



# The prevention of suicide among military veterans during the COVID-19 pandemic

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Suicide rates are significant among the United States (U.S.) military veteran population [1–3], and they may be increasing. The National Veteran Suicide Prevention Annual Report noted that 6139 U.S. military veterans died by suicide in 2017, which averages to 16.8 veteran suicides per day [4]. The current COVID-19 pandemic may increase suicide rates worldwide [5, 6]. This could create a perfect storm of increased military veteran suicide rates during or after the pandemic.

The military veteran population have higher rates of pre-existing psychiatric disorders, physical conditions, and psychosocial stressors compared to nonveterans [1]. Psychiatric conditions that veterans may be susceptible to include posttraumatic stress disorder (PTSD), depression, anxiety, substance use disorders, and sleep disturbances [3]. Physical conditions may consist of traumatic brain injury (TBI), spinal cord injuries, amputations, and chronic pain [3]. Social isolation, legal troubles, marital discord, unemployment, and financial difficulties are psychosocial stressors that military veterans commonly experience [3]. There is consistent evidence that the presence of psychiatric disorders, physical conditions and psychosocial stressors can increase suicide risk in the military veteran population [1]. A survey of 272 Operations Enduring Freedom and Iraqi Freedom veterans, found that 12.5% of the respondents had experienced suicidal ideation 14 days prior to the survey [2]. In addition, the veterans that were contemplating suicide had higher rates of

alcohol abuse, PTSD, depression, and psychosocial stressors [2]. Another study that reviewed healthcare records of 2,674 nonveterans who died by suicide concluded that physical health conditions increased suicide risk in these individuals, most prominently TBI, sleep disorders, and HIV/AIDs [7].

The current COVID-19 pandemic may have profound impacts on population mental health and suicide risk, and could have lingering effects [5, 6]. Multiple researchers have identified social isolation, economic problems, anxiety, and uncertainty as factors that can increase suicide risk during a pandemic [5, 6]. These factors may also result in new mental health problems [5, 6], exacerbate pre-existing psychiatric disorders [5, 6], or lead to increased alcohol consumption and illicit substance abuse [6]. Military veterans are already at heightened risk of psychiatric disorders and substance abuse [3], and the negative impacts of the pandemic may increase their risk of suicide. Sadly, the COVID-19 pandemic has already contributed to the suicide death of a decorated U.S. combat veteran [8]. This veteran who served in the Marines and lost his leg in 2011 from an IED blast in Afghanistan, took his own life on May 1, 2020 [8]. His family attributed his suicide to the social isolation caused by the pandemic [8].

Unfortunately, mental health treatment may not be prioritized at this time due to overcrowded and overwhelmed healthcare systems, and some hospitals turning people away without appointments [5]. Mental health professionals should take a proactive approach and conduct frequent and regular outreach [6], especially with military veterans who have a history of suicidal behavior or attempts. Military veterans should be encouraged to stay in touch with their mental health providers, and engage in social contact with family, friends, and other veterans. Mental health treatment needs to be adjusted to accommodate the use of technology [5, 6]. In addition, there should be more crisis helplines staffed by mental health professionals with knowledge of

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military veteran suicide risk factors, and evidence-based online mental health resources freely available on a large scale [5].

The pandemic has been receiving mass media attention. Media reports on the COVID-19 pandemic can be traumatizing and anxiety-inducing [6]. Military veterans may be sensitive to new traumatic experiences because of their higher rates of trauma histories or psychiatric diagnoses [1, 3]. In this atmosphere of anxiety and uncertainty, reports on suicide need to be reasonable and responsible. Media coverage should follow specific guidelines on suicide reporting [9].

Economic crisis resulting from the pandemic may increase suicide risk [5, 6]. Military veterans who are experiencing economic problems should be provided with financial help. Gunnell et al. recommends that governments provide ‘financial safety nets’ such as food, housing, direct payments, and tax credits [5].

A major risk factor for suicide is access to lethal means [5, 6]. This is concerning, because military veterans frequently own firearms, and know how to use them. Military veterans should be assessed to see if they have access to a firearm, and measures should be taken to reduce access [5, 6]. These measures may include the use of gun lockers, or unloading the gun and storing ammunition in a safe [6].

The COVID-19 pandemic may negatively impact population mental health and increase suicide rates. Suicide prevention efforts should be focused on vulnerable populations including military veterans since they are at heightened risk of suicide. Mental health professionals should take a proactive approach to prevent suicide, and optimize treatment for military veterans. Suicide safety planning, an intervention used to mitigate suicide risk can be conducted in-person or via-telepsychiatry, and should include the veteran’s coping mechanisms [10]. Military veterans should be routinely screened for suicide risk with frequent and regular outreach [6]. In addition, telemedicine can be utilized to increase support and reduce suicide risk during the COVID-19 pandemic [5, 6].

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## Compliance with ethical standards

**Conflict of interest** On behalf of all authors, the corresponding author states that there is no conflict of interest.

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