide are more likely to have visited a primary care physician than mental health specialist in

the previous month. Programs developed to improve [primary care](#) physicians' recognition and treatment of depression could help lower [suicide](#) rates.

Provided by Mayo Clinic

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