

Suicide in the Military

Misconceptions,
Risk Factors, and
How You Can Help



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The military suicide rate has gradually increased over time. Among active-duty members, the suicide rate per 100,000 significantly rose from 2015 (20.3) to 2020 (28.7). Most of the suicides were completed by enlisted service members less than 30 years old. The most common method of suicide was firearm, followed by hanging/asphyxiation.¹

Misconceptions about Military Suicide ^{1,3}

Due to stigma of mental health problems, cultural issues, and ways in which the media covers suicide, there are many beliefs among the general population and the military about suicide that are not true. Some are:


- ✗ **Myth:** Seeking mental health treatment will negatively impact one's ability to obtain a security clearance and pursue a chosen career.
- ✓ **Fact:** Seeking mental health treatment, in and of itself, does not negatively impact one's ability to obtain/retain a security clearance. In fact, waiting to seek mental health treatment may cause increased work-related problems that could negatively affect one's career.
- ✗ **Myth:** After receiving hospital care for mental health issues, individuals are no longer at risk for suicide.
- ✓ **Fact:** Suicide risk is significantly higher immediately following hospitalization when individuals are in the process of adjusting to their previous lives and return to settings in which stressors previously occurred.
- ✗ **Myth:** Most military firearm deaths are from combat.
- ✓ **Fact:** Most military firearm deaths are from suicide.
- ✗ **Myth:** Suicide risk is not related to how firearms are stored.
- ✓ **Fact:** Unsafe firearm storage increases suicide risk. Those who lock or unload guns when not in use are much less likely to die from suicide when compared to those who keep them unlocked and/or loaded.
- ✗ **Myth:** Most people who have suicidal thoughts die by suicide.
- ✓ **Fact:** Most people who think about suicide do not act on these thoughts.
- ✗ **Myth:** Suicide is never impulsive.
- ✓ **Fact:** Some individuals ponder suicide for significant periods of time, while others do not. It can take less than 10 minutes between thinking and acting on suicidal thoughts and concomitant use of substances can increase impulsivity.
- ✗ **Myth:** Most military suicides are completed by individuals who experience deployment and/or combat.
- ✓ **Fact:** Most military suicides are completed by individuals who have never been deployed and/or experienced combat.




Suicide Risk Factors ^{1, 2, 3}

Suicide is rarely caused by a single issue. It is a complex phenomenon, precipitated by a combination of emotional, psychological, physical, and cultural/environmental circumstances. Many military suicide risk factors are similar to those in the general public; but some are unique to military life. Major military suicide risk factors include:


Life circumstances

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- Relationship problems
 - Financial problems
 - Legal issues
 - Lack of advancement or having a sense of a loss of honor due to a disciplinary action
 - Lack of social support
 - Challenges related to post-deployment reintegration
 - Multiple redeployment
 - Challenges related to retirement and re-engaging in civilian life

Physical/Psychological issues

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- History of physical/sexual abuse, violence, or trauma
 - Prior suicide attempt and/or family history of suicide
 - Severe or prolonged combat stress
 - Prior or current alcohol and substance misuse
 - Combat-related psychological injury
 - Traumatic Brain Injury

Environmental/Cultural issues

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- Limited access to mental health care
 - Religious beliefs that support suicide as a solution; negative attitudes toward getting help
 - Perception of being weak or placing career at risk if mental health support is sought
 - Stigma from family, friends, and colleagues



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How the Military is Addressing Suicide ⁵

Due to concerning levels of suicide in the military population, in March 2022, Secretary of Defense Lloyd J. Austin announced the creation of a Suicide Prevention and Response Independent Review Committee to explore and recommend interventions to address suicide and the mental health of military service and family members. Findings and recommendations will add to the already existing information and initiatives the Department of Defense has previously established across all or specific to military branches.



New Suicide Hotline: Dial 9-8-8

The 988 Suicide and Crisis Lifeline launched in July 2022. Congress designated the new 988 dialing code to improve access to crisis services in a way that meets our country's growing suicide and mental health-related crisis care needs.

988 connects those experiencing mental health, substance use, or suicidal crises with trained crisis counselors through the National Suicide Prevention Lifeline. People can also dial 988 if they are worried about a loved one who may need these types of crises supports. Chat is also available.

Pressing "1" after dialing 988 will connect you directly to the Veterans Crisis Lifeline which serves our nation's Veterans, service members, National Guard and Reserve members, and those who support them. For texts, continue to text the Veterans Crisis Lifeline short code: 838255.

Learn more about 988 in Magellan's blog post: <https://mfed.info/988>.

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How Family and Friends Can Help ⁶

Family and friends can also help prevent suicide by:



- Being aware of risk factors (see above listed risk factors) and warning signs such as:
 - » Statements regarding no reason to live or being a burden to family
 - » Buying or storing means to suicide such as weapons or medications
 - » Making plans to say good-bye such as updating wills and giving away possessions
- Being supportive and non-judgmental
- Staying involved: just asking "how was your day?" can help one feel supported and connected
- Giving positive affirmations that the loved one is not a burden and is loved
- Knowing how to contact emergency help
 - » Call 911, 988, or the Military/Veteran Crisis line at 1-800-273-8255 (press 1)
 - » If there is any chance that someone might get injured:
 - ▶ Remain calm
 - ▶ Remove yourself or children from any danger
 - ▶ If possible, remove items that the person can use in a suicide attempt

About the Authors



Kate Smith (LPC, ATR) is a Regional Supervisor for Magellan Federal working in the Military and Family Life Counseling Program. Kate has supervised OCONUS and CONUS locations for Magellan over the last 7 years and currently manages

installations in Germany, Spain, The Netherlands, Belgium, and the United Kingdom. Kate received her undergraduate degree in Fine Art from Mason Gross School of the Arts at Rutgers University and received her Master's Degree in Art Therapy and Counseling from New York University. She has been independently licensed since 2001 in the State of New Jersey. Kate's father is a Veteran of the Air Force and served in the Coast Guard Auxiliary until he was 82 years old and this dedication to serving the community is something that Kate feels strongly about continuing. When not working, Kate enjoys archery, spending time with her family, and is working on hours towards becoming a certified wildlife rehabilitator.



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Stephanie received her undergraduate degree in Family Studies from Messiah University, her Master's Degree in Counseling from the Seattle School of Theology and Psychology, and her Doctorate in Ecopsychology and Environmental Humanities from Viridis Graduate Institute. She has been independently licensed since 2008 in the state of Washington. Stephanie's grandfathers were Veterans of the Army, and her father is a retired Lieutenant Colonel in the Air Force. Stephanie hobbies include hiking in the mountains, taking walks with her goats, and hosting visitors to her hometown of Olympia, WA.

References

1. Department of Defense Under Secretary of Defense for Personnel and Readiness. Annual Suicide Report. Calendar Year 2020. <https://www.dspo.mil/Portals/113/Documents/CY20%20Suicide%20Report/CY%202020%20Annual%20Suicide%20Report.pdf?ver=0OwlvDd-PJuA-igow5fBFA%3d%3d>
2. Military OneSource. When a Service Member May Be at Risk for Suicide. Sept. 2, 2021. <https://www.militaryonesource.mil/health-wellness/mental-health/suicide/when-a-service-member-may-be-at-risk-for-suicide/>
3. Association for Behavioral and Cognitive Therapies. (No date) ABCT Fact Sheet. Military Suicide. <https://www.abct.org/fact-sheets/military-suicide/>
4. Suitt TH. Watson Institute. International & Public Affairs. Brown University. High Suicide Rates among United States Service Members and Veterans of the Post 9/11 Wars. June 21, 2021. https://watson.brown.edu/costsofwar/files/cow/imce/papers/2021/Suitt_Suicides_Costs%20of%20War_June%2021%202021.pdf
5. U.S. Department of Defense. May 17, 2022. DOD Names Lead for Suicide Prevention and Response Independent Review Committee. <https://www.defense.gov/News/News-Stories/Article/Article/3034968/dod-names-lead-for-suicide-prevention-and-response-independent-review-committee/>
6. Mental Illness Research Education and Clinical Center. Suicide Prevention: A Guide for Military and Veteran Families (no date). https://www.mirecc.va.gov/visn19/docs/A_Guide_for_Military_Veteran_Families.pdf



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