

# DoDSEER

## Department of Defense Suicide Event Report Calendar Year 2020 Annual Report



The estimated cost of this report or study for the Department of Defense is approximately \$95,000.00 for the 2020 and 2021 Fiscal Years. This includes \$600.00 in expenses and \$94,4000.00 in DoD labor.

Generated on DATE – April 5, 2022  
6E6D22FB

**If you or anyone you know is experiencing thoughts of suicide, please reach out for help immediately.**



- Call 800-273-8255 (available 24 hours a day). If you're a Service member or Veteran, press 1 to talk to a qualified Department of Veterans Affairs (VA) responder.
  - In Europe, call 00800 1273 8255 or DSN 118
  - In Korea, call 0808 555 1188 or DSN 118
- Start a confidential online chat session with the Veterans Crisis Line.
- Send a text message to **838255** to connect to a VA responder.
- If you are deaf or hard of hearing, you can connect through chat, text, or teletypewriter.

**Department of Defense Suicide Event Report  
Calendar Year 2020 Annual Report**

**Psychological Health Center of Excellence  
Research and Engineering Directorate  
Defense Health Agency**

The estimated cost of this report or study for the Department of Defense is approximately \$95,000 for the 2021 and 2022 Fiscal Years. This includes \$600.00 in expenses and \$94,400.00 in DoD labor. Generated on April 5, 2022.  
RefID: 6-E6D22FB.

## Table of Contents

Executive Summary .....	1
Chapter 1: Introduction .....	2
Chapter 2: DoDSER Summary - Active Component .....	4
Chapter 3: DoDSER Summary - Reserve Component .....	23
Appendix A: Section 741 of the NDAA for FY 2020 (Public Law 116-92) Reporting Requirements .....	30
Appendix B: Methods - DoDSER Data Processes and Analyses .....	37
Appendix C: Glossary .....	42
Appendix D: Acronyms .....	47
Appendix E: List of Tables .....	48
Appendix F: List of Figures .....	49
Appendix G: Frequently Asked Questions (FAQs) .....	50

## Executive Summary

The Department of Defense Suicide Event Report (DoDSER) is the official reporting system for deaths by suicide and suicide attempts among Service members in the Air Force, Army, Marine Corps, Navy, and Space Force. The DoDSER Annual Report presents aggregated data collected by the Military Services during a specified calendar year. The Calendar Year (CY) 2020 DoDSER Annual Report also contains information in response to section 741 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2020 (Public Law 116-92), as amended by section 742 of the William M. (Mac) Thornberry NDAA for FY 2021 (Public Law 116-283).

Data presented from the DoDSER are specific to events that were submitted to the DoDSER system. Total numbers of reported events may not equal the official event counts for CY 2020.

### DoDSER Active-Component Data Summary

- Firearm use was the most common method of injury cited in suicide DoDSER forms, accounting for 243 (65.9 percent) reported CY 2020 suicides.
- Drug and/or alcohol overdose was the most common method of attempted suicide cited in DoDSER forms, accounting for 755 (52.7 percent) reported CY 2020 suicide attempts.
- The prevalence of various risk factors, protective factors, and other suicide event characteristics among suicide and suicide-attempt DoDSER forms in CY 2020 were generally consistent with levels observed for previous years.

### DoDSER Reserve-Component Data Summary

- Firearm use was the most common method of injury cited in CY 2020 suicide DoDSER forms for the Reserve (n = 23; 71.9 percent) and the National Guard (n = 71; 78.0 percent).
- Drug and/or alcohol overdose was the most common method of attempted suicide cited in CY 2020 DoDSER forms, accounting for 31 (54.4 percent) reported suicide attempts for the Reserve and 36 (50.7 percent) attempts for the National Guard.

## Chapter 1: Introduction

DoDSER is the official reporting system for suicide events in the Air Force, Army, Marine Corps, Navy, and Space Force.<sup>1</sup> All cases of suicide death and suicide attempt among Service members are to be reported via the DoDSER.<sup>2</sup> The Psychological Health Center of Excellence (PHCoE), a division of the Defense Health Agency Research and Engineering Directorate, is responsible for the operation of the DoDSER, which has three primary elements:

1. A web-based **system** for collecting, organizing, and securing a standard set of case-level data for every Service member who dies by suicide or makes a suicide attempt, regardless of Military Service, Component, or duty status. The portal for the system is <https://dodser.t2.health.mil/>.<sup>1</sup>
2. A data-collection **form** that guides trained Military Health System (MHS) or command-level appointees on the data to assess and collect, as well as potential sources for required information. The content of the DoDSER form resulted from a collaborative process among the Military Services, civilian and military experts, senior military leaders, and key stakeholders. The form is periodically revised to reflect the evolving needs of each Service; it currently contains more than 500 data elements.<sup>3</sup> Table 1 displays the DoDSER form's content areas.

Table 1. DoDSER form content areas

Content Area	Variables and Types of Variables
Personal Information	Age, sex, ethnicity, education, marital status
Military Information	Job code, duty status, permanent duty station
Event Information	Access to firearms, event method, event setting
Medical History	Behavioral health and medical history
Military History	Deployment history, disciplinary action
Personal History	Developmental and family history, current stressors
Narrative Summary	Information on data-collection strategy

3. An **annual report** of aggregated results generated from the data collected during a given CY, and is the culmination of collaborative efforts between PHCoE, the Suicide Prevention Program Offices of the Air Force, Army, Marine Corps, and Navy, the National Guard Bureau, the Defense Suicide Prevention Office, and the Armed Forces Medical Examiner System (AFMES).

To distinguish between these elements, the words *system*, *form*, or *annual report* appear after the DoDSER acronym throughout this report.

### Interpretation of DoDSER Data

The reader is advised that this annual report's descriptions of specific risk and contextual factors must not be interpreted as underlying causes of suicide. It is not possible to determine whether any variable is a risk factor for suicide solely from the data presented in this report. Identifying such relationships requires formal research that includes individuals who do not die by suicide or engage in a suicide attempt. This type of research is outside the surveillance function of the DoDSER system.

The reader should also take into account the content area of any given DoDSER item when interpreting results. While this report reflects the best data available, several items address contextual factors that may not be precisely determined using data from existing databases or from evidence collected following the event. As a result, these types of items include response options of “No Known History” and/or “Cannot Determine.” In this report, these response options are combined with “No” responses to differentiate them from “Yes” responses that indicate the existence of validating data or evidence. See Appendix B for more information about DoDSER data processes.

### Changes to the CY 2020 Annual Report

CY 2020 is the first year in which suicide mortality rates and associated rate analysis, to include trends over time and comparisons to the U.S. adult population are not included in the DoDSER Annual Report. This information can now be found only in the CY 2020 DoD Annual Suicide Report (ASR). This Annual Report also does not include individual chapters for the Active Component populations of each Military Service. All data are provided at the Military Service level in Tables 3-10. The chapters at the Military Service level added length to the report but did not provide unique information apart from the overall summary for the Active Component.

### References and Notes

1. For more information on the DoDSER System, see the System of Record Notice (April 15, 2016, 81 FR 22240) at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570683/edha-20-dod>
2. For more information on suicide death and attempt reporting via the DoDSER system, see DoD Instruction 6490.16, “Defense Suicide Prevention Program,” September 11, 2020 at <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649016p.pdf?ver=2020-09-11-122632-850>
3. The last revision became available in CY 2018. A new version of the DoDSER form is pending implementation this calendar year.

## Chapter 2: DoDSER Summary - Active Component

### Introduction

This chapter presents an overview of the combined Air Force, Army, Marine Corps, and Navy data for submitted Active Component suicide and suicide-attempt DoDSER forms. While possible to be reported, no events were submitted from Space Force for CY 2020. The data tables for suicide and suicide-attempt cases are presented separately. Data tables are organized by the following variable categories: demographic and military characteristics (Tables 3 and 4), suicide event characteristics (Tables 5 and 6), physical and mental health characteristics (Tables 7 and 8), and psychosocial and adverse experiences (Tables 9 and 10). Data tables contain joint data as well as data for each of the Military Services. Variables of particular interest are presented in the text of this chapter. See Appendix B for additional information on DoDSER data collection.

### Suicide Mortality

The cutoff date for data included in this report was March 31, 2021. All deaths confirmed as suicide by January 31, 2021, were required to be submitted for inclusion by March 31, 2021. Forms submitted for events that were not required, but that were submitted by March 31, 2021, were also included in this report. Table 2 shows the number of forms submitted by Military Service and submission requirement

Table 2. Number of DoDSER forms submitted for Active Component deaths by suicide, by Service and submission requirement

	Air Force	Army	Marine Corps	Navy	Space Force
No. of deaths	81	175	62	66	0
No. of required reports	77	164	61	61	0
No. of required reports submitted	71	164	58	61	0
No. of additional reports submitted	2	7	1	5	0
Total number of included reports	73	171	59	66	0

### Suicide Attempts

DoDSER forms were submitted for 1,433 suicide attempts among 1,307 unique individuals. Note that some individuals made more than one suicide attempt during CY 2020.

### Occurrence of Previous Suicide Attempt(s) Reported via the DoDSER System

Eleven Active Component suicides were associated with one or more previously reported suicide attempt(s) that occurred since CY 2010 (when attempts were first entered into the DoDSER system; CY 2008 for Army). The median number of days between death by suicide and the previously reported event was 377.

Forty-two individuals with a submitted suicide-attempt DoDSER form had one or more previous suicide attempt(s) recorded in the DoDSER system since CY 2010 (CY 2008 for Army). The median number of days between the first reported suicide attempt in CY 2020 and the most recent attempt prior to CY 2020 was 310.5 days.



### Demographic Characteristics

Demographic characteristics are presented in Tables 3 and 4. The distributions of demographic characteristics were similar to those observed in previous years. A larger proportion of submitted suicide-attempt forms were for events among women relative to submitted forms for death by suicide.

### Method of Injury

Firearm use was the most common (65.9 percent) method of injury identified in suicide DoDSER forms. The majority (93.0 percent) of the firearms used were personal possessions. For suicide-attempt DoDSER forms, drug and/or alcohol overdose was the most frequently reported method of injury (52.7 percent).

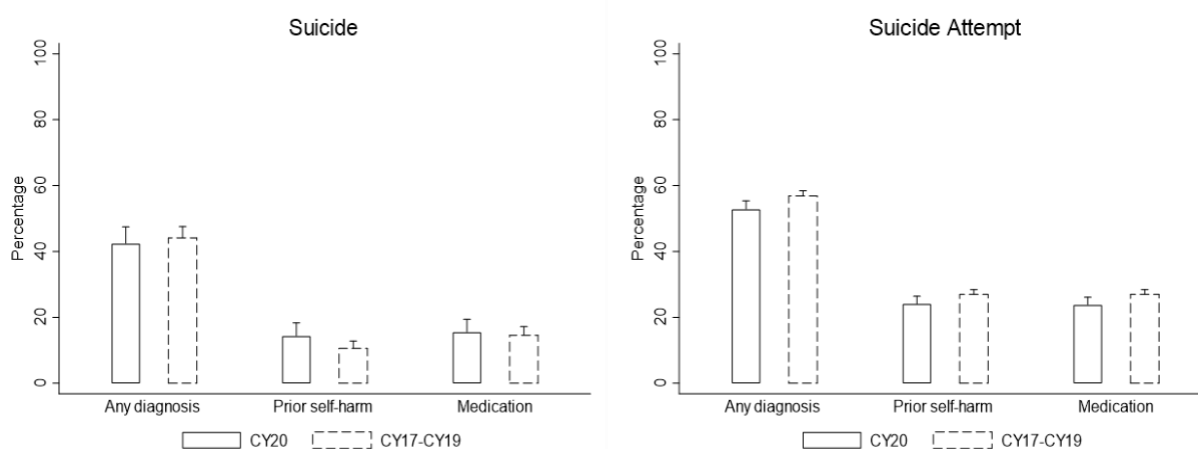


Figure 1. Percentages of Active Component DoDSER forms that indicated selected mental health factors, by event type, CY 2017-2020. Solid bars represent CY 2020 data, dashed bars are the 3-year averages for CY 2017-2019, and the whiskers are the half-width of the 95 percent confidence intervals.

### Behavioral Health History

Among suicide DoDSER forms, 43.9 percent had at least one known current or past behavioral health diagnosis. Substance use disorders (23.6 percent) and adjustment disorders (21.7 percent) were the most common diagnostic categories. Among suicide-attempt DoDSER forms, 55.3 percent identified at least one known current or past behavioral health diagnosis. Mood disorders (26.5 percent) were the most common diagnostic category.

Figure 1 displays the prevalence of mental health diagnoses, prior self-harm, and the use of psychotropic medication in the 90 days prior to a suicidal behavior among Active Component DoDSER forms submitted for CY 2020 and the 3-year average for CY 2017-2019. The prevalence estimates from CY 2020 suicide and suicide-attempt DoDSER forms were very similar to the average estimates for CY 2017-2019. The largest difference was a change in adjusted prevalence of prior self-harm from 10.6 percent to 14.3 percent. For suicide-attempt DoDSER forms, the estimates for CY 2020 for all 3 variables were smaller than for the average estimates for CY 2017-2019.

Health Care Utilization

Data on health care utilization as reported in the submitted forms is provided in Table 7 for deaths and Table 8 for suicide attempts. Based on data from the MHS Data Repository (MDR; Appendix B) about health care utilization in the 90 days prior to the event, 70.5 percent of individuals with a reported suicide death had a recorded visit to a military medical treatment facility. This was similar to an expected 70.7 percent based on total Active Component population data after standardizing for age and sex. A total of 50.4 percent of individuals with a reported suicide death saw a primary care provider for a reason other than mental health, which was also consistent with the expected value of 55.1 percent. A mental-health visit occurred for 31.7 percent of individuals with a reported suicide death, which was greater than expected (11.9 percent). A total of 73.1 percent of individuals with a reported suicide attempt had a recorded visit to a military medical treatment facility. This was similar to an expected 74.1 percent based on total Active Component population data after standardizing for age and sex. A total of 55.3 percent of individuals with a reported event saw a primary care provider for a reason other than mental health which was also consistent with the expected value of 58.9 percent. A mental-health visit occurred for 43.3 percent of individuals with a reported event, which was greater than expected (13.3 percent). The excess mental health encounters for both suicide decedents and those who attempted suicide may be explained by a higher prevalence of mental health diagnoses relative to the total military population.

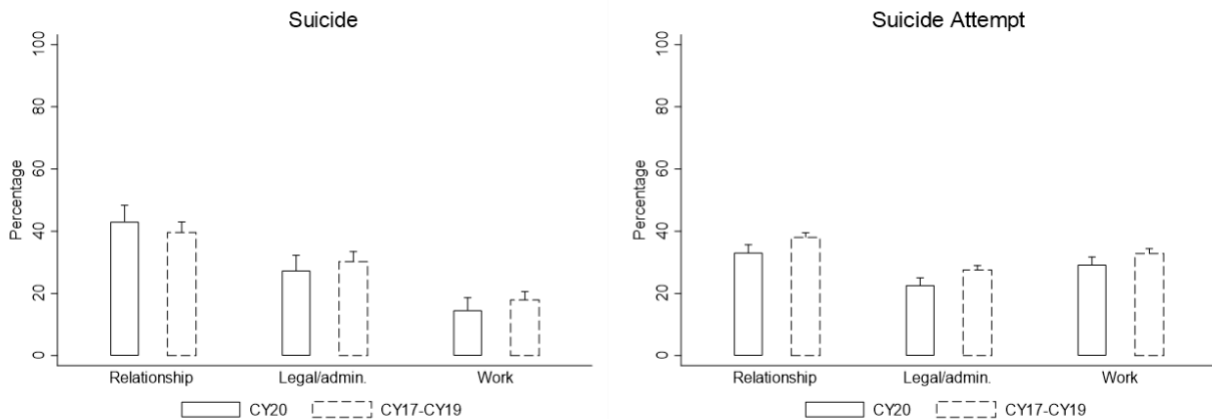


Figure 2. Percentages of Active Component DoDSER forms that indicated selected contextual stressors within 90 days of the event, by event type, CY 2017-2020. Solid bars represent CY 2020 data, dashed bars are the 3-year averages for CY 2017-2019, and the whiskers are the half-width of the 95 percent confidence intervals.

Stressors

The prevalence estimates for relationship, legal/administrative, and work stressors are depicted in Figure 2 for both deaths and suicide attempts for CY 2020 and the 3-year average of CY 2017-2019. The CY 2020 estimates from suicide DoDSER forms were consistent with the 3-year average estimates. The CY 2020 estimates from suicide-attempt forms were lower than the 3-year average estimates.

Active Component

Calendar Year 2020 Annual Report

Table 3. Demographic characteristics, Active Component suicide DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
<b>Sex</b>										
Male	342	92.7	69	94.5	162	94.7	52	88.1	59	89.4
Female	27	7.3	4	5.5	9	5.3	7	11.9	7	10.6
<b>Age</b>										
17-19	29	7.9	3	4.1	17	9.9	8	13.6	1	1.5
20-24	158	42.8	33	45.2	65	38.0	34	57.6	26	39.4
25-29	90	24.4	19	26.0	44	25.7	9	15.3	18	27.3
30-34	45	12.2	9	12.3	16	9.4	8	13.6	12	18.2
35-39	25	6.8	6	8.2	14	8.2	0	0.0	5	7.6
40-44	16	4.3	2	2.7	10	5.8	0	0.0	4	6.1
45-59	6	1.6	1	1.4	5	2.9	0	0.0	0	0.0
<b>Race</b>										
American Indian/Alaska Native	8	2.2	4	5.5	3	1.8	1	1.7	0	0.0
Asian/Pacific Islander	18	4.9	3	4.1	5	2.9	3	5.1	7	10.6
Black/African American	48	13.0	7	9.6	32	18.7	3	5.1	6	9.1
White/Caucasian	276	74.8	54	74.0	126	73.7	50	84.7	46	69.7
Other/Unknown	19	5.1	5	6.8	5	2.9	2	3.4	7	10.6
<b>Hispanic ethnicity</b>										
Yes	65	17.6	14	19.2	24	14.0	10	16.9	17	25.8
No	303	82.1	59	80.8	147	86.0	49	83.1	48	72.7
Unknown	1	0.3	0	0.0	0	0.0	0	0.0	1	1.5
<b>Education</b>										
Less than high school	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Alternative high school	33	8.9	0	0.0	32	18.7	1	1.7	0	0.0
High school graduate	262	71.0	54	74.0	101	59.1	53	89.8	54	81.8
Some college	32	8.7	8	11.0	21	12.3	1	1.7	2	3.0
4-year degree	31	8.4	6	8.2	13	7.6	4	6.8	8	12.1
Postgraduate	10	2.7	4	5.5	4	2.3	0	0.0	2	3.0
Unknown	1	0.3	1	1.4	0	0.0	0	0.0	0	0.0
<b>Marital status</b>										
Never married	173	46.9	36	49.3	75	43.9	26	44.1	36	54.5
Married	175	47.4	32	43.8	84	49.1	31	52.5	28	42.4
Legally separated	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Divorced	21	5.7	5	6.9	12	7.0	2	3.4	2	3.0
Widowed	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other/unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>Rank/grade</b>										
Cadet/midshipman	2	0.5	1	1.4	0	0.0	0	0.0	1	1.5
E1-E4	191	51.8	40	54.8	87	50.9	36	61.0	28	42.4
E5-E9	153	41.5	26	35.6	75	43.9	18	30.5	34	51.5
Warrant officer <sup>a</sup>	7	1.9	N/A	N/A	5	2.9	2	3.4	0	0.0
Commissioned officer	16	4.3	6	8.2	4	2.3	3	5.1	3	4.5
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

Continued on next page

<sup>a</sup>The Air Force does not have the rank of Warrant officer.

**Active Component**

**Calendar Year 2020 Annual Report**

Table 3 (cont). Demographic characteristics, active-component suicide DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
<b>DoD occupation group<sup>a</sup></b>										
<b>Enlisted</b>										
Infantry, gun crews, and seamanship specialists	86	23.3	0	0.0	61	35.7	16	27.1	9	13.6
Electronic equipment repairers	32	8.7	5	6.8	8	4.7	5	8.5	14	21.2
Communications and intelligence specialists	39	10.6	6	8.2	20	11.7	6	10.2	7	10.6
Health care specialists	19	5.1	4	5.5	10	5.8	0	0.0	5	7.6
Other technical and allied specialists	15	4.1	4	5.5	9	5.3	2	3.4	0	0.0
Functional support and administration	44	11.9	15	20.5	15	8.8	10	16.9	4	6.1
Electrical/mechanical equipment repairers	68	18.4	15	20.5	29	17.0	6	10.2	18	27.3
Craftworkers	10	2.7	3	4.1	5	2.9	0	0.0	2	3.0
Service and supply handlers	24	6.5	12	16.4	4	2.3	5	8.5	3	4.5
Non-occupational	7	1.9	2	2.7	1	0.6	4	6.8	0	0.0
<b>Officer</b>										
General officers and executives	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Tactical operations officers	11	3.0	2	2.7	5	2.9	3	5.1	1	1.5
Intelligence officers	1	0.3	1	1.4	0	0.0	0	0.0	0	0.0
Engineering and maintenance officers	6	1.6	2	2.7	2	1.2	1	1.7	1	1.5
Scientists and professionals	1	0.3	1	1.4	0	0.0	0	0.0	0	0.0
Health care officers	1	0.3	0	0.0	0	0.0	0	0.0	1	1.5
Administrators	2	0.5	0	0.0	2	1.2	0	0.0	0	0.0
Supply, procurement, and allied officers	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Non-occupational	1	0.3	0	0.0	0	0.0	1	1.7	0	0.0
Unknown	2	0.5	1	1.4	0	0.0	0	0.0	1	1.5
<b>Number of deployments</b>										
0	164	44.4	32	43.8	65	38.0	36	61.0	31	47.0
1	125	33.9	25	34.2	66	38.6	16	27.1	18	27.3
2	32	8.7	4	5.5	19	11.1	2	3.4	7	10.6
3 or more	48	13.0	12	16.4	21	12.3	5	8.5	10	15.2

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

<sup>a</sup>Occupation grouping descriptions and linkages between Military Service occupations and these groupings are available in ([DoD 1312.1-1](#)).

Table 4. Demographic characteristics, Active Component suicide-attempt DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Sex										
Male	966	67.4	286	62.0	324	71.8	179	72.2	177	64.8
Female	467	32.6	175	38.0	127	28.2	69	27.8	96	35.2
Age										
17-19	223	15.6	54	11.7	80	17.7	56	22.6	33	12.1
20-24	801	55.9	253	54.9	228	50.6	160	64.5	160	58.6
25-29	226	15.8	87	18.9	69	15.3	24	9.7	46	16.8
30-34	106	7.4	38	8.2	37	8.2	5	2.0	26	9.5
35-39	54	3.8	21	4.6	26	5.8	2	0.8	5	1.8
40-44	14	1.0	7	1.5	4	0.9	1	0.4	2	0.7
45-59	9	0.6	1	0.2	7	1.6	0	0.0	1	0.4
Race										
American Indian/Alaska Native	29	2.0	5	1.1	12	2.7	6	2.4	6	2.2
Asian/Pacific Islander	83	5.8	25	5.4	34	7.5	9	3.6	15	5.5
Black/African American	322	22.5	105	22.8	112	24.8	46	18.5	59	21.6
White/Caucasian	889	62.0	283	61.4	285	63.2	179	72.2	142	52.0
Other/Unknown	110	7.7	43	9.3	8	1.8	8	3.2	51	18.7
Hispanic ethnicity										
Yes	172	12.0	78	16.9	32	7.1	19	7.7	43	15.8
No	1258	87.8	383	83.1	419	92.9	228	91.9	228	83.5
Unknown	3	0.2	0	0.0	0	0.0	1	0.4	2	0.7
Education										
Less than high school	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Alternative high school	57	4.0	1	0.2	39	8.6	1	0.4	16	5.9
High school graduate	1178	82.2	384	83.3	331	73.4	239	96.4	224	82.1
Some college	125	8.7	52	11.3	52	11.5	4	1.6	17	6.2
4-year degree	49	3.4	19	4.1	16	3.5	2	0.8	12	4.4
Postgraduate	20	1.4	5	1.1	12	2.7	0	0.0	3	1.1
Unknown	4	0.3	0	0.0	1	0.2	2	0.8	1	0.4
Marital status										
Never married	852	59.5	256	55.5	267	59.2	176	71.0	153	56.0
Married	495	34.5	162	35.1	161	35.7	65	26.2	107	39.2
Legally separated	1	0.1	1	0.2	0	0.0	0	0.0	0	0.0
Divorced	83	5.8	41	8.9	23	5.1	6	2.4	13	4.8
Widowed	1	0.1	0	0.0	0	0.0	1	0.4	0	0.0
Other	1	0.1	1	0.2	0	0.0	0	0.0	0	0.0
Rank/grade										
Cadet/midshipman	6	0.4	4	0.9	0	0.0	0	0.0	2	0.7
E1-E4	1088	75.9	338	73.3	343	76.1	219	88.3	188	68.9
E5-E9	299	20.9	113	24.5	91	20.2	26	10.5	69	25.3
Warrant officer <sup>a</sup>	2	0.1	N/A	N/A	2	0.4	0	0.0	0	0.0
Commissioned officer	31	2.2	6	1.3	12	2.7	3	1.2	10	3.7
Unknown	7	0.5	0	0.0	3	0.7	0	0.0	4	1.5

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

Continued on next page

<sup>a</sup>The Air Force does not have the rank of Warrant officer.

**Active Component**

**Calendar Year 2020 Annual Report**

Table 4 (cont). Demographic characteristics, Active Component suicide-attempt DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
<b>DoD occupation group</b>										
<b>Enlisted</b>										
Infantry, gun crews, and seamanship specialists	184	12.8	8	1.7	98	21.7	58	23.4	20	7.3
Electronic equipment repairers	123	8.6	41	8.9	24	5.3	12	4.8	46	16.8
Communications and intelligence specialists	136	9.5	40	8.7	56	12.4	21	8.5	19	7.0
Health care specialists	109	7.6	33	7.2	42	9.3	0	0.0	34	12.5
Other technical and allied specialists	31	2.2	13	2.8	13	2.9	4	1.6	1	0.4
Functional support and administration	194	13.5	69	15.0	51	11.3	55	22.2	19	7.0
Electrical/mechanical equipment repairers	248	17.3	107	23.2	54	12.0	34	13.7	53	19.4
Craftsworkers	53	3.7	10	2.2	17	3.8	11	4.4	15	5.5
Service and supply handlers	194	13.5	78	16.9	65	14.4	24	9.7	27	9.9
Non-occupational	72	5.0	37	8.0	0	0.0	20	8.1	15	5.5
<b>Officer</b>										
General officers and executives	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Tactical operations officers	8	0.6	1	0.2	2	0.4	3	1.2	2	0.7
Intelligence officers	2	0.1	0	0.0	2	0.4	0	0.0	0	0.0
Engineering and maintenance officers	5	0.3	1	0.2	3	0.7	0	0.0	1	0.4
Scientists and professionals	1	0.1	1	0.2	0	0.0	0	0.0	0	0.0
Health care officers	11	0.8	2	0.4	5	1.1	0	0.0	4	1.5
Administrators	1	0.1	0	0.0	0	0.0	0	0.0	1	0.4
Supply, procurement, and allied officers	3	0.2	1	0.2	2	0.4	0	0.0	0	0.0
Non-occupational	2	0.1	0	0.0	0	0.0	0	0.0	2	0.7
<b>Unknown</b>	56	3.9	19	4.1	17	3.8	6	2.4	14	5.1
<b>Number of deployments</b>										
0	960	67.0	295	64.0	303	67.2	198	79.8	164	60.1
1	306	21.4	99	21.5	103	22.8	36	14.5	68	24.9
2	85	5.9	37	8.0	21	4.7	8	3.2	19	7.0
3 or more	82	5.7	30	6.5	24	5.3	6	2.4	22	8.1

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

Active Component

Calendar Year 2020 Annual Report

Table 5. Event characteristics, Active Component suicide DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Event location country										
United States	342	92.7	67	91.8	162	94.7	53	89.8	60	90.9
Korea	3	0.8	1	1.4	2	1.2	0	0.0	0	0.0
Japan	5	1.4	0	0.0	1	0.6	3	5.1	1	1.5
Germany	2	0.5	0	0.0	2	1.2	0	0.0	0	0.0
United Kingdom	1	0.3	1	1.4	0	0.0	0	0.0	0	0.0
Other	13	3.5	2	2.7	4	2.3	2	3.4	5	7.6
Unknown	3	0.8	2	2.7	0	0.0	1	1.7	0	0.0
Event setting										
Own residence	190	51.5	42	57.5	86	50.3	29	49.2	33	50.0
Barracks	66	17.9	10	13.7	34	19.9	15	25.4	7	10.6
Residence of friend or family	16	4.3	2	2.7	10	5.8	2	3.4	2	3.0
Work/jobsite	9	2.4	3	4.1	3	1.8	1	1.7	2	3.0
Automobile	34	9.2	8	11.0	11	6.4	5	8.5	10	15.2
Inpatient medical facility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hotel	14	3.8	1	1.4	5	2.9	1	1.7	7	10.6
Other	40	10.8	7	9.6	22	12.9	6	10.2	5	7.6
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Method of injury										
Drug/alcohol	7	1.9	0	0.0	2	1.2	0	0.0	5	7.6
Hanging/asphyxiation	102	27.6	21	28.8	43	25.1	21	35.6	17	25.8
Poison	5	1.4	1	1.4	2	1.2	0	0.0	2	3.0
Firearm	243	65.9	49	67.1	121	70.8	35	59.3	38	57.6
Military issued	14	3.8	2	2.7	7	4.1	4	6.8	1	1.5
Personally owned	226	61.2	47	64.4	112	65.5	30	50.8	37	56.1
Of unknown provenance	2	0.5	0	0.0	2	1.2	0	0.0	0	0.0
Trauma	12	3.3	2	2.7	3	1.8	3	5.1	4	6.1
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Alcohol used during event										
Yes	128	34.7	20	27.4	62	36.3	23	39.0	23	34.8
No	131	35.5	28	38.4	59	34.5	18	30.5	26	39.4
Unknown	110	29.8	25	34.2	50	29.2	18	30.5	17	25.8
Drugs used during event										
Yes <sup>a</sup>	25	6.8	5	6.8	7	4.1	3	5.1	10	15.2
Drugs (illicit/illegal)										
Used, overdose	2	0.5	0	0.0	2	1.2	0	0.0	0	0.0
Used, no overdose	14	3.8	3	4.1	3	1.8	3	5.1	5	7.6
Prescription medications										
Used, overdose	3	0.8	0	0.0	1	0.6	0	0.0	2	3.0
Used, no overdose	6	1.6	2	2.7	1	0.6	1	1.7	2	3.0
Non-prescription medications										
Used, overdose	4	1.1	0	0.0	1	0.6	0	0.0	3	4.5
Used, no overdose	6	1.6	2	2.7	2	1.2	0	0.0	2	3.0
No	225	61.0	42	57.5	113	66.1	34	57.6	36	54.5
Unknown	119	32.2	26	35.6	51	29.8	22	37.3	20	30.3

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

Continued on next page

Active Component

Calendar Year 2020 Annual Report

Table 5 (cont). Event characteristics, Active Component suicide DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Communicated intent for self-harm										
Yes <sup>a</sup>	115	31.2	28	38.4	50	29.2	22	37.3	15	22.7
Spouse	49	13.3	14	19.2	24	14.0	7	11.9	4	6.1
Friend	41	11.1	8	11.0	18	10.5	8	13.6	7	10.6
Mental health staff	24	6.5	4	5.5	6	3.5	10	16.9	4	6.1
No/no known history	254	68.8	45	61.6	121	70.8	37	62.7	51	77.3
Is there evidence the event involved death-risk gambling?										
Yes	11	3.0	5	6.8	3	1.8	2	3.4	1	1.5
No	323	87.5	56	76.7	154	90.1	55	93.2	58	87.9
Unknown	35	9.5	12	16.4	14	8.2	2	3.4	7	10.6
Is there evidence the event was planned and/or premeditated?										
Yes	122	33.1	24	32.9	60	35.1	12	20.3	26	39.4
No	173	46.9	32	43.8	79	46.2	35	59.3	27	40.9
Unknown	74	20.1	17	23.3	32	18.7	12	20.3	13	19.7
Event observable										
Yes	87	23.6	17	23.3	48	28.1	7	11.9	15	22.7
No	266	72.1	51	69.9	114	66.7	52	88.1	49	74.2
Unknown	16	4.3	5	6.8	9	5.3	0	0.0	2	3.0
Left a suicide note										
Yes	82	22.2	17	23.3	34	19.9	9	15.3	22	33.3
No	227	61.5	44	60.3	110	64.3	37	62.7	36	54.5
Unknown	60	16.3	12	16.4	27	15.8	13	22.0	8	12.1
Residence at time of event										
Barracks	99	26.8	11	15.1	54	31.6	20	33.9	14	21.2
BEQ/BOQ	9	2.4	0	0.0	1	0.6	7	11.9	1	1.5
On-base family housing	35	9.5	9	12.3	16	9.4	7	11.9	3	4.5
Off-base	204	55.3	45	61.6	92	53.8	24	40.7	43	65.2
Ship	2	0.5	0	0.0	0	0.0	0	0.0	2	3.0
Other	18	4.9	8	11.0	6	3.5	1	1.7	3	4.5
Unknown	2	0.5	0	0.0	2	1.2	0	0.0	0	0.0
Resided alone at time of event										
Yes	140	37.9	30	41.1	67	39.2	14	23.7	29	43.9
No	209	56.6	40	54.8	93	54.4	40	67.8	36	54.5
Children resided with Service member	59	16.0	12	16.4	32	18.7	6	10.2	9	13.6
Unknown	20	5.4	3	4.1	11	6.4	5	8.5	1	1.5
Gun in home/immediate environment										
Yes	236	64.0	50	68.5	111	64.9	35	59.3	40	60.6
No	121	32.8	22	30.1	51	29.8	23	39.0	25	37.9
Unknown	12	3.3	1	1.4	9	5.3	1	1.7	1	1.5
Duty environment <sup>a</sup>										
Permanent command/garrison	295	79.9	61	83.6	138	80.7	51	86.4	45	68.2
Leave	31	8.4	4	5.5	16	9.4	3	5.1	8	12.1
Temporary duty assignment	7	1.9	0	0.0	2	1.2	1	1.7	4	6.1
Deployed	10	2.7	1	1.4	5	2.9	0	0.0	4	6.1
Training	11	3.0	1	1.4	4	2.3	4	6.8	2	3.0
Other	41	11.1	11	15.1	11	6.4	4	6.8	15	22.7

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

<sup>a</sup>Subcategories are not mutually exclusive.



Active Component

Calendar Year 2020 Annual Report

Table 6. Event characteristics, Active Component suicide-attempt DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Event location country										
United States	1058	73.8	343	74.4	349	77.4	183	73.8	183	67.0
Korea	41	2.9	9	2.0	31	6.9	0	0.0	1	0.4
Japan	59	4.1	24	5.2	5	1.1	25	10.1	5	1.8
Germany	45	3.1	26	5.6	19	4.2	0	0.0	0	0.0
United Kingdom	14	1.0	14	3.0	0	0.0	0	0.0	0	0.0
Other	63	4.4	32	6.9	12	2.7	2	0.8	17	6.2
Unknown	153	10.7	13	2.8	35	7.8	38	15.3	67	24.5
Event setting										
Own residence	528	36.8	225	48.8	134	29.7	52	21.0	117	42.9
Barracks	643	44.9	142	30.8	257	57.0	163	65.7	81	29.7
Residence of friend or family	49	3.4	21	4.6	12	2.7	2	0.8	14	5.1
Work/jobsite	41	2.9	6	1.3	5	1.1	6	2.4	24	8.8
Automobile	67	4.7	27	5.9	22	4.9	7	2.8	11	4.0
Inpatient medical facility	10	0.7	6	1.3	2	0.4	1	0.4	1	0.4
Hotel	14	1.0	6	1.3	2	0.4	1	0.4	5	1.8
Other	73	5.1	27	5.9	11	2.4	16	6.5	19	7.0
Unknown	8	0.6	1	0.2	6	1.3	0	0.0	1	0.4
Method of injury										
Drug/alcohol	755	52.7	240	52.1	236	52.3	139	56.0	140	51.3
Hanging/asphyxiation	223	15.6	54	11.7	81	18.0	44	17.7	44	16.1
Poison	48	3.3	17	3.7	16	3.5	8	3.2	7	2.6
Firearm	58	4.0	24	5.2	20	4.4	5	2.0	9	3.3
Military issued	3	0.2	3	0.7	0	0.0	0	0.0	0	0.0
Personally owned	55	3.8	21	4.6	20	4.4	5	2.0	9	3.3
Of unknown provenance	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Trauma	290	20.2	111	24.1	70	15.5	43	17.3	66	24.2
Other	21	1.5	8	1.7	7	1.6	3	1.2	3	1.1
Unknown	38	2.7	7	1.5	21	4.7	6	2.4	4	1.5
Alcohol used during event										
Yes	478	33.4	164	35.6	162	35.9	71	28.6	81	29.7
No	910	63.5	280	60.7	274	60.8	173	69.8	183	67.0
Unknown	45	3.1	17	3.7	15	3.3	4	1.6	9	3.3
Drugs used during event										
Yes <sup>a</sup>	648	45.2	194	42.1	202	44.8	131	52.8	121	44.3
Drugs (illicit/illegal)										
Used, overdose	42	2.9	9	2.0	19	4.2	7	2.8	7	2.6
Used, no overdose	31	2.2	13	2.8	8	1.8	3	1.2	7	2.6
Prescription medications										
Used, overdose	307	21.4	88	19.1	112	24.8	61	24.6	46	16.8
Used, no overdose	65	4.5	24	5.2	26	5.8	8	3.2	7	2.6
Non-prescription medications										
Used, overdose	242	16.9	50	10.8	68	15.1	66	26.6	58	21.2
Used, no overdose	87	6.1	49	10.6	16	3.5	7	2.8	15	5.5
No	749	52.3	255	55.3	237	52.5	112	45.2	145	53.1
Unknown	36	2.5	12	2.6	12	2.7	5	2.0	7	2.6

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

Continued on next page

Active Component

Calendar Year 2020 Annual Report

Table 6 (cont). Event characteristics, Active Component suicide-attempt DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Communicated intent for self-harm										
Yes <sup>a</sup>	344	24.0	114	24.7	101	22.4	50	20.2	79	28.9
Spouse	95	6.6	31	6.7	27	6.0	13	5.2	24	8.8
Friend	151	10.5	47	10.2	44	9.8	21	8.5	39	14.3
Mental health staff	78	5.4	34	7.4	26	5.8	8	3.2	10	3.7
No/no known history	1080	75.4	346	75.1	344	76.3	197	79.4	193	70.7
Unknown	9	0.6	1	0.2	6	1.3	1	0.4	1	0.4
Is there evidence the event involved death-risk gambling?										
Yes	125	8.7	48	10.4	41	9.1	16	6.5	20	7.3
No	1244	86.8	395	85.7	386	85.6	224	90.3	239	87.5
Unknown	64	4.5	18	3.9	24	5.3	8	3.2	14	5.1
Is there evidence the event was planned and/or premeditated?										
Yes	377	26.3	106	23.0	102	22.6	92	37.1	77	28.2
No	996	69.5	336	72.9	330	73.2	151	60.9	179	65.6
Unknown	60	4.2	19	4.1	19	4.2	5	2.0	17	6.2
Event observable										
Yes	474	33.1	151	32.8	157	34.8	74	29.8	92	33.7
No	921	64.3	300	65.1	281	62.3	168	67.7	172	63.0
Unknown	38	2.7	10	2.2	13	2.9	6	2.4	9	3.3
Left a suicide note										
Yes	171	11.9	57	12.4	55	12.2	25	10.1	34	12.5
No	1224	85.4	391	84.8	382	84.7	220	88.7	231	84.6
Unknown	38	2.7	13	2.8	14	3.1	3	1.2	8	2.9
Residence at time of event										
Barracks	709	49.5	161	34.9	281	62.3	178	71.8	89	32.6
BEQ/BOQ	26	1.8	10	2.2	3	0.7	4	1.6	9	3.3
On-base family housing	106	7.4	37	8.0	48	10.6	8	3.2	13	4.8
Off-base	517	36.1	235	51.0	110	24.4	47	19.0	125	45.8
Ship	30	2.1	0	0.0	0	0.0	0	0.0	30	11.0
Other	34	2.4	16	3.5	5	1.1	8	3.2	5	1.8
Unknown	11	0.8	2	0.4	4	0.9	3	1.2	2	0.7
Resided alone at time of event										
Yes	500	34.9	218	47.3	161	35.7	54	21.8	67	24.5
No	908	63.4	237	51.4	280	62.1	193	77.8	198	72.5
Children resided with Service member	146	10.2	61	13.2	47	10.4	14	5.6	24	8.8
Unknown	25	1.7	6	1.3	10	2.2	1	0.4	8	2.9
Gun in home/immediate environment										
Yes	149	10.4	60	13.0	52	11.5	12	4.8	25	9.2
No	1236	86.3	388	84.2	380	84.3	233	94.0	235	86.1
Unknown	48	3.3	13	2.8	19	4.2	3	1.2	13	4.8
Duty environment <sup>a</sup>										
Permanent command/garrison	1066	74.4	370	80.3	347	76.9	189	76.2	160	58.6
Leave	18	1.3	11	2.4	3	0.7	1	0.4	3	1.1
Temporary duty assignment	7	0.5	2	0.4	1	0.2	0	0.0	4	1.5
Deployed	55	3.8	19	4.1	16	3.5	5	2.0	15	5.5
Training	97	6.8	21	4.6	43	9.5	15	6.0	18	6.6
Other	118	8.2	34	7.4	28	6.2	25	10.1	31	11.4

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

<sup>a</sup>Subcategories are not mutually exclusive.

**Active Component**

**Calendar Year 2020 Annual Report**

Table 7. Physical and mental health characteristics, Active Component suicide DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Any mental health diagnosis										
Yes <sup>a</sup>	162	43.9	39	53.4	75	43.9	21	35.6	27	40.9
Mood	64	17.3	19	26.0	20	11.7	10	16.9	15	22.7
Anxiety	53	14.4	13	17.8	26	15.2	5	8.5	9	13.6
Adjustment	80	21.7	15	20.5	41	24.0	8	13.6	16	24.2
Substance use	87	23.6	13	17.8	45	26.3	11	18.6	18	27.3
No/no known history	207	56.1	34	46.6	96	56.1	38	64.4	39	59.1
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
History of sleep disorder										
Yes	31	8.4	3	4.1	21	12.3	4	6.8	3	4.5
No/no known history	338	91.6	70	95.9	150	87.7	55	93.2	63	95.5
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
History of traumatic brain injury										
Yes	14	3.8	1	1.4	9	5.3	1	1.7	3	4.5
No/no known history	355	96.2	72	98.6	162	94.7	58	98.3	63	95.5
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Family history of mental illness										
Yes	43	11.7	11	15.1	25	14.6	2	3.4	5	7.6
No/no known history	326	88.3	62	84.9	146	85.4	57	96.6	61	92.4
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Prior self-harm										
Yes <sup>a</sup>	55	14.9	9	12.3	27	15.8	7	11.9	12	18.2
One prior event	23	6.2	2	2.7	12	7.0	4	6.8	5	7.6
More than one prior event	31	8.4	7	9.6	14	8.2	3	5.1	7	10.6
Most recent event similar to current event	21	5.7	5	6.8	11	6.4	1	1.7	4	6.1
No/no known history	314	85.1	64	87.7	144	84.2	52	88.1	54	81.8
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
History of psychotropic medication use										
Yes	91	24.7	23	31.5	43	25.1	7	11.9	18	27.3
No/no known history	278	75.3	50	68.5	128	74.9	52	88.1	48	72.7
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Use of psychotropic medications, last 90 days										
Yes <sup>a</sup>	62	16.8	17	23.3	27	15.8	6	10.2	12	18.2
Antidepressants	51	13.8	12	16.4	23	13.5	6	10.2	10	15.2
Anxiolytics	24	6.5	7	9.6	11	6.4	2	3.4	4	6.1
Antimanic	4	1.1	2	2.7	1	0.6	0	0.0	1	1.5
Anticonvulsant	1	0.3	0	0.0	0	0.0	0	0.0	1	1.5
Antipsychotic	9	2.4	4	5.5	3	1.8	0	0.0	2	3.0
Sleep medication	21	5.7	6	8.2	9	5.3	1	1.7	5	7.6
No/no known history	307	83.2	56	76.7	144	84.2	53	89.8	54	81.8

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

*Continued on next page*

Table 7 (cont). Physical and mental health characteristics, Active Component suicide DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Pain medication use at time of event										
Yes	23	6.2	5	6.8	13	7.6	0	0.0	5	7.6
Opioid medication	3	0.8	2	2.7	1	0.6	0	0.0	0	0.0
No/no known history	346	93.8	68	93.2	158	92.4	59	100.0	61	92.4
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Health/social services, last 90 days										
Yes <sup>a</sup>	196	53.1	39	53.4	96	56.1	29	49.2	32	48.5
Medical treatment facility	171	46.3	34	46.6	83	48.5	25	42.4	29	43.9
Substance abuse services	33	8.9	4	5.5	18	10.5	5	8.5	6	9.1
Family assistance program	27	7.3	7	9.6	16	9.4	2	3.4	2	3.0
Mental health <sup>a</sup>	108	29.3	22	30.1	51	29.8	17	28.8	18	27.3
Outpatient	104	28.2	22	30.1	48	28.1	16	27.1	18	27.3
Inpatient	31	8.4	6	8.2	10	5.8	8	13.6	7	10.6
No/no known history	173	46.9	34	46.6	75	43.9	30	50.8	34	51.5
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

<sup>a</sup>Subcategories are not mutually exclusive.

Table 8. Physical and mental health characteristics, Active Component suicide-attempt DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Any mental health diagnosis										
Yes <sup>a</sup>	793	55.3	285	61.8	228	50.6	122	49.2	158	57.9
Mood	380	26.5	137	29.7	105	23.3	60	24.2	78	28.6
Anxiety	291	20.3	103	22.3	82	18.2	44	17.7	62	22.7
Adjustment	310	21.6	132	28.6	90	20.0	40	16.1	48	17.6
Substance use	306	21.4	94	20.4	97	21.5	52	21.0	63	23.1
No/no known history	633	44.2	176	38.2	217	48.1	126	50.8	114	41.8
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4
History of sleep disorder										
Yes	121	8.4	37	8.0	54	12.0	17	6.9	13	4.8
No/no known history	1305	91.1	424	92.0	391	86.7	231	93.1	259	94.9
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4
History of traumatic brain injury										
Yes	53	3.7	12	2.6	18	4.0	11	4.4	12	4.4
No/no known history	1371	95.7	449	97.4	425	94.2	237	95.6	260	95.2
Unknown	9	0.6	0	0.0	8	1.8	0	0.0	1	0.4
Family history of mental illness										
Yes	481	33.6	174	37.7	152	33.7	56	22.6	99	36.3
No/no known history	945	65.9	287	62.3	293	65.0	192	77.4	173	63.4
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4
Prior self-harm										
Yes <sup>a</sup>	385	26.9	125	27.1	106	23.5	63	25.4	91	33.3
One prior event	179	12.5	57	12.4	49	10.9	28	11.3	45	16.5
More than one prior event	201	14.0	67	14.5	53	11.8	35	14.1	46	16.8
Most recent event similar to current event	186	13.0	55	11.9	50	11.1	35	14.1	46	16.8
No/no known history	1041	72.6	336	72.9	339	75.2	185	74.6	181	66.3
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4
History of psychotropic medication use										
Yes	448	31.3	180	39.0	115	25.5	71	28.6	82	30.0
No/no known history	978	68.2	281	61.0	330	73.2	177	71.4	190	69.6
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4
Use of psychotropic medications, last 90 days										
Yes <sup>a</sup>	381	26.6	150	32.5	95	21.1	62	25.0	74	27.1
Antidepressants	340	23.7	134	29.1	83	18.4	54	21.8	69	25.3
Anxiolytics	153	10.7	64	13.9	41	9.1	18	7.3	30	11.0
Antimanic	10	0.7	9	2.0	1	0.2	0	0.0	0	0.0
Anticonvulsant	11	0.8	5	1.1	3	0.7	1	0.4	2	0.7
Antipsychotic	24	1.7	14	3.0	3	0.7	3	1.2	4	1.5
Sleep medication	174	12.1	72	15.6	51	11.3	24	9.7	27	9.9
No/no known history	1045	72.9	311	67.5	350	77.6	186	75.0	198	72.5
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

Continued on next page

Table 8 (cont). Physical and mental health characteristics, Active Component suicide-attempt DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Pain medication use										
Yes	198	13.8	56	12.1	77	17.1	37	14.9	28	10.3
Opioid medication	20	1.4	9	2.0	5	1.1	2	0.8	4	1.5
No/no known history	1227	85.6	404	87.6	368	81.6	211	85.1	244	89.4
Unknown	8	0.6	1	0.2	6	1.3	0	0.0	1	0.4
Health/social services, last 90 days										
Yes <sup>a</sup>	822	57.4	283	61.4	246	54.5	143	57.7	150	54.9
Medical treatment facility	631	44.0	238	51.6	183	40.6	106	42.7	104	38.1
Substance abuse services	134	9.4	45	9.8	51	11.3	16	6.5	22	8.1
Family assistance program	53	3.7	25	5.4	16	3.5	6	2.4	6	2.2
Mental health <sup>a</sup>	630	44.0	202	43.8	219	48.6	99	39.9	110	40.3
Outpatient	599	41.8	193	41.9	208	46.1	95	38.3	103	37.7
Inpatient	178	12.4	54	11.7	60	13.3	28	11.3	36	13.2
No/no known history	604	42.1	178	38.6	199	44.1	105	42.3	122	44.7
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

<sup>a</sup>Subcategories are not mutually exclusive.

Table 9. Contextual factors, Active Component suicide DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Failed or failing relationship, last 90 days										
Yes <sup>a</sup>	161	43.6	31	42.5	81	47.4	30	50.8	19	28.8
Intimate relationship	151	40.9	31	42.5	78	45.6	27	45.8	15	22.7
Other relationship	40	10.8	4	5.5	18	10.5	11	18.6	7	10.6
No/no known history	208	56.4	42	57.5	90	52.6	29	49.2	47	71.2
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Friend and family stressors, last 90 days										
Yes <sup>a</sup>	23	6.2	7	9.6	8	4.7	6	10.2	2	3.0
Death of spouse or other family member (manner other than suicide)	11	3.0	2	2.7	4	2.3	4	6.8	1	1.5
Death of friend (manner other than suicide)	5	1.4	1	1.4	2	1.2	1	1.7	1	1.5
Serious illness of friend or family member	9	2.4	4	5.5	2	1.2	2	3.4	1	1.5
No/no known history	346	93.8	66	90.4	163	95.3	53	89.8	64	97.0
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
History of friend or family death by suicide										
Yes <sup>a</sup>	38	10.3	5	6.8	19	11.1	5	8.5	9	13.6
Spouse	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Family other than spouse	18	4.9	2	2.7	9	5.3	2	3.4	5	7.6
Friend	22	6.0	3	4.1	11	6.4	3	5.1	5	7.6
No/no known history	331	89.7	68	93.2	152	88.9	54	91.5	57	86.4
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Administrative/legal problems, last 90 days										
Yes <sup>a</sup>	100	27.1	17	23.3	49	28.7	16	27.1	18	27.3
Courts martial proceedings	8	2.2	2	2.7	4	2.3	2	3.4	0	0.0
Article 15/Non-judicial punishment	28	7.6	3	4.1	13	7.6	7	11.9	5	7.6
Administrative separation proceedings	21	5.7	2	2.7	13	7.6	4	6.8	2	3.0
Away without leave/deserter status	11	3.0	1	1.4	4	2.3	4	6.8	2	3.0
Medical evaluation board proceedings	9	2.4	2	2.7	4	2.3	0	0.0	3	4.5
Civil legal proceedings	33	8.9	5	6.8	21	12.3	2	3.4	5	7.6
Non-selection for promotion	13	3.5	3	4.1	5	2.9	3	5.1	2	3.0
Under investigation	38	10.3	6	8.2	21	12.3	5	8.5	6	9.1
No/no known history	269	72.9	56	76.7	122	71.3	43	72.9	48	72.7
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Excessive debt/bankruptcy, last 90 days										
Yes	12	3.3	2	2.7	6	3.5	3	5.1	1	1.5
No/no known history	357	96.7	71	97.3	165	96.5	56	94.9	65	98.5
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Workplace difficulties, last 90 days										
Yes <sup>a</sup>	56	15.2	12	16.4	27	15.8	12	20.3	5	7.6
Job problems	43	11.7	8	11.0	22	12.9	10	16.9	3	4.5
Supervisor/coworker issues	24	6.5	3	4.1	15	8.8	2	3.4	4	6.1
Poor performance review	22	6.0	2	2.7	11	6.4	8	13.6	1	1.5
Unit/workplace hazing	1	0.3	0	0.0	1	0.6	0	0.0	0	0.0
No/no known history	313	84.8	61	83.6	144	84.2	47	79.7	61	92.4
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

Continued on next page

Table 9 (cont). Contextual factors, Active Component suicide DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Abuse, assault, or harassment victimization, last year										
Yes <sup>a</sup>	22	6.0	4	5.5	9	5.3	5	8.5	4	6.1
Physical abuse or assault	9	2.4	0	0.0	5	2.9	1	1.7	3	4.5
Sexual abuse or assault	5	1.4	1	1.4	2	1.2	2	3.4	0	0.0
Emotional abuse	13	3.5	3	4.1	4	2.3	2	3.4	4	6.1
Sexual harassment	3	0.8	1	1.4	2	1.2	0	0.0	0	0.0
No/no known history	347	94.0	69	94.5	162	94.7	54	91.5	62	93.9
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Abuse, assault, or harassment perpetration, last year										
Yes <sup>a</sup>	46	12.5	8	11.0	26	15.2	6	10.2	6	9.1
Physical abuse or assault	22	6.0	2	2.7	16	9.4	3	5.1	1	1.5
Sexual abuse or assault	19	5.1	3	4.1	10	5.8	3	5.1	3	4.5
Emotional abuse	13	3.5	4	5.5	6	3.5	1	1.7	2	3.0
Sexual harassment	6	1.6	0	0.0	5	2.9	1	1.7	0	0.0
No/no known history	323	87.5	65	89.0	145	84.8	53	89.8	60	90.9
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

<sup>a</sup>Subcategories are not mutually exclusive.



Table 10. Contextual factors, Active Component suicide-attempt DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Failed or failing relationship, last 90 days										
Yes <sup>a</sup>	477	33.3	177	38.4	141	31.3	76	30.6	83	30.4
Intimate relationship	411	28.7	156	33.8	128	28.4	64	25.8	63	23.1
Other relationship	148	10.3	51	11.1	38	8.4	23	9.3	36	13.2
No/no known history	949	66.2	284	61.6	304	67.4	172	69.4	189	69.2
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4
Friend and family stressors, last 90 days										
Yes <sup>a</sup>	187	13.0	48	10.4	60	13.3	36	14.5	43	15.8
Death of spouse or other family member (manner other than suicide)	76	5.3	24	5.2	19	4.2	10	4.0	23	8.4
Death of friend (manner other than suicide)	41	2.9	11	2.4	14	3.1	7	2.8	9	3.3
Serious illness of friend or family member	92	6.4	22	4.8	32	7.1	20	8.1	18	6.6
No/no known history	1239	86.5	413	89.6	385	85.4	212	85.5	229	83.9
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4
History of friend or family death by suicide										
Yes <sup>a</sup>	296	20.7	83	18.0	92	20.4	47	19.0	74	27.1
Spouse	10	0.7	1	0.2	5	1.1	2	0.8	2	0.7
Family other than spouse	97	6.8	38	8.2	23	5.1	14	5.6	22	8.1
Friend	214	14.9	49	10.6	70	15.5	37	14.9	58	21.2
No/no known history	1130	78.9	378	82.0	353	78.3	201	81.0	198	72.5
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4
Administrative/legal problems, last 90 days										
Yes <sup>a</sup>	342	23.9	101	21.9	115	25.5	66	26.6	60	22.0
Courts martial proceedings	16	1.1	6	1.3	6	1.3	2	0.8	2	0.7
Article 15/Non-judicial punishment	88	6.1	17	3.7	38	8.4	20	8.1	13	4.8
Administrative separation proceedings	100	7.0	17	3.7	45	10.0	19	7.7	19	7.0
Away without leave/deserter status	25	1.7	10	2.2	5	1.1	6	2.4	4	1.5
Medical evaluation board proceedings	76	5.3	29	6.3	26	5.8	10	4.0	11	4.0
Civil legal proceedings	63	4.4	24	5.2	23	5.1	6	2.4	10	3.7
Non-selection for promotion	23	1.6	5	1.1	7	1.6	8	3.2	3	1.1
Under investigation	105	7.3	35	7.6	31	6.9	19	7.7	20	7.3
No/no known history	1084	75.6	360	78.1	330	73.2	182	73.4	212	77.7
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4
Excessive debt/bankruptcy, last 90 days										
Yes	63	4.4	16	3.5	17	3.8	14	5.6	16	5.9
No/no known history	1363	95.1	445	96.5	428	94.9	234	94.4	256	93.8
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4
Workplace difficulties, last 90 days										
Yes <sup>a</sup>	433	30.2	151	32.8	122	27.1	68	27.4	92	33.7
Job problems	311	21.7	119	25.8	73	16.2	50	20.2	69	25.3
Supervisor/coworker issues	234	16.3	79	17.1	66	14.6	36	14.5	53	19.4
Poor performance review	93	6.5	31	6.7	24	5.3	21	8.5	17	6.2
Unit/workplace hazing	47	3.3	12	2.6	16	3.5	9	3.6	10	3.7
No/no known history	993	69.3	310	67.2	323	71.6	180	72.6	180	65.9
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

Continued on next page

Table 10 (cont). Contextual factors, Active Component suicide-attempt DoDSER forms

	Total No.	Total %	USAF No.	USAF %	USA No.	USA %	USMC No.	USMC %	USN No.	USN %
Abuse, assault, or harassment victimization, last year										
Yes <sup>a</sup>	231	16.1	80	17.4	74	16.4	30	12.1	47	17.2
Physical abuse or assault	65	4.5	18	3.9	20	4.4	8	3.2	19	7.0
Sexual abuse or assault	86	6.0	28	6.1	24	5.3	15	6.0	19	7.0
Emotional abuse	129	9.0	41	8.9	49	10.9	14	5.6	25	9.2
Sexual harassment	61	4.3	20	4.3	20	4.4	10	4.0	11	4.0
No/no known history	1195	83.4	381	82.6	371	82.3	218	87.9	225	82.4
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4
Abuse, assault, or harassment perpetration, last year										
Yes <sup>a</sup>	67	4.7	25	5.4	19	4.2	12	4.8	11	4.0
Physical abuse or assault	30	2.1	9	2.0	8	1.8	7	2.8	6	2.2
Sexual abuse or assault	18	1.3	4	0.9	7	1.6	3	1.2	4	1.5
Emotional abuse	25	1.7	10	2.2	6	1.3	5	2.0	4	1.5
Sexual harassment	10	0.7	4	0.9	3	0.7	1	0.4	2	0.7
No/no known history	1359	94.8	436	94.6	426	94.5	236	95.2	261	95.6
Unknown	7	0.5	0	0.0	6	1.3	0	0.0	1	0.4

Note: USAF = Air Force; USA = Army; USMC = Marine Corps; USN = Navy; No. = number of forms.

<sup>a</sup>Subcategories are not mutually exclusive.

## Chapter 3: DoDSER Summary - Reserve Component

### Introduction

This chapter presents an overview of Reserve Component suicide and suicide-attempt DoDSER data. Data for all events with a submitted DoDSER form, regardless of duty status at the time of the event, are included in the descriptive summary and the data tables (Tables 12-15). The inclusion of all duty statuses was first implemented in CY 2018. See Appendix B for additional information on DoDSER data collection.

### Suicide Mortality

Forms for all Reserve Component deaths that occurred among Service members in a duty status and confirmed by AFMES with a manner of suicide by January 31, 2021, were required for submission in DoDSER by March 31, 2021, for inclusion in this report. Forms submitted for events that were not required by January 31, 2021, were also included in this report. Table 11 below shows the number of forms submitted by service and submission requirement.

Table 11. Number of DoDSER forms submitted for Reserve Component deaths by suicide, by Reserve and National Guard

	Reserve	National Guard
No. of deaths	77	119
No. of required reports	15	31
No. of required reports submitted	14	31
No. of additional reports submitted	18	60
Total number of included reports	32	91

### Suicide Attempts

DoDSER forms were submitted for 57 suicide attempts among 49 unique Reserve members and for 71 suicide attempts among 67 unique National Guard members. Note that some individuals made more than one suicide attempt during CY 2020.

### Method of Injury

For the Reserve Component, firearm use was the most common (71.9 percent) method of injury identified in suicide DoDSER forms, while drug and/or alcohol overdose was the most frequently reported method of injury (54.4 percent) for suicide-attempt DoDSER forms. For the National Guard, firearm use was the most common (78.0 percent) method of injury identified in suicide DoDSER forms. Drug and/or alcohol overdose was the most frequently reported method of injury (50.7 percent) in suicide-attempt DoDSER forms.

### Behavioral Health History

A similar proportion of suicide forms indicated a known mental health condition for the Reserve (28.1 percent) and National Guard (30.8 percent). For both populations, suicide-attempt report forms indicated a higher prevalence of a known mental health condition (Reserve=59.6 percent; National Guard=52.1 percent).

### Health Care Utilization

Reserve Component Service members are able to access the MHS (to include using Tricare benefits) while in a duty status. Outside of a duty status, these Service members use other medical services that are not monitored by the MHS. DoD SER data on health care utilization are provided in Table 14, but should be interpreted with caution.

### Stressors

Data on stressors, such as relationship, administrative/legal problems, and workplace difficulties, are displayed in Table 15. Relationship difficulties were the most common stressor among suicide forms (Reserve=28.1 percent; National Guard=42.9 percent). Relationship difficulties (Reserve=29.8 percent; National Guard=26.8 percent) and workplace difficulties (Reserve=29.8 percent; National Guard=31.0 percent) were the most common stressors among suicide-attempt forms.

Table 12. Demographic characteristics, Reserve Component suicide and suicide-attempt DoDSER forms

	R, S No.	R, S %	NG, S No.	NG, S %	R, SA No.	R, SA %	NG, SA No.	NG, SA %
Sex								
Male	31	96.9	87	95.6	37	64.9	46	64.8
Female	1	3.1	4	4.4	20	35.1	25	35.2
Age								
17-19	0	0.0	3	3.3	6	10.5	10	14.1
20-24	10	31.3	33	36.3	28	49.1	15	21.1
25-29	5	15.6	19	20.9	9	15.8	9	12.7
30-34	5	15.6	12	13.2	5	8.8	10	14.1
35-39	3	9.4	10	11.0	6	10.5	18	25.4
40-44	5	15.6	6	6.6	1	1.8	5	7.0
45-59	4	12.5	8	8.8	2	3.5	4	5.6
Race								
American Indian/Alaska Native	3	9.4	3	3.3	1	1.8	1	1.4
Asian/Pacific Islander	2	6.3	2	2.2	7	12.3	3	4.2
Black/African American	5	15.6	11	12.1	11	19.3	8	11.3
White/Caucasian	19	59.4	73	80.2	36	63.2	54	76.1
Other/Unknown	3	9.4	2	2.2	2	3.5	5	7.0
Hispanic ethnicity								
Yes	5	15.6	7	7.7	12	21.1	13	18.3
No	27	84.4	79	86.8	45	78.9	56	78.9
Unknown	0	0.0	5	5.5	0	0.0	2	2.8
Education								
Less than high school	1	3.1	1	1.1	3	5.3	2	2.8
Alternative high school	1	3.1	3	3.3	2	3.5	2	2.8
High school graduate	23	71.9	47	51.6	43	75.4	18	25.4
Some college	2	6.3	25	27.5	6	10.5	39	54.9
4-year degree	4	12.5	12	13.2	3	5.3	7	9.9
Postgraduate	1	3.1	2	2.2	0	0.0	1	1.4
Unknown	0	0.0	1	1.1	0	0.0	2	2.8
Marital status								
Never married	13	40.6	57	62.6	35	61.4	36	50.7
Married	18	56.3	33	36.3	16	28.1	26	36.6
Legally separated	0	0.0	0	0.0	0	0.0	1	1.4
Divorced	1	11.1	1	1.1	6	10.5	8	11.3
Widowed	0	0.0	0	0.0	0	0.0	0	0.0
Service								
Air Force	9	28.1	16	17.6	16	28.1	41	57.7
Army	5	15.6	75	82.4	21	36.8	30	42.3
Marine Corps	6	18.8	N/A	N/A	11	19.3	N/A	N/A
Navy	12	37.5	N/A	N/A	9	15.8	N/A	N/A
Rank/grade								
E1-E4	10	31.3	48	52.7	38	66.7	34	47.9
E5-E9	17	53.1	35	38.5	18	31.6	34	47.9
Warrant officer <sup>a</sup>	0	0.0	2	2.2	0	0.0	1	1.4
Commissioned officer	5	15.6	6	6.6	1	1.8	2	2.8
Number of deployments								
0	13	40.6	41	45.1	37	64.9	33	46.5
1	13	40.6	31	34.1	9	15.8	15	21.1
2	1	3.1	11	12.1	10	17.5	8	11.3
3 or more	5	15.6	8	8.8	1	1.8	15	21.1

Note: R = reserve; NG = National Guard; S = suicide; SA = suicide attempt; No. = number of forms.

<sup>a</sup>The Air Force does not have the rank of Warrant officer.

Table 13. Event characteristics, Reserve Component suicide and suicide-attempt DoDSER forms

	R, S No.	R, S %	NG, S No.	NG, S %	R, SA No.	R, SA %	NG, SA No.	NG, SA %
Event setting								
Own residence	19	59.4	45	49.5	29	50.9	37	52.1
Barracks	2	6.3	5	5.5	10	17.5	18	25.4
Residence of friend or family	3	9.4	9	9.9	4	7.0	4	5.6
Work/jobsite	1	3.1	0	0.0	1	1.8	2	2.8
Automobile	5	15.6	11	12.1	7	12.3	4	5.6
Inpatient medical facility	0	0.0	0	0.0	0	0.0	0	0.0
Hotel	0	0.0	2	2.2	1	1.8	3	4.2
Other	1	3.1	14	15.4	5	8.8	3	4.2
Unknown	1	3.1	5	5.5	0	0.0	0	0.0
Method of injury								
Drug/alcohol	1	3.1	1	1.1	31	54.4	36	50.7
Hanging/asphyxiation	7	21.9	17	18.7	2	3.5	11	15.5
Poison	0	0.0	0	0.0	1	1.8	4	5.6
Firearm	23	71.9	71	78.0	4	7.0	9	12.7
Military-issued	0	0.0	8	8.8	1	1.8	0	0.0
Personally-owned	23	71.9	63	69.2	3	5.3	9	12.7
Of unknown provenance	0	0.0	2	2.2	0	0.0	0	0.0
Trauma	1	3.1	0	0.0	18	31.6	9	12.7
Other	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	0	0.0	0	0.0	1	1.8	2	2.8
Alcohol used during event								
Yes	6	18.8	21	23.1	18	31.6	28	39.4
No	13	40.6	47	51.6	36	63.2	38	53.5
Unknown	13	40.6	23	25.3	3	5.3	5	7.0
Drugs used during event								
Yes <sup>a</sup>	3	9.4	2	2.2	21	36.8	29	40.8
No	13	46.4	62	72.1	32	56.1	36	50.7
Unknown	12	42.9	22	25.6	4	7.0	6	8.5
Communicated intent for self-harm								
Yes <sup>a</sup>	6	18.8	31	34.1	13	22.8	15	21.1
Spouse	3	9.4	13	14.3	4	7.0	3	4.2
Friend	1	3.1	13	14.3	4	7.0	8	11.3
Mental health staff	0	0.0	3	3.3	3	5.3	2	2.8
No	26	81.3	60	65.9	44	77.2	56	78.9
Is there evidence the event involved death-risk gambling?								
Yes	0	0.0	8	8.8	7	12.3	7	9.9
No	29	90.6	77	84.6	45	78.9	61	85.9
Unknown	3	9.4	6	6.6	5	8.8	3	4.2
Is there evidence the event was planned and/or premeditated?								
Yes	7	21.9	32	35.2	17	29.8	16	22.5
No	16	50.0	51	56.0	36	63.2	50	70.4
Unknown	9	28.1	8	8.8	4	7.0	5	7.0
Event observable								
Yes	3	9.4	19	20.9	24	42.1	32	45.1
No	27	84.4	67	73.6	25	43.9	37	52.1
Unknown	2	6.3	5	5.5	8	14.0	2	2.8

Note: R = reserve; NG = National Guard; S = suicide; SA = suicide attempt; No. = number of forms.

Continued on next page

Table 13 (cont). Event characteristics, Reserve Component suicide and suicide-attempt DoDSER forms

	R, S No.	R, S %	NG, S No.	NG, S %	R, SA No.	R, SA %	NG, SA No.	NG, SA %
Left a suicide note								
Yes	7	21.9	22	24.2	5	8.8	6	8.5
No	21	65.6	65	71.4	45	78.9	64	90.1
Unknown	4	12.5	4	4.4	7	12.3	1	1.4
Residence at time of event								
Barracks	1	3.1	5	5.5	11	19.3	19	26.8
BEQ/BOQ	0	0.0	0	0.0	0	0.0	0	0.0
On-base family housing	2	6.3	0	0.0	1	1.8	0	0.0
Off-base	27	84.4	69	75.8	41	71.9	48	67.6
Ship	0	0.0	0	0.0	0	0.0	0	0.0
Other	1	3.1	12	13.2	4	7.0	3	4.2
Unknown	1	3.1	5	5.5	0	0.0	1	1.4
Resided alone at time of event								
Yes	9	28.1	25	27.5	14	24.6	15	21.1
No	21	65.6	60	65.9	35	61.4	52	73.2
Children resided with Service member	9	28.1	20	22.0	6	10.5	12	16.9
Unknown	2	6.3	6	6.6	8	14.0	4	5.6
Gun in home/immediate environment								
Yes	22	68.8	62	68.1	15	26.3	22	31.0
No	7	21.9	17	18.7	36	63.2	43	60.6
Unknown	3	9.4	12	13.2	6	10.5	6	8.5
Duty environment <sup>a</sup>								
Permanent command/garrison	13	40.6	58	63.7	21	36.8	30	42.3
Leave	2	6.3	6	6.6	53	93.0	69	97.2
Temporary duty assignment	0	0.0	1	1.1	57	100.0	70	98.6
Deployed	0	0.0	4	4.4	2	3.5	5	7.0
Training	1	3.1	4	4.4	6	10.5	13	18.3
Not in a duty status	16	50.0	59	64.8	14	24.6	17	23.9
Other	14	43.8	20	22.0	21	36.8	26	36.6

Note: R = reserve; NG = National Guard; S = suicide; SA = suicide attempt; No. = number of forms.

<sup>a</sup>Subcategories are not mutually exclusive.

Table 14. Physical and mental health characteristics, Reserve Component suicide and suicide-attempt DoDSER forms

	R, S No.	R, S %	NG, S No.	NG, S %	R, SA No.	R, SA %	NG, SA No.	NG, SA %
Any mental health diagnosis								
Yes <sup>a</sup>	9	28.1	28	30.8	34	59.6	37	52.1
Mood	8	25.0	12	13.2	20	35.1	22	31.0
Anxiety	2	6.3	11	12.1	16	28.1	16	22.5
Adjustment	3	9.4	1	1.1	8	14.0	11	15.5
Substance use	4	12.5	18	19.8	11	19.3	15	21.1
No/no known history	23	71.9	63	69.2	23	40.4	34	47.9
Unknown	0	0.0	0	0.0	0	0.0	0	0.0
History of sleep disorder								
Yes	0	0.0	1	1.1	7	12.3	5	7.0
No/no known history	32	100.0	90	98.9	50	87.7	66	93.0
Unknown	0	0.0	0	0.0	0	0.0	0	0.0
History of traumatic brain injury								
Yes	0	0.0	4	4.4	3	5.3	2	2.8
No/no known history	32	100.0	87	95.6	54	94.7	69	97.2
Unknown	0	0.0	0	0.0	0	0.0	0	0.0
Family history of mental illness								
Yes	2	6.3	7	7.7	22	38.6	22	31.0
No/no known history	30	93.8	84	92.3	35	61.4	49	69.0
Unknown	0	0.0	0	0.0	0	0.0	0	0.0
Prior self-harm								
Yes	2	6.3	17	18.7	22	38.6	25	35.2
One prior event	1	3.1	9	9.9	12	21.1	13	18.3
More than one prior event	1	3.1	6	6.6	9	15.8	12	16.9
Most recent event similar to current event	1	3.1	8	8.8	9	15.8	11	15.5
No/no known history	30	93.8	74	81.3	35	61.4	46	64.8
History of psychotropic medication use								
Yes	6	18.8	12	13.2	21	36.8	18	25.4
No/no known history	26	81.3	79	86.8	36	63.2	53	74.6
Use of psychotropic medications, last 90 days								
Yes	2	6.3	6	6.6	9	15.8	16	22.5
No/no known history	30	93.8	85	93.4	56	76.7	56	83.6
Unknown	0	0.0	0	0.0	1	1.4	1	1.5
Pain medication use at time of event								
Yes	1	3.1	4	4.4	7	12.3	16	22.5
No/no known history	31	96.9	87	95.6	50	87.7	55	77.5
Unknown	0	0.0	0	0.0	0	0.0	0	0.0
Health/social services, last 90 days								
Yes <sup>a</sup>	11	34.4	23	25.3	21	36.8	32	45.1
Medical treatment facility	10	31.3	14	15.4	20	35.1	24	33.8
Mental health services	1	3.1	14	15.4	15	26.3	28	39.4
No/no known history	21	65.6	68	74.7	36	63.2	39	54.9

Note: R = reserve; NG = National Guard; S = suicide; SA = suicide attempt; No. = number of forms.



Table 15. Contextual factors, Reserve Component suicide and suicide-attempt DoDSER forms

	R, S No.	R, S %	NG, S No.	NG, S %	R, SA No.	R, SA %	NG, SA No.	NG, SA %
Failed or failing relationship, last 90 days								
Yes <sup>a</sup>	9	28.1	39	42.9	17	29.8	19	26.8
Intimate relationship	9	28.1	36	39.6	12	21.1	17	23.9
Other relationship	0	0.0	9	9.9	9	15.8	5	7.0
No/no known history	23	71.9	52	57.1	40	70.2	52	73.2
Friend and family stressors, last 90 days								
Yes <sup>a</sup>	0	0.0	2	2.2	7	9.6	12	17.9
Death of spouse or other family member (manner other than suicide)	0	0.0	0	0.0	1	1.4	2	3.0
Death of friend (manner other than suicide)	0	0.0	1	1.1	1	1.4	4	6.0
Serious illness of friend or family member	0	0.0	1	1.1	6	8.2	6	9.0
No/no known history	32	100.0	89	97.8	65	89.0	54	80.6
Unknown	0	0.0	0	0.0	1	1.4	1	1.5
History of friend or family death by suicide								
Yes	2	6.3	10	11.0	15	26.3	9	12.7
No/no known history	30	93.8	81	89.0	42	73.7	62	87.3
Administrative/legal problems, last 90 days								
Yes <sup>a</sup>	5	15.6	22	24.2	13	22.8	12	16.9
Courts martial proceedings	0	0.0	1	1.1	1	1.8	0	0.0
Article 15/Non-judicial punishment	2	6.3	4	4.4	3	5.3	2	2.8
Administrative separation proceedings	0	0.0	4	4.4	5	8.8	5	7.0
Away without leave/deserter status	0	0.0	2	2.2	0	0.0	2	2.8
Medical evaluation board proceedings	0	0.0	3	3.3	3	5.3	4	5.6
Civil legal proceedings	2	6.3	11	12.1	2	3.5	2	2.8
Non-selection for promotion	0	0.0	1	1.1	2	3.5	0	0.0
Under investigation	2	6.3	4	4.4	2	3.5	4	5.6
No/no known history	27	84.4	69	75.8	44	77.2	59	83.1
Excessive debt/bankruptcy, last 90 days								
Yes	1	3.1	5	5.5	3	5.3	3	4.2
No/no known history	31	96.9	86	94.5	54	94.7	68	95.8
Workplace difficulties, last 90 days								
Yes <sup>a</sup>	3	9.4	15	16.5	17	29.8	22	31.0
Job problems	3	9.4	12	13.2	12	21.1	18	25.4
Supervisor/coworker issues	0	0.0	7	7.7	7	12.3	10	14.1
Poor performance review	0	0.0	2	2.2	2	3.5	3	4.2
Unit/workplace hazing	0	0.0	3	3.3	2	3.5	1	1.4
No/no known history	29	90.6	76	83.5	40	70.2	49	69.0
Abuse, assault, or harassment victimization, last year								
Yes	1	3.1	5	5.5	8	14.0	6	8.5
No/no known history	31	96.9	86	94.5	49	86.0	65	91.5
Abuse, assault, or harassment perpetration, last year								
Yes	3	9.4	11	12.1	2	3.5	2	2.8
No/no known history	29	90.6	80	87.9	55	96.5	69	97.2

Note: R = reserve; NG = National Guard; S = suicide; SA = suicide attempt; No. = number of forms.

<sup>a</sup>Subcategories are not mutually exclusive.

## Appendix A: Section 741 of the NDAAs for FY 2020 (Public Law 116-92) Reporting Requirements

This appendix addresses specific requirements of Section 741 of the NDAAs for FY2020 (Public Law 116-92), as amended by Section 742 of the William M. (Mac) Thornberry NDAA for FY 2021 (Public Law 116-283). Table 16 below identifies the portion of the reporting requirements covered here and which are covered by the CY 2020 DoD ASR.

### Reporting Requirements for Military Suicide Events

This DoDSER Annual Report covers subparagraphs A-D of the reporting requirement. The CY 2020 ASR provides data that satisfy the other requirements. Table 16 lists the requirements and identifies the corresponding report.

Table 16: NDAAs for FYs 2020-2021 suicide event reporting requirements and DoD report fulfilling each requirement

Requirement <sup>a,b</sup>	Report
(A) The number of suicides, attempted suicides, and known cases of suicidal ideation involving a member of the Armed Forces, including the reserve components thereof, listed by Armed Force.	CY 2020 DoDSER Annual Report
(B) The number of suicides, attempted suicides, or known cases of suicidal ideation identified under subparagraph (A) that occurred during each of the following periods: (i) The first 180 days of the member serving in the Armed Forces. (ii) The period in which the member is deployed in support of a contingency operation. (iii) The one-year period following the data on which the member returns from such a deployment.	CY 2020 DoDSER Annual Report
(C) With respect to the number of suicides, attempted suicides, or known cases of suicidal ideation identified under subparagraph (B)(i), the initial recruit training location of the member.	CY 2020 DoDSER Annual Report
(D) The number of suicides involving a member who was prescribed a medication to treat a mental health or behavioral health diagnosis during the one-year period preceding the death.	CY 2020 DoDSER Annual Report
(E) The number of suicides involving a dependent of a member.	CY 2020 ASR
(F) A description of any research collaborations and data sharing by the Department of Defense with the Department of Veterans Affairs, other departments or agencies of the Federal Government, academic institutions, or nongovernmental organizations.	CY 2020 ASR
(G) Identification of a research agenda for the Department of Defense to improve the evidence base on effective suicide prevention treatment and risk communication.	CY 2020 ASR
(H) The availability and usage of the assistance of chaplains, houses of worship, and other spiritual resources for members of the Armed Forces who identify as religiously affiliated and have attempted suicide, have experienced suicidal ideation, or are at risk of suicide, and metrics on the impact these resources have in assisting religiously affiliated members who have access to and utilize them compared to religiously-affiliated members who do not.	CY 2020 ASR
(I) A description of the effectiveness of the policies developed pursuant to section 567 of the Carl Levin and Howard P. “Buck” McKeon NDAA for FY 2015 (Public Law 113-291; 10 U.S.C. § 1071 note) and section 582 of the NDAA for FY 2013 (Public Law 112-239; 10 U.S.C. § 1071 note).	CY 2020 ASR

Requirement <sup>a,b</sup>	Report
(J) A description of the programs carried out by the military departments to address and reduce the stigma associated with seeking assistance for mental health or suicidal thoughts.	CY 2020 ASR

<sup>a</sup> Wording of requirements taken directly from section 741 of the NDAA for FY 2020 (Public Law 116-92) and section 742 of the William M. (Mac) Thornberry NDAA for FY 2021 (Public Law 116-283).

<sup>b</sup> Throughout this report, Armed Force(s) refers to the members of the Military Services to whom DoD suicide prevention and response policies apply. It does not include Coast Guard, which falls under the jurisdiction of Department of Homeland Security and does not access the .mil network, and therefore, does not have access to the DoDSER system for reporting purposes.

**Introduction**

*Military Data Sources*

Data for this appendix were obtained from four sources: the AFMES, the DoDSER system, the MHS Data Repository (MDR), and the Defense Manpower Data Center (DMDC). The AFMES is the lead provider of medical-legal services for the DoD and is "...authoritatively responsible for determining the cause and manner of death for all active duty military members."<sup>2</sup> The AFMES also maintains the official case list of military suicide deaths for the DoD.

Established in 2008, the DoDSER system is a web-based system designed to collect, organize, and secure a standard set of case-level data for every DoD Service member who dies by suicide or makes a suicide attempt.<sup>3</sup> Data are entered into the DoDSER system by trained representatives from the Military Services. DoDSER data undergo cleaning and verification procedures prior to being aggregated for analysis. Aggregated data and analytic results are published on a calendar year basis in the DoDSER Annual Report.

The MDR is the centralized data repository for health care data for the Defense Health Agency. The MDR "...receives and validates data from the Department of Defense’s (DoD) worldwide network of more than 260 health care facilities and from the TRICARE Purchase Care program."<sup>4</sup> Included in MDR data are records of Service members identified as having reported a suicide attempt and/or suicidal ideation.

The DMDC is the central source for DoD personnel data.<sup>5</sup> Data for initial recruit training locations were obtained from the DMDC. The DMDC maintains the Contingency Tracking System (CTS) database, which was queried to obtain contingency operations data for this appendix. Data within the CTS may not reflect all contingency operation deployments.

*Categories of Suicide Event Data*

This appendix presents three categories of suicide data: suicide deaths, suicide attempts, and known suicidal ideation. Suicide deaths include all deaths among Active Component Service members or active duty, Reserve Component Service members with a confirmed or pending suicide manner determination by the AFMES.<sup>6</sup> Suicide deaths that occurred among Reserve and National Guard Service members who were not in a duty status at the time of death were reported to the AFMES by the Military Services, but their manner of death was not determined by AFMES. For this appendix, the official CY 2020 case list for suicide deaths was obtained from the AFMES.

A suicide attempt is defined within the DoDSER system as a self-inflicted, potentially injurious behavior with a nonfatal outcome for which there was evidence (either explicit or implicit) of intent to die. The Military Services are required to report all identified suicide attempts among Service members to the DoDSER system.<sup>6</sup> Suicide attempts among Service members may also be captured in the MDR. A suicide attempt in the MDR was defined as a health care encounter with an International Classification of Disease, Tenth Revision, Clinical Modification (ICD-10-CM) diagnostic code of T14.91XA. The A character denotes a new health care encounter for a suicide attempt.<sup>7</sup>

Known suicidal ideation was captured by the MDR and defined as a health care encounter with an ICD-10-CM diagnostic code of R45.851. To protect against the inclusion of duplicate/ongoing instances of ideation in the ideation dataset, ideation encounters had to be more than 90 days after a suicide attempt and had to be separated by at least 7 days to be considered a new ideation event.

The initial recruit training locations for Active Component Service members with events that occurred during the first 180 days of military service were determined using the postal code for the duty unit to which each individual was attached at Service entry. For Reserve and National Guard Service members, the postal code associated with the assigned unit at Service entry was used to determine the initial recruit training location. CTS data were used to determine whether an event occurred during a contingency deployment or within one year of the end date of a deployment.

MDR data were used to identify suicide decedents who had accessed a prescription for a psychotropic medication in the year prior to death. Psychotropic medications were defined using the American Society of Health-System Pharmacists<sup>8</sup> therapeutic classification codes. Prescriptions for medications with the first 4 digits of 2812 (anticonvulsants), 2816 (psychotherapeutic agents, to include antidepressants and antipsychotics), 2820 (stimulants), 2824 (anxiolytics), and 2828 (antimanic).

### Limitations to Data Interpretation

The suicide event data presented in this appendix are associated with several important limitations and, as such, should be interpreted with caution. First, the coding of suicide attempts and known suicidal ideation events in the MDR could be influenced by Service-level and/or clinic-level policies and procedures, provider familiarity with suicide event definitions and coding, and the ways in which patients report events, among other possible influencing factors. Hence, data in this appendix should not be used to make detailed comparisons between groups. Second, because suicide attempts and suicidal ideation among Service members may go entirely unreported, the data in this appendix should not be considered conclusive. Finally, it should be noted that MDR data only reflect encounters within the MHS and/or through the TRICARE Purchase Care program. Cases of suicide attempt and suicidal ideation that are coded in other health care systems are missing from the MDR. This is an especially important limitation for the Reserve and National Guard data because Service members from these populations may only have access to the MHS and TRICARE Purchase Care program when they are in a duty status.

Summary of Data that Fulfills the NDA FY 2020 Reporting Requirements

Table 17 presents the distribution of CY 2020 suicide events across each military population. There were no suicide deaths or attempts for Space Force personnel in CY 2020. There was one case of suicide ideation identified. Space Force is not reported separately in the tables that follow.

Tables 18 and 19 present the initial recruit training locations for Service members with a CY 2020 suicide event that occurred during their first 180 days of service. The locations for the Active Component reflect the primary training locations for the Military Services (Table 18). The locations for the Reserve and National Guard populations are specified by state (Table 19).

Table 17. Distribution of deaths by suicide, suicide attempts, and known suicidal ideation events among Service members in CY 2020, by military population

Event type and population	Individuals	Events <sup>a</sup>	First 180 days <sup>b</sup>	Contingency <sup>c</sup>	Post contingency <sup>d</sup>	Psychotropic medication <sup>e</sup>
<b>Death</b>						
Active	384	--	0	9	53	118
Air Force	81	--	0	1	12	28
Army	175	--	0	5	34	57
Marine Corps	62	--	0	1	4	10
Navy	66	--	0	2	3	23
Reserve	77	--	0	0	2	12
Air Force	12	--	0	0	1	2
Army	42	--	0	0	0	7
Marine Corps	10	--	0	0	0	1
Navy	13	--	0	0	1	2
National Guard	119	--	0	3	12	20
Air Force	16	--	0	0	2	6
Army	103	--	0	3	10	14
<b>Suicide attempt</b>						
Active	2,347	3,667	103	105	366	--
Air Force	520	850	7	21	90	--
Army	935	1507	59	41	189	--
Marine Corps	357	513	19	13	13	--
Navy	535	797	18	30	74	--
Reserve	90	119	12	2	5	--
Air Force	15	21	0	1	1	--
Army	34	40	6	1	3	--
Marine Corps	19	20	6	0	0	--
Navy	22	38	0	0	1	--
National Guard	118	167	6	14	7	--
Air Force	46	65	0	5	3	--
Army	72	102	6	9	4	--
<b>Ideation</b>						
Active <sup>f</sup>	17749	25440	1127	364	2527	--
Air Force	2920	4281	135	47	371	--
Army	7710	12308	639	208	1649	--
Marine Corps	2213	2805	103	15	81	--
Navy	4905	6045	250	94	426	--
Reserve	796	1011	156	29	56	--
Air Force	75	100	10	3	9	--
Army	481	622	118	20	38	--
Marine Corps	72	84	16	0	0	--
Navy	168	205	12	6	9	--
National Guard	873	1116	184	48	69	--
Air Force	120	143	6	3	5	--
Army	753	973	178	45	64	--

- <sup>a</sup>Total number of events. Individuals can have more than one nonfatal event per year within a nonfatal event type.
- <sup>b</sup>Number of events that occurred within 180 days of entry into military service.
- <sup>c</sup>Number of events that occurred during a contingency operation. Contingency operation data were obtained from CTS. This System may not capture all contingency operation deployments.
- <sup>d</sup>Number of events that occurred within one year after a contingency operation.
- <sup>e</sup>Number of suicide deaths that occurred within one year of a prescription for a psychotropic medication.
- <sup>f</sup>Total includes one event for Space Force.

Table 18. Distribution of deaths by suicide, suicide attempts, and known suicidal ideation events among Active Component Service members in CY 2020 during their first 180 days of service, by initial recruit training location

Location	Death	Attempt	Ideation
Columbia, SC	0	10	271
Ft. Benning	0	22	129
Ft. Leonard Wood	0	21	193
Ft. Sill	0	6	44
Great Lakes, IL	0	18	249
Joint Base San Antonio	0	4	118
Parris Island, SC	0	18	71
San Diego, CA	0	1	32
Other/unknown	0	3	20

Table 19. Distribution of deaths by suicide, suicide attempts, and known suicidal ideation events among Reserve Component Service members in CY 2020 during their first 180 days of service, by initial recruit training location

Location	Reserve Death	Reserve Attempt	Reserve Ideation	National Guard Death	National Guard Attempt	National Guard Ideation
Alabama	0	0	5	0	2	5
Alaska	0	0	0	0	0	3
Arizona	0	0	3	0	0	0
Arkansas	0	0	4	0	0	6
California	0	0	9	0	1	10
Colorado	0	0	1	0	0	1
Connecticut	0	0	0	0	0	0
Delaware	0	0	4	0	0	3
Florida	0	0	7	0	0	1
Georgia	0	0	5	0	0	2
Idaho	0	0	2	0	0	0
Illinois	0	2	20	0	1	7
Indiana	0	0	2	0	0	11
Iowa	0	1	3	0	0	4
Kansas	0	0	1	0	0	1
Kentucky	0	0	0	0	0	3
Louisiana	0	0	0	0	0	13
Maine	0	0	1	0	0	0
Maryland	0	0	1	0	0	2
Massachusetts	0	0	1	0	0	0
Michigan	0	0	2	0	0	9
Minnesota	0	0	1	0	1	7
Mississippi	0	0	4	0	0	9
Missouri	0	0	5	0	0	7
Montana	0	0	0	0	0	1
Nebraska	0	0	1	0	0	4
Nevada	0	0	0	0	0	1
New Hampshire	0	0	1	0	0	1
New Jersey	0	0	1	0	1	5
New Mexico	0	0	2	0	0	1
New York	0	0	10	0	0	9

Location	Reserve Death	Reserve Attempt	Reserve Ideation	National Guard Death	National Guard Attempt	National Guard Ideation
North Carolina	0	0	1	0	0	3
North Dakota	0	0	0	0	0	1
Ohio	0	1	5	0	0	3
Oklahoma	0	0	0	0	0	4
Oregon	0	0	0	0	0	2
Pennsylvania	0	1	1	0	0	7
Puerto Rico	0	1	0	0	0	1
South Carolina	0	0	5	0	0	2
South Dakota	0	0	0	0	0	1
Tennessee	0	0	2	0	0	4
Texas	0	0	12	0	0	12
Utah	0	0	3	0	0	4
Virginia	0	0	4	0	0	4
Washington	0	0	1	0	0	6
West Virginia	0	0	5	0	0	0
Wisconsin	0	0	5	0	0	1
Wyoming	0	0	0	0	0	2
Other/unknown	0	6	16	0	0	1

References and Notes

1. For more information about the NDAA for FY 2020 (Public Law 116-92) reporting requirements, see: <https://www.congress.gov/bill/116th-congress/senate-bill/1790>
2. For more information about the AFMES, see <https://health.mil/Military-Health-Topics/Combat-Support/Armed-Forces-Medical-Examiner-System>
3. For more information about the DoDSER system, see the System of Record Notice (April 15, 2016, 81 FR 22240) at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570683/edha-20-dod>
4. For more information about the MDR, see: <https://www.health.mil/Military-Health-Topics/Technology/Clinical-Support/Military-Health-System-Data-Repository>
5. For more information about DMDC, see: <https://www.dmdc.osd.mil/appj/dwp/index.jsp>
6. For more information about suicide case determination and event reporting via the DoDSER system, see DoD Instruction 6490.16, “Defense Suicide Prevention Program,” September 11, 2020 at: <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649016p.pdf?ver=2020-09-11-122632-850>.
7. Hedegaard, H., Schoenbaum, M., Claassen, C., Crosby, A., Holland, K., Proescholdbell, S. (2018). *Issues in developing a surveillance case definition for nonfatal suicide attempt and intentional self-harm using International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) coded data*. National Health Statistics Reports; no 108. Hyattsville, MD: National Center for Health Statistics.
8. <https://www.ashp.org/products-and-services/database-licensing-and-integration/ahfs-therapeutic-classification>



## Appendix B: Methods - DoDSER Data Processes and Analyses

### Case Definitions and Verification

#### *Suicide Case Criteria*

Any death among a Service member in the Active Component or the Selected Reserve (SELRES), irrespective of duty status, where the manner of death was ruled a suicide or was strongly suspected to be a suicide (but not definitively ruled as such by the time this report was written) was eligible for inclusion in this report. Suicide cases of Service members in a permanent absent without leave or deserter status were excluded from this report.<sup>1</sup>

#### *Suicide Case Verification*

For each DoDSER Annual Report, AFMES determines an official case list of suicides among Service members in the Active Component and in the SELRES. AFMES collates data for suicides among SELRES members not in a duty status from the military Service-specific Suicide Prevention Program Manager (SPPM) reports for the Air Force, Army, Marine Corps, and Navy. The official case list is used in the reporting and analysis of annual suicide mortality rates. This list is also used to validate submitted DoDSER forms for deaths by suicide.

#### *Suicide Attempt Case Criteria*

To be included in the CY 2020 DoDSER Annual Report, each suicide attempt case must have:

1. Occurred between January 1, 2020, and December 31, 2020, and
2. Met the DoDSER definition of a suicide attempt, which is a self-inflicted, potentially injurious behavior with a nonfatal outcome for which there was evidence (either explicit or implicit) of intent to die

### Data Collection and Entry

All Military Services collect data about confirmed suicides among Service members in the Active Component, confirmed suicides among members of the SELRES regardless of duty status, and suicide attempts. The Army also collects data about and submits DoDSER forms for other nonfatal events, such as non-suicidal self-harm and suicidal ideation.

#### *Common Sources for Data Collection*

Trained behavioral health providers and command officials on military installations and at medical treatment facilities collect data for each case of suicide and suicide attempt. Common sources of data for these cases include:

- Medical records
- Behavioral health records
- Personnel records
- Legal and/or investigative records
- Interviews with command officials
- Interviews with spouses, extended family, friends, and/or peers (if authorized)

For cases of suicide attempt, informed consent is sought to conduct a direct interview of the Service member who made the attempt. Data collected by direct interview can be submitted via a DoDSER form.

#### *Data Entry for DoDSER Forms*

Trained users input data directly into the DoDSER system via a web-based form, available through a secure DoD website (<https://dodser.health.mil/>). Standardized coding guidance was available during data entry, along with technical definitions of terms and item-by-item “help” text designed to aid in accurate reporting.

#### Reporting Timelines for Suicides

Military Services must report and update suicide data within designated timelines in accordance with procedures established in DoDI 6490.16 via designated trained personnel, such as SPPMs. Considering their unique organizational structures, DoDI 6490.16 allows for flexibility in how the Military Services complete their internal data collection processes.<sup>2</sup> The basic processes for the Active and Reserve Components of each Service are as follows:

- Air Force: The Integrated Resilience Office receives the AFMES notification for a suicide death and contacts the corresponding major command’s Behavioral Health Consultant. The consultant then contacts the responsible Air Force mental health clinic and requests that a clinician complete and submit the DoDSER form within 60 days.
- Army: The DoDSER Program Manager at the Defense Health Agency Armed Forces Health Surveillance Branch Supporting Behavioral and Social Health Outcomes Practice receives the AFMES notification, contacts the behavioral health point of contact (POC) at the Service member’s assigned medical treatment facility, and requests that a behavioral health clinician complete and submit a DoDSER form within 60 days.
- Navy: Following confirmation from AFMES, the SPPM’s office at the Navy’s 21st Century Sailor Office’s Suicide Prevention Branch contacts the local command and requests that an appropriate POC complete and submit a DoDSER form within 60 days.
- Marine Corps: The DoDSER Program Manager, located within the Marine Corps Headquarters’ Suicide Prevention Section and Behavioral Health Branch, contacts the local command and requests that an appropriate POC complete and submit a DoDSER form within 15 working days.
- National Guard Bureau: Upon identification or acknowledgment that a suicide has occurred, information related to the suicide event is gathered and entered into the DoDSER System. Forms are completed and submitted by the SPPM or Director of Psychological Health.

#### Reporting Timelines for Suicide Attempts

In cases involving nonfatal events, such as suicide attempts, the Military Services complete a suicide-attempt DoDSER form within 30 days of the date when the attempt was identified.

### Data Augmentation

After a DoDSER form is submitted, additional information is obtained from enterprise sources in an effort to improve overall data completeness and accuracy. Data sources and the types of data they provide include the following:

- AFMES provides data about the official manner and cause of death as well as official demographic for suicides among Service members. These data come from military or civilian autopsy reports, death certificates, written reports from military investigative agencies, or a verbal report from a civilian death investigator or coroner.
- DMDC provides demographic data from the Defense Enrollment Eligibility Reporting System for all events submitted to the DoDSER system. DMDC also provides deployment data from the CTS, the repository of official deployment-related information. At present, non-contingency deployments are not identified in the DoDSER annual report.

### Data Quality

The system uses several types of controls to ensure an overall high level of data quality. Some of these controls are:

- Form-field validation that requires users to adjudicate responses that are not logically possible (e.g., date of birth must be at least 17 years in the past).
- “Low data quality” flags for forms that are less than 80 percent complete. A flagged form warns the user that submitting the form will count against the Service’s overall level of DoDSER compliance.
- Corroboration of DoDSER suicide cases against data from AFMES ensures that suicide cases are valid and present in both independent systems. If a suicide case is present in the DoDSER system without a corresponding AFMES report, it will not be included in the analytics of the DoDSER Annual Report.
- Identification of potential duplicate suicide event submissions by the DoDSER system helps to ensure that only one submitted form exists for each event. The Military Services’ DoDSER program managers select the submission that represents the most accurate and complete data.
- Review of open-ended text fields and the selection of the “Other” response option allows for the identification of text responses that correspond well with the form’s existing response options.
- Checking of DoDSER data against data from AFMES and DMDC improves the accuracy of DoDSER data. If data submitted via the DoDSER form differ from the information received from AFMES or DMDC, then the DoDSER data are replaced with the information contained in the AFMES or DMDC records.

- Provision of help text that informs users about the definitions and parameters relevant to each question – including relevant diagnostic codes and identification of data sources relevant to a given item. This help text is available as a separate pop-up window for the given item on the DoDSER form, which means that the user does not need to navigate away from the data collection page to use the help text.

### Finalization of the Dataset

DoDSER forms for all confirmed suicide deaths must be submitted by the Military Services no later than March 31 of the following year. This deadline is 60 days after AFMES' suicide confirmation deadline of January 31 of the following year. Accordingly, the DoDSER dataset used to generate this CY 2020 Annual Report was finalized (i.e., closed to new data) on April 1, 2021.

### Data Analyses for DoDSER Variables

The majority of the CY 2020 DoDSER Annual Report describes the prevalence of suspected risk factors associated with the occurrence of suicide and suicide attempts among Service members. Statistical comparisons of a limited set of variables have also been included to examine change over time within suicide and suicide-attempt DoDSER forms. These comparisons examine the stability of risk distributions over time. Poisson regression models were used to compare CY 2020 suicide and suicide-attempt DoDSER results to results from CY 2017-2019. The 3-year average for CY 2017-2019 was used to provide a more stable statistical comparison. The Poisson model was used instead of the more commonly employed logistic regression model to yield a direct estimate of the prevalence ratio as opposed to the odds ratio. Since the outcomes described below were generally common (>10 percent prevalence) in the case groups, the odds ratio would overestimate the prevalence ratio.<sup>3</sup> A robust variance estimator was used to correct the standard error estimation that occurs when using the Poisson model with dichotomous outcomes. All outcomes were simultaneously estimated separately for deaths and suicide attempts. All models were adjusted for age, sex, rank/grade, race/ethnicity. The models for the Active Component overall were adjusted for Service affiliation. The models for the Active Component populations of the Military Services used dummy codes and product terms to simultaneously produce estimates for each Service. The CY variables were included as 3 dummy codes in reference to CY 2017. The calculation of the comparison of CY 2020 to the CY 2017-2019 average used post-estimation contrast coding for the coefficients of -1/3, -1/3, -1/3, 1 to correspond to the coefficients for CY 2017-2020, respectively.

The specific variables included in the comparative analyses were:

- Method of injury (e.g., firearm use, asphyxiation, drug or alcohol overdose)
- Presence of any mental health diagnosis<sup>4</sup>
- History of prior self-harm
- Use of psychotropic medications in the 90 days prior to the event
- Relationship problems in the 90 days prior to the event
- Legal/administrative problems in the 90 days prior to the event
- Workplace issues in the 90 days prior to the event

These variables were selected for the current report because of their prominence in the suicide research literature as major determinants of suicide and suicide attempts. Each model was adjusted for demographic factors. Full information maximum likelihood estimation was used to account for missing data.<sup>5</sup> For individuals with multiple suicide attempts or with both an attempt and a suicide death in the CY 2017-2020 DoDSER data, only the most recent report was retained for analysis to satisfy the assumption of independent observations in the regression model.

#### Data Analyses for MDR data

Data on healthcare utilization for Active Component Service members were collected using the MDR. All inpatient or outpatient direct-care encounters within 90 days prior to the event were identified. These were sub-classified as primary care (excluding mental health) if the product line associated with the encounter was coded as “PC” and none of the HIPAA Specialty Taxonomy codes matched the codes for a mental health provider. Mental health encounters were defined as any outpatient encounter where any provider coded in the available provider positions had a HIPAA Specialty Taxonomy code for a mental health provider or any inpatient admission where the product line was coded as “MH.” Active Component population data were also collected using an average over 12 months of the number of individuals in service on the first day of each calendar month during CY 2020 who had any encounter, a primary-care encounter, and/or a mental-health encounter in the 90-day period before the first of the month. Data were aggregated for both the event cases and the population data by age group (17-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-59, and 59-74), sex, and Service. The proportion of the population of Service members within each joint stratum of age, sex, and Service was multiplied by the number of submitted DoDSER forms in the corresponding stratum to determine the expected number of individuals with any healthcare encounter, primary care, and mental health care.

#### References and Notes

1. For more information on the DoDSER System, see the System of Record Notice (April 15, 2016, 81 FR 22240) at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570683/edha-20-dod>
2. For more information on suicide death and attempt reporting via the DoDSER system, see DoD Instruction 6490.16, “Defense Suicide Prevention Program,” September 11, 2020 at: <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649016p.pdf?ver=2020-09-11-122632-850>.
3. Knol, M. J., Cessie, S. L., Algra, A., Vandenbroucke, J. P., Groenwold, R. H. H. (2012). Overestimation of risk ratios by odds ratios in trials and cohort studies: alternatives to logistic regression. *CMAJ*, 184(8).
4. American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.). Washington, DC: American Psychiatric Association.
5. Enders, C. K. (2010). *Applied Missing Data Analysis*. New York: Guilford Press.

## Appendix C: Glossary

Unless otherwise noted, these terms and their definitions are specific to the collection, analysis, and reporting of DoD SER data.

Term	Definition
Active Component	The Active Component is, “the portion of the armed forces as identified in the annual NDAA as ‘active forces,’ and in 10 U.S.C. § 115 as those active duty personnel paid from funds appropriated for active duty personnel.”
Annual Suicide Report	This report satisfies requirements established by the Office of the Under Secretary of Defense for Personnel and Readiness, requiring the Defense Suicide Prevention Office to produce an annual report that serves as the official source for annual suicide counts and unadjusted rates for the Department. This report provides information on available suicide data for military family members per section 567 of the NDAA for FY 2015 (Public Law 113-291) and addresses requirements in section 741 of the FY 2020 NDAA (Public Law 116-92), as amended in Section 742 of the FY 2021 NDAA (Public Law 116-283).
Article 15	A provision under the Uniform Code of Military Justice that gives commanding officers the ability to impose non-judicial punishment upon Service members within their respective units who commit minor offenses.
Confidence Interval (95 percent)	“Over the collection of all 95 percent confidence intervals that could be constructed from repeated random samples of size $n$ , 95 percent will contain the parameter $\mu$ .” <sup>2</sup>
Contextual Factor	A factor that reflects a particular context of an individual or group.
Death-Risk Gambling	Any game of chance with death or serious injury as a potential outcome. One example is “Russian roulette.”
Deployment	“DoD Dictionary of Military and Associated Terms,” as amended, defines deployment as “[t]he movement of forces into and out of an operational area.” <sup>3</sup> Unique deployments are defined as being at least 30 days in length and having at least 30 days separation between the end of one deployment and the beginning of another.

Term	Definition
DoDSER Annual Report	A yearly summary providing a descriptive report of data from the U.S. Armed Forces on the occurrence of suicide and suicide attempts between January 1 and December 31 each year. This report also addresses requirements in Section 741 of the FY 2020 NDAA (Public Law 116-92), as amended in Section 742 of the FY 2021 NDAA (Public Law 116-283).
DoDSER Form	The DoDSER data-collection form utilized by each Service to collect a core set of standardized data elements, as well as a set of Service-specific items, regarding cases of suicide and suicide attempt.
DoDSER System	A secure web-based data-collection program, DoDSER website, through which DoDSER forms are completed and submitted.
Duty Status	Service members are considered to be in a duty status if they are members of the Active Component and are not identified as being in a deserter status. Service members of the SELRES are also considered to be in a duty status if they are identified as currently engaged in drill or training, or in the Simultaneous Membership Program, active National Guard/Reserve, or Full-Time Support roles.
Medical Evaluation Board	An element of the disability evaluation system that evaluates the medical history of a Service member to determine whether an injury and/or disease will respond to treatment protocols and whether the injury or disease may render the Service member unfit for duty. <sup>4,5</sup>
Military Services	The Military Services included in this report include the Army, Navy, Air Force, Marine Corps, and Space Force.
Non-Suicidal Self-Directed Violence	“Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent.” <sup>6</sup>
Planned and/or Premeditated	Evidence that the event was planned and/or premeditated includes verbal discussion of a plan, written notes, e-mail and/or chat-room discussion, or other evidence of a plan such as preparatory behaviors (e.g., giving possessions away, purchase of materials to facilitate suicide).

Term	Definition
Protective Factors	Factors that stem from physical, psychological, spiritual, family, social, financial, vocational, and emotional well-being; i.e., factors that make it less likely that individuals will develop a disorder. Protective factors may encompass biological, psychological, or social factors in the individual, family, and environment. <sup>7</sup>
Psychotropic Medication	A type of medication that directly affects mental, emotional, and behavioral states when consumed by an individual. Such medications are used to treat disorders such as depression or bipolar disorder.
Risk Factors	Characteristics, variables, or hazards that make it more likely that individuals will develop self-injurious behaviors. Risk factors may encompass biological, psychological, or social factors in the individual, family, and environment. <sup>7</sup>
Selected Reserve	Those units and individuals within the Ready Reserve designated by their respective Services and approved by the Joint Chiefs of Staff as so essential to initial wartime missions that they have priority over all other Reserves. Selected Reservists actively participate in a Reserve Component training program. The SELRES also includes persons performing initial active duty for training.
Self-Harm (Without Intent to Die)	A self-inflicted, potentially injurious behavior for which there is evidence (either implicit or explicit) that the person did not intend to kill himself or herself (i.e., had no intent to die). <sup>7</sup>
Sexual Assault	Intentional sexual contact characterized by use of force, threats, intimidation, or abuse of authority or when the victim does not or cannot consent. The term includes a broad category of sexual offenses consisting of the following specific Uniform Code of Military Justice offenses: rape, sexual assault, aggravated sexual contact, abusive sexual contact, forcible sodomy (forced oral or anal sex), or attempts to commit these acts. <sup>8</sup>
Suicidal Ideation	Any self-reported thoughts of engaging in suicide. <sup>7</sup>
Suicide	Self-inflicted death with evidence (either explicit or implicit) of intent to die. <sup>7</sup>
Suicide Attempt	A self-inflicted, potentially injurious behavior with a nonfatal outcome for which there is evidence (either explicit or implicit) of intent to die. <sup>7</sup>



Term	Definition
Traumatic Brain Injury	<p>A traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force, indicated by new onset or worsening of at least one of these clinical signs immediately following the event:</p> <ul style="list-style-type: none"> <li>• Any period of loss of or a decreased level of consciousness</li> <li>• Any loss of memory for events immediately before or after the injury</li> </ul> <p>Any alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.) or neurological deficits (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.) that may or may not be due to a transient intracranial lesion used to treat disorders such as depression or bipolar disorder<sup>9</sup></p>
Undetermined Self-Directed Violence	<p>“Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Suicidal intent is unclear based upon the available evidence.”<sup>6</sup></p>

#### References and Notes

1. For more information, see Office of the Under Secretary of Defense, Personnel & Readiness Memorandum, “Designation of the Defense Suicide Prevention Office as the Official Release Authority of Suicide Data for the Department of Defense,” October 30, 2018.
2. Quote from page 191 of Rosner, B. (2006). *Fundamentals of Biostatistics* (6<sup>th</sup> Ed.). Belmont, CA: Thomson Brooks/Cole.
3. Office of the Chairman of the Joint Chiefs of Staff. *DOD Dictionary of Military and Associated Terms*, (Washington DC: The Joint Staff, January, 2021), page 62.
4. For more information, see DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014.
5. For more information, see <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Access-to-Healthcare/DoD-VA-Sharing-Initiatives/Disability-Evaluation/Medical-Evaluation>.
6. Quotes from pages 63-64 of The Assessment and Management of Suicide Risk Work Group. (2019). *VA/DoD clinical practice guideline for the assessment and management of patients at risk for suicide*. Washington, DC: U.S. Department of Veterans Affairs and Department of Defense.
7. For more information, see Crosby AE, Ortega L, Melanson C. (2011). *Self-directed violence surveillance: Uniform definitions and recommended data elements, version 1.0*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

8. For more information, see DoD Directive 6495.01, “Sexual Assault Prevention and Response (SAPR) Program,” January 23, 2012, as amended.
9. For more information, see DoD Instruction 6490.13, “Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services,” March 31, 2017.

**Appendix D: Acronyms and Initialisms**

AFMES	Armed Forces Medical Examiner System
ASR	Annual Suicide Report
CTS	Contingency Tracking System
CY	Calendar Year
DoD	Department of Defense
DoDSER	Department of Defense Suicide Event Report
DMDC	Defense Manpower Data Center
FY	Fiscal Year
ICD-10-CM	International Classification of Disease, Tenth Revision, Clinical Modification
MDR	Military Health System Data Repository
MHS	Military Health System
NDAA	National Defense Authorization Act
POC	point of contact
PHCoE	Psychological Health Center of Excellence
SELRES	Selected Reserve
SPPM	Suicide Prevention Program Manager

## Appendix E: List of Tables

Table 1. DoDSER form content areas.....	2
Table 2. Number of DoDSER forms submitted for Active Component deaths by suicide, by Service and submission requirement .....	4
Table 3. Demographic characteristics, Active Component suicide DoDSER forms.....	7
Table 4. Demographic characteristics, Active Component suicide-attempt DoDSER forms .....	9
Table 5. Event characteristics, Active Component suicide DoDSER forms .....	11
Table 6. Event characteristics, Active Component suicide-attempt DoDSER forms.....	13
Table 7. Physical and mental health characteristics, active-component suicide DoDSER forms .....	15
Table 8. Physical and mental health characteristics, Active Component suicide-attempt DoDSER forms .....	17
Table 9. Contextual factors, Active Component suicide DoDSER forms .....	19
Table 10. Contextual factors, Active Component suicide-attempt DoDSER forms.....	21
Table 11. Number of DoDSER forms submitted for Reserve Component deaths by suicide, by Reserve and National Guard.....	23
Table 12. Demographic characteristics, Reserve Component suicide and suicide-attempt DoDSER forms .....	25
Table 13. Event characteristics, Reserve Component suicide and suicide-attempt DoDSER forms .....	26
Table 14. Physical and mental health characteristics, Reserve Component suicide and suicide-attempt DoDSER forms .....	28
Table 15. Contextual factors, Reserve Component suicide and suicide-attempt DoDSER forms .....	29
Table 16: NDAA FY 2020 suicide event reporting requirements and DoD report fulfilling each requirement.....	30
Table 17. Distribution of deaths by suicide, suicide attempts, and known suicidal ideation events among Service members in CY 2020, by military population .....	33
Table 18. Distribution of deaths by suicide, suicide attempts, and known suicidal ideation events among Active Component Service members in CY 2020 during their first 180 days of service, by initial recruit training location .....	34
Table 19. Distribution of deaths by suicide, suicide attempts, and known suicidal ideation events among Reserve Component Service members in CY 2020 during their first 180 days of service, by initial recruit training location .....	34

### Appendix F: List of Figures

Figure 1. Percentages of Active Component DoDSER forms that indicated selected mental health factors, by event type, CY 2017-2020..... 5

Figure 2. Percentages of Active Component DoDSER forms that indicated selected contextual stressors within 90 days of the event, by event type, CY 2017-2020 ..... 6

## Appendix G: Frequently Asked Questions (FAQs)

Q: Why do the suicide counts for a certain year sometimes change from one DoDSER Annual Report to the next?

A: When necessary, data from previous years (e.g., 2018) are updated to reflect any cases for which the cause of death determination changed after AFMES' deadline for that year.

Q: Where can I find older DoDSER Annual Reports?

A: This report represents the DoDSER system's 13th year of operation. All 13 Annual Reports are available online via the PHCoE website: <https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Department-of-Defense-Suicide-Event-Report>.

Q: What is the main difference between the DoDSER Annual Report and the DoD ASR?

A: The DoDSER Annual Report was designed to be a comprehensive report about military suicide deaths and, secondarily, attempts. As such, the DoDSER Annual Report contains military suicide counts as well as data on numerous demographic variables, physical and behavioral health characteristics, contextual factors, and event-related characteristics for suicide deaths and attempts. The reporting of suicidal ideation is an appendix to the CY 2020 DoDSER Annual Report that fulfills section 741 NDAA FY 2020 (Public Law 116-92), as amended in section 742 of the William M. (Mac) Thornberry NDAA for FY 2021 (Public Law 116-283). As the ideation data came from the military medical record system instead of the DoDSER system, fewer details are provided for the ideation events than for deaths and attempts.

The DoD ASR serves as the official source for annual suicide counts and unadjusted rates for the Department and trends in suicide rates over time. In addition, the ASR provides information on available suicide data for military family members per section 567 of the NDAA for FY 2015 (Public Law 113-291), and meets requirements in section 741 of the NDAA for FY 2020 (Public Law 116-92), as amended by section 742 of the William M. (Mac) Thornberry NDAA for FY 2021 (Public Law 116-283). The ASR also describes current and future efforts underway to combat suicide in the DoD.

Q: Are DoDSER forms really submitted for each suicide event among Service members, regardless of their duty status?

A: The DoDSER system is only accessible to authorized individuals via the .mil computer network. Individuals without access to that network cannot, at present, submit a DoDSER form for a suicide event. As such, suicide event data for Service members who are not in a duty status at the time of the event may not be reported via the DoDSER system.

Q: Were there any changes to DoDSER operations recently?

A: CY 2018 marked the first full year for which suicide and suicide attempt event data were collected for Reserve Component Service members in accordance with section 567 of the NDAA for FY 2015 (Public Law 113-291). CY 2019 was the first year for which suicidal ideation cases were reported in the DoDSER Annual Report. The DoDSER team identified

ideation cases among Service members using DoD medical records. This reporting was in accordance with section 741 of the NDAA for FY 2020 (Public Law 116-92), as amended in section 742 of the William M. (Mac) Thornberry NDAA for FY 2021 (Public Law 116-283). For all data fulfilling the NDAAs for FY 2020 and FY 2021 reporting requirements, as well as the limitations of suicidal ideation data, see Appendix A of this report. CY 2020 marks the first year in which suicide mortality rates and any associated analyses are not included in the DoDSER Annual Report.

Q: What steps are being taken to protect DoDSER data?

A: To conform to all data protection and privacy standards, basic data-entry users only had access to the DoDSER data that they themselves submitted. Furthermore, the servers on which the DoDSER system operates are housed in a DoD Risk Management Framework-approved facility.