2023 National Veteran Suicide Prevention Annual Report

Frequently Asked Questions

Why does VA generate an annual report on Veteran suicide?

The annual report of Veteran suicide mortality is a critical part of our public health approach to inform next steps in suicide prevention across the nation. This work surged forward in 2006, when VA initiated comprehensive assessments of national death certificate data for all Veterans Health Administration (VHA) patients.[1] In 2016, VA generated the first annual report on suicide including the entire Veteran population, based on analyses of national death certificate data for all Veterans. Over time, VA reporting has added new years of data and expanded assessments. For example, this report provides, for the first time, information on suicide rates among Veterans who received Veterans Benefits Administration (VBA) services (see pages 69-70 in the report).

Information from the reports, as well as from year-round VA suicide analytics and research, is used to inform and enhance Veteran suicide prevention initiatives. The reports tell us about patterns of Veteran suicide overall and, more specifically, for Veteran subpopulations. The reports also provide information about ongoing Veteran suicide prevention initiatives. By producing the reports, VA contributes to public efforts to understand Veteran suicide and support suicide prevention.

Is the VA report on Veteran suicide comprehensive and complete?

The report is comprehensive and complete, utilizing the most accurate and current data available and established definitions for Veteran status and suicide mortality. See the National Veteran Suicide Prevention Annual Report Methods Summary for details regarding VA suicide surveillance processes, including conduct of joint VA/Department of Defense (DoD) searches of death certificate data from the Centers for Disease Control and Prevention (CDC) National Death Index (NDI), data processing, identification of decedent Veteran status, identification of suicide deaths, and mortality rate calculations. The NDI is considered the gold standard of U.S. mortality databases. This report uses established criteria to identify suicide deaths from the death certificate records[2] and relies on the official reports of coroners and medical examiners regarding cause of death. The report includes the most current information available regarding Veteran suicide for all years examined. For this reason, its findings update information included in previous reports.

Does the VA report on Veteran suicide include drug overdose deaths?

This report includes information on all Veteran deaths that coroners and medical examiners document as suicide deaths. These include overdose deaths with suicidal intent. In 2021, of the 6,392 Veteran suicide deaths, 335 (5.2%) were indicated on death certificate records as drug overdoses with suicidal intent. VA criteria for identifying suicide deaths are the same as those used by other federal agencies, including the National Center for Health Statistics.

1 McCarthy JF, Valenstein M, Kim HM, Ilgen M, Zivin K, Blow FC. 2009. Suicide Mortality Among Patients Receiving Care in the Veterans Health Administration Health System. American Journal of Epidemiology. 169(8):1033-1038.

2 National Center for Health Statistics. 2009. Instruction Manual. Part 9. ICD-10 Cause-of-Death Lists for Tabulating Mortality Statistics. Available: https://www.cdc.gov/nchs/data/dvs/part9instructionmanual2009.pdf

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What is the best way to assess whether suicide risks for Veterans differ from those of non-Veteran U.S. adults?

The most informative way to compare suicide rates across populations is to compare unadjusted rates for specific population subgroups.[3] Unadjusted suicide rate information for men and women, by age group, is available in the national data appendix that accompanies this report. Figure 16 provides a summary of these comparisons to assess whether rates for Veterans differed from those of non-Veterans in the same demographic subgroup. This indicated that:

- Suicide rates were higher for Veterans, compared to non-Veteran U.S. adults, for:
  - Women aged 18- to 54-years-old, from 2001-2021
  - Women aged 55-years-old and older, from 2007-2021
  - Men aged 18- to 54-years-old, from 2001-2021
  - Men aged 55- to 74-years-old, from 2017-2021
- Suicide rates were lower for Veterans, compared to non-Veteran U.S. adults, for:
  - Women aged 55-years-old and older, from 2001-2004
  - Men aged 75-years-old and older, from 2001-2021
  - Men aged 55- to 74-years-old, from 2001-2005

Have we made significant progress over the last 10 years?

- Over the past decade, there has been substantial development in our understanding of Veteran suicide and suicide risk factors.
- For example, the present report—which is VA's eighth suicide prevention annual report—includes detailed information about patterns of suicide mortality among Veteran subpopulations and regarding suicide among leading causes of mortality and of years of potential life lost.
- The scientific literature has expanded substantially, with over 2,800 scientific publications from 2014 through 2023 that included the terms "Veteran" and "suicide," compared to 566 publications between 2004 and 2013.[4]
- There has been substantial progress in developing clinical and community-based initiatives to support Veteran suicide prevention, as summarized in this report.
- With regard to Veteran suicide mortality, it is important to acknowledge that overall U.S. suicide rates have increased, decreased, and increased again over the past 70 years. Also, we note that the age-adjusted U.S. suicide rate in 2000 was lower than for each of the prior 70 years.[5] Though suicide rates for Veterans and non-Veteran U.S. adults decreased at times from 2001 to 2021, there has been a gradual increase in rates over the entire period. This may represent, in part, a resurgence of suicide risk factors that could have influenced Veterans in particular. Moreover, the increases observed from 2020 to 2021 may be understood as part of longer-term trends in suicide risks in the United States,[6] in addition to the immediate influences of more salient challenges, such as those related to the COVID-19 pandemic and distress related to decreased community integration.

3 Anderson RN, Rosenberg HM. 1998. Age Standardization of Death Rates: Implementation of the Year 2000 Standard. CDC National Vital Statistics Reports. 47(3):1-17.

4 Based on a search on 10/14/2023 of PubMed in the National Library of Medicine for publications that included "Veteran" and "suicide," considering all fields (e.g., abstract, title, text).

5 Ducharme J. 2019. U.S. Suicide Rates Are the Highest They've Been Since World War II. Time. https://time.com/5609124/us-suicide-rate-increase/ (Accessed 10/14/2023). The article indicates that the age-adjusted U.S. suicide rate in 2000 was lower than in all prior years examined (1907-1999).

6 Olfson M, Ramchand R, Schoenbaum M. 2022. Tempering Optimism Concerning the Recent Decline in US Suicide Deaths. JAMA Network Open. 79(6):521-522.

- In this context, it is unknown whether Veteran suicide rates would have been greater if the substantial Veteran suicide prevention efforts of the past 15 years had not occurred.
- It is also important to emphasize that while trends in Veteran suicide rates tell us about the burden of suicide in Veteran populations at different times, they do not offer clear scientific evidence regarding the particular impact of suicide prevention efforts. This is because suicide has many causes, and the health and well-being of populations, as well as their access to lethal means, do change over time and across cohorts.
- This report provides statistics to help guide resource development and allocation. These do not constitute a sufficient foundation to evaluate the effectiveness of specific initiatives. Such evaluations would require even more detailed data and more complex study designs.[7]

Why did suicide rates among Veterans rise from 2020 to 2021?

As noted earlier, suicide has many causes and these involve factors at the individual, relational, community, and societal levels.[8] Although the data allows us to characterize patterns of Veteran suicide over time, the data does not specify the factors that caused either a particular suicide or changes in suicide trends. Most broadly, suicide is understood to be influenced by both risk and protective factors, and one may speculate about general factors that may influence suicide risks. For example, prominent social, economic, and public health factors, such as the COVID-19 pandemic and social conflict, may underlie the observed increases in suicide for Veterans and for non-Veteran U.S. adults in 2021. Alternatively, increases in 2021 may be influenced by factors related to the longer-term increases in U.S. suicide rates in this century.

In the report, Recent Veteran VHA Users are defined as Veterans who were alive at the start of the year and who received inpatient or outpatient care from VHA providers in the year or prior year, and Other Veterans are defined as Veterans who were not Recent Veteran VHA Users. Why are suicide rates higher among Recent Veteran VHA Users than for Other Veterans?

In general, Veterans who seek VHA care have greater health care needs, morbidity, and mortality than other Veterans. This is consistent with VHA serving a treatment-seeking Veteran subpopulation and offering priority eligibility to Veterans who qualify based on disabilities, limited income, or other risk factors.

The Andersen model of health care utilization offers three categories of factors relating to health care utilization: predisposing factors (e.g., demographics, attitudes), enabling factors (e.g., affordability, geographic accessibility, and other dimensions of access), and need (e.g., morbidity/illness).[9] Of these, need is regarded as the most important factor. In addition to Veteran health-seeking behavior, which involves recognition of need, the decision to seek care, and access, there are health care provider factors that affect subsequent utilization, like clinician recognition of need (e.g., diagnoses), decision to treat, and resources to meet the need. Many health conditions are associated with increased risk of suicide. These include

7 For example, VHA's evaluation of the effectiveness of the suicide predictive modeling clinical program Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) was specific to Veterans in VHA care, and it involved cohorts specific to program eligibility criteria. These cohorts were identified during the period of program operation and, for comparison, in a prior period. Analyses adjusted for patient demographic characteristics and for both cohort and period effects, using a triple difference design. The evaluation showed positive impacts on care processes, acute care episodes, and non-fatal suicide attempts, however, it did not identify program effects on suicide mortality. See: McCarthy JF, Cooper SA, Dent KR, Eagan AE, Matarazzo BB, Hannemann CM, Reger MA, Landes SJ, Trafton JA, Schoenbaum M, Katz IR. 2021. Evaluation of the Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment Suicide Risk Modeling Clinical Program in the Veterans Health Administration. JAMA Network Open. 4(10), e2129900.

8 Reed J, Quinlan K, Labre M, Brummett S, Caine ED. 2021. The Colorado National Collaborative: A Public Health Approach to Suicide Prevention. Prev Med. 152(Pt 1):106501.

9 Andersen RM. 1995. Revisiting the Behavioral Model and Access to Medical Care: Does It Matter? Journal of Health and Social Behavior. 36(1):1-10.

mental health conditions, such as bipolar disorder, personality disorder, and addiction, and medical conditions, such as cancer,[10] Parkinson's disease, and paralysis. Other risk factors include homelessness, military sexual trauma,[11] and having thoughts of suicide.[12]

It is, therefore, not surprising that we see greater suicide mortality among Veteran VHA Users as compared to Other Veterans. Veterans in VHA care have greater morbidity, all-cause mortality, and age-adjusted mortality rates for the leading causes of Veteran death than do Other Veterans. Further, those Veterans who received more VHA encounters (assessed as inpatient discharges or days with outpatient care) in 2020 and who were alive at the start of 2021 had higher suicide rates in 2021. Veterans with greater need seek more care and are referred for more care, consistent with their greater morbidity. This highlights the limitations of summary information regarding suicide rates as health system performance metrics.

What does the suicide rate for Veterans tell us about VA services and their impact?

The descriptive statistics included in this report provide clear information regarding the burden of suicide among Veterans overall, for Veteran subpopulations, and compared to non-Veteran U.S. adults. Veteran suicide rates are not sufficient for assessing the impact of Veteran suicide prevention efforts, as suicide has many causes and Veterans are part of the larger national community that has experienced increases in suicide rates over the entire period of this report.

What are the seven themes of the report's Call to Action?

The themes of the Call to Action, based on data through 2021, are to:

1. Promote firearm secure storage for Veteran suicide prevention
2. Implement and sustain community collaborations focused upon community-specific Veteran suicide prevention plans
3. Continue expansion of readily accessible crisis intervention services
4. Improve tailoring of prevention and intervention services to the needs, issues, and resources unique to Veteran subpopulations
5. Advance suicide prevention meaningfully into non-clinical support and intervention services, including financial, occupational, legal, and social domains
6. Increase access to and utilization of mental health services across a full continuum of care
7. Integrate suicide prevention within medical settings to reach all Veterans

How does the 2023 report differ from the 2022 report?

The 2023 report provides the most current information available regarding Veteran suicide, for all years examined, 2001 through 2021. For this reason, its findings update information included in previous reports. In addition to data for 2021, the report adds new categories of information, including:

- Information on suicide decedents and suicide rates among Veteran subpopulations as defined by engagement with the VBA and VHA
- Expanded reporting on Veteran all-cause mortality, including years of potential life lost and findings by recent VHA use, to further contextualize suicide among leading causes of death for Veterans

10 Dent KR, Szymanski BR, Kelley MJ, Katz IR, McCarthy JF. 2023. Suicide Risk Following a New Cancer Diagnosis Among Veterans in Veterans Health Administration Care. Cancer Medicine. 12(3):3520-3531.

11 Kimerling R, Makin-Byrd K, Louzon S, Ignacio R, McCarthy JF. 2016. Military Sexual Trauma and Suicide Mortality Among Veterans Using Veterans Health Administration Outpatient Care. American Journal of Preventive Medicine. 50(6):684-691.

12 Louzon S, Bossarte R, McCarthy JF, Katz IR. 2016. Does Suicidal Ideation as Measured by the PHQ-9 Predict Suicide Among VA Patients? Psychiatric Services. 67(5):517-22.

- New information regarding Recent Veteran VHA Users with indications of homelessness or contact with Veterans Justice Programs
- For Recent Veteran VHA Users whose suicide deaths were reported to VHA Suicide Prevention teams, information on potential suicide risk factors, based on chart reviews conducted as part of VA's Behavioral Health Autopsy Program
- Information on comparisons of suicide mortality of Veterans and non-Veteran U.S. adults, including the ratio of unadjusted suicide rates by age groups for male and female U.S. adults

Why does the report not include national Veteran suicide data for 2022 and 2023?

The report is based on national death certificate data that is currently available through 2021. The data is from the VA Mortality Data Repository, which is based on joint annual VA and DoD searches of the CDC NDI.

How is Veteran status defined?

This report defines Veteran status as individuals who had activated federal military service other than training and were no longer serving in the U.S. military. Veteran status is assessed per VA and DoD sources. Details regarding this process are provided in the accompanying 2023 National Veteran Suicide Prevention Annual Report Methods Summary.

What populations are examined in the report?

The report provides information on Veterans and non-Veteran U.S. adults (aged 18-years-old and older), with data specific to Veterans by age, sex, race, and Hispanic ethnicity. The report also presents information on Veteran suicide that occurs during the first year following separation from active military service (overall and by branch of service) and specific to Veterans who received VHA health care, VA Community Care, or VBA services.

Details: State-Level Data

In addition to the 2023 National Veteran Suicide Prevention Annual Report, VA has released data sheets on state-level findings—including the number of suicide deaths among Veterans, suicide rates by age group, suicide deaths by method of suicide, and comparisons between state, regional, and national data. All resources are available at MentalHealth.VA.gov/mentalhealth/suicide_prevention/data.asp.