Suicide Interventions for Veterans After Psychiatric Hospitalization: A Systematic Literature Review

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BACKGROUND:

- Suicide rate for veterans is 21% higher than civilians and twice the rate it was in 2000
- Vets discharged from psychiatric hospitalization have 12x suicide rate than civilian counterparts
- First 3 months post-discharge most at-risk
- VA engaging these vulnerable veterans with interventions since 2008

AIMS

• Evaluate intervention efficacy for reducing suicidal thoughts or behaviors in veterans and military following a psychiatric hospitalization

METHODS

 Including articles with veterans or active duty, inpatients, metrics of suicidal thoughts or behaviors, follow-up assessments postintervention, intervention focused

RESULTS

- Most effective therapies personalized with crisis tools (i.e., Cognitive Behavior Therapies (CBT) & Motivational Interviewing (MI))
- Brief Intervention Contact (BIC) via text, email/letters nonsignificant, but in-person and telephone more effective
- Even small sessions while still inpatient decreased ideation post-discharge

DISCUSSION

- Brief interventions of CBT and MI performed well, indicating that programs/facilities with budget, time constraints may benefit from these modalities.
- Future research should look beyond quantitative suicide measures and engagement frequencies and incorporate qualitative measures that capture individual needs more effectively.
- Each study was overwhelmingly white (83.14%) and male (70.45%); future studies should aim to identify unique risk factors and efficacy differences across gender and race and explore if there are certain military members these programs fail to reach.

38% of studies showed a significant *decrease* in suicidal thoughts or behaviors due to interventions

66% of CBT, 50% of BIC, and 50% of MI studies showed significant *reduction* in suicidal thoughts or behaviors



Check out our QR code for detailed tables, abstract, and references!



