

TOGETHER WE STAND, DIVIDED WE FALL: CONNECTEDNESS, SUICIDE, AND SOCIAL MEDIA IN THE MILITARY

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Suicide in the Military

Although the suicide rate in the military has traditionally been lower than the civilian rate (Kang & Bullman, 2008), suicide rates in recent years have trended upwards in active duty military personnel and veterans (Kang & Bullman, 2008), spurring the characterization of suicide as a “hidden epidemic” in the Armed Forces (Sklar, 2007 in Braswell & Kushner, 2010). Suicide is now the second leading cause of death in the military (Ritchie, Keppler, & Rothberg, 2003; U.S. Department of Defense, 2007 in Bryan & Cukrowicz, 2011) and suicide rates have consistently increased across all branches since 2006 (Carden, 2010 in Braswell & Kushner, 2010).

Repeated or prolonged deployments in tandem with related combat exposure have been identified as potential factors leaving servicemembers at elevated risk for suicide (Bryan & Cukrowicz, 2011; Stewart, 2009 in Braswell & Kushner, 2010). For example, tour of duty duration has been linked to completed suicides (Adams, Barton, Mitchell, Moore, & Einagel, 1998) and increased exposure to combat violence has been linked to increased suicidal ideation (Beckham, Feldman, & Kirby, 1998; Yehuda, Southwick, & Giller, 1992). An Institute of Medicine (2007) committee has similarly concluded that warzone deployment confers added risk for suicide in the years subsequent to deployment. Given the greater frequency and duration of deployments for servicemem-

bers during the course of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) (Tanielian & Jaycox, 2008 in Bryan & Cukrowicz, 2011), the relationship between deployment and suicide risk warrants close monitoring, further investigation, and careful consideration in suicide prevention programming.

Mental health issues, particularly post-traumatic stress disorder (PTSD) and Major Depression, have been implicated in suicide in military populations. For instance, combat exposure has been identified as a risk factor for greater depression (Lapierre, Schwegler, & LaBauve, 2007), PTSD (Bullman & Kang, 1994; Elbogen, Beckham, Butterfield, Swartz, & Swanson, 2008), and substance abuse symptomatology (Hooper, Rona, Jones, Fear, Hull, & Wessely, 2008). A recent RAND survey indicated that almost one-third of

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servicemembers returning from deployment in Iraq or Afghanistan suffered a traumatic brain injury (TBI) or satisfied the criteria for PTSD or Major Depression (Kuehn, 2009). PTSD has been found to be strongly associated with suicidal behavior (Kessler, 2000) and is a potent predictor of the trajectory from suicidal ideation to attempt (Nock, Hwang, Sampson, Kessler, Angermeyer, Beautrais, et. al., 2009).*

The Department of Defense (DoD) and the Department of Veterans Affairs (VA), sensitive to escalating concerns over the need for mental health service improvement, have implemented programs to enhance screening and treatment of these mental health disorders in primary care environments (Keuhn, 2008). Mental health needs have been further addressed through the establishment of suicide prevention coordinators in every VA hospital in the United States and the development of a national suicide hotline staffed specifically for veterans (Mills, Huber, Watts, & Bagan, 2011).

Social Integration in the Military

In addition to mental health issues, researchers have speculated that increases in suicide rates in the military may be an adverse consequence of disruptions in social connectedness and social integration. A recent study examining the root cause of suicide identified poor communication and coordination with the veteran's family or social network in the community as contributing to elevated suicide risk (Mills et al., 2011). In fact, several other root causes have been linked to broader issues of communication breakdowns, such as continuity of care, coordination of care, and provider communication (Mills et al., 2011).

In an effort to aid suicide prevention efforts in military personnel, recent and ongoing endeavors have aimed to elucidate mechanisms driving suicidal phenomena. Social connectedness has often been touted as centrally important to suicidal processes (You, Van Orden, & Conner, 2011). Along with other well-known risk factors for suicide, such as mental disorder, past suicide attempts, physical illness, family conflict and unemployment, social isolation is considered an especially robust risk factor for suicide (Van Orden, Cukrowicz, Witte, Braithwaite, & Joiner, 2010). In fact, the strength and reliability of social isolation in predicting suicidal ideation, attempts, and behavior is arguably unmatched (Van Orden et al., 2010).

The stress associated with extended deployments and returning home post-deployment have been proposed as factors that may exacerbate suicide risk for servicemembers (Kuehn, 2009). Rising suicide rates have been attributed to the disintegration of family relationships, ties, and structures associated with frequent, extended deployments (Stewart, 2009 in Braswell & Kushner, 2010). Interviews with OEF/OIF combat veterans suggest a profound sense of disconnection from civilians and civilian life (Brenner, Gutierrez, Cornette, Betthausen, Bahraini, & Staves, 2008) and detachment from others during, and subsequent to, deployment (Anestis, Bryan, Cornette, & Joiner, 2009).

Varied sources have documented the relationship between military life and social disintegra-

tion. Combat exposure or deployment has been linked to domestic violence, child maltreatment (Gibbs, Martin, Kupper, & Johnson, 2007), intimate partner violence (Marshall, Panuzio, & Taft, 2005), and divorce (Prigerson, Maciejewski, & Rosenheck, 2002), with greater combat exposure being associated with poorer family adjustment post-combat zone deployment (Taft, Schumm, Panuzio, & Proctor, 2008). Consistent with the influence of disconnectedness, being single, divorced, or separated was strongly associated with completed suicide among servicemembers (Thoresen, Mehlum, Roysamb, & Tonnessen, 2006).

It is important to recognize that the deployment-related disintegration in civilian social networks is accompanied by commensurate integration into the military social network (Braswell & Kushner, 2010). Moreover, these military social networks can be protective with respect to suicide. The historically lower suicide rates in the military during peacetime have left many to credit the social group cohesiveness of military life as protective against suicide (Mahon, Tobin, Cusack, Kelleher, & Malone, 2005; Martin, Ghahramanlou-Holloway, Lou, & Tucciarone, 2009). Addressing and balancing dual social networks lies at the core of Battlemind Transition Training, which is a reintegration program that includes, but is not limited to, simultaneously maintaining both military and non-military relationships (Adler, Castro, Bliese, McGurk, & Milliken, 2007 in Selby, Anestis, Bender, Ribeiro, Nock, Rudd et al., 2010).

Suicide and Social Media

Over the past decade a great concern has arisen in both the academic and popular press surrounding the role of the internet in promoting suicidal behavior in the civilian population. The concerns focus around the idea that websites and user groups are discussing the means by which one can commit suicide, while other sites and groups are going so far as to promote suicide as a solution to life's problems and discourage persons from seeking psychological care (e.g. Mehlum, 2000; Alao, Soderberg, Pohl, & Alao, 2006). Researchers often recognize the potential for the internet to be a vehicle for dis-

seminating suicide prevention messages (Mehlum, 2000) or as a means by which to identify those with suicidal ideation and link them to care (Alao et al., 2006).

In the contemporary era, social networking websites like Facebook and Twitter provide new opportunities for suicide prevention in the form of increasing social support, social integration, and a sense of belonging. Social media can empower persons who are physically disconnected from their social support networks to easily and regularly communicate with those networks, which has been shown in civilian populations to promote healthy behaviors (Rice, Monro, Barman-Adhikari, & Young, 2010).

The introduction and implementation of social media to promote and preserve connectedness between servicemembers and their social networks may aid in this urgent suicide prevention endeavor. It has long been recognized that communication with familial networks during the period of deployment is key to promoting morale (Wong & Gerras, 2006 in Durham, 2010). However, servicemembers have expressed that striking the balance between an excessive and inadequate amount of communication is challenging when situated in a combat environment (Wong & Gerras, 2006). Moreover, the ability to feel connected to loved ones despite geographic distance has been identified as an issue that has the potential to impact level of distress (Wong & Gerras, 2006).

Social media may provide a platform that allows servicemembers to monitor the stream of disclosure over time, thereby allowing them to balance the level of attention to familial or civilian social networks in a measured way. Some branches of the armed services are actively engaging in this model. For example, the Army has stated “Facebook is a big part of Soldier life. Long deployments, annual training, and unexpected assignments force Soldiers to leave their Families on a regular basis. For the last several years, Facebook has helped bridge the gap between Soldiers and their Families during ex-

tended separations.” (Brown, 2011).

Social media, like Facebook, may provide an excellent opportunity for early identification of persons at risk for suicide. To the extent that military personnel as well as their friends and family are made more aware of signs of emotional distress and suicidal thoughts, social media may be an excellent communication tool for concerned persons to reach out to servicemembers and veterans when they are showing signs of distress.

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Recommendations

In light of the previous literature that makes a clear case for the importance of social support and social connections in the prevention of suicide among active duty service members and veterans, we suggest the following ways to employ social media toward suicide prevention:

1. Within the constraints of necessary security measures, encourage servicemembers, veterans, and their families to utilize social media, such as Facebook, to maintain relationships with military and civilian social networks, especially during critical transitional periods of deployment and community reintegration when social networks may be compromised.
2. Encourage DoD to employ social media as a platform in advancing suicide prevention programming and training for servicemembers, military leaders, and families, as outlined in the recent report by the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces.
3. Encourage DoD to appoint a social media manager to contribute to the development and oversight of social media-based suicide prevention initiatives that are consistent with existing DoD strategies.
4. Develop—or support the development of—psycho-education applications for smart phones and tablets dedicated to suicide awareness and prevention, and incorporate

these apps into devices being distributed to servicemembers through government training or programs (e.g., iPhones were recently distributed to Army troops in the Quartermaster School to enhance training outside of the classroom).

5. Encourage Congress to fund research efforts aimed at examining trends in social media use and networking among servicemembers who are suffering from varying degrees of suicide risk with the aim of informing suicide intervention and prevention development.

AUTHOR BACKGROUND

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Eric Rice, Ph.D., is an assistant professor in the School of Social Work at the University of Southern California. His area of expertise is the use of social media, social network analysis, and prevention programming.

* In the original policy brief, the authors wrote, "PTSD has been identified as the most common diagnosis among veterans committing suicide (Kang & Bullman, 2008), is strongly associated with suicidal behavior (Kessler, 2000), and is a potent predictor of the trajectory from suicidal ideation to attempt (Nock, Hwang, Sampson, Kessler, Angermeyer, Beautrais, et. al., 2009)." They have since adjusted their statement to the one included here.

The views expressed in this policy brief are those of the author and do not necessarily represent the views of the USC Center for Innovation and Research on Veterans & Military Families (CIR) or collaborating agencies and funders.

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