Commentary on OEM paper oemed-2021-107713.R1 - suicide among Scottish military veterans

(Alternative Title: Commentary on Suicide Among UK Military Veterans: Facts, Risks and Trends.)

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In September 2021 the UK Government announced that for the first time the numbers of ex-service personnel who take their own lives will be officially recorded, alongside a 10-year look-back to examine veteran deaths through suicide.[1] This followed an agreement between the Office for Veterans' Affairs, the Ministry of Defence (MOD) and the Office for National Statistics. The paper in this Journal by Beverly Bergman and colleagues[2], *Suicide Amongst Scottish Military Veterans,* is therefore timely and significantly advances our knowledge of suicide among veterans. It builds on an earlier paper from the same group published in 2017 reporting their 30-year retrospective cohort study.[3]

The current study has three very important findings. Firstly, that overall, veteran suicide is not frequent and no more so than the non-veteran community. Secondly, veteran suicide peaks in midlife. Thirdly, that the incidence for veteran suicide is highest almost 20 years post service.

In the UK a veteran is defined as anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations, these account for approx. 2.4M people residing in Great Britain.[4]

Suicide or "completed suicide", is the act of intentionally killing oneself and is defined along with nonfatal suicide attempts and intentional self-harm in ICD-10.[5]

Popular opinion has it that mental health problems in the veteran population are common (or more so than the non-veteran community)[6] with an increased risk of suicide exemplified

by the oft quoted, but erroneous, “more veterans died by suicide after the Falkland’s war than those in service during it” which has been intensively investigated and refuted by the MOD.[7]

The MOD, unlike most employers, takes a great interest in preparing its employees for life beyond its own service and recognises where it has a commitment to those who have served beyond discharge. This is particularly true for employment, training, education and housing.[8,9] In the UK, veterans’ health care rests with the National Health Service (NHS) of England and those of the devolved nations. However, in certain circumstances those veterans with specific physical or mental health problems in England can be referred to bespoke services, the Veterans Trauma Network and Op COURAGE.[10] The latter is the overarching name for the Veterans’ Mental Health and Wellbeing Services, covering the Veterans' Mental Health Transition, Intervention and Liaison Service, the Veterans' Mental Health Complex Treatment Service and the Veterans' Mental Health High Intensity Service. All work closely with charities and support groups.[11]

Bergman and colleagues’ paper[2] significantly adds to the understanding of suicide in veterans who were residing in Scotland both before and after military service, carefully addressing many assumptions in a large and long term follow up study. By comparing veterans with non-veterans using a well-matched population, common beliefs are explored; that military service alone is a risk factor for suicide, and that this risk would increase with the length of military service, be more common in those joining young (<18yrs) and be associated with mental health problems, particularly post-traumatic stress disorder (PTSD). Bergman finds that none hold true. Bergman does however confirm previous findings in this

population that female veterans are more at risk of suicide[3] but identifies that this is now confined to older women.

A major strength of Bergman's study is that it tracks veterans by birth cohort and for up to 37 years. The apparent increase in risk arising in early service leavers who did not complete the minimum length of engagement (less than 3 yrs service in this paper) disappears when carefully adjusted for deprivation (area-based socio-economic status), whilst young veterans had no higher risk than non-veterans in the same age group. The apparent increase in risk in young service leavers (<24 yrs) published in a paper from another large UK study into veteran suicide[12] may too have disappeared if the data had been adjusted for deprivation. The latter study, in conjunction with information from the UK MOD[13] shows that remaining within military service is protective in terms of suicide risk compared both with veterans and those who have never served, although this is clearly in part a consequence of selection for service and discharge of those with significant physical and mental health problems, the healthy warrior effect.

The most striking features reported by Bergman and colleagues in this Journal[2] is that whilst veterans are no more likely to take their own lives than those who have never served, those that do are more likely to be in middle life (45 – 50 yrs) and to have left service almost 2 decades earlier. The description in the Bergman paper of female veterans taking their own lives later than men has also been identified in a recent Canadian study.[14] Both the pattern and method of suicide in veterans in the UK reflects that in the wider community.[2]

Importantly, that both the Bergman paper[2] and others[12] have shown that only a minority of those that take their own life have had contact with NHS mental health services (at least of such severity that required admission to hospital) is worrying, and reflects concerns related

to access to health care or to stigma, experienced or perceived by veterans which prevents them from reaching out for mental health support. It is hoped that Op COURAGE will help to address this.

Bergman does admit to limitations in the paper,[2] being confined to Scotland it includes only those living in Scotland both before and after service and does not include those who had reserve service only. Statistics relating to female veteran suicide are also subject to a relatively small number of cases.

As an employer the MOD continues to develop new policies to improve the mental health and care for its serving and veteran population. A significant change came with the Murrison Report of 2010,[15] followed by the development of the services which now sit under Op COURAGE.[10] The impact of these policies will take some time to evidence, although Bergman's paper[2] would suggest that any reduction in the risk of suicide in veterans compared to non-veterans, at least in Scotland, had already begun before 2010. However, the number of suicides in the UK regular serving population, which was also falling until 2017, has recently shown a small rise, particularly among army males, but the figure remains below that of the general population.[13]

Attempts to identify at an early stage those veterans at risk of suicide have proved difficult. The management of mental health problems in those veterans presenting for treatment is complex, not least because the antecedents to mental health problems are equally complex, including not only pre-service factors such as adverse childhood experiences,[16] but also post-service personal factors such as financial and relationship difficulties. Experience from Canada suggests simply focussing on the short period of military to civilian transition is inappropriate with veterans potentially needing support for many decades, male and female

veterans needing different approaches, and needs differing for those leaving service at different times, from different military branches, at different ages and with varying military experience.[14] That Bergman[2] has identified that mid-life for veterans is, as it is for the general population, a high risk period for suicide suggests that a life course well-being framework for suicide prevention would be appropriate, as has been recommended for Canadian armed forces veterans.[17] Nevertheless, international comparisons or recommendations on this topic are difficult, as reasons for military service, experience in service and health care support post service differ markedly between countries.

It is hoped that the newly announced UK Government's recording and investigation into veteran suicide,[1] and indeed all future research in this area, will be forensic in nature and include, where appropriate, a psychological autopsy, as has been suggested previously, to try and reconstruct the deceased's thoughts, emotions, and actions.[18] This would need to uncover relevant civilian antecedents and those topics of importance to the military and veteran community such as branch of service, deployed or not, in combat or not, experience of mild traumatic brain injury and exposure to prescribed medication. Only through such a forensic approach can a comprehensive picture of the antecedent causes be built up, allowing a determination of whether military service was a cause or contributor to the suicide, and thereby accurately inform preventive strategies.

That Bergman's current large study of 78,000 veterans, followed for up to 37 years, has found that suicide is no more common in veterans than in people who have never served is reassuring. To date researchers have tended to concentrate on the immediate post-service period, but Bergman shows that this is not when suicide risk is greatest. That the highest risk

is in middle-aged veterans suggests this is where veteran mental health surveillance and support is needed most.

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