Guilt is More Strongly Associated with Suicidal Ideation among Military Personnel with Direct Combat Exposure


97 Active Duty Air Force personnel who were seeking outpatient mental health treatment participated in a study examining the interactive effect of direct combat exposure and guilt on suicidal ideation. There was a stronger relationship between guilt and suicidal ideation for those who endorsed direct combat exposure compared to those who did not.

Key Findings:
- Guilt was positively associated with suicidal ideation; more guilt corresponded to higher levels of suicidal ideation.
- This association was especially pronounced for Airmen who had direct combat exposure.
- Depression, PTSD symptoms, and perceived burdensomeness did not show a differential relationship with suicidal ideation according to direct combat exposure.
- Hopelessness showed a stronger, but non-significant, relationship with suicidal ideation among Veterans who have been involved in direct combat compared to those without combat exposure.

Implications for Programs:
- Programs could offer classes for family members on how to be supportive to Service members facing mental health concerns after deployment.
- Programs could offer installation-wide awareness campaigns regarding depression and suicidal ideation, encouraging Service members and families to be aware of these mental health concerns and to seek professional help when indicated.

Implications for Policies:
- Policies could recommend incorporating specific screening of guilt among Service members after deployment.
- Policies could recommend periodic screenings for suicidal ideation for all military members.
- Policies could dedicate funding to services for military personnel at risk for suicide, including crisis hotlines, peer support programs, and mental health services.

Avenues for Future Research:
- Future research could collect data from clinical and non-clinical settings to increase generalizability.
- Additional studies could use structured clinical interviews (rather than solely self-report measures) to strengthen these conclusions.
Active duty Air Force personnel receiving outpatient mental health treatment at two military clinics in the Southern and Western U.S. were recruited via clinic staff. Participants completed an anonymous packet of questionnaires in the clinic waiting room that included measures of suicidal ideation, self-injurious behavior and thoughts, hopelessness and pessimism, depression, posttraumatic stress disorder (PTSD), perceived burden on others, and guilt. Generalized linear modeling tested the association between direct combat exposure and guilt with suicidal ideation.

97 Active Duty Air Force personnel participated (59% male). Average age = 34.13 years (SD=8.69 years). Average number of mental health diagnoses = 1.19 (SD=0.64); 28% PTSD, 23% major depressive disorder, 20% adjustment disorder, 9% generalized anxiety disorder. Military rank = 42% noncommissioned officer (E5-E6), 24% junior enlisted (E1-E4), 20% officers (O1-O6). 62% of the Airmen had deployed to Iraq or Afghanistan. Racial/ethnic composition: 68% Caucasian, 20% African American, 8% Hispanic/Latino, 2% Asian.

The sample size was small which may have limited the ability to detect some of the relationships. The sample was all Active Duty Air Force personnel who were seeking mental health treatment. Findings may not generalize to other branches or to those Service members not seeking mental health treatment. This study did not assess for exposure to different kinds of combat; these exposures could be differentially related to guilt and suicide risk.