



Department of Defense Calendar Year 2019 Annual Suicide Report Factsheet and Communicating About Suicide

The Department of Defense (DOD) is committed to preventing suicide in our military community – every death by suicide is a tragedy. Our second Annual Suicide Report (ASR) presents recent available suicide data for Service members and their families, and describes current and future efforts underway to combat suicide across the Department. The Calendar Year (CY) 2019 ASR indicates the suicide rate for the Active Component is statistically comparable to CY 2017, while the Reserve and National Guard rates are statistically lower than 2017. The available CY 2018 rates for military family members are consistent with CY 2017 rates. Military and family member suicide rates are comparable or lower than the U.S. population, and firearms continue to be the primary method of death. The Department leverages data to ensure focused and effective prevention efforts. We are implementing a comprehensive public health approach to suicide prevention that targets our military population of greatest concern – young and enlisted members – while continuing to support our military families.

CY 2020 Data

- We recognize the potential impact of COVID-19 on the well-being of our Service members and families. The Department is closely monitoring the potential impacts of the pandemic on death by suicide within the military population.
- At this time, it is too early to determine whether suicide rates will increase in CY 2020. Although quarterly suicide counts are publicly available at www.dspo.mil/QSR – caution should be used when examining changes in suicide counts across time, as counts do not account for changes in population size or provide enough time for essential investigations to determine cause of death. Therefore, what may look like an increasing trend may not be statistically meaningful once all investigations are complete and the Department conducts necessary analyses.
- Although the Department cannot provide official trends in suicides at this time, we all strive to support our nation's efforts to mitigate the impact of potential risk factors, including those arising from COVID-19. During this time, we continue our efforts to educate the force, support the force, and emphasize social connectedness.
 - The Department is using a variety of communication methods, including Military OneSource, the Defense Suicide Prevention Office website, and leader and unit social media channels, to ensure the military community is aware there are still many ways to look out for each other, build cohesion, and stay connected despite the physical distancing.
 - The Defense Suicide Prevention Office also published tips on staying safe and connected, which are currently linked from the front page of the www.dspo.mil website and directly saved at: <https://www.dspo.mil/Portals/113/Documents/COVID%2019%20Info%20Paper%20for%20Military%20Community.pdf?ver=2020-04-28-151037-573>.
 - In support of the theme of *Connectedness*, the Suicide Prevention Month 2020 slogan is 'Connect to Protect.' The *Connect to Protect* slogan emphasizes connecting with others and the community, as well as with suicide prevention resources.
- As part of our commitment to transparency, we also ensure that the data we release is as comprehensive and informative as possible. Once the CY 2020 data is final and appropriately analyzed, we will share these official rates and trends with the public.



CY 2019 ASR Data and Findings

- In CY 2019, 498 members died by suicide. Military suicide rates are comparable with the U.S. adult population, after accounting for age and sex, for Active Component and National Guard, and lower for the Reserve.
- Compared to the past two years, the CY 2019 suicide rate for the Active Component is statistically comparable to CY 2017; while the Reserve and National Guard rates are statistically lower than CY 2017.
- Between CY 2014 and CY 2019, the Active Component rate increased; while there is no statistical evidence of an increase or decrease for Reserve and National Guard.
- We see continued heightened risk for young and enlisted members; suicide decedents are primarily enlisted, male, and less than 30 years of age.
- There have been strides within the National Guard (with rates now comparable to U.S. population and statistically down from CY 2017). We are cautiously optimistic, focused on long-term, sustained improvement.
- In CY 2018, available information indicates 193 military family members died by suicide. The CY 2018 military family suicide rates are statistically consistent with the CY 2017 rates. Suicide rates for military spouses and dependents (minor and non-minor) in CY 2018 were comparable or lower than U.S. population rates after accounting for age and sex, with the exception of male spouses.

Looking Forward

DOD efforts include:

- **Young and enlisted members.** Training initiatives that address perceived barriers help-seeking and encourage the early usage of support resources before life challenges become overwhelming. New efforts also aim to address common risk and protective factors with an integrated violence prevention policy and approach. Support the rollout of a new Federal Communications Commission '988' suicide prevention crisis line number.
- **Military families.** Teach influencers (e.g., spouses, chaplains) and students in DOD schools about risk factors for suicide, encourage help-seeking, and promote safe storage of lethal means.
- **Measure program effectiveness.** Continue to evaluate program effectiveness through the DOD-wide program evaluation framework and enhance research, data, and evaluation abilities.



Frequently Asked Questions

Q1: I saw a media article referencing an increase in CY 2020 suicides. Are you seeing an increase in suicides due to COVID-19 for CY 2020? Do you expect to see longer-term effects of COVID-19?

We recognize the potential impact of COVID-19 on the well-being of our Service members and families. The Department is closely monitoring the potential impacts of the pandemic on death by suicide within the military population.

At this time, it is too early to determine whether suicide rates will increase in CY 2020. While there can be a noticeable increase or decrease in suicide counts over time (e.g., quarter to quarter), the Department only assesses suicide trends after accounting for changes in the population size. Suicide rates (as opposed to counts) determine whether an increase or decrease in suicides occurred across a given population. To determine whether a true increase or decrease in suicides have occurred, suicide rates (as opposed to counts) are required.

The Department uses data to drive policy and program decisions. It is therefore of the utmost importance to ensure accuracy of data so as to make informed decisions. Although quarterly suicide counts are publicly available at www.dspo.mil/QSR – caution should be used when examining changes in suicide counts across time, as counts do not account for changes in population size or provide enough time for essential investigations to determine cause of death. Therefore, what may look like an increasing trend may not be statistically meaningful once all investigations complete and the Department conducts necessary analyses.

Although the Department cannot provide official trends in suicides at this time, we all strive to support our nation's efforts to mitigate the impact of potential risk factors, including those arising from COVID-19. During this time, we continue our efforts to educate and support the force, and emphasize social connectedness.

Q2. What is the difference between the Annual Suicide Report (ASR) and the DoD Suicide Event Report (DoDSER) Annual Report?

The ASR releases the official annual DoD suicide rates and counts to the public. The ASR also shares updates on the Department's ongoing and future initiatives to combat suicide, and provides data on military family suicide deaths. The DoD Suicide Event Report (DoDSER) Annual Report builds on the ASR data and provides a detailed examination of risks and contextual factors associated with suicide. Additionally, the DoDSER provides a more longitudinal examination of the Department's suicide data, while the ASR focuses on more recent trends over time.

Q3. What does a "comprehensive public health approach" mean?

A comprehensive public health approach includes mental health care and recognizes suicide can be the result of both individual and broader community/societal factors. To improve suicide prevention, we focus efforts on evidence-informed practices, including those from outside the Department, such as from the Centers for Disease Control and Prevention (CDC). These evidence-informed practices are to enhance protective factors and address risk factors. This approach includes integrating the CDC's seven evidence-informed strategies for suicide prevention, such as promoting connectedness, teaching coping and problem-solving skills, identifying and supporting people at risk, and strengthening access to resources and care while reducing barriers.

Q4. Why is the suicide rate high in DoD? Why is the Active Component high?

Sadly, the nationwide suicide rates have increased – a trend that has also been evident among our Service members. Because suicide is complex, with a many different factors impacting individuals, the Department takes a comprehensive public health approach to suicide prevention. This approach focuses on: (1) getting



Service members to seek help and check-in with each other, while (2) using simple safety measures and precautions to reduce the risk of suicide.

- Suicide deaths have been steadily increasing in the broader U.S. population. Our Service members are not immune to trends that occur in society.
- Suicide trends in the U.S. population can appear more acutely in the military. Two of the most at-risk groups for suicide in the U.S. are males and younger individuals, and the military is heavily comprised of young males.

Q5. What is the Department doing to address the rates of suicides by military members?

The Department is working to ensure Service members seek help sooner when they are experiencing distress and are prepared to watch for warning signs for themselves and others. Earlier action is better for a variety of reasons. Not only to learn effective problem-solving and coping mechanisms before challenges become overwhelming, but also because suicide can be impulsive. Thus, prevention and recognizing the warning signs are critical.

Beyond individual approaches, the public health approach also includes broader efforts, such as those targeted for our population of greatest concern and developing initiatives to support military families. For example, current efforts include interactive educational pilot programs that teach foundational skills to effectively deal with life stressors and to address help-seeking concerns and encourage use of support resources.

Q6. What is DoD doing to prevent these tragedies for our military spouses and dependents?

The Department continues to deploy initiatives that increase awareness of risk factors for suicide, safe storage of lethal means (e.g., firearms and medications), and how to intervene in a crisis. For example, we trained more than 2,000 non-medical military providers to provide Counseling on Access to Lethal Means (CALM) to Service members and families to increase awareness of risk factors for suicide, safe storage of lethal means, and how to intervene in a crisis. The Department continues to provide information on family safety resources to increase awareness.

Communicating About Suicide

Suicide is a critical public health challenge in the United States. Since communication can influence perceptions, attitudes, and behaviors, it is recommended that messaging be forward-looking and focus on the best available data, science, and evidence-informed programs and practices. This consideration of careful communication reinforces and support suicide prevention efforts. More importantly, how and what is communicated about suicide can positively or negatively shape the way Service members and their families view seeking help. Coverage of suicide should align with safe reporting and communication practices that promotes hopeful messages and help-seeking behaviors. Additional resources on safe reporting and communicating about suicide is available at reportingonsuicide.org and the [National Action Alliance Framework for Successful Messaging](#).

Reference to any non-federal entity organization or website does not imply or constitute an endorsement by the Department of Defense of that organization or its sponsoring linked websites, or the accuracy of the information or services provided.



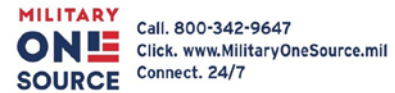
Always

- ✓ **Provide suicide prevention crisis helpline information:** “If you, or someone you know, are in crisis, please call the Veterans and Military Crisis Line (VCL/MCL), which provides 24/7 confidential crisis support for Service members and their families. Call (800) 273-8255 (Press 1), text 838255, or chat online at www.veteranscrisisline.net/get-help/chat.
 - Calling from overseas:
 - In Europe: Call 00800 1273 8255 or DSN 118
 - In Korea: Call 0808 555 118 or DSN 118
 - In Afghanistan: Call 00 1 800 273 8255 or DSN 111
- ✓ **Include hyperlinks to resources:** Use links that offer the best available data and science on topics like, [suicide warning signs](#), [risk factors](#), or support resources targeted to a specific population, such as [Military OneSource](#) for Service members, their families, and survivors.
- ✓ **Refer to DOD Safe Messaging Tools:** The Defense Suicide Prevention Office has additional tools available at www.dspo.mil/Tools.
- ✓ **Encourage help-seeking behaviors:** Convey that suicidal thoughts and behaviors can be reduced with the proper support and treatment, and are not the result of a single risk factor or life event.
- ✓ **Promote hope and help:** Including stories related to lived experience on hope, healing, and recovery may reduce the risk of contagion and promote positive coping skills.



Military Non-Crisis and Support Resources

Military OneSource: Provides non-crisis confidential services like financial counseling, help with relationship and parenting challenges, including non-medical counseling and specialty consultations for Service members and their families. Call (800) 342-9647 or chat online at www.militaryonesource.mil/.



inTransition: A free, confidential program that offers specialized coaching and assistance for all military members, regardless of length of service or discharge status, veterans, and retirees, who need access to a new mental health provider or wish to initiate mental health care for the first time. Call (800) 424-7877; Outside the United States (international toll-free number): (800) 424-4685.



Debunking Suicide Misconceptions

Misconceptions about suicide can derail prevention efforts in the military community and across the Nation. Reporting the facts and removing the misconceptions around suicide encourages us to help ourselves and loved ones.

Myths	Facts
X Suicide is not impulsive.	✓ Research shows it can take less than 10 minutes between thinking about suicide to acting on it. Putting time and distance between a person at risk and a means for suicide is an effective way to prevent death.
X Owning a firearm is not associated with suicide risk.	✓ Owning a firearm does not cause someone to be suicidal; however, storing a loaded firearm at home increases risk for dying by suicide four to six times.
X Suicidal behavior is genetic or inherited.	✓ There is no genetic or inherited trait related to suicide. Although there may be over-representation of suicide in



DEFENSE SUICIDE PREVENTION OFFICE

Myths	Facts
	some families, behaviors such as suicide thoughts and/or behaviors are not genetic.
<p>X Most military firearm deaths are by combat.</p>	<p>✓ Most firearm deaths of Service members are the result of suicide (83.0%), as compared to combat (3.5%), accident (2.0%), homicide (9.0%).</p>
<p>X Only mental health professionals can help individuals who are at risk for suicide.</p>	<p>✓ Everyone has a role to play in preventing suicide. Engaging community services, like financial counselors, can be a way to prevent suicide.</p>
<p>X The military suicide rate is higher than the US general population.</p>	<p>✓ Given the differences between the U.S. military and general population, any comparison of suicide rates must first account for age and sex. After accounting for differences in age and sex, military suicide rates are roughly the same or lower than the U.S. population.</p>
<p>X Deployment increases suicide risk among Service members.</p>	<p>✓ Several studies have shown being deployed (including combat experience, length of deployment, and number of deployments) is not associated with suicide risk among Service members.</p>
<p>X Most Service members who die by suicide had a mental illness.</p>	<p>✓ Less than half of military deaths by suicide had a current or past mental health diagnosis.</p>
<p>X If you remove access to one lethal method of suicide, someone at risk for suicide will replace it with another.</p>	<p>✓ Research has debunked the myth that people substitute methods of suicide. If access to the preferred lethal means of suicide is limited, other forms are not substituted.</p>
<p>X Talking about suicide will lead to and encourage suicide.</p>	<p>✓ Talking about suicide in a supportive way will not lead to suicide; instead it gives the at-risk individual an opportunity to express thoughts and feelings about something they may have been keeping secret, as well as obtain help and support as needed.</p>