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Canada

2025 Report on Suicide Mortality in the Canadian Armed Forces (1995 to 2024)

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Directorate of Mental Health and Health Promotion

Surgeon General Report

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2025 Report on Suicide Mortality in the Canadian Armed Forces (1995 to 2024)

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Our mission
Notre mission

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1-800-668-6868

Mental Health Support: Get help - Canada.ca

Defence Team Support Services

Canadian Forces Member Assistance Program
1-800-268-7708
(TTY: 1-800- 567-5803)

Employee Assistance Program
1-800-663-1142
(TTY: 1-888-384-1152)

Canadian Armed Forces Sentinel Program -
Peer Support Resources

Defence Team – Mental Health and Wellness

ABOUT THIS REPORT

A Public Health Approach Starts with Data:

This annual report contains the most accurate information that was available on suicide deaths among the Regular Canadian Armed Forces (CAF) personnel. The data were obtained from Canada's Department of National Defence in 2025 and used to provide summary statistics and observations for 2024 and earlier. Any updates to previously reported statistics and observations are also provided. As such, the observations in this report are the official numbers for suicide deaths among the Regular CAF personnel.

Transparency, Accountability, Commitment and Collaboration

The information in this report serves to provide one method of feedback on the effectiveness of suicide prevention efforts, as it relates to suicide deaths. It provides an overview of the most recent suicide deaths and compares this to prior periods and the Canadian general population.

Executive Summary: Data

Service Members 2024

21 Regular and Primary Reserve Service members died by suicide					
4 Primary Reserve Total	17 Regular Force Total	6 Army	1 Air	1 Navy	9 Other
4 Primary Reserve Males	17 Regular Force Males				
0 Primary Reserve Females	0 Regular Force Females				

Suicide rates per 100,000				
26.9 Regular Force Overall	27.9 Army	7.7 Air	12.4 Navy	43.5 Other
32.1 Regular Force Males				
0 Regular Force Females				

KEY TAKEAWAY

- The 2024 suicide rate among Regular Force members was similar to the 2023 rate and higher than the 2022 rate; however, neither difference was statistically significant.
- Since 1995, suicide rates have shown an annual increase of 1.3% per year, driven largely by an elevated 2011 rate. In comparison to the Canadian population, the Regular Force suicide rate was lower in 1996 but higher in both 2011 and 2023.
- Since 2010, suicide rates were highest with statistical significance among younger (<45 years) members, males, JNCM ranks, separated/ divorced/ widowed members, the 'other' command and Army combat arms occupations. Deployment history had no influence on rates.
- Relative to the average suicide rate over 2001 to 2024, the 'other' command had a statistically significant higher rate, but not the Army, Navy or Air Force commands. When the command groups were assessed separately, statistically significant elevations in suicide rates were observed in 2011 for the Army, in 2003 and 2019 for the Air Force and in 2024 for the 'other' command.
- In 2024, 'other' command suicide deaths included Military Personnel Command, Canadian Special Operations Forces Command and Vice Chief of Defence Staff.

Mental Health and Life Stressors experienced by Regular Force members who Died by Suicide in 2024:

53% Psychiatric diagnosis	41% Relationship problems
59% Workplace problems	24% Legal or disciplinary problems
24% Financial problems	47% Prior suicidal ideation and/or attempts

WHAT THIS TELLS US

- Small changes in suicide death patterns were identified for 2024, but low numbers do limit the statistical assessments' ability to detect differences.
- In 2024, most service members who died by suicide had a psychiatric diagnosis (53% had at least one) and an acute life stressor (82% had at least one).
- As with prior years, we did not identify a single predominant reason that we could attribute to the suicide deaths in 2024. Rather, the data continue to support a multifactorial causal pathway, where a psychiatric disorder and a personally significant acute life stressor appear to play a role in service member suicide deaths.

Key Data

In This Section

This section includes the most recent, and updated, annual suicide rates among Regular CAF members. Observed, unadjusted, rates are provided by military and demographic characteristics. Also included are age and sex adjusted rate comparisons across time, both overall and among environmental commands.[1] Similarly, age and sex standardized suicide rate comparisons are made between the Regular Force and Canadian general population. Additionally, the psychiatric diagnoses, work and life stressors and method of suicide are summarized for the Regular Force members who had a suicide death in 2024.

See Appendix 1 for Information on:

- A summary of the CAF Suicide Prevention Strategy

See Appendix 2 for Information on:

- Data sources and methods

See Appendix 3 for additional Information on:

- Tables for unadjusted suicide rates by military and demographic characteristics over time and by sex.
- A figure presenting the standardized mortality ratio over time, comparing Regular Force suicide rates to rates in the Canadian general population. This is an alternate format for data in Figure 2.
- A figure that presents the age and sex adjusted suicides rate across time by deployment history.
- Tables that summarize the psychiatric diagnoses and stressors among the Regular Force suicide deaths in 2024, as identified by the Medical Professional Technical Reviews (MPTSR).

[1] Adjusted suicide rate comparisons were calculated using a generalized log-linear regression model based on the Poisson distribution. These models were used to adjust for age and sex when assessing the change in suicide rates over time for various subgroups or comparing annual rates to the average period rate, and it used weighted effects coding [1]. With both the unadjusted and adjusted rates, a Poisson distribution is well suited to model counts or rates for occurrences that are low-rate events such as suicide.

OVERVIEW

Regular Force Service Member Suicide Counts and Rates

KEY TAKEAWAY

- The 2024 unadjusted suicide rate (26.9) among Regular Force personnel was similar to the rate in 2023 (27.0), and higher than in 2022 (20.4), but these differences were not statistically significant.
- For each environmental command group, the annual suicide rates were similar over 2022 to 2024. However, rates among the 'other' command group tended to increase, but without statistical significance.
- The increase among the 'other' command group in 2023 and 2024 were mostly from Military Personnel Command members. The CAF Transition Group, which consists of members transitioning out of military service, is within the Military Personnel Command and it is one of the current targets of suicide prevention efforts.

IMPORTANT CONTEXT

Extra care is required when comparing unadjusted rates over short time periods, especially when numbers are low. The differences in rates over 2022 to 2024 were not statistically significant, but the ability to detect differences is influenced by an unequal distribution of risk groups in the populations being compared (i.e., unadjusted comparisons) and relatively low numbers can lead to very broad confidence intervals that reduces the power to detect differences as statistically significant (i.e., only large differences between populations can be detected as being statistically significant).

Later in this report, rates are also assessed over longer periods, with adjustments for variations in the distribution of age and sex. These help to distinguish between statistically significant changes and those that are random fluctuations.

Table 1: Annual Suicide Counts and Unadjusted Rates per 100,000 Service Members, Overall and by Environmental Command, 2022– 2024.

	2022		2023		2024	
	Count (%)	Rate per 10^5 (95% CI)	Count (%)	Rate per 10^5 (95% CI)	Count (%)	Rate per 10^5 (95% CI)
Overall	13	20.4 (10.8, 34.8)	17	27.0 (15.8, 43.2)	17	26.9 (15.7, 43.0)
Command						
Army	5 (38%)	22.4 (7.3, 52.2)	5 (29%)	23.4 (7.6, 54.4)	6 (35%)	27.9 (10.3, 60.9)
Air	3 (23%)	22.6 (4.7, 66.0)	2 (12%)	15.4 (1.9, 55.7)	1 (6%)	7.7 (0.2, 42.8)
Navy	1 (8%)	11.9 (0.3, 66.3)	2 (12%)	24.5 (3.0, 88.5)	1 (6%)	12.4 (0.3, 69.2)
Other	4[a] (31%)	20.1 (5.5, 51.5)	8[b] (47%)	39.2 (16.9, 77.2)	9[c] (53%)	43.5 (19.9, 82.6)

[a]Includes: Military Personnel Command (n=1), Canadian Joint Operations Command (n=1), Canadian Special Operations Forces Command (n=1) and the Material Branch, under the Minister of National Defence Office (n=1).
[b]Includes: Military Personnel Command (n=5), Canadian Joint Operations Command (n=1), Canadian Special Operations Forces Command (n=1) and Vice Chief of Defence Staff (n=1).
[c]Includes: Military Personnel Command (n=7), Canadian Special Operations Forces Command (n=1) and Vice Chief of Defence Staff (n=1).

Regular Force Suicide Rate Trends

KEY TAKEAWAY

- After adjusting for age and sex influences, the Regular Force annual suicide rates increased slightly with statistical significance over 1995 to 2024; the average increase was 1.3% per year. The increase was largely driven by the 2011 rate which was the only year with a statistically significant elevation relative to the average period rate. However, when assessed over the more recent 2010 to 2024 period, the trend line was not statistically significant.
- The Regular Force and Canadian general population suicide rates over 1995 to 2023 were similar after adjusting for age and sex differences. However, statistically significant differences were identified for three years. In 1996 the suicide rate was lower in the Regular Force population but in 2011 and 2023, the rate was higher.
- A standardized mortality ratio representation of Figure 2 is provided in Appendix 3.

IMPORTANT CONTEXT

The differences identified over 1995 to 2024 are likely real differences and not random fluctuations, given that they were statistically significant. When a trend line is statistically significant, the annual rate of change for the period is not zero, and in this case, it increased over time but only slightly. However, this was a 30-year assessment period, and processes change over time (e.g., suicide identification and confirmation processes). The trend line for the more recent 2010 to 2024 period was not statistically significant, indicating that a consistent increase (or decrease) in the annual suicide rates was not supported over this shorter period. Nonetheless, the statistically significant elevated rate for 2011 remains an important observation.

Additionally, the reason for the military and civilian population suicide rate differences is unknown; however, the two populations are somewhat distinct in terms of their current and past work and life experiences.

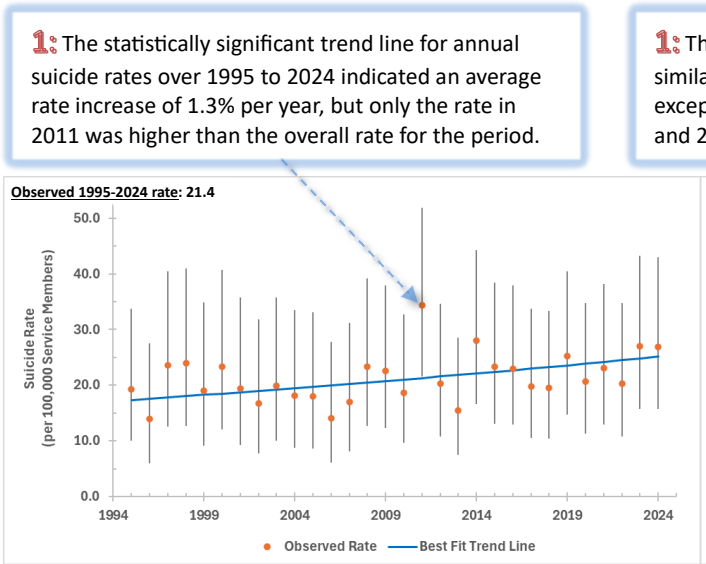


Figure 1: CAF Regular Force Suicide Rates Over Time (1995-2024).

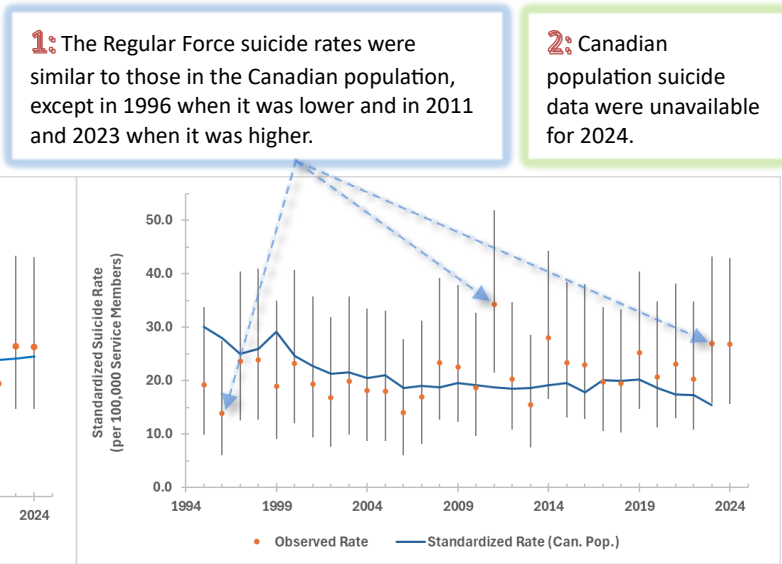


Figure 2: CAF Regular Force Suicide Rates versus the Canadian Population Suicide Rates Over Time (1995-2023).

Regular Force Suicide Rate Trends by Environmental Command

KEY TAKEAWAY

- The figure below provides the suicide rates over 2001 to 2024 for the three environmental commands (i.e., Navy, Army and Air Force) and an 'other' non-specific environmental command group. The 'other' command includes the CAF Transition Group, one of the targets of suicide prevention efforts.
- After adjusting for age and sex influences, only the 'other' command suicide rate was higher with statistical significance relative to the average rate of the period.
- Additionally, only the 'other' command had a statistically significant trend line for 2001 to 2024; the average annual rate increase was 3.2% per year.
- Assessing each annual rate relative to the average suicide rate for each command identified statistically significant rates for:
  - 2024 among the 'other' command
  - 2011 among the Army command
  - 2003 and 2019 among the Air Force command
  - none among the Navy command

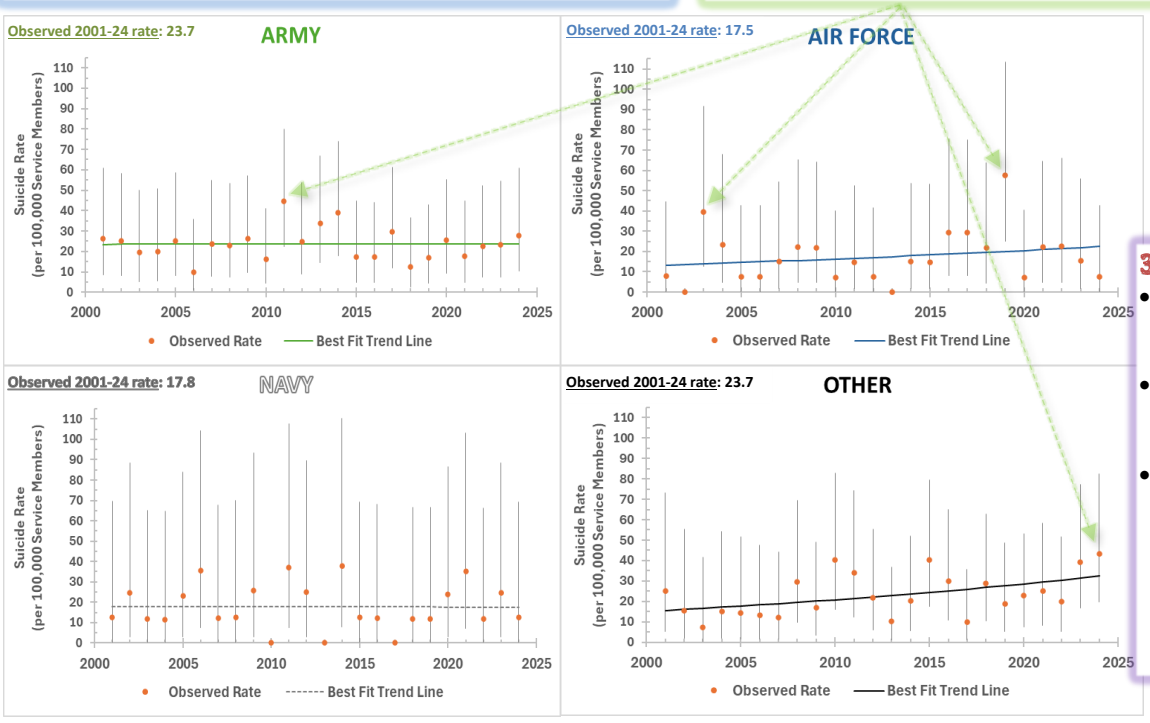
IMPORTANT CONTEXT

The comparisons summarized here include a comparison among command groups and this was followed by an individual assessment of each command group. The individual assessments determined whether there was a significant trend in suicide rates over 2001 to 2024 and then assessed whether any specific year had an elevated rate relative to the average suicide rate for a command.

The statistically significant differences identified are likely real differences and not random fluctuations.

1: Comparing commands, only the 'other' command had a statistically significant higher rate relative to the overall period rate. The 'other' command trend line was also statistically significant; the average annual increase was 3.2% per year.

2: Statistically significant higher rates relative to each command's 2001-2024 average rate were identified for some years:
Army: 2011 Air Force: 2003 and 2019
Navy: none Other: 2024



3: Note:
- The trend line is fitted to the observed data, adjusted for age and sex.
- Specific year comparisons are made to the average rate for the period.
- As such, a comparison of a specific year's rate to the period rate can be statistically significant even though its observed year rate confidence interval crosses the trend line.

Figure 3: CAF Regular Force Suicide Rates Over Time (2001-2024) by Environmental Command.

Regular Force Sociodemographic and Contextual Characteristics: 2024

KEY TAKEAWAY

- Unadjusted 2024 suicide counts and rates for various characteristics among Regular Force members are provided in the adjacent Table 2.
- To place 2024 rates in perspective, assessments were implemented for the broader 2010 to 2024 period while controlling for age and sex. Relative to the average suicide rate during this period, statistically significant differences were observed across age, sex, rank, marital status, environmental command and Army combat arms occupation, such that the rate was:
  - higher in males, lower in females, higher in those aged 15 to 29 and 30 to 44, but lower in those aged 45 to 59.
  - higher in JNCM ranks, lower in Officer ranks but no different for SNCM ranks.
  - higher among the separated, divorced or widowed, lower among the married or common law but no different among those who were single.
  - higher among the 'other' command group but no different for the three environmental commands.
  - higher among members in the Army combat arms occupation and lower among those in other occupation groups.
- Consistent with the above 2010 to 2024 assessment, the 2024 suicide rate was higher in younger age groups, males, lower rank categories and among those in the Army combat arms occupation. However, the 2024 suicide rate among those with no deployment history was high relative to those with such a history. Additionally, while the 2024 suicide rate was lower among married or common law groups relative to single individuals, the separated, divorced or widowed group had no suicide deaths in 2024, which differs from previous years.

Table 2: Unadjusted Suicide Counts and Rates in 2024.

	2024	
	Count (%)	**Rate per 10^5 (95% CI)**
Overall	17	26.9 (15.7, 43.0)
Age		
15-29	8 (47.1%)	39.1 (16.9, 77.1)
30-44	7 (41.2%)	22.1 (8.8, 45.4)
45-59	2 (11.8%)	18.1 (2.2, 65.3)
Mean age	31.6	
(95% CI)	(27.1, 36.2)	
Median age	31	
Sex		
Male	17 (100%)	32.1 (18.7, 51.4)
Female	0 (0%)	0.0 (-)
Marital status		
Married/CL	6 (35.3%)	17.5 (6.4, 38.1)
Single	11 (64.7%)	42.6 (21.2, 76.2)
Separated/ Divorced/ Widowed	0 (0%)	0.0 (-)
Rank		
JNCM	11 (64.7%)	34.2 (17.1, 61.3)
SNCM	4 (23.5%)	26.5 (7.2, 67.7)
Officer	2 (11.8%)	12.5 (1.5, 45.1)
Army combat arms		
Yes	6 (35.3%)	43.2 (15.9, 94.2)
No	11 (64.7%)	22.3 (11.1, 39.9)
History of deployment		
Yes	6 (35.3%)	18.7 (6.9, 40.7)
No	11 (64.7%)	35.3 (17.6, 63.2)

IMPORTANT CONTEXT

The unadjusted 2024 rates in this table provide some comparison among the different groups presented; however, when the suicide count is low for a group, it's difficult to assess whether the group's suicide rate differs relative to another group (i.e., only large differences are identifiable). For this reason, a general comparison of the unadjusted 2024 rates to the age and sex adjusted observations during the broader 2010 to 2024 period provides some contextual description of how current rates compare to the trends of previous years.

Regular Force Method of Death: 2024

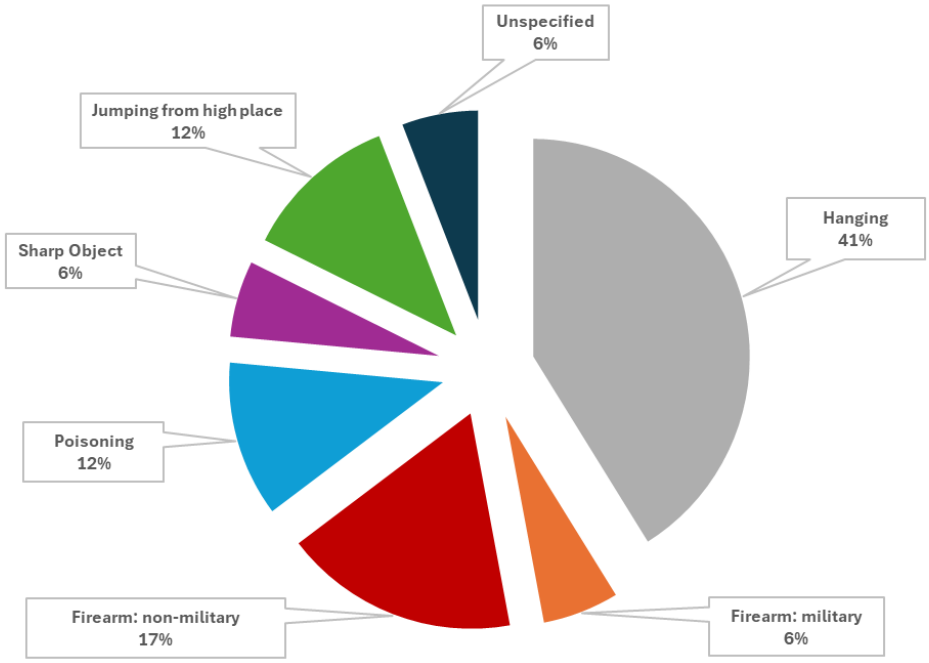


Figure 4: Regular Force Suicide Deaths by Method in 2024.

KEY TAKEAWAY

- In 2024, hanging was the most common method of death. Use of a firearm was the second most common method.
- This is consistent with observations from 2023.

Regular Force Suicide Death Characteristics and Contextual Data from the Medical Professional Technical Suicide Reviews (MPTSR): 2024

KEY TAKEAWAY

- Data on this page are from the MPTSRs.
- In 2024, most service members who died by suicide had a psychiatric diagnosis (53% had at least one) and an acute life stressor (82% had at least one), while 24% had documented evidence of a prior suicide attempt.
- More detailed information on the psychiatric diagnoses and work or life stressors is provided in Appendix 3.

IMPORTANT CONTEXT

MPTSR data provide an important description of the mental health and stressors that were experienced by individuals around their time of death, factors with a known link to suicide risk. However, we don't know whether these proportions were higher (or much higher) than would be found in the population who did not die by suicide. As a result, it was not possible to identify the relative importance of these factors and stressors with regards to their contribution to suicide death risk in the overall Regular Force population.

Moreover, the presence of health and life stressors does not necessarily lead to suicidal ideation, suicidal behaviour or suicide death. CAF mental health services are available to help service members manage the emotional consequences of life stressors and receive evidence-based treatments for mental health problems.

Mental Health and Life Stressors experienced by Regular Force Members Who Died by Suicide in 2024, as indicated in the MPTSR:

53%
One or more **psychiatric diagnoses**.

Most common psychiatric diagnoses:
- 41% addictions or substance use disorder
- 29% depressive disorder
- 24% trauma and stress-related disorders

47%
Documented evidence of prior suicidal ideation and/ or prior suicide attempts.

100%
Unrelated, or of unknown relation, to a deployment.

82%
One or more **work or life stressors**.

Most common stressors:
- 59% Work-related issue
- 41% Failed/ failing spousal or intimate partner relationship
- 35% Physical health problem
- 35% Spousal, family or friend death by suicide
- 24% Financial problems

18%
Documented history of being a victim of physical, sexual and/or emotional abuse or assault.

24%
Legal, disciplinary or 'other' proceedings prior to death.

35%
In the process of being released from the CAF at the time of death.

Appendix

Appendix 1: A Summary of the Current Suicide Prevention Efforts in the Canadian Armed Forces

The Canadian Armed Forces (CAF) prioritizes suicide prevention through a comprehensive approach anchored in three key pillars: **Excellence in Mental Health Care**, **Good Leadership**, and **Engaged and Informed Members**. These efforts aim to strengthen resilience, improve access to care, and foster a culture of support across the organization.

Supporting Framework: DAOD 5017-1, Suicide Prevention, Intervention and Postvention

The publication of DAOD 5017-1 in 2025 provided a foundational policy framework that supports all suicide prevention efforts. It formalizes responsibilities, standards, and expectations across the CAF, ensuring alignment and accountability.

1. Excellence in Mental Health Care

The CAF delivers comprehensive, evidence-based mental health care aimed at reducing suicide risk and improving outcomes for members. Suicide risk screening is built into routine primary care and mental health assessments using standardized protocols. Mental health clinicians employ CROMIS (Client-Reported Outcome Measures Information System) to track patient-reported outcomes, including suicidality, throughout treatment.

Clinical practice is guided by the CAF Clinician Handbook on Suicide Prevention, and includes the use of the Columbia-Suicide Severity Rating Scale (C-SSRS) for consistent screening and assessment. Safety plans, a collaborative intervention to help members manage crises are also used for any member at risk of suicide. Mental health clinicians receive specialized training in Cognitive Behavioral Therapy for Suicide Prevention (CBT-S).

Each suicide attempt undergoes a clinical review to provide feedback and strengthen care. Additionally, Medical Professional Technical Suicide Reviews (MPTSRs) examine the care of Regular Force and some Reserve Force members who have died by suicide, generating recommendations to improve CAF Health Services and prevent future deaths.

2. Good Leadership

The CAF emphasizes strong, proactive leadership in suicide prevention by equipping leaders with clear guidance, practical tools, and structured training based on the Ask, Care, Escort (ACE) intervention model. The Suicide Prevention and Intervention Guide for CAF Leadership helps leaders identify warning signs, conduct supportive conversations, and connect members to care, while reinforcing early intervention. The Postvention Guide for CAF Leadership provides strategies for responding after a suicide attempt or death and helps leaders support affected personnel and reduce potential contagion. Additionally, the one-day Mental Fitness and Suicide Awareness (MFSA) course strengthens leaders' confidence and knowledge on mental health, risk and protective factors, and suicide-intervention techniques, further solidifying leadership's role in fostering safety, resilience, and timely support.

3. Engaged and Informed Members

The CAF promotes a culture of openness, resilience, and stigma-free mental health care by providing education, peer support, and accessible resources to members and their families. Core programs include the Road to Mental Readiness (R2MR), which builds foundational coping and stress-management skills, and the Sentinel Program, where trained volunteers supported by Chaplains identify peers in distress and guide them toward help. Public awareness campaigns like You're Not Alone further normalize mental health conversations and encourage help-seeking.

Members and families can also access a wide range of support services, including the Canadian Forces Member Assistance Program, the Family Information Line, the Sexual Misconduct Support and Resource Centre, Chaplain services, the HOPE Program, and Operational Stress Injury Social Support, ensuring comprehensive care across diverse needs.

Strengthening The Forces (STF) Health Promotion programming offers Mental Fitness and Suicide Awareness Training to all CAF members including opportunities to practice suicide prevention models with their peers. Subsequently, members are encouraged to complete an online yearly refresher course to maintain the knowledge gained through in-person training. STF Social Wellness and Addiction Awareness and Prevention programs also include courses such as Managing Angry Moments, Stress Take Charge, Inter-Comm and Addiction Awareness.

Appendix 2: Data Sources and Methods

Data sources and general methods have been described in detail elsewhere (see the 2024 Report on Suicide Mortality in the Canadian Armed Forces (1995 to 2023)).

Appendix 3: Additional Tables and Figures

Unadjusted Regular Force Suicide Rate Overview: 2010 to 2024, Overall and by Sex

Table A1: Unadjusted Suicide Rates by various Regular Force Characteristics: 5-year Averages over 2010 to 2024.

	2010-2014	2015-2019	2020-2024
	Rate per 10^5 (95% CI)	Rate per 10^5 (95% CI)	Rate per 10^5 (95% CI)
Overall	23.4 (18.5, 29.4)	22.2 (17.5, 28.0)	23.6 (18.7, 29.6)
Age			
15-29	26.5 (17.9, 38.0)	24.9 (16.6, 36.1)	25.6 (16.9, 37.4)
30-44	24.2 (16.9, 33.9)	25.4 (18.0, 34.7)	24.9 (17.7, 33.8)
45-59	15.8 (7.6, 29.1)	9.5 (3.5, 20.7)	16.0 (7.3, 30.4)
Mean age	33.0	33.3	33.5
(95% CI)	(31.0, 34.9)	(31.3, 35.4)	(31.6, 35.5)
Median age	31	34	33
Sex			
Male	24.6 (19.3, 31.4)	24.6 (19.3, 31.3)	25.8 (20.3, 32.8)
Female	15.6 (6.3, 32.2)	8.2 (2.2, 21.0)	11.6 (4.3, 25.4)
Marital status			
Married/CL	16.1 (10.9, 22.8)	16.2 (11.0, 23.0)	15.7 (10.4, 22.7)
Single	32.3 (22.4, 45.2)	27.8 (19.1, 39.0)	31.6 (22.5, 42.9)
Separated/ Divorced/ Widowed	51.2 (24.6, 94.3)	48.3 (22.1, 91.8)	48.6 (20.9, 95.7)
Rank			
JNCM	30.6 (23.1, 40.2)	27.0 (19.9, 35.9)	28.4 (20.9, 37.7)
SNCM	14.7 (7.3, 26.2)	19.4 (10.9, 32.1)	28.1 (17.4, 43.0)
Officer	14.3 (6.9, 26.4)	13.4 (6.4, 24.7)	8.9 (3.6, 18.3)
Command			
Army	31.5 (22.3, 43.3)	18.7 (11.7, 28.3)	23.3 (15.2, 34.2)
Air	8.9 (3.3, 19.3)	30.7 (19.0, 47.0)	15.0 (7.2, 27.6)
Navy	19.9 (8.6, 39.2)	9.7 (2.6, 24.8)	21.7 (10.0, 41.3)
Other	24.8 (15.7, 37.2)	25.5 (16.6, 37.4)	30.1 (20.5, 42.9)
Army combat arms			
Yes	45.2 (31.3, 63.1)	34.6 (22.6, 50.8)	28.0 (17.1, 43.1)
No	16.7 (12.0, 22.6)	18.5 (13.6, 24.6)	22.3 (16.9, 29.2)
History of deployment			
Yes	24.8 (18.0, 33.4)	19.6 (13.5, 27.6)	22.9 (16.1, 31.6)
No	21.5 (14.6, 30.6)	24.8 (17.7, 33.7)	24.2 (17.2, 33.0)

Table A2: Unadjusted Suicide Rates among **Regular Force Males** by Various Characteristics and Time Periods.

	2010 - 2014	2015 - 2019	2020 – 2024	
	Rate per 10^5 (95% CI)	Rate per 10^5 (95% CI)	Count (%)	Rate per 10^5 (95% CI)
Overall	24.6 (19.3, 31.4)	24.6 (19.3, 31.3)	-	25.8 (20.3, 32.8)
Age				
15-29	27.1 (17.9, 39.6)	28.6 (19.0, 41.4)	25 (32.1%)	27.7 (17.9, 41.0)
30-44	25.5 (17.3, 36.2)	27.9 (19.6, 38.7)	37 (56.6%)	27.6 (19.4, 38.1)
45-59	18.2 (8.7, 33.4)	9.3 (3.0, 21.7)	8 (14.7%)	17.1 (7.4, 33.6)
Mean age (95% CI)	33.3 (31.2, 35.3)	33.1 (31.0, 35.3)		33.6 (31.6, 35.6)
Median age	31	34		33
Marital status				
Married/CL	17.9 (12.1, 25.6)	17.7 (11.9, 25.5)	26 (37.1%)	17.3 (11.3, 25.5)
Single	33.0 (22.3, 47.2)	30.1 (20.5, 42.9)	36 (51.4%)	33.2 (23.3, 46.0)
Separated/ Divorced/ Widowed	54.2 (23.4, 106.8)	64.7 (29.6, 122.9)	8 (11.4%)	66.0 (28.5, 130.1)
Rank				
JNCM	32.7 (24.3, 43.2)	29.3 (21.4, 39.3)	44 (62.9%)	30.3 (22.0, 40.8)
SNCM	15.3 (7.4, 28.2)	21.2 (11.6, 35.7)	19 (27.1%)	30.2 (18.2, 47.2)
Officer	13.7 (5.9, 27.1)	16.4 (7.9, 30.1)	7 (10.0%)	11.1 (4.4, 22.8)
Command				
Army	31.9 (22.3, 44.4)	20.7 (13.0, 31.3)	25 (35.7%)	25.1 (16.2, 37.1)
Air	8.5 (2.8, 19.9)	32.2 (19.4, 50.2)	10 (14.3%)	17.6 (8.4, 32.3)
Navy	22.6 (9.7, 44.4)	11.1 (3.0, 28.5)	9 (12.9%)	25.3 (11.6, 48.1)
Other	27.5 (16.8, 42.4)	30.2 (19.4, 44.7)	26 (37.1%)	33.0 (21.6, 48.6)
Army combat arms				
Yes	43.5 (29.7, 61.5)	35.5 (23.2, 52.2)	20 (28.6%)	29.0 (17.7, 44.7)
No	17.8 (12.4, 24.6)	20.7 (15.0, 27.9)	50 (71.4%)	24.7 (18.4, 32.7)
History of deployment				
Yes	26.1 (18.7, 35.3)	22.3 (15.4, 31.4)	36 (51.4%)	25.5 (17.9, 35.3)
No	22.7 (15.0, 33.2)	27.1 (19.0, 37.5)	34 (48.6%)	26.2 (18.1, 36.6)

Table A3: Unadjusted Suicide Rates among **Regular Force Females** by Various Characteristics and Time Periods.

	2010 - 2019	2020 - 2024	2015 – 2024 (prior 10yrs)	
	Rate per 10^5 (95% CI)	Rate per 10^5 (95% CI)	Count (%)	Rate per 10^5 (95% CI)
Overall	11.8 (5.9, 21.0)	11.6 (4.3, 25.4)		10.0 (4.8, 18.3)
Age				
15-29	10.8 (2.2, 31.6)	13.2 (1.6, 47.6)	2 (20.0%)	6.8 (0.8, 24.6)
30-44	14.6 (5.9, 30.1)	11.1 (2.3, 32.5)	6 (60.0%)	11.6 (4.2, 25.2)
45-59	5.6 (0.1, 31.1)	10.6 (0.3, 59.2)	2 (20.0%)	10.5 (1.3, 37.9)
Mean age (95% CI)	32.7 (28.6, 36.8)	30.7 (24.0, 37.3)		33.1 (28.1, 38.1)
Median age	32	31		32.5
Marital Status				
Married/CL	5.6 (1.2, 16.4)	7.0 (0.8, 25.2)	4 (40.0%)	7.1 (1.9, 18.1)
Single	19.8 (7.3, 43.3)	21.7 (5.9, 55.5)	6 (60.0%)	17.4 (6.4, 38.0)
Separated/ Divorced/ Widowed	21.1 (2.6, 76.2)	0.0	0 (0%)	0.0
Rank				
JNCM	14.7 (5.9, 30.2)	16.7 (4.5, 42.7)	7 (70.0%)	14.5 (5.8, 30.0)
SNCM	9.5 (1.2, 34.3)	16.9 (2.0, 61.0)	3 (30.0%)	13.0 (2.7, 37.9)
Officer	8.0 (1.0, 29.0)	0.0	0 (0%)	0.0
Command				
Army	13.5 (2.8, 39.3)	8.4 (0.2, 46.8)	1 (10.0%)	4.3 (0.1, 24.0)
Air	16.3 (3.4, 47.5)	0.0	2 (20.0%)	10.5 (1.3, 38.0)
Navy	0.0	0.0	0 (0%)	0.0
Other	11.7 (3.8, 27.2)	20.7 (6.7, 48.2)	7 (70.0%)	14.9 (6.0, 30.8)
Army combat arms				
Yes	54.5 (6.6, 196.7)	0.0	0 (0%)	0
No	10.0 (4.6, 19.0)	12.2 (4.5, 26.7)	10 (100%)	10.4 (5.0, 19.2)
History of deployment				
Yes	7.5 (1.5, 21.9)	5.0 (0.1, 27.6)	1 (10.0%)	2.5 (0.1, 13.8)
No	14.9 (6.4, 29.4)	15.9 (5.2, 37.2)	9 (90.0%)	15.0 (6.9, 28.5)

MPTSR Data: Summary Tables for Diagnosed Mental Disorders and Stressors among Regular Force Suicide Deaths in 2024

Table A4: Diagnosed Mental Disorders Present at the Time of Suicide Death among Regular Force Members (2024).

Psychiatric Diagnoses		Count[a]	%
i)	Depressive disorders	5	29.4%
ii)	Trauma and stress-related disorders:	4	23.5%
	PTSD	2	11.8%
	Other	2	11.8%
iii)	Anxiety disorders	3	17.6%
iv)	Addictions or a substance-use disorder	7	41.2%
v)	Traumatic brain injury (ever)[b]	1	5.9%
vi)	Personality disorders (ever identified) [b]	2	11.8%

[a] The total does not equal 100% as not all individuals were diagnosed with a mental disorder at time of death, and some individuals had more than one of the listed disorders.
[b] Determined to be an active concern if it occurred during an individual's life history.

Table A5: Documented Work and Life Stressors among Regular Force Members Prior to Suicide Death (2024).

Work and life stressors	Count[a]	%
Failed or failing spousal or intimate partner relationship	7	41.2%
Failed or failing other relationship (e.g., family, friends)	3	17.6%
Spousal, family or friend death by suicide (ever)[b]	6	35.3%
Family or friend death (other than suicide)	3	17.6%
Physical health problem	6	35.3%
Chronic illness in spouse or family member	0	0%
Excessive debt, bankruptcy or financial strain	4	23.5%
Job, supervisor or work performance problem	10	58.8%
Civil legal problems (e.g., child custody dispute, litigation)	2	11.8%

[a] The total does not equal 100% as some individuals had none of the listed stressors and others had more than one.
[b] Determined to be an active concern if it occurred during an individual's life history.

Additional Graphical Summaries:

Standardized Mortality Ratios: Comparing Suicide Rates between the Regular Force and Canadian General Population.

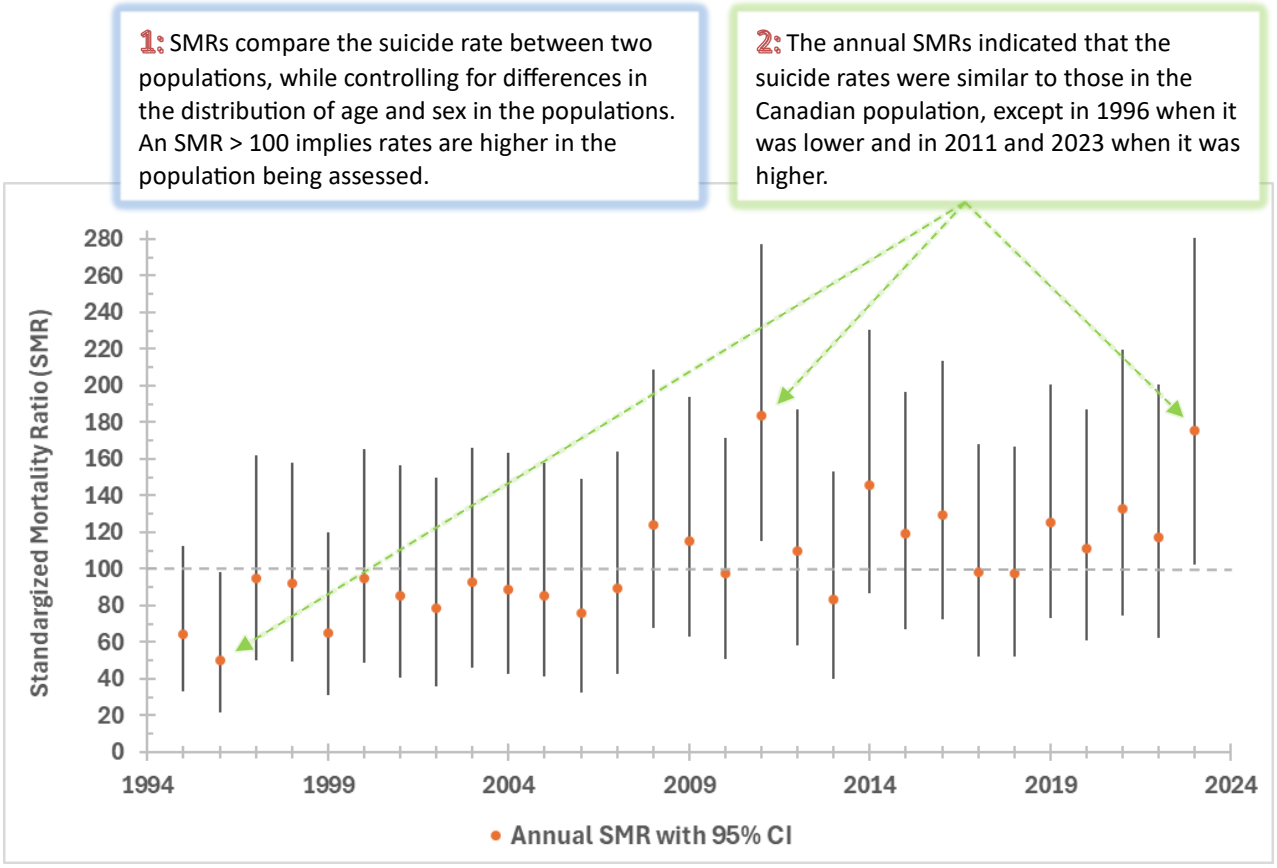
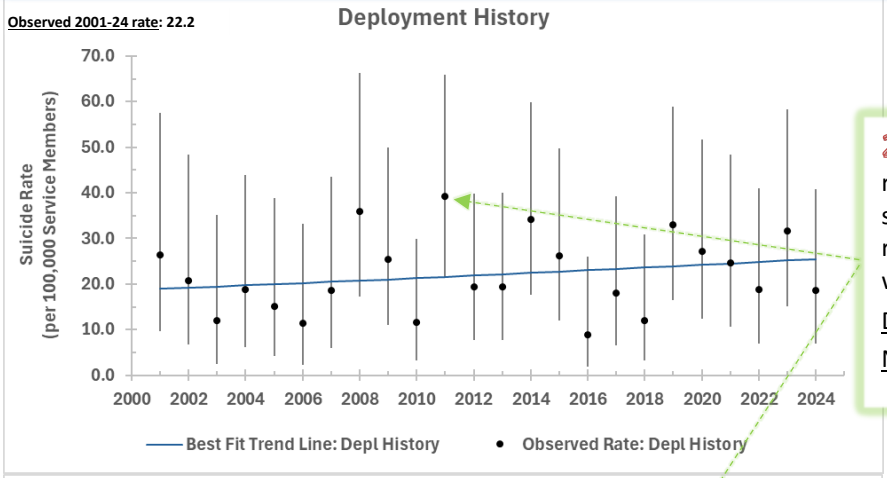
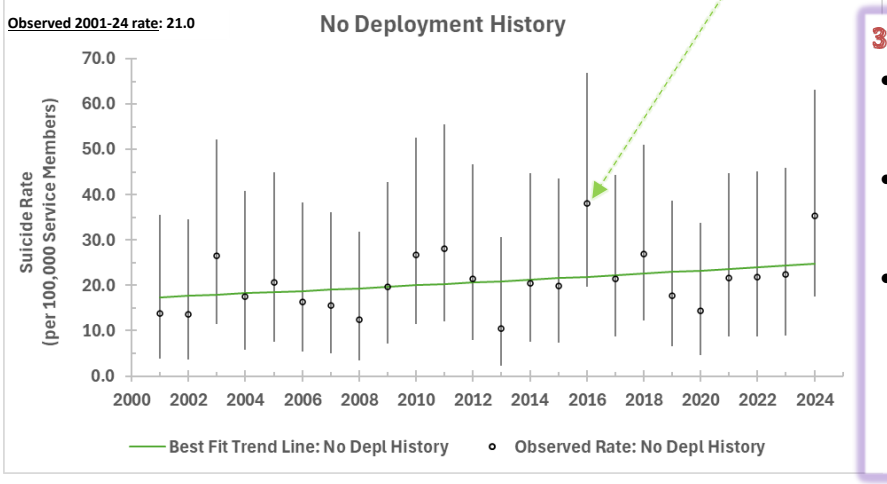


Figure A1: CAF Regular Force Standardized Mortality Ratios (SMRs), Comparing Suicide Rates to those in the Canadian General Population (1995-2023). The annual SMR was statistically significant in 1996 (SMR: 50; 95%CI: 21-98), 2011 (SMR: 183; 95%CI: 115-277) and 2023 (SMR: 175; 95%CI: 102-280).

Age and Sex Adjusted Suicide Rates compared by Deployment History

1: Comparing suicide rates by deployment history status, there was no statistically significant difference when each was assessed relative to the overall average rate for 2001-2024. Trend lines were assessed for consistent annual rate changes over this period and these were also not statistically significant.





2: When assessing the suicide rate in individual years, statistically significant higher rates relative to the period average were identified for some years:

Deployment History: 2011

No Deployment History: 2016

3: Note:

- The trend line is fitted to the observed data, adjusted for age and sex.
- Specific year comparisons are made to the average rate for the period.
- As such, a comparison of a specific year's rate to the period rate can be statistically significant even though the observed year rate confidence interval crosses the trend line.

Figure A2: Annual Regular Force Suicide Rate by Deployment Status.

References

[1] Nieuwenhuis, R., te Grotenhuis, M. and Pelzer, B. Weighted Effect Coding for Observational Data with wec. The R Journal. 2017; 9(1): 477-485. Retrieved from https://journal.r-project.org/articles/RJ-2017-017/RJ-2017-017.pdf