



DEFENSE SUICIDE PREVENTION OFFICE
LEADING THE MISSION TO SAVE LIVES

DoD Comprehensive Suicide Prevention Approach: Opportunities for Synergy

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DEFENSE SUICIDE PREVENTION OFFICE
PROMOTING HELP & HOPE TO SAVE LIVES

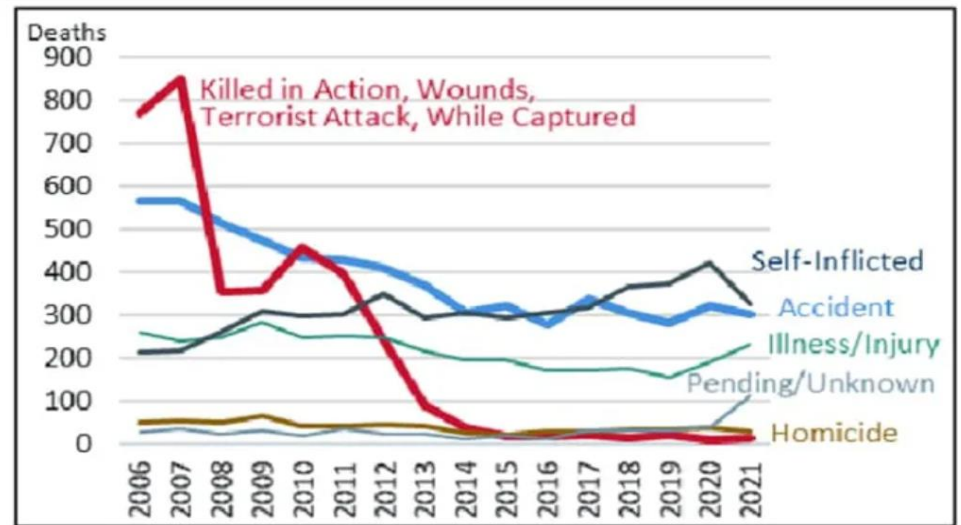
www.dspo.mil

https://www.dspo.mil/Portals/113/Media/2024_Campaign/joining_your_fight_connect_to_protect_sizzle_240p.mp4



Suicide Data

- In the US, 49.5K people died by suicide in 2022
 - For every suicide death:
 - 11 ER visits
 - 52 suicide attempts (1.6M)
 - 336 people seriously considered suicide (13.2M/3.8M made a plan)
 - 2nd leading cause of death for ages 10-14, 25-34
 - 3rd for ages 15-24
 - 5th for ages 35-44*
 - 7th for ages 45-54*
 - 9th for ages 55-64*
 - 11th for total population*
 - #1 leading cause for AD
- * Impacted by COVID-19



Source: sgp.fas.org



Suicide Death Rates and Counts

Service Members | 2022

492 Total Service members

331 Active | 64 Reserve | 97 Guard

Suicide rates per 100,000

25.1 Active Component
Service members

19.1 Reserve
Service members

22.2 National Guard
Service members

Key Takeaways

Active Component suicide rates gradually increased between 2011-2021. Since 2011, rates are similar to the U.S. Population in most years

Firearms are the most common method used in 67% of Active Component suicide deaths.

Demographic factors largely reflect the Total Force:

68% Under 30
91% Enlisted
93% Male

U.S. Suicide Counts and Rates | 2021*

48,183 Total

Suicide rates per 100,000

22.8 Male

5.7 Female

14.0 Total

Key Takeaways

The rate of suicides increased from 2020 to 2021, which is still lower than the modern peak in 2018.

The increase in suicides was higher among males (4%) than females (2%).

Firearms are the most common method used in suicides. Firearms are used in more than 50% of suicides.

In 2021, suicide was the 11th-leading cause of death, and the second-leading cause of death among ages 10- 34.

Family Members | 2021*

168 Total Family Members

114 Spouses | 54 Dependents

Suicide rates per 100,000

6.5 Family Members
spouses and dependents

11.2 Spouses

3.4 Dependents

Key Takeaways

Suicide rates for Family members appear slightly lower than in previous years.

Male spouses accounted for about 48% of spouse suicides but made up about 14% of all military spouses.

Firearms are the most common method used in 61% of Spouse suicide deaths and 56% of dependent Suicide deaths.

About 48% of Spouses had any service history and less than 5% of dependents had any service history.

Veteran Report | 2021*

6,392 Total

Suicide rates per 100,000

35.9 Male

17.5 Female

33.9 Total

49.6 Age 18-34

Key Takeaways

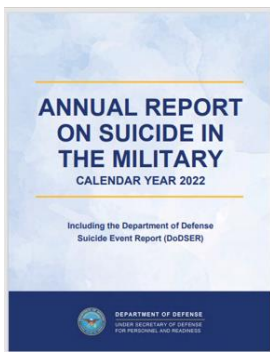
Among U.S. adults who died from suicide in 2021, firearms were more commonly involved among Veteran deaths (72.2%) than among non-Veteran deaths (52.2%).

In 2021, suicide was the 13th-leading cause of death for Veterans overall, and the second-leading cause of death among Veterans under age 45-years-old.

The data across 20 years reveals that Veterans engaged in VHA care have shown a less sharp rise in suicide rates, underscoring the importance of VHA care.

*Latest year of available data





CY 2022 DoD Suicide Event Report (DoDSEER)



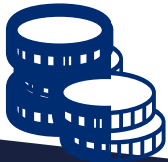
72.5% were in a relationship at the time of death. Of those **51.7%** were having **relationship issues** at the time of death.



48.2% members felt a strained **connection to the military** within 6 months prior to their deaths. Some reasons were: problems with supervisor and colleagues, disciplinary actions, duty reassignments.



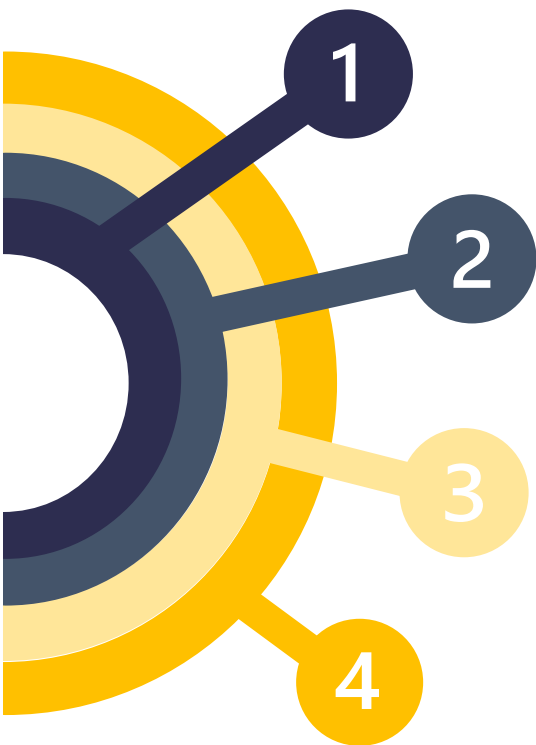
44.8% were diagnosed with a **mental illness**. Of those **36.4%** were diagnosed with depression. Fear of being separated from their unit, being singled out as a problem, and of losing a security clearance were common barriers to seeking care.



10% had **financial problems** within 12 months of death. The most common reason for financial problems was because of relationship issues.



Social Ecological Model



Individual

Highlights specific personal risk factors, such as age, history of abuse, and education.

Relationship

Investigates the individual's close relationships (e.g., peers, partners, family members) that may provide influence.

Community

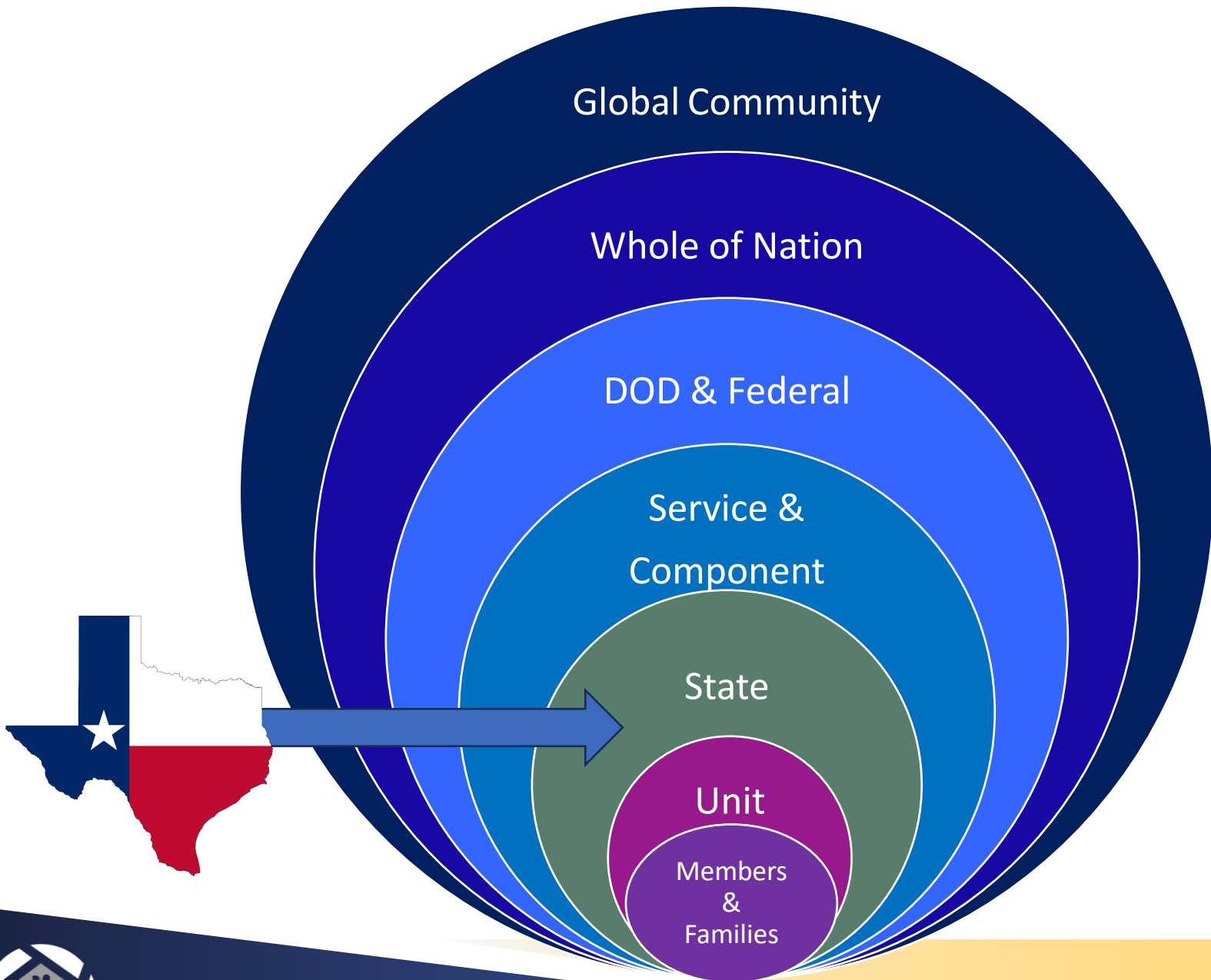
Explores the variety of settings the individual was a member of (e.g., workplaces, schools, command climate) and the relationships formed from these areas.

Societal

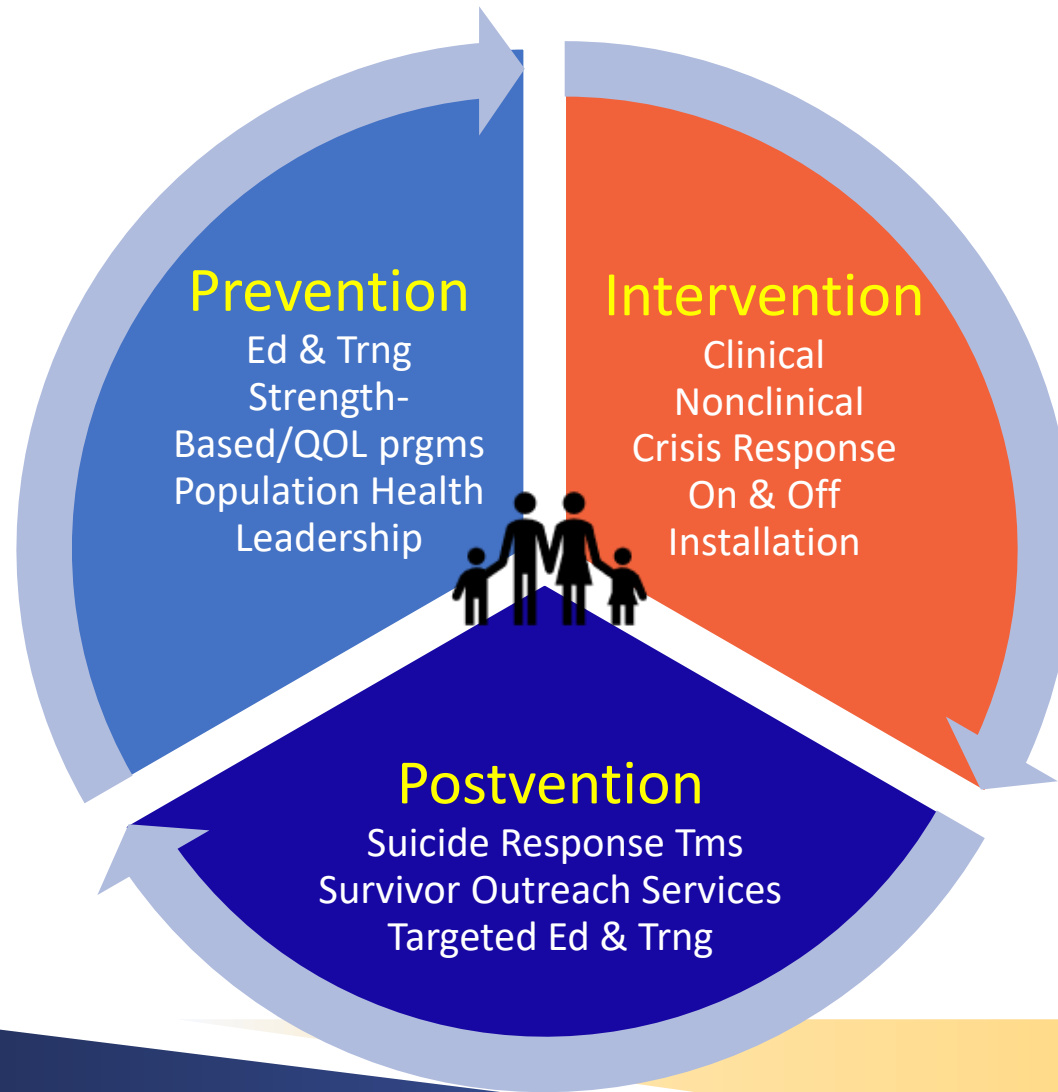
Examines larger-scale factors that may contribute to a climate of violence, such as cultural norms or policies.

Prevention
requires
understanding
the contextual
factors that
influence
suicide





Continuous System of Care

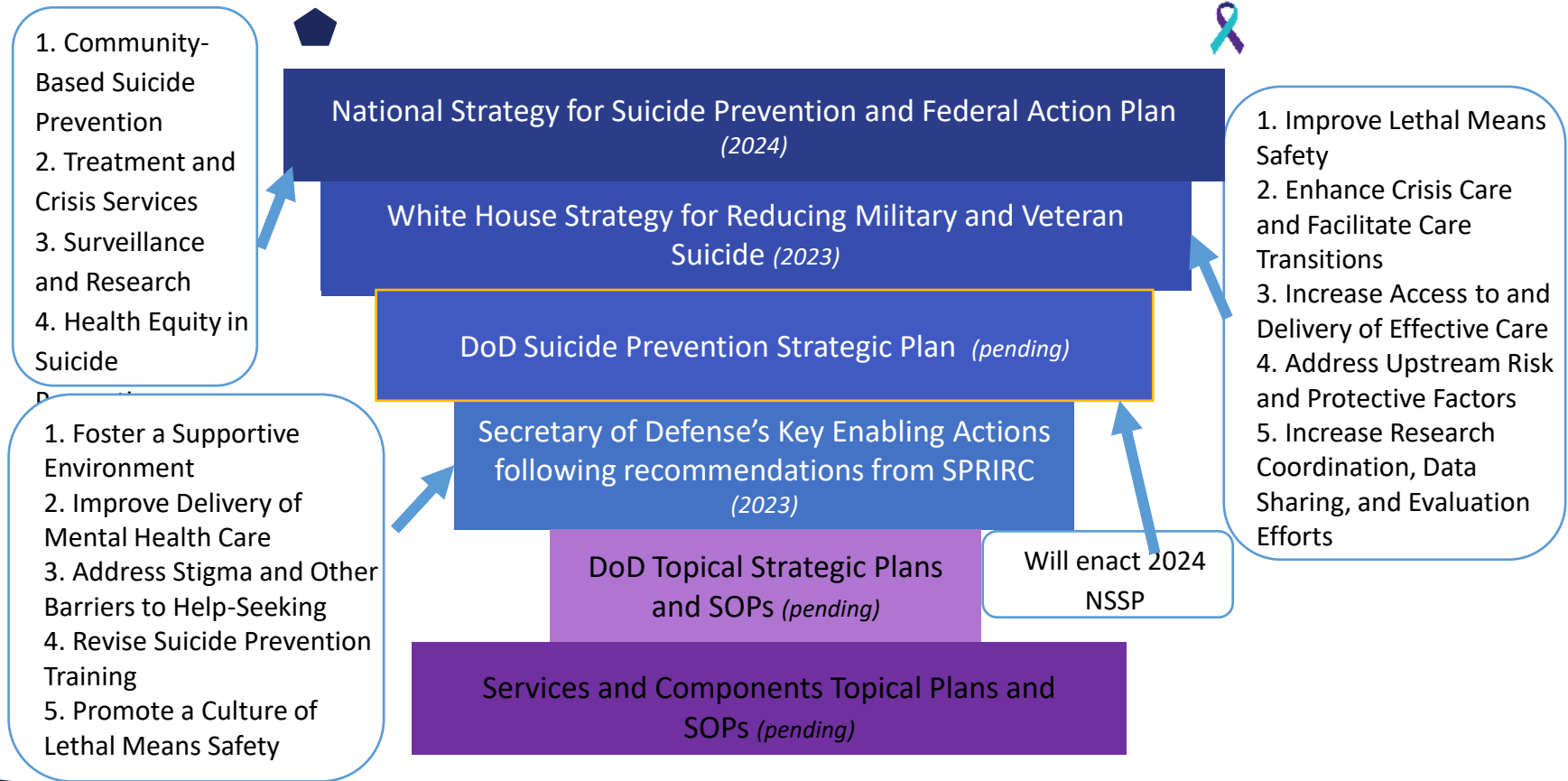


(DSPO, 2024)





DoD Strategic Alignment



DoD Suicide Prevention and Response Independent Review Committee Key Enabling Actions



Foster a Supportive Environment

These actions aim to improve the quality of life for Service members and empower leaders to address problems before concerns become challenges and escalate to crises

- Improve schedule predictability and after-hours communication
- Promote leadership focused on strengthening support to Service Members & their Families



Improve the Delivery of Mental Health Care

These actions aim to improve access to, and delivery of, behavioral and mental health care, and better support, recruit, and retain mental health providers

- Recruit and retain behavioral health providers
- Improve coordination of care
- Increase appointment availability



Address Stigma and Other Barriers to Care

These actions aim to help Service members overcome stigma and reduce barriers to mental health care to promote a culture of help-seeking behavior

- Expand non-medical counseling for suicide prevention; mental health services in primary care; telehealth services; “Episodes of care;” treatment models



Revise Suicide Training

These actions aim to modernize the delivery of suicide prevention and postvention training, emphasizing the integration of primary prevention principles to reduce harmful behaviors

- Modernize training
- Train behavioral health techs in evidence-based practices
- Tools for leaders to facilitate difficult conversations

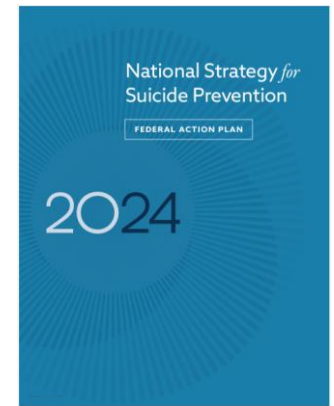
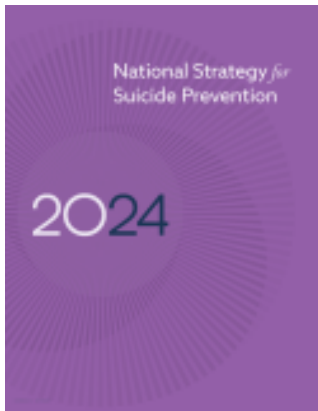


Promote a Culture of Lethal Means Safety

These actions aim to promote lethal means safety, with a goal to improve the overall safety culture within the Department

- Incentivize secure firearm storage
- Safe storage education campaign
- Safety in barracks and dorms
- Provide additional storage locations on installations





DoD's 2024 NSSP Federal Action Plan Items

DOD equities collaborated internally as well as with Veterans Affairs and the White House Domestic Policy Council



The Federal Action Plan (Action Plan) presents priority actions the federal government proposes to carry out in fiscal years (FY) 2024–26 to advance the goals and objectives outlined in the 2024 National Strategy for Suicide Prevention (National Strategy).



The Action Plan advances specific goals and objectives of the 2024 National Strategy. These commitments seek to support critical short-term improvements in suicide prevention, while also setting the foundation for longer-term efforts and impact in reducing suicide rates.



DoD Action Items address prevention, intervention and postvention and will be tracked by DSPO for DoD (tracking system in development). DoD committed to 12 short-term (1-3 years) Action Items.



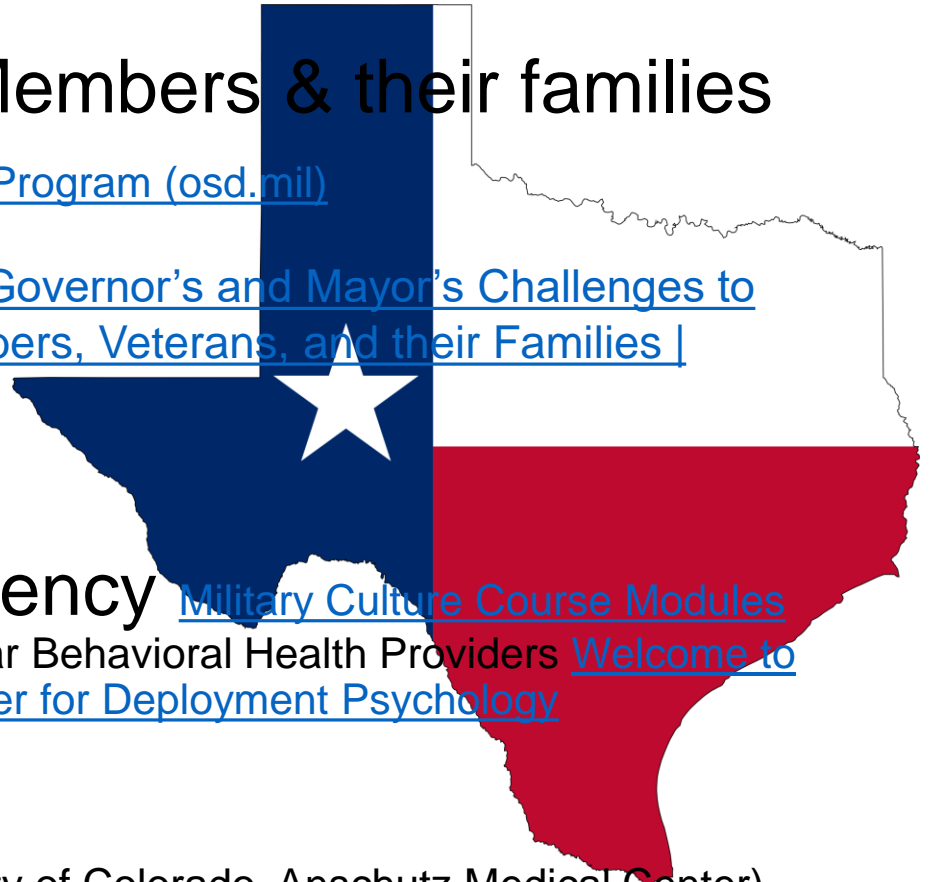
DoD's 2024 NSSP Federal Action Plan Items

1. DoD will establish a Suicide-Centered Lived Experience Working Group
2. DoD will leverage VA's Postvention Suicide Risk Management Consultation Program
3. DoD will improve training and oversight of the department's suicide postvention efforts
4. DoD will equip and educate leaders at multiple levels to foster supportive environments and decrease stigma and other barriers to seeking care
5. DoD will implement a multimedia public education campaign to promote a culture of safety through the promotion of secure firearm storage
6. DoD will disseminate the DoD Annual Report on Suicide in the Military
7. VA and DoD will publish the updated VA/DOD Clinical Practice Guideline (CPG) for the Assessment and Management of Risk for Suicide [Psychological Health Center of Excellence | Health.mil](#)
8. DoD will work with VA to advance integration of the current VA/DOD CPG into care
9. DoD will provide training to Behavioral Health Technicians in evidence-based suicide prevention practices
10. DoD and VA will jointly hold a biannual suicide prevention conference
11. DoD will strengthen the Veteran Crisis Line/Military Crisis Line system by continuing resourcing, and developing and implementing military cultural competency training for Crisis Line staff
12. VA and DoD will develop and implement an integrated outreach and education campaign focused for transitioning Veterans



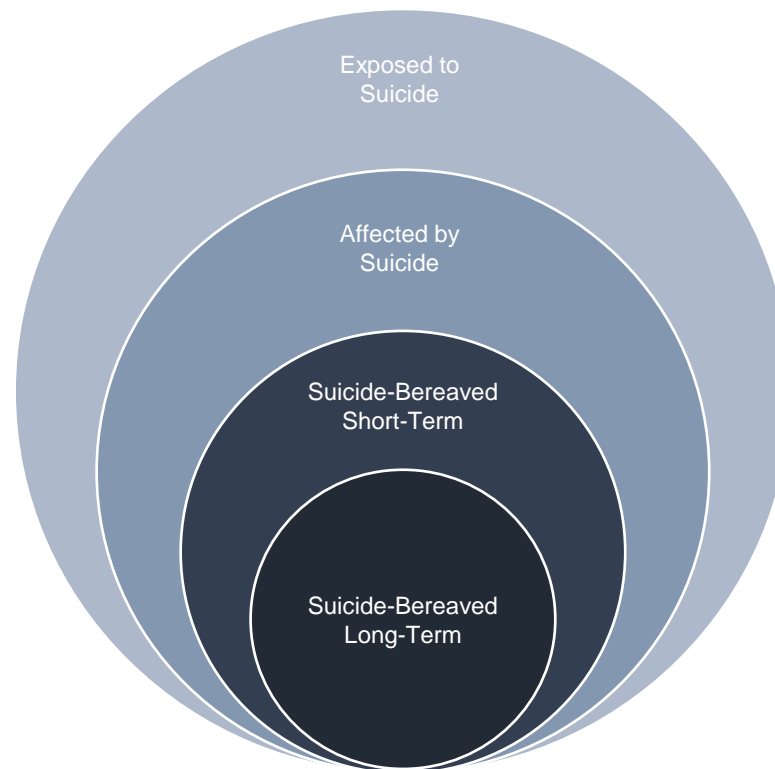
Synergist Opportunities

- Transitioning Service Members & their families
 - SkillBridge [DOD SkillBridge Program \(osd.mil\)](https://osd.mil/skillbridge)
- Governor's Challenge [Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families | SAMHSA](#)
- Postvention
- Military cultural competency [Military Culture Course Modules | Center for Deployment Psychology](#); Star Behavioral Health Providers [Welcome to Star Behavioral Health Providers! | Center for Deployment Psychology](#)
- Lethal Means Safety
 - Pause to Protect (University of Colorado, Anschutz Medical Center)



Postvention Definition

Postvention is set of activities following suicide that promotes recovery and healing among those affected by the death. Postvention can help prevent any negative effects of suicide exposure, such as complicated grief and suicide contagion



Why Postvention?

- A suicide death impacts an average of at least 135 people (Cerel et al., 2019)
- People exposed to a death by suicide are at increased risk for suicide, mental health disorders, addiction, and reclusiveness/social isolation (Pitman et al., 2014)
- Postvention efforts can potentially prevent future mental health distress, including subsequent suicides (Jordan and McMenemy, 2004)
- “Active postvention” dramatically reduced the time between a death by suicide and a survivor’s decision to seek emotional grief support; and
- Suicide survivors are a valuable source of referral to those who are newly bereaved (Campbell et al., 2004)



Suicide Loss Survivors

- Suicide-related bereavement presents survivors with unique challenges
 - Trauma (77% military suicide deaths occur in residences, barracks, workplaces, thus exposing family members, friends and co-workers to death scenes)
 - Stigma
 - Blame (towards self, others)
 - Guilt
 - Anger (self, *others, decedent)
 - Abandonment
 - Conflicts with faith (service/memorial?)
 - Challenges talking about the death (children?)
 - Anguish over the need to understand why (some discovered details can compound pain for survivors)
 - Murder-Suicide cases
 - *Anger towards military system/leadership



Unique Military Considerations









- The Unit
- Leadership
- Concerns service and sacrifices will be overlooked and manner of death will define loved one
- Was the service member under investigation, or did unfavorable info arise during death investigation?
- Differences in memorials, medals, honors
- Place of burial
- Benefits for survivors
- Survivors' relationship to the unit/military
- Off-base helping resources' access to the instillation



Postvention Toolkit (www.DSPO.mil)



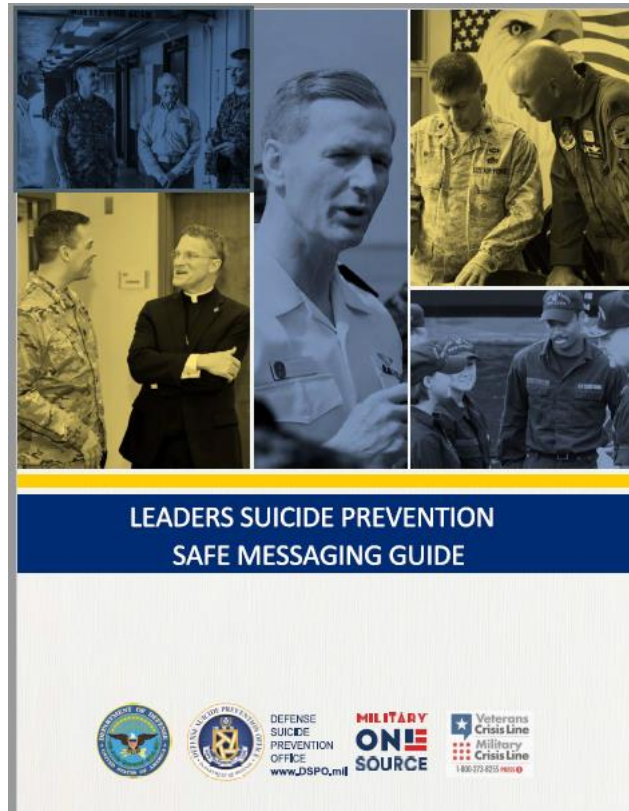
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“Safe” Suicide Talk (www.DSPO.mil)





DoD Postvention Way Ahead



DoD is improving the **training & oversight** of the department's suicide postvention efforts, as well as disseminating training throughout the department. DoD is developing universal as well as targeted leader-focused postvention training to **equip & educate** leaders to foster supportive environments and decrease stigma and other barriers to seeking care.



In collaboration with the Services and components, DoD is creating a **tiered system of response** following a suicide attempt or death that promotes recovery and healing among the affected, knowledge and utilization of DoD's Postvention Toolkit, and safe messaging, reintegration, and memorial guidelines.



DoD is strengthening and sustaining **collaboration** across federal agencies to advance suicide prevention nationally by leveraging VA's unique postvention response expertise and consultation through VA's Suicide Risk Management Consultation Program, as well as partnering with other national organizations.



DoD Suicide-Centered Lived Experience Working Grp to advise on policy, legislation, the full spectrum of support services (nonclinical and clinical), research, and postvention response and education, and to inform DoD efforts to support the mental health and well-being of its workforce and families.





**Veterans
Crisis Line**



**Military
Crisis Line**

DIAL 988 then PRESS 1

IN CASE OF AN EMERGENCY, DIAL 911
or your local emergency number for immediate assistance.



FREE and CONFIDENTIAL | AVAILABLE 24/7

Qualified and caring responders understand the challenges that Service members and their loved ones face, and they are ready to assist Service members and their families in crisis.



CALL 988 then press 1



CHAT www.MilitaryCrisisLine.net



TEXT 838255



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Japan/Korea

Call 0808 555 118 or DSN 118

Philippines

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NONCRISIS SERVICES ARE FREE, CONFIDENTIAL, AND AVAILABLE 24/7.

Service members, including the National Guard and Reserve, and eligible family members can get support for noncrisis concerns, such as relationship, family, or financial challenges.

Face-to-face, phone, online, or video counseling sessions are available.





www.dspo.mil



Employee Assistance Program
1-866-580-9046



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Questions and Discussion



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