Service Connected Disabilities and Suicide Attempts: Moderating Role of Mental Health Visits
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Background/Objectives
- Suicide is on the rise in the VA1
- Disability designations are increasing, including mental health disability designs2
- The primary role of Service Connected Disabilities (SCDs) is to provide healthcare and monetary subsidies for veterans who were disabled serving their country
- Mixed Evidence exists for relationship between disability and suicide in Veterans
  - Activities of Daily Living are negatively associated with suicide ideation3
  - SCD designation percentages are negatively related with suicide rates4
- SCD designations are complex and criteria for designation is not simply level of disability
  - MH Designations are often at the higher range of disability (70 or 100%)2
- SCD may increase access to mental health5
- The primary objective of the current study is to better understand the unique association amongst SCD, mental health service utilization, and suicide attempts

Methods
Data was extracted from the Corporate Data Warehouse (CDW) and Suicide Prevention and Application Network (SPAN) during Fiscal years 2013 and 2014. All documented suicide attempters who were also service connected (See Table 1) as well as a matched control sample were utilized for the current sample.

Sample Characteristics
N=86,048 (19,843 Suicide Attempters; 16,205 Controls)
M Age = 46.6 (SD = 14.9)
Gender = 87.4% men
Race = White (72.1%), Black (19.4%), American Indian or Alaskan Native (1.4%), Asian (1.4%) Native Hawaiian (1.2%); Unknown or Declined (4.5)
Ethnicity = 8.0% Hispanic; 89.0% Non-Hispanic; 2.9% Unknown or Declined

Analyses
The primary outcome was a recorded suicide attempt and variables of interest included service connection and mental health care utilization. Physical and behavioral health factors relevant to the assessment of suicide attempt risk were identified and included in analyses. We used three logistic regression models to assess associations among suicide attempt (dependent variable in all models), service connection, and mental healthcare utilization.

Model 1: Covariates: Demographic factors (i.e., age and gender)
- Independent variables: Service connection and mental health care utilization.

Model 2: Covariates added to Model 1: Depression, anxiety, PTSD, bipolar disorder, schizophrenia, SUD, sleep disorders, and medical comorbidity.

Model 3: Same as Model 2 only in veterans with mental health disorder.
Each model was run with and without an interaction term for SCD percentage and mental health utilization. Data was analyzed using SAS software, Version 9.4.

Results
- The five examined mental health conditions were more prevalent in suicide attempters than non-suicide attempters; depression 67.8% vs. 17.5%, PTSD 50.0% vs. 16.9%, anxiety 29.1% vs. 7.8%, bipolar 18.1% vs. 3.3%, and schizophrenia 8.3% vs. 3.9%
- Higher designations of SCD were significantly related with more mental health service utilizations
- Higher designations of SCD were significantly related with suicide attempts
- Mental health service utilization significantly moderated the association between service connected disability and suicide attempt

Conclusions and Limitations
Conclusions: Mental health visits may be protective in veterans with both physical and mental health SCD. This is especially true in higher percentage SCD designations (i.e., 70-100%). Non-demanding, caring contact interventions may aid suicide prevention initiatives in the VHA.6

Limitations: Cross-sectional data; measurement of suicide attempts does not discriminate between deaths and attempts
Just a signal; more prospective research with population samples (all SCD Veterans) and unique aspects of designations (e.g., changes in designation) are needed

References

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