Can Access to Data Prevent Army Suicides?
Identifying Optimal Response Strategies for Army Leaders
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The U.S. Army is developing a system to inform leaders of individual- and unit-level suicide risk factors and to support prevention and intervention activities. One shortfall of this approach is the lack of guidance on how Army leaders should interpret and use this information. To address this gap, RAND Arroyo Center convened a group of experts to reach consensus on recommended actions for leaders and the data needed to support those actions.

RESEARCH QUESTIONS

• What data would be useful to Army leadership in identifying suicide risk factors among individual soldiers and across units?
• What documentation would be needed to collect the recommended data?
• How useful are suicide trend data in evaluating units for suicide risk?
• How can leaders use data to inform actions in response to risk factors or unit-level trends related to suicide?

KEY FINDINGS

There Are Potential Risks and Benefits to Making Personal Risk Information Available to Unit Leaders
• The top suicide risk factors identified by the expert panelists were suicidality and mental health (e.g., suicide ideation, previous attempt), behavioral health (e.g., guilt, hopelessness), and relationship, legal, and financial problems.
• While the experts generally agreed that information on suicide risk factors could be useful for planning a suicide response strategy, Army unit leadership should consult with behavioral health providers before acting on these data to avoid misinterpretation, exacerbating existing problems, and breaching confidentiality.

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• Providing individual-level data to unit leaders may also result in misplaced accountability for suicides in the unit.

Unit-Level Trend Data Have Limited Utility, but a Root Cause Analysis Could Provide Some Indication of Risk

• Experts agreed that unit risk should be assessed at no lower than the battalion level. These data should be compared across many different groups, and historical comparisons should be avoided because the composition of units is constantly changing.

• It is difficult to identify suicide-related trends within and across units because suicide is a rare event. Nevertheless, trend data may have utility in raising awareness among Army leaders and in analysis to identify possible root causes and trends across the Army.

• There may be many reasons for atypically high levels of suicide risk factors in a unit. A root cause analysis, preferably conducted by an objective, external body, could determine whether leadership or cultural issues are responsible for perceived trends.

RECOMMENDATIONS

• Leaders should consult qualified behavioral health providers when responding to data on an individual soldier’s suicide risk and should avoid isolating a soldier at risk for suicide.

• Leaders should respond to data on unit-level risk factors by identifying root causes for atypically high prevalence. This analysis should be conducted by an objective, external body and should examine leadership and cultural factors.

• The Army should clarify the roles and responsibilities of leaders and behavioral health providers and establish open lines of communication between the two groups.

• The Army should ensure that high-quality data on unit-level risk factors are provided to leaders, which requires uniformity in data collection.

• The Army should increase access to confidential behavioral health care to reduce suicide risk among personnel. It should continue to actively promote the behavioral health care it affords to soldiers and consider which types of care can be made confidential.

• The Army should continue to evaluate the benefits and potential risks of making personal data on soldiers available to leaders.

• Future research should seek to replicate the results of this study, explore more detailed aspects of data use for suicide prevention and the use of data to mitigate outcomes other than suicide, and evaluate the extent to which Army policies and practices align with expert consensus. Such research would increase the validity of the recommended actions and provide additional context for their implementation.