Department of Defense (DoD) Annual Suicide Report
Calendar Year (CY) 2018

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Agenda

- DoD Suicide Reporting: Topline Results
  - Service and Component Suicide Rates
  - Key Service Member Findings
  - Key Military Family Findings
- Ongoing and Future DoD Suicide Prevention Efforts
- Common Suicide Misconceptions and Facts

DoD Suicide Reporting: Topline Results

- **Service Members: In CY 2018, there were 541 Service members who died by suicide. Military suicide rates for the Active Component and Reserve are comparable with civilian population rates.**
  - While CY 2018 military suicide rates are statistically consistent with CY 2016 and CY 2017, rates have a statistically significant increase in the Active Component over current and past 5 years.
  - Military suicide rates are comparable to rates in the U.S. adult population after accounting for age and sex, with the exception of the National Guard.*
    - The CY 2018 suicide rate for the National Guard is statistically higher than the rate for the U.S. adult population (Defense Health Agency [DHA] Psychological Health Center of Excellence [PHCoE], 2019 and DoD Suicide Event Report Data).
  - Decedents are primarily enlisted, male, and less than 30 years of age, regardless of Component; this demographic makes up 46% of military population, but about 60% of military suicide decedents.
  - Firearms continue to be the primary method of suicide death.
- **Military Families: In CY 2017, there were 186 military family members who died by suicide.****
  - This is the first time the Department has released data on military family suicides.
  - Suicide rates for military spouses and dependents (minor and non-minor) in CY 2017 were comparable to or lower than U.S. population rates after accounting for age and sex.
  - Firearms were the primary method of suicide death for military spouses and dependents. For female military spouses, this contrasts with the U.S. population where suicide by firearm is as prevalent as by poisoning/drug overdose.

* The National Guard has unique challenges in comparison to the Active Component, including: geographic dispersion, significant time between unit activities, DoD/VA healthcare eligibility and access to care

**Source(s): CY 2017 family member suicide counts from DEERS/RAPIDS; Military Services Casualty Offices; and the CDC's National Death Index.

Service and Component Suicide Rates

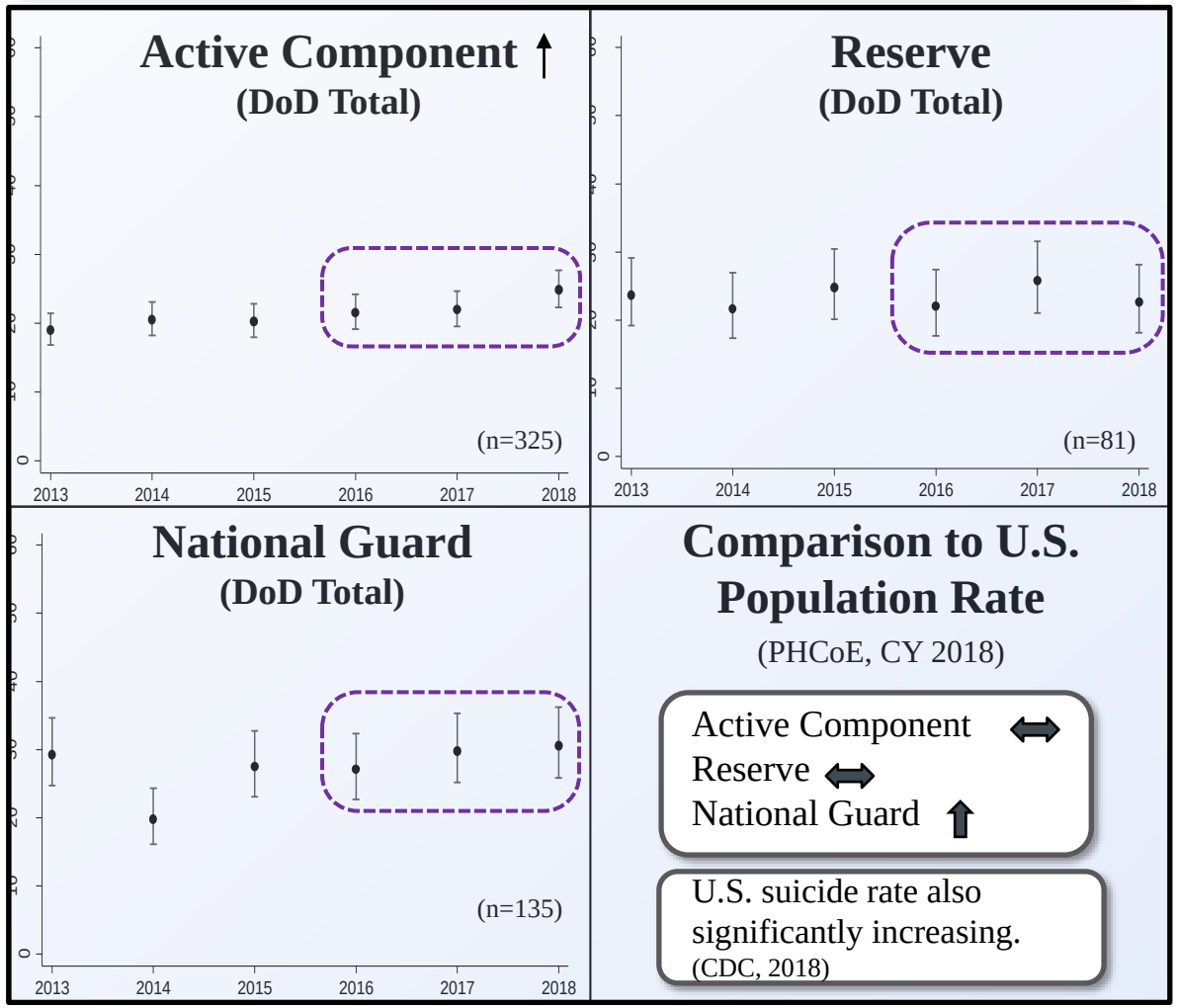
For **CY 2013-2018**, statistically significant increase ↑ in rates for AC.
No statistical change for Reserve and NG.

Rate of Suicide Deaths per 100,000

Component	CY 2016	CY 2017	CY 2018
Active Component	21.5	21.9	24.8
Reserve	22.0	25.7	22.9
National Guard	27.1	29.8	30.6

*Note: Reserve and National Guard suicide rates include Service members regardless of duty status.

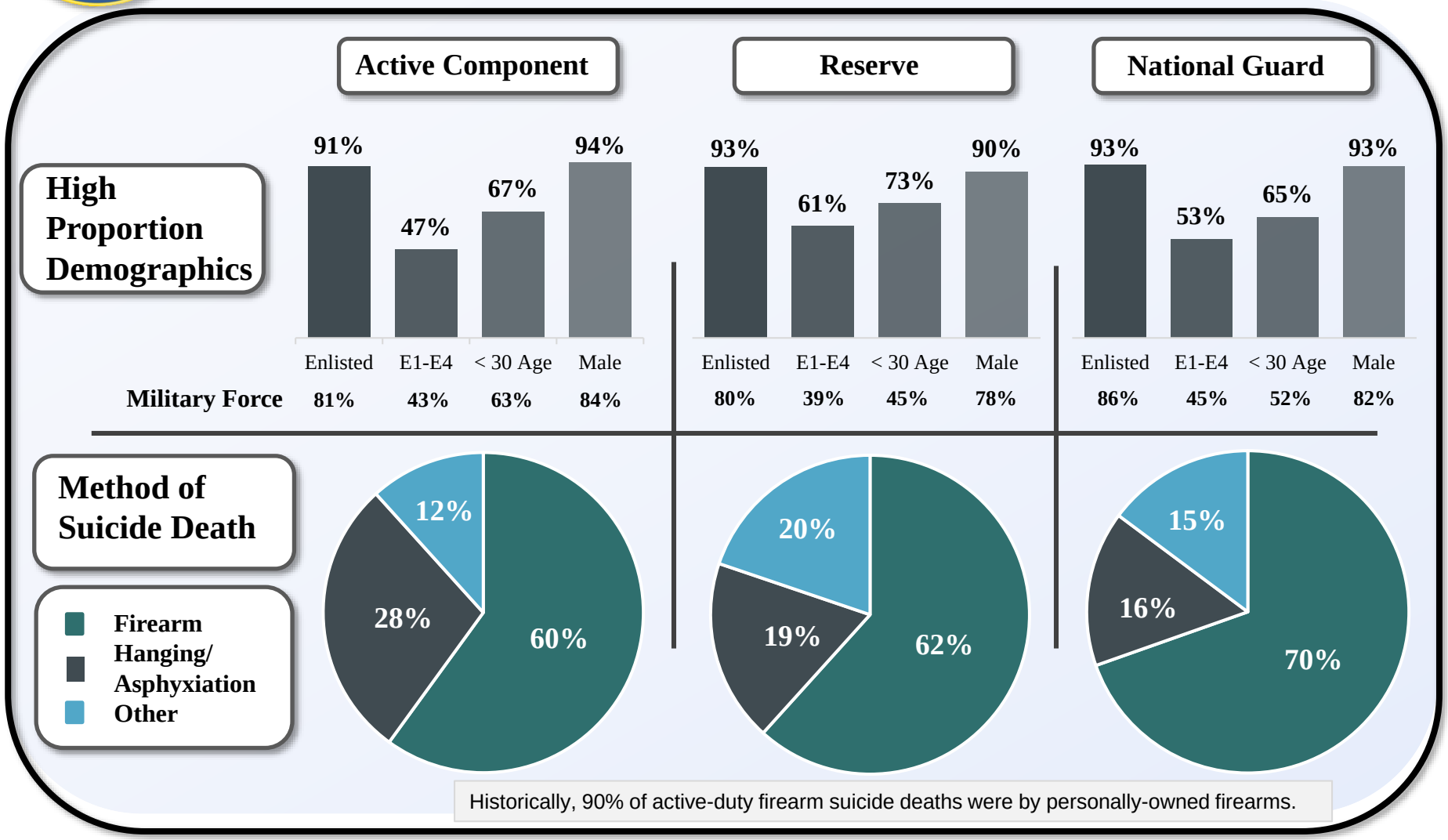
CY 2018 rates statistically consistent with CY 2016 and CY 2017 for all Services/Components.



Note: The 95% confidence interval (indicated by the vertical hash mark for each point) represents the range in which the true suicide rate falls with 95% certainty.

Source: Counts and rates obtained from the Armed Forces Medical Examiner System (AFMES). Comparison to U.S. Population obtained from DHA Psychological Health Center of Excellence (PHCoE).

Key Service Member Findings (cont.)



- Source(s): Active Component method of death from AFMES; Reserve and National Guard method of death from the Military Services.
- Other methods of death include drugs/alcohol, sharp/blunt objects, poisoning, falling/jumping, unknown, and pending.

Key Military Family Findings

This is the first time the Department has released data on military family suicides.

Rate of Suicide Death per 100,000

Total: 6.8
- Spouse: 11.5*
- Dependent: 3.8

Active Component: 7.0
- Spouse: 13.2
- Dependent: 2.9

Reserve: 6.2
- Spouse: 11.7
- Dependent: --

National Guard: 6.5
- Spouse: --
- Dependent: 6.9

Rate of Suicide Death by Sex

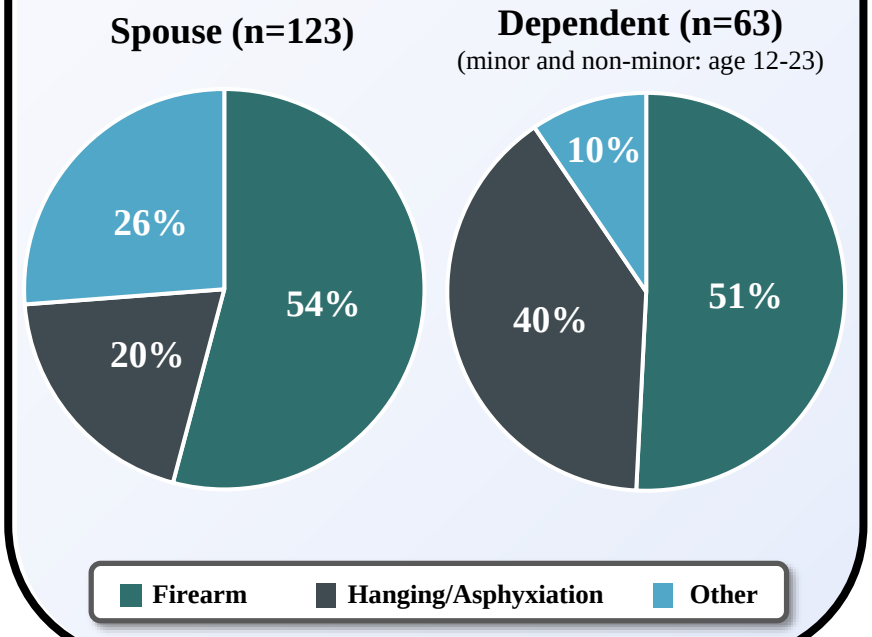
	Spouse	Dependent
Male	29.4	5.2
Female	9.1	--

Comparison to U.S. Population Rate, CY 2017

(CDC, 2017)

- Male Spouse ⇔
- Female Spouse ⇔
- Male Dependent ⇩
- Female Dependent --

Method of Suicide Death



"--" = rates not calculated for counts under 20
*14% of spouses were also Service members

- Source(s): CY 2017 suicide counts from DEERS/RAPIDS; Military Services Casualty Offices; and the CDC's National Death Index. Denominators for rate calculation were obtained from DMDC.
- Dependent includes minor and non-minor biological children, foster children, stepchildren, wards, pre-adoptive children and domestic partner children. Data includes children up to age 23 years as defined by Title 10.
- Other methods of death include drugs/alcohol, sharp/blunt objects, poisoning, falling/jumping, unknown, and pending.
- Suicide rates for Reserve and National Guard family members are reported regardless of the duty status of the military sponsor.

Ongoing and Future DoD Suicide Prevention Efforts

To address the complex interaction of environmental, psychological, biological, and social factors, the Department continues to implement and evaluate policies and multi-faceted strategies rooted in data-driven, global practices, in collaboration with other federal and non-federal agencies. **Planned efforts include:**

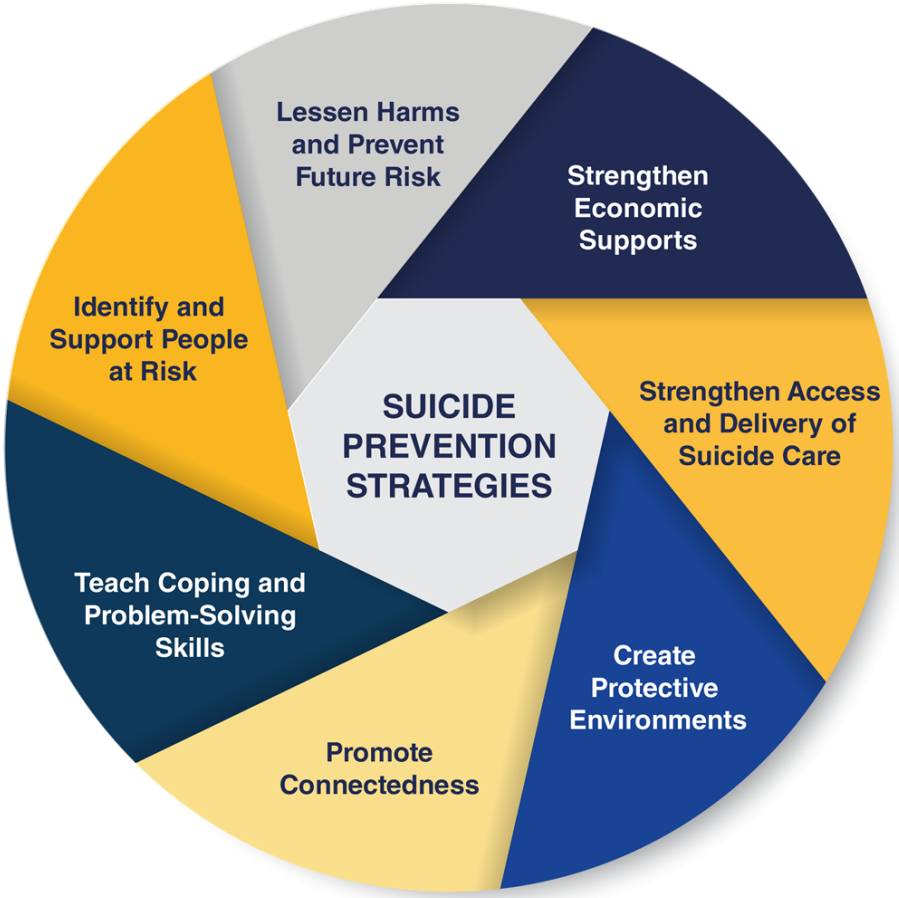
- **Populations of greatest concern**:
  - *For young and enlisted Service members:*
    - Pilot interactive educational program to teach foundational skills to deal with life stressors early in military career, particularly those unique to our young, enlisted members.
    - Teach Service members how to recognize and respond to suicide warning signs on social media.
  - *For National Guard members:*
    - Partner with Department of Veterans Affairs to enhance National Guard member's access to mental health care in remote areas via Mobile Vet Centers during drill weekends.
    - Use Suicide Prevention & Readiness for the National Guard (SPRING) initiative with the Total Force Fitness framework and readiness model to inform a data-driven, holistic approach for data collection and predictive analytics.
- **Support military families:**
  - Develop initiatives to increase awareness of risk factors for suicide, safe storage of lethal means (firearms and medications), and how to intervene in a crisis.
  - Deploy a messaging campaign to educate on safe storage of firearms, with targeted messaging on family safety.
  - Enhance education to include other wellness and risk factors, such as relationship issues and periods of transition.
- **Metrics to measure program effectiveness:**
  - The Department, in collaboration with the Military Services, developed a program evaluation framework that maps the goals, objectives, and initiatives articulated in the Defense Strategy for Suicide Prevention to measurable outcomes.

Common Suicide Misconceptions and Facts

Misconceptions	Facts
x Talking about suicide will lead to and encourage suicide.	✓ **Talking about suicide will not lead to and encourage suicide.** It provides the other person with an opportunity to express thoughts and feelings about something they may be keeping secret, and/or obtain help and support.[1]
x Deployment increases military suicide risk.	✓ **Being deployed is not associated with suicide risk among Service members.** This includes combat, length of deployment, and number of deployments.[2]
x The majority of Service members who die by suicide had a mental illness.	✓ **The majority of Service members who die by suicide were not diagnosed with mental illness.**[3]
x If you remove access to one lethal method of suicide, someone at risk for suicide will replace it with another.	✓ **When access to one method for suicide is removed, someone at risk is unlikely to substitute with a different method.**[4]
x The military suicide rate is higher than the U.S. general population.	✓ **Suicide rates are roughly equivalent to U.S. general population for all Components, except the National Guard,** after controlling for age and sex.[5]

Sources: 1. Ramchand et al., 2017; 2. Reger et al., 2018; 3. CY 2017 DoDSER Annual Report; 4. Barber et al., 2014; 5. CY 2017 DoDSER Annual Report.

Public Health Approach to Suicide Prevention



Source: 2017 CDC's Preventing Suicide:
A Technical Package of Policies, Programs, and Practices

- Suicide prevention requires a bundled approach that combines community and clinical interventions.
- DoD is committed to implementing a multi-faceted public health approach to suicide prevention, aligned with the Defense Strategy for Suicide Prevention, as well as the seven broad suicide prevention strategies outlined by the Centers for Disease Control and Prevention (CDC).

2019 Suicide Prevention Month