The Aftermath of War: A Case-Study Analysis of Veterans’ Suicide

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Background and Objectives

While Australian and international studies have been inconsistent as to whether veterans have a higher suicide rate than non-veterans, it is clear that combat exposure brings significant and unique suicide risk factors. A veteran’s combat experience may not always directly lead to suicide; however, the mental illnesses attributed to that experience, such as PTSD, can leave veterans vulnerable to suicidal behaviours for many years. As part of a Psychological Autopsy study in Australia, the lives of four veterans were deeply examined through the interviews of their next-of-kin (NOK) and healthcare professionals (HCP). Two veterans each were chosen from the Somalia peace-keeping conflict and the Vietnam War. This was done as different wars create different combat experiences; it cannot be assumed that all veterans share similar experiences.

Methodology

The case studies were analysed within the frames of the ARC Linkage Study Preventing Suicide: A psychological autopsy study of the last contact with a health professional before suicide. Study utilised the Psychological Autopsy (PA) method to investigate suicide victims over the age of 35 years from two Australian sites (QLD and NSW) by interviewing NOK and HCP between 2006 and 2008. Semi-structured interviews aimed to establish the presence or absence of recognised predictive factors of suicide. The following information was obtained from the informant about the deceased: demographics, psychopathology, personality, physical health status, healthcare contacts within the last 3 months and life circumstances. The study was approved by the Griffith University Human Research Ethics Committee and South Eastern Sydney Human Research Ethics Committee.

Somalia Peace-keeping Conflict

Case 1: Female Veteran – 48 years old
The female deceased died from a self-inflicted injury caused by a sharp object. American-born, she had served in the American Air Force as a nurse completing a 6-month tour of Desert Storm and time in the Somali conflict. She was diagnosed with PTSD after trauma experienced primarily during her involvement in a rescue mission of a plane crash. In 2001, the US DVA awarded her a pension in official acknowledgment of her PTSD. The guidelines she had to follow to keep her pension exacerbated her stress and sometimes inhibited her help-seeking. The deceased had seen psychiatrists through the American Air Force and also as a civilian. She had been prescribed several different anti-depressants but was responding well to CBT. The deceased had had a troubled childhood and possible substance abuse issues. She had attempted suicide 3 times by overdosing on drugs and alcohol. The last attempt had left her in the ICU at the hospital. Her psychiatrist was “seriously concerned” as she had lost all hope and had been trying to set up a referral for her to another doctor.

Case 2: Male Veteran – 39 years old
The male deceased hung himself in his apartment where he had lived alone. He had recently divorced and a subsequent relationship was proving tumultuous. The deceased had been in the army for 8 years and was stationed in Somalia just before he left at the age of 25 years. While he never mentioned anything explicit, he had witnessed “very traumatic” events there. In more recent years, he had wanted to re-enlist but his application was rejected which upset him as he needed the regiment and structure the army provided. Information from his father and sister differed as to the deceased’s level of depression prior death, and how long he had been depressed, but he had been prescribed anti-depressants and seeing a psychologist before he died. He had become severely depressed after a relationship breakdown. The father and sister also disagreed as to the length of his drug addiction after his return from Somalia but both agreed that he had been clean for the past few years. The deceased had known several people who had suicided, many from his army days.

Vietnam War

Case 3: Male Veteran – 54 years old
The male deceased died from a self-inflicted handgun injury. He had been married and divorced twice and just recently separated from his de facto partner. His suicide occurred after an argument with her. The deceased was 20 years old when he went to Vietnam and was “just not strong enough mentally for it”. He was dishonourably discharged after an accidental discharge killed someone and he never recovered from this. After the deceased cam back, he had a “shocking temper” and “people would find out very painfully” if they upset him. He harboured grudges and reacted violently to anything that upset him. He did not talk about his problems. After Vietnam, the deceased began drinking very heavily but he was able to stop drinking when necessary. If he did not drink alcohol, then he would binge on coffee. He only received a 40% pension from the DVA as they didn’t believe he was depressed, which caused many problems. The brother believed the deceased was severely depressed before he died, especially concerning the relationship breakdown, his mother’s cancer and the DVA tribunal.

Case 4: Male Veteran – 62 years old
The male deceased hung himself in his home where he had lived alone. He had been widowed 8 months earlier; he had a new partner but, while they had not separated, they were not living together. He was retired on an army pension. As a consequence of the Vietnam War, the deceased suffered from severe PTSD with delusions and depressive episodes. He had been treated at the veterans unit of a private hospital several times; they had given him shock treatment but this didn’t appear to help. The deceased appeared to “go downhill fast”. His daughter recalled her father experiencing four major depressive episodes, including one just before he died. His life was significantly affected during these episodes where he would be “curling up in the corner”, now wanting to get out of bed. He would worry about simple decisions, be afraid of going out and stop eating. He wouldn’t be interested in anything. His wife’s death happened very quickly and was an enormous shock. He “didn’t want to be around”. While he got rid of his guns, he stockpiled pills. His suicide threats were believed to not be enough to warrant hospital admission.

Data analysis

Exposure to Combat
The female veteran’s (Case 1) work as a nurse would have exposed her to many, and varying, traumatic events which occurred in Somalia, with the plane crash being the most traumatic. The male veteran (Case 2) from Somalia also witnessed “very traumatic” events there. Both of the Somalia veterans were affected by their experiences, with Case 1 developing PTSD. Both of the Vietnam veterans in our study were affected by their war experiences. Case 3 made suicidal threats when “Vietnam [was] coming back to him at 100 miles an hour”; Case 4 suffered from severe PTSD with delusions as a consequence of Vietnam experience.

Major Life Events
It appeared that most of the veteran suicide cases presented had major issues with their relationships; Cases 2, 3 & 4 had experienced a recent separation. Case 4 had suffered the sudden death of his wife eight months earlier; his depression was exacerbated by a relationship breakdown just prior to his death.

Psychiatric and Psychological Factors
After their experiences in Somalia, Cases 1 & 2 both appeared to withdraw from people and also exhibit signs of depression and suicidal ideation. Case 1 was diagnosed with PTSD, but Case 2 did not show clear signs of PTSD. While Case 2 had suffered from drug addiction (heroin, cocaine, speed and valium) after his Somalia experience, it appears that he had rehabilitated himself and was successful in his work. He suffered depression; however, it is unclear the extent to which his time in Somalia influenced his depression. Case 4 suffered from severe PTSD, with delusional and depressive episodes, which appeared to be connected to his time as a soldier in Vietnam. The alcohol abuse and aggression issues found with Case 3 appeared to be connected to the deceased’s experiences during the Vietnam War. Further, while Case 3 did not appear to be diagnosed with either depression or anxiety, his brother used both words when describing him.

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