Epidemiological Suicide Surveillance in the Canadian Armed Forces: Trends in Suicide and Risk Factors Over Time

Elizabeth Rolland-Harris, MSc PhD Senior Epidemiologist, Directorate Force Health Protection Canadian Forces Health Services Group HQ

> HFM-275 Symposium Riga, Latvia April 2017

Canadian Forces Health Services



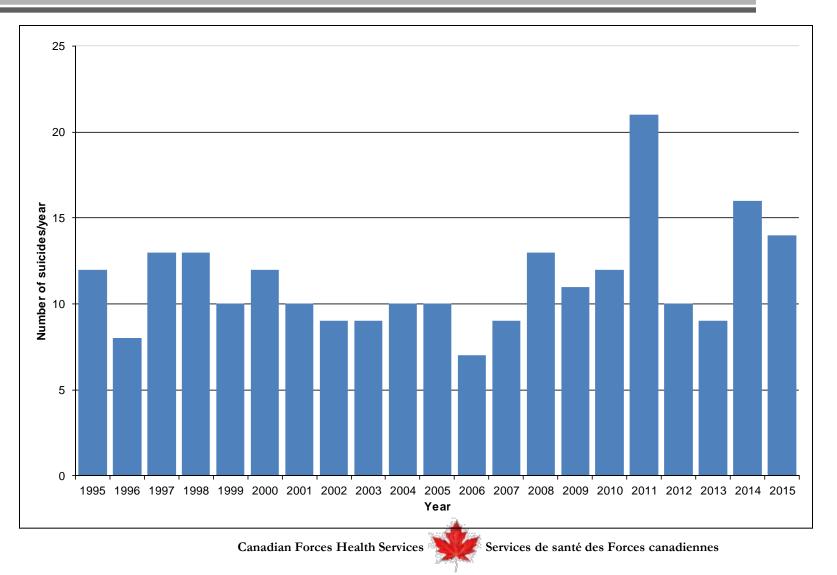
Introduction

- Present results of 1995-2015 Annual Suicide Report ("2016 Report")
- Due to small numbers (females) and incomplete data (Reservists), report only includes Regular Force males

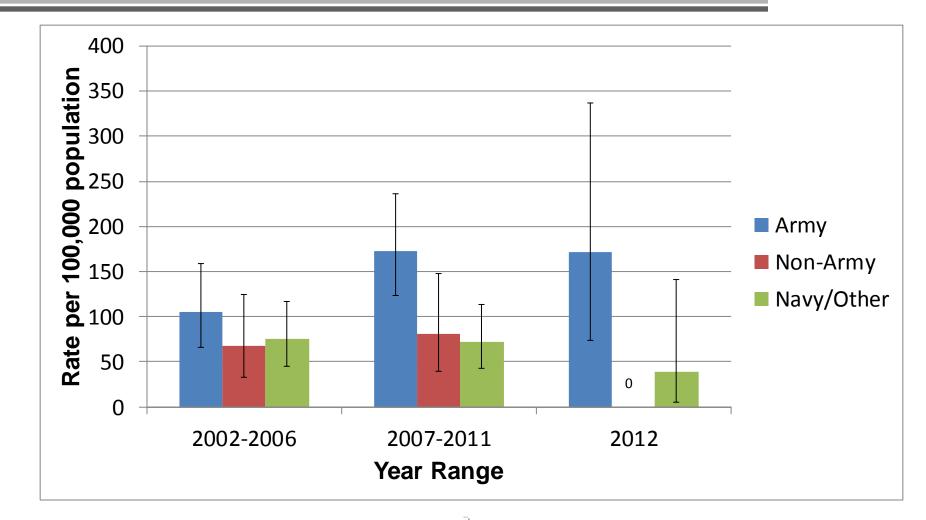
Analyses

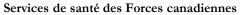
- Crude suicide numbers
- Age-standardized rates
- Standardized mortality ratios (SMRs)
- Direct standardization
- Moving averages

Number of Suicides by Year Regular Force Males, 1995–2015



Suicide SMRs by Command, Regular Force Males Only, by Year Range



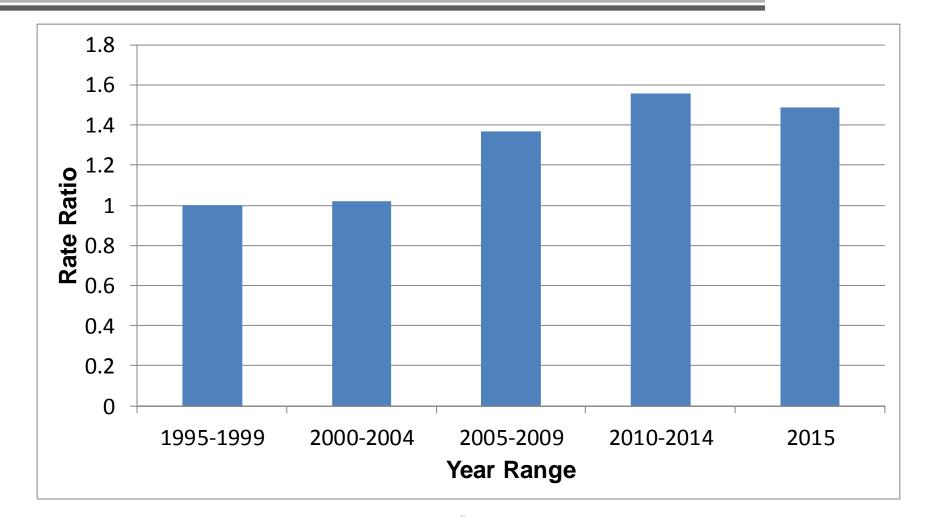


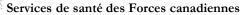
Combat Arms vs Non-Combat Arms (Age-Adjusted)

- Army vs. non-Army
 - Army: 30.14 per 100,000 population
 - Non-Army: 14.95 per 100,000 population
- Combat Arms vs. non-Combat Arms
 - CA: 30.35 per 100,000 population
 - Non-CA: 18.21 per 100,000 population



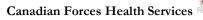
Suicide Rate Ratio Comparing Deployment History, Regular Force Males, 1995-2015





Key Findings

- No statistically significant increases in the crude suicide rate
- Continued evidence of an emerging trend of increased suicide risk for those with a history of deployment, compared to those who had never been deployed
 - Continues to fall short of statistical significance





Key Findings (II)

- No substantial changes in the groups of highest concern:
 - Army versus non-Army
 - Combat Arms versus non-Combat Arms
- CAF Regular Force male suicide risk profile is multifactorial
 - Particularly high prevalence of substance abuse and relationship difficulties prior to suicides



QUESTIONS?



For more information

Elizabeth Rolland-Harris MSc PhD Directorate of Force Health Protection, Department of National Defence

Elizabeth.harris@forces.gc.ca

