

Suicide Prevention at the Department of Defense: Comprehensive Population-Wide Approaches

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Defense Suicide Prevention Office

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PERSONNEL AND READINESS



Suicide in the Department of Defense

Key Takeaways:

- **Partnership:** We want to ensure you have knowledge of the range of efforts and support options for Service members. We also want to answer your questions and address topics of interest, especially those backed by scientific/evidence-based best practices.
- **Best Practices:** There is a lot happening in the Department with prevention of problematic and self-harm behaviors. We want to share how we're adopting the latest, evidence-based best practices.

Reaching our People:

- No two people or life experiences are the same. As a result, our approach to preventing suicide across our population must be comprehensive by enhancing protective factors and addressing risk factors. This public health approach employs prevention best practices, including from experts from outside DoD.
- Although suicide has no single cause – and no single prevention, treatment, or cure that can apply to everyone at all times – we **have a duty** to our people and their families to support their wellness, health, and morale.

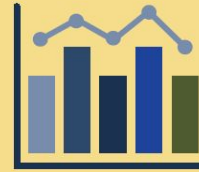
Suicide cannot be addressed solely through health care, need public health approach

- **Only 44%** of CY21 suicide deaths had a history of mental health diagnosis (18% alcohol-related disorders)
- **Only 42%** had received mental health care in the previous year
- **36%** experienced significant relationship and family problems
- **21%** experienced significant workplace difficulties
- **20%** experienced significant legal and administrative stressors



CY 2021 | Service Member Key Data

Suicide Rates per 100,000



Active Component suicide rates **gradually increased** since 2011 despite significant prevention work, although 2021 suicide rates were lower than 2020

Reserve & Guard suicide rates fluctuate year-to-year but there is **no increasing/decreasing trend** 2011-2021. Since 2011, military suicide rates are **similar to the U.S. population** in most years (Accounting for age & sex differences since military is younger & mostly male)



Suicide Counts

519 Service members died by suicide
328 Active | 74 Reserve | 117 Guard

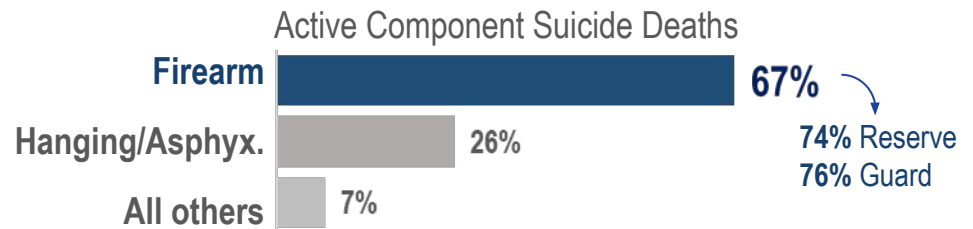


Most Service members that died by suicide are **young, enlisted males 20-24**

(consistent with prior years)

38% of suicide deaths occurred on military installation (16% in barracks)

Most Common Method | Firearm





CY 2020* | Family Member Key Data

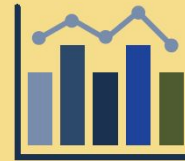
Family member data lags 1 year based on sourcing from CDC

Suicide Rates per 100,000

7.7 All Military Family members
7.9 AC | 8.4 R | 6.5 NG

13.0 Spouses
13.0 AC | 15.0 R | 11.1 NG

4.3 Dependents (minor & non-minor)
4.4 AC | -- R | -- NG



The suicide rates for military spouses and dependents in 2020 were **similar to prior years**



Suicide rates for spouses & dependents are **similar to the U.S. population** when accounting for age & sex differences, except for male spouses who had a higher rate

Suicide Counts

202 Family members died by suicide
133 Spouses | 69 Dependents



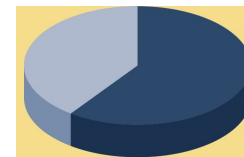
SPOUSES

51% female
79% under 40 yrs
47% current or prior military service

DEPENDENTS

73% male
62% under 18 yrs
<5% current or prior military service

Most Common Method | Firearm



60% Spouses
(21% Hanging/Asphyx.)

55% Dependents
(38% Hanging/Asphyx.)



Comprehensive Approach

BACKGROUND: The Defense Suicide Prevention Office (DSPO) was established in 2011 as a result of recommendations from the Secretary of Defense-designated Defense Health Board Task Force, which was tasked to examine efforts to prevent military suicide. Two policies – DoD Instruction (DoDI) 6490.16, “Defense Suicide Prevention Program” and 6400.09, “Integrated Primary Prevention” – outline the roles and responsibilities of DSPO.

GENERAL OBJECTIVE: DSPO aims to ensure that suicide prevention and postvention efforts for Service members, their families, and the greater military community are impactful and effective by engaging with internal and external stakeholders in a varied and comprehensive manner, in order to meet the evolving needs of the military system.

AREAS OF FOCUS





Suicide Prevention and Awareness

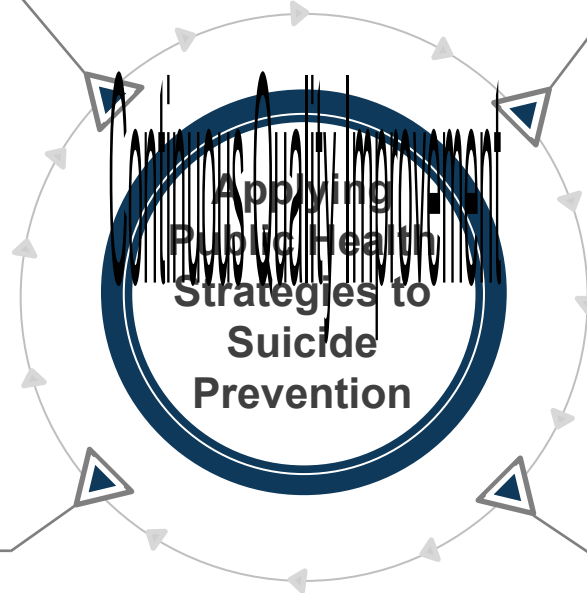
DoD integrates a holistic approach to suicide prevention, intervention, and postvention by using a bundled approach that combines community and clinical interventions.

APPLYING BEST PRACTICES

Borrowing and combining from evidence based and public health prevention models, the DoD applies an integrated community based public health approach that encompasses three foundational theories (**1. Institute of Medicine (IOM) Model; 2. Interpersonal Theory of Suicide; 3. Ecological Systems Model**) and aligned with the **Defense Strategy for Suicide Prevention (DSSP)**, as well as the **seven broad suicide prevention strategies** outlined by the CDC.

LEVERAGING RESOURCES & PARTNERSHIPS

DoD partners with the Services, other Governmental Agencies (specific focus with VA and HHS/SAMHSA), Non-Governmental Agencies, and non-profit organizations, and the community to reduce the risk for suicide. Guidance is provided across the full spectrum of policy, education, research, data and surveillance, outreach, and communications.



MEASURING IMPACT

Using built-in mechanisms, measure and assess the impact of strategic efforts on behaviors, processes, systems, and resources. This includes looking at systemic changes in suicidal behavior (i.e., ideation, fatal and non-fatal attempts) as well as more “upstream” foci (e.g., risk and protective factors, improved mental health outcomes, resilience).

SUPPORTING LASTING CHANGE

Reducing suicide risk entails creating a command climate that encourages Service members to seek help, reducing access to lethal means, and broadening communication and awareness to Service members and their families. Ensure suicide prevention efforts reflect a cohesive strategic vision to best support Service members. 6



Policy and Program Oversight Initiatives



Current Initiatives:

Policy:

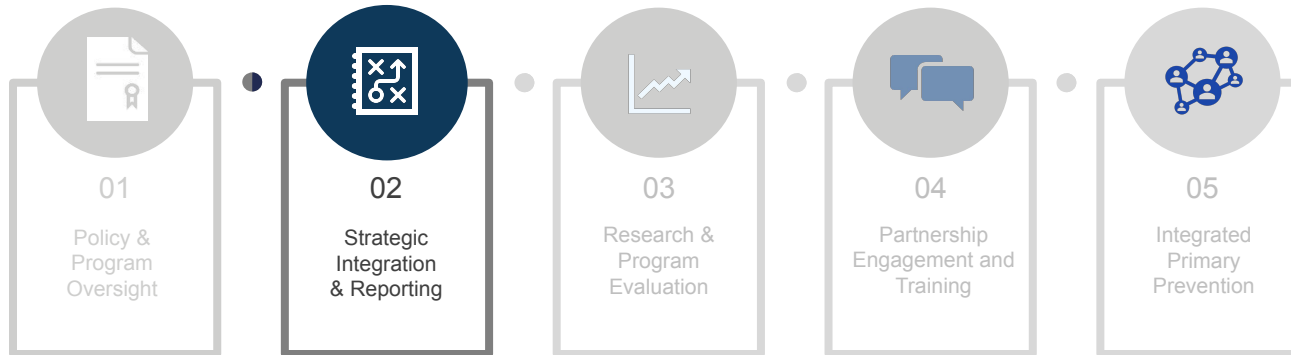
- Updated DoDI 6490.16 to reflect universal **requirements for program evaluation** on the part of the Services/Components related to non-clinical suicide prevention efforts. Published in February 2023, the DoDI includes **clear guidelines on what is expected for appropriate evaluation of programs**, as well as times lines for specific evaluation plans for each effort.
- Establish and integrate policies and responsibilities to mitigate self-directed harm and prohibited abusive or harmful acts **using a career-cycle perspective** to promote enduring force readiness.

Program Oversight:

- Suicide Prevention General Officer Steering Committee (SPGOSC) and the Suicide Prevention and Risk Reduction Committee (SPARRC)
- GAO Report 105108: Suicide Prevention: DoD Should Enhance Oversight, Staffing, Guidance, and Training Affecting Certain Remote Installations
- Suicide Prevention & Response Independent Review Committee (SPRIRC): Report released Feb. 2023; Department reviewing report to inform the Department's suicide prevention program.



Strategic Integration and Reporting



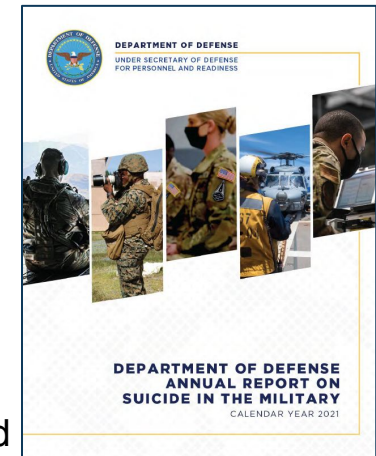
Current Initiatives:

Data Surveillance

- Continuously compile suicide data reported by the Armed Forces Medical Examiner System (AFMES), disseminate reports and information to key stakeholders as required in law.
- FY 2023 NDAA Sec. 740: Developing a standard definition for suicide clusters and notifying Congress
- Hanon Act Section Sec. 102 (P.L. 116-171): Ongoing.

Reporting

- **Annual Report on Suicide** (<https://www.dspo.mil/Annual-Reports>): Serves as the official source for annual suicide **counts** and **rates** for Service members and military family members (dependents), and describes Departmental initiatives.
- **HAC/SAC Semi-Annual Report**: Provides the number of suicides, attempted suicides, and suicidal ideation by demographic characteristics (Required by P.L.116-260).
- **Quarterly Suicide Report (QSR)** (<https://www.dspo.mil/QSR>): Summarizes only suicide counts (not rates) for the Active Component, Reserves, and National Guard on a quarterly basis.





Research and Program Evaluation



Current Initiatives:

Research and Pilot Studies:

- Conversations on Access to Lethal Means (CALM): Gatekeeper training on how to identify and discuss lethal means safety (LMS) with at-risk Service members. Lethal means can be any method (e.g., firearm, prescription medicine, chemicals, and more).
- Early Career Lethal Means Safety (LMS): Identifies opportunities within early career training to improve training and education on secure storage of lethal means
- Environmental scan: Enhancing visibility of current policies/guidance/manuals regarding lethal means safety across the Department, as well as regular oversight to identify any policy/program gaps and ensure best-practices
- Overcoming Barriers to Safe Storage: Will explore differential LMS messaging preferences among diverse sample of Service members
- Chaplains CARE: Trains for chaplains on evidence-based therapeutic skills for suicide prevention and response
Financial Distress: Aims to understand the presence and impact of financial distress on suicide

Program Evaluation:

- Strategic Plan and Logic Models: DSPO works to ensure program evaluation efforts are in line with best practices and follow research and practice supported models, to support efficacy and effectiveness data on all aspects of our program.
- LMS Evaluation by the Center For Naval Analyses (CNA): Working with each Service – including Special Operations Command (SOCOM) and National Guard Bureau (NGB) – to develop evaluation and implementations for communication, dissemination, and education about LMS.



Partnership Engagement and Training



Current Initiatives:

Education and Training:

- Partnerships, internal and external, are yielding important educational products.
 - Black History month video with Commandant at the U.S. Army Institute for Religious Leadership.
 - MC&FP: Healthy Relationships Fact Sheet providing resources and tools available through Military OneSource.
 - Sesame Street: Educational materials for those with young children after a suicide.
 - Fact Sheets, to include DoDEA Fact Sheet series, Stigma Fact Sheet, Holiday Lethal Means Fact Sheet, and more.
 - Suicide Risk Care Blog: Behavioral health process for suicidal thoughts and behaviors.
- Outreach and Engagement through Partnerships.
 - Tragedy Assistance Program For Survivors Annual National Military Suicide Survivor Seminar and Good Grief Camp.
 - Northeast Air Force Wounded Warrior Program Care Event and Resource Fair.
 - United States Space Force Inaugural T-Minus 10-Miler.
 - Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF).
- DSPO Education Strategy has been developed, to give guidance/direction to the education efforts of the office.



Integrated Primary Prevention



Current Initiatives:

Oversight:

- Implement and monitor integrated primary prevention activities to sustain progress over time.
- Conduct oversight over suicide prevention efforts across DoD.

Engagement:

- Joint DoD/VA Collaborations (Summits, Conferences, Policy Academies)
- Interagency Task Force on Military and Veteran's Mental Health that implements the White House Military and Veteran Suicide Prevention Strategy (Released November 2022): DSPO leading two priority areas – Lethal Means Paid Media & Interagency Policy Committee on Military and Veteran Suicide Prevention
- OSD Lethal Means Safety Working Group
- DACID DV Campaign Plan/Suicide Prevention Collaboration
- Outreach and Partnership with:
 - Military Crisis Line/Veterans Crisis Line and the National Suicide Prevention Lifeline
 - Military OneSource
 - DoD SPARX Connection: Prevention Community of Practice
 - Tragedy Assistance Program for Survivors



DoD Suicide Prevention Efforts

FOSTERING A SUPPORTIVE ENVIRONMENT

Fielding a dedicated and specialized **prevention workforce**

Reducing risk through SM wellness, such as the SEP22 memo "Taking Care of Our Service Members and Families"

On-Site Installation Evaluations (OSIEs) to examine installation capabilities and risk factors

PROMOTING A CULTURE OF LETHAL MEANS SAFETY

Lethal Means Safety Suite of Tools to promote safe storage of firearms, medication, and other lethal means

Counseling on Access to Lethal Means (CALM) to equip support providers to promote lethal means safety

ADDRESSING STIGMA AS A BARRIER TO HELP-SEEKING

Working group to **address stigma toward help-seeking**

Review to **identify and eliminate stigmatizing language** in DoD policy

Education on availability and benefits of support resources

IMPROVING CLINICAL SERVICES

Suicide Risk Screening in all **Primary Care Clinics**

Suicide Risk Core Training for **All Healthcare Providers**



Suicide Prevention and Response Independent Review Committee (SPRIRC) *Background & Overview*

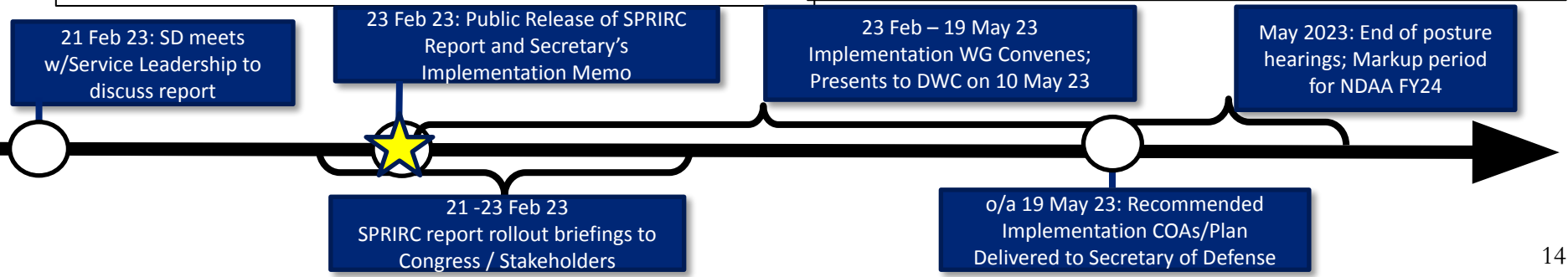
- SPRIRC established by Secretary Austin per FY2022 NDAA § 738
- SPRIRC member expertise included Mental Health Services, Sexual Assault Prevention, Public Health, and Lethal Means Safety, as well as a former Senior Military Officer, Senior Enlisted Leader, and Military Chaplain
- SPRIRC conducted a comprehensive evaluation of DoD suicide prevention programs and risk factors that may contribute to Service member suicide
 - **35 program briefings** from Military Service programs and DoD components
 - **Met with dozens of MSO/VSO groups** as well as interagency partners
- SPRIRC Conducted **Site Visits to 11 installations worldwide**
 - Met directly with **2,106 Service Members and 692 civilian support personnel**
- Recommendations based on the four pillars of the National Strategy for Suicide Prevention
 - **127 Recommendations at 3 priority levels**



SPRIRC Recommendations – Snapshot

127 Total Recommendations - Major Themes/Recommendations:

- 1) Restructure suicide prevention training to standardize content and better resonate with Service Members, in line with principles of Integrated Primary Prevention.
- 2) Provide additional resources to help Service Members navigate and effectively access existing mental health & other support services.
- 3) Ensure that Service Members are safely storing personally owned firearms through focused training and dedicated storage options.
- 4) Emphasize leader stewardship through taking care of people and addressing Service Members needs before problems become crises.





Resources and Support

Promote Use of Crisis Resources: *Veterans and Military Crisis Line (VCL/MCL)* for 24/7 confidential crisis support for Service members, Veterans, and their families (988, press 1; text 838255; or chat online at www.veteranscrisisline.net/get-help/military-crisis-line)

Promote Use of Non-Crisis Support Resources:

Military OneSource: Provides non-crisis confidential services, including counseling for Service members and their families (800-342-9647 or chat online at www.militaryonesource.mil, or download the app)

Military Family Life Counselors: Non-medical military providers embedded to support the unit, with surge capacity available (e.g., to assist community after a suicide) www.militaryonesource.mil

InTransition: Free, confidential program specializing in connecting all Service members and Veterans to mental health services across Military Health System, Veterans Health Administration, and community resources.

Call 800-424-7877 (international: 800-424-4685), or visit www.pdhealth.mil/resources/intransition





Questions?



Backup



Service Member | Demographics

	Total	Active Component			Reserve			National Guard		
		Rate	Count	Percent	Rate	Count	Percent	Rate	Count	Percent
Sex		24.3	328	100%	21.2	74	100%	26.4	117	100%
Male		27.8	309	94.2%	26.2	70	94.6%	30.6	109	93.2%
Female		--	19	5.8%	--	4	5.4%	--	8	6.8%
Age Group										
17-19		--	15	4.6%	--	3	4.1%	--	9	7.7%
20-24		32.9	144	43.9%	38.2	26	35.1%	39.6	43	36.8%
25-29		24.1	75	22.9%	--	17	23.0%	--	16	13.7%
30-34		17.4	37	11.3%	--	6	8.1%	32.3	23	19.7%
35-39		21.8	35	10.7%	--	10	13.5%	--	14	12.0%
40-44		--	13	4.0%	--	5	6.8%	--	5	4.3%
45-49		--	5	1.5%	--	2	2.7%	--	2	1.7%
50-54		--	3	0.9%	--	2	2.7%	--	4	3.4%
55-59		--	1	0.3%	--	3	4.1%	--	1	0.9%
60-74		--	0	0.0%	--	0	0.0%	--	0	0.0%
Race										
White		25.8	238	72.6%	24.0	56	75.7%	28.4	98	83.8%
Black/African American		18.2	42	12.8%	--	12	16.2%	--	11	9.4%
Am. Indian/Alaskan Native		--	7	2.1%	--	0	0.0%	--	2	1.7%
Asian/Pacific Islander		29.5	24	7.3%	--	4	5.4%	--	4	3.4%
Other/Unknown		--	17	5.2%	--	2	2.7%	--	2	1.7%
Rank										
E (Enlisted)		26.6	292	89.0%	25.4	70	94.6%	26.0	99	84.6%
E1-E4		28.2	161	49.1%	29.1	38	51.4%	29.0	58	49.6%
E5-E9		24.8	131	39.9%	22.0	32	43.2%	22.6	41	35.0%
O (Commissioned Officer)		15.7	34	10.4%	--	3	4.1%	--	12	10.3%
W (Warrant Officer)		--	2	0.6%	--	1	1.4%	--	6	5.1%
Cadet		--	0	0.0%	--	0	0.0%	--	0	0.0%
Marital Status										
Never Married		26.1	160	48.8%	31.3	50	67.6%	34.1	81	69.2%
Married		22.8	152	46.3%	14.1	23	31.1%	17.7	32	27.4%
Divorced		--	16	4.9%	--	1	1.4%	--	4	3.4%
Widowed		--	0	0.0%	--	0	0.0%	--	0	0.0%

Source(s): AFMES. Per DoD Instruction 6490.16, rates for subgroups with fewer than 20 suicides are not reported because of statistical instability. Rates are not reported for "years of service" because this information is only available for suicide decedents and not the total military population. For race, the "Other/Unknown" category indicates missing race information, multiple races, and/or any other response that doesn't indicate the following race categories: "American Indian/Alaskan Native," "Asian/Pacific Islander," "Black or African American," "White."



Suicide Rates and Demographics

Military Family Members

Table 4. Family Member Suicide Rates per 100,000 by their Service Member's Military Population, CY 2018–CY 2020 ¹⁻⁴

Military Population	CY 2018		CY 2019		CY 2020	
	Rate	Count	Rate	Count	Rate	Count
Total Force	7.2	191	7.7	202	7.7	202
Spouse	12.2	126	12.6	130	13.0	133
Dependent	4.0	65	4.5	72	4.3	69
Active Component	7.0	116	7.1	117	7.9	130
Spouse	12.2	82	12.6	85	13.0	87
Dependent	3.4	34	3.3	32	4.4	43
Reserve	6.4	29	8.7	40	8.4	38
Spouse	--	18	--	17	15.0	25
Dependent	--	11	7.9	23	--	13
National Guard	8.5	46	8.5	45	6.5	34
Spouse	13.3	26	14.6	28	11.1	21
Dependent	5.8	20	--	17	--	13

1. Source(s): DEERS, Military Services, NDI, Defense Manpower Data Center (DMDC) (denominators only).
2. Rates for groups with fewer than 20 suicides are not reported because of statistical instability (DoDI 6490.16).
3. Only DoD services are reported here, therefore, Coast Guard family member suicide rates are not included in this report (CY 2018: 2, CY 2019: 4, CY 2020: 3).
4. Includes those who are also Service members to capture the full extent of suicide among military family members (13.4% currently serving in CY 2020, 20.3% in CY 2019, 17.8% in CY 2018).

Table 5. Military Spouse Suicide Counts and Percentages by Demographics, CY 2020

	Count	Percent
Total	202	100%
Spouses	133	65.8%
Dependents	69	34.2%
Military Population	202	100%
Active Component	130	64.4%
Reserve	38	18.8%
National Guard	34	16.8%
Spouses		
Sex	133	100%
Male	65	48.9%
Female	68	51.1%
Age Group	133	100%
<40	105	78.9%
≥40	28	21.1%
Service History	133	100%
Any Service History	62	46.6%
Prior Service (Not Currently Serving)	37	27.8%
Currently Serving	25	18.8%
No Service History	71	53.4%
Dependents		
Sex	69	100%
Male	50	72.5%
Female	19	27.5%
Age Group	69	100%
<18	43	62.3%
18 to less than 23	26	37.7%

*Service history is not reported for Dependents due to small counts and privacy/disclosure concerns.

Note. Per CDC requirements, counts under 10 were suppressed in order to protect the confidentiality of military family members. Additional cells were also suppressed to ensure low counts could not be recreated.



Lethal Means Safety

Promoting Lethal Means Safety (LMS) is a key component of the Department's suicide prevention efforts. DoD efforts:

- Published suite of evidence-informed tools
 - Promote and reinforce safe storage of firearms and medications
 - Sample of public message templates
 - Communications guidance for leaders and service providers
- Sponsoring research to identify best practices for integrating LMS into early military career training.
- Conducting needs assessment and feasibility analysis for firearms safety training for Service Members
- LMS is White House National Strategy Suicide Priority Goal 1
 - DoD co-leading on the Interagency Task Force Working Group





Current Lethal Means Safety Projects

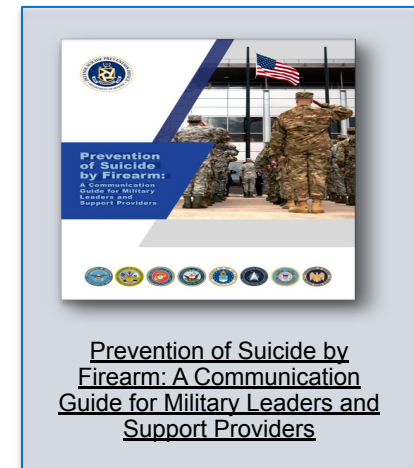
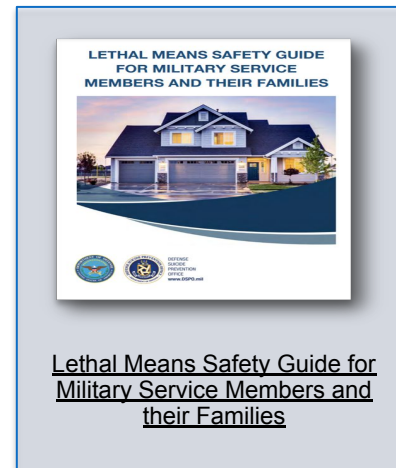
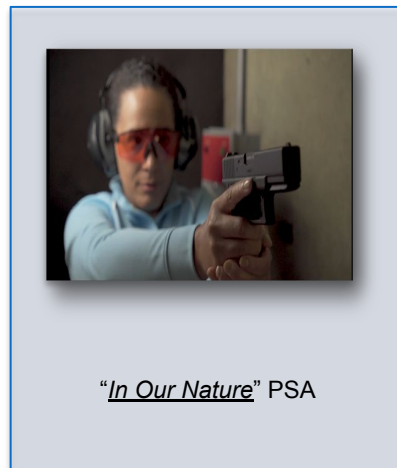
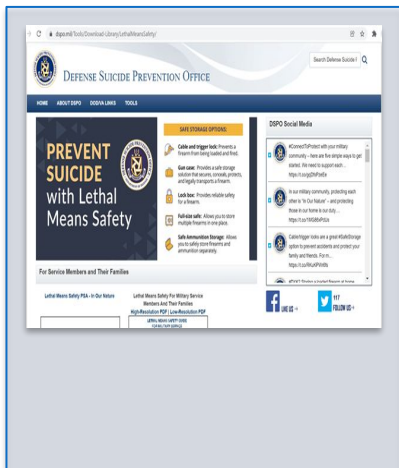
Five projects underway that will help DoD and the Services to implement effective Lethal Means Safety (LMS) initiatives:

- **Project 1: Assessing Current DoD and Service-Level Lethal Means Safety (LMS) Policies (through CNA)**
 - Purpose: Analyze current policies/guidance/manuals regarding lethal means safety across the Department. Understand how these policies are implemented and existing oversight mechanisms; barriers limiting policy effectiveness; and the need for revisions to improve suicide prevention; explore similarities and differences by Component and geographical location.
 - Ends: June 2023
- **Project 2: Assessing the Implementation and Effectiveness of DOD's Lethal Means Safety (LMS) Outreach Materials (through CNA)**
 - Purpose: Evaluate three lethal means safety activities in each of the Army, Navy, Marine Corps, Air Force, National Guard Bureau, and Special Operations Command.
 - Ends: April 2024
- **Project 3: Overcoming Barriers to Safe Firearm Storage Practices Among Different Groups (through CNA)**
 - Purpose: the focus will be on assessing what types of messaging work for different demographic groups. (working with Dr. Mike Anestis)
 - Ends: January 2024
- **Project 4: Incorporating Lethal Means Safety into Early Career Military Pipeline to Mitigate Suicide Risk (through PERSEREC)**
 - Purpose: Study aims to identify settings and approaches to incorporate conversations about LMS (specifically pertaining to safely securing/storing firearms) into early military career settings for enlisted personnel and officers, beyond and outside of standard suicide prevention training.
 - Ends: March 2024
- **Project 5: Conversations on Access to Lethal Means-Adaption for the Military (CALM-M)**
 - Purpose: Develop a comprehensive, interactive e-learning course for non-clinical military gatekeepers – such as Chaplains, Non-Commissioned Officers, etc.– to engage in conversations on access to lethal means with at-risk Service members
 - Ends: May 2023



Lethal Means Safety

- Lethal Means Safety Suite of Communications Tools
 - This suite of research-informed tools focuses on decreasing suicide risk in the military community through promotion of lethal means safety. The tools promote key messaging while educating Service members, their families, and community partners about lethal means safety.





Lethal Means Safety

The [Firearm Retailer Toolkit](#) provides a package of public-facing communication tools to educate firearm retailers and Service members about safe storage and crisis response resources.

Firearm Retailer Toolkit



DOD Firearm Retailer Toolkit - Suicide Prevention in Collaboration with Firearm Retailers



Suicide Prevention and Safe Storage Brochure for Firearm Owners



Suicide Prevention and Safe Storage Brochure for Firearm Retailers



Suicide Prevention and Firearm Safety - Poster 8.5x11



Suicide Prevention and Firearm Safety - Poster 11x17

- For Firearm Retailers, Military Exchanges, and Firing Ranges
 - *Safe Storage [Brochure](#) for Firearm Retailers and Firearm Retailer [Poster](#)*
- For Installation and Unit Suicide Prevention Managers
 - *Firearm Retailer Toolkit – [One-pager](#)*
- For Firearm Owners
 - *Safe Storage [Brochure](#) for Patrons*