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PERSONNEL AND  
READINESS

The Honorable Mike D. Rogers  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

FEB 14 2025

Dear Mr. Chairman:

The Department's response to House Report 117-118, page 184, accompanying H.R. 4350, the National Defense Authorization Act for Fiscal Year 2022, "Study on Alternate Treatments for Suicide Prevention," is enclosed.

This report provides a summary indicating that, at this time, research does not support incorporating alternate forms of suicide prevention treatments into Department of Defense suicide medical treatment plans. Currently, there is no conclusive evidence in the published literature that supports the benefits or drawbacks of adding alternate forms of therapy into the medical treatment plan for suicide prevention. It is inadvisable to provide an intervention to a Service member without current scientific evidence.

Thank you for your continued strong support for the health and well-being of our Service members and veterans.

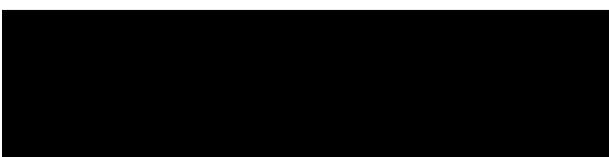
Sincerely,



Darin S. Selnick  
Performing the Duties of Under Secretary of  
Defense Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member



# **Report to the Committee on Armed Services of the House of Representatives**



## **Study on Alternate Treatments for Suicide Prevention**

**February 2025**

The estimated cost of report or study for the Department of  
Defense (DoD) is approximately \$7,200 for the 2024 Fiscal Year.  
This includes \$0 in expenses and \$7,200 in DoD labor.  
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## **INTRODUCTION**

This report is in response to House Report 117–118, page 184, accompanying H.R. 4350, the National Defense Authorization Act for Fiscal Year 2022, “ Study on Alternate Treatments for Suicide Prevention.” The report specifically requests that the Secretary of Defense develop a report on the feasibility of incorporating alternate forms of suicide prevention treatments such as seminars, retreats, workshops, or outdoor recreational therapy events into current Department of Defense (DoD) suicide medical treatment plans.

## **BACKGROUND**

Suicide prevention is a shared challenge across the country. Nationwide, suicide was in the top 12 causes of death from 1999 through 2020 (National Center for Health Statistics, 2021). Though patterns may emerge when examining large numbers of suicides, no single case of suicide is identical to another. This is because suicide results from complex interactions between many factors—environmental, psychological, biological, and social. The challenge is especially salient among all Service members.<sup>1</sup> Active Component suicide rates have gradually increased since 2011. As documented in the DoD Annual Suicide Report, up to 519 Service members died by suicide in Calendar Year 2021 (Department of Defense, Under Secretary of Defense for Personnel and Readiness, 2021). The suicide rate per 100,000 was 24.3 for Active Component, 21.2 for Reserve Component, and 26.4 for National Guard. This increase in the suicide rates among our Service members highlights the continued need for a comprehensive, public health approach to suicide prevention across the military community.

Effective suicide prevention measures being implemented into medical treatment are crucial for the DoD to prioritize the mental health of Service members. By furthering our understanding of effective suicide prevention strategies, the Department can be better informed and provide Service members with the best practices of care. Therefore, determining if implementing alternate forms of suicide prevention is feasible and supported by the literature will allow the Department to drive the mission forward. The use of seminars, retreats, workshops, or outdoor recreational therapy events as alternate forms of suicide prevention may improve the lives of Service members. However, a review of the current evidence base must be conducted prior to drawing any conclusions.

## **CURRENT EVIDENCE BASE**

The use of alternate treatment methods such as seminars, retreats, workshops, or outdoor recreational therapy to be incorporated into suicide prevention plans requires an understanding of their current evidence-base, examined in a systematic manner. The DoD relies on objective, empirically supported research to guide clinical decision-making for the provision of behavioral healthcare to Service members. The state of the science needs to be advanced enough to justify its use for clinical practice.

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<sup>1</sup> Throughout this report, the term “Service members” will refer to all members of the Active Component, Reserve Component, and National Guard unless otherwise specified.

Based on the current research, alternate treatment methods do not have the scientific support to translate them into suicide prevention treatment. This includes no conclusive evidence on the efficacy of these interventions based on systematic reviews and randomized controlled trials. The use of high-quality research is imperative to translate effective and meaningful interventions to Service members.

Additionally, the DoD co-develops clinical practice guidelines (CPGs) with the Department of Veterans Affairs to inform the provision of clinical care. These documents are publicly available and are considered “gold standards” for objective and evidence-based clinical decision-making. The seven mental health service delivery CPGs reference suicide risk or prevention, and several describe alternative therapies, which the Department uses in practice (Department of Veterans Affairs (VA) and DoD, 2019, 2021, 2022, 2023a, 2023b, 2023c, 2023d). There are currently no evidence-based recommendations for use of alternate forms of therapy (as defined above) for suicide prevention in the VA/DoD CPGs.

## **FEASIBILITY OF INCORPORATING ALTERNATE SUICIDE PREVENTION TREATMENTS INTO CURRENT DOD SUICIDE PREVENTION TREATMENT PLANS**

While considering alternate forms of therapy for a medical treatment plan for suicide prevention may be feasible (e.g., clinicians make that recommendation based on their clinical judgment and all available evidence for use of a particular intervention), it is inadvisable to provide an intervention to a patient that is not evidence-based. The existing scientific literature lacks substantial systematic reviews and randomized controlled trials of interventions that examine and support the efficacy of alternate treatments for suicide prevention. Therefore, there is no conclusive evidence in the published literature that speaks to the benefits or drawbacks of adding alternate forms of therapy (i.e., therapies that are not currently included in the recommendations contained in the VA/DoD CPGs related to evidence-based treatment) into the medical treatment plan for suicide prevention.

## **CONCLUSION**

Suicide prevention is a priority for the DoD. The Department supports the promotion of evidence-based policies and treatments to address behavioral health concerns of Service members and prevent suicide. Understanding effective suicide prevention strategies can be advanced through funding, translating, and disseminating research findings into clinical practice and operational environments. The Department is implementing evidence-informed recommendations as part of a public health approach to suicide prevention and has released policy to establish procedures for screening and treating patients at risk for suicide. However, current research does not support the efficacy of alternate forms of therapy for suicide prevention. Additional research and knowledge translation are recommended for alternate treatments for suicide prevention before implementation into medical treatment plans. The Department is fully committed to promising, new evidence-based approaches for future implementation.

## REFERENCES

Defense Health Agency Administrative Instruction 6025.06, “Suicide Risk Care Pathway for Adult Patients in the Defense Health Agency,” August 9, 2022.

Department of Defense, Under Secretary of Defense for Personnel and Readiness (2021). Annual Suicide Report for Calendar Year 2021. <https://www.dspo.mil/Portals/113/Documents/2022%20ASR/FY21%20ASR.pdf>

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Department of Veterans Affairs and Department of Defense. (2023c). VA/DoD Clinical Practice Guideline for Management of First-Episode Psychosis and Schizophrenia. Available from: <https://www.healthquality.va.gov/guidelines/MH/scz/index.asp>

Department of Veterans Affairs and Department of Defense. (2023d). VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Available from: <https://www.healthquality.va.gov/guidelines/MH/ptsd/index.asp>

National Center for Health Statistics. (2021). About multiple cause of death, 1999–2020. CDC WONDER online database. Available from: <https://wonder.cdc.gov/mcd-icd10.html>.