



NATIONAL COALITION *for* HOMELESS VETERANS

Factors associated with suicidal ideation in OEF/OIF veterans

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Background Information

Suicidal ideation is a concern for both veterans and their loved ones. The authors of this study employ OEF/OIF data (mental health screenings and evaluations of 1,740 veterans) from the Trauma Recovery Program to understand the connection between this latest veteran cohort and suicidal ideation. By recognizing potential precursors to suicidal ideation for veterans, service providing organizations can strengthen their abilities to effectively manage and prevent it.

Quick Takeaways

-The researchers suggest that, ***“those with suicidal ideation showed a larger percentage with pre-military physical abuse, pre-military sexual abuse, prior suicide attempt(s), psychotic disorders, depressive disorders, and PTSD.”***

-Female gender and suicidal ideation appear to have a connection, but other demographic data do not.

-Regarding mental illness, ***“having co-morbid depressive disorders and PTSD increased the risk of current suicidal ideation even more than having either diagnosis alone.”***

-The likelihood of suicidal ideation for OEF/OIF veterans lessens for those with stronger interpersonal networks, demonstrating that isolation is not necessarily beneficial to this subpopulation of veterans.

Implications for Service Providers

When approaching the occurrence of suicidal ideation for OEF/OIF veterans, service providers must engage closely with female veterans, a group highlighted in this study as more likely to experience such feelings. In addition, if a person has tried to commit suicide in the past, or has a known history of mental illness, intervention is essential to ensure suicidal ideation does not return and is not acted upon. Veterans also require regular interaction with others to promote their mental health and well-being.

Source: Lemaire, C. M., & Graham, D. P. (2011). Factors associated with suicidal ideation in OEF/OIF veterans. *Journal of Affective Disorders* 130: 231-238. Accessed from:
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