

Quick Stats

Suicides

Number: 127
Rate: 27/100K
Male: 92%
Aged 17–34: 82%
Enlisted Rank: 83%

Suicide Attempts

Number: 532
Rate: 112/100K
Male: 74%
Aged 17–34: 92%
Enlisted Rank: 96%

Suicidal Ideations

Number: 1,470
Rate: 309/100K
Male: 78%
Aged 17–34: 88%
Enlisted Rank: 96%

This Provider Information Sheet is designed to be a resource for BH providers who continue to help Soldiers be more resilient every day.



Photo graphic using model

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During calendar year 2016, 2,129 Active Army Soldiers engaged in suicidal behavior. This includes suicides reported by the Armed Forces Medical Examiner System and suicide attempts and suicidal ideations documented in Department of Defense Suicide Event Reports (DoDSERs).

Facts about Suicidal Behavior

The Soldier

- The majority of cases—suicide, suicide attempt, and suicidal ideation—were non-Hispanic white, male, between 17 and 34 years of age, and of enlisted rank.
- The proportion of suicide cases among female Soldiers (8%) was smaller than the distribution of women aged 17–59 in the Active Army (15%); the proportion of suicide attempt (26%) and suicidal ideation (22%) cases among female Soldiers was larger than the distribution of women aged 17–59 in the Active Army (15%).
- Soldiers from the E1–E4 ranks made up a smaller proportion of suicide cases (47%) than attempt cases (76%) or ideation cases (70%).

The Soldier's Personal History

- *Relationship Problems:* 52% of suicide and 50% of attempt cases reported relationship problems in the year before the event.
- *Work Stress:* 36% of attempt and 22% of suicide cases reported work-related stress in the year before the event.
- *Legal Problems:* 32% of attempt and 25% of suicide cases had legal problems in the year before the event.

January–December 2016

- *Abuse:* 32% of attempt and 14% of suicide cases were ever victims of abuse.
- *Deployment History:* 49% of suicide, 41% of ideation, and 38% of attempt cases had a history of an Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND) deployment.

The Suicidal Event

- *Method:* 49% of suicide attempts were overdoses by alcohol or drugs; 65% of suicides were the result of gunshot wounds.
- *Location:* The majority (86%) of suicide and suicide attempts occurred in the United States.

The Soldier's Health

- *Behavioral Health:* Suicidal behavior cases were primarily diagnosed with adjustment (57%), mood (43%), and other anxiety disorders (31%).
- *Physical Health:* 21% of suicide and 19% of attempt cases reported having a physical health problem in the year before the event.
- *Sleep:* 27% of attempt, 26% of ideation, and 19% of suicide cases had a sleep disorder diagnosis in the year before their suicidal event.
- *Chronic Pain:* 7% of suicide and attempt, and 6% of ideation cases had a chronic pain diagnosis in the year preceding the event.
- *Polypharmacy:* 7% of suicide, 6% of attempt, and 5% of ideation cases met the criteria for polypharmacy at the time of their event.

Why Suicide Surveillance?

The Division of Behavioral and Social Health Outcomes Practice (BSHOP) collects, analyzes, and disseminates surveillance data on suicidal behavior cases in the US Army.

Suicide surveillance data are used by key leaders in the US Army to:

- Monitor trends
- Plan programs
- Develop policy
- Allocate resources
- Develop actionable recommendations

This Provider Information Sheet is a synopsis of the *Surveillance of Suicidal Behavior Publication, January–December 2016*. To view the full publication and additional BSHOP products and services, please visit: <http://phc.amedd.army.mil/topics/healthsurv/bhe/Pages/default.aspx>

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Linking to Care

- Most suicidal behaviors were not fatal: 94% were suicide attempts and suicidal ideations (Figure A).
- In the 30 days preceding the event, 66% of Soldiers with an attempt or ideation had a behavioral health encounter, compared to 35% of suicide cases.
- Identification of non-fatal cases provides an opportunity for unit leaders to partner with prevention programs to help increase awareness and address stressors through education and training.

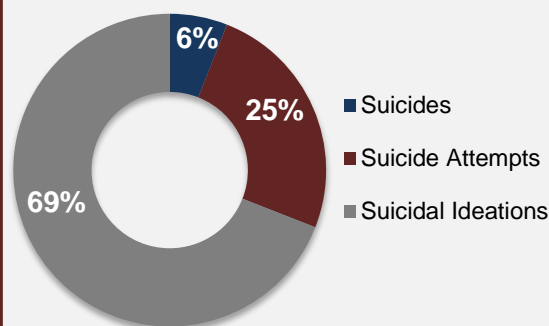
Actions for Clinical Staff

- **Engage entire clinical team**

Screen for:

- Relationship problems
- Work stress
- Legal problems
- Physical health problems
- Alcohol use
- Depression
- Sleep Disorders
- Home safety
- Active medications

Figure A. Suicidal behaviors, 2016



- **Inquire about**

- Current stressors
- Coping strategies
- History of abuse

- **Referral management**

- Collaborate among multidisciplinary teams, garrison programs, and unit leaders

Community Partnerships

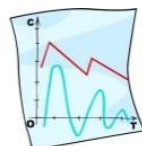
- Community Health Promotion Council to identify at-risk units
- Garrison Suicide Prevention Program to target at-risk populations

Current and Future Initiatives

The Army is taking actions that may influence the rates of suicide, suicide attempt, and suicidal ideation in the next few years.

- Rewriting of Army Regulation 600-63 (Army Health Promotion) and 350-1 (Army Training and Leader Development), which will allow commanders to choose the training most relevant for their units
- The Walter Reed Army Institute of Research (WRAIR) Research Transition Office is producing a short training module which will give an overview of the Army's resilience program and the ways in which knowledge of the program can be leveraged by Behavioral Health Providers (BHPs); it will also alert BHPs to the resilience training that is available to providers to help prevent burnout and compassion fatigue
- Translating Army STARRS key/relevant findings from research efforts into action through revising existing or developing new programs and policies, interventions, or treatments
- Utilizing Embedded BH to facilitate access to BH care aligned with and located near units

Data Limitations



- Missing (unreported) DoDSERs are not distributed evenly or randomly, and variation in reporting occurs by installation, time, and event type. Thus, an increase in the number of cases may be the result of increased documentation and not a true change in the number of cases for a specified time period.
- Proportions do not take into account differences in the underlying U.S. Army population over time.