

Addressing PTSD and Suicide in US Veterans

To the Editor: We read with great interest the article by Wisco et al¹ regarding the prevalence and impact of posttraumatic stress disorder (PTSD) in a nationally representative sample of US veterans. After analyzing data from over 3,000 US veterans in 2011, the authors concluded that (1) the prevalence of lifetime and current PTSD was 8.0% and 4.8%, respectively; (2) PTSD was associated with an increased risk of mood, anxiety, and substance use disorders and a nearly 10-fold risk of suicidal ideation and suicide attempts; and (3) psychosocial factors, namely, community integration, resilience, and secure attachment, were associated with decreased odds of PTSD.

The results of the study are timely, in light of recent US legislation geared toward addressing mental health care in veterans and the alarmingly high national veteran suicide rates. On February 12, 2015, the Clay Hunt Suicide Prevention for American Veterans Act,² named after a marine who suffered from PTSD and committed suicide in 2011, became law. It will require the Department of Veterans Affairs (VA) to (1) arrange for an independent third-party evaluation of the VA's mental health care and suicide prevention programs, (2) publish a website to provide veterans with updated information regarding the VA's mental health care services, (3) implement a 3-year pilot program to repay the education loans (up to \$30,000 annually) of psychiatrists agreeing to at least a 2-year period of obligated service with the VA, (4) establish a 3-year pilot program to assist veterans transitioning from active duty by creating a peer support network and a community outreach team for each VA medical center, (5) select a VA Director of Suicide Prevention Coordination to collaborate with nonprofit mental

health organizations, (6) extend combat veterans' eligibility by 1 year for VA medical care and nursing home care for illnesses that have not been proven to be attributable to their service (with certain provisions), and (7) submit interim reports to Congress regarding the efficacy of these programs.

Wisco and colleagues¹ suggest that prevention and treatment efforts designed to bolster protective psychosocial factors (eg, resilience and community integration) may help mitigate PTSD risk in this population. Interventions specified in the Clay Hunt Act (estimated to cost \$22 million over 2015–2019) have great potential with regard to providing optimal care to veterans with PTSD and other mental health disorders and reducing the alarming rate of 22 veteran suicides per day in the United States.

REFERENCES

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