

What more could we do to prevent veteran suicides? Survey reveals clues

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Every day, 20 veterans across America die by suicide—and most of them choose a firearm to do it. New research could guide suicide prevention efforts for veterans and others.

The new survey of veterans who receive [mental health care](#) through the Veterans Health Administration finds that 93 percent said they would approve of the VA offering at least one option to address firearm access—such as having health providers ask about veterans' access to firearms, providing gun locks, or teaching veterans' family and friends about suicide warning signs and firearm safety.

More than 68 percent of those surveyed said they would be in favor of the VA offering gun locks to veterans who have firearms at home. Eight-two percent thought that there were situations where VA clinicians needed to ask veterans about their firearm access, and only seven percent opposed all such screening.

Three quarters of those surveyed also favored at least one more-intensive effort by the VA to work with patients to voluntarily reduce their firearm access, such as efforts to store or dispose of veterans' guns, or to help families secure veterans' guns or gun lock keys.

The results of the survey of 660 veterans polled at five VA centers around the country are published in the journal *General Hospital Psychiatry* by a team led by Marcia Valenstein, M.D., M.S., of the University of Michigan and the VA Ann Arbor Healthcare System.

Focus on higher risk

In general, veterans are 22 percent more likely to die from suicide than members of the general U.S. population of the same age and gender. The study focuses on the attitudes and views of the veterans most at risk of suicide: those already in treatment for mental health conditions, including drug and alcohol problems.

"Veterans in mental health care are in favor of voluntary programs to reduce firearm access during high-risk periods. This suggests the VA and other health systems should consider working with veterans to develop and implement these programs," says Valenstein, a professor emerita in the U-M Department of Psychiatry and member of the U-M Institute for Healthcare Policy and Innovation and the VA Center for Clinical Management Research.

What's more, she adds, "Half of veterans in mental health care indicated if they were suicidal, they would participate in interventions that would substantially limit their own access to their firearms."

Veteran gun owners' opinions

The higher rate of gun ownership among veterans, compared with non-veteran Americans, is related to the higher rate of suicide, say the authors.

More than 45 percent of the veterans surveyed said they had a firearm in their own home, and they were somewhat less likely than non-firearm owners to support the measures discussed in the survey.

Even so, 82 percent said they would be willing to take part in some sort of program that addressed their access to firearms, and two out of three of them said they might or would be open to the VA offering storage and

disposal options that might limit their access to those guns during times when they might be at higher suicide risk.

As Valenstein explains, "Voluntarily reducing access to these firearms during high-risk periods for suicide, such as periods of increased mental health symptoms, after serious personal setbacks, or particularly at times when suicidal thoughts or plans emerge, may reduce veteran deaths."

Message to clinicians at the VA and beyond

Valenstein worked with colleagues from U-M, Northeastern University and West Virginia University on the study—including Matthew Miller, M.D., M.P.H., Sc.D. of Northeastern's Bouvé College of Health Sciences, who has studied firearm-related attitudes and practices among veterans and other groups.

"This study should allay providers' concerns about screening for safe firearm practices, both within the VA and beyond," says Miller. "There is nothing barring you from asking, and no reason to think that any other population will be less open to these questions than veterans. The results from this survey show that the vast majority are open to conversations about firearm safety, and may well appreciate it."

The findings are especially timely given recent activity on Twitter and beyond among physicians and other health providers, using the hashtag #ThisIsOurLane. Veterans are increasingly being cared for by health providers outside the VA system, making the new findings important for non-VA providers too.

"Not only are clinicians saying this is our lane, but patients recognize that it's in our lane," Miller adds. "Given veteran's openness to discussions about their guns and, moreover, to interventions that, by reducing access to guns during high risk periods, do more to prevent

suicide than any other clinical intervention known, the current study reinforces the professional clinical duty to engage in these conversations. And to continue to learn how to do so effectively. It's obligation that we can't dismiss."

Valenstein and Miller both note that additional research is needed to understand which firearm-related practices and programs would be most effective at reducing the [veteran suicide](#) rate. This could lead to evidence-based guidelines for providers and [health](#) systems to follow.

In the meantime, they recommend that healthcare and mental [health providers](#), and others such as clergy and social service providers, take an online course called [Counseling on Access to Lethal Means](#), or CALM, offered by the Suicide Prevention Resource Center.

More information: M. Valenstein et al, Acceptability of potential interventions to increase firearm safety among patients in VA mental health treatment, *General Hospital Psychiatry* (2018). [DOI: 10.1016/j.genhosppsy.2018.10.010](#)

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