Clinician’s Corner
Suicidal Behavior in the United States Army

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
Males
Females
17-24-year-olds
Junior Enlisted
Senior Enlisted

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.
49% Suicide
43% Suicide attempt

Work Stress
Had work-related stress in the year before the event.
30% Suicide
34% Suicide attempt

Legal Problems
Had legal problems in the year before the event.
27% Suicide
32% Suicide attempt

Abuse
Was ever victims of abuse.
15% Suicide
34% Suicide attempt

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**Soldier’s Behavioral and Social Health History**

**Behavioral Health (BH)**
Cases diagnosed with a BH disorder during time in service.

- Suicide: 59%
- Suicide attempt: 64%
- Suicidal ideations: 74%

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

- Suicide: 39%
- Suicide attempt: 58%
- Suicidal ideations: 71%

**Primary diagnosis included:**

- Adjustment: 56%
- Mood: 43%
- Other anxiety disorders*: 30%

*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*

For questions regarding the content of this information sheet please send correspondence to:
e| usarmy.apg.medcom-phc.list.eds-bshop-ops@mail.mil
p| 410.436.9292