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# The Impact of Post-Traumatic Stress Disorder Resulting in Veteran Depression and Suicide

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**ABSTRACT**

**Background**: The United States has seen an increase in suicide, specifically Veteran Suicide, post-Iraq and Afghanistan wartime. Post-traumatic stress disorder (PTSD) is a common disorder that Veterans are diagnosed when returning from time in the service. **Purpose:** This review was intended to make a connection between PTSD and depression diagnoses with the rate of suicides committed by veterans in the United States each year. **Method:** This literature review is based on a case study and evidence-based research. Specific database search was "suicide and PTSD in veterans." **Findings**: The themes found in the literature review were anger, depression, and moral injury. **Conclusion:** A strong connection exists that PTSD and depression are risk factors for veteran suicide. The interventions to prevent suicide in this population are helping the patient with their inner feelings and creating positive outcomes instead of focusing on their violence and anger and encouraging the use of joining social support groups.

## INTRODUCTION

Over recent years, there has been an increase in Veteran suicide in the United States of America. The U.S. Department of Affairs report indicates the rate of suicide for 18-34-year olds continues to rise [1]. Veterans dedicate their lives to serve the country in many ways. Often, veterans encounter an experience while serving that can result in PTSD, which can affect their civilian life after serving in the military. Unfortunately, some veterans who experience PTSD or depression will eventually attempt suicide. The purpose of this review was to make a connection between PTSD and depression with the rate that Veterans are committing suicide in the US each year. Research question: Does the diagnosis of PTSD and/or depression increase the likelihood of a veteran committing suicide?

### Background

Research shows that PTSD is highly related to other psychiatric disorders, such as substance use and depression which can be risk factors for suicide ideations [2]. The Centers for Disease Control and Prevention (CDC) reports indicate that suicide is the 10$^{th}$ leading cause of death in the US [3]. Suicide rates from military personnel were lower than the general population until the Iraq and Afghanistan wars, after which an increase was seen [2]. McKinney, Hirsch, and Britton [4] stated; suicide rates are higher in veterans when compared to the general population. This may be because of risk factors: including psychopathology, PTSD and depression, along with cognitive-emotional factors, exemplified through anger. There is no definitive link between suicide and PTSD, yet they have a lot in common.

Civilian or Veteran, PTSD can be diagnosed in an individual; however, it is commonly seen in veterans especially those who have served in a war. “PTSD is characterized by persistent re-experiencing of a highly traumatic event that involves actual or threatened death or serious injury to self or others, to which the individual responded with intense fear, helplessness, or horror” [5].

Suicidal ideations are often shown before a suicide attempt is made. "Suicide ideation is thinking about personal death, including the wish to be dead, considering methods of accomplishing death, and formulating plans to carry the act out” [5]. This is separate from suicide because you are just having the thoughts and you have not carried out the act yet, “Suicide is the intentional act of killing oneself by any means” [5]. The main goal while caring for these patients is preventing suicide ideations so the suicide itself is not carried out.

**Case Study**

Mr. Adam (not actual name) is a middle-aged male who served in the army for 10 years. He willingly consented to this interview. He was diagnosed with suicidal ideation and chronic PTSD following military combat. He goes looking for support and emotional help after walking for three straight days, taking breaks only for essential rest on a bench on the side of the road. He described that his living situation post-discharge was not a safe environment for him to live in. He started his journey to seek help after wondering in the woods lost in his thoughts, questioning if he was even supposed to be alive anymore.

When speaking about his time in the service, overall, he loved this part of his life and would reenlist "in a minute." Adam spoke about many of the memories that he had, including his time spent overseas. He became distant when talking about his time in Iraq, only describing the intensity of the weather. As he spoke about the fluctuating 120 degrees daytime to 50-degree nights, his eyes wandered remembering the other details of Iraq. He was strong and kept his emotions inside of him, but his nonverbal communication gave away hints that Iraq was where much of his PTSD came from. He appeared lost in the conversation, with his mind in another time and place.

When he talked about his time post service, he explained how substances became a big factor in his life; they helped him to forget the reality of the world around him. While in the service, he and his "brothers" spent a lot of time drinking for this same reason. Other symptoms he described were vivid flashbacks, intense distress when he had reminders of the situation, and intrusive thoughts described by his suicidal thoughts in the woods. Along with living in a toxic environment, he said it was all too much to handle and he knew he needed help.

At the time of the conversation, he had been on antidepressant medication for a little over a week. His thoughts had improved immensely, and he was very happy with his progress. He described the future he could now picture and how it saddened him that there was a time that he thought he had no future. His mindset was very positive, and he talked about how he would not be returning to the way it was physically or mentally.

Spirituality is the biggest coping mechanism he was using. He started reading through the Bible and spending time analyzing what the verses meant to him. He expressed that his faith in God is what got him to seek help, and it will be what gets him through this dark time. He

had set himself both short term and long-term goals to keep him on track in his recovery. One short term goal was to focus on real-life skills.

## LITERATURE REVIEW

The purpose of the literature review was to find evidence to support the risk of suicide in relation to depression and PTSD using this diagnosis in veterans as the focus. Commonly used databases were Clinical Key, Wiley, and Elsevier. The themes found in the literature review were anger, depression, and moral injury.

Suicide is one of the leading causes of death in the United States [4]. Of the more than 40,000 deaths reported in 2014, 22% of those people were veterans [4]. PTSD symptoms, depressive disorders, internal hostility, anger, and suicide risk are all positively related. There was a significant effect of PTSD on suicide risk. Greater levels of PTSD were related to greater depressive symptoms, which led to increased risks of suicide [4]. These factors seem to closely relate to one another because of an alteration in the cognitive-affective functioning, decreasing the overall mood.

Another study focused on reckless self-destructive behavior (RSDB), such as suicide, and PTSD in veterans. The results of this study showed that 74.4% of the sample reported past 5-year RSDB, with 61.3% engaging in multiple forms of RSDB [6]. These destructive behaviors are things such as alcohol and drug abuse, self-harm, and excessive gambling. This increases the risk of suicide because all of these increase the depressive symptoms, or they are being done due to the depression.

Moral injury happens when one witnesses, experiences, or learns about an event that happens, which is against their internal morals [7]. Exposure to potential morally injurious events left unresolved can lead to suicidal ideation [7]. The use of suicidal behavior as a maladaptive coping strategy is a way people try to cover their moral injury [4]. There are a lot more cases of suicide in PTSD patients compared to non-PTSD patients. The moral injury they experienced may have disrupted mood, triggering hopelessness, worthlessness, and poor physical health [4].

Coping with the moral injury can occur in many ways. One unhealthy coping mechanism is taking the burden of the event on oneself. This causes feelings of guilt, shame, and demoralization [7]. An individual's commitment to comrades in the unit often leads to a

burden because of the idea of not reaching the standard set for oneself [7]. When one has PTSD, it is often accompanied by major depressive disorder, which creates an even larger burden on the veteran due to the depressive symptoms on top of their PTSD symptoms [8]. Finding healthy ways to cope as a Veteran is important for their mental health and recovery process.

A common unhealthy coping technique is internal hostility; feelings of frustration and anger are generally what is externally shown [4]. Internal hostility is suppressed feelings of anger, disgust, and contempt toward oneself [4]. When one sees a situation as uncontrollable, unremitting, and inescapable they often internalize it all until they reach their breaking point [7]. Especially when one has a secondary diagnosis of major depressive disorder, it is important to focus on how each patient is internalizing their anger [8].

When treating these patients, it is important to focus on their internal feelings more rather than anger and violence. The internal emotions in these patients are the feelings that put them at risk for suicide [4]. An example of focusing on internal feelings for a positive outcome is spiritual growth. Spiritual growth allows the development of inner resources that can be directed towards creating goals [9].

Away they can help cope with the burden of situations is with a strong social support group. Social support is defined as the belief that one is cared about and has available assistance [10]. Studies show that social support reduced the effect of PTSD and depression symptoms on suicidal ideation [10]. There is also evidence that social support is associated with lower PTSD symptom severity in trauma-exposed people [10]. It is also helpful for patients to have short term goals while receiving treatment for PTSD. This can include speaking with staff when they are experiencing self-destructive thoughts, expressing their feelings regularly, and express a desire to live by discharge from the unit [5].

## DISCUSSION

Clear evidence exists that there is a connection between the effects of PTSD and depression leading to suicidal ideations. Based on the findings, after serving in the military, veterans show behaviors of substance abuse, gambling, depression, and suicide ideations when returning home. As nurses, it is important to be aware of the signs and symptoms of these negative behaviors so we can address them quickly and efficiently to save lives (see Figure 1).


**Figure No. 1: Emerging themes related to behaviors exhibited in some veterans after returning home**

An important treatment found through reviewing literature was for patients to focus on their internal feelings rather than the anger and violence that the veteran could be experiencing, an intervention that can benefit veterans are joining social support groups (see Figure 2). The nurse should encourage veterans who would succeed in social support groups to try joining and expressing their feelings. Nurses can play a role by using therapeutic communication with their patients, assisting with setting the patient up with resources, assisting with creating short term goals, and simply listening to their needs.

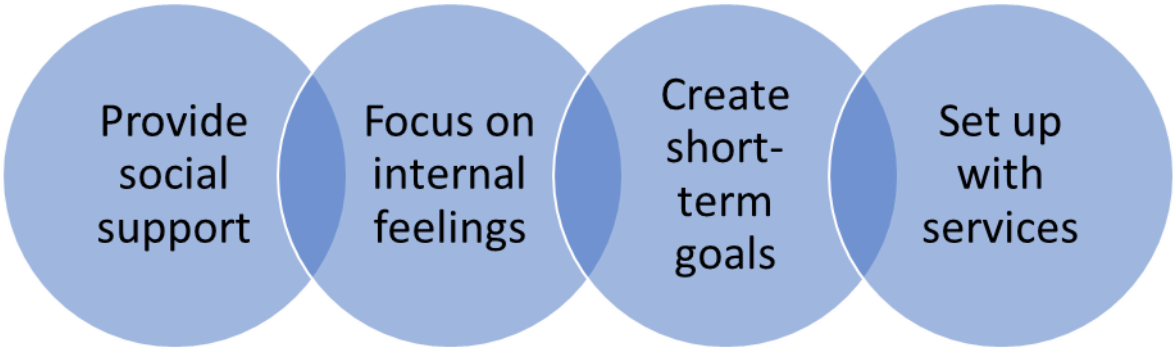


**Figure No. 2: Emerging themes related to interventions to reduce the effects of PTSD and depression in veterans**

Determining the cause of PTSD and whether they have other comorbidities that could harm their progress in the healing process is very important. Working closely with social work and a counselor, the team should identify the cause of the patient-specific PTSD. By identifying the cause, the symptoms can be controlled through patient-specific interventions, creating a better potential outcome for the patient. In connection with suicide and suicide ideation, depression is the common link. By treating the symptoms of PTSD, there could be a halt in the progression of depressive symptoms creating a better outcome for the patient. Intervening in a PTSD diagnosis before the patient gets to the depressed state may disrupt a correlation between PTSD and suicide.

Specific recommendations for nurses are to stay up to date on the latest literature so they know the most current evidence-based practice. By implementing the most current literature, patients can receive the best care. As nurses, it is the goal to create an environment for patients to succeed. Identifying triggers that set off one's PTSD give the nurses the ability to make patient-specific interventions. The more specific the interventions are, the better chances the patient has of a positive outcome.

## CONCLUSION

As nurses, it is important to be aware of signs and symptoms to look for in patients with a PTSD diagnosis. With suicide rates correlating so closely to PTSD rates, it is essential to catch the signs and symptoms of both early to initiate early treatment. By identifying any comorbidities that could raise the risk of suicide ideation, lives could be saved. Appropriate steps toward recovery should be initiated immediately and patient-specific interventions should be implemented. Because nurses work directly and consistently with the patients, they have a key role in recognizing symptoms, advocating for the patients, and assisting with treatment.

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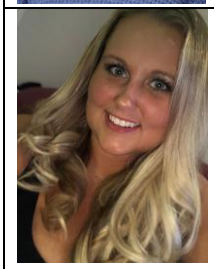
|  | **Kennedy D. Koebbe**<br>*Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA* |
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