Suicide and the Citizen-Soldier: Disrupting the Clinical Narrative

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ABSTRACT OF THE DISSERTATION

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Abstract

Military service members are a high-risk population for suicide, especially those in the National Guard. The purpose of this research is to examine ways in which systems influence suicide risk within the National Guard population. This research shifts the perception of suicide from an individual problem to a systems problem through post-secondary data analysis of suicide investigations conducted by the Ohio Army National Guard between 2018 and 2023. Findings suggest that the influence of systems on individuals at risk is a contributing factor, and that stories of individuals lost to suicide serve to inform social workers on what we may be missing and where we need to focus our work.

Keywords: suicide, military, National Guard, systems, social work

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CHAPTER ONE

Suicide

Suicide is a leading cause of death in the United States (Center for Disease Control and Prevention [CDC], 2022; National Institute of Mental Health [NIMH], 2022). It was estimated that in 2021, someone died by suicide every 11 minutes (CDC, 2022). This number does not include those who are at risk for committing suicide, attempted suicide, or those who are directly affected by loss to suicide (CDC, 2022; NIMH, 2022). The very word --"suicide" -- is provocative. It evokes many thoughts, emotions, and judgements. Suicide spurs conversations around mental health, access to weapons, addiction, pain, bullying, grief, loss, and more. Though there is generalized concern regarding suicide, contemporary literature demonstrates that some populations are consistently, disproportionately affected by suicide. One such population is military veterans and service members.

The Population

In the United States, individuals who are serving or have served in the military are at especially high risk for suicide. Suicides among this population are markedly higher than the general population. In 2021 alone, suicide rates per 100,000 were as follows: general population 13.1, veterans 31.7, and those serving in the military were Active Duty 24.3, Reserves 21.2, and National Guard 26.4 (CDC, 2022; Department of Defense (DOD), 2023; Department of Veterans Affairs (VA), 2022). Service members and military veterans die by suicide at rates almost double that of the general population. This is even more shocking considering that suicide is in the top nine leading causes of death in the United States for those ages 10 to 64 (CDC, 2022), and yet the rate of death by suicide is noticeably higher in military populations, regardless of branch or component of service (DOD, 2023).

Military populations in the United States are generally viewed as one of two groups: active-duty population or veteran population. However, this oversimplified social paradigm excludes those who serve in the capacity of reserve components, specifically the National Guard. Examples of this can be found within Veteran's Affairs classification systems in which, unless specific criteria are met, those serving exclusively in reserve components may not qualify for veteran status upon exiting service (Determining Veteran Status, VA, 2019; VA Benefits and Service, 2023). The exclusion of this population is both worrisome and significant. Not only is the National Guard, and more specifically the Army National Guard, a population at higher risk for suicide when compared to other military branches and components, it is also a population that is underrepresented in extant research.

Although the literature that explores the nuanced and intricate dynamics of National Guard service is scarce, studies are not completely absent. Many studies focus on the military and mental health conditions, physical health conditions, substance use disorders, family history of suicide, exposure to trauma (to include physical and sexual violence), social, chronic pain, and lack of stability (NIMH, 2022; Substance Abuse and Mental Health Services Administration [SAMHSA] 2023; DOD, 2023; American Psychological Association [APA], 2022). Although there is broad relevance of these variables across all populations, these factors alone do not fully address the elevated risk of the military, and certainly do not explain the uniquely high suicide rate in the National Guard.

Culture and Structure

Military culture is complex. There are networks and layers of culture and subculture that persist within and throughout different branches and components of the military which are the Army, Navy, Marine Corps, Air Force, Space Force (and Coast Guard in some contexts,

however this branch technically falls under the Department of Homeland Security and not the Department of Defense with some exceptions) and components of Active-Duty, National Guard, and Reserves. Each of these branches of service engage with systems (such as medical and mental health support, financial resources, and social systems) in different ways. Attempts to generalize experiences across these dimensions offer a nonspecific and poorly nuanced understanding of each population, while ignoring other relevant factors altogether. The identification of military "groups" and, within them, individualized paths, requires the navigation of a byzantine structure. Considering an imagined individual trajectory can be clarifying.

An individual entering the military must first select a branch of service. This individual decides to serve in the Army. From this point there are three primary options for how they can serve: Active-duty capacity, Reserves, or National Guard. Each option carries its own culture under the umbrella of the Army and with each culture exists a variance across systems with which this individual may engage. This individual chooses to serve in the National Guard. They choose to enter in an enlisted role, process through Basic Army Training (boot camp), and go to advanced individual training (AIT) to acquire their military occupational specialty (MOS) which could be anything ranging from infantry, artillery, engineering, medic, behavioral health specialist, intelligence, mechanic and more. Based on the MOS, the training will occur at a specific location in one of 11 states for AIT. This individual enters as a combat medic and will go through AIT at Fort Sam Houston in Texas. Each of these specifiers also carries a different culture and access to systems. Because this individual chose to serve in a reserve component as a "citizen-soldier" in the National Guard, they will additionally have to navigate federal military systems, state military systems specific to the state of service and the National Guard Bureau, and civilian life.

The layers of complexity that exist within and across the military culture are not fully examined or captured through extant literature. These complexities serve to complicate the existing view of suicide in a way that lacks completeness.

Understanding the Problem: An Incomplete Picture

Suicide is a well-researched phenomenon. Research identifies many factors that are understood to contribute to suicide risk in the general population. More commonly known risk factors for suicide include mental illness; substance abuse; history of suicide attempts; exposure to trauma; access to weapons with high lethality such as firearms; and chronic pain (CDC, 2023; NIMH, 2023). These risk factors are abundantly explored in current research and draw attention to the personal characteristics of individuals at risk. Indeed, suicidology consistently adopts a micro-perspective (Chiles, Strosahl, & Weiss Roberts. 2019; American Psychological Association, 2015), despite studies (Joiner, 2005; Ursano et al., 2017; Ursano et al., 2018; Gallyer et al., 2020) that identify relationships and greater systems as factors of suicide. These mezzo and macro explorations of suicide constitute a small portion of the overall body of literature dedicated to the study of suicide. This bias is problematic as it excludes close examination of factors that profoundly affect some populations that are especially vulnerable to suicide, including veterans.

A Shift in Perspective

A shift in perspective to include systems-level inquiry neither negates the importance of individual risk factors, nor obscures the fact that such risk factors exist at higher rates (i.e., greater frequency) within military populations. These risk factors include higher incidence of post-traumatic stress than the general population (VA, 2023; SPRIRC, 2023), increased access and utilization of lethal means such as guns (Booty et al., 2021); and demography of the military.

The military has a large number of individuals who exist at this high-risk intersectionality: young Caucasian males. Caucasian suicides are the second highest risk population across race and ethnicity demographics; male suicides make up 80% of suicide deaths (CDC, 2022), and suicide is the second leading cause of death across all ages eligible for service [17 to 64] (CDC, 2022).

Hypotheses

Extant research lacks comprehensive exploration of the extent to which connectedness to other people and systems influences individuals' personal relationship with suicidality. Also absent is the inclusion of and focus upon clearly identified populations within the complexity of "the military." Given the diversity in culture across branches and components, distinguishing, for example, between factors related to suicidality among members of the Ohio National Guard and other military branches and components is important.

As noted above, the constructed understanding of suicide reflects myriad depictions, united by the assumption that suicide is an individualized experience with individualized outcomes that extend beyond the primary loss of life. A more nuanced analysis of the subpopulation represented by the Army National Guard (and more specifically Ohio Army National Guard) would facilitate the identification of systems and connections that were present, disrupted, or absent for those who died by suicide. Any themes or patterns that emerge offer an opportunity to better understand the idea of suicide as a systems issue rather than as a (singularly) person-specific issue. Two hypotheses can be articulated. First, the quality and quantity of interpersonal relationships and systems may be related to suicidality. Second, it may be that individual factors are sequelae of systems factors, rather than primary causes of suicide.

Theory

Overview

Contemporary research examining suicide across populations suggests that suicide is not a problem of the individual, but rather a problem of larger societal components (Mueller et al., 2021). Thus, theories acknowledging and incorporating the societal impact of suicide best frame suicide contemporarily (Mueller et al., 2021).

The theories that will be used to shape the paradigm for this research are Durkheim's framework from "On Suicide" (1897); Joiner's Interpersonal Theory of Suicide (2005); and Systems Theory (Von Bertalanffy, 1950, 1968), more specifically via application of the Socio-Ecological Model (Bronfenbrenner, 1979). Contemporary application of these theories will support historically grounded paradigms while acknowledging the need to apply these schools of thought in new and relevant ways.

Durkheim's observations of suicide will provide a base that allows for a more contemporary integration and critique of the application to the modern problem of military suicide. More specifically, Durkheim's typology frames a sociological and cultural interpretation of motivations for suicide.

Through the incorporation of Joiner's Interpersonal Theory of Suicide, a more inclusive and relevant paradigm can be developed around suicide that will more adequately address the phenomenon as it exists in the present. The Interpersonal Theory of Suicide builds and refines much of Durkheim's work by exploring not only how one's place in relation to others may contribute to death by suicide, but also how one's needs, perceptions, and capacity for death frame one's decision and ability to complete suicide.

Bronfenbrenner's (1979) socio-ecological model provides for a more comprehensive and expansive understanding of suicide by drawing from micro, mezzo, and macro factors that

contribute to the suicide phenomenon. The structure and organization of socio-ecological theory creates an inclusive picture of multiple factors beyond the individual and society to examine ways in which a person acts and is acted upon by their internal and external environment.

Clarifying the Framework

This comprehensive approach allows for the phenomenon of suicide to be studied through a comprehensive, longitudinal, and multidisciplinary theoretical framework: the sociological, yet historic, views of Emile Durkheim (1897), the more modern perspective of psychologist Thomas Joiner (2005), and the expansive observations of Ludwig von Bertalanffy (1968) through the refined socio-ecological model posited by psychologist Urie Bronfenbrenner (1979).

Durkheim

In 1897, when Emile Durkheim published "On Suicide," he was among the first to apply a sociological lens to the topic of suicide. Durkheim identified four types of suicide: Egoistic suicide, which at the core is essentially the sense that one does not belong or that their presence does not hold purpose with others; altruistic suicide, in which the individual essentially gets lost in the needs and beliefs of the group which may also mean that one's sense of self is conflated with society; Anomic suicide, which occurs when people do not find their place in society, and Fatalistic suicide, which occurs when circumstances of life are such that death becomes the preferable option.

The suicide types articulated by Durkheim suggest that suicide exists *in relation to* one's relationship with the systems that surround them. When applying this framework to the military population, each of these categories becomes clear. Applying the idea of Egoistic suicide, which can be seen when service members lack sense of purpose in their role, allows for consideration

of those who do not value their work or themselves. This was seen first-hand during overseas deployments to the Middle East where missions were disrupted due to quarantines and travel restrictions, which resulted in individuals losing a sense of purpose in the mission and their roles. Altruistic suicide encompasses the idea that those in military service carry the willingness to die for one's country and corresponds with the idea that preservation of self becomes secondary to self-sacrifice in service. Anomic suicide can often be observed following major life changes. This may also be relevant to National Guard service because service members exist in a space between the role of a soldier and the role of a citizen such that transition is a constant experience. And finally, Fatalistic suicide, which is exemplified through experiences such as prisoners of war, bullying and abuse, and other closed systems environments such as austere deployments (i.e., highly regulated deployments with limited resources that are often in a remote location) where individuals may lose sight of their place in society and escape other than death seems impossible.

Joiner

In 2005 Thomas Joiner, drawing on the framework of Emile Durkheim, offered a theory of suicide that considers the interpersonal connectedness of individuals as a central factor in suicide. Joiner's Interpersonal Theory of Suicide posits that in order for one to complete suicide, three things must be present: thwarted belongingness, the belief or perception that one does not belong; perceived burdensomeness, which is one's perception that their existence is problematic or onerous for others; and the acquired capability to die, which is the ability to take one's own life that has been developed during the course of one's life and is in direct conflict with the innate desire for self-preservation and a fear of death (Joiner, 2005).

By switching the focus from the individual to the individual's place in a greater system, Joiner changes the conversation around suicide in a way that not only builds upon historical frameworks (i.e., Durkheim), but also offers a more accurate description of what is happening in contemporary society, especially within complex systems, as exemplified by the military. This change shifts the conversation in a way that takes some responsibility away from the individual for the way that they are experiencing suicidality and redistributes some responsibility to the systems with which that person interacts. Applying this theoretical lens to consider factors that contribute to suicide under the Interpersonal Theory of Suicide viewpoint, the ways in which the complexities of part-time military service may present additional challenges to one sense of connectedness become clearer.

Systems Theory

Incorporation of systems theory will additionally support the social work lens that is central to this research. Systems theory also addresses gaps that exist in relatively high frequency in suicide research published in journals tailored to psychology or psychiatry because suicide is often examined as a person problem, not a community problem.

Systems theory challenges the individualized approach that irrationally or inaccurately places the blame or onus of responsibility on the individual to solve the problem by allowing a shift of focus to society to address the greater issues that exist. This paradigmatic shift will allow for a novel approach to suicidality with respect to military culture.

Socio-Ecological Model

The socio-ecological model (Bronfenbrenner, 1979) allows suicide to be seen through multiple layers and factors that complement and incorporate the work of Durkheim and Joiner in ways that align with this study's core social work perspective. Evaluation and organization of the

complex systems that contribute to an individual's experience through this theoretical framework creates opportunity to more clearly examine how and where connectedness and disconnectedness occur for an individual. When added to Joiner's (2005) work around thwarted belonging, perceived burdensomeness, and capacity to take one's own life, it offers a pathway to better understand the factors that appear.

Justification for Research

Suicide rates remain high despite a large body of suicide research. Across existing studies, constructions of suicide are often overly narrow and focus on suicide as an individual problem while failing to consider relational variables and the role of social systems. Additionally, contemporary literature lacks the complexity reflected by data. Suicide rates vary across populations, with alarmingly high rates of suicide among soldiers, and uniquely high suicide rate among soldiers in the National Guard. More careful, nuanced research is needed. The present study addresses the dearth of research around social systems, especially as they may be related to suicide within the National Guard population.

Relevance to Social Work

Social work demands engagement and awareness of diversity across all levels of practice, which includes military populations. It is also essential to acknowledge that, although military social work is its own diverse and underserved area of practice, military populations are comprised of additional layers of diversity and intersectionality that include marginalized populations. Through exploration of National Guard suicides, this social work-informed research can contribute to education and practice with military populations. Not only can this work inform cultural competency with military populations, but it may also inform approaches to populations at high risk for suicide.

Additionally, suicide research and military research are primarily driven by non-social work professions. To serve as leaders in this field of practice, the social work perspective needs to be present and visible in the literature. Social work core competencies require that social workers be able to “engage in research-informed practice and practice-informed research” (Council on Social Work Education [CSWE], 2022). It is necessary that social work is present in the research that informs practice, and that social work practice is able to contribute to the shared knowledge of suicide in the military.

CHAPTER TWO

Literature Review

Historical Perspectives

Suicide has been examined through multiple lenses over centuries (Goldney, Schioldann, & Dunn, 2008). Although the approach to the problem has changed, many of the themes that have been identified through this historical exploration of the phenomenon hold true. Viewed broadly, what has changed is the relative weight or contribution of several variables that correlate with suicide, especially in respect to certain at-risk populations. More specifically, suicide has been and continues to be recognized, at least in part, as a systems problem even though the individualized focus takes precedent in current suicide intervention and prevention literature and direct practice work. Historical research on suicide provides context for the way in which the phenomenon of suicide has been and is currently defined.

It is essential to examine these foundational schools of thought to successfully explore the ways in which they influence the current, and often lacking, approach to suicide in present times. Certainly, critical consideration is called for; 48,143 people died in the United States by suicide in 2021 alone (CDC Suicide Statistics for 2021, 2022). To address this growing problem in contemporary society, the question must be asked, “what are we missing?”

The oft-discounted paradigm of social responsibility as a factor related to suicide is discussed in John Sym’s early work, “Life’s Preservation against Self-Killing” (Sym, 1637). This theological publication reflects the complexity of suicide, and the social and moral attitudes toward suicide at the time. Many attitudes from this work still hold some consciousness in contemporary attitudes toward suicide, including moral and personal responsibility. Sym’s (1637) work centers on the individual in relation to evil and good, however it does not entirely

discount social factors and the responsibility of others related to suicide. Works that followed over centuries often built on the foundation of morality of suicide and individual experience. In the 18th century, it was Charles Moore who identified that "there is a sort of madness in 'every' act of suicide, even when all idea of lunacy is excluded" (Moore, 1790; Goldney et al., 2008). Moore examined the heredity of suicide, emphasizing the experience of the individual in suicide (Moore, 1790).

In the 19th century, explanations of suicide reflect an individualized construction, framed by prominent physicians of the time such as Jean-Étienne Esquirol and Heinrich Callisen among others (Goldney et al., 2008). Although the 19th century approach individualized suicide, centering on medical explanations and interventions, it did not exclude the idea of social factors entirely. George Burrows (Burrows, 1828) mirrored the focus on suicide as an illness with consideration of "melancholia" and hereditary factors, and although he did not discount the impact of social stressors, the focus remained on the treatment for the individual rather than societal intervention.

Other prominent historical figures contemporary to Emile Durkheim (1897), who is noted in history as a significant contributor to suicide research, identified suicide as a deficiency of society. Karl Marx quoted statistician Jacques Peuchet who commented that suicide is a product of society and not all societies have the product of suicide (Marx, 1846). In these works, Marx also identified society's inability to navigate the challenges posed by suicide and identified the insufficiency of "moralists' single-minded and uncharitable blame" (Marx, 1846; Goldney et al., 2008). This perspective continued the emphasis on individual morality reflected in efforts to address suicide.

The individualized perspective reflected by historical research created the foundation for similarly limited contemporary understandings of suicide. This can be seen in contemporary approaches that focus on the individual and through the application of medical models in contemporary literature. Indeed, mental illness is viewed as a primary risk factor by the American Psychological Association (APA) Clinical Standards for Working with Suicide (Chiles et al, 2019). The APA dictionary even offers the definition of suicide to be "the act of killing oneself. Frequently, suicide occurs in the context of a major depressive episode, but it may also occur as a result of a substance use or other disorder" (APA, 2015). This contemporary definition fully embraces the historical approach to suicide, which constructs it as an individual problem that may reflect complex but individualized features. Contemporary literature and the frameworks that structure it typically reflect this same historical bias.

Contemporary Approaches to Suicide

The lack of research related to relationships and social systems is readily apparent when examining the way that warning signs for suicide are approached in the dominant social paradigm related to prevention. The website for the Center for Disease Control and Prevention offers suicide prevention resources and warning signs that have become part of the suicide lexicon. When taking a closer look at the information available such as "talking about being a burden, being isolated, anger or rage, increased substance use, expressing hopelessness, and making plans for suicide" (CDC, 2023), it becomes clear that the focus of warning signs centers on the individual at risk rather than the individual and the systems in which they exist. Certainly, relational/societal risk and protective factors are identified on the CDC website, but the focus remains on warning signs expressed through behaviors at the individual level (CDC, 2023).

This individualized focus is also apparent in assessment tools used to determine the level of risk that someone is experiencing. For example, the Columbia Suicide Severity Rating Scale (CSSRS) (Giddens, Sheehan, & Sheehan, 2014) and the Beck's Scale for Suicidal Ideation (BSI) (Beck, Kovacs, & Weissman, 1979) are two of the most recognized and utilized assessment scales for suicide (Andreotti et al., 2020). The CSSRS offers items that focus on the individual's thoughts around suicide as well as their past behaviors, and the BSI contains items that focus on planning and individual behaviors. Both scales are widely used despite criticisms of validity and accuracy in predicting risk (Andreotti et al., 2020; Sampson et al., 2021; Tabares et al., 2021).

Though the approaches and techniques for suicide prevention and intervention have been common practice for decades (as evidenced by the BSI being created in 1979 and the C-SSRS in 2007) or longer, there remain high and increasing levels of suicide, suggesting that the helping professions may be falling short in their conceptualization and operationalization of this phenomenon. A more glaring gap is these strategies' limited efforts to address high-risk populations. More specifically, extant approaches to suicidology do not fully explain or account for the reality that groups or populations experience differences in suicide risk and rates of completion that cannot be accounted for by individual factors alone. Measures more reflective of this reality would include items related to, for example, the experience of social isolation or marginalization and the specific stressors associated with it.

Beyond assessment tools, current clinical and practice guides shaped by psychology and psychiatry focus on individual factors of suicide in assessment, with focus on prevention, risk and acuity, and intervention within the individualized scope (Chiles et al., 2015; Chiles et al, 2019). As noted in the Introduction, the absence of social work scholarship and research related

to suicide may exacerbate the problematic state of current literature. Social work scholarship that *is* present has been framed by the historical work of other professions, rather than systems approach central to the social work profession (Maple, Pearce, Sanford, & Cerel, 2017).

The lack of acknowledgment and application of suicide prevention and intervention efforts to address these differences in and across populations demonstrates the need for further exploration. Examination of the generalized ideas around suicide that incorporate systems could serve to determine if these approaches accurately address all populations. This is especially important when examining how suicide is treated in high-risk populations such as the military.

Suicide in the Military

Defining Military Terminology

To adequately understand the nuances and intricacies of the military, it is essential to first clarify specific terms and qualifiers across and within the culture. In fact, military specific jargon is so extensive that the Department of Defense (DOD) offers the 770-page *Department of Defense Dictionary of Military and Associated Terms* (2016). The DOD Dictionary is the primary source of terminology to maintain congruency throughout this research, however the Veteran's Administration (VA) and federal code inform the definition of Veteran. Use of the consistent definition of these terms allows for more accessible understanding of these terms as they are applied in the literature.

Activation is "Order to active duty (other than for training) in the federal service" (DOD, 2016). This includes National Guard troops ordered to federal service but excludes full-time National Guard Service and state activation, which falls under the direction of the governor of the respective state for each National Guard. Examples of state activation would be disaster relief and COVID-19 response.

Active-Duty will specifically refer to "full-time duty in the active military service of the United States. This includes members of the Reserve Components serving on active duty or full-time training duty but does not include full-time National Guard duty" (DOD, 2016). It is important to acknowledge that full-time National Guard duty is not consistent with the definition of active duty, however Federal Reservists are considered active duty when in full-time status or training. This exception to Active-Duty status will be explored in more detail.

Armed Forces of the United States (Armed Forces) is, "A term used to denote collectively all components of the Army, Navy, Air Force, Marine Corps, and Coast Guard" (DOD, 2016). This is used to refer to all components and branches in the U.S. Military. The Space Force is included in this definition but is not referenced in the most recent iteration of the DOD Dictionary (2016) due to being established on December 20, 2019.

Branch is a term that holds several sub-definitions of this broad term; however, branch is utilized to describe a subdivision of the military organization (DOD, 2016) in the present study. It specifically refers to the arms of service: Army, Navy, Marines, Air Force, Space Force, and sometimes the Coast Guard. The Coast Guard is primarily under the command of the Department of Homeland Security but can be activated under the DOD in specific instances.

Component is defined as "one of the subordinate organizations that constitute a joint force. Normally a joint force is organized with a combination of Service and functional components" (DOD, 2016). The specific components of significance are Campo 1, which is Active Duty, and Campos 2 and 3, which are Reserve components. Reserve Components are broken down into Campo 2, which refers to National Guard, and Campo 3, which refers to Federal Reserves.

Reserve Components of the Armed Forces of the United States (Reserve Components) are defined as "a. the Army National Guard of the United States; b. the Army Reserve; c. the Naval Reserve; d. the Marine Corps Reserve; e. the Air National Guard of the United States; f. the Air Force Reserve; and g. the Coast Guard Reserve" (DOD, 2016). In the present study, the term "reserve components" refers to the Army Reserve Components. There is also an inactive reserve component of the Inactive Ready Reserve (IRR), however this population is not included as those in the IRR are no longer actively participating in drills or military functions. The IRR can more generally be described as a retainer for qualified individuals who are no longer engaged in military service and therefore carries separate characteristics than participating reserve components.

Veteran has many varying uses in colloquial speech and is often broadly yet incorrectly used to refer to anyone who has served in the military. In reality, the term "veteran" has layers of inclusion and exclusion criteria. According to Title 38 of the United States Code**:** *"The term 'veteran' means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable*" (Title 10. 38 U.S.C. § 101(2) (2006), which indicates that those serving in National Guard who have not been activated to Federal service do not meet the definition of "veteran." The requirements are so layered that the Department of Veterans Affairs has generated a three-page Verification Brief for Determining Veteran Status (VA, 2019).

The Scope of the Problem

The literature around the phenomenon of suicide in the military is extensive. There is an annual report that is conducted by the Department of Defense (DOD) with quarterly updates (DOD Suicide Quarterly Report, 2022) that breaks down the metrics of suicide across all

branches and components by number of suicides each quarter with additional investigation of demographics such as age, race, gender, ethnicity, military rank, time in service, deployments or lack thereof, service in combat, military branch and component, and means of death in addition to various other suicide metrics. The DOD also commissioned a comprehensive independent evaluation: the Suicide Prevention and Response Independent Review Committee (SPRIRC). The report generated by the committee offered observations and recommendations for military suicide prevention and intervention (SPRIRC, 2023).

The SPRIRC Report (DOD, 2023) is an in-depth data analysis of suicides across the military. The most recent comprehensive breakdown of factors of suicide can be seen in 2021 data within the SPRIRC report (2023). The examination of suicide across components – Active Duty, National Guard, Reserves- demonstrates areas of concern and consideration. Factors considered across components include the most prominent of use of firearm (67.1%, 76,1%, and 73.9%); relationship difficulties (44.2%, 41.8%, 31,8%); having behavioral health diagnosis (43.9%, 32.8%, 40.9%); and utilizing outpatient mental health services (41.6%, 22.4%, 22.7%) (SPRIRC, 2023) Other factors include legal problems, financial difficulties, location of death (barracks- on-post or off-post), work stress, prior self-harm, known death of friend/ family. Suicides across component were Active-Duty, 328 suicides; National Guard, 117 suicides; and Reserves, 74 suicides (SPRIRC, 2023). Some of the major take-aways from this 2023 SPRIRC data are that, of those who died by suicide in 2021, only 22.4% of guardsmen were receiving mental health treatment. This is despite 32.8% having a diagnosis. Even more significant is that these numbers also offer the realistic conclusion that the inverse of these statistics is true: 77.6% were not receiving any treatment of any kind, and 67.2% did NOT have a mental health diagnosis (whether or not they should have). The fact that only 32.8% had a

mental health diagnosis, and yet 41.8% had known relationship issues strongly suggests that mental health is not the most prevalent risk factor for those who die by suicide. And even though mental health is a known risk factor, many who have this known risk factor are not receiving services. These complex dynamics deserve further exploration.

Much of the extant research on suicide in the military examines or explores risk factors of suicide with particular focus on post-traumatic stress disorder and other mental health conditions such as depression or anxiety. There is also a large body of research examining substance use as a factor in military suicides (Hoopsick, Benson, Homish, & Homish, 2019). Weapons access and means of death also garner a large amount of visibility in the research (Booty et al, 2021). These lines of focus still often exclude systems as factors that contribute to or interact with the individual experience of suicidality. There is a parallel focus on concepts such as stigma, which can complicate issues of help-seeking and access to mental health treatment for members of the military.

There is some military research (Joiner, 2005; Ursano et al., 2017; Ursano et al., 2018; Gallyer et al., 2020, Chu et al., 2020) that examines the application of the interpersonal theory of suicidal behavior as posited by Joiner in 2005. Chu et al., (2020) applied the interpersonal theory retrospectively to a large military sample and identified that, while some of the theory explained the observed pattern across these suicides, additional constructs may be needed to better identify the psychological factors that lead to attempt suicide. However, the majority of these studies look either at active-duty military through concepts like unit cohesion or are VA-sponsored studies that involve veterans no longer serving. Studies involving these populations (veteran, active duty) do not consider the different ways in which National Guard soldiers interact with support systems that are unique to National Guard service.

Recent suicide statistics (2021) reflect with clarity the comparatively high-risk level of the Army National Guard population. Across all populations in the United States, the suicide rate per 100,000 was 14.1 (CDC, 2023). Although this is a very high and disheartening number, it pales in comparison to the rate at which military populations disproportionately died by suicide in the same time-frame. Across all military components and branches in 2021, the rate of death by suicide was 24.3 for active duty, 21.2 for Reserves, and 26.4 for National Guard. It is also important to note that the 2021 suicide data across military populations are reflective of a decrease from the prior year. However, according to the CDC (2023), the 2020 national suicide rate was lower at 13.5 per 100,000. The unadjusted rates (suicide deaths for the year divided by the size of the at-risk population) for the military for 2020 were 28.7 for Active duty, 21.7 for Reserves, and 27.5 for National Guard (DOD, 2022). Even with an increase in the general population suicide rate and a decrease in military suicides, the military suicide rate is still much higher. Across all components, the Army has the highest rate of suicide with the Army National Guard rate of 30.3 in 2021 and 31.5 in 2020 (DOD, 2022). The unadjusted rate for veterans in 2020 was 31.7 per 100,000 in 2020 (VA, 2022). Because the population of focus in the present study is the Ohio Army National Guard, the Ohio state suicide rate is provided for context: in 2021 the suicide rate was 14.6, and in 2020 the suicide rate was 13.8, which are slightly higher than the national averages for the same years (CDC, 2023).

According to the most recent data from the Department of Defense (DOD) Quarterly Suicide Report (QSR) for the 4th quarter of 2022, suicide rates across the military have generally remained similar or have decreased when compared to the same timeframe in 2021. More specifically, the annual totals for 2022 according to DOD QSR 2022 are 328 in the Active component, 160 in the Reserves, and 96 in the National Guard for a total of 584 service member

suicides. In 2021 the combined total deaths by suicide were 643 (DOD QSR 2022). There is, however, one distinct exception to the trend in 4th quarter comparisons from 2021 to 2022 for the Army Nation Guard, which increased from 27 deaths in 2021 to 31 deaths by suicide in 2022. Across all military components for the 4th quarter of 2022, the breakdown of deaths by suicide are as follows: 80 in the Active component, 13 in the Reserves, and 31 in the National Guard (DOD QSR, 2022).

Contributing Factors

The unique circumstances faced by citizen-soldiers (a term that harkens back to the origins of the National Guard as a civilian militia) of the National Guard are not frequently considered when compared to active duty and veteran populations. However, when viewed in the historical context of research around suicide, the themes that exist across both the general population and military populations are plentiful. The existing themes become further complicated with the distinctive citizen-soldier role, which simultaneously inhabit both populations. These themes include generalizable risk factors of mental health diagnoses, exposure to trauma, alcohol and/or substance abuse, social isolation or withdraw, previous attempts, impulsivity (CDC, 2023; SAMHSA, 2023), and insomnia (Tubbs, Killgore, Karp, Fernandez, & Grandner, 2022), as well as specific points of intersectionality such as age and sex [with young males being at especially high risk] (Lee & Goldstein, 2016) factors specific to the citizen-soldier role. These themes largely focus on the individual and are present across all populations, however they do little to inform if and how these generalized factors that contribute to populations of elevated risk, particularly citizen-soldiers of the National Guard.

It is also important to note the disparity that is expressed as part of society's general consciousness through social movements, nonprofit organizations that raise funds and awareness,

and political rhetoric that socially constructs military service in a variety of ways, with equally diverse and assumed outcomes. In actuality, the oversimplification of both "service" and "veteran" confounds efforts to understand the military experience and related outcomes.

Beyond the Surface

Research lacking specificity that matches the complexity of the military may convey a false sense of understanding related to all suicides. It is essential to dig past the surface issues around suicide that suggest risk factors that apply to all populations are equally valid in our attempts to understand the increased completion of suicide among National Guard members. It is quite frankly inaccurate to equate the increased completions of suicide among National Guard members to an increase in the presence of factors such as mental health conditions and exposure to trauma. This becomes even more apparent in light of data, showing that suicide among those with combat exposure occurs at roughly the same rates as those who do not (Reger et al., 2015). Explanations beyond over-utilized individualized experiences such as combat-related PTSD are required.

The Department of Defense Annual Suicide Report (ASR) for 2021 shows some interesting trends across the military regarding suicide. Combined, these trends demonstrate that suicide is not a discrete behavior, nor is it an individualized one. Of the 519 service members that died by suicide, those with the intersectionality of young, enlisted males were at the highest risk (DOD ASR, 2021). An additional factor related to military suicides is that 202 dependents died by suicide, including 133 spouses and 69 other dependents. Firearms were the primary method of suicide death for both Service members and family members (Department of Defense Annual Report on Suicide in the Military, 2021). This statistic broadens the lens to consider

suicide among those connected to individuals in military service and offers an avenue for new insights into this population.

Combined, these data suggest that our understanding of suicide is incomplete and point researchers toward frameworks that include systems and relationships as potential factors of risk and resilience across this unique population. And although there are a great number of things that are unknown or under-studied about this population, utilizing a systems approach framework will allow for new observations that have the capacity to help us understand the broader experiences of this population.

There is ample evidence to suggest that a more sociological or relational approach to research will prove fruitful. Connective concepts such as trauma bonding, along with military values that focus on being part of a team, having a purpose, and contributing as one individual to a greater system suggest that a more relational framework has strong face validity.

Reframing Military Suicide as a Systems Issue

Military Culture

When looking at military culture and specifically the Army, it is necessary to consider the themes and messages that shape the experience of those who are serving. The soldier's creed is a core piece of Army culture, (and one that is familiarized by society through its frequent use in media and entertainment), which asserts:

"I am an American soldier.
I am a warrior and a member of the team.
I serve the people of the United States and live the army values.
I will always place the mission first.
I will never accept defeat.
I will never quit.
I will never leave a fallen comrade.

I am disciplined physically and mentally tough trained and proficient in my warrior tasks and drills.

I always maintain my arms, my equipment and myself. I am an expert, and I am a professional.

I stand ready to deploy, engage and destroy the enemies of the United States of America in close combat.

I'm a guardian of freedom and the American way of life. I am an American soldier."

(The Soldiers' Creed, Army, 2003 update).

These values present a very tall order for the individuals who join and serve. And this order becomes even more complex in the National Guard where many are serving without access to the full systems of support that are made available for active-duty soldiers. Something as simple as maintaining yourself and your physical fitness becomes infinitely more challenging when you may not have access to medical care, gym facilities, or fitness equipment and you worked 40 hours that week in your civilian job. The requirements of service, albeit part-time, require full time commitment to navigate drill requirements, maintain military proficiencies, and simultaneously navigate all other civilian responsibilities.

Army National Guard

According to DOD statistics (SPIRIC, 2023), the Army National Guard (ARNG) currently has the highest rate of suicide across all branches and components. The National Guard holds a distinctive role among the Armed Forces that blends civilian expertise and military duty that are not comparable to the other components of service.

The National Guard Bureau (NGB) describes the Army National Guard, which was established in 1636, as "the oldest component of the U.S. Armed Forces" ("About the Guard,", nd). The National Guard is further identified as "governor-responsive and ready to defend the homeland anytime and anywhere" ("About the Guard", n.d.). National Guard soldiers can be activated at the state level or federalized to Active-Duty at any time. The National Guard holds

many roles from national disaster and civil disturbance response, to augmenting Active-Duty Army. The National Guard provides unique capabilities to the Armed Forces which include diversifying Active-Duty skillsets through the infusion of civilian skills coupled with combat training ("About the Guard", n.d.). The Army National Guard has units in every state in the country as well as Washington D.C. and three U.S. territories, with over 325,000 service members currently serving ("About the Guard", n.d.).

Campaigns of Service

It is also important to acknowledge that ARNG members have served across many campaigns of federalized service. Each of these campaigns differs in types of experiences and have different associated systems. Military service has a mandatory retirement age of 62, with exceptions for health professionals and chaplains that may serve until age 68 (10 U.S. Code § 1251). With this established retirement age, it is reasonable to consider that current guard members may have begun serving in the early 1980s which means that service members may have been a part of any major federal military campaign and any domestic disturbance and/or natural disasters during their time in service. Each of these campaigns and events has its own unique set of systems that may further inform experiences of Guard Members, especially when examining factors of suicide.

Operation Enduring Freedom (OEF) (2001-2014), Operation Iraqi Freedom (OIF) (2003-2011), and the War in Afghanistan (2001-2021) are among the most researched campaigns in which current service members may have participated. The bulk of literature around suicide from this era center on post-traumatic stress disorder (PTSD) and combat exposure as contributing factors to suicide ideation and death (Pietrzak et al., 2010; Stokes et al., 2019).

Research of OEF and OIF veterans examined psychopathology and other factors related to suicide risk and resilience such as PTSD, psychosocial factors, and post-deployment support (Pietrzak et al., 2010). Veterans who had endorsed suicidal ideation were more likely to screen positive on assessments for PTSD, depression, and alcohol misuse. Recommendations included the provision of interventions to address these issues along with post-deployment social support with the intention of preventing suicide (Pietrzak et al., 2010). This research echoes the historical focus on the individual risk factors of suicide without further examining systems outside of social support that may be relevant. This becomes especially important when considering that suicide rates among veterans who served in reserve components during the War in Afghanistan and Iraq (Stokes et al., 2019) began to exceed comparative civilian rates of suicide. This research examined samples from multiple databases on in-theatre soldier suicide attempts from OEF, OIR, and Operation New Dawn, and explored mental illness, time into the deployment, age, marital status, and gender as they relate to risk and resilience. Like much of the research on this era of service, the focus is again on individual factors of suicide.

Duality of the Citizen-Soldier

Military. One study explores the case of an active-duty soldier who committed suicide while deployed and focused on the deceased's experiences with bullying based on race and ethnicity (Schuman, Buchanan, Boheler, & Flaherty, 2022). While this study is very limited in scope, as it focuses on a single case study, the work done with this case identifies many ways in which there is a need to explore the social networks that exist around the time that a person decides to take their own life. In many ways it looks beyond the research done around unit cohesion and explores the concepts of thwarted belongingness and perceived burdensomeness in a way that deserves more attention in future research.

Military Service Belonging. Military culture and environment present opportunities for rapid bonding through shared experiences, purpose, intention, mission, and structure. Despite opportunities for a shared sense of self and purpose within the military framework, disrupted or strained systems may contribute to feelings of not belonging and burdensomeness that present elevated risk for service members (Rogers, Kelliher-Rabon, Hagan, Hirsh, & Joiner, 2017). Complex and layered subcultures and experiences can contribute or isolate individuals within this complex system.

Civilian Components of Belonging. Civilian aspects of individuals serving in the National Guard get very little attention, as most research focuses on the military aspects of National Guard service members. Civilian systems influence these service members in ways that are different than Active-Duty and Reserve components and thus, factors of civilian life deserve more attention in the examination of suicide across this population.

Belonging and suicide are well researched across many populations, however research is scarce for National Guard populations. Some of the important conclusions from these studies can inform understanding of these factors for National Guard service members. Important considerations from belonging research include attention to attachment styles (e.g., avoidant and anxious) that may contribute to increased risk for individuals experiencing suicidality (Dienst, Forkmann, Schrieber, & Holler, 2023). Other factors around belonging that contribute to increased risk are the individual perception of belonging, loneliness, and the source of sense of belonging (Lee, & Robbins, 1995; Lee, & Goldstein, 2016.) This research indicates that different types of social systems (such as friend groups, romantic relationships, and others) have influence on perceptions of belonging and loneliness.

Another civilian factor that is known to present risk of suicide is financial strain. Bryan and Bryan (2019) take this knowledge and apply it to experiences of National Guard members specifically, which breaks away from research trends that are not inclusive of this population. According to this research, lifetime suicide risk to include history of ideation is associated with financial problems such as bad credit, debt, and decrease in earnings among National Guard members. This awareness offers opportunities for future research to better understand dynamics and systems that contribute to National Guard members' financial strain as a way to address suicide risk within the population.

Substance/ alcohol abuse is another known risk factor for suicide. Military expectations, random, mandatory drug screenings, and a culture endorsing alcohol use create conditions rife for alcohol abuse across both military and civilian life for National Guard members. In 2014, Cerda et al., explored some of the dynamics of substance abuse and post-deployment transition in the National Guard. The findings suggest that civilian stressors and reintegration post-military deployment are linked to adult-onset alcohol use disorders to a greater extent than deployment experiences (Cerda et al., 2014). Although this does not directly address suicide, alcohol use disorder is a known risk factor for suicide (CDC, 2023).

Diversity. The research around diversity and suicide in the military is greatly lacking. Homogenizing factors such as age, health, and other requirements for both entry and continuation in service offer partial explanation. Additional military practices/policies that limit diversity include historical policies around race, sexual orientation, and gender to include exclusion of women from combat roles until 2015, and non-recognition of any non-binary gender (only male and female markers are recognized in military systems).

More recently, studies have begun to examine the relevance of factors of diversity on military suicide. Schuman, Buchanan, Boehler, and Flaherty (2022, p. 1) identified that "bullying, hazing, and race are understudied risk factors in military suicide" in their post-mortem case study of Private Danny Chen, a 19-year-old Asian American soldier deployed to an active combat zone. This in-depth examination of factors in this young man's life leading up to his death by suicide opens the conversations around long standing military cultural constructs such as hazing and bullying, along with the impact of racial aggressions and microaggressions within a military space. It is significant that, the application of the Interpersonal Theory of Suicide (Joiner, 2005) a lens adopted by the present study- would offer new ways to understand the ways in which the systems around Danny Chen may have contributed to his vulnerability to suicide. Chen was socially ostracized and affected by systems gaps that support power differentials between bully and target. Much more research is needed to fully explore these concepts in a more generalizable way.

Other populations are systematically neglected from research on suicidality in the context of military experiences. Much of the literature on women in service explores concepts connected to sexual harassment and assault, or moral injury. This is concerning for several reasons when considering this population. Not only is this indicative of high prevalence of sexual assault among women who serve, but it shows that other factors are not being given the same consideration when it comes to women in service. Recent research has begun to explore themes such as moral injury and suicidal ideation in relation to factors included in the Interpersonal Theory of Suicide (Shapiro et al., 2022), however this area of research requires more attention.

With the physical and medical requirements necessary to serve in the military, there is very little consideration of those with neurodivergence, and more particularly autism, even

though autism does not necessarily disqualify someone from military service. Gallyer et al., (2020) offer an exploration of this population, which is also at an elevated risk for suicide. Unit cohesion was a focal point of this study and offered a look at the unit dynamics in relation to suicide risk for service members demonstrating autism spectrum-related traits. Although unit cohesion was not observed to have a significant effect on suicide risk with this population, unit cohesion is observed to support a decrease in the intent to commit suicide across populations. Again, this is yet another area that warrants more research for both the population and the unit system in consideration of suicide risk.

Another area of diversity that is lacking attention in research is race and ethnicity. In 2023, Brenner et al., offered a retroactive longitudinal study examining trends in race and ethnicity among military social work deaths from suicide. This research demonstrates the need for complex evaluations of systems beyond trends of race and ethnicity. This research examines trends over time in regard to race and ethnicity as they relate to suicide, however the need for further exploration of factors contributing to these trends is obvious. Although trends of increased risk of suicide existed for white, non-Hispanic service members when compared to Black and Hispanic service members, the authors identify that the lack of context, timeframes, and age-specific analysis limit the ability to generalize risk to minority populations. Issues such as inequitable distribution of power that is exacerbated through military structure through lack of diversity across positions of assigned authority (such as Non-commissioned and Commissioned Officers), and lack of engagement of cultural components in suicide prevention were identified as areas that deserve more attention.

Exposure to military suicide. Another topic of interest that has been emerging in literature is the examination of systems exposed to suicide and the risk of suicide associated with

exposure to suicide (Hom et al., 2017; Ursano et al., 2017; Hoge et al., 2017; Bryan, Cerele, & Bryan. 2017; Peterson et al., 2022). One study identified that, out of a sample of 1754, over half of service members identified knowing someone who died by suicide (57.3%) and having a friend who died by suicide (53.1%), and that those who knew the individuals lost by suicide presented with higher risks of suicide (Hom et al., 2017). Although this is an initial observation of these dynamics, it shows promise for future consideration of, in this lane in particular, the impact of social systems on suicide risk. Similar research was done with National Guard service members and revealed that over 65.4% of National Guard service members knew someone who died from suicide (Bryan et al., 2017). This research linked suicide exposure to PTSD, depression, and increased suicide risk, which again opens up the concept that mental health symptoms have a relationship to the systems in which those at risk for suicide exist.

Furthermore, the concept of "contagion" in which those exposed to suicide experience increase risk of suicide within units presents an interesting challenge to existing suicide research paradigms. This idea of contagion is explored in relation to the military unit contagion of suicide in a way that serves to inform interventions around suicide in public health (Hoge, Ivany, Adler. 2017). Findings from this approach indicate that further research around unit systems is needed to better understand and respond to this phenomenon of suicide contagion.

Transitional Phases and Ambiguity of Purpose

Other points of vulnerability and risk that echo Durkheim's (1897) observations of suicide, particularly Anomic suicide, are transitional points in an individual's life. There are many common factors across National Guard service that lend themselves to increased suicide risk for service members navigating this transitional space. Deployment cycles have lots of unexpected transitions and role changes for the individuals going through these phases. These

times of transition are of particular importance when examining factors of suicide risk (Griffith & Bryan. 2017; DOD SPIRIC. 2023). These are also times in which individualized factors of risk such as alcohol use (Hoopsick et al., 2019) and systems such as social support (Martin et al., 2016) are important to consider.

Transition between units, disruption within units, and membership in units that are high-risk present increased risk for SMs (Hoge et al., 2017; Leifker et al., 2020); Rugo et al., 2020). These disruptive and/or unit transition experiences are examples of applied theory for both Durkheim (1897) and Joiner (2005). These transitional or unhealthy systems present challenges to the individual senses of self, purpose, and belonging, which are all factors in suicide, according to this lens.

Similar to unit transition for National Guard members, is the transition out of service or into active-duty service which is a time of particular risk for suicide and for engagement in high-risk behaviors as well (Ursano et al. 2019; Ursano et al., 2020). This time, with respect to Durkheim (1897), could result in Egotistic suicide where service members may feel like they do not have a place or Anomic suicide in which the individual lacks direction upon stepping permanently out of their military identity. There are layers of risk in these transitions related to how and where these separating service members find their sense of belonging or develop a sense of burdensomeness (Joiner, 2005; Ursano et al., 2019). The systems involved in these transitional phases between civilian and military identities are essential to recognizing suicide risk.

Factors in National Guard Suicide

Much of the research on suicide in the Army National Guard population examines generalized risk factors for suicide such as mental illness, (Biehn et al., 2013, Marshall et al.,

2013; Fink, Chen et al., 2016; Fink et al., 2016; Sampson et al., 2021), with lots of attention toward post-traumatic stress (Biehn et al., 2013); access and use of firearms (Goldberg et al., 2019; Booty et al. 2021; Stanley & Anestis, 2021); anger and impulsivity (Wilks et al., 2019); other individualized factors such as violence, masculinity, and acquired capacity (Ursano et al., 2018; Kramer et al., 2020; Daruwala et al., 2021); and individual reporting of suicidal ideation (Anestis et al., 2019). These factors remain the primary focus and approach to suicidality within the Army National Guard.

Method and Hypotheses.

These factors were examined through the following hypotheses via a secondary record review of existing post-mortem investigations for Ohio Army National Guard members who have died by suicide over the past five years. Demographics and specific identified clinical risk factors for suicide shaped a priori quantitative data coding and analysis with analytical focus on emergent trends across these pre-coded variables. Additionally, theoretical framework outlined by Durkheim (types of suicide) and Joiner (components of suicide allow for incorporation of theoretical themes into the analysis. Furthermore, eco-mapping, with respect to socio-ecological theory (Bronfenbrenner, 1979) shaped the a priori qualitative coding strategy to best examine the post-mortem data and identify the types of systems and quality of the relationship with each system. These data, under this coding approach, were analyzed for trends and patterns across this population.

Hypothesis 1): Social systems are directly related to suicide in Ohio Army National Guard personnel.

Hypothesis 2): Individual factors are secondary sequelae to primary factors of social systems in Ohio Army National Guard suicides.

Null hypothesis: Social systems are not directly related to suicide in Ohio Army National Guard personnel.

If we have a better understanding of the systems involved in a person's life leading up to their decision to complete suicide, then we have greater knowledge to support those who have not yet taken their own lives. We will have a better understanding of appropriate resources and strategies that may serve this population in a way that has not occurred with any regularity in the past.

In suicide research it is very common to hear the phrase “one is too many” which is visible in movements through social movements around the phenomenon. The work proposed in this dissertation offers the opportunity for stories of those we have already lost to help us better invest in those we still risk losing.

This contribution will be demonstrated through these goals of the research. A primary goal is to develop a coding system to map interpersonal networks that is replicable so that this research can be conducted with the National Guard in other states and territories. This will allow researchers to have a way to approach these data with a framework that is organized, logical, and grounded in theory. The intention is to have this replicable system available to map social connectedness first in OHARNG service members who died by suicide, and then by other populations.

This research has the potential to create a better understanding of existing issues by looking at them through a new perspective. Using this knowledge to support improved implementation of existing resources for suicide prevention and intervention will also allow social workers to fill in the gaps to address risk in this population. Examples of this could include new program development or novel approaches to suicide prevention and intervention.

Additionally, this research may support identification of areas of special vulnerability in this population that are not clarified through literature.

Based on this research, new strategies may support service members in navigating the complex requirements and regulations around medical and mental health structures in the military, which may in turn support improved engagement and interaction with effective support resources within AMEDD (Army Medical Department). The goal of this intended contribution is to have a result of increased connectedness and decreased risk.

This research also hopes to present options to re-examine existing approaches to suicide prevention and intervention training that service members are provided with each year. Reconstituting these from a PowerPoint standardized presentation or online module to group conversations that actively engages service members with local resources around the topic of suicide may contribute to increase effectiveness by fostering connectedness within and across units.

CHAPTER THREE

Methodology and Research Approach

Design

Introduction

Secondary data analysis was utilized to explore an existing data set collected from a unique population of Ohio Army National Guard members who have completed suicide. Secondary data analysis, along with some exploration of corresponding demographic variables, has allowed this researcher to address gaps in the literature related to National Guard suicides and, more precisely, the social connectedness of these National Guard service members who have died by suicide.

Secondary postmortem psychological autopsy investigations (described below) provide the greatest opportunity to explore the phenomena of interest with the target population. This practice will form the basis for the approach to these secondary data.

Research Population and Data Sources

The sample was selected because it meets three criteria: population specificity; availability of pre-existing data related to National Guard sample; and comprehensive data and variables aligned with this researcher's interest in suicide and social connectedness. The data set encompasses all completed suicides in the Ohio National Guard over a span of roughly five years, from January 2018 to August 2023. These data include a longitudinal component in addition to a complete sample of all OHARNG service members who have died by suicide, which is 20 individuals over this specified timeframe.

OHARNG JAG and the FOIA Officer were responsible for all determinations regarding redactions. (Data request process is delineated below.) Primary data were scrubbed of

identifying information, classified information, and other protected information prior to being released. Because of the oversight and protection provided by the request and redaction process, this research was eligible for expedited review through Millersville University's Internal Review Board (IRB). Approval was received October 2023.

Sample

Characteristics of Sample Population

The sample used in this research encompasses extensive and thorough existing data from post-death investigations of National Guard members who died by suicide between the years of 2018 and 2023. These investigations are governed by specific policy and procedure and are conducted following every death by suicide of a National Guard member. The sample size includes investigations for all cases confirmed or suspected to be suicide by service members who were directly affiliated through service with the Ohio Army National Guard at the time of death.

Parameters were put in place prior to the formal request for data to reduce the amount of material requested and to ensure the exclusion of data not related directly to research topic. Data excluded include the following variables: Air National Guard, deaths unconfirmed to be suicides, and investigations that were completed outside of the specified timeframe. These exclusions from the sample reduced the amount of irrelevant material and retained focus on the identified population. It is important to note that that the initial request for data was for 10 years (from 2013 through 2023); however, the time commitment for the FOIA officer to complete the review and redaction of data for all 10 years was deemed prohibitive. To ensure timely receipt of the data, this researcher requested data related to a shorter timeline, between the years of 2018 and 2023. Even with the reduced time frame, 20 investigations met the inclusion criteria and were

included in the sample. These 20 investigations were redacted and released to this researcher for analysis. This research feared heavy redaction; however, every investigation contained enough un-redacted material to allow for consistency in information across cases, as well as enough volume of information to meet the needs of the research. Even with the reductions and exclusionary criteria, this strategy ultimately rendered a large data set of 4,340 pages across the 20 investigations, all of which were examined as part of the analysis.

Other factors that shaped the sample selection and processes affecting sample management, redaction, and eventual analysis include time frames; internal strategies for redaction; agency oversight (i.e., who is conducting the redaction and determining its readiness for analysis); and completeness of materials received. Additionally, there were notable inconsistencies in the layout and content of the cases received, which resulted in some idiosyncrasies across cases in the source data. These are in large part due to the fact the Investigating Officer, who was charged leading the investigation, was different in every case even though the processes, procedures, and supporting staff were consistent (these include key roles of the investigation such as legal counsel and DPH who provide input for every case).

Data Collection Methods

A formalized request via the Freedom of Information Act (FOIA) was sent to the Ohio Army National Guard in June 2023. This request specifically identified access to formal investigations conducted for suspected and confirmed Ohio Army National Guard suicides, and any relevant materials as deemed releasable, between June 2013 and June 2023. Prior to formal submission of the FOIA request, various avenues of data access and types of materials to best meet the research question were explored with relevant members of the Ohio Army National

Guard, including the Resiliency Directorate Command (J9), the Director of Psychological Health (DPH), the Freedom of Information Act (FOIA) Officer, and the Judge Advocate General (JAG). Data formally requested were generated at the direction of the Adjutant General (TAG) with contribution by the DPH and JAG. The data set includes all psychological autopsies in accordance with military investigations of all completed suicides in the Ohio National Guard.

On June 22, 2023, the FOIA request was approved. During the process, it was deemed necessary for the timeframe of the data request to be reduced from ten years (2013-2023) to five years (2018-2023) due to the volume of data and the time required to process redactions by the FOIA Officer.

In early October 2023 a status request was sent to the FOIA officer and this researcher was notified that data would be released the following day. The data was sent to a secure online locker platform that required a link and code for access. The data was encrypted and downloaded to a password protected computer. The resulting data set included 4,340 pages of materials across 20 investigations.

This researcher obtained approval through Millersville University's IRB prior to any data review or analysis. Upon confirmation of IRB approval, this researcher began reviewing source data.

The Psychological Autopsy

As noted above, the psychological autopsy is the standard for the examination and organization of data related to suicidality. According to the American Association of Suicidology (AAS), a psychological autopsy is defined as "a best practice postmortem data collection procedure performed in addition to any other official death examination" (AAS, 2023). Psychological autopsies are performed by Certified Psychological Autopsy Investigators

who have received training and demonstrated competency in the investigation process as part of the certification process.

Although not a standardized process, the completion of the psychological autopsy centers around practices and approaches that are the gold standard within the field of suicidology (AAS Psychology Autopsy Certification Training [PACT], 2023). Integral factors of the psychological autopsy include a comprehensive understanding of what suicide is, treating the investigation and the individual with dignity, interviews, record review and analysis, consideration of individual and system factors, and steps to mitigate any potential bias in interpretation of the investigation materials. Investigators are trained in how to approach the material in an investigation to meet these best practice standards.

This researcher obtained the Psychological Autopsy Investigator Certification on June 23, 2023. The certification is in effect for three years, and this researcher can apply for re-certification renewal in June 2026. The certification was secured to ensure that this researcher holds the appropriate credentials to examine these data in accordance with best practice standards. This researcher's credentials and training allowed ease of navigation and application of psychological autopsy guidelines to these data, informing focused exploration and structured analysis.

Rationale for Research Design

Secondary data analysis as structured by psychological autopsy is appropriate, given the specificity and sensitive nature of the phenomena being examined, specifically, suicide within an at-risk population. This researcher considered alternatives, including qualitative interviews with either suicidal individuals or service members in units that have experienced completed suicides.

Both options were ruled out for ethical, practical, legal, and clinical concerns that were identified, including the potential for secondary trauma experienced by respondents.

After consultation with supervisors and legal authorities within the Ohio Army National Guard, this researcher decided that the most reasonable and realistic approach to navigate these phenomena would be through existing postmortem psychological autopsy investigations that have been thoroughly scrubbed for identifying and classified information. This research has approval and oversight through the Millersville University IRB as well as delegates within the Ohio Army National Guard to ensure ethical and legal access and utilization of the data.

Variables

Upon initial review of the redacted source data, the primary variables identified were a priori quantitative demographic variables and a priori qualitative narrative variables. Due to unknowns in respect to the degree to which these materials would be redacted, the material was first explored for demographic material. Upon full review of the material, which was extensive and widely idiosyncratic across cases, this researcher decided to further categorize the emergent data under the context of the a priori framework.

To address this breadth and depth of information included in the primary data set, four subcategories were created for clarity in analysis: demographics, clinical risk factors, theoretical factors, and narrative content. Demographic variables are categorized as quantitative. The clinical risk factors, theoretical factors, and narrative content are categorized as qualitative. The specific categories as well as variables and rationale for the inclusion of these variables will be explained in more detail below.

Quantitative Variables. The data set was initially reviewed with a priori coding for both military and civilian demographics. A priori variables, variables that are identified prior to

review of the data, are necessary when using theory to examine observable data (Elliot, 2018). This initial sweep of data included examination of common demographic variables such as age and ethnicity, which were quickly discovered to be among the redactions and therefore unavailable for analysis. After thorough review of the source material, the content that was accessible across all cases and best met the dimension of demographics was included in the coding. This includes both a priori and emergent posteriori variables. The following variables were ultimately examined under the category of demographics across all 20 cases: Gender, Rank, Unit, Duty Status, On Duty Status at time of death, Veteran Status, Deployments, Activations (title 32 state active duty), MOS/ AOC, Medical Profile, Medical/other conditions prior to service, Disciplinary issues, Flags, Awards/ honors, Pending Separation, ETS/ Time left, Time in service, Prior active service/branch, Means of Death, Location of death, Others Present, Health Insurance, VA Healthcare, Date of Death, Month of Death, Time of Death.

There was an unanticipated posteriori pattern that emerged from the data regarding the investigations which will be further explained in the analysis section; specifically, many factors of the investigation process itself that were initially unknown to the researcher but demonstrated significance to the research. The variables examined in relation to the investigations are Length of Report (pages), Date of Death (to measure timeframes as a start point), Date IO assigned, Date of Completed Investigation, Number of Days (from death to closed IO report), Length of Investigation (Days). After the collection and coding of these data, the variables utilized in analysis were further reduced to maintain focus of the research.

Qualitative Variables and Categorization. The emergent coding that resulted from the initial sweep of the data allowed for further categorization and exploration of additional themes that are grounded in a priori coding. More specifically, two categories of data emerged: clinical

risk factors for suicide across cases and theoretical factors across cases. These two emergent categories, along with the a priori narrative variables that are grounded in socio-ecological theory, created a structure that allowed a comprehensive approach to data exploration and analysis in a way that was not compromised by absence of content in the redacted material. These categories were devised from content that was directly present in all or most cases that were reviewed (greater than 75%).

Clinical risk factors are framed by suicide clinical practice standards and include Legal/ justice system involvement, Relationship status, Financial strain, Recent change or transition period, Recent loss, Mental illness, Substance use, Prior attempts, Exposure to suicide (friends, family, unit, etc.), Medication/ medication changes, Suicide Note, Means, Medical issues. In addition to these known risk factors, COVID-19 also emerged as a variable to consider and was added to the coding. These variables were primarily examined as to their presence or absence in each case; the narrative context of how these variables apply is further analyzed under the narrative category of variables. This allows for attention to be paid to themes of clinical risk factors across cases, without losing focused content in the exploration of context.

Theoretical factors are framed by Durkheim's and Joiner's theories of suicide. Durkheim's four categories of suicide (Egoistic, Altruistic, Anomic, and Fatalistic) were applied to each of the 20 cases to determine which category of suicide best encompassed and explained each case. This also allowed for historical frameworks to be applied to viewed in a contemporary context. Furthermore, the three components of suicide (Burdensomeness, Thwarted Belonging, Capability) posited by Joiner were also examined within the context of each case to identify if these components were present and how they applied. These specific variables were selected by

this researcher because they serve to illustrate the link between contemporary theoretical understanding of suicide and actual application of theory in practice.

Narrative factors were categorized initially through a priori coding variables rooted in socio-ecological theory that looked at systems of health to include Mental and Physical Health; Access to Care; Civilian and Military Financial Stressors; Specified Systems (of hardship/ disruption); Civilian and Military Education and Training which includes Level of Use of Military Education Benefits, Level of Education, and Suicide Prevention Training; Family Relationships; Romantic Relationships; Peer Relationships; Living Arrangement; Geographical Systems (this variable was limited to unit location as actual SM location was redacted in most cases to protect identity of SM); Hobbies and Non-traditional Supports; Substance Use Culture; Career Responsibilities, which was divided into civilian and Military Roles; Religious/ Spiritual Systems, Cultural Systems; Support System at Time of Death; Other- for any unique or case specific content; and Recommendations of Investigating Officer (IO). Of these variables, many were found to be unavailable or have insufficient information across cases due to redactions. An additional complicating factor is the variability in the way that case content was addressed and included in each report; more specifically, the different approaches used by different IOs to manage the investigations. This variability can be easily demonstrated through the length of each investigation which varied from 121 pages for the shortest to 354 pages for the longest.

Data Analysis Methods

Secondary data analysis of preexisting data was conducted to identify and establish trends and themes across experiences of OHARNG service members who died by suicide. These data consisted of suicide investigations, inclusive of psychological autopsy materials, that were completed on Ohio Army National Guard service members between 2018 and 2023. These

primary data reflect demographic content including military demographics such as unit history, deployment history, and veteran status. These data also include partially redacted interviews completed by law enforcement; interviews completed by the OHARNG Investigating Officer (IO) with family, friends, service members, and other connected survivors; and partially redacted military, medical, and education records.

This researcher conducted thorough analysis of factors that contributed to suicide, including with consideration of individual and systems factors. This approach allowed this researcher to navigate social connectedness experiences of those who died by suicide through qualitative and quantitative analysis that is grounded in psychological autopsy practice. The sample contains data that are loosely structured by the psychological autopsy as described above. Of particular note, given the research questions, are data pertaining to factors that may contribute to suicidality, especially systems of social connectedness (e.g. family, friends, romantic relationships, work, education, medical, and mental health).

To conceptualize these data through a social work lens, this researcher incorporated eco-map principles and applied them to the initial analysis of data. This approach provided structure around the type of relationship or connection (e.g., family, leader, peer) and, consistency in the extraction of meaning from narrative comments that described the quality of relationships. Variables congruent with systems that commonly appear in suicide research, such as family systems, peer systems, work systems, school/education systems, and healthcare systems were included in a priori coding and then further developed posteriori based on content of the source data. This approach allowed this researcher to identify and "codify" systems of social connectedness that were present in these individuals' lives prior to death by suicide and at the time of death. The quality of these connections are incorporated into the analysis where context

of these systems are further explored. Systems' definitions such as "family" or "military unit" will differ based on individual experience, perceptions, and attitudes however the broader categories are necessary to establish congruency. To mitigate any significant variability across cases, psychological autopsy practices created the scaffolding on which the initial coding structure was developed. Put simply, the analytic strategy utilized deductive a priori coding that is guided by broad categories shaped by eco-mapping, the psychological autopsy, and relevant literature. Inductive posteriori coding was incorporated upon thorough review of source material to include variables that were not considered prior to data analysis.

Issues of Trustworthiness

A challenge inherent to secondary analysis is the researcher's limited ability to "improve" the data set received, particularly military data that are subject to significant oversight. Although there are standardized regulations that define the process of data collection in Army Regulation 15-6 investigations, bias in primary data due to investigator interpretation of facts in the investigations cannot be completely removed or discounted. However, trustworthiness or consistency (reliability) across investigations and the data they yield are enhanced by the strict regulations that are consistent across all suicide-related inquiries. Even with these strict regulations, it is important to note that each investigation is subject to the interpretation and perspective of the IO in the review of a case.

Additionally, the American Association of Suicidology (AAS) Psychological Autopsy Investigator Certification held by the OHARNG Director of Psychological Health (who contributed material to all these investigations) supports consistency across investigations in approach, collection, and interpretation of materials. To provide congruency between the primary data collection and the secondary data analysis, this researcher completed training through the

American Association of Suicidology to become a Certified Psychological Autopsy Investigator on June 23, 2023. This training and competence of the researcher improves reliability through application of best practice standards in the approach to qualitative variable coding, and validity by enabling this researcher to apply the framework consistent with psychological autopsy procedures.

Redaction also threatens data trustworthiness but was prerequisite to the release of these data. Because the full nature of the redactions is not entirely known to this researcher, there is the potential for bias or assumption to occur around these omissions. To minimize the influence of researcher bias, only information that was directly included in the source data was used for analysis. Any data that is inferred or suspected has been coded as such, and any data that is not known is acknowledged as unknown. The primary areas of redaction encompass personally identifying information, protected materials due to security classification, educational reports under FERPA, medical documentation, death certificates, and portions of law enforcement reports (which include toxicology reports and medical autopsy). Though redaction obviously creates challenges for secondary analysis, proper coding of qualitative data and secondary coder strategies mitigate many of these concerns.

To further enhance trustworthiness, the data and findings were examined by a secondary reviewer. The reviewer holds almost 20 years of military experience as a clinical social worker and behavioral health officer. Their expertise helped ensure adherence to social work professional standards and ethical engagement with case material.

Limitations

Several limitations are inherent to the research methods in this study. As noted above, initial data collection was conducted by a third party, and this researcher was not present during

that process. As a result, this researcher had no control over the way the data were collected, nor could this researcher affect the initial variable construction. An important point of consideration that does improve reliability is the structure of the investigations and the purpose for which the investigations were conducted. Additionally, all investigations contain a directive for the IO to consult with the DPH regarding behavioral health recommendations. The DPH position was held by the same person for every investigation, and the DPH is certified in Psychological Autopsy through AAS. It is also essential to note that there are a strict set of policies and procedures that govern the primary data collection (AR 15-6 investigations), as well as the intention and purpose for the data collections across all investigations reviewed. The directive for investigations of deaths that are suspected or confirmed to be by means of suicide was issued in 2009 and has remained in place throughout the data collection period.

Additional limitations of this data set include the particularly specific population of the Ohio Army National Guard, which means that findings may not be generalizable outside of this population. However, observation of variability across demographics of subjects who died by suicide may generate opportunities to expand some of the findings outside of the Ohio National Guard (i.e., “transferability”) (Padgett, 2017) without the expectation that they are generalizable to the National Guard or the military in its entirety. These methods and findings may also offer a framework that could be meaningfully reproduced with the remaining 53 National Guard states and territories.

Summary

To better understand the factors that contribute to the high rate of suicide in the Ohio Army National Guard, data that directly reflect this specific population were examined. The specificity and uniqueness of this population sample were best examined through secondary

analysis of data that are part of investigatory materials gathered following a confirmed death by suicide of a service member. Suicidality has been conceptualized as a problem explained on the individual level and defined through constructs such as mental illness. Although these are widely accepted factors for suicidality, these variables alone have not comprehensively addressed the variability of risk across populations. These data provided a novel approach to increase understanding of this population and addressed the research questions of how and in what ways social systems related to completion of suicide in the Ohio Army National Guard.

CHAPTER FOUR

Findings

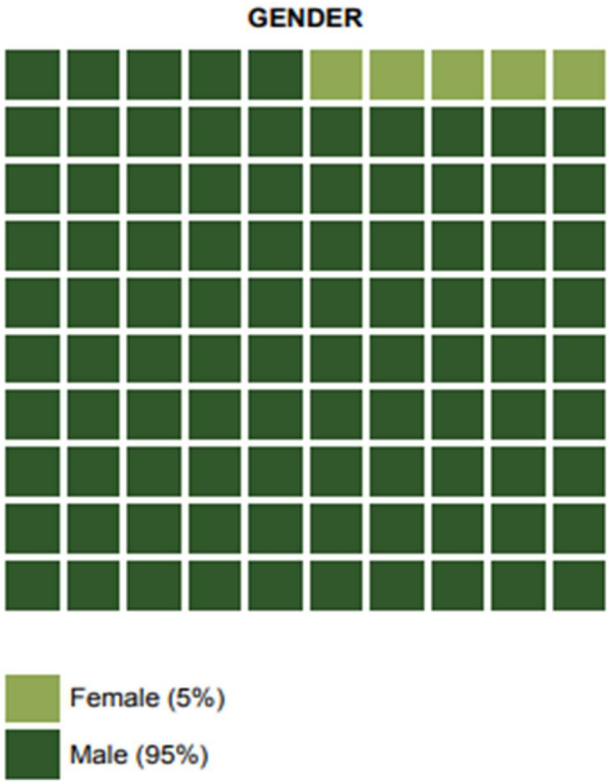
Introduction

The breadth and depth of materials reviewed are extensive and therefore are broken down into categories of a priori coding based upon extant literature. However, even with this highly structured and thorough approach to data examination, some emergent patterns did not align with a priori categorization. These posteriori factors and patterns illuminate dimensions of suicidality that suggest there is more to this story than can be explained by the normative, individualized approach. Below, this researcher shares demographics, clinical risk factors, theoretical frameworks, narrative factors, and emergent trends.

Demographics

Gender

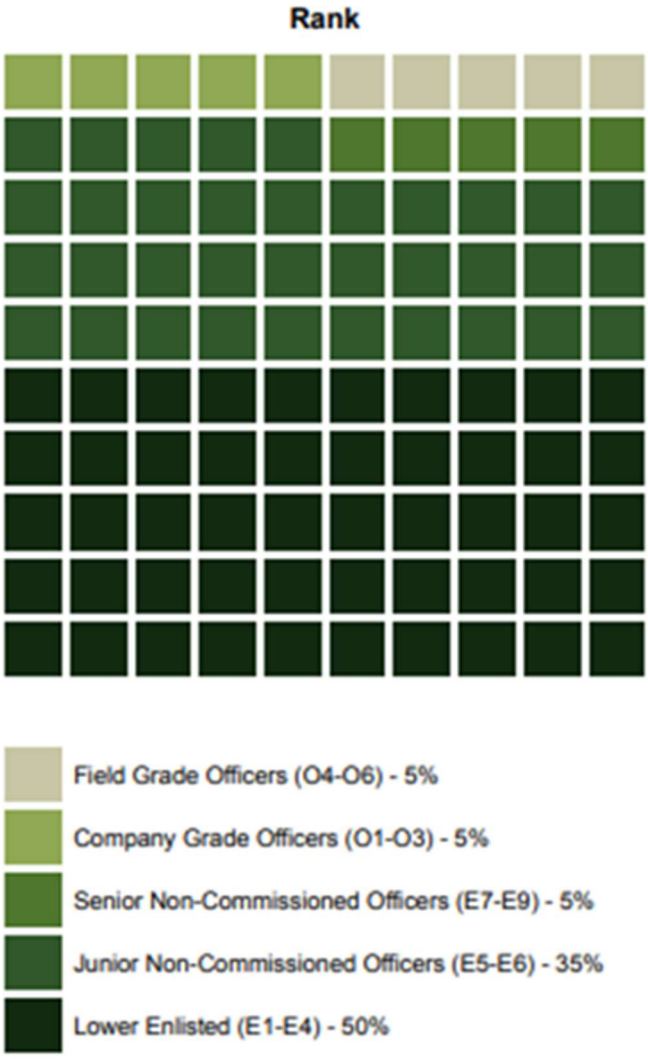
Gender is coded in the military system in a binary fashion of "male" or "female;" all data examined were coded as male or female. Other genders (i.e., transgender, non-binary, or other genders) were not identified in the dataset. This researcher recognizes that the binary nature of this coding may not accurately reflect the diversity of the population. This will be explored in more detail in Chapters Five and Six. Of the 20 cases examined, 19 (95%) were male.



Rank

Rank is an important variable of note due to the overt and nuanced systems involved in the hierarchical structure of the military. Rank provides insight into roles and expectations, as well as support systems afforded to each role. There are intrinsic structures related to rank with privilege being afforded to higher ranks through power, resources, financial compensation, authority, and military structure. These data were broadened from rank to range of rank to provide an additional layer of de-identification for protection of anonymity of the service members who uniquely fit within a rank. Of the 20 cases, 10 (50%) fit within the category of Lower Enlisted (E1-E4), and seven fit within the category of Junior NCO (E5-E6). This demonstrates that the vast majority (85%) of cases were Service Members (SMs)who did not hold

a formal rank of leadership (Lower Enlisted), or were newer to a leadership role (Junior NCOs) within the hierarchical military structure.

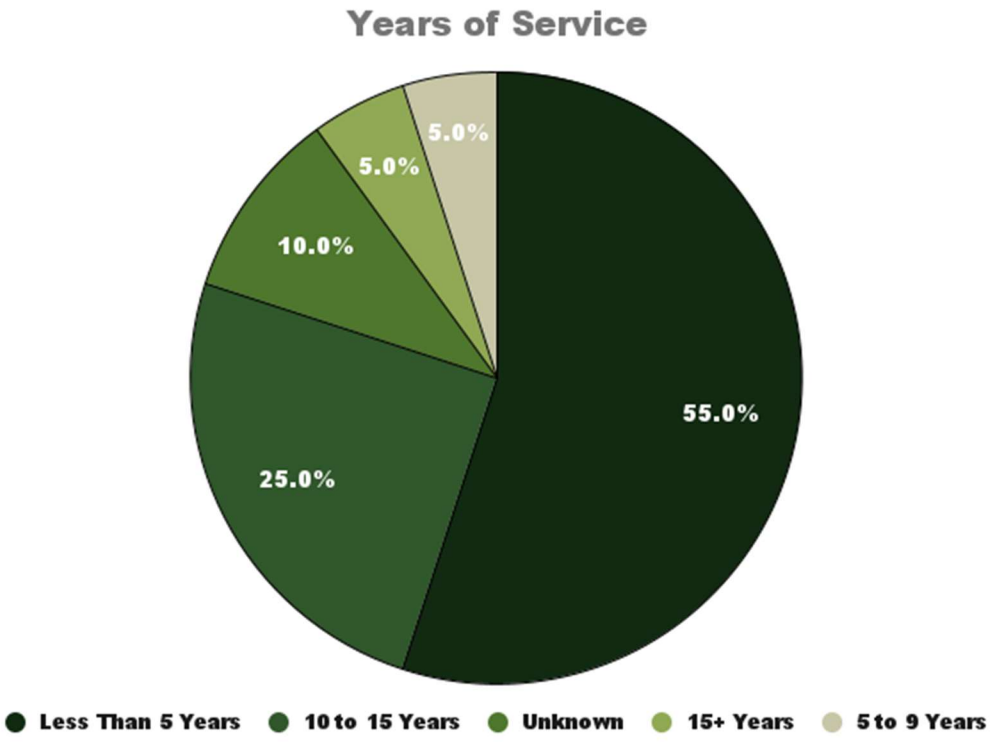


Time in Service

This variable provides information about the time the individual was part of the military system. Time in service also indicates the stability (or lack thereof) the SM may have encountered based on the length of time engaged with the military. In other words: this is either a new system to the person, or system that has been steadily present. This information, along with

the other variables for context, can provide insight into ways in which the time in service may be a factor in suicide deaths. It also allows this researcher to identify if transition into service may be relevant factor This will be further discussed later in this chapter.

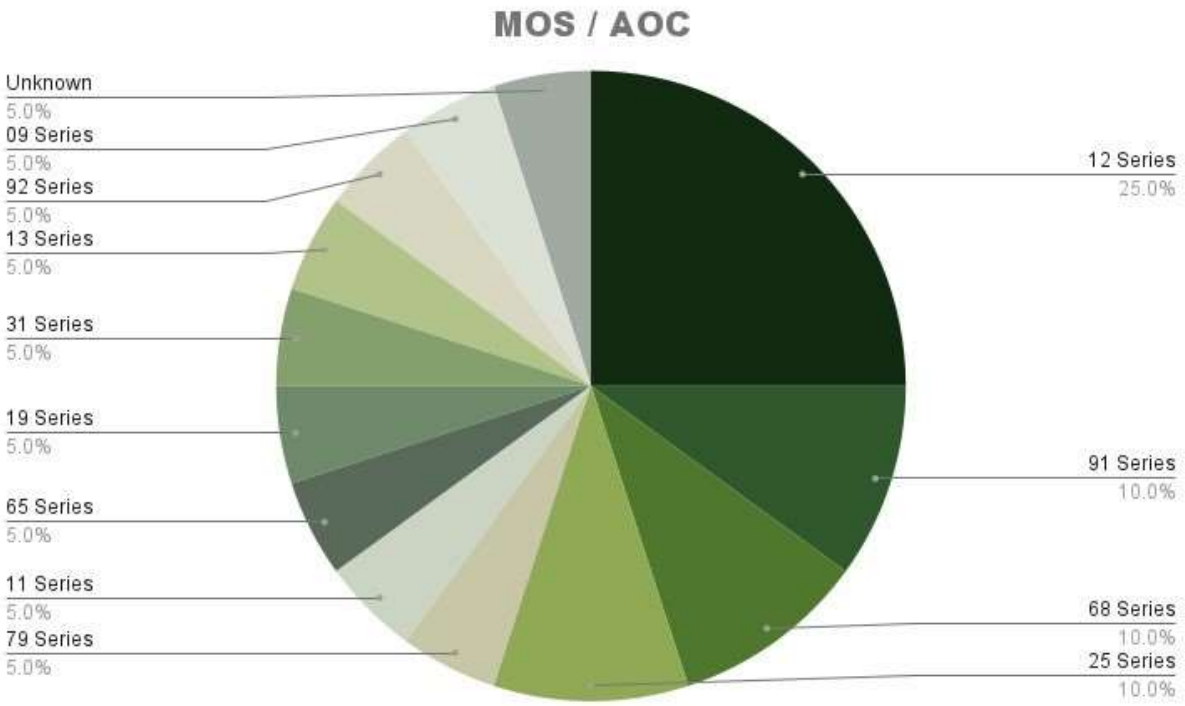
Of the 20 cases, one had over 20 years of service, two had 14 years of service, three had 12 years of service, one had seven years of service, two had four years of service, two had three years of service, two had two years of service, three had less than two years of service, and two had less than a year of service. It is important to note that over half of the cases were within their first five years of service.



Military Occupational Specialty / Area of Concentration

This demographic variable is relevant to the research because it illustrates the military equivalent of a career field or profession in the civilian sector. For clarity, Military Occupational

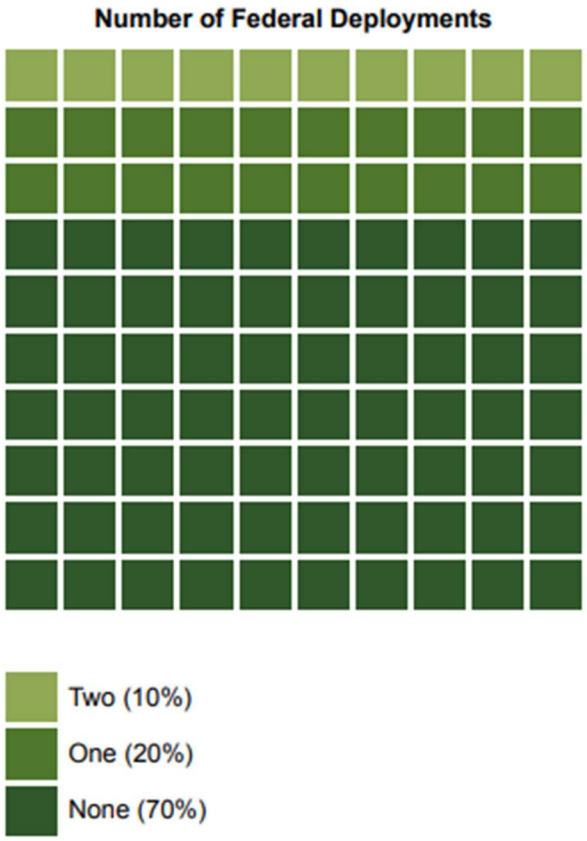
Specialty (MOS) is used to describe enlisted status, and Area of Concentration (AOC) is used to describe Commissioned Officers, however, AOC and MOS are displayed as series numbers to prevent identification of SMs who held unique positions within OHARNG. As described in the literature review, each job classification comes with unique sub-cultures and resources as part of the specific system. The responsibilities and expectations of these military specialties/areas of concentration provide insight into systems that may be more at risk in OHARNG. Although the full MOS/AOC codes were available in these data, the categories have been broadened into job classification series to protect privacy. This is because some of the cases held very specialized and uncommon roles. Of the MOS/AOC categories, there were two categories that identified specific jobs with multiple suicide deaths: 25% (five cases) held the MOS of 12B which is a Combat Engineer, 10% (2 cases) held the MOS of 68W which is a Combat Medic. One service member held dual MOS but was categorized by their primary role. MOS/AOC are further described as follows: 09 series (Interpreter), 11 series (Infantry), 12 series (Army Corps of Engineers), 13 series (Field Artillery), 19 series (Armor), 25 series (Signal), 31 series (Military Police), 65 series (Medical Specialist), 68 series (Medical), 91 series (Mechanical Maintenance), 92 series (Quartermaster). There was one case in which the MOS was unknown.



Federal Deployment(s)

This variable is relevant to this research because it illustrates the demands of a part time force. Additionally, different resources and systems are involved for SMs who deploy on Federal (title 10) orders. The extent of access to these resources (such as access to medical treatment, education benefits, housing allowance, tax-free pay, potential Veteran status) is not guaranteed as a factor in every SM's experience due to the variety of types and locations of Federal deployments that a SM can have. Deployments bring about a transitional state that impacts multiple systems (i.e., access to healthcare, restructuring of family systems, changes in professional role, changes in geographic systems) that all are intrinsic to federal deployments. Deployments also can afford benefits such as Veteran status that are not available to those who have not deployed. Of the 20 cases examined, 14 had never deployed, four had deployed once, and two had deployed twice. Of the 14 that had never deployed, two were preparing to deploy within the year of their

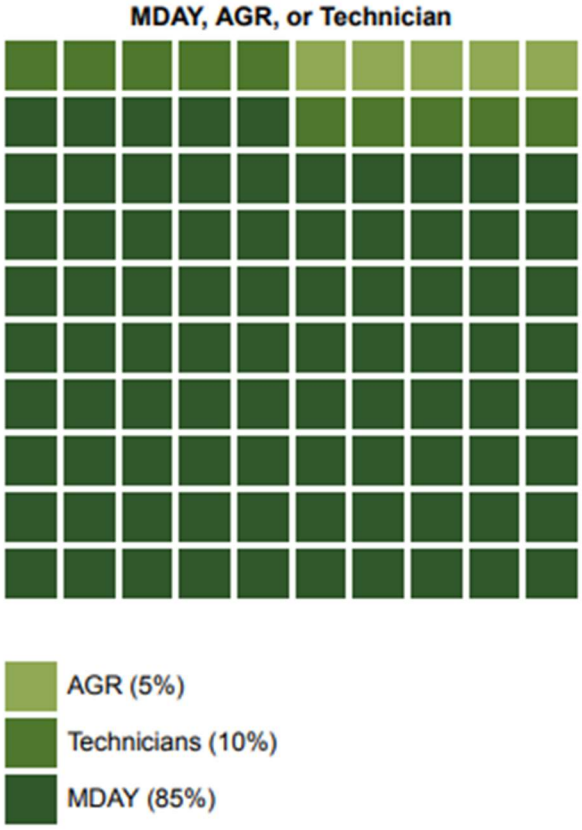
respective deaths. Location of deployment and era/timeframe of deployment were considered a priori, however the ability to ascertain these data were impacted by redactions. State/ territory (Title-32) mobilizations were also considered for examination as a variable; however, there were inconsistencies across the reports that prevented accurate examination of Title-32 mobilizations.



Duty Category

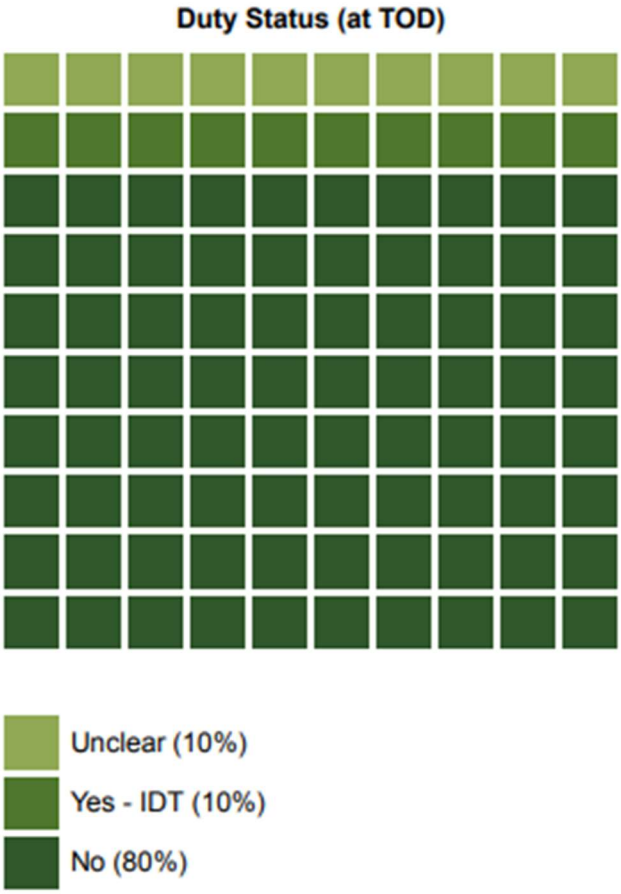
Duty category refers to the capacity in which a SM served in the NG: Traditional Guard Member (M-DAY), Active Guard Reserve (AGR), Activated (title 10 or title 32), or Technician (Civilian DOD employees who must remain dual status as drilling member of the Guard). This was not an a priori demographic but quickly became recognized as a point of interest to the

research. M-DAY are traditional guard soldiers (think of the motto “One weekend a month, two weeks a year”) and were expected to make up the entirety of the cases. Once it was discovered that full time AGR and technicians were included in the cases, it became necessary to consider these different and unique components of NG. Inclusion of the AGR and technician cases in the analysis provides some insight to organizational structure and resources. AGR carries several benefits of active duty and are full-time uniformed service. Technician status requires the person to be a drilling SM in the NG (dual status) to maintain their full-time civilian DOD position. This creates additional layers of complexities that are important to recognize, and further research is warranted. Of the 20 cases, 17 were M-DAY, two were technicians, and one was AGR. Of the 17 M-Day, two were college students in the Reserve Officer Training Corps (ROTC) program with plans to commission as Army officers. These dynamics will be further explored in later in this chapter.



Duty Status at Time of Death (TOD)

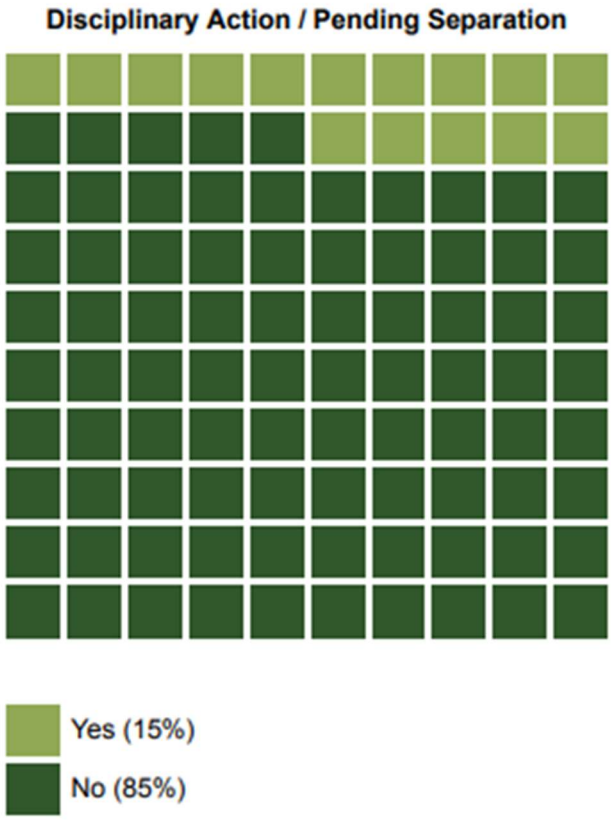
Duty status is reflective of the pay status of the SM at TOD (i.e., if the SM was actively on orders at the time of death, or if they were not). Layers of complex systems arise if the SM was or was not on orders at the time of death, which requires more depth of exploration outside of the purpose of this study. Duty status holds relevance to comprehensive examinations of systems. Access to military-specific resources and benefits for survivors are different if SM was on duty status at TOD, then if the SM was not. Of the 20 cases, 16 were not, two were in inactive duty for training (IDT) status, and two had unclear statuses due to redactions.



Disciplinary Action/ Pending Separation

This variable is directly reflective of disruption in the military system. If there is disciplinary action with pending separation, it demonstrates a transition from the military service that is unfavorable to the SM. Having some awareness of this system also gives more insight into other systems and variables (behavioral, interpersonal, substance use, fitness, and any of the other reasons) that a person could be disciplined and separated from the NG. Of the 20 cases, 17 did not have any disciplinary action, and three had disciplinary action and were pending

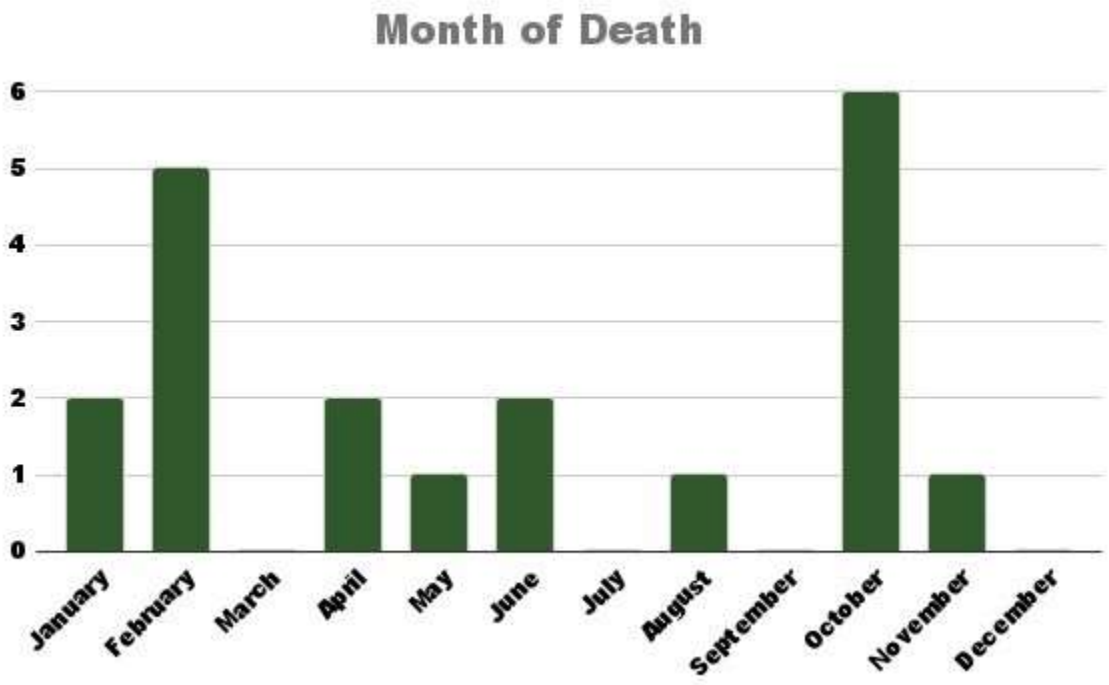
separation. The reasons for disciplinary action were failure to maintain fitness standards (failure of fitness tests), which generated a bar to re-enlistment, and drug and alcohol test (DAT) failures.



Month of Death

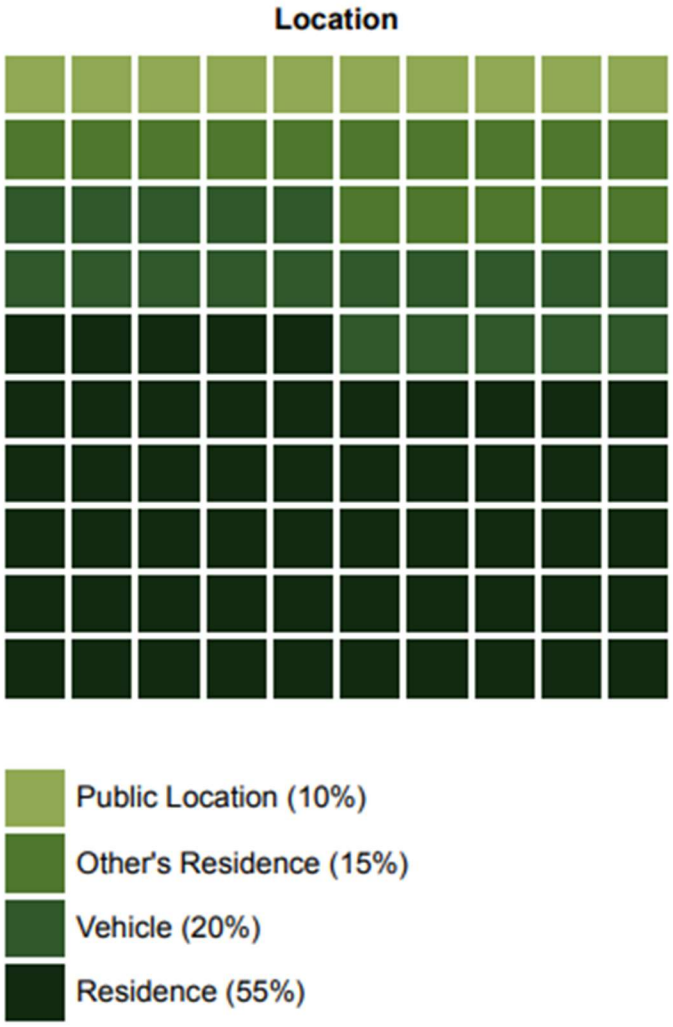
Examination of the month in which the suicide occurred addresses two aspects of the research. First, it allows for assessment of any patterns around the time of year in which service members committed suicide. This offers insight into social norms and systems that occur during a specific time of year that a suicide occurred. Second, this allows for a point of comparison with extant research on time of year trends compared to general population suicide deaths. Any inconsistencies between the sample population and the general population indicate areas for

further research. As evidenced below, there is a disproportionate number of suicides that occurred in October, which is a significant period for transition and fiscal affairs in the NG, and February, the month of Valentines Day, which was specifically noted in autopsies as a factor. The numerical breakdown for deaths by month is organized from most to least as follows: October 6; February 5; June 2; April 2; January 2; November 1; August 1; May 1; March, July, September, and December had none).



Location of Suicidal Act

The suicidal act's location provides some situational information and context to the act itself. Of the 20 cases, 11 were at their residence, four were in their vehicle, three were in the residence of friends or family, and two were in a public location. Of note, three cases survived the initial attempt but succumbed to injuries at the hospital or in transit to hospital.

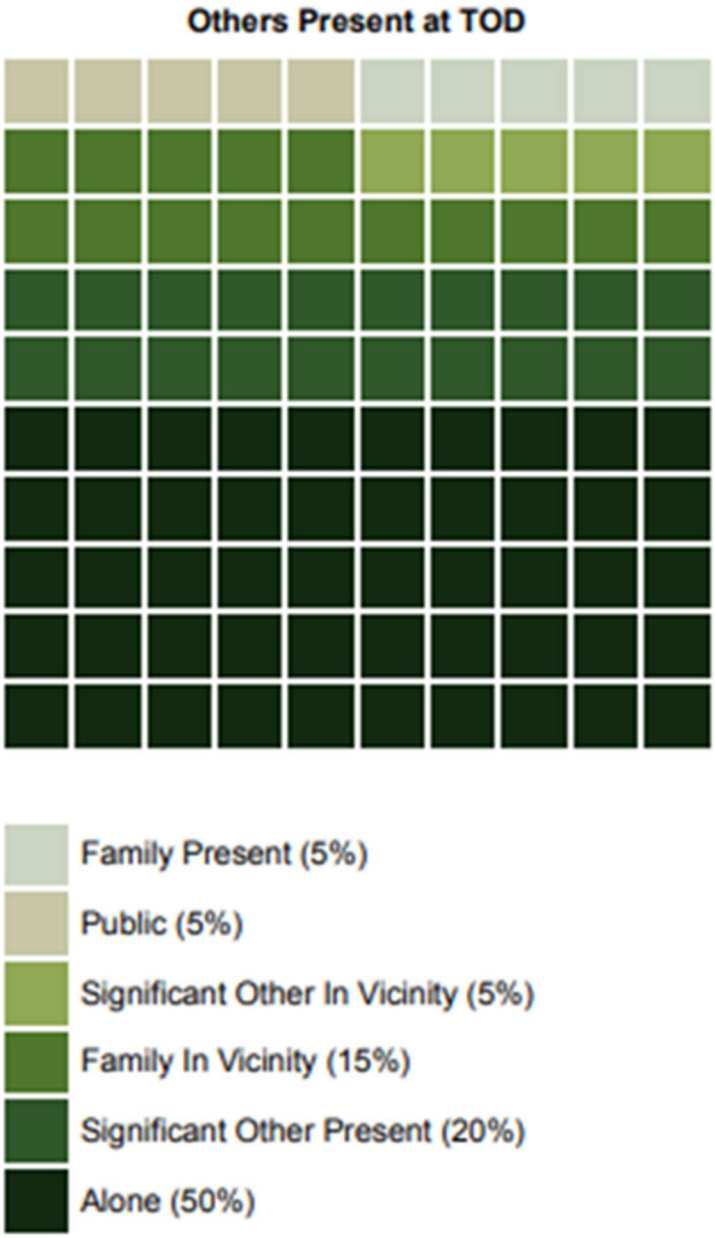


Were Others Present at Time of Death?

This variable examines a snapshot in time specifically during the time of death. This is relevant to suicide prevention efforts that emphasize staying with and escorting the person and provides insight into any trends that may be present. It is significant to note that half of the cases had another person/ people directly witness or be within earshot of the suicidal act, which creates new questions around suicide prevention.

There is one case of note in which a significant other refused to meet with the SM in the hours leading up to death. The findings in the investigation indicated that the SO would likely have fallen victim in that scenario. This warrants more examination about the way we approach ACE as a suicide intervention when lethal means and/or substances are involved.

Of the 20 cases, 50% (10) were alone at the time of death, four were with their significant other, three had family in the vicinity, one had their significant other nearby, one was in a public location, and one had family present.



Time of Death

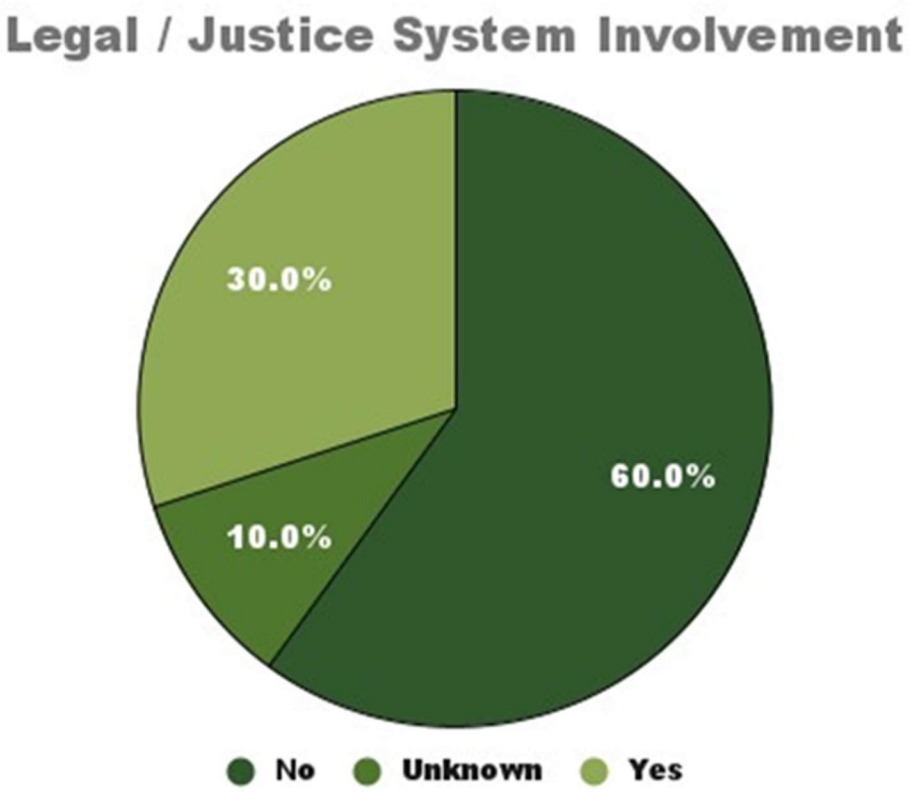
Understanding if there are certain times that present greater risk than others provides insight into potential points of intervention (prevention). Regardless of specific time of death, there were three deaths that occurred at just after a drill duty day. There is no pattern for time of death

across all cases. It is worth noting that many reports were inconsistent on reported time of death because they were recorded based on different benchmarks such as time of notification, time that SM was found, or time SM was reported missing.

Clinical Risk Factors

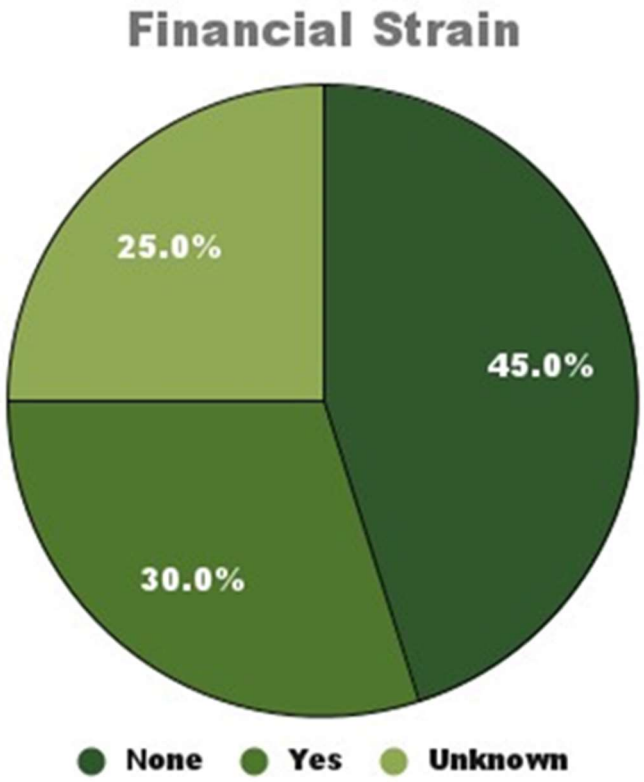
Legal/ Justice System Involvement

Legal or Justice System Involvement is a known risk factor for suicide. (CDC, 2022; NIMH, 2022). Of the 20 cases, 13 did not have any legal or justice involvement, four were experiencing legal troubles, two had a history of legal troubles, and one was pending legal action. The nature of this involvement will be explored in later in this chapter.



Financial Strain

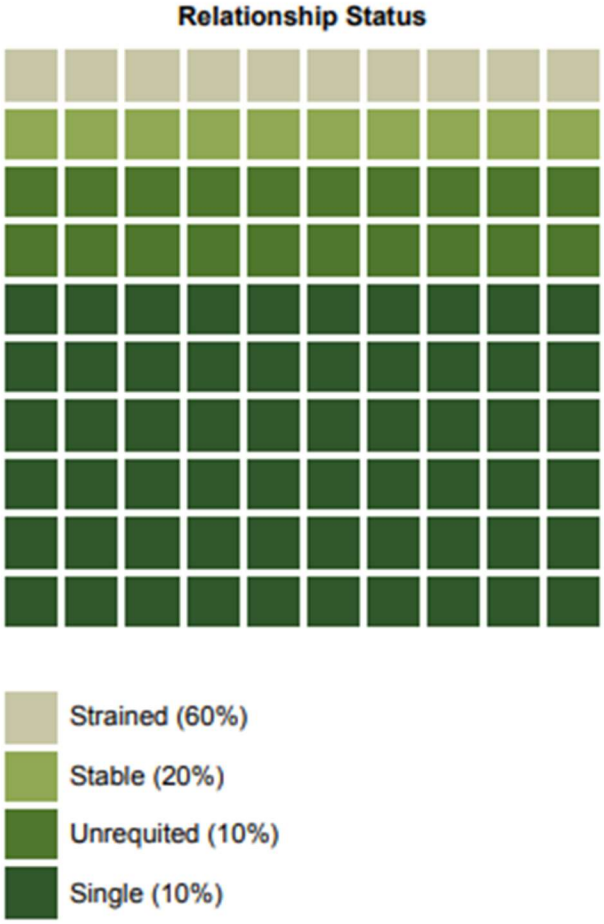
Financial Strain is a known risk factor for suicide and provides insight into financial systems(CDC, 2022; NIMH, 2022). . Of the 20 cases examined, 11 did not have financial stress, three had identified financial stress, and six are suspected to have had financial stress. The nature of financial stress will be further explored later in this chapter.



Relationship Status

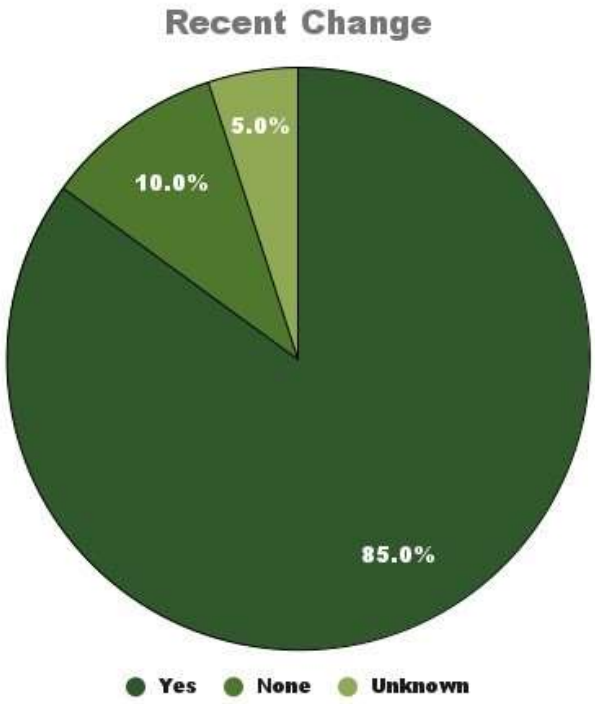
Relationship Status provides direct insight into the system of relationships, a key variable on the framework of this research. Relationship status is also a known clinical risk factor for suicide (CDC, 2022; NIMH, 2022). Initially these data were going to be categorized as single, married, separated, divorced; however, preliminary analysis suggested that these categories did

not adequately capture the nature of these relationships. The categories utilized are Single, Stable, Strained, Unrequited and will be explored in more detail later in this chapter. Of the 20 cases, 12 had strained relationships, four had stable relationships, two had unrequited relationships, and two were not in a relationship and were categorized as single.



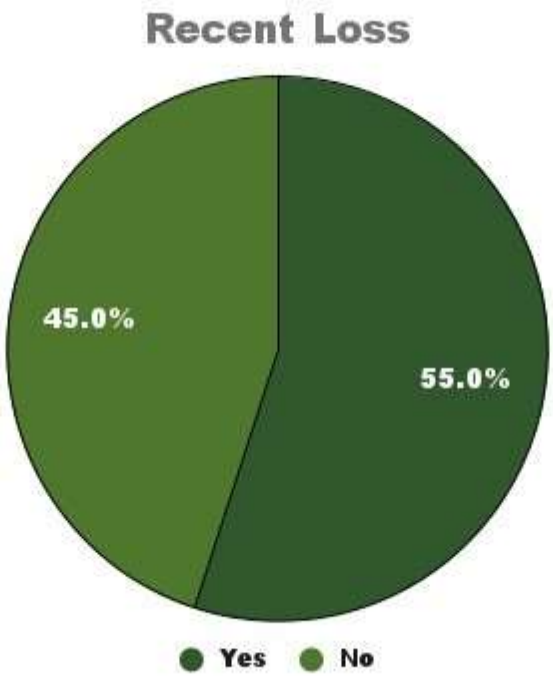
Recent Change or Transition Period

Recent change and transition are clinical risk factors for suicide (CDC, 2022; NIMH, 2022). Of the 20 cases, 17 had experienced recent change or transitions, and two had not, and one was unknown. This will be further explored later in this chapter.



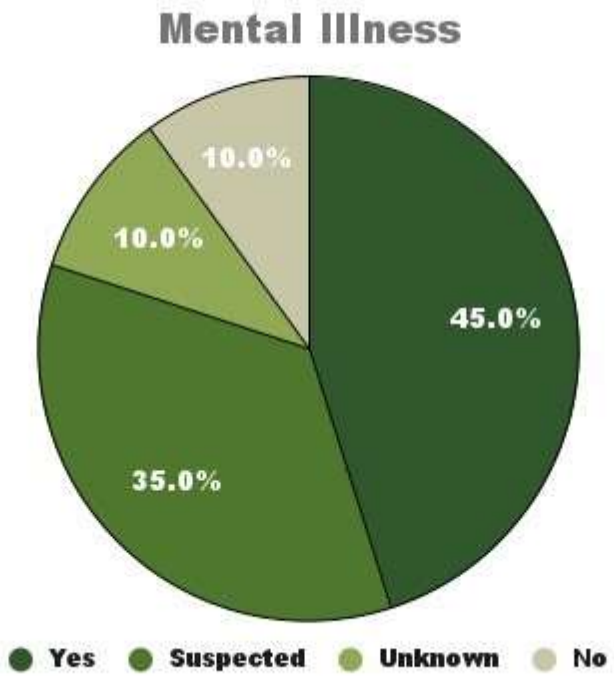
Recent Loss

Loss is a known clinical risk factor for suicide (CDC, 2022; NIMH, 2022).. Knowledge of recent loss also provides context for disruption in a system or systems. Of the 20 cases, 12 had experienced recent loss, and eight had not. For clarification, loss includes death, job loss, and relationship loss that were noted as a loss in the source data.



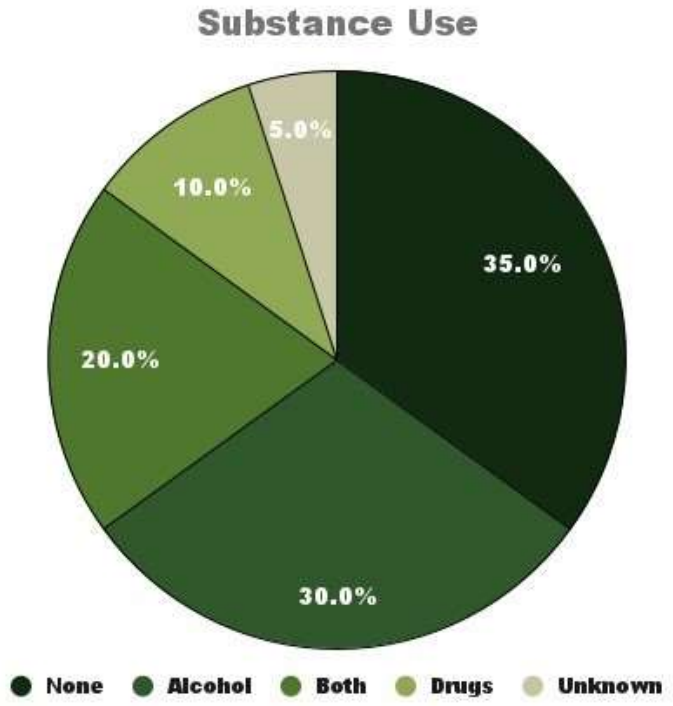
Mental Illness

Mental Illness is a known risk factor for suicide (CDC, 2022; NIMH, 2022). Mental illness is a factor in many study cases but not all. This initial finding suggests that Mental Illness is of course important but not singularly capable of explaining suicide. systems that surround mental health will be addressed later in this chapter, as will other important systems variables. Of the 20 cases, nine had confirmed Mental Illness, seven were suspected to have mental health concerns, two were unknown, and two did not have Mental Illness. These data were more difficult to ascertain due to redactions of protected health information.



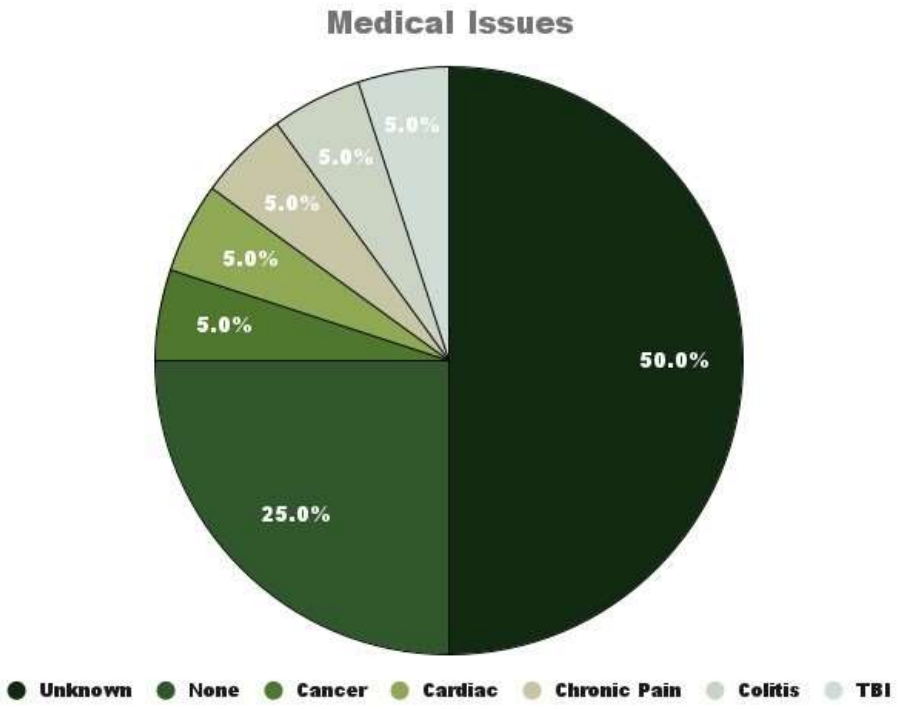
Substance Use

This is a known clinical risk factor for suicide. Awareness of Substance Abuse in these cases also provides context and perspective due to the attitudes and expectations (both cultural and regulatory) that exist around Substance Use in the military. This variable may also represent a flashpoint for conflicting civilian and military belief systems. For example, increased use of THC among civilians may reflect increased cultural acceptance, while miliary culture still bars even legalized drug use. This will be further explored later in this chapter. Of the 20 cases, seven had no Substance Use, six had issues related to alcohol use, four had issues related to both alcohol and drug use, two had issues related to drugs, and one was unknown (due to redactions of source material).



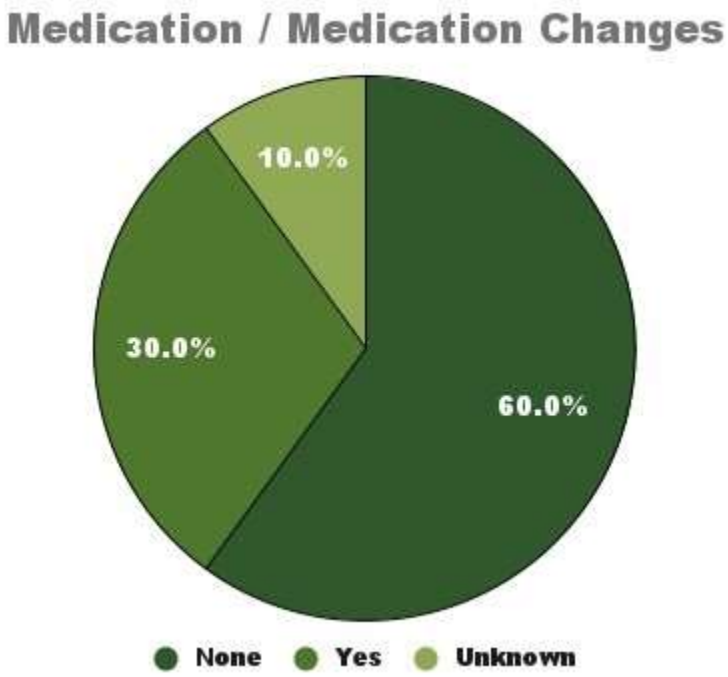
Medical Issues

Medical Issues are a known risk factor (CDC, 2022; NIMH, 2022. There are also additional layers of complexity with the military system and medical standards and readiness that make this variable relevant to the research questions. Of the 20 cases, 10 were unknown, five did not have medical issues, and five (25%) had medical issues. The reason for the high number of unknowns in these specific findings is due to necessary redactions from the source data to protect medical information of the decedent SMs.



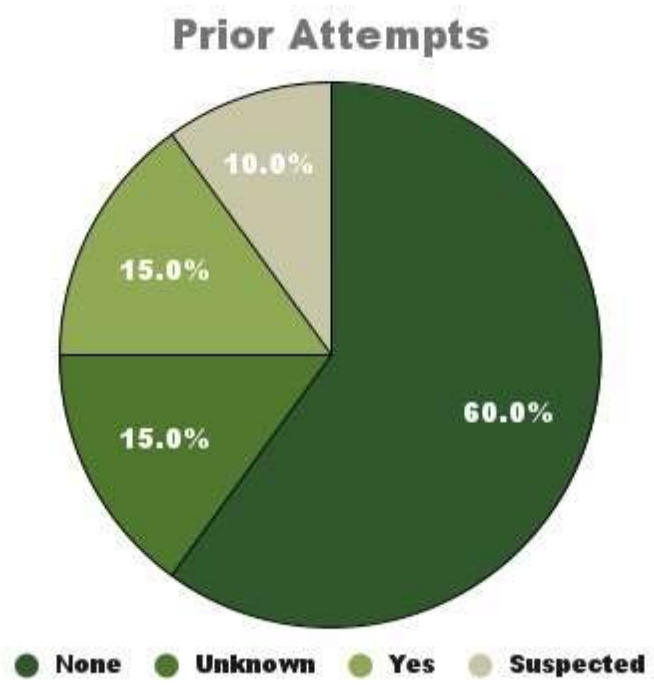
Medication/ Medication Changes

Medication and medication changes can be risk factors for suicide. This information may also provide insight into medical systems. Due to redactions of protected medical information, there is limited information as to the type and reason for medication use. Of the 20 cases, 12 were not on medication, six had recent medication changes (new medication or dose changes), and two were unknown.



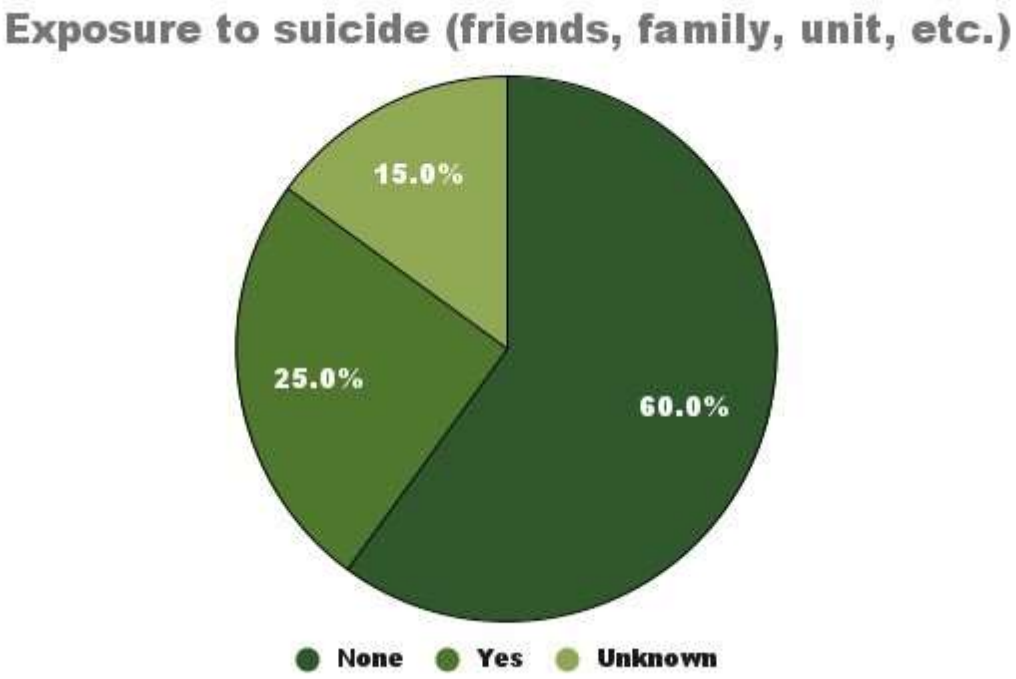
Prior Attempts

A history of prior suicide attempts is a known clinical risk factor for suicide (CDC, 2022; NIMH, 2022). The analysis of this variable provided additional information related to context and systems (including disrupted social systems (for example, prior suicide attempt without support in place or without the NG being aware). Discussion of systems around prior attempts will occur in later in this chapter. Of the 20 cases, 12 did not have prior attempts, three were unknown, three had prior attempts, and two were suspected to have had prior attempts.



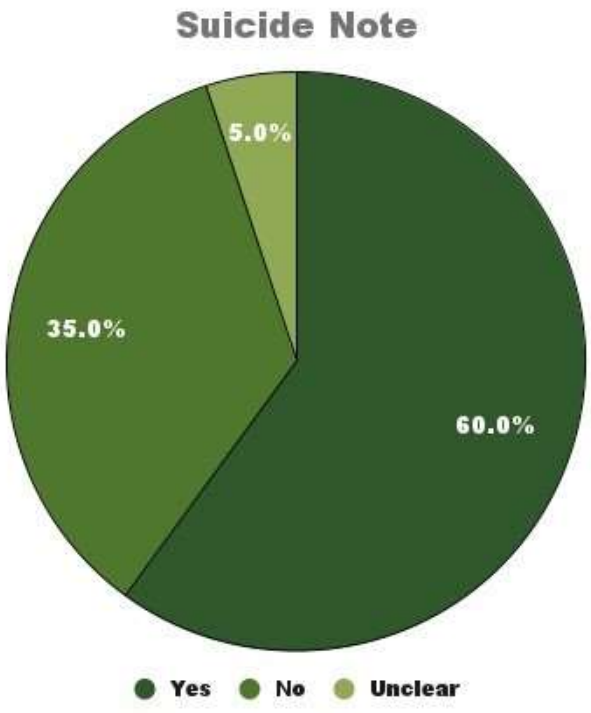
Exposure to Suicide (Friends, Family, Unit, Peers)

Being exposed to the suicide death of another person is a clinical risk factor for suicide (CDC, 2022; NIMH, 2022). This risk factor is important to understanding military systems. This will be further discussed later in this chapter. Of the 20 cases, 12 were not exposed to suicide, five were exposed to suicide, and three were unknown.



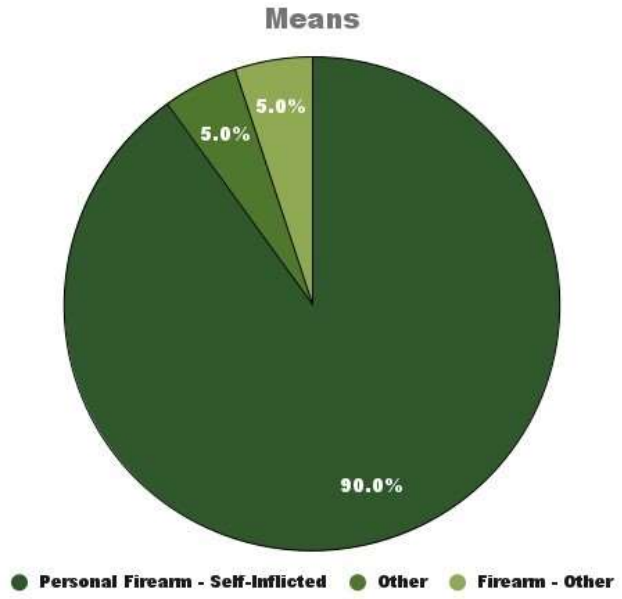
Suicide Note

The presence or absence of a suicide note may provide insight into the act of suicide itself, as well as the person's intention or experience at the time of death. The analysis of this factor may also provide clues to understanding how systems may influence the presence of a suicide note. The presence of a suicide note occurs with greater frequency in the NG than in the general population (Brown et al., 2014), with prevalence in the general population estimated at around 15 to 35% of suicides **(**Brown et al., 2014; Rocket et al., 2018). In contrast, of the 20 cases in this sample, 12 (60%) had a confirmed suicide note, seven did not, and one was unclear in the source data. This will be further explored later in this chapter.



Means

Analysis of the Means variable provides information related to capacity for suicide, as well as information related to the identification of risk factors such as lethal Means. Of the 20 cases 18 used a personally owned firearm, one used firearms that were not their own, and one used other highly lethal Means. This research uses vague language intentionally for cases with unique identifiers to protect the anonymity of the decedents. Of importance, substances/ medications/ poison/ overdoses were not a Means of suicide for any of the cases. The significance of Means will be further discussed later in this chapter.



Contemporary Application of Suicide Theory

Durkheim

Each case was compared against Durkheim's Theory (1897) for type of suicide: Egoistic, Altruistic, Anomic, Fatalistic. Egoistic centers on the concept of excessive individuation more simply described as sense of not belonging or not being integrated into society. Altruistic centers on the concept of self-sacrifice on behalf of society. This type of suicide was initially identified by Durkheim as the category under which military suicide would fall. Anomic centers on concept of moral confusion and lack of direction that often occurs in response to periods of extreme change and transitions. Fatalistic is a result of an oppressive society and can be more simply described as death is better than life.

Out of the 20 cases, 18 had experiences of change or transition identified to be directly related to suicide consistent with Anomic suicide. Of the two other cases, there were identified

concerns about sense of belonging or not being integrated which were consistent with Egoistic suicide; however, these concerns were related to either the civilian or military experience and can be better explained as Anomic suicides due to the significant distress identified in transitioning between civilian and military life. This will be further explored later in this chapter.

Joiner

Joiner's Interpersonal Theory of Suicide (2005) was also compared against the data to examine whether the three factors required for suicide- Thwarted Belonging, Burdensomeness, and Capability for Suicide- were present in all cases. All three factors were easily identifiable in 18 cases (90%). All 20 cases (100%) clearly showed Thwarted Belonging and Capability for Suicide. There were two cases (10%) in which Burdensomeness could not clearly be established based on the available data. This will be further explored later in this chapter.

Narrative Factors

Narrative factors (i.e., factors drawn via analysis of the narrative portion of the files) constitute a substantial portion of the findings. Due to the volume of data explored (over 4300 pages of source data) and the large amount of information contained in the narrative, these findings are better presented in depth in a synthesized manner as part of the Discussion below, rather than stand-alone findings that would be unclear without context. The main categories of factors examined in the narrative of these data are health, including Mental Health, Physical Health, and Access to Care; and Specific Hardships and Concerns, including Financial, Educational, Relationship, Work, Civilian and Military Responsibilities. Other narrative systems factors examined include Living Arrangements, Geographical Systems, Hobbies or Non-traditional Support Systems, Substance Use and Related Culture, Religious and Spiritual Systems, and Cultural Factors. Of the above listed factors, many were unable to be directly considered in findings, but do provide context in the individual narratives. These exclusions are due to the scarcity in

which they were included across investigations, redactions, and/or risk of identification of a specific person(s) (i.e., Living Arrangements, Geographical Systems, Hobbies or Non-traditional Support Systems, Religious and Spiritual Systems, and Cultural Factors). There are two categories that emerged posteriori. The first is the Findings and Recommendations of the Investigating Officer (IO) in each case. The second is an examination of the Investigation Process which takes a deeper look at the investigations themselves. Both categories will be explored in depth in below.

In sum, the results that follow allow for more contextual and nuanced responses to the questions that guide this research: Do systems play a role in NG suicide deaths? Are systems factors of equal or perhaps more significant value when considering the complex topic of military suicide?

This content will elucidate these more complex and subtle factors of suicide for members of the OHARNG that were not comprehensively encapsulated in this chapter's findings.

Lessons from the Narratives

What did these experiences of OHARNG soldiers who died by suicide tell us? And more directly, what happened when these stories were approached from a systems perspective rather than an individualized lens? Analysis and synthesis of these decedent SMs stories bring light to the factors that shaped their experiences with suicide and illustrate the roles that systems played in these individual experiences. The discussion in the first half of this chapter reflects the contextualizing of variables identified in the autopsy. In the second half of the chapter, this researcher moves beyond the variables, exploring themes apparent in the narrative that are typically excluded from individualistic studies of suicide.

Qualifying the Code

Demographics- Understanding the Population

Demographics provide descriptors through which to view this population and associated systems. The trends in the demographics examined (Gender, Rank, Duty Status, Duty Status at Time of Death, Federal Deployments, AOC/MOS, Disciplinary Issues/Pending Separation, Time in Service, Means of Death, Location of Death, Others Present at TOD, and presence or absence of a Suicide Note) create a window into the factors that shape these individuals' experiences and demonstrate commonalities and differences across this sample. The unique nature of OHARNG and the specificity of the population to those who have died by suicide make it especially important to examine factors that extend beyond the population to expand generalizability. These factors also create a context for examination of clinical, theoretical, and narrative factors in this population.

Throughout the data set, it is important to note that investigations contained limited demographics due to privacy and the protection of identity. Although there are some unknowns about the materials omitted from investigations in the redaction process, there are many variables of intersectionality that exist but that are neither mentioned nor explored in the investigation framework. Demographic items that appeared to be intentionally redacted from the source data include age and ethnicity. However, there are many demographics such as Culture, Ethnicity, Country of Origin, Religion, Sexual Orientation, and Gender Identity that do not appear to be explicitly addressed as part of the checklists or in interview questions. In the material consistently present across investigations (to include the IO investigation slideshow presentation agenda and the Commander checklist form) there are no check boxes or items that examine cultural components. In sum, a significant finding related to the "contextual read" of the case narratives is that a great deal of potentially significant information is redacted or missing. A common theme that emerges from the analysis of the narrative is that the involvement in two

worlds, civilian and military, creates a compounding effect on challenges that NG members encounter.

When all demographic factors are considered together a series of themes emerge. Most of these service members were male (95%), early in their military career (55% at 5 years of service or less), were lower enlisted or junior NCOs (85% were E7 or below, and 50% were E4 or below), were traditional NG SMs (85% were MDAY), and most had never been Federally deployed (70%). The two most common MOS were 12B Combat Engineers (25%) and 68W Medics (10%). This indicates that the majority of this population were younger and newer to their roles.

Additional themes emerge when variables specifically related to death are examined. Individuals in the sample used a personally owned firearm in an overwhelming majority of cases (90%), and firearms were a factor in all but one case. Half of the individuals were alone at the time of death, and in 20% of the cases a significant other witnessed the death. For the location of the suicidal act, 55% of these individuals were in their own residence, 20% were in their own vehicle, 15% were at the residence of a friend or family member, and 10% were in a public place. Temporally, the month of death also showed trends that may hold significance in identifying risk around systems: 30% of deaths occurred in October, the first month of the Federal fiscal year; 25% of deaths occurred in February, most of these investigations directly referenced Valentines Day and relationship stressors; and March, July, September, and December did not have any deaths over the five years examined. There are many variables to consider at time of death and there appears to be a trend with relationship factors across many of these deaths. The presence of a confirmed suicide note in 60% of cases provides some context for the

experience of these individuals leading up to their deaths. Further in-depth study of the suicide event would provide clarity of these factors; however, that is beyond the scope of this study.

The common belief that military suicide is the result of PTSD and other related mental illness (Biehn et al., 2013; Stokes et al., 2019) is *not* confirmed by this analysis, as only 45% of this population had diagnosed Mental Illness. Only 30% (six of the 20) in the sample had been Federalized, and of those who were, many were higher in rank or had greater time in service. These data show a much different picture that points to transition across systems as the most consistent factor in suicide deaths. The overwhelming trend here is that young males who are newer to the military, have never deployed, and are acting as traditional Guard Soldiers are the group at highest risk for suicide.

Clinical Factors- Clarifying Risk

It is important to acknowledge clinical risk factors as part of the overall picture. Not only do these factors provide a point of comparison to more generalizable data around suicide, but they also demonstrate how clinical risk factors present in this very specific population of OHARNG SMs. The narrative provides additional context for these factors that will be acknowledged in this section, and further explored later in this chapter.

Legal

Only 30% of cases had identified legal issues across cases; however, there was a pattern in the type of legal issues that SMs had. The majority of the legal issues were related to speeding and traffic tickets; however, the consequences of this were great across both NG and civilian systems. At least two SMs lost their driver's licenses because of these issues. For both cases, financial systems, employment, guard performance, and relationships were negatively impacted.

Of the cases with legal involvement for speeding and traffic concerns, most were also equated in the narrative with risky behaviors by friends and family members who commented that: "[they] liked to drive fast," and "[they] were impulsive." Family and friends also expressed concerns about SMs driving recklessly, including driving recklessly while intoxicated. In comparison to civilians with similar experiences, it may be that SMs' behaviors have comparatively higher "costs" because they negatively affect systems in both worlds (i.e., military and civilian).

Financial Strain

Financial Strain is a variable that spans NG and civilian systems. Of the 20 cases, three had confirmed financial strain and six were suspected to have Financial Strain based on context of interviews. Examples of suspected Financial Strain from the data include SMs who were making substantial financial purchases such as a new home or going through transitions that affect finances (divorce, relocation, job changes), which were not explicitly listed as Financial Strain, but may be indicative of financial stress. While this is less than half of the cases, the impact of financial stress was widespread across systems which is further explored below.

There appears to be no real comprehensive communication between NG and civilian systems, so it can be challenging to see if a service member is struggling outside of the military with financial strain. It was unclear in the investigations as to the source of the financial strain, although disruptions with civilian employment due to NG responsibilities were referenced within several investigations. Although not directly addressed in the investigations, financial factors such as credit score impact service through use of required government issued travel credit cards, and background checks for security clearance within the military system. A strain in financial wellbeing can impact multiple systems in significant ways that may not be readily apparent. For example, in SM was marked as noncompliant with drill attendance, which was partly attributed

to the SM not being able to afford transportation to their unit for drill. The complex interplay between financial systems and NG SMs requires further study.

Relationships

As summarized earlier in this chapter, relationship systems were among the most notable factors across almost all cases. Family and significant others were identified in many cases as sources of stress or as disrupted systems. Military relationships also garnered attention due to varying degrees of disruption; however, there was not enough information in every case to clearly explain military-specific relationships in relation to clinical risk.

A consistent finding was the importance of relationships, specifically the relationship status of the SM with their significant other. Of all the cases reviewed, only 20% had stable relationships. All other relationships were categorized as strained 60%, unrequited (10%), or single (10%). These categories better reflect the population that the simple categories of Married, Single, Divorced that were widely used to define relationships because the quality of the system is considered. Of the 60% that had relationship strain, all investigations directly identified this as a factor in the death. Moreover, 25% of deaths occurred in February, and Valentines Day was directly mentioned in interviews, suicide notes, or investigation findings as a point of significance in these relationships. Relationships with significant others will be further explored later in this chapter.

When military peer groups are also included in this greater relationship system, there is a pattern that emerges in which SMs minimized, disregarded, or helped conceal stressors of their peers to minimize perceived consequences associated with any disruption to readiness and/or career. In other words, in many cases, the warning signs for suicide did not go unnoticed, but stigma-laden culture within units or the greater military discouraged action by this support

system. One IO noted of a case that, “It did appear that [SM] made effort to conceal mental health and alcohol issues from peers in the unit.” Another IO’s comment confirms the pattern of minimizing or disregarding suicidal ideation for fear of military consequences: “While [SM] was adept at hiding [their] depression and drinking from both [their] family and [their] unit members, [they] did talk about [their] issues with at least some friends and family at some point.” The IO continues: “[they] never reached out for help…loved serving and didn’t want anything to tarnish that.”

Within the cases, it also appears that it was commonplace for at-risk SMs to minimize or disengage with situations that could convey risk, including social withdraw or utilization of humor around suicide as a means to deflect risk. There were multiple cases that identified hiding or minimizing of alcohol use. Remarked one IO: “[it] appears drinking may have started to become noticeable to the unit.” There were also multiple comments across cases that SMs were actively hiding depression and drinking from unit due to stigma and fear of consequences. And even another case where a SM directly denied any concerns when directly asked about them by their first line leader due to fear of any mental health concerns impacting military promotion and performance. These acts to conceal behavior demonstrate conflict with culture that becomes clearer by revisiting The Soldiers Creed (The Soldiers’ Creed, Army, 2003) The multitude of expectations placed on a SM illustrates how these behaviors may manifest within the military settings due to a focus on self-maintenance and the mission; however, those things are not mutually exclusive. Readiness affects mission, and failure to seek help affects readiness. This will be further explored later in this chapter.

Recent Loss

Recent Loss is coded separately from change or transition in the autopsy framework but seemed to align with times of recent change or transition periods. When a loss occurred, the result was a change in functioning as well as alterations to social support that existed before the loss. 12 SMs had experienced some type of loss in the months preceding death; however, there was not pattern as to the type of loss (such as who died in relation to the SM) across cases. This may be a variable for further exploration in isolation; however in the scope of this research, loss was found to closely align with transition periods.

Recent Change or Transition

Change or transition was apparent across cases, even if it presented in nuanced rather than overt ways. Seventeen cases (85%) experienced recent changes or transition that disrupted functioning. Additionally, as noted in Chapter Two, there are myriad instances of transition, as NG members moved between civilian and military responsibilities. This is reflected in the data by suicides that occurred immediately following a significant transition. Transitions include the end of a duty day in a drill weekend, deployments (10% of SMs were scheduled to deploy in coming months), and impending military separation, (15% who were being separated from service). In close proximity to these significant transitions, suicides occur.

The Suicide Event

The Narrative Section of the data set provides a great deal of context for the Suicide Events that are not captured in the analysis of the risk factors alone. There are, however, themes that exist across the clinical risk factors of Prior Attempts, Exposure to Suicide, Suicide Notes, and Means show some surface patterns that are noteworthy, even without the narrative context.

Examination of Prior Attempts proved to be exceptionally challenging in most cases due to the discrete or secretive nature in which many SMs approached mental health treatment. There

are several instances where interviews contained within investigations mention that a SM may have been receiving treatment, including hospitalization, but there is neither record nor report of these activities to the NG prior to death. Additionally, of the Prior Attempts confirmed within the data set, most occurred prior to enlistment into service, which demonstrates a potential disconnect between civilian and military systems. Redactions and protections around mental health information served to further complicate this analysis.

Exposure to Suicide does appear to be a factor in at least some of the deaths. Indeed, two suicide deaths occurred in the same unit approximately four months apart. There are other instances of suicide exposure; however, this information was difficult to ascertain from the source data unless it was directly referenced in the investigation as a factor.

The means by which suicide was completed demonstrates another very clear pattern across the population: highly lethal means were utilized in every case, including the one case that did not use a firearm. Details of the means are intentionally excluded to protect identities involved in said case. Even with that in mind, 95% of all cases involved a firearm. This stands out apart from findings for the general population which show that roughly 55% of suicide deaths used firearms in recent years (CDC, 2023).

Suicide Notes

The findings and narrative around the presence of suicide notes suggest that this is an area that could warrant multiple additional studies. Suicide notes are generally uncommon with highly lethal means (Rocket, et. al., 2018). Sixty percent of cases had a clearly identified Suicide Note, and all cases indicated that highly lethal means were used in the suicidal act. The discrepancy between the rate of suicide notes in the general population and the target population is provocative. Many of the suicide notes included in these investigations served as a bridge

communication between the civilian and military worlds, which demonstrates a possible disconnect between these systems. Many of these notes contain examples to disruption across these systems: one SM wrote several notes during a military training which were found by family months later at TOD; many SMs left texts or communication within military group chats, but not with family and friends; multiple notes referenced military service and performance; several notes referenced pre-existing civilian experiences that created challenges in service; and one specifically referenced moral conflict between civilian and military experiences. The disengagement between systems indicates that these suicides may be a result of transition and moral confusion, which Durkheim (1897) posited as Anomic suicides.

All these findings indicate that, although clinical risk factors are present throughout the cases, the systems involved are of greater influence than the stressor itself. This sets a pathway for contextualizing these experiences in the frameworks set forth by Durkheim (1897) and Joiner (2005).

Theory- Contemporizing Application

The clarifying details around suicide deaths for the OHARNG SMs create a pathway to understanding the underlying causes and components of suicide death. These pathways are already paved through extant theory. In "On Suicide," Durkheim (1897) provided typology for suicide: Egoistic, Anomic, Altruistic, and Fatalistic. Joiner's Interpersonal Theory of Suicide (2005) identified necessary categories for suicide to occur: thwarted belonging, burdensomeness, and capability for suicide. These theories, when applied to the OHARNG suicide deaths, are clarifying.

Durkheim

Returning to the Motto within the official song of the National Guard Bureau, “Always Ready, Always There” (Myers, 2016), NG SMs are expected to always be available and present if called upon. These SMs, however, lack adequate resources or support to do what is required in both the military and civilian roles because of this dualistic existence.

This is further exemplified in the notable absence of cohesion within the NG system and across civilian and military realms. Lack of cohesion is identified in findings of the IOs through comments: “[we need to] equip soldiers with the training needed to connect to one another.” Frequent IO comments referred to the need to bolster the “Battle Buddy” system (which sets new SMs up with a peer mentor), and internally conducted surveys in which cohesion was noted as concern in unit climate. There are times when military expectations are in direct conflict with civilian obligations such as jobs, family events, or vacations. (Of note, these types of obligations were directly referenced in several investigations as a reason that the IO requested an extension to the deadline.) These conflicts create the potential for individuals to be compartmentalized in two separate but always present dimensions of their existence. Sometimes a soldier, but always ready to soldier. In essence, this state of transition and social dysregulation may lead individuals to experience a lack of social and /or moral direction that results in suicide. Recent change or transition, which was present in 85% of cases, is directly reflective of Durkheim’s theoretical framework around types of suicide death as transition is directly mentioned as part of Anomic suicide. This pattern seems to exemplify a modern-day version of Anomic suicide.

Joiner

The factors related to suicidality identified in this analysis align with Joiner’s interpersonal theory of suicide (2005). Thwarted belonging has been repeatedly demonstrated through factors such as relationship strain and/or transitional periods that were present in all

cases. Burdensomeness was directly identified in 10 of the 12 suicide notes, in cases with legal and/or financial strain, and in the presence of factors such as disciplinary action and failure to meet standards. Capability for death was present in all cases and was even more clearly demonstrated by the use of highly lethal means.

The Narrative- Valuing Experiences

Considering the Individual

As noted in Chapter 4, individual factors related to suicidality such as Mental Health, Medical/ Physical Health, Substance Use, and behavior such as Prior Attempts are the focus of the psychology autopsy. These individualized experiences are the focus across standard clinical practices in assessment for suicide risk.

While it is true that mental health seems to be a factor in many or most cases (mental illness was identified in 45% of cases, with another 35% suspected to have mental illness), when the narrative data are considered, it becomes clear that the systems (and their cultural constructs, such as stigma) around mental health care may be as or more significant than the mental health issues themselves. This can best be illustrated in greater detail when the culture of mental health in the military is brought into focus. According to the data, in 35% of cases that were suspected to have mental illness, steps were taken by the SM and/or family and friends to prevent disclosure of mental health treatment to military systems. SMs actively took actions to avoid or hide mental health treatment for fear of seemingly unknown or unclear consequences such as affecting their career (in some non-specific way), resulting in discipline or separation, being removed from special schools or opportunities, or just a daunting sense that they are not allowed to get help. More than one case specifically mentioned concerns that prescribed mental health

medication would show up in mandatory drug testing. In those cases, the SMs only disclosed the treatment for fear of disciplinary action if the drug test were to come back positive.

The data also evidence minimization, disregard, or protection by peers around mental health issues. In other words, people who do know or see that someone is struggling do not act because they are concerned about the consequences for the SM. The nature of these actions, or lack thereof, becomes even more concerning when the suicide training (that was provided to SMs in full in some investigations) within the NG system addresses risks and warning signs. This may not be a feature unique to the NG, and could possibly be reflective of a larger societal issue that people are afraid to ask the question, "Are you thinking about killing yourself?" These are just some of the issues around mental health, help seeking, and stigma that exist beyond the individual as part of military culture.

Additional contributing factors that served as barriers for mental health included a dearth of resources and knowledge of resources (for SMs, Leaders, family, and significant others), as well as ineffective or outdated resources. IO recommendations demonstrate these issues: "Commander [needs to] conduct BH [behavioral health] standdown and ensure appropriate resources and training are in place [mental health, Army Substance Abuse Program, suicide prevention resources Family Readiness, and ONG approved civilian resources]…)"; "training [is needed] for First Line Leaders, family members, and units on how to recognize issues that soldiers may be experiencing as well as ways to engage with SMs who are displaying risks/ warning signs"; and "[IO identified] issues with standard referral sources such as Military OneSource, the emergency hotlines, and VA recommended apps for mobile devices. [IO] recommends increase awareness and communication about resources available to SMs'. These

findings deserve to be more deeply examined in the National Guard population as they relate to suicidal risk.

Navigating the Systems

In this section, I summarize themes related to the effects of systems on experiences of these SMs. Above, analysis of systems variables focused on discrete coding, with some inclusion of context. Here, analysis focuses on the interplay *across* systems and more complex dynamics than were captured by individualized variables.

Legal, Financial, and Employment. The data reflect a significant amount of interplay between legal, financial, and employment as a larger system set. Disruptions in these areas occurred across both civilian and military experiences. Examples of these disruptions are abundant across the cases examined. Several SMs, especially lower enlisted, did not have the financial means to travel to drill locations which can often be far away from their residence. Not attending drill means that the SM does not get paid for drill, which in turn creates a financial hardship loop. In multiple cases, SMs had civilian job stress due to NG responsibilities, which created financial hardship- this was true in multiple cases where a SM was working multiple jobs and trying to navigate NG responsibilities.

There is a component of risk taking that was observed or reported in several cases that with legal involvement. Many cases with legal involvement had issues with speeding and traffic violations, but also were noted to have issues with impulsivity, job performance, relationships, and alcohol use. In one case, a SM lost their military funding for college due to legal involvement. Legal issues also affected other financial systems due to fines and jail time. In two cases, the loss of a driver's license directly impacted the SMs ability to maintain steady work or get to drill.

Significance of Relationships. Relationship *systems* (as opposed to static, constructed relationship variables) proved to be a significant factor in the majority of OHARNG suicide death. Many of these SMs were in disrupted or even volatile relationships. One SM was being stalked, many were in the process of divorce, two were in unrequited situations in which they expressed interest in a person who did not reciprocate the sentiment. In at least four cases, SMs shot themselves in front of significant others during an argument. There are multiple cases in which the SM was found by their significant other (or their children) shortly following an argument. This demonstrates how intensely these systems affected these at-risk SMs. Within the investigation, the majority of cases noted that military peers and/or leaders did not know their SMs well enough to detect or respond to any warning signs about relationship distress, which suggests a disconnect between military and civilian social systems.

Much of the narrative also included discussion about conflict between NG and civilian responsibility. Two cases referenced civilian support systems (significant others, and additional peers and family) expressing concerns about upcoming deployments for the SM that placed strain on the relationships. The majority of cases for lower enlisted SMs specifically identified barriers to relationship building and integration into their NG unit. Investigating Officer (IO) recommendations illustrate the degree to which the absence of a supportive relationship influences risk, especially for young service members early in their military career.

Transition and Loss. Transition was a factor in 85% of cases, and loss was a factor in 60% of cases. When this is brought into consideration with the duality of the Citizen-Soldier experience, the experiences of these SMs become easier to conceptualize. The narrative from these cases indicates that the effect of transitions, regardless of the nature of the transition, was deeply impactful and occurred in close temporal proximity to death. Many of the suicide notes

reflected transition and loss because they contained instructions for *both* military and for civilian persons; however, these notes were very disjointed and preclude a more specific analysis. The disconnect between family and military realms, and the transitions required to navigate them appeared in other ways. For example, some narratives note the struggles of family members who were uncertain whom to notify regarding the death. Other notes indicate that families were ill-prepared to navigate potential military benefits.

Suicide Culture. Despite the findings of some of the IOs that cases were "impulsive" and without warning, these findings contrast with the entirety of the clinical picture presented by a close analysis of narrative data. In almost every case (95%), there was some forethought and planning related to suicide, even if the actual event was an impulsive response to a triggering event (such as a fight with a significant other). In several instances there was mention in interviews that SMs would joke about suicide and were noted to be carrying their personal firearm with increasing frequency. There were also instances where a suicide note was not confirmed but peers or family members knew that the SM had thoughts or plans. One service member increased their life insurance policy days before death. There are other instances where the location of death in these cases appeared to have deep significance, as evidenced by SMs traveling to a specific residence or location to engage in the suicidal act.

Posteriori Factors

The posteriori factors covered below consist of recommendations of the Investigating Officers and Investigation-specific factors. These investigations are only used within military systems, specifically OHARNG in this study, and are not normally viewed outside of the military. This means that these variables move beyond the individualized content that was created and shared by the military.

IO Recommendations. One unanticipated feature of the source data was a section in each investigation that included findings and recommendations. There was great variability in the way that the IO approached these sections. Analysis suggests that there were differences in the level of training and bias around the topics. (For example, some IO reports were more first-person and opinionated, while others were objective and based on the content of the case). Despite this variability, there was content that appeared in multiple cases across the source data.

IO findings and recommendations that appear with greatest frequency focus on military culture, especially regarding mental health, training, and cohesion. As previously identified, the culture around mental health is complex. Many of the recommendations of the IOs examine the strong stigma toward mental health across the military, and the barriers that stigma creates for SMs, specifically help seeking, accessing treatment, and reporting of mental health concerns. There were similar recommendations around Drug and Alcohol Testing (DAT) failures, particularly alcohol, THC, and prescription drugs. The concerns raised about culture surrounding mental health and substances suggest that the discrepancy between military and civilian cultures related to these issues may be significant. Known and perceived consequences within the military dissuade SMs from appropriately engaging with treatment.

IOs identified unit cohesion as an area that needs improvement. Suggestions included reinstitution of the "Battle Buddy" system, which is essentially an assigned mentor or peer; increasing training for First Line Leaders (FLL) to be able to better engage with SMs; affording more time away from structured mission specific events during drill to allow SMs to interact and engage with leadership and peers; increased inclusion of families; and improving communication channels and clarity of expectations within units.

Suicide prevention, intervention, and response were also identified as areas that warrant improvement. In the 12 months prior to death, only eight SMs were referred to standard suicide prevention training, seven had not received the training, and five investigations did not list suicide prevention training in the report. Many IOs and interviews indicated the training was not useful and that it "would not have made a difference," had a SM taken suicide prevention training. Additional observations were that "skills are not properly trained," trainings are not taken seriously because they are treated as "just another box to check," and "doing things to do them makes them lose meaning."

Even more concerning are the findings around the post-suicide response in units following a suicide death: "too many times units carry on like nothing happened" and "business as usual" was a common sentiment. Further, there were identified concerns both within units and across military echelons. The crux of the issue within units is that FLL and peers do not have opportunity to connect with one another in meaningful ways. The concerns outside of the units and with leadership is best reflected in this quote: "[I] don't trust the higher ups to take our care into consideration." There was one recommendation that stood out among the rest in which the IO indicated that suicide prevention efforts should not start at suicidal ideation, so services are in place for suicide *prevention.* His was a singular voice among the IOs conducting the autopsies.

Resources available to SMs, families, and leaders were a point of concern in many investigations. One IO even made the effort to call the hotlines listed for service members and noted that either wait times were long or the contact information was outdated. Resources provided within the units to deal with at-risk SMs were also points of concern. It appears that there are no imbedded mental health assets (i.e. uniformed mental health providers within a unit) in units and that most suicidal emergencies are left to FLL and unit leadership to navigate, often

without any standard protocol. There was some mention of the value of Chaplains and Psychological Health Coordinators/ Behavioral Health Personnel; however, most of these assets were only present after suicide for postvention exercises. Many FLL and commanders identified a lack of access to these assets for MDAY SMs specifically. Overall concerns with resources are that they were too few, insufficient, or absent altogether. Remarked one IO, "We need resources that are current and functional."

The final point of concern focused on the accessibility of firearms, which were used in 95% of these suicide deaths. There were varied suggestions on how to manage access, including training on firearm safety, increased use of gun locks (there are specific locks that have the suicide crisis line written on them.), safe places to store weapons of SMs who are at risk, and improved communication with families around gun access.

The Investigation. The investigation process is driven by policy and regulation, with very specific details as to how these investigations should be performed. All Investigating Officers were assigned by The Adjutant General of Ohio, and were Field Grade (04-06), with the vast majority holding the rank of Major. Information on the IOs was included in the unredacted material but will not be made available to protect the privacy of these individuals. Of note, each investigation had a different IO assigned. That means that there were 20 different perspectives informing investigations and recommendations. Even though there was support in place for the IOs to include JAG and the DPH throughout the process, there was a great amount of variability across every case based on the IO interpretation and approach. It is also important to recognize that IOs did not hold Behavioral Health Areas of Concentration (AOCs) -i.e., social worker or psychologist- and likely did not have any prior experience with suicide investigations; however, the DPH (who is certified in psychological autopsy) was identified as a resource in every case.

Another point of significance for discussion of investigations is the degree to which the investigations varied in content, length of report, and length of time to complete investigations. These variations inevitably affect findings and were considered carefully in the design of this study. This researcher focused on unredacted material that held consistency across cases. This design decision increased validity and reliability but limited the breadth of the study. Some specific areas of inconsistency in content within investigations include use (or not) of complete sections of the Ohio Revised Code, inclusion or exclusion of personnel records in the investigation, disproportionate focus on civilian law enforcement findings, structure of the timeline of events, degree to which investigator bias is present, completeness and inclusion of the Commander's checklist (which is essentially a multiple page document with check boxes on variables of the case such as marital status, time in unit, deployments, etc.), and focus on which factors were important or worth further exploration.

The structure of the slideshows, investigative reports, presence of interviews, and additional materials that were in 90% or more of the investigations allowed for consistent analysis across cases, even with the high level of variability in content.

Specific aspects of the investigations that demonstrated the most variability are the length of the reports, the length of time for the investigation to close after it was assigned, and the total time it took from date of death to the completion of the investigation. There is regulatory policy around the length of time to complete an investigation of 30 days per U.S. Department of the Army (2016). Every case exceeded this timeframe, even in cases where extensions were requested in accordance with policy and procedure. The length of the reports varied from 121 pages to 364 pages, with the mean length of reports being around 217 pages. The investigation lengths also showed significant variability in time to complete, from the date assigned to the IO,

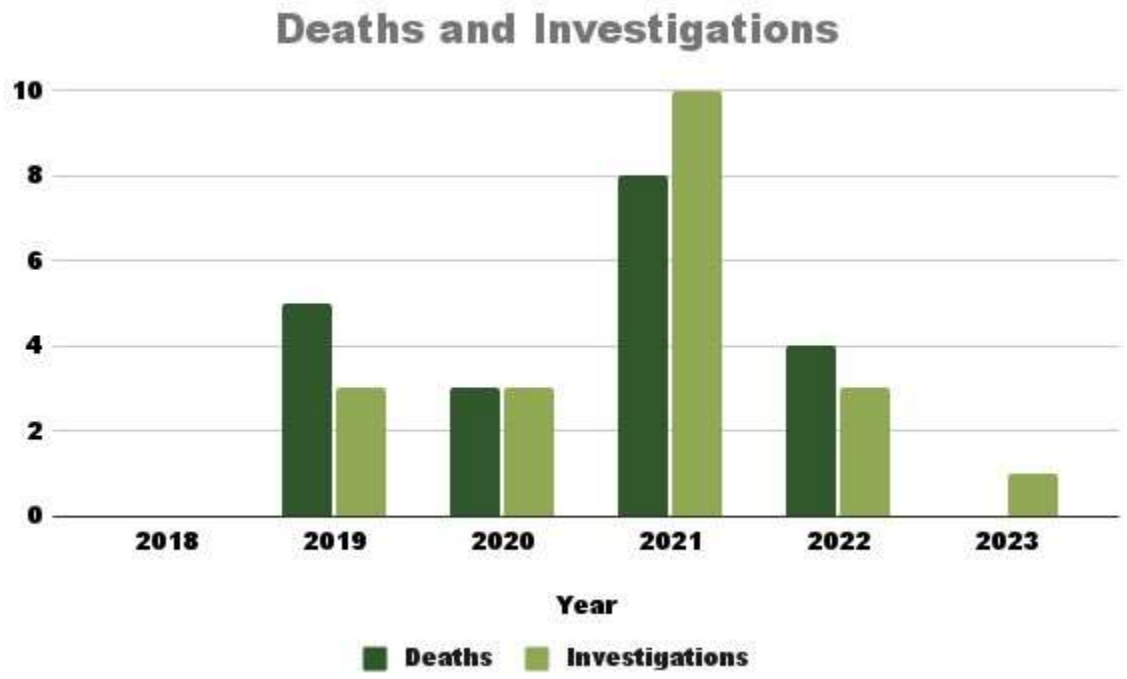
with the shortest investigation taking 56 days, the longest investigation taking 376 days, and the mean length of investigation taking 170 days. Variations on the investigatory process may, in part, speak to the uniqueness of some of the cases, but the discrepancy also lends itself to consideration of IOs as a possible contributing factor to problematic variability. This becomes more significant when considering how long these investigations remain open after the death of a service member, which will be further explored below. If the post hoc objective is to learn more about suicide, thereby preventing its occurrence within OHARNG, these inconsistencies seem particularly problematic, as they challenge systematic analysis.

The length of the investigation may affect family systems in significant ways. These systems are in potentially vulnerable or disrupted states in response to a suicide and the longer that the systems re-engage with the details of the suicide, the more at risk these systems may be, given that exposure to suicide is a known risk factor for suicide (Bryan, Cerele, & Bryan, 2017). In other words, the longer the investigations remain open, the more exposure those involved have to the details of the suicide. The shortest investigation concluded in 66 days (.18 years) after death, the longest investigation concluded 412 days (1.19 years) after death, and the mean length completion of investigations was 154 days (42 years) after death. This means that in the longest investigation, both the IO and the involved parties were exposed to this content for over year. Also, the average investigation exposed involved parties to details of the suicide for over five months. It is impossible to discern from this information what the specific effects may be, but it is important to recognize the potential for increased risk to multiple systems through the investigation process itself.

Year of Investigation and Year of Death. This timeline theme and its importance were not immediately obvious to this researcher, but as analysis proceeded, several important

implications emerged. This factor potentially impacts the dataset in a multitude of ways, with categorization and analysis of trends being most notable. In this data set, deaths in a year were not reflective of investigations in a year: there were five suicide deaths in 2019, but only three completed investigations; there were 10 suicide investigations and eight suicides completed in 2021; and there was one suicide investigation in 2023, but at time the source data was released to this researcher, there are no suicides in 2023.

These findings make more sense contextually with the variability in length of time the investigations took to complete, and the variability observed across investigations in general. However, this illustrates areas of concern about the investigation system and the possible impact on all involved. Increased exposure to suicide for IOs and surviving family, friends, and units and effectiveness (or lack thereof) of investigations are two potential impacts of prolonged investigations. This early finding is important to understanding systems related to suicide in OHARNG but warrants more examination that extends beyond the scope of this research.



Investigations- Final Observations. One final note on investigations relates to the narrative findings connected to IO recommendations. These investigations require considerable time and effort. Despite the significant undertaking, the benefits of the investigations are unclear. Over the span of five years, there were several recurrent recommendations reflected in these data, such as the need to challenge culture, directives to improve training, and recommendations to enhance cohesion. The repetition of IO recommendations over time invites questions as to how and to what extent these recommendations are being incorporated to inform change in the identified systems.

Essentially these observations lead to this question: Do the investigations and their findings prove useful to the organization? This is clearly an area for further examination regarding the implementation of recommendations within the byzantine military structure.

CHAPTER FIVE

The Untold Story

From this research, it becomes apparent that the hyper focus on individuals and their specific characteristics excludes important systems factors that are integral and perhaps more central to understanding suicide within OHARNG. Individual risk factors are important and necessary to consider but are not anywhere near enough to address the issue in its entirety. There are many layers to these findings and the sheer number of variables to consider has made it a daunting task to tackle while maintaining substantial depth of analysis. Despite these limitations, one thing that remains abundantly clear is that there are many ineffective or disrupted systems around individuals in the Ohio Army National Guard who died by suicide. The NG adds several complex systems to the civilian experience – whether good, bad, or neutral. And these added complex systems create transition in high frequency, which could conceivably increase risk of Anomic suicide.

These systems also come with an entirely different subculture that the individuals adopt or reject- either way, this influences the way in which they transition between civilian and military spaces, because these Citizen-Soldiers must be “Always Ready, Always There” (Myers, 2016). Military or civilian must take precedence at any given time, as full attention to both systems equally is not possible. And there is even less consideration given to how this affects civilian systems such as families, significant others, employment, and finances. SMs cannot disconnect or walk away from military commitments because things like fitness, physical and mental health, financial factors cannot be isolated to military or civilian experience. Yet resources are not adequate to support military expectations in civilian environments.

Because of this constant transitional state, the approach to suicide prevention as it currently exists is not effective. There appears to be a lack of communication and stability across systems. This research suggests that the next course of action is to bridge these two disparate systems to best serve the needs of the individuals within them.

Study Limitations

To adequately address the profound amount of material considered in the narrative analysis, and to offset the limitations imposed by individualized autopsy variables, themes and patterns are explored through a broad application of concepts. This researcher recognizes that there are exponentially complex ways in which these data could and may still be examined. It is essential to acknowledge the constraints and limitations of this researcher to completing a more comprehensive analysis of all factors: namely the level of resources and support required to do that level of analysis extends beyond an independent and self-funded researcher, and the use of secondary data with redacted source material creates constraints on the extent to which these data can be analyzed. There are still many patterns of importance that surfaced in this broad approach, which will be elucidated below.

This researcher is a SM of the OHARNG and recognizes the potential for bias, while acknowledging that this role also creates strengths in understanding and interpreting military systems. To mitigate potential for bias, the dissertation committee was created of non-military affiliated faculty, and a military expert reader. This allowed for this study to be reviewed through a neutral lens while still incorporating military expertise to enhance validity.

This researcher recognizes the high level of ethical standards required to protect anonymity of individuals in the sample and remain strengths based (i.e., constructive rather than

destructive). This study navigates the balance by maintaining focus on contributing to the improvement of military mental health systems.

Contributions

This research offers contributions to contemporary practice and future research. This study accessed data that is not readily available outside of the military. Utilization of these data in a research capacity provides visibility to issues that are not examined in extant literature. Moreso, the use of these data in this study offers an "insider's view" from a social work perspective. And, while this researcher's identity as a service member may produce bias, this insider view also allowed for access to information not known outside of military culture. This provides meaningful context that could not be provided by an "outsider" to military culture.

A methodology was created for this research that combines suicide autopsy and analysis of narrative that offer a comprehensive and novel view of information. This study critically reviewed standard autopsy variables and offered reconstructions that better align with reality (e.g., adding unrequited and strained which acknowledged the inaccurate categorization of relationships for the sample).This methodology can be used in research but can also become part of standard operating procedures for autopsies. Furthermore, the findings of this study support specific and necessary recommendations for suicide investigations in OHARNG. These findings suggest new and specific approaches to improve the investigation process.

This research offered and contemporized two theoretical frameworks that remind us of the importance of social connection and the systems in which we all live. This theoretical lens provides scaffolding on which to build new approaches to understanding suicide.

Simply put, this research offers a new perspective under which to understand the phenomena of suicide. It creates visibility for those who have died by suicide in a way that allows their

stories to shape our understanding of a unique and highly at-risk population that is underrepresented in research.

Implications

Practice

More work is needed to connect OHARNG soldiers with healthy systems. For example, mental illness was less of a factor than other stressors. Barriers to receiving mental health support were more impactful than mental illness. The implications are that incorporation of systems while simultaneously moving away from individual responsibility may be beneficial in preventing suicide or allowing for earlier intervention for those at risk for suicide. In other words, the experiences of the individuals within a system serve less as a point of focus and more as an indicator of the health of the system itself.

Attention to stories of these individuals who were lost to suicide provides new perspectives that refocus efforts to macro and mezzo levels. This shift would affect distribution of resources allocated to addressing suicidality in National Guard populations. For example, if systems were to be identified as a significant factor, then personnel and training approaches will likely need to shift to address understanding of community dynamics as they relate to an individual. This broader focus may also support a paradigmatic shift that acknowledges suicide as an intransigent social problem that requires innovative approaches.

In a more practical and direct way, reshaping the approach to suicide research may influence and alter the way that suicide prevention and intervention training is created and implemented. This may help to shift away from exclusive use of individualized efforts toward the incorporation of systems in suicide response. And even more so, this line of research may support a change in

the conversation around death by suicide for survivors and those at risk in social systems directly exposed to loss by suicide in a way that can foster more effective intervention strategies.

Research

More research is needed on the relationship between systems and suicide. This research demonstrates that the experiences of the individuals within a system serve as an indicator of the health of a system. A systems approach to suicide creates room for future conversations that move away from the individual and toward the systems around that individual. This presents numerous opportunities for social work research at the micro, mezzo, and macro levels.

More research is needed focusing on systems involved in suicide risk, especially interpreted through a social work lens. Although limited in scope, this research shows that the conversations around military suicides need to shift away from the individual and toward strengthening systems that support the individual. This is especially true for NG SMs, who are tasked with navigating the discordant systems of civilian and military life.

Although limited in scope, the approach used in this study provides a framework for future research to examine systems of suicide in National Guard populations. This research illustrates the need for changes in the way that suicide assessment, prevention, and intervention are currently conducted. It also identifies specific systems that would benefit from future research. Areas of research include revisiting how suicide risk is identified by broadening the lens to allow inclusion of systems, examining the interplay of systems within the NG, further exploration of in the systems around the use of lethal means and gun access, and exploration of the significance of suicide notes within the OHARNG population.

This research also demonstrates the need for engagement across military and civilian systems. Echoing the National Guard motto "Always Ready, Always There" (Myers, 2016), it is essential to recognize that even part time service impacts all aspects of life. Compartmentalization or isolation of these two systems is neither realistic nor possible, as each impacts the other. It is these areas of transition between systems that appear to have a significant influence on suicide risk, which is further supported through Durkheim's Theory and Anomic suicide. SMs in constant transition between civilian and military responsibilities experience disruptions in either or both systems, which increases the risk for suicide.

This is further demonstrated through the disjointed nature of communication around medical and mental health treatment- several of the cases identified that SMs were reluctant to seek help due to consequences in the military system (these perceptions of consequences are often inaccurate and stigma laden), or that SMs did not disclose or actively hid treatment from the military system. Many leaders and peers at all levels were not able to recognize risk in SMs due to limited time spent getting to know SMs. Or, if leaders and peers did recognize symptoms, the culture around seeking and receiving help created distortions around severity of what they were seeing (often downplayed) or prevented them from getting the at-risk SM to help. And even if all these things were recognized and help was sought, the channels with which to seek help were unclear, fragmented, or the resources were not current or available.

There are many potential implications for this research moving forward. First and most important to social work is that, through incorporation of the social work voice in suicide research, this will serve to further the literature around military suicide and increase military cultural competence within social work. Furthermore, integration of knowledge of systems into

future prevention and intervention efforts will broaden the overly narrow lens in which suicide is currently framed in extant literature.

This research also offers many opportunities and reasons to re-examine Durkheim through a contemporary lens, which could allow for the development toward a new comprehensive theory that better explains suicide as it exists today. This would require significantly more time directly focused on the theory; however, the great contrasts between when Durkheim made his observations and the way that the phenomenon presents currently in a vastly different populous does offer opportunity for a more profound exploration. This is especially true when considering technology, diversity, increased life span, and other factors that were not as relevant when Durkheim's framework was initially posited.

This fresh look at suicide within a very specific subset of military populations could offer new insights into challenges associated with citizen-soldier service, or even just challenges associated with military service and civilian challenges. Through acknowledgment and attention to this specific population, the social work voice can expand the concerns of this population by giving it an increased footprint in the literature.

Ultimately, the untold story of this population lies in the experience of living in two discordant systems. The creation of a bridge between Citizen and Soldier tells the whole story. Seeing these connections challenges anomie (Durkheim, 1897) in a way that better fosters belonging and decreases burdensomeness (Joiner, 2005) for the SMs trying to navigate both systems.

CHAPTER SIX

Recommendations and Conclusions

Current and Developing Military Practices

An indicator of the longstanding overly individualized approach to suicide is the utilization of the Behavioral Health Data Portal (BHDP), which is essentially an online self-report survey that contains items such as the PHQ9, the Audit-C, the PCL 5, insomnia scales, the C-SSRS and others. This assessment tool focuses on mental health and substance use (alcohol) with a few items about relationships that are very surface level (Corso, Sonneck, & Rogers, 2020). This tool *appears* useful because it can track self-reported symptoms over time to measure improvement, change, or exacerbation of symptoms. Major concerns with this tool are that it is heavily reliant on self-report of service members and is often done to screen or supplement face-to-face clinical intervention. Though there is some movement toward a more holistic approach to suicidality, and assessment and intervention systems continue to center on individualized constructions of mental health and suicide risk, to the exclusion of social systems and relationships. Approaching these tools in a way that incorporates findings of this study may support a more comprehensive way to examine experiences of individuals at risk.

Existing military approaches to treatment are heavily centered on individual factors, as highlighted in the SPRIRC report findings. In the SPRIRC (2023) report, the transition from individual factors to systems factors can be identified in the transition to applying a public health approach to suicide prevention. These SPRIRC (2023) findings suggest that the "military understanding" of suicide is trending in the right direction.

Incorporating Systems and Relationships

In recent years, there has been a growing body of research around connection and relationships with Veterans, which demonstrates an increased awareness of the role of systems in working with military populations. More specifically, the VA has been launching pilot programs to connect Veterans to their communities and to reach rural Veterans in more effective ways. One specific program that has emerged through the VA: the Community Strengthening Intervention. According to Marmon and colleagues (2020), through this program, Veterans are given an audience to share their narrative experience with the community, further supporting reintegration and mutual investment between the Veteran and the community. In the same year, the VA published research related to community-based approaches for rural veterans (Monteith et al.2020). Rural populations are at a higher risk of suicide, which serves to exacerbate the risk level that is already high in Veteran populations. Through this preliminary research, it is being observed that community engagement serves to increase resources and build on strengths within rural communities to better serve rural Veterans. This trend in program pilots in the VA system seems promising. Just as Monteith and colleagues explored the compound impacts of rurality and veteran status, so, too, could programs explore and address the unique systems' tensions experienced by OHARNG. This researcher remains hopeful that the results from this study will provide increased motivation to do so.

OHARNG

Many of the IOs' narrative recommendations mirror the findings of this research. Viewed through an individualized lens, the pattern is invisible. The contribution of this research is that the collective and systems perspective allowed this researcher to identify key patterns. The unanimous declaration of IOs is sadly ironic: helping systems *are* often in place, but knowledge

regarding how to access them as well as resources to support them are lacking, rendering them unusable.

While adopting a systems perspective and reinvigorating the systems that do exist may take time (i.e., bureaucratic overhaul), a corollary strategy is to increase the presence of support systems for mental and spiritual health to support SMs and decrease military stigma related to help seeking. Increased attention to aspects of SMs' lives to incorporate culture and civilian experiences could improve a sense of belonging for SMs. Intentional engagement with families could decrease the distance between military and civilian systems, making them easier to navigate. These recommendations would address the concerns of Anomic suicide (Durkheim, 1897) by creating a more cohesive experience for SMs. Bolstering cohesion across systems will also serve to address the presence of thwarted belonging and burdensomeness (Joiner, 2005) that the decedent SMs exhibited in response to disjointed systems. This can be done by allowing time and opportunity for SMs to bond. And finally, regarding capacity for suicide (Joiner, 2005), particularly regarding firearms, the need for suicide training is glaring. Training that addresses the use of firearms in a meaningful way is needed to better prepare the NG system.

Suicide Investigations

Examination of the investigation process is needed. Training and scope of IOs would improve consistency and reliability of investigation. Having one person, who is trained in Psychological Autopsy or similar practice, as the lead on investigator for all cases would streamline the practice and decrease exposure to suicide. It would also dedicate a person to this work, rather than adding additional responsibilities on SMs to conduct the investigations. The presence of support or postvention for IOs, and for friends and family, would also be beneficial

to the investigative process. Finally, contemporizing variable construction (as modeled by the present research) in the autopsy structure would support more meaningful findings.

Conclusion

While the individual characteristics are a factor in suicide risk, these findings suggest that recognizing the influence of systems that surround the individual is of equal importance. Helping systems are in need of repair; family systems are in need of support. As social workers, we need to move our thinking away from treatment of the individual to care that includes focus on the disrupted systems around the individual. To make meaningful strides toward preventing suicide, systems must be included and mended. Recalling the sentiments proceeding the establishment of Durkheim's theory (1897) and introduced by Peuchet as translated by Marx (1846), the state of a society is reflected in the actions of individuals; suicide is one such action that demonstrates the volatility of the society in which it occurs. For Citizen-Soldiers in the OHARNG, who are tasked with additional challenges that come with navigation of two distinct but overlapping systems, this holds especially true.

RESOURCES

American Psychological Association. (2015). *APA Dictionary of Psychology* (2nd ed.).

American Association of Suicidology Certified Psychological Investigator Training (PACT), (2023) *American Association of Suicidology*

Anestis, M. D., & Green, B. A. (2015). The Impact of Varying Levels of Confidentiality on Disclosure of Suicidal Thoughts in a Sample of United States National Guard Personnel. *Journal of Clinical Psychology*, 71(10), 1023–1030. https://doi.org/10.1002/jclp.22198

Anestis, M.D., Khazem, L.R., Mohn, R.S., & Green, B.A. (2015). Testing the main hypotheses of the interpersonal–psychological theory of suicidal behavior in a large diverse sample of United States military personnel. *Compr Psychiatry*. Jul;60:78-85. https://doi.org/10.1016/j.comppsych.2015.03.006

Anestis, M. D., Mohn, R. S., Dorminey, J. W., & Green, B. A. (2019). Detecting Potential Underreporting of Suicide Ideation Among US Military Personnel. *Suicide and Life-Threatening Behavior*, 49(1), 210–220.

Beck, A. T., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal intention: The Scale for Suicide Ideation. *Journal of Consulting and Clinical Psychology*, 47(2), 343–352. https://doi.org/10.1037/0022-006X.47.2.343

Benabbas, M., & Benelmouloud, O. (2015). Validity of the results of psychological autopsies in

suicide prevention policy. *European Psychiatry*, 30(8), S121. https://doi.org/10.1016/j.eurpsy.2015.09.232

Biehn, T. L., Contractor, A., Elhai, J. D., Tamburrino, M., Fine, T. H., Prescott, M. R., Shirley, E., Chan, P. K., Slembarski, R., Liberzon, I., Calabrese, J. R., & Galea, S. (2013). Relations between the underlying dimensions of ptsd and major depression using an epidemiological survey of deployed Ohio National Guard soldiers. *Journal of Affective Disorders*, 144(1–2), 106–111. https://doi.org/10.1016/j.jad.2012.06.013

Booty, M.D.,Hoops, K., Theis, Jj., Nestadt, P.S. & Crifasi, C.K. (2021). Firearm Suicide Among Veterans of the U.S. Military: A Systematic Review. *Military Medicine*, 186, e525–e536.

Brenner, L. A., Forster, J. E., Walsh, C. G., Stearns-Yoder, K. A., Larson, M. J., Hostetter, T. A., Hoffmire, C. A., Gradus, J. L., & Adams, R. S. (2023). Trends in suicide rates by race and ethnicity among members of the United States Army. *PLoS ONE*, 18(1), e0280217. https://doi.org/10.1371/journal.pone.0280217

Brown, M. M., Moore, M., Cerel, J., & van de Venne, J. (2014). Who leaves suicide notes? A six-year population-based study. *Suicide Life-Threatening Behavior*, *45*(3).

Bryan, C. J., & Bryan, A. O. (2019). Financial Strain, Suicidal Thoughts, and Suicidal Behavior Among US Military Personnel in the National Guard. *Crisis* ; Volume 40, Issue 6, Page 437-445 ; ISSN 0227-5910 2151-2396. https://doi.org/10.1027/0227-5910/a000592

Bryan, C. J., Cerele, J., & Bryan, A. O. (2017). Exposure to suicide is associated with increased

risk for suicidal thoughts and behaviors among National Guard military personnel. *Comprehensive Psychiatry*, 77, 12–19.

Burrows, G. M. (1828) Commentaries on the causes, forms, symptoms, and treatment, moral and medical, of insanity. *London, Thomas and George Underwood*.

Caine, E. D., Reed, J., Hindman, J., & Quinlan, K. (2018). Comprehensive, integrated approaches to suicide prevention: practical guidance. Injury Prevention : *Journal of the International Society for Child and Adolescent Injury Prevention*, 24(Suppl 1), i38–i45. https://doi.org/10.1136/injuryprev-2017-042366

Center for Disease Control and Prevention: Suicide data and statistics (2022). *Center for Disease Control* https://www.cdc.gov/suicide/suicide-data-statistics.html

Cerdá, M., Richards, C., Cohen, G. H., Calabrese, J. R., Liberzon, I., Tamburrino, M., Galea, S., & Koenen, K. C. (2014). Civilian stressors associated with alcohol use disorders in the National Guard. *American Journal of Preventive Medicine*, 47(4), 461–466. https://doi.org/10.1016/j.amepre.2014.06.015

Chiles, John A., Graham, Robert., Linehan, Marsha M., Cowden, Lisa., & Strosahl, Kirk. (2015).The 24 Hours before Hospitalization: Factors Related to Suicide Attempting. *Suicide and Life-Threatening Behavior*, 16, 335–342.

Chiles, John A., Strosahl, Kirk D,. & Weiss Roberts, Laura. (2019). Clinical Manual for

Assessment and Treatment of Suicidal Patients: Vol. Second edition. *American Psychiatric Association Publishing*.

Corso, M., Sonneck, S., & Rogers, A. (2020). The use of the Behavioral Health Data Portal for clinical outcome monitoring and clinical implications. *Defense Health Agency*

Council on Social Work Education. (2022). 2022 Educational Policy and Accreditation Standards. *Social Work Education.*

Cramer RJ, Kapusta ND. (2017) A Social-Ecological Framework of Theory, Assessment, and Prevention of Suicide. *Front Psychol.* Oct 9;8:1756. doi: 10.3389/fpsyg.2017.01756. PMID: 29062296; PMCID: PMC5640776.

Chu, C., Zuromski, K. L., Bernecker, S. L., Gutierrez, P. M., Joiner, T. E., Liu, H., Naifeh, J. A., Stein, M. B., Ursano, R. J., & Nock, M. K. (2020). A test of the interpersonal theory of suicide in a large, representative, retrospective and prospective study: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). *Behaviour Research and Therapy*, 132. https://doi.org/10.1016/j.brat.2020.103688

Daruwala, S. E., Houtsma, C., Martin, R., Green, B., Capron, D., & Anestis, M. D. (2021). Masculinity's association with the interpersonal theory of suicide among military personnel. *Suicide & Life-Threatening Behavior*, 51(5), 1026–1035. https://doi.org/10.1111/sltb.12788

Department of Defense: Suicide Prevention and Response Independent Review Committee. (2023). Preventing Suicide in the U.S. Military: Recommendations from the Suicide Prevention and Response Independent Review Committee. *Department of Defense*

Department of Defense Dictionary of Military and Associated Terms: A. (2016). *Department of Defense Dictionary of Military and Associated Terms*, 1, 1–20.

Department of Defense Quarterly Suicide Report (2023). *Department of Defense* https://www.dspo.mil/qsr/

Department of Veterans Affairs. (2019). Verification Assistance Brief: Determining Veteran Status. *Department of Veterans Affairs* https://www.va.gov/OSDBU/docs/Determining-Veteran-Status.pdf

Dienst F, Forkmann T, Schreiber D, Höller I. (2023). Attachment and need to belong as moderators of the relationship between thwarted belongingness and suicidal ideation. *BMC Psychol.* Feb 20;11(1):50. doi: 10.1186/s40359-023-01080-y. PMID: 36803642; PMCID: PMC9942329.

Doubler, M. D. (2001). I am the guard [microform] : A history of the Army National Guard, 1636-2000 / by Michael D. Doubler. [Washington, D.C.] : Army National Guard : [For sale by the Supt. of Docs., U.S. G.P.O.], 2001.

Douglas, V. J., Kwan, M. Y., & Gordon, K. H. (2023). Pet Attachment and the Interpersonal Theory of Suicide. Crisis, 44(1), 14–20. https://doi.org/10.1027/0227-5910/a000822

Durkheim, E., 1897. Suicide: A study of sociology. 1st ed. Paris

Elliott, V. (2018). Thinking about the coding process in qualitative data analysis. Qualitative Report, 23(11), 2850–2861.

Fink, D. S., Calabrese, J. R., Liberzon, I., Tamburrino, M. B., Chan, P., Cohen, G. H., Sampson, L., Reed, P. L., Shirley, E., Goto, T., D'Arcangelo, N., Fine, T., & Galea, S. (2016). Retrospective age-of-onset and projected lifetime prevalence of psychiatric disorders among US Army National Guard soldiers. *Journal of Affective Disorders*, 202, 171–177.

Fink, D. S., Chen, Q., Liu, Y., Tamburrino, M. B., Liberzon, I., Shirley, E., Fine, T., Cohen, G. H., Galea, S., & Calabrese, J. R. (2016). Incidence and Risk for Mood and Anxiety Disorders in a Representative Sample of Ohio Army National Guard Members, 2008-2012. *Public Health Reports* (1974-), 131(4), 614–622.

Gallyer, A. J., Stanley, I. H., Day, T. N., & Joiner, T. E. (2020). Examining the interaction of autism spectrum disorder-related traits and unit- cohesion on suicide risk among military personnel. *Journal of Affective Disorders*, 271, 59–65. https://doi.org/10.1016/j.jad.2020.03.092

Giddens, J.M,, Sheehan, K.H., Sheehan, D.V. (2014). The Columbia-Suicide Severity Rating Scale (C-SSRS): Has the "Gold Standard" Become a Liability? *Innov Clin Neurosci.* Sep;11(9-10):66-80. PMID: 25520890; PMCID: PMC4267801.

Goldberg, S. B., Tucker, R. P., Abbas, M., Schultz, M. E., Hiserodt, M., Thomas, K. A., Anestis,

M. D., & Wyman, M. F. (2019). Firearm ownership and capability for suicide in post-deployment national guard service members. *Suicide and Life-Threatening Behavior*, 49(6), 1668–1679. https://doi.org/10.1111/sltb.12551

Goldney, R. D., Schioldann, J. A., & Dunn, K. I. (2008). Suicide Research before Durkheim. *Health and History*, 10(2), 73–93. https://doi.org/10.2307/40111304

Griffith, J., & Bryan, C. J. (2017). Soldier background and postinvestigative events associated with timing of suicide following deployment of US Army National Guard soldiers. *Military Psychology*, 29(3), 202–215. https://doi.org/10.1037/mil0000163

Griffith, J., & Vaitkus, M. (2013). Perspectives on Suicide in the Army National Guard. *Armed Forces & Society* (0095327X), 39(4), 628–653. https://doi.org/10.1177/0095327X12471333

Gunn, J. F., & Lester, D. (2014). Theories of suicide : past, present and future. *Charles C Thomas Publisher, Ltd.*

Hare-Duke L, Dening T, de Oliveira D, Milner K, Slade M. Conceptual framework for social connectedness in mental disorders: Systematic review and narrative synthesis. *Journal of Affective Disorders*. 2019;245:188–199. doi: 10.1016/j.jad.2018.10.359.

Hjelmeland, H., & Loa Knizek, B. (2020). The emperor's new clothes? A critical look at the interpersonal theory of suicide. *Death Studies*, 44(3), 168–178. https://doi.org/10.1080/07481187.2018.1527796

Hoge C.W., Ivany C.G., Adler A.B. (2017). Suicidal Behaviors Within Army Units: Contagion and Implications for Public Health Interventions. *JAMA psychiatry*. 74(9):871-872. doi:10.1001/jamapsychiatry.2017.1908

Hom, M. A., Stanley, I. H., Gutierrez, P. M., & Joiner, T. E., Jr. (2017). Exploring the association between exposure to suicide and suicide risk among military service members and veterans. *Journal of Affective Disorders*, 207, 327–335. https://doi.org/10.1016/j.jad.2016.09.043

Hoopsick, R. A., Benson, K. R., Homish, D. L., & Homish, G. G. (2019). Resiliency factors that protect against post-deployment drug use among male US Army Reserve and National Guard soldiers. *Drug and Alcohol Dependence*, 199, 42–49. https://doi.org/10.1016/j.drugalcdep.2019.02.017

Joiner, T.E. (2005). Why People Die by Suicide: Vol. *1st Harvard University Press* pbk. ed. Harvard University Press.

Kelley, M.L., Bravo, A.J., Davies, R.L., Hamrick, H.C., Vinci, C., Redman, J.C., (2019). Moral injury and suicidality among combat-wounded veterans: The moderating effects of social connectedness and self-compassion. *Psychological Trauma: Theory, Research, Practice, and Policy.* 11(6):621–629. doi: 10.1037/tra0000447.

Kintzle, S., Barr, N., Corletto, G., Castro, C.A. (2018). PTSD in US veterans: The role of social

connectedness, combat experience and discharge. *Healthcare*. 6(3):102. doi:10.3390/healthcare6030102.

Kintzle, S., Barr, N., Corletto, G., & Castro, C. (2018). PTSD in U.S. Veterans: The Role of Social Connectedness, Combat Experience and Discharge. *Healthcare*, 6(3).

Koenig C.J., Abraham T, Zamora K.A., Hill C., Kelly P.A., Uddo M, Hamilton M, Pyne J.M., Seal K.H. (2016). Pre-Implementation Strategies to Adapt and Implement a Veteran Peer Coaching Intervention to Improve Mental Health Treatment Engagement Among Rural Veterans. *J Rural Health*. Sep;32(4):418-428. doi: 10.1111/jrh.12201. Epub 2016 Aug 10. PMID: 27509291.

Kramer, E. B., Gaeddert, L. A., Jackson, C. L., Harnke, B., & Nazem, S. (2020). Use of the acquired capability for suicide scale (ACSS) among United States military and Veteran samples: A systematic review. *Journal of Affective Disorders*, 267, 229–242. https://doi.org/10.1016/j.jad.2020.01.153

Langhinrichsen-Rohling, J., Snarr, J. D., Slep, A. M. S., & Heyman, R. E. (2019). Risk for suicide attempts among United States Air Force active duty members with suicide ideation: An ecological perspective. *Journal of Consulting and Clinical Psychology*, 87(12), 1124–1136. https://doi.org/10.1037/ccp0000435

Lee, C.-Y., & Goldstein, S. (2016). Loneliness, Stress, and Social Support in Young Adulthood: Does the Source of Support Matter? *Journal of Youth & Adolescence*, 45(3), 568–580.

https://doi.org/10.1007/s10964-015-0395-9

Lee, R. M., & Robbins, S. B. (1995). Measuring belongingness: the social connectedness and the social assurance scales. *Journal of Counseling Psychology*, 42(2), 232–241.

Leifker, F.R., Bryan, C.J., Bryan, A.O., Rugo, K.F., Snell, M.B., & Drake-Brooks, M.M. (2020). Unit Cohesion and Social Support as Protective Factors Against Suicide Risk and Depression Among National Guard Service Members. *Journal of Social and Clinical Psychology*, 39, 214–228.

Mamon, D., Scoglio, A. A. J., Calixte, R. M., Tuval-Mashiach, R., Patton, B., & Drebing, C. E. (2020). Connecting Veterans and Their Community Through Narrative: Pilot Data on a Community Strengthening Intervention. *Community Mental Health Journal*, 56(5), 804–813. https://doi.org/10.1007/s10597-019-00540-3

Mandracchia, J. T., Sunderland, M. N., & To, Y. M. (2021). Evaluating the role of interpersonal hopelessness in the interpersonal theory of suicide. *In Death Studies* (Vol. 45, Issue 9, pp. 746–750). https://doi.org/10.1080/07481187.2019.1671549

Manja, V., Nrusimha, A., MacMillan, H., Schwartz, L., & Jack, S. (2021). Use of Ecomaps in Qualitative Health Research. *The Qualitative Report*, 26(2), 412-442. https://doi.org/10.46743/2160-3715/2021.4565

Maple, M., Pearce, T., Sanford, R. L., & Cerel, J. (2017). The Role of Social Work in Suicide

Prevention, Intervention, and Postvention: A Scoping Review. *Australian Social Work*, 70(3), 289–301. https://doi.org/10.1080/0312407X.2016.1213871

Marshall, B. D. L., Prescott, M. R., Liberzon, I., Tamburrino, M. B., Calabrese, J. R., & Galea, S. (2013). Posttraumatic Stress Disorder, Depression, and HIV Risk Behavior Among Ohio Army National Guard Soldiers. *Journal of Traumatic Stress,* 26(1), 64–70.

Martin, R. L., Bauer, B. W., Ramsey, K. L., Green, B. A., Capron, D. W., & Anestis, M. D. (2019). How Distress Tolerance Mediates the Relationship Between Posttraumatic Stress Disorder and the Interpersonal Theory of Suicide Constructs in a US Military Sample. *Suicide and Life-Threatening Behavior*, 49(5), 1318–1331.

Martin, R., Houtsma, C., Green, B., & Anestis, M. (2016). Support Systems: How Post-Deployment Support Impacts Suicide Risk Factors in the United States Army National Guard. *Cognitive Therapy & Research*, 40(1), 14–21. https://doi.org/10.1007/s10608-015-9719-z

Marx, K. (1846). Suicide. *Gesellschaftsspiegel* Rd. II, Heft VII

Marx, K. 1818-1883. (1999). Marx on suicide. *Northwestern University Press.*

McDonald, D. P.& Defense Equal Opportunity Management Institute (DEOMI). (2019). Using the Defense Organizational Climate Survey (DEOCS) to Assess Command Climate Over Time.

McKenzie, I. (2019, May 16). New study shows suicide rates in Appalachian counties are

highest in Ohio. *UWIRE* Text, 1.

Mobley, K., & Taasoobshirazi, G. (2022). Predicting suicide in counties: Creating a quantitative measure of suicide risk. *International Journal of Environmental Research and Public Health,* 19(13). https://doi.org/10.3390/ijerph19138173

Monio, A (2022). Guard Suicide Rates Stable as Prevention Efforts Increase. *National Guard Bureau.* https://www.nationalguard.mil/News/Article/3201487/guard-suicide-rates-stable-as-prevention-efforts-increase/

Monteith, L. L., Wendleton, L., Bahraini, N. H., Matarazzo, B. B., Brimner, G., & Mohatt, N. V. (2020). Together with Veterans: VA national strategy alignment and lessons learned from community-based suicide prevention for rural Veterans. *Suicide & Life-Threatening Behavior*, 50(3), 588–600. https://doi.org/10.1111/sltb.12613

Moore, Charles. (1790) A full inquiry into the subject of suicide etc., (2 vols) London: *J. F. & C. Rivington.*

Mueller, A. S., Abrutyn, S., Pescosolido, B., & Diefendorf, S. (2021). The social roots of suicide: Theorizing how the external social world matters to suicide and suicide prevention. *Frontiers in Psychology*, 12. https://doi.org/10.3389/fpsyg.2021.621569

Myers, David. (2016). Always Ready, Always There. [Recorded by the 40th Army Band, Vermont Army National Guard.]

Naifeh, J. A., Ursano, R. J., Kessler, R. C., Gonzalez, O. I., Fullerton, C. S., Herberman Mash,

H. B., Riggs-Donovan, C. A., Ng, T. H. H., Wynn, G. H., Dinh, H. M., Kao, T.-C., Sampson, N. A., & Stein, M. B. (2019). Suicide attempts among activated soldiers in the US Army reserve components. *BMC Psychiatry*, 19. https://doi.org/10.1186/s12888-018-1978-2

National Guard Bureau Memorandum for Suicide Investigation Policy (2009). https://dmna.ny.gov/r3sp/suicide/Serious_Incident_Report_Protocol/NGB_suicide_investigation_policy.pdf

National Institute of Mental Health: Suicide statistics (2022). *National Institute of Mental Health.* https://www.nimh.nih.gov/health/statistics/suicide

Nichter, B., Stein, M. B., Norman, S. B., Hill, M. L., Straus, E., Haller, M., & Pietrzak, R. H. (2021). Prevalence, Correlates, and Treatment of Suicidal Behavior in US Military Veterans: Results From the 2019-2020 National Health and Resilience in Veterans Study. *The Journal of Clinical Psychiatry*, 82(5). https://doi.org/10.4088/JCP.20m13714

Padgett, Deborah K. (2017). Qualitative Methods in Social Work Research. *SAGE Publications, Inc.*

Peterson, A., Bozzay, M., Bender, A., Monahan, M., & Chen, J. (2022). Those left behind: A scoping review of the effects of suicide exposure on veterans, service members, and military families. *Death Studies*, 46(5), 1176–1185. https://doi.org/10.1080/07481187.2020.1802628

Pietrzak, R. H., Goldstein, M. B., Malley, J. C., Rivers, A. J., Johnson, D. C., & Southwick, S.

M. (2010). Risk and protective factors associated with suicidal ideation in veterans of Operations Enduring Freedom and Iraqi Freedom. *Journal of Affective Disorders*, 123(1–3), 102–107.

Pinter, J.M,. Armstrong, N.J., Erwin, M.S., Young, B.B., Angel, C.M., Hoerster, K.D., Goodrich, D.E., Quinn, J.P., Brostek, D.F., & Smith, B.P. (2018). Team Red, White & Blue: a community-based model for harnessing positive social networks to enhance enrichment outcomes in military veterans reintegrating to civilian life. *Translational Behavioral Medicine*, 8, 554–564.

Quinnett, P. G. (1987). Suicide: The forever decision. *Continuum.*

Reger, M., Smolenski, D., Skopp, N., Metzger-Abamukang, M., Kang, H., Bullman, T., Perdue, S., Gahm, G. (2015). Risk of Suicide Among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation from the US Military. *JAMA Psychiatry.* 72 DOI 10.1001/jamapsychiatry.2014.3195

Riemer, J.W. (1998). Durkheim's "Heroic Suicide" in Military Combat. *Armed Forces & Society*. 1998;25(1):103-120. doi:10.2307/45346855

Rockett, I. R. H., Caine, E. D., Stack, S., Connery, H. S., Nolte, K. B., Lilly, C. L., Miller, T. R., Nelson, L. S., Putnam, S. L., Nestadt, P. S., & Jia, H. (2018). Method overtness, forensic autopsy, and the evidentiary suicide note: A multilevel National Violent Death Reporting System analysis. *PLoS ONE*, *13*(5), 1–16. https://doi.org/10.1371/journal.pone.0197805

Rogers, M. L., Kelliher-Rabon, J., Hagan, C. R., Hirsch, J. K., & Joiner, T. E. (2017). Negative emotions in veterans relate to suicide risk through feelings of perceived burdensomeness and thwarted belongingness. *Journal of Affective Disorders*, 208, 15–21. https://doi.org/10.1016/j.jad.2016.09.038

Rugo, K. F., Leifker, F. R., Drake-Brooks, M. M., Snell, M. B., Bryan, C. J., & Bryan, A. O. (2020). Unit cohesion and social support as protective factors against suicide risk and depression among National Guard service members. *Journal of Social and Clinical Psychology*, 39(3), 214–228. https://doi.org/10.1521/jscp.2020.39.3.214

Saman, D.M., Fontanella, C.A, Sweeney, H.A., Campo, J.V., Root, E.D, Hiance-Steelesmith, D.L. & Bridge. J.A. (2018). Mapping suicide mortality in Ohio: A spatial epidemiological analysis of suicide clusters and area level correlates. *Preventive Medicine*, 106, 177–184.

Sampson, L. (2020). Predicting and explaining incident and ongoing depression in U.S. Army National Guard members: a lifecourse perspective. *ProQuest Information & Learning*

Sampson, L., Cohen, G. H., Fink, D. S., Conroy, C., Calabrese, J. R., Wryobeck, J. M., Elhai, J. D., King, A. P., Liberzon, I., & Galea, S. (2021). Cohort profile: the Ohio Army National Guard Mental Health Initiative (OHARNG-MHI). S*ocial Psychiatry & Psychiatric Epidemiology*, 56(11), 2107–2116. https://doi.org/10.1007/s00127-021-02166-x

Saragosa, M., Singh, H., Steele Gray, C., Tang, T., Orchanian-Cheff, A., & Nelson, M. L. A. (2023). Use of eco-mapping in health services research: a scoping review protocol. *BMJ Open*, 13(5), e072588. https://doi.org/10.1136/bmjopen-2023-072588

Schuman, D. L., Buchanan, S., Boehler, J., & Flaherty, C. (2022). The suicide of Private Danny Chen: An interpersonal theory perspective. *Death Studies*, 46(10), 2467–2476. https://doi.org/10.1080/07481187.2021.1972365

Schwartz, L., MacMillan, H.L., Nrusimha, A., Manja, V., & Jack, S.M (2021). Use of Ecomaps in Qualitative Health Research. *The Qualitative Report.*

Shapiro, M. O., Houtsma, C., Schafer, K. M., True, G., Miller, L., & Anestis, M. (2022). Moral injury and suicidal ideation among female national guard members: Indirect effects of perceived burdensomeness and thwarted belongingness. *Traumatology.* https://doi.org/10.1037/trm0000424

Shiffman S, Stone AA, Hufford MR. Ecological momentary assessment. *Annu Rev Clin Psychol*. 2008;4:1-32. doi: 10.1146/annurev.clinpsy.3.022806.091415. PMID: 18509902.

Sinha, A., Gupta S., Ray, M., Kumar, S., & Gupta, A.K. (2021). Lessons Learned from Psychological Autopsies in Armed Forces. Indian Journal of Psychological Medicine, 43. https://doi.org/10.1177/0253717620950254

Sippel, L. M., Mota, N. P., Kachadourian, L. K., Krystal, J. H., Southwick, S. M., Harpaz-Rotem, I., & Pietrzak, R. H. (2016). The burden of hostility in U.S. Veterans: Results

from the National Health and Resilience in Veterans Study. *Psychiatry Research*, 243, 421–430. https://doi.org/10.1016/j.psychres.2016.06.040

Smith, P. N., Schuler, K., Fadoir, N., Marie, L., & Basu, N. (2020). Socio-ecological context and the interpersonal theory of suicide: A response to Hjelmeland & Knizek. *Death Studies*, 44(9), 547–551. https://doi.org/10.1080/07481187.2019.1586799

Stanley, I. H., & Anestis, M. D. (2021). The intersection of PTSD symptoms and firearm storage practices within a suicide prevention framework: Findings from a US Army National Guard sample. *Psychological Services*, 18(3), 335–344. https://doi.org/10.1037/ser0000410

State of Ohio (2020). Ohio veteran suicide data report. *Ohio Legislative Service Commission* https://www.lsc.ohio.gov/assets/organizations/legislative-service-commission/monthly-agency-reports/agency-reports/files/mar-141-ohio-veteran-suicide-report-2020.pdf

Stokes, C. M., Naifeh, J. A., Kessler, R. C., Stein, M. B., Fullerton, C. S., Mash, H. B. H., Riggs-Donovan, C. A., Ng, T. H. H., Aliaga, P. A., Wynn, G. H., Dinh, H. M., Kao, T.-C., Gonzalez, O. I., Sampson, N. A., & Ursano, R. J. (2019). Risk Factors and Timing of Suicide Attempts among US Army Reserve Component Soldiers during Deployment to the Afghanistan and Iraq Wars: Results from Army Study to Assess Risk and Resilience in Servicemembers. *Psychiatry: Interpersonal & Biological Processes*, 82(3), 240–255.

https://doi.org/10.1080/00332747.2019.1653056

Sym, John. (1637) Lifes preservative against self-killing. Or, An useful treatise concerning life and self-murder shewing the kindes, and meanes of them both: the excellency and preservation of the former: the evill, and prevention of the latter. Containing the resolution of manifold cases, and questions concerning that subject; with plentifull variety of necessary and usefull observations, and practicall directions, needfull for all Christians. *London: Printed by M. Flesher, for R. Dawlman, and L. Fawne, at the Brazen Serpent in Pauls-Churchyard.*

Tamburrino, M. B., Chan, P., Prescott, M., Calabrese, J., Liberzon, I., Slembarski, R., Shirley, E., Fine, T., Goto, T., Wilson, K., Derus, A., Ganocy, S., Beth Serrano, M., & Galea, S. (2015). Baseline prevalence of Axis I diagnosis in the Ohio Army National Guard. *Psychiatry Research*, 226(1), 142–148. https://doi.org/10.1016/j.psychres.2014.12.038

Tate, J. A., & Happ, M. B. (2018). Qualitative Secondary Analysis: A Case Exemplar. *Journal of Pediatric Health Care*, 32(3), 308–312. https://doi.org/10.1016/j.pedhc.2017.09.007

Title 10- Chapter 63- Retirement for Age United States Code (2006), Supplement 4, Title 10 – Armed Forces *United States Code (U.S.C)* § 1251 https://www.govinfo.gov/app/details/USCODE-2010-title10/USCODE-2010-title10-subtitleA-partII-chap63-sec1251

Tripathy, J.P. Secondary Data Analysis: Ethical Issues and Challenges. *Iran J Public Health*.

2013 Dec;42(12):1478-9. PMID: 26060652; PMCID: PMC4441947.

Trull, T. J., & Ebner-Priemer, U. W. (2009). Using Experience Sampling Methods/Ecological Momentary Assessment (ESM/EMA) in Clinical Assessment and Clinical Research: Introduction to the Special Section. *Psychol Assess*. Dec;21(4):457-62. doi: 10.1037/a0017653. PMID: 19947780; PMCID: PMC4255457.

Tubbs, A. S., Killgore, W. D. S., Karp, J. F., Fernandez, F.-X., & Grandner, M. A. (2022). Insomnia and the Interpersonal Theory of Suicide among civilians, service members, and veterans. *Journal of Psychiatric Research*, 155, 534–541. https://doi.org/10.1016/j.jpsychires.2022.09.043

U.S. Department of Veterans Affairs. (2016). VA conducts nation's largest analysis of veteran suicide. *VAntage Point*, July, 2016. Retrieved 18 March, 2023, from https://www.blogs.va.gov/VAntage/28983/va-conducts-nations-largest-analysis-veteran-suicide

U.S. Department of the Army. (2016). Procedures for Administrative Investigations and Boards of Officers: Army regulation 15-6.

United States, Office of the Press Secretary. "Fact Sheet: New Strategy Outlines Five Priorities for Reducing Military and Veteran Suicide." *The White House*, 2 Nov. 2021, Retrieved from https://www.whitehouse.gov/briefing-room/statements-releases/2021/11/02/fact-sheet-new-strategy-outlines-five-priorities-for-reducing-military-and-veteran-suicide

Ursano, R. J., Kessler, R. C., Naifeh, J. A., Herberman Mash, H., Fullerton, C. S., Bliese, P. D., Zaslavsky, A. M., Ng, T. H. H., Aliaga, P. A., Wynn, G. H., Dinh, H. M., McCarroll, J. E., Sampson, N. A., Kao, T.-C., Schoenbaum, M., Heeringa, S. G., Stein, M. B., & Army Study to Assess Risk and Resilience in Servicemembers (STARRS) Collaborators. (2017). Risk of Suicide Attempt Among Soldiers in Army Units With a History of Suicide Attempts. *JAMA Psychiatry*, 74(9), 924–931. https://doi.org/10.1001/jamapsychiatry.2017.1925

Ursano, R. J., Stein, M. B., Herberman Mash, H. B., Naifeh, J. A., Fullerton, C. S., Zaslavsky, A. M., Ng, T. H. H., Aliaga, P. A., Wynn, G. H., Dinh, H. M., McCarroll, J. E., Sampson, N. A., Kao, T.-C., Schoenbaum, M., Heeringa, S. G., & Kessler, R. C. (2018). Documented family violence and risk of suicide attempt among U.S. Army soldiers. *Psychiatry Research*, 262, 575. https://doi.org/10.1016/j.psychres.2017.09.046

VAN ORDEN, K. A., WITTE, T. K., GORDON, K. H., BENDER, T. W., & JOINER, T. E. (2008). Suicidal Desire and the Capability for Suicide : Tests of the Interpersonal-Psychological Theory of Suicidal Behavior Among Adults : Suicide and nonsuicidal self-injury. *Journal of Consulting and Clinical Psychology*, 76(1), 72–83.

Vest, Bonnie M. (2012). Citizen, Soldier, or Citizen-Soldier? Negotiating Identity in the US National Guard. *Armed Forces & Society*, 39, 602–627.

Von Bertalanffy, L. (1950). An outline of general system theory. *British Journal for the Philosophy of Science,* 1, 134–165. https://doi.org/10.1093/bjps/I.2.134

Von Bertalanffy, L. (1968). General System Theory: Foundations, Development. New York: *George Braziller*

Waldrop, D. P. (2006). Caregiving systems at the end of life: How informal caregivers and formal providers collaborate. *Families in Society*, 87(3), 427-437.

Wang, J., Ursano, R. J., Gifford, R. K., Dinh, H., Farooq, S., Broshek, C. E., Cohen, G. H., Sampson, L., Galea, S., & Fullerton, C. S. (2020). Mental Health and Suicidality in Separating U.S. Reserve and National Guard Personnel. Psychiatry: *Interpersonal & Biological Processes*, 83(2), 166–175. https://doi.org/10.1080/00332747.2020.1715162

Wang, J., Ursano, R. J., Gifford, R. K., Dinh, H., Farooq, S., Broshek, C. E., Cohen, G. H., Sampson, L., Galea, S., & Fullerton, C. S. (2020). Mental Health and Suicidality in Separating US Reserve and National Guard Personnel. *Psychiatry* (New York), 83(2), 166–175.

White, K. L., Harris, J. A., Bryan, A. O., Reynolds, M., Fuessel-Herrmann, D., & Bryan, C. J. (2018). Military sexual trauma and suicidal behavior among National Guard personnel. *Comprehensive Psychiatry*, 87, 1–6.

Wickham, R. J. Secondary Analysis Research. *J Adv Pract Oncol.* 2019 May-Jun;10(4):395-400.

doi: 10.6004/jadpro.2019.10.4.7. Epub 2019 Mar 1. PMID: 33343987; PMCID: PMC7520737.

Wilks, C. R., Morland, L. A., Dillon, K. H., Mackintosh, M.-A., Blakey, S. M., Wagner, H. R., & Elbogen, E. B. (2019). Anger, social support, and suicide risk in U.S. military veterans. *Journal of Psychiatric Research*, 109, 139–144. https://doi.org/10.1016/j.jpsychires.2018.11.026

APPENDICIES

Appendix A

A PRIORI CODING FRAMEWORK

DEMOGRAPHIC CODING STRUCTURE

Quantitative Variables (Demographics)

- Age (redacted from some but not all cases)
- Gender (Gender is binarily categorized in military)
- Race (this information is redacted from all cases)
- Ethnicity/ culture
- Religion/ spirituality
- Marital/ relationship status
- Education level (student status?)
- Employment (civilian)
- Income/ financial status
- Geographic location (broaden to rural, urban, suburban)
- Means of death (firearm, substance, asphyxiation, etc)

Military specific Variables:

- Rank
  - Officer, WO, Enlisted
- Veteran status
  - If prior active- what branch and era of service
- MDAY, AGR, activated (title 10 or title 32), or technician (title 5?)
- Deployment(s)
  - Deployment locations
  - Deployment timeframes/ conflict era
- MOS/ AOC
  - Were any in a Position of Significant Trust and Authority (POSTA)?
- Duty status (at time of death)
- Profiles (medical/ BH)/ fitness issues
- Disciplinary action
- Dual military family
- Awards – things to look for include the CAB that indicate certain types of experience such as combat
- ETS or service obligation remaining
- Discipline or pending separation

CLINICAL RISK FACTOR CODING -INFORMED BY CLINICAL LITERATURE AND PRACTICE

Common suicide risk variables present or absent (track as Y/N):

- Legal/ justice system involvement
- Relationship status (& issues)
- Financial strain
- Recent change or transition period
- Recent loss
- Mental illness (diagnosed, suspected, none)
- Substance use (include type of substances under substance abuse to include nicotine, etc)
- Prior attempts
- Exposure to suicide (friends, family, unit, etc)
- Medication/ medication changes
- Suicide note?

Consider: Did they have medical coverage/ access to treatment- Tricare, civilian, VA or other

THEORETICAL CODING -INFORMED BY DURKHEIM (1897) AND JOINER (2005)

- Durkheim (Category of Suicide):
    - Egoistic
    - Altruistic
    - Anomic
    - Fatalistic
- Joiner (Components of Suicide):
    - Thwarted Belonging
    - Burdensomeness
    - Capability for suicide

NARRATIVE CODING- INFORMED BY SOCIO-ECOLOGICAL THEORY WITH INCORPORATION OF MILITARY SPECIFIC SYSTEMS

1. Health
    a. Physical (meeting military standard)
        i. Fitness (Specifically Army Fitness Test- APFT/ACFT))
        ii. Injury
    b. Medical concerns
    c. Mental health
        i. Traumatic Brain Injury
    d. Access to care
    e. Access to VA
2. Financial
    a. Civilian finances
    b. Military finances

    c. Specific hardships
3. Education and training
    a. Access to and engagement in (consider finances/ recruitment, use of)
    b. Civilian education
    c. Military schools
    d. Training for suicide prevention/ response (such as ACE)
4. Family relationships
    a. Consider role of decedent in relation to family members (child, parent, sibling…)
5. Romantic relationships
    a. Single, Married, Divorced, Separated, Engaged, Other
6. Friend/ peer relationships
    a. Military
    b. Civilian
    c. Both
7. Military Systems:
    a. Unit dynamics (consider branch, or unit if needed)
        i. Use the Unit Risk Inventory Survey (URI) as a mechanism to gauge
        ii. Use specific reports/ interviews to refine
    b. Service history
        i. Prior active?
        ii. Veteran status?
        iii. Deployed vs never deployed (as a consideration in access to care)
    c. Psychological factors related to service such as attitude, family tradition, etc
8. Geographical systems
    a. Location (rural, suburban, urban)
    b. Local vs transplant
    c. Geographic support and resources
9. Hobbies and/or non-traditional support systems
10. Substance use/ culture
11. Work relationships/ role
12. Guard responsibilities/ role
13. Religious or spiritual systems
14. Cultural factors
15. Support system at time of death (for example, was service member alone or in the vicinity of social supports)

Appendix B

Glossary of Acronyms

AAS – American Association of Suicidology

AGR – Active Guard Reserve

AOC – Area of Concentration

AR 15-6 – Army Regulation 15-6 (investigations)

BHDP – Behavioral Health Data Portal

DAT – Drug and Alcohol Test

DOD – Department of Defense

DPH – Director of Psychological Health

ETS – Expiration-Term of Service

FOIA – Freedom of Information Act

IO – Investigating Officer

JAG – Judge Advocate General's Corp

MDAY – Mobilization-Day (ie: Traditional Guard Service Member)

MOS – Military Occupational Specialty

NCO – Non-Commissioned Officer

NG – National Guard

OHARNG – Ohio Army National Guard

ROTC – Reserve Officers Training Corps

SM – Service Member

SPRIRC – Suicide Prevention and Response Independent Review Committee

TAG – The Adjutant General

TOD – Time of Death

VA – (The Department of) Veterans Affairs