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IN FOCUS

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Military Suicide Prevention and Response

Background

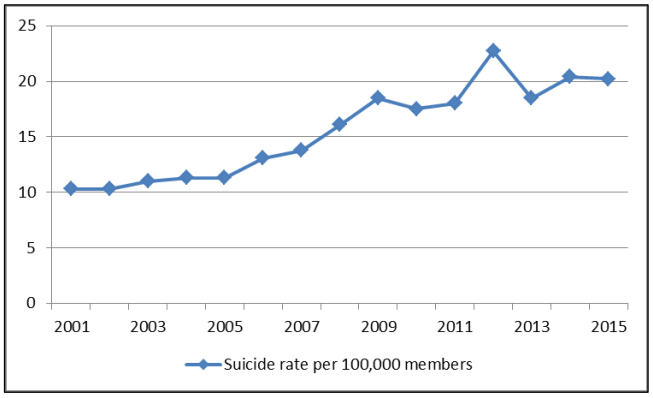
When a service member dies by suicide, those close to the member often experience shock, anger, guilt, and sorrow. As such, a service member suicide may adversely impact the well-being of family and friends, as well as the morale and readiness of that member's unit. Response to suicidal thoughts (ideation), attempts, and deaths often involve coordinated efforts among command and unit leadership, medical professionals, counselors, and others across the military community.

Under the authority given to Congress in Article 1, Section 8 of the U.S. Constitution to raise and support armies, provide and maintain a navy, and provide for organizing disciplining and regulating them, it may be important for Congress to understand the scope of this issue, the efforts previously taken to address it, and considerations for confronting the issue in the future.

Prevalence Rates

Since the early 2000s, suicide rates among service members have substantially increased, hitting their highest rate in 2012 (22.7 per 100,000) (See **Figure 1**). The increase in overall military suicide rates has largely been driven by increases in the Army where the rate rose from 9 per 100,000 in 2001 to 29.7 in 2012.

Figure 1. DOD Suicide Rates (2001-2015)



Source: DoDSER data 2008-2015 and 2015 RAND report, *The War Within: Preventing Suicide in the U.S. Military.*

Notes: Due to changes to DOD data collection methods in 2012, rates from 2012-2015 include only service members in the Active Component (AC). Rates from 2001-2011 include service members of the AC and service members of the Reserve Component (RC) in an active status at the time of death.

In calendar year (CY) 2015, DOD reported 479 service member suicides. There were 266 suicides in the Active Component (rate of 20.2 per 100,000), 90 in the Reserves (rate of 24.7 per 100,000) and 123 in the National Guard (rate of 27.1 per 100,000).

Comparison to the General Population

According to Centers for Disease Control and Prevention (CDC), the suicide rate for the U.S. general population was 13.92 per 100,000 in 2016: markedly lower than the 2015 AC rate of 20.2 per 100,000. However, comparisons between military and civilian populations can be misleading because of differences in suicide reporting methods used by CDC and DOD. Also, these populations greatly differ in terms of age and sex—the military services are disproportionately comprised of younger individuals and more males—sub-populations at higher risk for suicide.

In 2015, DOD found that after adjusting for age and sex, the suicide rates for Active and Reserve members were consistent with what would be expected if the military had the same age and sex composition as the U.S. general population. However, DOD reported that the rate of suicide for the National Guard was higher than expected relative to the general population.

Suicide Risk Factors

While military service members are already a high-risk population for suicide due to the demographic composition (e.g., young and male), the exposure to unique demands of military service are also associated with greater risk factors for this population.

Mental Health Conditions and Disorders. Exposure to combat and high-stress environments is associated with higher rates of mental health diagnoses, such as depression, anxiety disorders, and Post-Traumatic Stress Disorder (PTSD). Rates of these conditions and disorders among military service members rose steadily from 2005-2015, according to the DOD Deployment Health Clinical Center.

Substance Abuse and Associated Disorder. Evidence indicates elevated risk of death by suicide among people with substance-use disorders, including heavy alcohol use. While illicit drug use is not prevalent in the military, approximately 20% of service members have reported heavy alcohol use. Among service members, drug and alcohol overdoses are the most common methods for suicide attempts.

Head Trauma/Traumatic Brain Injury (TBI). Research shows increased suicide ideation, attempt, and death rates among people who have experienced head trauma. Deployed military members may sustain concussive injuries as a result of explosive blasts. According to the Defense and Veterans Brain Injury Center, 17,707 service members were diagnosed with TBI in 2017; 32,838 were diagnosed in 2011.

Access to Firearms: Studies have shown that access to firearms is associated with increased risk of death by suicide. Service members generally have more exposure to

firearms than the civilian population and are more likely to own a personal firearm. Firearms are the most common method of suicide deaths among military populations.

Other Risk Factors. Prior suicide attempts, history of physical or sexual abuse, experiencing hopelessness, tendencies toward aggressive and impulsive behavior, experiencing negative life events, lack of problem-solving skills, and exposure to suicides of others may all contribute to military suicide risk.

Defense Suicide Prevention Office

The Defense Suicide Prevention Office (DSPO) was established in 2011 following recommendations of a congressionally-mandated task force. DSPO's mission is to provide "advocacy, program oversight, and policy for Department of Defense suicide prevention, intervention and postvention efforts to reduce suicidal behaviors in service members, civilians and their families." The office also manages a 24-hour Military Crisis Line, produces the annual DOD Suicide Event Report (DoDSER), and compiles quarterly DOD military suicide reports.

DOD Suicide Event Report (DoDSER)

The DoDSER tracks suicide attempts and deaths, manner of death, and answers the following questions:

- What is the rate of suicide among service members by demographic?
- How common were various known or suspected determinants of suicide among those who engaged in suicide-related behavior during the past year (e.g., behavioral health history, stressors, etc.)?

Funding

Congress funds DOD suicide prevention programs and research through its annual defense appropriation. The FY2019 President's Budget Request includes $9.3 million to fund DSPO, up from $5.4 million in FY2018. Suicide prevention research is primarily funded through the Defense Health Program and, in the past, has received additional funds through the Congressionally Directed Medical Research Program (CDMRP). The military services, components, and activities, also fund suicide prevention and resiliency activities as part of family and community support programs, through their Operation and Maintenance budget (e.g., the Army's Ready and Resilient Campaign or the Special Operations Command Preservation of the Force and Family initiative).

Legislative Actions

Congress has taken various actions to enhance and expand DOD suicide prevention policies and program requirements in response to the increase in military suicides over the past decade (see **Table 1**). These actions have included strengthening DOD oversight and increasing data collection, reporting, and analysis. Other legislation has sought to improve outreach, awareness, and resiliency, particularly among certain military communities deemed to be at high risk for suicide.

Table 1. Selected Legislation: FY2011-FY2018

Authority	Action
FY2011 NDAA (P.L. 110-417)	Required DOD to establish a task force to examine suicide prevention and develop a comprehensive suicide prevention policy.
FY2012 NDAA (P.L. 112-81)	Required DOD to enhance its suicide prevention program in cooperation with other government stakeholders and to include suicide prevention information in pre-separation counseling.
FY2013 NDAA (P.L. 112-239)	Established a DOD oversight position for suicide prevention and resilience programs and expanded programs to RC members and their families. Amended Section 1062 of the FY2011 NDAA to allow a member's health professional or commanding officer to inquire if the member owns or plans to acquire any weapons if reasonable belief exists that the member is at high risk for suicide or harm to others.
FY2014 NDAA (P.L. 113-66)	Included suicide prevention efforts within DOD's community partnerships pilot program.
FY2015 NDAA (P.L. 113-291)	Required DOD to prescribe standards for data collection and reporting related to suicides and suicide attempts and directed DOD to conduct a review of suicide prevention programs for Special Operations Forces (SOF).
FY2016 NDAA (P.L. 114-92)	Authorized DOD to develop a policy to coordinate its efforts with non-governmental suicide prevention groups and expanded outreach to separating service members.

Source: CRS consolidation of relevant legislation.

Considerations for Congress

Oversight questions for Congress with regard to military suicide and resiliency may include:

- How can research be better disseminated and brought into practice?
- On what aspects of the issue should future congressionally-funded research efforts focus?
- What gaps, if any, remain in DOD, service-level, or interagency suicide prevention programs?
- Are high-risk military members and communities being identified and do they have access to appropriate and/or tailored services?

Note: Christopher Ryan, former CRS Fellow, contributed to the development of this In Focus.

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