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Military Suicide Prevention and Response

Background

When a servicemember dies by suicide, those close to the member often experience shock, anger, guilt, and sorrow. As such, a servicemember's suicide may adversely impact the wellbeing of his or her family and friends. Further, it may affect the morale and readiness of his or her unit. The military's response to suicidal thoughts (ideation), attempts, and deaths involves coordinated efforts among command and unit leadership, medical professionals, counselors, and others across the military community.

Under its constitutional authority to organize and regulate the military, Congress has oversight over this issue and may consider policy interventions intended to mitigate suicide risk factors and ensure appropriate response.

Defense Suicide Prevention Office

The Defense Suicide Prevention Office (DSPO), established in 2011, is the office responsible for "data-driven suicide prevention efforts in the Department of Defense [DOD] by advancing policy, oversight, program evaluation, and engagement to save lives of Service members, their families, and the military community." The office publishes the DOD strategy for suicide prevention, assists with the development of suicide prevention programs, and collects and reports surveillance data in quarterly and annual reports on suicide in the military. The Under Secretary of Defense for Personnel and Readiness, through the DOD Human Resources Activity, oversees the DSPO.

Prevalence Rates

According to DOD reports, in calendar year (CY) 2023 (the most recently available data), 523 servicemembers died by suicide; including 363 deaths in the Active Component (AC), 69 in the Reserves, and 91 in the National Guard (see **Table 1**).

In terms of demographics, over 93% of military suicide deaths are men, and approximately half of reported suicides are junior enlisted personnel (E1-E4). DOD reported that of the total servicemembers who died by suicide in 2023

- 44% had intimate relationship problems,
- 42% had at least one mental health diagnosis,
- 29% had administrative or legal problems,
- 24% experienced workplace difficulties,
- 12% experienced financial issues, and
- 2% had experienced assault or harassment.

Use of a firearm was the most common method of death by suicide among servicemembers, followed by hanging or asphyxia.

Table 1. Unadjusted Suicide Mortality Rates by Service and Component, CY2018-CY2023

(rate per 100,000 personnel)

Service	2018	2019	2020	2021	2022	2023
Active Total	**24.9**	**26.3**	**28.6**	**24.3**	**25.1**	**28.2**
Army	29.9	30.5	36.2	36.1	28.9	34.8
Marine Corps	30.8	25.3	34.5	23.9	36.0	35.9
Navy	20.7	22.1	19.0	17.0	20.6	21.0
Air Force	18.5	25.1	24.3	15.3	19.0	22.5
Space Force	—	—	nr	nr	nr	nr
Reserve Total	**22.9**	**18.5**	**21.7**	**21.2**	**19.4**	**20.9**
Army Reserve	25.3	19.4	22.2	24.8	20.8	24.9
Air Force, Navy, and Marine Corps Reserve rates are not reported (nr) by DOD when the suicide count is less than 20 due to statistical instability.						
Natl Guard Total	**30.8**	**20.5**	**27.5**	**27.3**	**22.2**	**21.2**
Army Guard	35.6	22.9	31.5	31.2	24.8	23.7
Air Guard	nr	nr	nr	nr	nr	nr

Source: Compiled by CRS from DOD annual reports on Suicide in the Military, 2020-2023.

Note: Changes in suicide rates from CY2020 to CY2021 are statistically significant for the AC, but are not significantly significant for the Reserves and National Guard.

Comparison to the General Population

According to the Centers for Disease Control and Prevention (CDC), the suicide mortality rate for the U.S. general population was 14.2 per 100,000 in 2022 (the most recently available data). DOD asserts that between 2011 and 2022, military suicide rates were similar to the U.S. population after accounting for age and sex differences. Direct comparisons between the general civilian population and the military can be deceiving, as the military services are disproportionately comprised of younger individuals and more males. These sub-populations are generally at higher risk for suicide and may be exposed to military-specific risk factors.

Military-Specific Suicide Risk Factors

While servicemembers are already a high-risk population for suicide due to the demographic composition, the unique demands of military service are also associated with greater risk factors for this population:

Mental Health Conditions. Exposure to combat and high-stress environments is associated with higher rates of mental health diagnoses, such as depression, anxiety disorders, moral injury, and Post-Traumatic Stress Disorder (PTSD).

Military Culture. Aspects of military culture that value toughness and resiliency may discourage help-seeking behavior. Studies have shown that some servicemembers perceive a stigma attached to seeking mental health care, and express concerns that seeking care will harm their career opportunities.

Head Trauma/Traumatic Brain Injury (TBI). Research shows increased suicide ideation, attempt, and death rates among people who have experienced head trauma. Deployed military members may sustain concussive injuries as a result of exposure to explosive blasts.

Substance Abuse and Associated Disorders. Evidence indicates elevated risk of death by suicide among people with substance-use disorders, including heavy alcohol use. While illicit drug use is not as prevalent in the military, surveys have shown that a higher percentage of military personnel report heavy alcohol use compared to similar civilian cohorts.

Access to Firearms. Studies have shown that having a loaded firearm in the home increases the risk of suicide death by four to six times. Servicemembers generally have more exposure to firearms than the civilian population and are more likely to own a personal firearm.

Interpersonal Relationships. DOD reported in 2023 that the most common contextual factor in both suicide and suicide-attempts were difficulties with an intimate relationship. Though these difficulties are not unique to military service, frequent separation due to training or deployments may contribute to relationship tensions.

Funding

Congress funds DOD suicide prevention programs, oversight, and research through its annual defense appropriation. The Defense-Wide Operation and Maintenance (O&M) account for the Defense Human Resources Activity funds DSPO. The military services, components, and defense agencies, also fund suicide prevention and resiliency activities as part of family and community support programs (e.g., the Army's Ready and Resilient Campaign or the Special Operations Command Preservation of the Force and Family Initiative) through their respective O&M accounts. The Defense Health Program account primarily funds most of DOD's suicide prevention research and, in the past, has received additional funds through the Congressionally Directed Medical Research Program (CDMRP).

DSPO was funded at $32.4 million in FY2024 and requested $45.1 million for FY2025. In FY2024, Congress appropriated $175 million for the CDMRP's psychological health and TBI research portfolio, which includes funding for the Military Suicide Research Consortium and components of the Psychological Health Center of Excellence (PHCoE) and the Traumatic Brain Injury Center of Excellence (TBICoE). PHCoE conducts research and integrates evidence-based treatments to address mental health conditions, including suicide. TBICoE conducts research and integrates evidence-based treatments to address mild to severe TBI.

Considerations for Congress

Recommendations of Suicide Prevention and Response Independent Review Commission (SPRIRC). The FY2022 National Defense Authorization Act (NDAA; P.L. 117-81, §738) directed the Secretary of Defense to establish a committee to conduct an independent review of DOD suicide prevention and response programs and factors that may contribute to suicide at military installations. The SPRIRC published its final report in 2023. It included 127 recommendations to address suicide in the military. Of those, the SPRIRC categorized 23 that "should receive the greatest amount of the DoD's priority, attention, and resources because they are most likely to result in the largest reductions in suicide." In September 2023, then-Secretary of Defense Lloyd Austin announced five *lines of effort* to implement certain SPRIRC recommendations by 2030: (1) foster a supportive environment, (2) improve the delivery of mental health care, (3) address stigma and other barriers to care, (4) revise suicide prevention training, and (5) promote a culture of lethal means safety. Congress may consider how DOD could implement these recommendations and what resources would be required to meet its implementation timeline.

Effectiveness of DOD Suicide Prevention Efforts. DOD uses a public health approach that includes clinical and non-clinical programs to address suicide prevention. In 2023, DOD suicide prevention policy was updated to implement "actions informed by the Government Accountability Office [GAO] report 21-300" on processes to evaluate the effectiveness of its non-clinical suicide prevention efforts. Congress may consider whether or not DOD's process to evaluate non-clinical suicide prevention efforts have made an impact on suicide rates, minimized duplicative efforts, or identified opportunities to enhance prevention efforts to specific military sub-populations.

Military Suicide Prevention Research. In 2019, DOD published a Suicide Prevention Research Strategy for FY2020-FY2030 to identify short- and long-term objectives that "address unique military gaps in suicide prevention and take into account past and current research investments as well as future research needs." The strategy does not prioritize the listed objectives and states that "there may be insufficient resources to support achievement of all of these objectives." Congress may consider DOD's suicide prevention research strategy and whether or not to prioritize any objectives through appropriations or other congressional direction.

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