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Fall 9-16-2016

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Recommended Citation

Institute for Veterans and Military Families at Syracuse University, "Research Brief: "Unmet Mental Healthcare Need and Suicidal Ideation Among U.S. Veterans"" (2016). *Institute for Veterans and Military Families*. 275.

<https://surface.syr.edu/ivmf/275>

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Unmet Mental Healthcare Need and Suicidal Ideation Among U.S. Veterans

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DATE: 2016

PUBLICATION: *American Journal of Preventive
 Medicine*, 51 (1), 90-94

PUBLICATION TYPE: Peer-Reviewed Journal Article

PUBLICATION LINK: <http://dx.doi.org/10.1016/j.amepre.2016.01.015>

KEYWORDS: Veterans, suicidal ideation, suicide prevention, mental healthcare need

healthcare need is a critical aspect of suicidal ideation among Veterans. Improved access to care for such at-risk populations through means of integrated care is needed to ensure reduced burden of suicide among Veterans.”

RESEARCH HIGHLIGHTS

- In July 2016, the Department of Veterans Affairs released a report that found 20 veterans die by suicide each day. Other researchers have demonstrated that mental illness and access to care are contributing factors to suicide among veterans. But there is limited research on the relationship of perceived unmet mental healthcare needs and its association with suicidal ideation (also known as suicidal thoughts, or an unusual preoccupation with suicide), among veterans. Addressing this gap in the literature, this study evaluated the association between perceived unmet mental healthcare need and suicidal ideation among U.S. veterans.
- Consistent with previous studies on unmet healthcare needs, the researchers found that veterans with unmet mental healthcare needs were more likely to report suicidal ideation. Veterans with a perceived unmet mental healthcare need had an odds four times greater of suicidal ideation in the past year than veterans who did not report an unmet mental healthcare need.
- The authors also found that there was an association between suicidal ideation, alcohol dependency, and the use of governmental assistance programs. Since the use of some governmental programs is dependent on income, the relationship between suicidal ideation and use of governmental assistance programs might be indicative of the need to address suicide risk among veterans in extreme poverty.

ABSTRACT

“Introduction: Suicide prevention remains a national priority, especially among vulnerable populations. With increasing trends in suicide among Veterans, understanding the underlying factors associated with such an outcome is imperative. In this study, the association between unmet mental healthcare need and suicidal ideation among U.S. Veterans was evaluated. **Methods:** The National Survey on Drug Use and Health, 2008-2013, was used to identify those with mental illness, resulting in a total sample of 2,015 Veterans. Data were analyzed in July 2015. Survey-weighted descriptive and logistic regression analyses were conducted with $p < 0.05$ used to establish significance. **Results:** Sixteen percent of Veterans reported unmet mental healthcare need and 18% had past-year suicidal ideation. After adjusting for confounders, unmet mental healthcare need was associated with increased likelihood of suicidal ideation (AOR=4.11) in the study population. Other characteristics, such as participating in a governmental assistance program and alcohol dependency in the past year, demonstrated 66% and 103% increased odds of suicidal ideation, respectively. **Conclusions:** Unmet mental

IMPLICATIONS

FOR PRACTICE

Veterans dealing with suicidal ideation or other unmet mental health needs should utilize medical services available to them, including mental health services at their local VA medical center. Veterans unable to seek care at the Veterans Health Administration (VHA) should determine if they are eligible to receive care with a non-VHA healthcare professional. Primary care physicians should discuss strategies to address mental healthcare needs, including therapy and medication. Given the opportunities for a more integrated care model through the Patient Protection and Affordable Care Act, healthcare providers should incorporate behavioral care as a key component of primary care. Applying a more integrated care model allows for effective early suicide prevention by identifying those at-risk individuals through use of screening tools, electronic health records, and staff education. Recognizing the burden of suicide on veterans, it is imperative that primary care physicians, serving veterans, inform their patients of organizations and initiatives that are specifically for veterans, such as Real Warriors Campaign and Give an Hour (organizations dedicated to helping service members, veterans and military families coping with invisible wounds). Increased awareness of such organizations may improve access and use of these resources among veterans and thus prove critical to the overall care and support of veterans suffering from suicide ideation. Moreover, given the potential relationship between poverty, perceived unmet mental health need, and suicidal ideation, organizations serving veterans are strongly recommended to revisit best ways to address socioeconomic needs, mental healthcare needs, and alcohol and substance use among veterans.

FOR POLICY

To assist in suicide prevention efforts, policymakers are advised to consider introducing legislation, such as the Veterans Access, Choice and Accountability Act, that ensures that veterans in need of mental healthcare services receive necessary care. Federal and state policymakers might also consider allocating funds to government programs so that mental health services can be offered to veterans in extreme poverty, especially veterans currently receiving governmental assistance. Since other researchers found that veterans at risk of suicide sought out faith-based care, policymakers might continue introducing legislation that improves veterans' access to faith-based providers.

FOR FUTURE RESEARCH

One limitation of this study is that the National Survey on Drug Use and Health is a cross-sectional study that relies upon self-reporting. To reduce social desirability bias, which can occur in self-reported data, future researchers should utilize additional supporting sources of data. Additionally, future researchers should use longitudinal data to establish causal relationships. Given the researchers found an association between perceived unmet mental health need and suicidal ideation, future analysis is needed on factors that could affect accessing mental healthcare, such as geographic location, gender, and age. In addition to national datasets, future researchers should use VHA-specific datasets. Another limitation of this study is that the sample was limited to persons identified as having a mental illness. To measure the burden of suicide on veterans with mental health concerns, it is recommended that future studies include veterans who might have had mental health concerns, over the course of one-year, such as frequent episodes of sadness or feeling blue, but were not clinically diagnosed. It might also be beneficial to study the impact of familial and friend support in suicide prevention among veterans with unmet mental health needs.

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