

This pamphlet is dedicated to the memory  
of Vietnam veteran Laurin A. Been

**IF YOU HAVE EVER THOUGHT ABOUT SUICIDE**

or know someone who has, please take the time to read this pamphlet. If you are a veteran in crisis and need help **right now**, call this toll-free number, available 24 hours a day, 7 days a week: **1-800-273-TALK (8255)**.

Tell them immediately that you are a veteran. You will reach the VA's National Suicide Prevention Hotline, a mental-health service available to all veterans. You may call for yourself or for someone you care about. All calls are confidential.

**Para obtener asistencia en español, llame al 1-888-628-9454.**



PTSD/Substance Abuse Committee  
8719 Colesville Road, Suite 100  
Silver Spring, Maryland 20910  
800-882-1316  
[www.vva.org](http://www.vva.org)  
[www.veteranshealth.org](http://www.veteranshealth.org)

# Suicide Risk & Prevention

## Assistance & Resources



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## The Basics About Suicide

A person contemplating suicide feels extremely helpless, hopeless, and powerless.

Suicide is a major, preventable public health problem in the United States; more people die by their own hand than by homicide or from AIDS. Accurate statistics on deaths by suicide are unavailable because many suicides are not reported for reasons of stigma or imprecise coroner's reports.

In 2005, suicide was the eleventh leading cause of death in the U.S., accounting for 32,637 deaths. The overall rate was 11 suicide deaths per 100,000 people, and an estimated 8 to 25 attempted suicides occur per every suicide death.

Suicidal behavior is complex; there are ethnic, age, and gender differences that may occur in combination or change over time. There are also links between suicide, mental illness, and co-occurring disorders involving alcohol abuse and other drugs.

Fifty percent of those who die by suicide were suffering from major depression.

Research shows the risk for suicide is associated with changes in brain chemicals called neurotransmitters, including serotonin. Decreased levels of serotonin have been found in people with depression, impulsive disorders, a history of suicide attempts, and in the brains of suicide victims.

### What Are the Risk Factors for Veterans?

Suicide prediction is very inexact. According to one VA study, the following psychiatric disorders have been identified as suicide risk factors for veterans: major depressive disorders (especially untreated chronic depression); bipolar disorder; dysthymic disorder (a depressive disorder); schizophrenia; obsessive-compulsive disorder; personality disorder; and acute, chronic PTSD.

Other factors that may increase risk include accessibility to firearms; living in isolation; having a family history of suicide; family violence—including physical or sexual abuse; involvement in violent crime; separation or divorce; sexual trauma; any prior suicide attempt; alcohol and substance abuse (including heroin addiction); AIDS; epilepsy; dementia; spinal cord injury; chronic pain; and traumatic brain injury (TBI).

Veterans at risk may be suffering from a combination of these emotional, physical, and environmental factors and view suicide as the easiest way to end their pain and suffering.

### What Should I Do If I Think a Veteran Is Suicidal?

If you think someone is suicidal, do not leave him or her alone. Try to get the person to seek immediate help from the VA National Suicide Prevention Hotline at 1-800-273-TALK (8255), from his or her physician, from the nearest hospital emergency room, or call 911.

If possible, eliminate access to firearms or other potential tools for suicide, including unsupervised access to alcohol and medications. **A person who appears suicidal needs immediate mental-health assistance and treatment.**

In the face of crisis, suicidal persons are unable to see positive choices or alternatives that might ease their pain and suffering.

### What Can Be Done to Prevent Suicide?

There is no single predictor of suicide, but there are some common warning signs. When an individual:

- Talks of suicide, death, and/or no reason to live.
- Is preoccupied with death and dying.
- Withdraws from friends and/or social activities.
- Has suffered a recent, severe loss—especially of a relationship—or threat of a significant loss.
- Exhibits drastic changes in behavior.

- Displays a loss of interest in hobbies, work, school.
- Prepares for death by making out a will (unexpectedly) and final arrangements.
- Gives away prized personal possessions.
- Has attempted suicide before.
- Takes unnecessary risks; is reckless and/or impulsive.
- Loses interest in his/her personal appearance.
- Increases use of alcohol and/or drugs.
- Expresses a sense of hopelessness.
- Is faced with a situation of humiliation and/or failure.
- Has a history of violence or hostility.
- Has been unwilling to “connect” with potential helpers.

### What Factors May Decrease Risk for Veterans?

- Addiction treatment programs and services.
- A physically and emotionally safe support group or environment where one can talk about his/her wartime experiences without fear of stigma, humiliation, or abuse.
- Positive, caring relationships with family and friends.
- Positive, trusting relationship with a mental-health professional.
- Religious practices, spirituality.
- Veteran-focused, evidence-based, psychosocial programs and services.

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## Resources & Information

**Suicide Prevention Resource Center**  
1-877-GET-SPRC (1-877-438-7772)

**SAMHSA Mental Health Services**  
[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)

**National Institute of Mental Health**  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**American Association of Suicidology**  
202-237-2280  
[www.suicidology.org](http://www.suicidology.org)