

Acute Suicide Risk - Recognizing Suicidal Crisis

for suicide, but was not correlated with urges for substance use.¹⁴

Onset or Worsening Sleep Disturbances

- Insomnia is associated with suicidal ideation and behavior, even after accounting for anxiety, depression, and substance use disorders.^{15,16,17}
- Sleep disturbances have been identified as an acute risk factor among Veterans, with Veterans who had sleep disturbances dying by suicide sooner than Veterans without sleep disturbances after their last visit with a VHA health care provider.¹⁸
- Reductions in insomnia symptoms following brief cognitive-behavior therapy (BCBT) were associated with changes in suicide risk among active duty U.S. Army soldiers. Longitudinal growth models showed that reductions in an individual's insomnia severity were predictive of same-time reductions in suicidal ideation.¹⁹

Worsening Alcohol and Substance Use

- People who die by suicide often meet alcohol and substance use disorder criteria.²⁰ While alcohol use disorder is a baseline risk factor for suicide, acute alcohol use is an acute risk factor.²¹

- One study found that the risk for suicidal behavior increased by 30% for every drink consumed; even low levels of consumption (one or two drinks) contributed to increased risk.²²
- Another study found that people who frequently consumed large amounts of alcohol or drank to cope with negative emotions were at greater risk for heavy drinking before a suicide attempt.²³

New Diagnosis of a Mental Health Condition and Certain Other Health Conditions

- A person's suicide risk is highest in the first year (and especially in the first three months) after receiving a mental health diagnosis.²⁴ Possible explanations include poor adjustment to the diagnosis, leading to heightened feelings of hopelessness and stress.^{24,25} People may also tend to receive a diagnosis when their symptoms are particularly bad.²⁴
- People with certain other health conditions, including certain cancers, diabetes and chronic obstructive pulmonary disease, are at increased risk for suicide.^{26,27,28,29}

Ways You Can Help

- VA clinicians should use patient record flags to help identify and track patients at high risk for suicide. Find VHA Directive 2008-036, Use of Patient Record Flags To Identify Patients at High Risk for Suicide and other directives on the [VHA Publications Directives Homepage](#).
- The [VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide](#) includes a risk stratification table which can help physicians discern between chronic and acute risk as well as identify corresponding actions.
- [VA's Suicide Risk Management Consultation Program](#) provides free consultation, support, and resources that promote therapeutic best practices for providers who work with at-risk Veterans.
- Assess patients for sleep disturbances; As acute changes in sleep warrant careful suicide risk assessment and care. The [VA/DoD Clinical Practice Guidelines](#) details recommendations for patients with Chronic Insomnia Disorder and Obstructive Sleep Apnea.
- VA's Path to Better Sleep is a program for people who are having insomnia and difficulty sleeping. It includes the use of [Digital Cognitive Behavioral Therapy \(SleepEZ\)](#) to improve sleep without using medication. Tips include setting a sleep schedule, modifying sleep behaviors, and reducing unhelpful thoughts.
- The Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC) has developed an abundance of [Lethal Means Safety & Suicide Prevention](#) resources, including toolkits, pocket cards, videos, and more.
- Access the resources and information at the [VA National Center on Homelessness among Veterans](#).
- Be invested in understanding Veterans' employment needs and barriers, and routinely ask about employment status as part of treatment. Proactively assist unemployed, underemployed, and unstably employed Veterans to access and



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engage in **available employment programs** offered through the VHA Vocational Rehabilitation programs at all VA medical centers. There are a range of employment services available at each program location, including supported employment, which has a strong evidence base and supports Veterans to obtain and maintain employment.

- **VA's Veterans Justice Outreach (VJO)** program works with local criminal justice partners to identify Veterans at earlier stages of justice involvement and connect them to resources.
- Provide Veterans who are struggling with relationship challenges with resources, treatment options, and self-help tools. Many VHA facilities and Vet Centers offer couples counseling. **VA's Make the Connection** has videos, information on signs as to when Veterans should reach out for support, a free and confidential self-assessment to get feedback on their relationship challenges, and more.
- Connect Veterans to financial tools and resources at the **National Center for Veterans Financial Health** in the following domains: housing, food security, auto/clothes, saving, budgeting, impulse buying, work, school, benefits, investing, debt management, credit, lowering bills, avoiding scams, secure banking, and preparing for financial emergencies.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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