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Preventing Suicide in Discharged Service Members:

A Proposed Research Study

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1. We have designed this study in order to explore the growing problem of veteran suicide. Recently, suicide has become one of the most common causes of death among service members; however, little is known about how to reduce this growing epidemic. As a result, we have chosen to look into possible ways to reduce depression and suicidal ideation in discharged service members.

2. Overall, the majority of the articles we reviewed explored steps that could possibly reduce military suicide along with facts and statistics about the issue. According to "Introduction to Special Selection on Suicide Prevention," there has been a 50% increase in suicides among the military population since 2008 (James, 2012). This particular article is a brief review of a number of studies that were done in regards to military suicide; it provides a brief overview of some of the most prevalent and efficacious studies done on military suicide to date. One study examines factors that contribute to the suicide trends and also describes an innovative treatment approach to managing suicidal ideation based on a model of brief cognitive behavioral therapy (James, 2012). Another study James examines describes the collaborative assessment and management of suicidality (CAMS) program," (James, 2012). Additionally, another study has taken the lead on analyzing the impact that the repeal of "Don't Ask, Don't Tell" may have on lesbian, gay, and bisexual service members who can now openly serve (James, 2012). After looking at the overview, we further explored the discussed articles for the sake of attaining more knowledge regarding prevention of military suicide.

In, "An Evidence-Based Clinical Approach to Suicide Prevention in the Department of Defense: The Collaborative Assessment and Management of Suicidality," the development of a suicide specific program called, the Collaborative Assessment and

Management of Suicidality (CAMS) is discussed (Jobes, Lento & Brazaitis, 2012). According to Jobes et al. (2012), this program has been proven to lead to a significant and meaningful impact on suicidal ideation, an increase in hope, distress, and can positively impact non-mental health utilization. Additionally, it is the only evidence-based clinical approach reported as being successfully used in the military mental health treatment setting (Jobes et al. 2012). This approach integrates cognitive, psychodynamic, behavioral, humanistic, existential, and interpersonal theories in a way that allows clinicians and patients to work together to interpret and understand the role of suicidal ideation in patients' realities using clinical assessments, treatment planning, and tracking (Jobes et al. 2012). CAMS effectiveness has been studied using correlational studies as well as randomized studies and, overall, CAMS patients had significantly fewer and shorter emergency visits and non mental-health appointments than the patients not receiving the treatment (Jobes et al. 2012). As a whole, it appears that CAMS can help patients to resolve suicidality and increase hopefulness.

According to the article, "In the Wake of Don't Ask Don't Tell: Suicide Prevention and Outreach for LGB Service Members," it's estimated that lesbian, gay or bisexual individuals are three to five times more likely to attempt suicide than heterosexual individuals (Wilder & Wilder, 2012). This article by Wilder and Wilder (2012) discusses factors that are connected to suicidality and provides education for professionals who are working with the LGBT service members. LGBT service members experience a vast amount of psychosocial stressors including rejection and abuse from family, peers, community groups, and religious organizations, verbal and physical abuse, harassment, and victimization that can impact their mental health and can cause the risk of suicide to increase (Wilder & Wilder, 2012). According to Wilder and Wilder (2012), the best approach for suicide

prevention is one of both systemic and individualized interventions, starting with zero tolerance policies in the military that will handle harassment issues. Wilder and Wilder (2012) also see a need for abolishing the stigma that is associated with "help-seeking behavior" so that our LGB service members can feel comfortable getting the help they need to reduce suicidal thoughts (Wilder & Wilder, 2012).

Also, we looked into the study, "Successful Model of Suicide Prevention in the Ukraine Military Environment," in which researchers present a number of reasons for suicide in the Ukrainian military that relate directly to involvement in the armed forces (Rozanov, Mokhovikov & Stiliha, 2002). Th

e article also gives statistics about military suicide in the Ukraine, which imply that every year since 1988 suicide rates in the military have been continuously rising (Rozanov et al., 2002). In this study, Rozanov et al. (2002) monitored suicidal behavior in the Ukrainian military for one year and were able to record a number of results: soldiers attempted suicide at a significantly higher rate than any other members, however, warrants successfully committed suicide at a significantly higher rate than any other members. Additionally, hanging was the method that was utilized most often (54.5%), and drug overdose and jumping from high places were the least utilized method (9%) (Rozanov et al., 2002). The prevention program in this study involved educating the primary military staff about suicide and suicide prevention. First, a survey about myths and facts of suicide was given and unfortunately, medical staff, psychologists, educational officers, and unit managers were only able to answer, on average, 50 percent correct (Rozanov et al., 2002). Then, training seminars were implemented regarding basic knowledge on suicide, special skills of suicide prevention, and the development of specific suicide prevention strategies particularly for the military environment; after these trainings, officers were able to answer approximately 76 percent of

questions correctly and the suicide rates in those units were lower than ever (Rozanov et al., 2002). It was stated that, "follow up is also very important as a mechanism of sustaining activity and tracing trends of suicidal behavior and the impact of the prevention program," (Rozanov et al., 2002). This particular statement is another reason that we chose to use letter sending as our method of treatment.

Although all of these studies seemed to serve as a good foundation and starting point for resolving the growing issue of military suicide, we were most interested in "The Caring Letters Project" and thus chose to base our study on its ideas. This study by Luxton et al. (2012) aims to investigate whether receiving letters indicating caring and acceptance will help to decrease the risk of suicide in military members. The researchers in this study recruited a group of service members to participate and then interviewed them about topics regarding demographic military background information, open-ended questions regarding their hobbies, social support networks, group memberships, completed or attempted suicide, and suicidal ideation and then the staff created 13 letter templates sent personalized letters to all of the participants at monthly intervals (Luxton et al., 2012). They also provided them with behavioral health resources and hotlines at the end of each letter and email and administered three clinical measures, the Reasons for Living Inventory, the Patient Health Questionnaire, and the Suicide Ideation Scale, to the participants the Reasons for Living Inventory, the Patient Health Questionnaire, and the Suicide Ideation Scale (Luxton et al., 2012). The results of this study were an abundance of appreciation and positive responses in regards to the effectiveness and helpfulness of the letters as well as less service members being readmitted to the medical unit in comparison to the non-participating military members (Luxton et al., 2012). It seems that overall the Caring Letters Project was very beneficial but had a number of limitations.

As a whole, we learned a great deal from reviewing the current literature on this topic. Mainly, these pieces gave us a large amount of information on the amount of military suicides occurring every year, as well as possible reasons for these suicides. Additionally, some of the articles gave some insight into possible ways to prevent military suicides. However, many of these programs had not yet been implemented on a large scale. Also, some of the studies did not use control groups, which leaves a large gap in the reliability of the results. As a result, we chose to do our research piece to in a way that would give information that has been lacking thus.

3. The research done on this topic thus far begs the question “Can receiving caring letters and informational materials reduce rates of suicidality and depression in veterans?” With this study we intend to examine the effects the receipt of caring letters and informational materials on the levels of suicidal ideation and depression in discharged armed force personnel. Our research is an exploratory study as it aims to investigate the relationship between the receipt of caring letters and educational materials and the risk of suicide in veterans. This is the best type of design for this problem because we already know why veterans commit suicide, but we don’t yet know what factors may prevent them from doing so.

4. The relevant variables in this study are “caring letters,” “educational materials,” “depression,” and “suicidality.” For the purposes of the independent variables in this study, caring letters will be preformatted letters sent to participants indicating concern for their well being and thanks for their service as well as possible relaxation techniques to try, and educational materials will be brochures about mental health related problems that can affect

suicidality. For the dependent variables, suicidality will be the level of suicidal ideation as indicated by the Suicide Ideation Scale, and depression will be measured by the Beck Depression Inventory.

5. The sample for this study will consist of discharged service members from all branches of the U.S. Armed Forces. We will recruit these participants by contacting each branch of the armed forces, Army, Navy, Marines, and Air Force, at four different locations across the U.S., preferably one in each region, Northeast, Southeast, Northwest, and Southwest. Directors at each location will recruit 100 willing participants from their branch, resulting in a total of 400 participants in each branch and 1600 total participants across all regions. We have chosen to select our sample in this way because we feel that it will best reflect the overall population as a result of the diverse locations and branches. Additionally, we feel that having 1600 total participants in the study is a great strength because it will allow a buffer for the inevitable fact that some participants may drop out. However, it may be a drawback that we are asking service directors to recruit participants, because service members may not want their superiors to know that they are participating in a mental health study.

6. Our plan to collect data is to mail out all questionnaires and surveys. Before discharge, participants will receive a questionnaire regarding demographics as well as a form to indicate their preferred mailing address. This information will be entered into the system and each participant will be assigned a random participant number as their identifier. Then, they will receive a second piece of mail, including the Depression Index and Suicide Ideation Scale, to be completed upon discharge. After six months of the caring letters treatment, participants will again receive the Depression Index and Suicide Ideation Scale. Finally, one year after

discharge, participants will receive their final letter as well as their final copies of the Depression Index and Suicide Ideation Scale along with an optional feedback form, which will allow participants to freely express their feelings on the study. A preaddressed return envelope that has prepaid postage will accompany all materials participants receive, allowing them to simply fill out the forms and drop them in the mail at no cost. We believe that our measures are reliable and valid because they have been used by health professionals for years. The only questionable piece of data will be the feedback form, as participants may not answer truthfully. However, we hope that by allowing participants to remain anonymous, they will feel free to express their true opinions regarding participation. Research assistants will enter all data that is received into our system according to participant number to be analyzed at a later point. We believe that this anonymous method of data collection will allow for the most accurate results possible.

7. Our study will be carried out over the course of the course of approximately 13 months. The first step will be to mail out invitations to the study to the heads of the 16 different service bases across the U.S. Once each base has found 100 participants, we will mail out a box of 100 packets to be opened by the participants upon discharge. These packets will contain a demographics questionnaire (which will also include a space for participants to indicate their preferred mailing address), an introduction to the study which will also indicate that there will be an experimental group and a control group, copies of the Depression Scale and the Suicide Ideation Scale, and a preaddressed and postage-paid return envelope. Once participants fill these out and mail them back, our research assistants will enter the information into our computer program which will assign each participant a number and randomly select the participants to be in the experimental and control groups.

Then after one month of letter and brochure sending to the experimental group will begin using the following timeline:

Month	Materials Received By Participants
1	Letter
2	Letter, Brochure
3	Letter
4	Letter, Brochure
5	Letter
6	Letter, Brochure
8	Letter, Brochure
10	Letter, Brochure
12	Farewell Letter, Feedback Form

Additionally, copies of the Depression Scale and the Suicide Ideation Scale will be included with return envelopes with the letters at months six and twelve and also sent to members of the control group. The control group will also receive a copy of the farewell letter. We have decided not to send the educational brochures to the control group because our research indicated that educational programs alone could cause a reduction of suicidal ideation, which would skew our results. The letters will be preformatted to indicate caring, thanks for service, and possible relaxation techniques for participants to try. Also, they will include resources on how to find a therapist. The brochures to be sent will provide education on post-traumatic stress disorder, suicide, depression, self-injury, and dissociative identity disorder. After each set of assessments are returned to our office, our assistants will add the

results to each participant's file as well as to the master list of participant numbers and outcomes. (Strengths and weaknesses to be discussed in conclusion.)

8. After all of the results of the assessments have been received, we will analyze the data we have collected using statistical analysis. We have chosen to measure the mean and standard deviation of the measures of suicidal ideation and depression at discharge, six months, and one year for each group. We believe that using the mean and standard deviation will provide the most complete and accurate picture of our results based on our knowledge of statistical analysis. Once these results have been analyzed, we will be able to compare the depression and suicidal ideation scores of the control group and the experimental group at each interval to get an idea of the efficacy of the treatment.

Then we will analyze the results of the feedback questionnaire by assigning each closed-ended response a numerical value and finding the mean and standard deviation of the responses. Finally, we will read through the open-ended responses and summarize the gist of the responses as well as some of the responses that could be seen as outliers. We hope that by using both quantitative and qualitative measures, we will be able to get a complete picture of how the participants felt about receiving the treatment.

9. Overall, we believe that this study will provide a great deal of insight into how to prevent military suicides. If the treatment is effective (statistically significant), it is something that could easily be implemented on a national scale in order to decrease military suicide rates nationwide. A huge strength of this study is the use of a control group, which will effectively negate the factor of time reducing suicidal ideation and depression. Also, our large number of

participants (1600) in total will allow for a buffer in case participant drop out of the study or change addresses without notifying us.

However, it is a drawback that participants will be recruited by their superiors, because some may not want their superiors or peers to know that they are participating in a mental-health study because of the stigma. Additionally, we realize that the cost of postage and printing will be quite large, but we hope to get a research grant as a result of the growing nature of the epidemic being studied. Also, we hope that we will be able to find a company to donate printed materials in order to show their support for our armed service members.

Finally, we realize that there is one ethical dilemma related to our study: the control group. We believe that it may be unethical not to provide treatment to a group of people in need. However, this is a problem that is encountered by nearly all health related pieces of research. Overall, we believe that the benefit this study offers will outweigh the problem of the control group not receiving care. Additionally, we intend to include resources related to getting help in the farewell letter, which will be received by both groups. We hope that his will allow any control group members to find the help they need once the study has concluded.

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