

## Abstract

Suicide remains a persistent readiness challenge across the U.S. military despite expanded prevention programs and mental health resources. This study uses the DOTMLFP-P framework to evaluate suicide prevention efforts across the Army, Navy, Marine Corps, and Air Force through analysis of DoD reports, GAO findings, RAND studies, and military policies. Findings show that current efforts are often fragmented, inconsistently implemented, and overly reliant on individual help-seeking behaviors rather than integrated prevention systems. Key gaps include inconsistent leadership involvement, uneven access to behavioral health resources, and limited coordination across Services. This study recommends a more unified DoD-wide prevention strategy focused on standardized oversight, leadership accountability, and improved integration of prevention resources to strengthen force readiness and better protect Service members.

## Methods

This study used a qualitative, document-based comparative analysis

- GAO Reports
- RAND studies
- DoD Suicide Prevention Reports
- Service-specific policies
- Peer-reviewed military mental health literature



Figure 1 | Active Component Suicide Rates Over Time

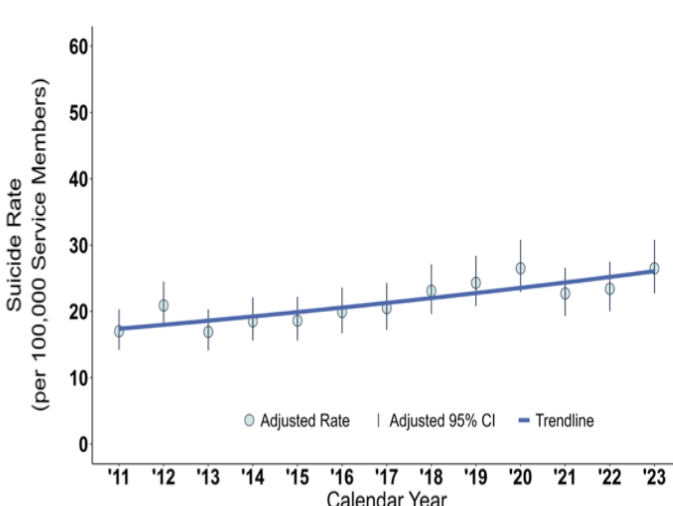
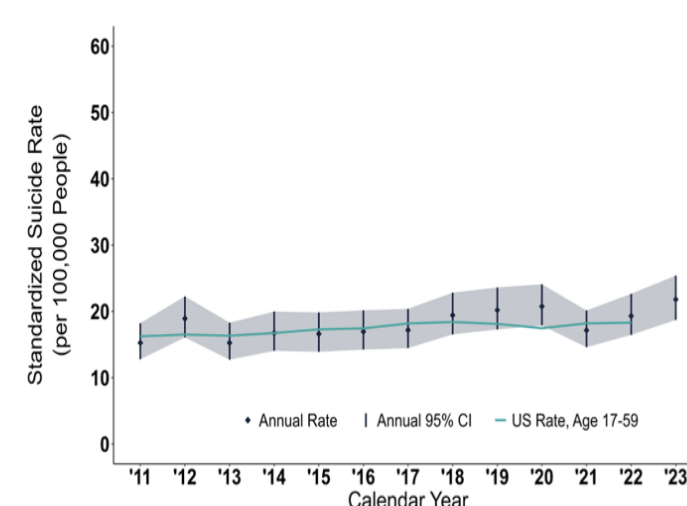


Figure 2 | Active Component Compared to U.S. Population Suicide Rates Over Time



## Results & Impact

Analysis found that current military suicide prevention efforts improve awareness and access to support resources, but suicide rates across the Services have not shown sustained long-term decline. The study found systemic gaps including fragmented oversight, inconsistent implementation across branches, uneven leadership involvement, and continued reliance on individual help-seeking behaviors, highlighting the need for a more integrated Department of Defense-wide prevention strategy to strengthen force readiness and better protect Service members.

## Future Research

Future research should evaluate the long-term effectiveness of military suicide prevention programs across different Services, operational environments, and demographic groups. More studies should examine how leadership climate, operational tempo, and organizational culture influence suicide risk and the overall success of prevention efforts.