

# Suicidal Behaviors

## Surveillance of Suicidal Behaviors Publication (SSBP)\*

The SSBP is released annually by the U.S. Army Public Health Center's Division of Behavioral and Social Health Outcomes Practice (BSHOP). BSHOP collects, analyzes, and disseminates surveillance data on suicidal behaviors (suicides, suicide attempts, and suicidal ideations) in the U.S. Army.

### SUICIDAL IDEATIONS

The 2015 suicidal ideation rate was the highest observed since data became available in 2007. This may be a result of better reporting, with greater emphasis being placed on documentation for nonfatal suicidal events.

Nearly 7 out of every 10 suicidal behaviors were ideations.



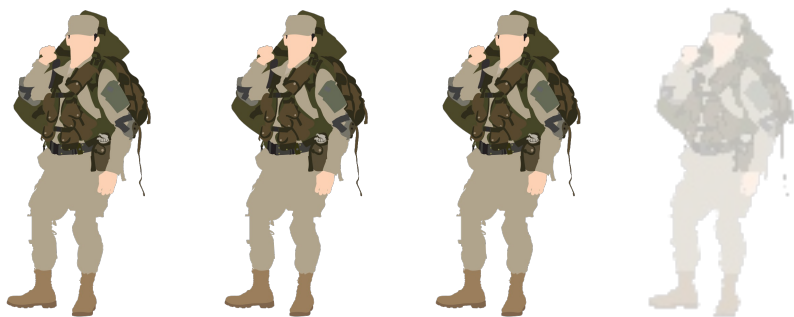
### COMMON CHARACTERISTICS



The most common characteristics of 2015 suicidal behaviors: male, 17-34 years of age, white, and enlisted.

### BEHAVIORAL HEALTH AND SUICIDAL BEHAVIOR

#### For your consideration...



**3 OUT OF EVERY 4 SOLDIERS** with suicidal behavior had a previous behavioral health diagnosis.

Suicide cases were primarily diagnosed with **adjustment (37%)**, **mood (34%)**, and **substance use disorders (29%)**. Suicide attempt and suicidal ideation cases were primarily diagnosed with **adjustment (57%)**, **mood (50%)**, and **other anxiety disorders (34%)**.

- ◆ The high number of Soldiers with a behavioral health (BH) diagnosis suggests that Soldiers are seeking BH care and are likely staying engaged in care.
- ◆ Soldiers can present with an issue at any point of entry, which makes collaboration among multidisciplinary teams, garrison programs, and unit leaders vital for optimal treatment.
- ◆ Identification of nonfatal cases provides an opportunity for unit leaders to partner with prevention programs to help increase awareness and address stressors through education and training.