# Military and RCMP Veterans and suicide prevention

A TOOLKIT OF PRACTICAL INFORMATION AND GUIDANCE









06	Understanding suicide in Veterans
12	How to recognize if someone might be thinking about suicide
14	What to do if you recognize warning signs in yourself
16	What to do if you recognize warning signs in others
18	How to start a conversation about suicide
21	Strategies to build resilience and help reduce risk of suicide
27	Resources and programs for Veterans
28	Additional resources
29	Key takeaways
30	Snapshot – Quick facts and statistics
32	References

# In this toolkit

# Introduction

Most people who consider suicide don't actually want to die – they want a way out of their intense psychological pain and the sense that they've lost their purpose in life. Finding a sense of purpose and meaning – a reason for living – is important for those who are thinking about suicide to identify.<sup>1</sup>

Preventing Veteran suicide and promoting mental health among Veterans is vital. Many Veterans have thoughts about suicide or know someone who has died by suicide. Veterans are more likely than the civilian population to experience traumatic events and less likely to seek help.

This toolkit is a collaboration between the Atlas Institute for Veterans and Families and Centre for Suicide Prevention. In addition to being informed by research, this toolkit was informed by an advisory committee, including Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) Veterans and Veteran Family members. We thank these advisory members for sharing their time and expertise to co-create this resource.



# What to expect from this toolkit

As a Veteran or Veteran Family member, you may want to learn more about the issue of suicide and how to reduce suicide risk.

## Information included in this toolkit can help you:

- Understand factors that can increase or decrease risk of suicide in Veterans
- Recognize if someone is thinking about suicide, including:
  - · What to do if you recognize warning signs in yourself
  - · What to do if you recognize warning signs in others
- · Learn how to start a conversation about suicide
- Discover strategies to build resilience and help reduce risk of suicide for Veterans, Veteran Families, and communities.
- · Identify resources and programs for Veterans
- · Learn up-to-date facts and statistics

This toolkit won't have all the answers that you as a Veteran or Veteran Family member may need, and not all of the information presented here will feel like a fit for every person. However, it is a good place to start if you're interested in learning more about suicide prevention and how to help someone you're worried about.

This resource may not be suitable for you if you're considering suicide. If you're thinking about suicide, **call or text the Suicide Crisis Helpline at 988** for immediate support. People want to talk to you.

# Understanding suicide in Veterans

Certain factors, 'risk factors,' can increase the likelihood that a Veteran will consider suicide. In this section of the toolkit, we'll outline some of these factors. They can be found within CAF and RCMP culture and also within experiences unique to Veterans.

Those who consider suicide will have reasons unique to them and the experience of these risk factors does not automatically mean that a person will think about suicide.



Here is a list of some factors that may increase the chance of suicide among Veterans:

Exposure to potentially traumatic events, such as witnessing death or injury or experiencing sexual abuse during service

Some of these traumatic events may involve friends or Family, especially in smaller communities where people know one another.

Loss of comrades, particularly to suicide<sup>2,3</sup>

Perceived futility of work and sense of hopelessness<sup>4</sup>

## Physical health issues

(e.g., chronic pain or traumatic brain injury from service-related events)<sup>5</sup>

# Risk factors continued:

#### Exposure to potentially morally injurious events<sup>6</sup>

Moral injury is a specific type of trauma that occurs when someone has done or experienced something that goes against their beliefs about what is right and wrong. For example, they may need to follow orders or act in ways that put others in danger in situations where such risk is deemed necessary and unavoidable. Although CAF and RCMP members may accept some of these situations as 'part of the job,' they can still have an enduring negative impact.

Experience of mental health conditions, such as post-traumatic stress disorder (PTSD), major depression, and substance use disorder<sup>7-10</sup>

### Certain aspects of CAF and RCMP culture, such as:

- Expectation to fully commit themselves to duty
- Expectation to suppress emotions to 'get the job done' (also known as stoicism)<sup>6</sup>
- Seeking help seen as weakness<sup>6</sup>
- Seeking help resulting in potential changes in or loss of career, rank, status, livelihood, or even community



# Loss of status, community, identity and structure in transition to civilian life<sup>11</sup>

For many Veterans, their profession is an important part of their identity and can make the return to civilian life very jarring. This happens for several reasons including: loss of social supports and a feeling of belonging; lack of formal preparation to ease the transition; culture shock upon shift from a very regimented life to civilian life; and a changing social identity that could cause feelings of a loss of identity, purpose, or social status.



## Lack of community belonging<sup>12</sup>

Veterans may feel caught between military or RCMP and civilian cultures or even alienated from Family, friends and other civilian community members. They may also lose contact with their military or RCMP support network and connections when they initially release. This can contribute to a lack of community belonging.

Understanding suicide in Veterans (continued)

In addition to risk factors, there are also factors that can help prevent suicide among Veterans. These are known as protective factors. These factors protect mental health and wellbeing; however, they do not completely prevent suicidal thoughts and behaviours.



# Here is a list of some protective factors among Veterans:

# Having a sense of meaning and purpose after service

(e.g., through meaningful post-service employment or volunteer work, through spirituality and advocacy)

Having access to post-service social supports (e.g., access to support from friends, Family and community members)

Being able to access mental health care when needed Participating in social groups and other community-based activities

Having a sense of belonging and connectedness (e.g., the feeling that relationships are caring and reciprocal)

# How to recognize if someone might be thinking about suicide

It's important to learn how to recognize whether someone might be considering suicide (when possible).

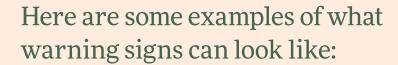
Any significant change in behaviour may be a warning sign that someone is thinking about suicide, and this includes positive or negative changes. Even what seems like a sudden improvement may be a warning sign.

Warning signs can be very subtle and hard to detect. In rare instances, warning signs may not be shown. This can make it difficult for people, even those who care about them, to notice that something is wrong.

Keep in mind that signs may look different from person to person. The presence (or absence) of any of these behaviours does not necessarily mean that a person is considering suicide.

Displaying sudden or unexpected improvement or decline in mental wellbeing<sup>13</sup>

> Raging, having uncontrolled anger<sup>13</sup>



Making statements that indicate hopelessness

(e.g., 'what's the point?')<sup>13</sup>

Increasing substance use<sup>13</sup>

Giving away belongings or making a will<sup>13</sup> Talking about or making plans for suicide<sup>13</sup>

Withdrawing from friends, Family<sup>13</sup>

Expressing that they lack a reason for living or have no purpose<sup>14</sup>

## Engaging in risk-taking behaviour

(e.g., shoplifting, driving dangerously or under the influence)<sup>13</sup>

# What to do if you recognize warning signs in yourself

If you're thinking about suicide, or otherwise struggling with your mental health, reach out for help.

Talking about suicide and reaching out for help can be hard. As a Veteran, you may have been part of a culture where help-seeking was not encouraged and may have even been seen as 'weak.' Asking for help is the first step to realizing that suicide is not the only option. For many Veterans, however, asking for help will be the hardest step. Sometimes the most important decisions can be the most difficult to make.

Being unwell, physically or mentally, is not a sign of weakness. Rather, asking for help is a sign of courage and strength, and a way to make your own health and wellbeing your mission. It can take a lot of mental energy to push through negative feelings and ask for help. Seeking help shows that you're able to identify an issue, recognize that it can't be solved by you alone, and take steps to move forward.



# Help is always available.

You can call or text the national crisis line at 988, or call 211 or visit 211.ca for mental health resources in your community. There's also a list of Veteran-specific resources at the end of this toolkit.



# Here are some tips for asking for help:

- Take a moment to reflect. Think about the challenges you faced and overcame – you persevered through it all. Muster that strength and courage. Give yourself a chance.
- Try to clearly express how much you're struggling.
  - You can start with talking about the difficulties you're currently facing, and explain the effects your struggles are having on your life.
  - This is difficult! Be kind to yourself.
- Most importantly, clearly say that you're thinking of suicide.
  - This will let the other person know that you're in crisis and need help right away.
- Call a crisis line if you find talking to a friend or Family member too difficult. Crisis line responders can connect you to professional help.

- If you're met by a person who isn't helpful, try again. Not everyone is able to help someone who is struggling or in the way you need – you may need to seek out help in different ways.<sup>15, 16</sup>
- If traditional forms of support, such as counselling or medication, don't appeal to you, think of what might be beneficial. For example, would you prefer to talk to a supportive peer about your experiences?<sup>6</sup> Check out the resources and strategies sections for more support options.

# What to do if you recognize warning signs in *others*

If a Veteran you know is exhibiting warning signs, or if you're just generally worried about them, have an open, non-judgmental conversation.

If they're considering suicide, connect them with support.<sup>6</sup>

**Note that asking about suicide will not cause suicide.** <sup>17-20</sup> It will also not permanently damage your relationship (though they may be angry or upset at first).

Before beginning the conversation, decide what role you will play and how involved you'd like to be in supporting them based on your level of comfort, your capacity, and what the person needs. You don't have to do this alone – you can enlist others to help as well, such as the **Suicide Crisis Helpline at 988**.

For more information about potential support roles and what this can look like, check out the Veteran Family toolkit at

atl-as.ca/suicide-prevention-toolkit-family.



# Help is always available.

You can call or text the national crisis line at 988, or call 211 or visit 211.ca for mental health resources in your community. There's also a list of Veteran-specific resources at the end of this toolkit.



# Here are some examples of roles you can take on to support a Veteran Family member:



## Connector

Light involvement

In this role, you may connect them to the **Suicide Crisis Helpline at 988, Veteran crisis line at 1-800-268-7708,** or community resources at **211.ca** and encourage them to reach out for help.



## **Supporter**

Medium involvement

In this role, you may check in with them weekly in person or via text ("Hey, how's it going?", or "How was work today?"). You may visit them occasionally.



# Caregiver

High involvement

In this role, you may live with the person, check in with them frequently, and do things like driving them to appointments or to pick-up medication.

Regardless of which role you play, remember to take time to do something you enjoy or that helps you recharge and de-stress. This can help to avoid burnout or fatigue over time.

# How to start a conversation about suicide

This section provides information on how to start a conversation with someone you are worried about, including examples. You can use these examples as a guide to inform your own conversation.

Talking about suicide can be difficult because asking about people's mental health is seen as 'sticking your nose in other people's business', even when they are your friends and Family members. However, if you're worried about someone, it's crucial to have this sometimes uncomfortable or awkward conversation.

For more information on how to have a conversation, and other important things to keep in mind, check out the Veteran Family toolkit: atl-as.ca/suicide-prevention-toolkit-family.









#### Start by mentioning your concerns.

- "I've noticed you've been drinking more than usual... that's not like you. Are you safe?"
- "You haven't seemed like yourself lately. How are you doing?"



# If you're still concerned after hearing their response, explore further.

Avoid offering solutions, and instead, be curious to show you're listening without judgment. Ask them about their situation or feelings and give them space to talk. Silence is okay.

- "I can tell this is difficult for you. I'm here to listen if you want to talk."
- "I'm going to help get you connected to resources to get you started."
- "I don't have a lot of experience in helping someone through what you're going through right now, but I am willing to get you connected to others who will be able to help you."



# If they say yes, give them the crisis line number and offer to make the call together.

"There is help available. 988 is the number for the crisis line. We can call them together if you'd like?"



# Listen to their response. Look out for expressions of hopelessness, melancholy, or desperation:

- "I feel like I have no sense of purpose anymore"
- "I don't know who I am without my uniform"
- "I've been feeling really down lately"



# If you're worried they're thinking about suicide, ask them directly.

"It sounds like you're going through a lot right now. Sometimes, when people are struggling, they think about suicide. Are you thinking about suicide?"



# If they have imminent plans to die, call 911 and ensure they're not left alone.

In Nunavut, contact your local RCMP detachment or **1-867-979-1111** 

# Here is a list of other important things to keep in mind if you are having a conversation about suicide:

#### Be direct.

Asking directly ("Are you thinking about suicide?"), instead of saying things like "Are you thinking of hurting yourself?" is important. This makes it clear what you're talking about. It also takes the burden off of them to say the word 'suicide' themselves, which can make it easier for them to open up.

# Depending on your role and capacity, consider going beyond the conversation.

- Offer to be their support person to call when they need
- Create a safety plan with them bit.ly/suicide-prevention-safety-plans
- Check in with them regularly after your conversation

#### Use sensitive and safe language.<sup>21</sup>

Using people-first language can help you avoid stigmatizing words or phrases. It also avoids referring to people only through their actions, conditions, or diagnoses. For example, instead of saying 'suicidal person,' say 'a person with thoughts of suicide.'

Using neutral and respectful language can help you avoid inaccurate, inappropriate or outdated words or phrases. For example, avoid saying 'commit' when referring to suicide or referring to an attempt as 'unsuccessful' or 'failed.'

# If you'd like more information on how to have a conversation with someone, consider taking a workshop:



### safeTALK: suicide alertness for everyone Half-day workshop



bit.ly/ livingworks-safetalk



bit.ly/ safe-talk-workshop (Alberta)



Applied Suicide Intervention Skills Training (ASIST)

Two-day workshop



bit.ly/ livingworks-asist



bit.ly/
asist-workshop
(Alberta)

# Strategies to build resilience and help reduce risk of suicide

There are many different strategies for coping and building resilience.

In this section, we'll cover how Veterans and Veteran Families can build resilience and how communities can prevent suicide. Many of these draw on the protective factors already outlined.

#### Resilience

A process where you become more capable of withstanding challenges and navigating stressful situations.<sup>22</sup>



# Strategies to build resilience and help reduce risk of suicide

For Veterans

# Connecting with or creating community

(e.g., through sports, volunteering, or Veterans groups)

Connecting with people you have positive relationships with (e.g.,

friends, Family members)8, 23-25

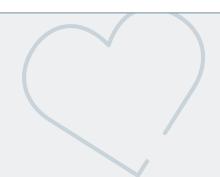
# Keeping a healthy body and mind<sup>26-28</sup>

You can do this through activities like exercising, journaling, practicing positive self-talk and gratitude, and eating balanced meals.

Working on projects, hobbies or goals that are fulfilling and meaningful

Developing a toolbox of coping tools and other strategies

Doing activities that create a sense of purpose, meaning, and commitment (e.g., by getting involved in activities, advocacy or volunteering)<sup>29</sup>



# Learning more about mental health and suicide prevention<sup>6</sup>

# **Strengthening optimism or hope for the future** (e.g., by reflecting on what gives you hope in difficult times)

Participating in peer support<sup>30</sup> atl-as.ca/peer-support

# Creating a sense of shared experience<sup>6</sup>

Veterans may benefit and learn from talking to other people with similar experiences.

Drawing strength and hope from past experiences by recalling the resilience needed to serve; reminding yourself that you've faced and overcome challenges in the past

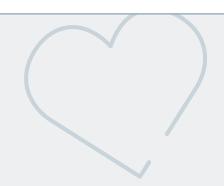
# Finding alternatives to formal mental health care

You may benefit from access to alternatives to formal mental health care. For example, doing yoga, playing music, and/or joining social or activity-based groups like Guitars for Vets, Operation VetBuild, Buddy checks, community sheds, or DUDES Clubs.<sup>6</sup>

# Strategies to build resilience and help reduce risk of suicide

For Veteran Families

Looking after yourself and Learning better ways to each other communicate and stay connected with one another **Fostering community connections** (e.g., joining a local group or committee, volunteering) Spending time together and creating routines<sup>31</sup> Seeking out opportunities to participate or contribute to community projects and activities Spending time apart when you as a Family need time to yourself



**Practicing self-care** 

Talking about your own mental health struggles and help-seeking experiences<sup>6</sup>

Encouraging and modeling help-seeking

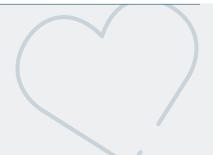
(whether through seeking formal mental health help or asking friends and Family for help) Having open and safe conversations about suicide and mental health

Creating a safety plan together

bit.ly/suicide-prevention-safety-plans

For more information on how to support a Veteran and yourself as a Family member, check out the Veteran Family toolkit atl-as.ca/suicide-prevention-toolkit-family

# Strategies to build resilience and help reduce risk of suicide



For communities

#### For service providers:6,32,33

- Increasing cultural competency in military, RCMP, and Veteran culture
- Using direct and honest language
- Increasing comfort/capacity to hear shocking or alarming stories and experiences from Veterans and Families

Reducing stigma by talking openly and honestly about mental health and suicide and educating community members

# **Ensuring Veterans have** stable housing

Veterans who have stable housing have positive mental health outcomes such as less anxiety<sup>8, 23, 34, 35</sup>

Encouraging and/or modeling help-seeking (clinical or otherwise)

# Resources and programs for Veterans

**Atlas Institute for Veterans and Families** has an extensive listing of resources available for military and RCMP Families in Canada.

#### atl-as.ca/find-support

**The Royal Canadian Legion** provides representation and assistance, including mental health support, 24/hour phone support, Family information, and long-term help including peer support. bit.ly/legion-mental-health-ptsd

Wounded Warriors Trauma Resiliency Program provides psychoeducational training to Veterans and first responders to cope with the impacts of traumatic injury.

#### bit.ly/wounded-warriors-trauma-resiliency

**Legacy Place Society:** Respite housing for first responders including Veterans and their Families (in Calgary, Edmonton, and Red Deer).

#### bit.ly/legacy-place-society

**La Vigile:** Therapy home with 24/7 listening service, access to healthcare and mental health care professionals, workshops, group therapy, follow-up, peer support training, and caregiver assistance. bit.ly/la-vigile-en

**True Patriot Love: Military Creative Arts Initiative:** Community-based arts program for military members, Veterans and Veteran Families. bit.ly/true-patriot-love-arts

**Operation Leave the Streets Behind:** Community program to assist Veterans who are or are at-risk for homeless.

bit.ly/legion-leave-the-streets-behind-en

**Homes for Heroes:** Affordable housing and support services for homeless Veterans.

#### bit.ly/homes-for-heroes-foundation

**VETS Canada:** Provides transition support to Veterans and Families in need.

#### bit.ly/vets-canada-en

**Atlas Peer Support map:** Directory of peersupport programs available to Veterans and Families across Canada.

#### atl-as.ca/peer-support-map

**Guitars for Vets:** Provides guitars and lessons for Veterans with PTSD or other service-related disabilities. bit.ly/vets-canada-programs

**Buddy Check Coffee:** Peer program run by Veterans to encourage social connection.

#### bit.ly/legion-peer-support

**Operation VetBuild:** Activity-based peer support programs for Veterans.

#### bit.ly/legion-peer-support

#### **Operational Stress Injury Social Support**

**(OSISS):** Canada-wide peer-support network program, involving mentorship and shared knowledge, for CAF Veterans and Families.

#### bit.ly/osiss

#### Support for Operational Stress Injury (SOSI)

**program:** Peer-support network for active and former members of the RCMP. bit.ly/sosi-rcmp

**Hope for Wellness Helpline:** Immediate support and crisis intervention for all Indigenous people across Canada. *bit.ly/hope-for-wellness-helpline* 

# Additional resources

# Check out our suite of Military and RCMP Veterans and Family resources:



# Looking after yourself and others: A toolkit on suicide prevention for Veteran Families

Information on the impact of suicide, the role of Family members, and key tools and strategies for looking after yourself and others



atl-as.ca/suicide-prevention-toolkit-family



## **Conversation guide**

How to have a conversation with a Veteran or Veteran Family member who you're worried about



atl-as.ca/suicide-prevention-conversation-guide

# Key takeaways



Finding a sense of purpose and meaning in life – reasons for living – are important to identify, particularly for those who are thinking about suicide.<sup>1</sup>

Military and RCMP Veterans (and active members) have higher rates of suicide than the general population. Preventing Veteran suicide and promoting mental health among Veterans is vital.

There are specific cultural factors that increase or decrease the likelihood of suicide in Veterans. If you're worried about a Veteran, have an open, non-judgmental conversation. If they're considering suicide, decide how involved you'd like to be in supporting them, and connect them with support.

There are many different strategies and tools to cope with difficult or stressful situations. Veterans, Veteran Families and communities all have a role to play in building resilience and preventing Veteran suicide.

Talking about suicide and reaching out for help can be the hardest step. But looking for help is a sign of strength and courage. If you're thinking about suicide, reach out to someone you trust. If this is too difficult, **call or text the**Suicide Crisis Helpline at 988.

Snapshot

# Quick facts and statistics

# Military Veterans are more likely to die by suicide than those in the general population.<sup>36</sup>

Men military Veterans are **1.4 times** more likely to die by suicide than their civilian counterparts.

Women military Veterans are **almost two times** more likely to die by suicide than civilian women.

Women Veterans (CAF and RCMP) are more likely to think about suicide than men Veterans.<sup>37</sup>

Women RCMP Veterans think about, plan, and attempt suicide more than women in the general population.<sup>36</sup>

Women who have experienced sexual violence, such as military sexual trauma, are more likely to attempt and die by suicide.<sup>38</sup>

Women RCMP Veterans are more likely to attempt suicide than men RCMP Veterans and civilian women.<sup>36</sup>

# The peak age for suicide differs among military Veterans:<sup>39</sup>

Men are more likely to die by suicide within 4 years of their release.

Women are more likely to die by suicide 20 years after their release.

Men military Veterans are more likely to die by suicide than women military Veterans.<sup>35</sup>

Veterans who have experienced racism and discrimination are less likely to seek help for both physical and mental health challenges.<sup>40</sup>

Thoughts and ideas of suicide (known as suicide ideation) are on the rise among Canadian military Veterans.<sup>11</sup>

Suicide rates (number of suicide deaths) for military Veterans have remained the same in recent years.<sup>35</sup>

Veterans with diverse sexual or gender identities (e.g., lesbian, gay, transgender) may be at increased risk of suicidal thoughts, ideas and behaviours.<sup>41-43</sup>

(Note that this information comes from US Veteran populations as Canadian data on suicidality among gender diverse and sexual minority Veterans is limited.)

#### **REFERENCES**

- <sup>1</sup> Evan Kleiman and Jenna Beaver, "A meaningful life is worth living: meaning in life as a suicide resiliency factor," *Psychiatry Research* 210, no. 3 (2013): 934-939.
- <sup>2</sup> Pauline Lubens and Roxan Cohen Silver, "U.S. combat veterans' responses to suicide and combat deaths: A mixed-methods study," *Social Sciences & Medicine* 236 (2019), bit.ly/3GDpVIH
- <sup>3</sup> Myfanwy Maple, Julie Cerel, Rebecca Sanford, Tania Pearce, and Jack Jordan, "Is Exposure to Suicide Beyond Kin Associated with Risk for Suicidal Behavior? A Systematic Review of the Evidence," *Suicide and Life-Threatening* Behavior 47, no.4 (2016), **bit.ly/3NtwJfF**
- <sup>4</sup> Christine May, James Overholser, Josephine Ridley, and Danielle Raymond, "Passive suicidal ideation: A clinically relevant risk factor for suicide in treatment-seeking veterans," *Illness, Crisis, & Loss* 23, no. 3 (2015): 261-277.
- <sup>5</sup> David Wood, Bethany Wood, Aislinn Watson, Devan Sheffield, and Helena Hauter, "Veteran Suicide Risk Factors: A National Sample of Nonveteran and Veteran Men Who Died By Suicide," *Health and Social Work* 45 (2020): 23-30. bit.ly/3NkQuWP
- <sup>6</sup> Stephanie Houle, Cavan Pollard, Rakesh Jetly, and Andrea Ashbaugh, "Barriers and facilitators of help seeking among morally injured Canadian Armed Forces Veterans and service members: A qualitative analysis," *Journal of Military, Veteran and Family Health* 8, no. 3 (2022), bit.ly/3GDMBID
- <sup>7</sup> Maurizio Pompili, Leo Sher, Gianluca Serafini, Alberto Forte, Marco Innamorati, Giovanni Dominici, David Lester, Mario Amore, and Paolo Girardi, "Posttraumatic stress disorder and suicide risk among veterans: a literature review," *The Journal of Nervous and Mental Disease* 201, no.9 (2013): 802-812.
- <sup>8</sup> Eric Elbogen, Kiera Molloy, Ryan Wagner, Nathan Kimbrel, Jean Beckham, Lynn Van Male, Jonathan Leinbach, and Daniel Bradford, "Psychosocial protective factors and suicidal ideation: Results from a national longitudinal study of veterans," *Journal of Affective Disorders* 260 (2020): 703-709, bit.ly/41T3B7A
- <sup>9</sup> Deborah Sirratt, Alfred Ozanian, and Barbara Traenkner, "Epidemiology and Prevention of Substance Use Disorders in the Military," Military Medicine 177, no. 8 (2012): 21-28, bit.ly/41Ykjme

<sup>10</sup> Matthew Fetzner, Murray Abrams, and Gordon Asmundson, "Symptoms of Posttraumatic Stress Disorder and Depression in Relation to Alcohol-Use and Alcohol-Related Problems among Canadian Forces Veterans," Canadian Journal of Psychiatry 58, no. 7 (2013): 427-425,

#### bit.ly/4awQrRM

- <sup>11</sup> James Thompson, Alexandra Heber, Linda VanTil, Kristen Simkus, Lina Carrese, Jitender Sareen, and David Pedlar, "Life course well-being framework for suicide prevention in Canadian Armed Forces Veterans," *Journal of Military, Veteran and Family Health* 5, no. 2 (2019), *bit.ly/41hToRI*
- <sup>12</sup> James Thompson, Sanela Dursun, Linda VanTil, Alexandra Heber, Peter Kitchen, Catherine de Boer, Tim Black, Bill Montelpare, Tyler Coady, Jill Sweet, and David Pedlar, "Group identity, difficult adjustment to civilian life, and suicidal ideation in Canadian Armed Forces Veterans: Life After Service studies 2016," *Journal of Military, Veteran* and Family Health 5, no. 2 (2019), **bit.ly/3ToR0a2**
- 13 "Warning Signs of Acute Suicide Risk," American Association of Suicidology, *bit.ly/3RmHL7y*
- <sup>14</sup> David Rudd, Alan Berman, Thomas Joiner, Matthew Nock, Morton Silverman, Michael Mandrusiak, Kimberly Van Orden, and Tracy Witte, "Warning signs for suicide: Theory, research and clinical applications," *Suicide and Life-Threatening Behavior* 36, no. 3 (2006), *bit.ly/3GGqqZd*
- <sup>15</sup> "Preventing Suicide," Canadian Mental Health Association, *bit.ly/3Tm0EtS*
- 16 "Have the conversation," BeyondBlue, bit.ly/3Ti66OD
- <sup>17</sup> Rachel Eynan, Yvonne Bergmans, Jesmin Antony, John Cutcliffe, Henry Harder, Munazzah Ambreen, Ken Balderson, and Paul Links, "The Effects of Suicide Ideation Assessments on Urges to Self-Harm and Suicide," *Clinical Insights* 35, no.2 (2014): bit.ly/3GFYJJa
- <sup>18</sup> Sarah Reynolds, Noam Lindenboim, Katherine Comtois, Angela Murray, and Marsha Linehan, "Risky assessments: participant suicidality and distress associated with research assessments in a treatment study of suicidal behavior," Suicide and Life Threatening Behavior 26 (2006): 19-34, bit.ly/3RF5bXa

<sup>19</sup> Eberhard Deisenhammer, Chy-Meng Ing, Robert Strauss, Georg Kemmler, Hartmann Hinterhuber, and Elizabeth Weiss, "The duration of the suicidal process: how much time is left for intervention between consideration and accomplishment of a suicide attempt?" *Journal of Clinical Psychiatry*, 70 (2009): 19-24, *bit.ly/3RiiADm* 

<sup>20</sup> T Dazzi, Rachael Gribble, Simon Wessely, N Fear, "Does asking about suicide and related behaviours induce suicide ideation? What is the evidence?" *Psychological Medicine* 44, no. 16 (2014), *bit.ly/3uWDBMc* 

<sup>21</sup> "Language matters: Safe language and messages for suicide prevention," Public Health Agency of Canada, bit.ly/490jeq6

<sup>22</sup> "Resilience," American Psychological Association, **bit.ly/3GE6NtV** 

<sup>23</sup> Noelle Smith, Natalie Mota, Jack Tsai, Lindsey Monteith, Ilan Harpaz-Rotem, Steven Southwick, and Robert Pietrzak, "Nature and determinants of suicidal ideation among U.S. veterans: Results from the national health and resilience in veterans study," *Journal of Affective Disorders* 197 (2016): 66-73, bit.ly/47TzRtk

<sup>24</sup> Brienna Fogle, Jack Tsai, Natalie Mota, Ilan Harpaz-Rotem, John Krystal, Steven Southwick, and Robert Pietrzak, "The National Health and Resilience in Veterans Study: A narrative review and future directions," *Frontiers in Psychiatry* 11 (2020), *bit.ly/41jcQ0t* 

<sup>25</sup> Maria O'Connell, and Robert Rosenheck, "The family ties that bind: Tangible, instrumental, and emotional support among homeless Veterans." In *War and family life*, 281-319.

<sup>26</sup> Lindsay Taliaferro, Barbara Rienzo, Morgan Pigg, David Miller, and Virginia Dodd, "Association between physical activity and reduced rates of hopelessness, depression and suicidal behavior among college students," *Journal of American College Health* 57, no. 4 (2009): 427-435,

#### bit.ly/3TrS4dr

<sup>27</sup> Lindsay Babiss, and James Gangwisch, "Sports participation as a protective factor against depression and suicidal ideation in adolescents as mediated by self-esteem and social support," *Journal of Developmental & Behavioral Pediatrics* 30, no.5 (2009): 376-384, bit.ly/48aIv6E

- <sup>28</sup> Kathleen Mikkelsen, Lily Stojanovska, Momir Polenakovic, Marijan Bosevski, and Vasso Apostolopoulos, "Exercise and mental health," *Maturitas* 106 (2017): 48-56, *bit.ly/4ajck72*
- <sup>29</sup> Barbara Stanley, and Gregory Brown, "Safety planning intervention: A brief intervention to mitigate suicide risk," *Cognitive and Behavioral Practice* 19, no. 2 (2012): 256-264, *bit.ly/3Ti9gC1*
- <sup>30</sup> Sarah Beehler, Carl LoFaro, Carlee Kreisel, Brooke Dorsey Holliman, and Nathaniel Mohatt, "Veteran peer suicide prevention: A community-based peer prevention model," *Suicide and Life-Threatening Behavior* 51 (2021): 358–367, *bit.ly/470bf5k*
- <sup>31</sup> Janie Houle, Brian Mishara, and Francois Chagnon, "An empirical test of a mediation model of the impact of the traditional male gender role on suicidal behavior in men," *Journal of Affective Disorders* 107 (2008): 37-43,

#### bit.ly/3ttDKE2

- <sup>32</sup> Rebecca Randles, and A Finnegan, "Veteran helpseeking behaviour for mental health issues: A systematic review," *BMJ Military Health* 168 (2021): 99-104, *bit.ly/3NoL8Ki*
- <sup>33</sup> Timothy Black, and Chiara Papile, "Making it on Civvy Street: An online survey of Canadian Veterans in transition," *Canadian Journal of Counselling and Psychotherapy* 44, no. 4 (2010): 383-401.
- <sup>34</sup> Meagan Cusack, Ann Montgomery, John Cashy, Melissa Dichter, Thomas Byrne, and John Blosnich, "Examining veteran housing instability and mortality by homicide, suicide, and unintentional injury," *Journal* of Social Distress and Homelessness 30, no. 2 (2020),

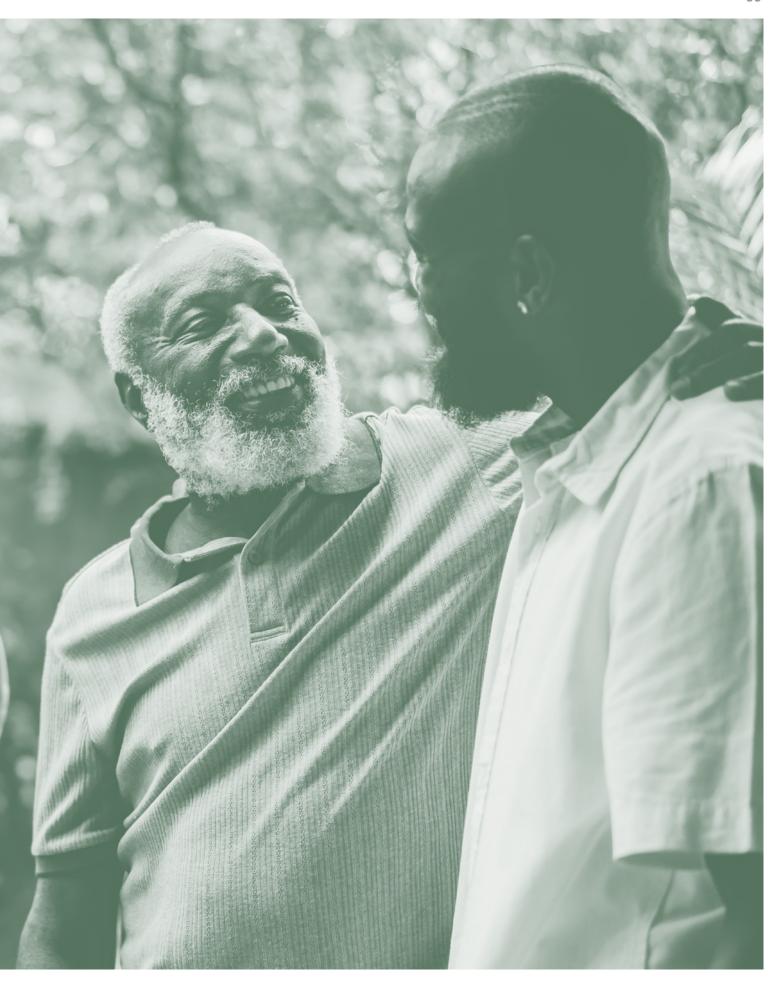
#### bit.ly/3NmnKNa

<sup>35</sup> Atticus Jaramillo, and William Rohe, "Is housing assistance associated with mental health? If so, how?" *Journal of the American Planning Association* (2023),

#### bit.ly/3NqWTzD

- <sup>36</sup> Kristen Simkus, Amy Hall, Alexandra Heber, Linda Vantil, "2019 Veteran Suicide Mortality Study: Follow-up period from 1976 to 2014," *bit.ly/470tdoi*
- <sup>37</sup> Megan Poole, "Women Veterans of the Canadian Armed Forces and Royal Canadian Mounted Police: A scoping review," *Journal of Military, Veteran and Family* Health 7 (2021): 6-18, bit.ly/3uWxffN

- <sup>38</sup> Lindsey Monteith, Ryan Holliday, Melissa Dichter, and Claire Hoffmire, "Preventing suicide among women Veterans: Gender-sensitive, trauma-informed conceptualization," *Current Treatment Options in Psychiatry* 9 (2022): 186-201, *bit.ly/47ZUdBy*
- <sup>39</sup> Linda VanTil, Kristen Simkus, Elizabeth Rolland-Harris, and Alexandra Heber, "Identifying release-related precursors to suicide among Canadian Veterans between 1976 and 2012," *Journal of Military, Veteran and Family Health 7* (2021), *bit.ly/41mLBCw*
- <sup>40</sup> Mary Miller, Kale Monk, Lisa Flores, Adam Everson, Leticia Martinez, Kenya Massey, Elise Blanke, Marjorie Dorime-Williams, Michael Williams, Christina McCrae, and Brian Borsari, "Impact of discrimination and coping on Veterans' willingness to seek treatment for physical and mental health problems," *Psychology of Addictive Behaviors* 37, no. 2 (2023): 209–221, *bit.ly/4751Zgp*
- <sup>41</sup> John Blosnich, Vickie Mays, and Susan Cochran, "Suicidality among veterans: implications of sexual minority status," *American Journal of Public Health* 104 (2014):S535-S537, **bit.ly/3v32zJH**
- <sup>42</sup> Kristine Lynch, Elise Gatsby, Benjamin Viernes, Karen Schliep, Brian Whitcomb, Patrick Alba, Scott DuVall, and John Bloscnich, "Evaluation of suicide mortality among sexual minority US veterans from 2000 to 2017," *JAMA Network Open* 3, no. 12 (2020), *bit.ly/41hJWOs*
- <sup>43</sup> Bridget Matarazzo, Sean Barnes, James Pease, Leah Russell, Jetta Hanson, Kelly Soberay, and Peter Gutierrez, "Suicide risk among lesbian, gay, bisexual, and transgender military personnel and veterans: What does the literature tell us?" *Suicide and Life-Threatening Behavior* 44, no. 2 (2014): 200–217, *bit.ly/48gvp86*





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