Clinician's Corner

Suicidal Behavior in the United States Army

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During calendar year 2017, there were 116 suicides, 459 suicide attempts, and 3402 suicidal ideations among 3,977 Active Army Soldiers who engaged in suicidal behavior. This included suicides reported by the Armed Forces Medical Examiner System and suicide attempts and suicidal ideations documented in Department of Defense Suicide Event Reports (DoDSERs).

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

FACTS ABOUT SUICIDAL BEHAVIOR

January-December 2017

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.

Quick Stats

Suicidal Ideations
Number: 3,402
Rate: 724/100K Soldiers

Suicide Attempts
Number: 459
Rate: 98/100K Soldiers

Method

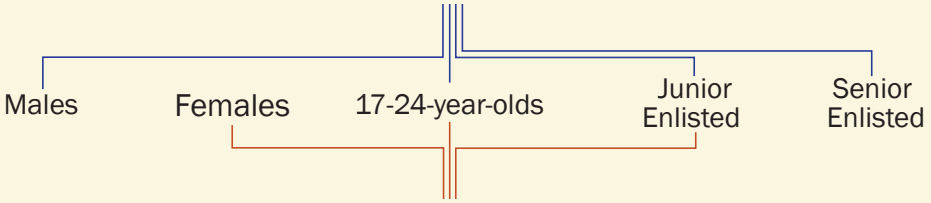
49% of suicide attempts were overdoses by alcohol or drugs

Suicides
Number: 116
Rate: 25/100K Soldiers

Method

67% of suicides were the result of gunshot wounds

Soldier at risk for Suicide



Soldier at risk for Suicide Attempt and Ideation

Soldier's Behavioral and Social Health History

Relationship Problems
Had relationship problems in the year before the event.

Work Stress
Had work-related stress in the year before the event.

Legal Problems
Had legal problems in the year before the event.

Abuse
Was ever victims of abuse.

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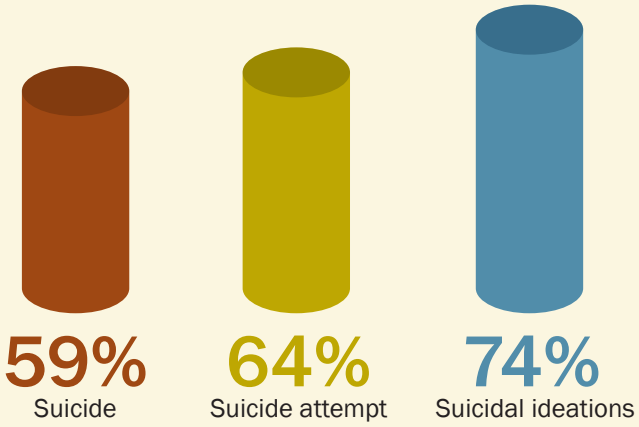
Soldier's Behavioral and Social Health History
continued

Behavioral Health (BH)

Cases diagnosed with a BH disorder during time in service.

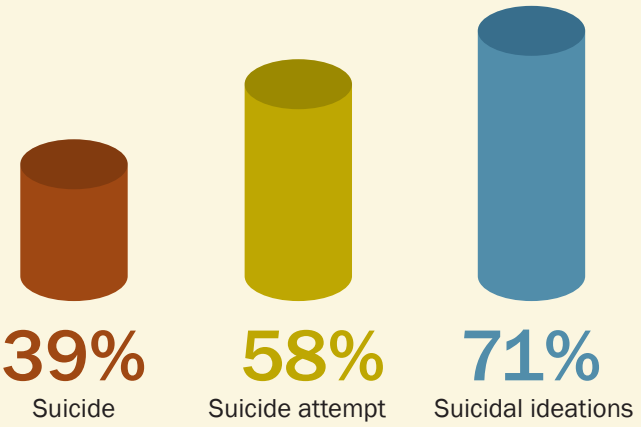


59% Suicide

64% Suicide attempt

74% Suicidal ideations

Cases with a BH encounter within 30 days prior to the event.

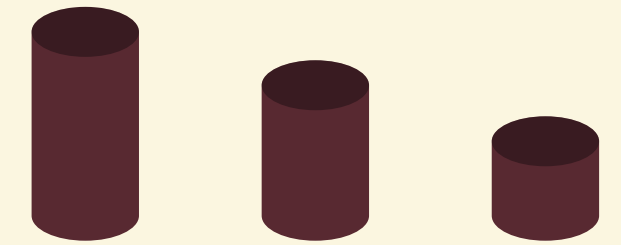


39% Suicide

58% Suicide attempt

71% Suicidal ideations

Primary diagnosis included:



56% Adjustment

43% Mood

30% Other anxiety disorders*

*Included panic disorder, generalized anxiety disorders, and obsessive compulsive disorders.

Actions for Clinical Staff

Inquire about

- Behavioral health conditions
  - Mood disorders
  - Adjustment disorders
- Stressors
  - Relationship problems
  - Work-related
  - Legal problems
- History of or current abuse
- Positive Coping strategies
  - Exercise regularly
  - Adequate sleep
  - Proper diet and nutrition

Continuum of Care

Promote integrated care

- Refer Soldiers to appropriate services such as BH clinician, unit Chaplain or support groups
- Collaborate among multidisciplinary teams, garrison programs and unit leaders
- Partner with unit leaders to increase awareness and address stressors through education and training

Community Partnerships

- Installation Community Ready and Resilient Council (CR2C) to address issues through programs and policies
- Garrison Suicide Prevention Program to target at-risk populations
- Army Community Services to link with resources and helping agencies

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.

This Provider Information Sheet is a synopsis of the Surveillance of Suicidal Behavior Publication, January–December 2017. To view the full publication and additional BSHOP products and services, please visit: https://phc.amedd.army.mil/topics/healthsurv/bhe/Pages/ssbp.aspx

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