

U.S. Army Reserve (USAR) 2017

This fact sheet focuses on Soldiers who died by suicide as reported by the Armed Forces Medical Examiner System (AFMES) (for activated Soldiers) and Army G-1 (for non-activated Soldiers). Suicide attempt and suicidal ideation cases among activated Soldiers were identified using Department of Defense Suicide Event Reports (DoDSERs), which are completed only for cases hospitalized or evacuated.

This fact sheet is designed to be a resource for USAR Soldiers, healthcare providers, and leadership to raise awareness of suicidal behavior among USAR Soldiers and identify resources available to those at risk.

Unadjusted suicide rate^{a,b}

33/100,000

USAR Soldiers

(50% increase from 2016 rate = 21/100,000 USAR Soldiers)

Suicidal behavior counts^a



Programs and Services

Personnel and services available to Service members:

- Unit Chaplains
- USAR Psychological Health Program

Increase awareness and encourage use of the following programs and services:

- Army Reserve Family Programs
- Family Readiness Support Assistants
- Give An Hour
- H.E.R.O.S. Care
- Vets 4 Warriors
- FOCUS: Resilience Training for Military Families
- Military One Source

Soldiers at risk for suicide^b

Men

(Suicide rate: 40/100,000 USAR Soldiers)

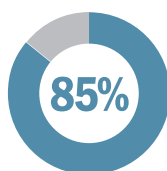
Junior enlisted (E1-E4)

(Suicide rate: 42/100,000 USAR Soldiers)

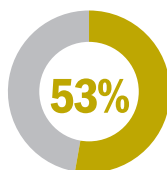
25-34

years of age
(Suicide rate: 40/100,000 USAR Soldiers)

Primary method of event^c



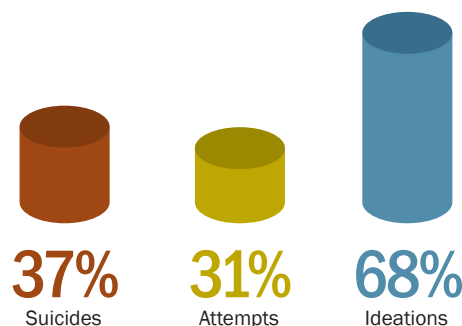
Suicides
Gun/firearm



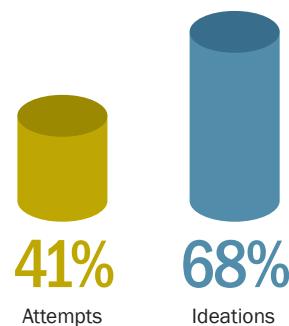
Attempts
Drug/alcohol overdose

Behavioral Health (BH)^d

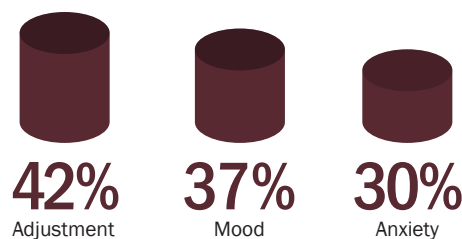
Suicidal behavior cases diagnosed with a BH disorder during time in service while on active status:



Suicidal behavior cases with a documented BH encounter within 30 days prior to event while on active status:



Primary Diagnoses:



a Counts of suicide cases reported by the AFMES and Army G-1, current as of April 2019 and thus rates may differ from other published rates.

b All rates presented in this document are unadjusted, which do not take into account characteristic differences across populations. While unadjusted rates are useful when observing the prevalence and characteristics for a given population, comparisons across populations should be done with caution.

c Obtained from Defense Casualty Information Processing System for suicides and DoDSERs for attempts.

d BH data during a Soldier's time in service while in active status were obtained from Military Health System Data Repository

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