

Suicide History Knowledge Among Partners of Psychiatrically Hospitalized Military Personnel

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Introduction

- In 2021, nearly 50,000 individuals in the United States died by suicide and 12.3 million seriously considered ending their lives ¹
- Suicide is the second leading cause of death for military personnel ²
- Individuals experiencing self-injurious thoughts and behaviors (SITB) most often confide in romantic partners ³
 - They often assess relationship quality, their partner's emotional capacity, and their expected response before deciding to disclose ³
- SITB disclosure advantages include self-reflection, expanded social support, acquisition of coping strategies, and strengthened relationships ⁴
- Individuals do not disclose *all* SITB to their partners
 - Partners knew information about past suicide ideation (SI) but were less aware about past suicidal behavior, future SI risk, and future suicide attempt (SA) risk ⁵
- Other studies have successfully used couples-based interventions to treat depression ⁶ and drug addiction ⁷; having partners involved in the treatment and prevention of SITB may elicit similar results
- It is important to first understand what exactly couples know about each other's SITB to help determine an intervention starting point

Research Questions

- How accurate are romantic partners of psychiatrically hospitalized military personnel at knowing patients' suicide history?
- In what context do partners discover patients' SI?
- Is partner accuracy related to relationship functioning?

Methods

Sample

Patients (*n*=91)

- 60 males, 31 females
- 84 active-duty service members, 7 veterans
- Mean age = 33 years

Partners (*n*=91)

- 28 males, 63 females
- 31 active-duty service members/veterans
- Mean age = 32 years

Whole sample (*n*=182)

- 72% (*n*=131) participants were Caucasian
- 79% (*n*=72) couples were married

Measures

- Revised Self-Injurious Thoughts and Behaviors Interview (SITBI-R) ⁸ assessed patients' suicide histories and partners' knowledge (adapted)
- Youth Behavior Risk Survey (YRBS) ⁹ assessed patients' drug use history and partners' knowledge (adapted)
- SI discovery context was assessed using a question created for study
- Couples Satisfaction Index (CSI-4) ¹⁰ assessed relationship quality
- Communication Patterns Questionnaire (CPQ) ¹¹ assessed positive communication in the relationship
- A partner accuracy score was calculated by summing patient-partner agreement on the seven variables of interest (i.e., marijuana use, cocaine use, prescription drug use, SI, SA, future SI, and future SA)

Results

Table 1

Partner Knowledge of Patient Drug Use & SITB

Measure	Frequency ^a	Partner Accuracy ^b
Drug use		
Lifetime marijuana use	47	76.6%
Lifetime cocaine use	22	36.4%
Lifetime Rx use	29	34.5%
Suicidality		
Lifetime SI	82	89.0%
Lifetime SA	41	51.2%

n = 87

^a Frequency: number of patients who answered "yes" to the item

^b Partner accuracy: number of partners who correctly identified patients' "yes"

Table 2

Partner Knowledge of Patients' Concern about Future SITB

Measure	Frequency ^a	Partner Accuracy ^b	Discordance ^c
Future SI	73	83.6%	50.0% (<i>n</i> = 9)
Future SA	52	73.1%	48.7% (<i>n</i> = 19)

n = 91

^a Frequency: number of patients who answered "yes" to the item

^b Partner accuracy: number of partners who correctly identified patients' "yes"

^c Discordance: number of partners who answered "yes" when patient answered "no"

- Partners most often found out about patients' SI through either being told directly (*n*=25) or from a gut feeling (*n*=21)
- No significant relationship was observed between partner accuracy score and partners' relationship quality ($\beta=.060$, $p=.227$) nor positive communication ($\beta=.009$, $p=.442$)

Discussion

- Examined partner knowledge of patient SITB history
- Results suggest that partners are generally most aware about patients' marijuana use, SI history, and likelihood of future SI and SA
- SA is more serious than SI, yet was identified by partners less often. Individuals may be more willing to disclose suicidal thoughts than actions because they are not as serious or stigmatized
- Patients are currently in treatment, yet are still indicating future likelihood of SI and SA
- Couples with discordance about the future likelihood of SI and SA may not be regularly discussing or checking-in about future risk
 - Partners in couples with discordance may be less attuned to suicidal warning signs in patients, may have less of a buy-in to certain treatment methods, and may be too overcautious with the patient
- Non-significant regression results show that even couples with high relationship functioning may be equally unlikely to talk about SITB
 - An intervention that teaches couples how to discuss SITB could be beneficial to a wide range of couples
- Given that the two most common ways partners discovered patients' SI were through being directly told or from a gut feeling, it can be inferred that while many couples are speaking openly about SITB, some are still having difficulties
 - Individuals in relationships may have good communication overall, but still struggle to broach the topic of SITB for many reasons

Limitations

- Small sample size
- Specific population (hospitalized service members)

References

1. Suicide Data and Statistics (2023), 2. Suicide in the Military, 3. Love et al. (2021), 4. Sheehan et al. (2019), 5. May et al. (2019), 6. Baucom et al. (2018), 7. O'Farrell et al. (2011), 8. Fox et al. (2020), 9. Youth Risk Behavior Survey Questionnaire (2021) 10. Funk et al. (2007), 11. Crenshaw et al. (2016)