Lessons From the Latest US Military Suicide Surveillance Data

To the Editor: The US Department of Defense (DoD) recently released its annual suicide surveillance report, which presents data for calendar year 2015.[1] It is important to examine the report for what can be learned.

One significant finding is how little the data are changing over time. Suicide rates remain high and unchanged from recent years. The Active component suicide rate was 20.2 per 100,000 in 2015. Neither this rate nor the service-specific rates for the Active components of the Air Force, Army, Navy, or Marines Corps differed from the average rates for 2012–2014. This in no way indicates that suicide prevention efforts have not been successful; there is no way to know what the trajectory of suicide rates would have been had the DoD not engaged in significant prevention and public health efforts. However, it is notable that the data show stability across a number of years.

It is striking that, after adjusting for demographics, the Active and Reserve components of the military have suicide rates that are indistinguishable from the suicide rate of the US population overall. The comparison between the military and US population is a biased one that should favor the military.[2] US rates include unemployed individuals, homeless individuals, people with life-threatening medical conditions, and individuals with chronic mental health conditions. In comparison, active duty service members are a "healthy working population." For years, these differences were cited to explain why military suicide rates were lower than US rates[2,3]; it is unclear why this has changed.

Firearm use, as a suicide method, remains an important public health problem for the military and the broader US population, as 62% of the military suicides involved the use of a firearm (nearly all of which were personally owned). Prior research showed that veteran suicide decedents are more likely than the US population to use firearms.[4] Therefore, steps to improve the access and effectiveness of lethal means counseling remains a key suicide prevention opportunity[5] that both the DoD and VA are focused on.

Twenty-eight percent of the military personnel who died by suicide communicated their potential for self-harm prior to the event. Interestingly, the report[1] notes that over 10% of decedents communicated their potential for suicide via text message (not counting texted "suicide notes"). Therefore, it may be helpful to refine suicide-prevention training to address this modern twist on risk detection and intervention.

Mental health problems and substance abuse represent important prevention topics; about a quarter of those who died by suicide used drugs or alcohol during the suicidal event. Consistent with prior findings, about half of those who died by suicide had a known history of a mental health disorder.

Psychosocial stressors at the time of the suicides provide important clues for prevention but are also problematic, since population base rates are generally unknown. For example, 38.1% of those who died by suicide had a failed intimate relationship within 3 months of the suicide. However, the military is composed largely of young adults who transition frequently between intimate relationships. It is not clear whether failed relationships truly represent a risk factor or are a general characteristic of this demographic group.

Overall, the 2015 data highlight the need for better prevention options. It appears clear that the DoD has prioritized suicide prevention for years, engaged its leadership, developed a strategic plan, implemented public health programs, partnered with experts, refined its approaches, and provided national leadership in mental health screening and intervention.[6,7] The DoD, Department of Veterans Affairs, and National Institute for Mental Health have invested heavily in suicide prevention research in the last decade. However, the latest report from the DoD signals how far the suicide prevention field still needs to come to truly impact suicide rates. If military suicide prevention is a top priority for the nation, funding for suicide prevention research must remain a top priority.

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Mark A. Reger, PhD[a,b]
mark.reger@va.gov
Larry D. Pruitt, PhD[c]
Derek J. Smolenski, MPH, PhD[c]

[a]VA Puget Sound Health Care System, Tacoma, Washington
[b]Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, Washington
[c]National Center for Telehealth and Technology (T2), Joint Base Lewis McChord, Tacoma, Washington

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