Suicidal Ideation and Ability to Serve

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Statement of the Problem

Suicidal ideation and suicide attempts are relatively prevalent among military personnel (Nock et al., 2014). Given this, there is some concern that soldiers experiencing suicidal ideation, in treatment for suicidal ideation, or recovering from an acute suicidal crisis, may be unable to serve. Addressing this concern is the purpose of this white paper.

Summary of the Relevant Literature

First, some may be concerned that if an individual is experiencing suicidal ideation, s/he is at acute risk for engaging in suicidal behavior. However, suicidal ideation is defined by a broad range of thoughts, ranging from passive thoughts of wishing for death, or passive ideation, and thoughts about taking one's life, otherwise known as active suicidal ideation (Silverman, Berman, Sanddal, O'Carroll, & Joiner, 2007). Given this, suicidal ideation alone does not necessarily indicate that an individual is at acute risk for attempting suicide. Indeed, research suggests that while about 14% of soldiers experience suicidal ideation, only about 2% attempt suicide in their lifetime (Nock et al., 2014). Even among treatment-seeking soldiers, who may constitute a group experiencing more severe suicidal ideation, most will not engage in suicidal behavior. For example, in a study of military service-members who sought treatment for suicide risk concerns, only about 6.5% reported making a suicide attempt within three months of initial assessment (Gutierrez et al., under review).

While there is still work to be done regarding the percentage of soldiers engaging in suicidal behavior, these statistics indicate that even though suicidal ideation is of concern and should be treated using practices that are supported by the empirical literature (Jobes & Joiner, 2019), the vast majority of those who experience suicidal ideation will not attempt suicide in their lifetime. Therefore, those experiencing suicidal ideation are not necessarily at high risk. Rather, suicide risk should be assessed and stratified based on current suicidal ideation and other important factors, including, but not limited to, current suicide intent, history of suicidal behavior, social withdrawal, presence of insomnia, and agitation (Chu et al., 2015; Joiner, Walker, Rudd, & Jobes, 1999). It should be noted that based on the years of clinical experience of the authors, those experiencing suicidal ideation are often determined to be at relatively low risk for dying by suicide.

Furthermore, evidence suggests that suicidal ideation remits, and suicidal behavior is amenable to various psychotherapeutic and pharmacological treatments. In a study examining the longitudinal course of suicidal ideation and behaviors over ten years, researchers found that only

35% of individuals reporting lifetime suicidal ideation at baseline continued to report suicidal ideation occurring during the follow-up period (Borges, Angst, Nock, Ruscio, & Kessler, 2008). Gunnell and colleagues (2004) also found that over half of individuals reporting suicidal ideation at baseline recovered at an 18-month follow-up, supporting the finding that many individuals recover from suicidal thoughts. Several treatments have also been shown to be effective when treating the occurrence of suicidal ideation and behavior. A number of psychotherapeutic approaches may be useful for decreasing the frequency of suicide attempts among adults, including cognitive-behavioral therapy, dialectical behavior therapy, and interpersonal psychotherapy (Calati & Courtet, 2016). Additionally, the Collaborative Assessment and Management of Suicidality may reduce suicidal ideation within military populations (Jobes, Lento, & Brazaitis, 2012). Several pharmacological treatments have also been shown to be effective at reducing suicidal ideation as well, including lithium and clozapine (Hennen & Baldessarini, 2005; Smith & Cipriani, 2017). In sum, there are a multitude of approaches which may be useful for the treatment of suicidal ideation, indicating that suicidal ideation is not necessarily a chronic condition.

There is also some concern that if an individual is experiencing suicidal thoughts, that the individual is unable to work. However, to our knowledge, there is no research to date that indicates that participating in treatment for suicidal thoughts or other mental health disorders may lead an individual to be unable to work. Even after a period of acute stress, such as a suicidal crisis, many individuals are able to return to their workplace. In fact, research suggests that not returning to work in the form of unemployment is associated with an increased risk of attempting suicide (Gunnell et al., 2004; Milner, Page, & LaMontagne, 2013). Not only is an individual typically able to work while recovering from a period of acute stress, the opportunity to continue working may a critical factor in the recovery process. One of the main factors theorized to lead to a suicide attempt is disconnection from others (Chu et al., 2017; Joiner, 2005; Klonsky & May, 2015; Van Orden et al., 2010), with prior research supporting the importance of connection among military personnel (Anestis, Bryan, Cornette, & Joiner, 2008). Returning to work provides an opportunity to re-connect with others, an important factor in recovery from a period of acute stress, and particularly following a suicide attempt (Joiner & Silva, 2012). Indeed, an increase in social connectedness following hospitalization due to acute suicide risk significantly decreased the chances of engaging in a suicide attempt within a 12-month follow-up period (Czyz, Liu, & King, 2012). Additional research among firefighters underscores the importance of enhanced social connectedness as well, especially in the context of occupational stressors. Carpenter and colleagues (2015) found only firefighters with low levels of social support demonstrated a significant association between levels of occupational stress and suicidal ideation.

In a qualitative investigation of the importance of employment during recovery from a mental illness, Dunn and colleagues (2008) identified several important benefits to work, including providing an increase in self-esteem, opportunity for developing effective coping strategies, and ultimately, aid in the recovery process. Although this study is limited by its qualitative nature, it provides important insight into the importance of employment while recovering from serious mental illness. Furthermore, employment provides a set of functions, including a sense of identity (Jahoda, 1981). Importantly, in a meta-synthesis examining lived experiences of severe

mental illness, a loss of identity was identified as a significant theme, further supporting the notion that return to employment following a period of acute stress may be particularly important in an individual's prognosis (Kaite, Karanikola, Merkouris, & Papathanassoglou, 2015). Finally, it must be noted that recovery trajectories are subjective and may be dependent on the severity of suicide ideation or attempt. Therefore, return to work following a period of acute stress should be collaboratively determined by the individual and their mental health professionals.

Recommendations

Given the reviewed literature and the decades of clinical experience of the authors, there is evidence that in isolation, presence of suicidal ideation does not necessarily prevent people from being able to work, including in high stress environments like the military. In fact, employment can be a source of meaning and social support for individuals who have experienced suicidal thoughts, and therefore plays a critical role in recovery and future well-being. Further, given the stratification of suicide risk and the remitting nature of suicidal thought and behaviors, disclosure of suicidal thoughts and behaviors does not necessarily indicate a future trajectory leading to a suicide attempt or death. Therefore, experiencing suicidal thoughts, receiving treatment for suicidal thoughts and behaviors, or recovering from a suicidal crisis does not necessarily preclude a service member from being able to serve.

Therefore, we recommend that military personnel who disclose suicidal thoughts receive a full suicide risk assessment, and are provided access to treatments that are supported by scientific evidence, including psychotherapy and medication. Given the subjectivity of recovery trajectories, we recommend the adoption of a collaborative return-to-work policy. Best practices from organizational research and other return-to-work programs can be used to create guidelines for determining when the individual is ready to return to work, and to promote a smooth transition back into work. Therefore, we also recommend that treatment for suicidal thoughts and behaviors be covered similarly as the current Department of Defense policies for other problems requiring medical intervention. Use of a return-to-work policy can provide a smooth transition back into work as soon as appropriate for the individual (Ellen, Sue, Kosny, & Chambers, 2007).

References

Anestis, M., Bryan, C., Cornette, M., & Joiner, T. (2008). Understanding suicidal behavior in the military: An evaluation of Joiner's interpersonal-psychological theory of suicidal behavior in two case studies of active duty post-deployers. *Journal of Mental Health Counseling, 31*(1), 60–75.

Borges, G., Angst, J., Nock, M. K., Ruscio, A. M., & Kessler, R. C. (2008). Risk factors for the incidence and persistence of suicide-related outcomes: A 10-year follow-up study using the National Comorbidity Surveys. *Journal of Affective Disorders, 105*, 25–33. https://doi.org/10.1016/j.jad.2007.01.036

Calati, R., & Courtet, P. (2016). Is psychotherapy effective for reducing suicide attempt and non-suicidal self-injury rates? Meta-analysis and meta-regression of literature data. *Journal of Psychiatric Research, 79*, 8–20. https://doi.org/10.1016/j.jpsychires.2016.04.003

Carpenter, G. S. J., Carpenter, T. P., Kimbrel, N. A., Flynn, E. J., Pennington, M. L., Cammarata, C., … Gulliver, S. B. (2015). Social Support, Stress, and Suicidal Ideation in Professional Firefighters. *American Journal of Health Behavior*, *39*(2), 191–196. https://doi.org/10.5993/AJHB.39.2.5

Chu, C., Buchman-Schmitt, J. M., Stanley, I. H., Hom, M. A., Tucker, R. P., Hagan, C. R., … Joiner, T. E. (2017). The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research. *Psychological Bulletin*, *143*(12), 1313–1345. https://doi.org/10.1037/bul0000123

Chu, C., Klein, K. M., Buchman-Schmitt, J. M., Hom, M. A., Hagan, C. R., & Joiner, T. E. (2015). Routinized assessment of suicide risk in clinical practice: An empirically informed update. *Journal of Clinical Psychology*, *71*(12), 1186–1200. https://doi.org/10.1002/jclp.22210

Czyz, E. K., Liu, Z., & King, C. A. (2012). Social connectedness and one-year trajectories among suicidal adolescents following psychiatric hospitalization. *Journal of Clinical Child & Adolescent Psychology*, *41*(2), 214–226.

Dunn, E. C., Wewiorski, N. J., & Rogers, E. S. (2008). The meaning and importance of employment to people in recovery from serious mental illness: results of a qualitative study. *Psychiatric Rehabilitation Journal*, *32*(1), 59.

Ellen, M., Sue, F., Kosny, A., & Chambers, L. (2007). A Deliberation on 'Hurt Versus Harm' Logic in Early-Return-to-Work Policy. *Policy and Practice in Health and Safety*, *5*(2), 41–62. https://doi.org/10.1080/14774003.2007.11667693

Gunnell, D., Harbord, R., Singleton, N., & Jenkins, R. (2004). *Factors influencing the development and amelioration of suicidal thoughts in the general population*. 9.

Gutierrez, P. M., Joiner, T. E., Hanson, J., Avery, K., Fender, A., Harrison, T., … Rogers, M. L. (under review). *Clinical utility of suicide behavior and ideation measures: Implications for military suicide risk assessment*.

Hennen, J., & Baldessarini, R. J. (2005). Suicidal risk during treatment with clozapine: A meta-analysis. *Schizophrenia Research*, *73*(2–3), 139–145. https://doi.org/10.1016/j.schres.2004.05.015

Jahoda, M. (1981). Work, employment, and unemployment: Values, theories, and approaches in social research. *American Psychologist*, *36*(2), 184.

Jobes, D. A., & Joiner, T. E. (2019). Reflections on Suicidal Ideation. *Crisis*, *40*(4), 227–230. https://doi.org/10.1027/0227-5910/a000615

Jobes, D. A., Lento, R., & Brazaitis, K. (2012). An Evidence-Based Clinical Approach to Suicide Prevention in the Department of Defense: The Collaborative Assessment and Management of

Suicidality (CAMS). *Military Psychology*, *24*(6), 604–623. https://doi.org/10.1080/08995605.2012.736327

Joiner, T. E. (2005). *Why people die by suicide*. Cambridge: Harvard University Press.
Joiner, T., & Silva, C. (2012). Why people die by suicide: Further development and tests of the interpersonal-psychological theory of suicidal behavior. *Meaning, Mortality, and Choice: The Social Psychology of Existential Concerns*, 325–336.

Joiner, Thomas E., Walker, R. L., Rudd, M. D., & Jobes, D. A. (1999). Scientizing and routinizing the assessment of suicidality in outpatient practice. *Professional Psychology: Research and Practice*, *30*(5), 447–453.

Kaite, C. P., Karanikola, M., Merkouris, A., & Papathanassoglou, E. D. (2015). "An ongoing struggle with the self and illness": α meta-synthesis of the studies of the lived experience of severe mental illness. *Archives of Psychiatric Nursing*, *29*(6), 458–473.

Klonsky, E. D., & May, A. M. (2015). The Three-Step Theory (3ST): A new theory of suicide in the "ideation-to-action" framework. *International Journal of Cognitive Therapy*, *8*(2), 114–129.

Milner, A., Page, A., & LaMontagne, A. D. (2013). Long-Term Unemployment and Suicide: A Systematic Review and Meta-Analysis. *PLoS ONE*, *8*(1), e51333. https://doi.org/10.1371/journal.pone.0051333

Nock, M. K., Stein, M. B., Heeringa, S. G., Ursano, R. J., Colpe, L. J., Fullerton, C. S., … Kessler, R. C. (2014). Prevalence and correlates of suicidal behavior among soldiers: results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). *JAMA Psychiatry*, *71*(5), 514–522. https://doi.org/10.1001/jamapsychiatry.2014.30

Silverman, M. M., Berman, A. L., Sanddal, N. D., O'Carroll, P. W., & Joiner, T. E. (2007). Rebuilding the tower of Babel: A revised nomenclature for the study of suicide and suicidal behaviors - Part 2: Suicide-related ideations, communications, and behaviors. *Suicide and Life-Threatening Behavior*, *37*, 264–277. https://doi.org/10.1521/suli.2007.37.3.264

Smith, K. A., & Cipriani, A. (2017). Lithium and suicide in mood disorders: Updated meta-review of the scientific literature. *Bipolar Disorders*, *19*(7), 575–586. https://doi.org/10.1111/bdi.12543

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, *117*(2), 575–600. https://doi.org/10.1037/a0018697