The Relationship Between PTSD and Suicide

William Hudenko, Ph.D.

This fact sheet explores the relation between PTSD and suicide and provides information about understanding and dealing with suicide. This fact sheet is not intended to replace mental health assistance obtained from a professional.

**Does PTSD increase an individual's suicide risk?**

A large body of research indicates that there is a correlation between PTSD and suicide. There is evidence that traumatic events such as sexual abuse, combat trauma, rape, and domestic violence generally increase a person's suicide risk. Considerable debate exists, however, about the reason for this increase. Whereas some studies suggest that suicide risk is higher due to the symptoms of PTSD, others claim that suicide risk is higher in these individuals because of related psychiatric conditions. Some studies that point to PTSD as the cause of suicide suggest that high levels of intrusive memories can predict the relative risk of suicide. High levels of arousal symptoms and low levels of avoidance have also been shown to predict suicide risk. In contrast, other researchers have found that conditions that co-occur with PTSD, such as depression, may be more predictive of suicide. Further, some cognitive styles of coping such as using suppression to deal with stress may be additionally predictive of suicide risk in individuals with PTSD.

Given the high rate of PTSD in veterans, considerable research has examined the relation between PTSD and suicide in this population. Multiple factors contribute to suicide risk in veterans, such as:

- Male gender
- Alcohol abuse
- Family history of suicide
- Older age
- Poor social-environment support (exemplified by homelessness and unmarried status)
- Possession of firearms
- The presence of medical and psychiatric conditions (including combat-related PTSD) associated with suicide

Currently there is debate about the exact influence of combat-related trauma on suicide risk. For those veterans who have PTSD as a result of combat trauma, however, it appears that the highest relative suicide risk is observed in veterans who were wounded multiple times and/or hospitalized for a wound. This suggests that the intensity of the combat trauma, and the number of times it occurred, may influence suicide risk in veterans with PTSD. Other research on veterans with combat-related PTSD suggests that the most significant predictor of both suicide...
attempts and preoccupation with suicide is combat-related guilt. Many veterans experience highly intrusive thoughts and extreme guilt about acts committed during times of war. These thoughts can often overpower the emotional coping capacities of veterans.

**Reasons for suicide**

Individuals who have lost someone to suicide often question why that person chose to end his/her life. Unfortunately, there is no easy answer to this question. Suicide often appears to be related to environmental stresses or traumatic events, but it is also the case that some individuals commit suicide without any identifiable reason. Though there is always devastation and confusion associated with suicide, available research provides some clues about common reasons for suicide.

Specific reasons for suicide are as diverse as the individuals who commit it. Nevertheless, there are some common causal factors that appear to be related to suicide. For example, more than 90% of suicide victims have a significant psychiatric illness at the time of their death. These illnesses are often both undiagnosed and untreated. The two most common psychiatric conditions associated with suicide are mood disorders and substance abuse. When an individual has both a mood disorder and a substance abuse issue, the risk of suicide is much higher. This is especially the case for adolescents and young adults. This research suggests that the presence of mental illness is a primary contributor to the cause of suicide. For individuals who suffer from clinical depression specifically, of utmost concern are those who exhibit open aggression, anxiety, or agitation, as these factors significantly increase the risk of suicide.

Some researchers suggest that suicide can be understood as a form of coping mechanism for individuals who feel overwhelmed and trapped by their situation. For these people, suicide is seen as a way of dealing with extremely strong negative emotions through escape. This conceptualization of suicide is exemplified by the relation between suicide rates and media coverage, particularly in the young. Research reveals that the magnitude of increase in suicides following a suicide story is proportional to the amount, duration, and prominence of media coverage. These data suggest that suicide is more likely to occur when it is no longer perceived as 'taboo' and instead is seen as a viable coping alternative to stress. This hypothesis of suicide as a coping alternative is further supported by evidence that a family history of suicide greatly increases an individual's suicide risk regardless of the presence of mental illness.

**What to do when someone is suicidal**

When someone discloses information about feeling suicidal, the information can feel overwhelming, anxiety-provoking, and frightening. This is particularly true if the disclosure is made in confidence and you feel pressure not to share the information with others. If someone is thinking about suicide, the issue should be taken very seriously. Individuals who contemplate suicide may not necessarily take action, but evaluating the risk can be complicated and should be done by a qualified mental health professional.

Helping a suicidal individual can be a difficult process. The person's age will influence your first course of action. If the person is an adult, try to be supportive and listen to his/her concerns. Next, encourage him/her to seek treatment immediately. Help the person with this process by
remaining calm and providing information about mental health options in the area.

To obtain referral information call 1-800-273-TALK (en Español 1-888-628-9454) or visit http://www.mentalhealth.samhsa.gov/databases/.

Often the most difficult part of obtaining treatment is the initial call to a mental health professional. It is usually easier for a suicidal individual to accept professional help if they have assistance with this part of the process. The decision to seek treatment is typically voluntary for adults. Their ability to maintain safety will determine the treatment options.

Treatment options include outpatient therapy, medication management, and/or inpatient treatment. Inpatient hospital visits are typically only prescribed when an individual is no longer safe without supervision. Sometimes involuntary hospital admission is necessary. However, because of federal laws protecting adult civil rights, this course of action is uncommon. Involuntary admission only occurs when an individual demonstrates unsafe behavior. If you feel that the person may hurt him/herself or others, contact your local police department for assistance.

If the person with suicidal thoughts is a minor (under the age of 18), it is important to contact the minor's parent or legal guardian. If the caregiver is unwilling or unable to take action, contact a mental health professional or law enforcement agent for assistance. The law states that individuals under the age of 18 are not able to make mental health treatment decisions. Therefore, it is important that responsible adults see that they receive the appropriate services. Treatment options for children and adolescents are similar to those outlined for adults. Unlike adults, however, minors may receive inpatient hospitalization without their consent if it is deemed necessary by their parents or the legal system.

While helping a suicidal person can be a difficult process, remember that the assistance you provide could save someone's life. If you think someone may be suicidal, you should directly ask him or her. You will NOT be putting the idea in their head.

**Suicide as a traumatic event**

A considerable amount of research examines exposure to suicide as a traumatic event. Studies show that trauma from exposure to suicide can contribute to PTSD. In particular, adults and adolescents are more likely to develop PTSD as a result of exposure to suicide if one or more of the following conditions are true: if they witness the suicide, if they are very connected with the person who dies, or if they have a history of psychiatric illness.20,21,22 However, relative to other traumatic events, there appears to be nothing unique about developing PTSD as a consequence of exposure to suicide.23,24 Studies do show, however, that "traumatic grief" is more likely to arise after exposure to traumatic death such as suicide.25 Traumatic grief refers to a syndrome in which individuals experience functional impairment, a decline in physical health, and suicidal ideation. These symptoms occur independent of other conditions such as depression and anxiety.26

References:

1. Amir, M., Kaplan, Z., Efroni, R., & Kotler, M. (1999). Suicide risk and coping styles in...


Related Reading

- National Suicide Prevention Lifeline
- NIMH Database of Mental Health Services