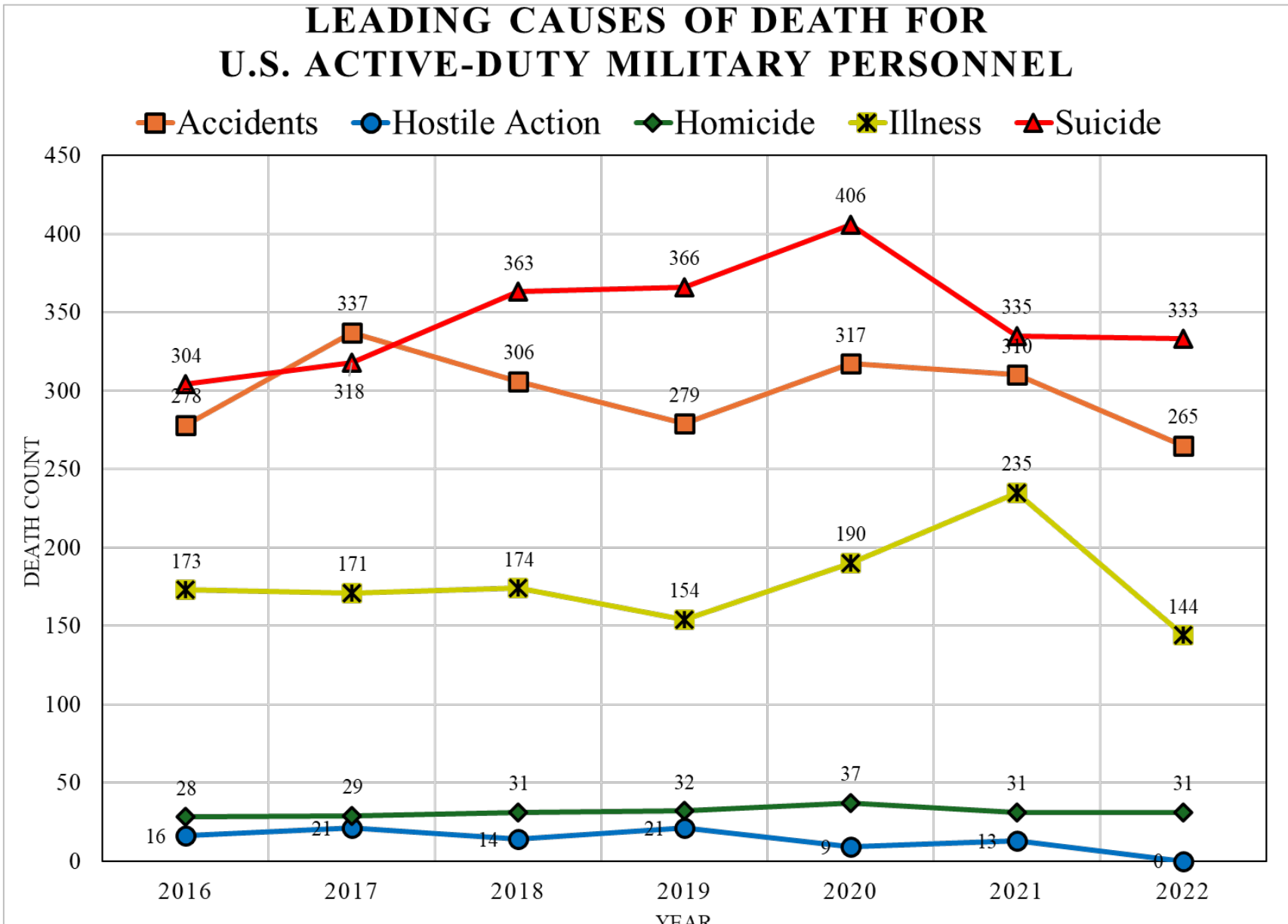


Abstract

Suicide is now the leading cause of death within Active-Duty (AD) Military Personnel. The primary motivation for this research is the urgent need to address the suicide crisis among U.S. AD Military Personnel. Despite significant funding and policy changes, suicide rates remain alarmingly high, emphasizing the need for innovating effective intervention strategies. The goal of this research is to evaluate current suicide prevention programs and propose improvements to enhance early detection and intervention, thereby strengthening resilience within the military.



Suicide has remained the leading cause of death among AD Military Personnel for the past five years

Methods

- Quantitative and Comparative Analysis was conducted from various databases to include
 - The Defense Suicide Prevention Office’s Quarterly Suicide Reports and Annual Suicide Reports.
 - The Defense Casualty Analysis System (DCAS).
 - The Defense Manpower Data Center (DMDC).
 - The Centers for Disease Control and Prevention.
- Data was analyzed to compare the suicide rates and counts of AD Military against the US Civilian population.
- Data was analyzed to compare the effectiveness of Suicide Prevention programs across the Army, Navy, and Air Force.
- Retrospective Analysis was conducted utilizing the Department of Defense Suicide Event Reports (DoDSERs) and DSPO ASRs.
 - Analysis was used to identify patterns and root causes of suicides, providing insights into areas where preventive measures can be improved.

Results & Their Impact

- The analysis confirms that suicide rates of U.S. AD Military personnel are significantly worse than the U.S. Civilian population, which was used as a benchmark.
- The analysis confirms that suicide rates of AD Army personnel are significantly worse than both the AD Navy and Air-Force.
- This research identifies significant gaps in the effectiveness of suicide prevention programs across military branches and highlights areas for improvement.
- By recommending targeted actions such as proactive mental health check-ins and embedding mental health professionals, the study aims to reduce suicide rates among AD personnel, enhance resilience, and improve operational readiness, ultimately contributing to a more effective and mission-capable force.

Active-Duty Personnel				Civilian Population			
Year	Rate	Count	Total AD	Rate	Count	Total Population	
2011	18.7	267	1,425,113	12.68	39,518	311,583,481	
2012	22.9	321	1,400,535	12.94	40,600	313,872,662	
2013	18.4	256	1,382,684	13.02	41,149	318,059,947	
2014	20.2	276	1,338,487	13.45	42,826	318,386,329	
2015	20.2	266	1,313,940	13.78	44,193	320,738,994	
2016	21.5	280	1,301,308	13.92	44,965	323,071,755	
2017	22.1	287	1,307,366	14.51	47,173	325,122,128	
2018	24.9	326	1,317,325	14.79	48,344	326,838,199	
2019	26.2	349	1,339,036	14.47	47,511	328,329,953	
2020	28.5	384	1,346,651	13.87	45,979	331,511,512	
2021	24.4	328	1,348,479	14.51	48,183	332,031,554	
2022	25.1	331	1,317,067	14.85	49,476	333,287,557	
2023	28.3	363	1,286,027	14.81	49,366	333,287,557	
Average	23.2	310.3	1,340,309	13.9	45,329.5	324,163,587	
Total					589,283		

CY11-CY23 AD Military VS Civilian Population, Suicide Death Rate and Count

Year	Army			Navy			Air Force		
	Rate	Count	Total AD	Rate	Count	Total AD	Rate	Count	Total AD
2011	25.8	141	566,463	16.0	52	325,123	12.9	43	333,370
2012	20.9	165	550,063	18.1	58	318,818	15.0	50	332,834
2013	22.2	121	532,043	12.8	41	324,308	14.4	48	330,485
2014	24.4	126	508,210	16.6	54	326,054	18.5	62	316,332
2015	24.4	120	491,365	13.1	43	327,801	20.6	64	311,357
2016	27.4	130	475,400	15.0	52	324,524	19.4	61	317,883
2017	24.7	116	476,245	20.1	65	323,933	19.6	63	322,787
2018	20.9	141	476,179	20.7	68	329,851	18.5	60	325,880
2019	20.5	146	483,941	21.8	70	336,983	25.1	83	332,101
2020	26.2	125	485,383	19.0	63	346,520	24.0	81	333,790
2021	26.1	125	486,490	17.0	59	347,677	12.5	51	334,634
2022	28.9	135	465,625	20.7	71	344,441	19.0	62	332,424
2023	24.8	158	453,551	21.0	70	332,322	22.5	72	318,698
Average	23.8	124.1	496,151	17.9	59.3	331,412	18.8	61.7	326,352
Total		1247			771			802	
Indicates the Current Unadjusted Rate Count for FY									
Indicates the Median Unadjusted Rate Count for FY									

CY11-CY23 AD Army, Navy, and Air Force Suicide Death Rate and Count

Year	Communicated Intent for Self-Harm (Yes %)	Communicated Intent for Self-Harm (No %)	Firearm Used %	Any Behavioral Health Diagnosis (Yes %)	Any Behavioral Health Diagnosis (No %)	Relationship Problems, Last Year (Yes %)
2019	33.9%	66.1%	59.9%	43.6%	56.4%	42.6%
2020	31.2%	68.8%	65.9%	43.9%	56.1%	43.6%
2021	32.0%	67.7%	69.3%	43.9%	56.1%	44.2%
2022	29.5%	70.5%	66.8%	45.4%	54.6%	42.4%
2023	27.6%	72.4%	64.4%	41.5%	58.5%	43.6%

CY19-CY23 AD Suicide Characteristics

For service members and their families: This includes developing support options and other services meant to address concerns before they become challenges, and before challenges escalate into crises. Examples of SPRIC enabling actions supporting this LOE include:

- Improving schedule predictability and after-hours communication
- Promoting leadership focused on strengthening support to service members and their families

The Department issued a memorandum on directing military leaders to address predictability and flexibility in work and training schedules and communications.

Improve the Delivery of Mental Health Care

Deliver the highest-quality services by improving access to and delivery of evidence-based mental and behavioral health care. Examples of SPRIC enabling actions to support this LOE include:

- Recruiting and retaining behavioral health providers
- Improving coordination of care for Military Health System beneficiaries
- Increasing appointment availability by revising Military Treatment Facility (MTF) mental health staffing models

Revise Suicide Prevention Training

Continue to modernize education programs to keep pace with advances in knowledge and best practices for suicide prevention and protection. Example of SPRIC enabling actions supporting this LOE include:

- Modernizing training
- Training behavioral health technicians in evidence-based practices
- Creating tools for leaders to facilitate difficult discussions

Promote a Culture of Lethal Means Safety

Build a culture of LMS saves lives by ensuring that potentially lethal means are stored safely and not readily available in a moment of crisis. Examples of SPRIC enabling actions supporting this LOE include:

Department of Defense Five Lines of Effort for Suicide Prevention

