

Why GAO Did This Study

In 2020, DOD recorded 384 active component suicide deaths, representing a 33.5 percent increase in the suicide rate since 2016. Some of these servicemembers were stationed at remote OCONUS installations, defined by GAO as meeting DOD criteria involving factors such as harsh living conditions and limited resources.

In response to a provision in the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, this report examines, among other objectives, the extent to which DOD and the military services have, in relation to remote OCONUS installations (1) collected required suicide incident data, and what is known about the incidence of suicide and related risk factors among servicemembers during 2016-2020; (2) established and ensured implementation of policies, programs, and activities that address suicide prevention; and (3) established guidance and training for key personnel for responding to suicide deaths and attempts. GAO analyzed data, policies, and guidance; reviewed installation-level documents; and interviewed officials from DOD, the military services, and four installations.

What GAO Recommends

GAO is making 14 recommendations, including that DOD establish a process to assess suicide risk at remote OCONUS installations, three services establish oversight of installations, and DOD improve guidance and training for commanders. DOD generally concurred with the recommendations and described related actions. GAO believes the recommendations are valid, as discussed in the report.

View [GAO-22-105108](#). For more information, contact Brenda S. Farrell at (202) 512-3604 or farrellb@gao.gov.

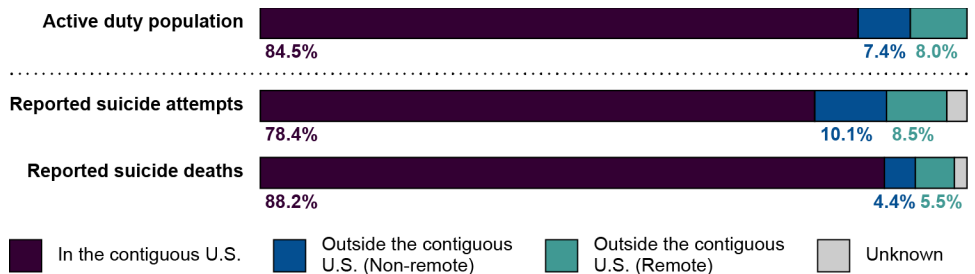
SUICIDE PREVENTION

DOD Should Enhance Oversight, Staffing, Guidance, and Training Affecting Certain Remote Installations

What GAO Found

The Department of Defense (DOD) and the military services have collected statutorily required suicide data for servicemembers and dependents, including those assigned to remote installations outside the contiguous United States (OCONUS). GAO's analysis suggested that these remote installations accounted for a slightly higher proportion of reported suicide attempts, but a lower proportion of reported suicide deaths relative to the proportion of servicemembers assigned to these locations in 2016-2020 (see figure). DOD officials stated that although access to non-military firearms is limited at installations outside the U.S., remote OCONUS installations can present risk factors like less access to mental health services and increased social isolation. However, DOD has not fully assessed suicide risk at these installations. Establishing a process to do so could enhance related suicide prevention efforts.

Average Proportions of Reported Servicemember Suicide Deaths and Attempts Compared to Active-Duty Population by Geographic Category, 2016 through 2020



Source: GAO analysis of Department of Defense Suicide Event Report data, Armed Forces Medical Examiner Tracking System data, and service population data systems. | GAO-22-105108

Note: Due to data limitations, GAO was unable to identify a geographic category for 2.9 percent of reported suicide attempts, 1.8 percent of reported suicide deaths, and less than one percent of active duty personnel. These proportions are not adjusted for sex or age. Suicide attempts may be under- or inconsistently reported. These limitations could affect comparisons across geographic categories.

DOD and the military services have established suicide prevention policies, programs, and activities—such as counseling and efforts to encourage lethal means safety—for servicemembers and dependents, including those assigned to remote OCONUS installations. However, gaps exist in implementation. For example, the Army, the Navy, and the Marine Corps have not ensured implementation of key prevention activities, such as designating key prevention personnel. As a result, these services lack reasonable assurance that such activities are implemented across all installations, including remote OCONUS locations, and cannot ensure access to key suicide prevention resources.

DOD and the military services have established some suicide response guidance and training for key personnel, but gaps exist. For example, DOD has established guidance that fully addresses commanders' response to suicide deaths, but not suicide attempts. Further, DOD has not established statutorily required training for commanders on responding to suicide deaths and attempts. By establishing comprehensive suicide response guidance and training for commanders, DOD can better ensure that commanders are prepared to provide support to suicide attempt survivors and the bereaved.