

Suicide Risk Among Current and Former National Guard and Reserve Members



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Overview

In addition to active duty, the U.S. military has several Reserve components. The National Guard, consisting of the Army National Guard and the Air Force's Air National Guard, is the only military force in the United States that engages in state, territorial, and federal duties. Each branch of the military has a Reserve component that is under the command of their respective military branch. Reserve members can be called to serve stateside or overseas.¹

Guard and Reserve members returning from deployment face the challenge of having to reintegrate back into civilian life quickly.^{2,3,4} Stressors experienced while in service and those accompanying the identity adjustment required upon returning from a deployment may increase the risk of mental health conditions or suicidality.^{5,6,7,8,9,10} Guard and Reserve members may also be at increased risk for suicide when separating from military service compared to both the U.S. general population¹¹ and those who remain in the military.¹² Because Guard and Reserve Veterans' risk for suicide is elevated in the first two years after separation from the military, it is imperative that they receive adequate physical and mental health services during this period of transition. When treating Veterans who served in the Guard or Reserve, it is important to understand the uniqueness of their service and the transition-related stress they may be experiencing to better inform interventions.

Key Findings

Suicide Risk During Service

- A study of 18,342 Reserve component members (all branches: Army, Navy, Marine Corps, and Air Force Reserves and Army and Air National Guard) and 16,146 active-duty service members found that full-time reservists and active duty service members were deployed at similar rates yet reservists who had been deployed reported higher rates of suicidal ideation and suicide attempts than their active duty counterparts.⁷ However, another study found that the crude suicide rate (per 100,000 person-years) among active-duty service members is slightly higher than that of Reserve component members.¹³
- One study using administrative data from Army STARRS showed that Army Guard and Reserve members had lower odds of suicide attempts relative to Regular Army service members in both unadjusted and adjusted analyses. When stratified by age or gender, the patterns were similar between Guard/Reserve and Regular Army service members with risk being higher for younger versus older servicemembers, and higher in women relative to men.¹⁴
- Another study using administrative data from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) found that among Army Reserve members, enlisted soldiers in their first two years of service account for the majority of suicide attempts in that population. And that both enlisted soldiers and officers with a recently documented mental health diagnosis are at a substantially higher risk.⁹
- Risk of suicide attempt increased in both groups during time in deployment with peaks at 5 months for Guard/Reserve servicemembers and 6 months for Regular Army servicemembers and decreasing for the remainder of deployment. In all cases, risk was lower in Guard/Reserve service members relative to Regular Army.¹⁴
- In a sample of Army and Air National Guard members, 65.4% said they knew an average of three people who had died by suicide.⁶ In unadjusted analyses, the number of

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known suicide decedents was significantly associated with increased lifetime risk for suicidal ideation, while increased closeness to the suicide decedent was associated with significantly increased lifetime risk for suicidal ideation and suicide attempt.⁶ When adjusting for sociodemographic covariates, closeness to the suicide decedent was no longer a predictor of lifetime suicidal ideation or suicide attempt. However, the number of known suicide decedents did remain significantly associated with risk for lifetime suicidal ideation, but not for lifetime suicide attempt.⁶

- Reserve component members (all branches) are more likely than active component members of the military to use the most lethal means for suicide. While 67.1% of active component service member suicide deaths in 2021 involved firearms, 74.3% of suicide deaths among Guard members and 76.1% of suicide deaths among Reserve members involved firearms.¹⁵ Owning and being familiar with firearms are associated with increased capability for suicide among male Guard members.¹⁶ Firearm ownership data from 2,292 Army National Guard members found that over 68% reported owning a firearm.¹⁶ Suicide deaths were also most likely to occur when Army National Guard members were away from military duty.¹⁷
- A study examining risk taking behavior among Army National Guard members pulled data from the Army's Unit Risk Inventory (URI) and described self-report data (calendar year 2010) from 12,612 soldiers in 180 units.¹⁸ In this cross-sectional study, correlations were noted between risk taking behaviors and suicidal behaviors. Risk taking behaviors included alcohol misuse (including driving under the influence), unauthorized work absences, criminal behaviors (including shoplifting, assault, or rape), and unsafe sex practices. While all risk behaviors were positively correlated with all suicide behaviors, suicidal thoughts were most strongly associated with alcohol misuse, followed by unauthorized work absences, and criminal behaviors. Suicide plans were most strongly associated with unauthorized work absences, followed by alcohol misuse, and criminal behaviors. Finally, suicide attempts were most strongly associated with unauthorized work absences followed by criminal behaviors, and unsafe sex practices.¹⁸
- A study examined the role of changes in social support over time in suicidal ideation among

1,582 National Guard and Reserve Service members.¹⁹ Participants were stratified into groups using data from structured interviews based on baseline social support and social support at the end of the study. Overall, individuals reporting consistently high social support over time reported the lowest rates of suicidal ideation (4.2%), followed by those with either high-to-low (13.6%) or medium (14.1%), and those reporting consistently low (30.5%). These patterns were similar in individuals classified as reporting new-onset suicidal ideation or recurrent suicidal ideation.¹⁹

- One study considered the relationship between unit cohesion and suicidal ideation in Army National Guard Service members.²⁰ This study drew data from 4,567 previously deployed Army National Guard members from 50 companies who completed the Army's Reintegration Unit Risk Inventory. Suicidal ideation was higher among individuals who reported experiencing more combat events and lower in those reporting higher unit cohesiveness. However, there was no interaction between unit cohesiveness and combat exposure.²⁰ When considering the unit as a whole, there was no relationship between unit cohesion and suicidal ideation.²⁰

Suicide Risk After Service

- There is no published suicide rate data available on federally activated Guard and Reserve members. However, in 2021, the average number of suicide deaths among Veterans was 17.5 per day, marking an 11.6% increase compared to 2020, after adjusting for age and sex.²¹
- Among Veterans within 5-years of separation from service, Veterans from the Reserve component had lower demographically adjusted suicide rates than Veterans from the Active component. When rates by suicide method were examined separately, Veterans from the Reserve component had lower rates of suicide by firearm and poisoning. Rates were equivalent across components for suicide by suffocation.²²
- At 6 months post separation from military service, there were no differences in risk of mental health problems between U.S. Reserve Component members who transitioned out of service compared to those who remained in service.¹² At 1-year post separation however, Reserve Component members who left service had a higher risk of suicidal ideation, major depressive disorder, and having received a mental health diagnosis by a health provider than Reserve Component members who stayed in service.¹²



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- A study that compared Guard and Reserve Veterans to active component Veterans, however, found that after the first-year post separation, suicide risk for Guard and Reserve Veterans declines more steeply than it does among active component Veterans.¹¹ The suicide rate for active component Veterans decreased by about 3% from the first to second year post separation, while the suicide rate for Guard and Reserve Veterans decreased by 30% during the same timeframe.¹¹ Suicide risk among active component Veterans was greater and more persistent than that of Guard and Reserve Veterans.¹¹
- Researchers hypothesize that the difference in suicide risk between active component and Guard and Reserve Veterans may be at least partly because active component Veterans were younger than Guard and Reserve Veterans when separating from military service.¹¹ Individuals transitioning from military service who were under 20 at time of transition had suicide rates that were 4.5 times higher than older individuals (40 years or older at time of separation), regardless of whether they served in the active or Reserve component. Active component members who were under 40 at time of separation had suicide rates that were 1.5 times higher than their Reserve component counterparts while there was no difference in rates between the active component and Reserve component members who were 40 or older at separation.²³ The authors speculate that Reserve component members may experience less difficulty adjusting to civilian life when separating from military service, as they are often better able to maintain ties to civilian life throughout their service.²³
- On the contrary, another study examining mortality data from 1999-2011 of male Army active duty and male Army Guard and Reserve service members found that age-adjusted rates for death by suicide were consistently higher among Reserve members (apart from the year 2009).²⁴

Ways You Can Help

- Familiarize yourself with the [VA benefits to which Guard and Reserve Veterans are eligible](#).
- Connect Veterans with life-saving emergency suicide prevention care. Under the [COMPACT Act](#), any Veteran – whether enrolled in VA or not – can go to a VA or non-VA emergency room for emergent suicidal care at no cost. This benefit covers certain individuals who do not meet Veteran requirements, including those released from active duty under conditions other than dishonorable. Under this policy, Service members – including National Guard & Reserve members – who served more than 100 days under a combat exclusion or in support of a contingency operation either directly or by operating an unmanned aerial vehicle from another location, are eligible for COMPACT Act related services. This extends to former Service members who have experienced physical or sexual assault, or sexual harassment or battery.
- Assess Veterans at risk for suicide for perceived social support. [VA's National Center for PTSD provides measures](#), including the Deployment Risk and Resilience Inventory-2 and associated Postdeployment Social Support Scale.
- Share the [Don't Wait. Reach Out. website](#) with Veterans. Here they can complete a self-assessment and explore resources for specific challenges they are experiencing.
- Screen Veterans for suicide exposure and explore the perceived closeness of the Veteran to the individual who died. In the first year following exposure to a suicide, interventions should include a focus on the psychological effects of suicide loss.⁶ VA offers [postvention resources](#).
- Help Veterans at risk for suicide complete a safety plan or crisis response plan. VA/DoD Clinical Practice Guideline for providers on the [Assessment and Management of Patients at Risk for Suicide](#) is available.
- Counsel Veterans at elevated risk for suicide about access to lethal means. VA's guidelines for providers on conducting [lethal means counseling](#) is available.²⁵
- Consider recommending [VA's mobile vet centers](#) to increase Guard and Reserve Veterans' access to mental health care. VA's mobile Vet centers provide readjustment counseling and information resources to Veterans across the country. Like community-based vet centers, mobile vet centers focus on services that help Veterans make the transition from military to civilian life.



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- Many former Guard and Reserve members receive care in their community. VA provides toolkits to assist with care. Familiarize yourself with the **Community Provider Toolkit**, which supports the behavioral health and wellness of Veterans who receive services outside the VA health care system.
- Visit **VHA TRAIN** for free continuing medical education courses, including a course on military culture in the Reserve and National Guard.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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