

GAO Highlights

Highlights of [GAO-21-300](#), a report to congressional committees

Why GAO Did This Study

Suicide is a public health problem facing all populations, including the military. From 2014 to 2019, the rate of suicide increased from 20.4 to 25.9 per 100,000 active component servicemembers. Over the past decade, DOD has taken steps to address the growing rate of suicide in the military through efforts aimed at prevention.

The National Defense Authorization Act for Fiscal Year 2020 included a provision for GAO to review DOD's suicide prevention programs. This report examines DOD's suicide prevention efforts, including, among other objectives, (1) the extent to which non-clinical efforts are assessed for being evidence based and effective and (2) any impediments that hamper the effectiveness of these efforts.

GAO examined suicide prevention policies, reports, and assessments and interviewed officials from DOD, the military services, and the Reserve components. GAO also interviewed officials at four installations and a National Guard site selected for variety in military service, location, and size.

What GAO Recommends

GAO recommends that (1) DSPO and the military services develop a process to ensure that individual non-clinical suicide prevention efforts are assessed for effectiveness, (2) DSPO and the military services work together to develop and use consistent suicide-related definitions, and (3) DOD improve collaboration on its annual suicide reports to reduce duplication of effort. DOD concurred with all of GAO's recommendations and identified actions it will take to implement them.

View [GAO-21-300](#). For more information, contact Debra A. Draper at (202) 512-7114 or draperd@gao.gov.

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DEFENSE HEALTH CARE

DOD Needs to Fully Assess Its Non-clinical Suicide Prevention Efforts and Address Any Impediments to Effectiveness

What GAO Found

The Department of Defense (DOD) has a variety of suicide prevention efforts that are implemented by the military services (Army, Navy, Air Force, and Marine Corps). These include clinical prevention efforts that are generally focused on individual patient treatment and interventions, as well as non-clinical efforts that are intended to reduce the risk of suicide in the military population. This includes, for example, training servicemembers to recognize warning signs for suicide and encouraging the safe storage of items such as firearms and medications.

Officials with DOD's Defense Suicide Prevention Office (DSPO) told GAO that most ongoing non-clinical efforts are evidence based. Officials added that a suicide prevention effort is considered to be evidence based if it has been assessed for effectiveness in addressing the risk of suicide in the military population, which has unique risk factors such as a higher likelihood of experiencing or seeing trauma. These officials stated that newer efforts are generally considered to be "evidence informed," which means that they have demonstrated effectiveness in the civilian population, but are still being assessed in the military population.

DSPO officials further explained that assessments of individual prevention efforts can be challenging because suicide is a complex outcome resulting from many interacting factors. In 2020, DSPO published a framework for assessing the collective effect of the department's suicide prevention efforts by measuring outcomes linked to specific prevention strategies, such as creating protective environments. However, this framework does not provide DOD with information on the effectiveness of individual non-clinical prevention efforts. Having a process to assess individual efforts would help DOD and the military services ensure that their non-clinical prevention efforts effectively reduce the risk of suicide and suicide-related behaviors.

GAO also identified impediments that hamper the effectiveness of DOD's suicide prevention efforts, including those related to the reporting of suicide data.

- **Definitions.** The military services use different definitions for key suicide-related terms, such as suicide attempt, which may result in inconsistent classification and reporting of data. These data are used to develop the department's annual suicide event report. DOD officials stated that this could negatively affect the reliability and validity of the reported data, which may impede the department's understanding of the effectiveness of its suicide prevention efforts and limit its ability to identify and address any shortcomings.
- **Annual suicide reports.** DOD publishes two yearly suicide reports through two different offices that are based on some of the same data and provide some of the same information, resulting in the inefficient use of staff. While these reports serve different purposes, improved collaboration between the two offices could help minimize duplication of effort and improve efficiency, potentially freeing resources for other suicide prevention activities.