UNCLASSIFIED//EMBARGOED UNTIL 10/26/23 AT 1300

Department of Defense Annual Report on Suicide in the Military: Calendar Year (CY) 2022



Office of Force Resiliency

Ms. Beth Foster Executive Director Force Resiliency

Dr. Liz Clark Director Defense Suicide Prevention Office

MSO/VSO Briefing – Embargoed until 10/26/23 AT 1300

Excellence | People-Centric | Integrity | Collaboration | Respect

UNCLASSIFIED//EMBARGOED UNTIL 10/26/23 AT 1300

CY 2022 | Setting the Stage



Bottom Line Up Front

The Annual Report publishes **annual suicide data (counts & rates)** for Service members and their families & describes **current and ongoing efforts to address suicide** in the Department of Defense (DoD). Some of the data appear promising but we remain cautiously optimistic and continue to aim for a decrease in long-term trends.



Service Member Data (2022)

- Fewer Service members died by suicide in 2022 (492) than last year (524). The suicide rate for the Active Component increased by 3% compared to 2021. For the Reserve and National Guard, rates decreased by 12% and 18%.
- The overall trend from 2011 2022 for the Active Component is increasing, and there is no decreasing or increasing trend for the R and NG between 2011-2022.
- Military suicide rates are largely similar to the US population between 2011-2021
- Firearms are the leading method of suicide death (69% Total, 65-81% by Component)

Family Member Data (2021- latest available)

- Fewer family members died by suicide in 2021 (168) than in previous years (~200) and rates are 16% lower than in 2020. Decreases observed especially for male spouses & dependents.
- Firearms continue to be the leading method of suicide death (56-61%)

Current & Ongoing Efforts / Way Forward

• Focus on fostering a supporting environment, addressing stigma as a barrier to care, improving delivery of mental health care, promoting a culture of lethal means safety, & revising suicide prevention training



The Department is focusing on the suicide prevention priorities identified by the SecDef on September 26, 2023, based on the recommendations from the Suicide Prevention and Response Independent Review Committee (SPRIRC). Implementation efforts will focus on:

- Drafting plans of action & milestones (POAMs) for approved actions
- Evaluating and tracking SPRIRC progress

CY 2022 | Service Member Key Data



Fewer Service members died by suicide in 2022 (492) than in 2021 (524). Suicide rates in 2022 were similar in the Active Component (3% ▲ but not statistically significant) and slightly lower among the Reserve and National Guard (12% ▼ & 18% ▼ but not statistically significant) than in 2021. Between 2011-2022, AC suicide rates have an increasing trend and no trend for Reserve and National Guard. We aim for a decrease in long-term trends.

2022 Suicide Counts & Rates

492 Total Service Members Died by Suicide (CY21, 524) 331 Active | 64 Reserve | 97 Guard

25.1Active Component
Service Members(CY21, 24.3)**19.1Reserve**
Service Members(CY21, 21.8)**22.2**National Guard
Service Members(CY21, 27.0)



KEY TAKEAWAYS

Active Component suicide rates gradually increased between 2011-2022

(Although rates in the **last two years appear slightly lower** than in 2020) Reserve & Guard suicide rates fluctuate year-to-year but there is **no increasing or decreasing trend** from 2011-2022

Since 2011, military suicide rates are, in most years, similar to the U.S. population

(Accounting for age & sex differences - military is younger & mostly male)

Most Common Method | Firearm

BLU



Showing Total Force data. By Component: AC, is 65%, R is 70% and NG is 81%

Contextual Data

Demographic &

Active Component

68% Young (under 30) 91% Enlisted 93% Male

This is similar among the Reserve and Guard, consistent with prior years and largely reflects Total Force demographics

Total cs

Health & Life Stressors (DoDSER)

45% Behavioral health diagnosis
42% Relationship problems
26% Workplace issues
26% Admin./legal issues
10% Financial issues

Behavioral health problems are treatable and **seeking help is a sign of strength**

WHAT THIS TELLS US:

Suicide prevention needs a **comprehensive, integrated approach.** The DoD aims to:

- Foster supportive environments
- Address stigma as a barrier to care
- Improve delivery of mental health care
- Promote a culture of lethal means safety
- Revise suicide prevention training

Suicide Rates | Active Component by Service



KEY TAKEAWAYS

Figure 2 | AC suicide rates vs U.S population



Suicide rates for the **Active Component (AC) Service members** gradually increased 2011-2022*. Although in the last two years the rates are lower than in 2020[†].

available

In most years, the AC suicide rate was **similar to the U.S. population**, except in 2020 when it was higher*.

Suicide rates for **all Services*** **gradually increased from 2011- 2022**. Suicide rates for each Service in 2022 had different year-to-year changes (see below).



*Statistically significant—high confidence this is a true difference and not due to chance

†Not statistically significant—low confidence this is a true difference (e.g., likely due to chance or normal variation). 4

Suicide Rates | Reserve & National Guard



KEY TAKEAWAYS

Suicide rates for the **Reserve & National Guard did not have an increasing or decreasing trend 2011-2022**. They fluctuate year-to-year and in 2022 suicide rates for both appear slightly lower than in the previous two years[†].

Between 2011 and 2021, Reserve suicide rates were **similar to suicide rates in the U.S. population in all years**. In the same time frame, the National Guard suicides rates were similar to the U.S population except in 2012 and 2013.



confidence this is a true difference (e.g., likely due to chance or normal variation).

Excellence | People-Centric | Integrity | Collaboration | Respect

CY 2022 AC Service Member Additional Data From the DoD Suicide Event Report System Data (DoDSER)



Among AC Service Members who died by suicide in 2022:

87% Occurred in the Continental U.S. (CONUS)

Within the U.S. suicide deaths occur typically where there are the largest concentrations of Service members for example in California, Texas, Virginia, and North Carolina)

And most occurred in either private residences or military

barracks/berthing/housing (Location of injury/ death)

46%		26%	28%
Private	Barra	cks/Berthing	d/ Other/
Residence	Milit	ary housing	Unknown



Among **1,287 reported suicide attempts** for AC Service Members in 2022:

319 Army **274** Marine Corps **282** Navy **403** Air Force

31% of attempts were among female Service members and 69% were among male Service members.



Within the year before the attempt

- 48% Reported behavioral health diagnosis
- 38% Reported intimate relationship problems
- 26% Reported workplace difficulties
- 20% Reported administrative/legal problems
- 11% Reported experiencing assault or harassment
- 10% Reported financial difficulties



Behavioral and mental health problems are treatable and **seeking help** is a sign of strength

CY 2021* | Family Member Key Data



*Family member data lags 1 year based on sourcing from CDC

Fewer Family members died by suicide in 2021 (168) than in previous years (~200) and rates appear slightly lower than previous years, especially for male spouses and dependents (None are statistically significant differences in rates but are moving in the right direction.) Compared to 2020 there is a 16% \checkmark for all family members, 14% \checkmark for spouses, 26% \checkmark for dependents.

2021 Suicide Counts & Rates 168 Total Family Members Died by Suicide (CY20, 202) 114 Spouses | 54 Dependents Per 100,000 Family Members 6.5 Family Members 6.5 Family Members (CY20, 7.7) Spouses & Dependents 11.2 Spouses (CY20, 13.0) 3.4 Dependents Minor & non-minor

Most Common Method | Firearm

Demographic & Contextual Data



SPOUSES

52% Female **84%** < 40 years old **48%** Service history

DEPENDENTS

30% Female 69% < 18 years old <5% Service history

KEY TAKEAWAYS

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

Suicide rates for male family members (spouses and dependents combined) appear lower in 2021 versus 2020.



In 2021, suicide rates for **spouses & dependents were similar to the suicide rates in the U.S. population** when accounting for age and sex differences.

SPOUSES

- Male spouses accounted for about 48% of spouse suicides but made up about 14% of all military spouses
- ► About 48% had any service history (78% of men and 20% of women)
- ► About **44% of female military spouses** used a firearm, whereas about 35% of women 18-60 years old in the U.S. population used a firearm

DEPENDENTS

- ► Male dependents accounted for about 70% of dependent suicides deaths
- ► About 69% of dependents who died by suicide were under 18 years old
- ► Less than 5% of dependents who died by suicide had any service history

UNCLASSIFIED//EMBARGOED UNTIL 10/26/23 AT 1300

Summary | Current & On-going Efforts



- "Taking Care of Our People" initiatives delivered key quality-of life-benefits
- Hired & trained over 400 members of the specialized prevention workforce
- Conducted On-Site Installation Evaluations (OSIE) at 19 sites & 12 ships through 2023
- Expanded the year-long suicide prevention communication campaign
- Reviewed 600+ policy documents in ongoing effort to identify and remove stigmatizing language
- Addressing **Stigma** as a barrier to care

Fostering a

Supportive

Environment

- Revitalized the Real Warriors Campaign to support psychological health/readiness
- Created resources to support parents & educators
- Improving Delivery of Mental Health Care
- Implemented the ability for Service members to request referrals for mental health evaluations for any reason
- Examined clinical & implementation intervention methods to translate into evidence-based care
- Implemented programs that help address unique challenges in accessing mental health services among the National Guard and Reserve.

Promoting a Culture of Lethal Means Safety

- Partnered with federal agencies to examine safe storage policy
 Enforcing existing restrictions on private firearms in barracks and promoting secure storage of privately owned firearms when residing on installation in barracks/dormitories and in family housing when children reside in the home.
- Initiated pilots to explore appropriate settings & effective communication on safe storage in early military career training
- Updated policy on program evaluation & supported Service-level LMS program evaluation capabilities



Army initiated efforts to integrate LMS across the enterprise & established a LMS Mini-site with a Communications Toolkit, a LMS Catalogue & Community of Practice for Army Professionals.

Highlighted Service-Specific Efforts



Marine Corps developed a public facing online interactive Suicide Prevention Resource for active duty, families, & those who support Marines, in addition to the 7 Total Force Fitness efforts.



Navy's Sailor Assistance and Intercept for Life **(SAIL) increased usage** from 49% (2020) to 62% (2022), with overall 2400+ Sailors voluntarily participating.



Air Force is **expanding Wingman Connect**, (increases social connection and resilience) to include Airmen and Guardians during Technical Training School.



National Guard Bureau is implementing Project SafeGuard in three States. PSG is a peer-to-peer program on lethal means safety, peer counseling, & gun locks delivered by trained Service members.

Way Forward |

Examples of Key

Secretary of Defense's Priority Initiatives based on Suicide Prevention and Response Independent Review Committee (SPRIRC)

Secretary Austin approved a campaign plan with 5 Lines of Effort & enabling tasks to strengthen the DoD's suicide prevention strategy, adopted and modified from the SPRIRC recommendations. These actions are part of the unprecedented focus of DoD's leadership, consistent with the Taking Care of People initiative.

				88°	
	Foster a Supportive Environment	Improve the Delivery of Mental Health Care	Address Stigma and Other Barriers to Care	Revise Suicide Training	Promote a Culture of Lethal Means Safety
1	These actions aim to mprove the quality of life for Service members and empower leaders to address problems before concerns become challenges and escalate to crises	These actions aim to improve access to, and delivery of, behavioral and mental health care, and better support, recruit, and retain mental health providers	These actions aim to help Service members overcome stigma and reduce barriers to mental health care to promote a culture of help-seeking behavior	These actions aim to modernize the delivery of suicide prevention and postvention training, emphasizing the integration of primary prevention principles to reduce harmful behaviors	These actions aim to promote lethal means safety, with a goal to improve the overall safety culture within the Department
Enabling Tasks	Improving schedule predictability and after-hours communication Promoting leadership focused on strengthening support to Service Members & their Families	 Recruiting and retention for behavioral health providers Improving coordination of care Increasing appointment availability by revising mental health staffing models 	 Expanding: Non-medical counseling for suicide prevention Mental health services in primary care Telehealth services for mental health "Episodes of care" treatment models 	 Modernizing content, delivery, and dosage of suicide prevention training Training behavioral health technicians in evidence- based practices Providing leader tools to facilitate difficult conversations 	 Incentivizing secure firearm storage Public education campaign for safe storage Ensure safety in barracks and dormitories Provide additional storage locations on installations



Back-up Slides

CY 2022 | Service Member Suicide Data



Table 1.	Annual Suicide Counts and Unadjusted Rates per 100,000 Service Members in	
	the Active Component, Reserve, & Guard, and by Service, CY 2020–2022	

	CY 2020		CY	2021	CY 2022		
	Rate	Count	Rate	Rate Count		Count	
Active Component	28.6	383	24.3	328	25.1	331	
Army	36.2	174	36.1	175	28.9	135	
Marine Corps	34.5	63	23.9	43	34.9	61	
Navy	19.0	65	17.0	59	20.6	71	
Air Force	24.3	81	15.3	51	19.7	64	
Space Force		NA		NA		0	
Reserve	21.7	77	21.8	76	19.1	64	
Army	22.2	42	24.8	46	20.8	37	
Marine Corps		10		14		6	
Navy		13		10		7	
Air Force		12		6		14	
National Guard	27.5	121	27.0	120	22.2	97	
Army	31.5	105	31.2	105	24.8	82	
Air Force		16		15		15	

Service Member | Demographics

Table 2 Demographic and Contextual Characteristics of Active Component Service Members who died by suicide in CY 2022 (Rate per 100,000, count (number), percent)

	Pata	Count	Percent	
T-4-1	Rate			
Total		331	100%	
Sex			00.404	
Male	28.3	308	93.1%	
Female	9.9	23	6.9%	
Age Group				
17–19		16	4.8%	
20–24	31.9	135	40.8%	
25–29	23.8	73	22.1%	
30–34	24.0	51	15.4%	
35–39	23.6	38	11.5%	
40–44		16	4.8%	
45–49		2	0.6%	
50+		0	0.0%	
Race				
White	26.3	237	71.6%	
Black/African American	22.5	51	15.4%	
Asian/Pacific Islander		18	5.4%	
Am. Indian/Alaskan Native		4	1.2%	
Other/Unknown	22.8	21	6.3%	
Rank			-	
E (Enlisted)	28.2	301	90.9%	
E1–E4	28.1	153	46.2%	
E5–E9		148	44.7%	
O (Commissioned Officer)	11.1	24	7.3%	
W (Warrant Officer)		5	1.5%	
Cadet		1	0.3%	
Marital Status			01070	
Never Married	27.6	165	49.8%	
Married	22.4	147	44.4%	
Divorced		19	5.7%	
Widowed		0	0.0%	
VILOWEU		0	0.070	

Table 3 Demographic and Contextual Characteristics of Reserve and National Guard Service Members who died by suicide in CY 2022 (Rate per 100,000, count (number), percent)

	Reserve				National Guard			
	Rate Count Percent			Ra	te	Count	Percent	
Total		64	100%	-	-	97	100%	
Sex								
Male	21.9	56	87.5%	25	5.2	88	90.7%	
Female		8	12.5%	-	-	9	9.3%	
Age Group								
17–19		5	7.8%	-	-	2	2.1%	
20–24		15	23.4%	40	9.8	45	46.4%	
25–29		18	28.1%	-	-	15	15.5%	
30–34		8	12.5%	-	-	15	15.5%	
35–39		9	14.1%	-	-	11	11.3%	
40–44		5	7.8%	-	-	2	2.1%	
45–49		3	4.7%	-	-	3	3.1%	
50–54		1	1.6%	-	-	4	4.1%	
55–59		0	0.0%	-	-	0	0.0%	
60–74		0	0.0%	-	-	0	0.0%	
Race								
White	18.3	41	64.1%	22	2.7	77	79.4%	
Black/African American		14	21.9%	-	-	14	14.4%	
Am. Indian/Alaskan Native		3	4.7%	-	-	1	1.0%	
Asian/Pacific Islander		5	7.8%	-	-	3	3.1%	
Other/Unknown		1	1.6%		-	2	2.1%	
Rank								
E (Enlisted)	22.7	58	90.6%		1.3	91	93.8%	
E1–E4	30.8	37	57.8%	29	9.3	55	56.7%	
E5–E9	14.6	21	32.8%	19	9.3	36	37.1%	
O (Commissioned Officer)		6	9.4%	-	-	5	5.2%	
W (Warrant Officer)		0	0.0%	-	-	1	1.0%	
Cadet		0	0.0%	-	-	0	0.0%	
Marital Status								
Never Married	25.0	38	59.4%		6.5	62	63.9%	
Married		18	28.1%	14	1.6	26	26.8%	
Divorced		8	12.5%	-	-	8	8.2%	
Widowed		0	0.0%	-	-	1	1.0%	

Suicide Rates and Demographics Military Family Members



Table 4. Military Family Member Suicide Rates per 100,000 Individuals by TheirService Member's Military Population, CY 2019–CY 2021

Military Dopulation	CY 2019		CY 2020		CY	2021
Military Population	Rate	Count	Rate	Count	Rate	Count
Total Force	7.7	202	7.7	202	6.5	168
Spouse	12.6	130	13.0	133	11.2	114
Dependent	4.5	72	4.3	69	3.4	54
Active Component	7.1	117	7.9	130	6.4	103
Spouse	12.6	85	13.0	87	11.7	78
Dependent	3.3	32	4.4	43	2.6	25
Reserve	8.7	40	8.4	38	8.1	36
Spouse		17	15.0	25	12.3	20
Dependent	7.9	23		13		16
National Guard	8.5	45	6.5	34	5.6	29
Spouse	14.6	28	11.1	21		16
Dependent		17		13		13

Notes |. Source(s): DEERS, Military Services, NDI, Defense Manpower Data Center (DMDC; denominators only); Rates for groups with fewer than 20 suicides are not reported because of statistical instability (DoDI 6490.16); Only DoD Services are reported here; therefore, Coast Guard family member suicide rates are not included in this report; Includes family members who were also themselves Service members to capture the full extent of suicide among military family members (22.5% currently serving in CY 2021, 18.8% in CY 2020).

Table 5. Military Spouse & Dependent Suicide Rates per 100,000 Individuals by

 Sex, CY 2019–CY 2021

SPOUSES	CY	2019	CY	2020	CY 2021		
3P003E3	Male	Female	Male	Female	Male	Female	
Total Force	51.2	6.8	47.4	7.7	39.6	6.7	
Active Component	52	7	47.5	7.9	42.2	7.1	
Reserve							
National Guard							
DEPENDENTS							
Total Force	6.7		6.2		4.8		
Active Component	4.4		5.9		4.3		
Reserve							
National Guard							

Notes | Source(s): DEERS, Military Services, NDI (suicide counts); DMDC (denominators); Per CDC requirements, counts under 10 are suppressed and corresponding percentages are suppressed or masked (i.e., < 1.0%) to protect the confidentiality of military family members;