Overview

Suicide is a public health issue that affects people from all walks of life, regardless of whether or not they have served in the military. Suicide is also preventable. Veteran suicide is an urgent issue that VA — along with its stakeholders, its partners, and communities nationwide — must address. VA has embraced a comprehensive public health approach to reducing Veteran suicide rates, one that looks beyond the individual to involve peers, family members, and the community.

Suicide is a complex issue and is influenced by a multitude of intersecting factors that can increase or decrease suicide risk. The VA Suicide Prevention Program’s public health approach addresses the risk factors associated with suicidal behavior — such as a prior suicide attempt, stressful life events, or the availability of lethal means — while promoting the protective factors that can offset risk — such as positive coping skills, feeling connected to other people, and access to mental health care.

Data are an integral part of VA’s public health strategy and enable VA to tailor research-backed suicide prevention initiatives to reach diverse groups across the Veteran population. We rely on multiple sources of information to identify deaths that are likely due to suicide, and we are conducting an ongoing examination of more than 55 million records from 1979 to 2015 from all 50 states, Puerto Rico, and the District of Columbia.

In June 2018, VA released findings from its most recent analysis of suicide rates from 2005 to 2015 for both Veteran and non-Veteran populations segmented by age, race, and gender. The findings also include Veteran suicide rates based on service branch and era, suicide method, and suicide risk factors. These data inform the ongoing work of VA and its partners to prevent suicide and expand the network of support for Veterans.

Veteran Suicide Statistics 2015

Overall, general trends in Veteran suicide, previously reported through 2014, remained consistent through 2015.

- In 2015, Veterans accounted for 14.3 percent of all deaths by suicide among U.S. adults and constituted 8.3 percent of the U.S. adult population (ages 18 and up). In 2010, Veterans accounted for 16.5 percent of all deaths by suicide and represented 9.6 percent of the U.S. adult population.
The burden of suicide resulting from firearm injuries remains high among Veterans. In 2015, the percent of suicide deaths that involved firearms remained unchanged from 2014 at 67.0 percent.

After adjusting for differences in age, the rate of suicide in 2015 was 2.1 times higher among Veterans compared with non-Veteran adults.

After adjusting for differences in age, the rate of suicide in 2015 was 1.3 times higher among male Veterans compared with non-Veteran adult men.

After adjusting for differences in age, the rate of suicide in 2015 was 2.0 times higher among female Veterans compared with non-Veteran adult women.

In 2015, rates of suicide were highest among younger Veterans (ages 18–34) and lowest among older Veterans (ages 55 and older). However, Veterans ages 55 and older accounted for 58.1 percent of all Veteran suicide deaths in 2015.

In 2015, an average of 20.6 active-duty Service members, non-activated Guard or Reserve members, and other Veterans died by suicide each day. 6.1 of these were Veterans who had recently used VHA services.

After adjusting for age, suicide rates increased for Veteran and non-Veteran populations from 2005 to 2015. However, rates for Veterans who did not receive care in the VHA increased faster among VHA using Veterans.

Considering unadjusted and age-adjusted rates for 2015, Veterans who had recently used VHA services had higher rates of death by suicide when compared with non-VHA-using Veterans, overall Veterans, and non-Veterans. This is similar to information presented in the previous report and is consistent with findings reported elsewhere. VHA-using Veterans are a population that has active health and mental health care needs and that is actively seeking care because those problems are causing disruption in their lives. Many of these illnesses, such as mental health or substance use disorders, are associated with an increased risk of suicide.

VA Undertaking New Measures to Prevent Suicide

SAVE Online Suicide Prevention Training

VA, in collaboration with PsychArmor Institute, recently introduced an online suicide prevention training video, titled “S.A.V.E.,” which is designed to prepare anyone who interacts with Veterans to demonstrate care, support, and compassion when talking with someone who could be at risk for suicide.

“S.A.V.E.” stands for “Signs,” “Ask,” “Validate,” and “Encourage” and “Expedite.” The training offers simple steps anyone can take — whether a treatment provider, clinician, friend, or family member.

The 25-minute free training video can be viewed at https://psycharmor.org/courses/s-a-v-e/ and covers three main topics:

- Suicide as a public health issue in the U.S.
- Signs that a Veteran may be at risk for suicide
- Actions people can take if they identify a Veteran at risk
Joint Action Plan for Supporting Veterans During Their Transition From Uniformed Service to Civilian Life

- In May 2018, the White House approved an interagency plan to implement President Trump’s Executive Order by connecting Veterans with mental health care and suicide prevention resources during their transition from uniformed service to civilian life.
- That Joint Action Plan describes how VA, the Department of Defense (DoD), and the Department of Homeland Security (DHS) will collaborate to provide seamless access to mental health care and suicide prevention resources, with a focus on Veterans’ first year after separation from military service.
- Implementation of the Joint Action Plan by the three Departments comprises 16 important services, including the following:
  - Expanding the VA Whole Health initiative from 18 Whole Health Flagship Facilities to all facilities; Whole Health peer community outreach and group sessions promote wellness and individual health goals
  - Extending DoD’s “Be There” Peer Support Call and Outreach Center services to provide peer support for Veterans in the first year after separation from the uniformed services
  - Expanding DoD’s Military One Source, which offers resources to active-duty Service members, to include support for separating Service members up to one year after separation.

Mayor’s Challenge

- VA and the Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) have teamed up to launch the Mayor’s Challenge to Prevent Suicide.
- The goal of the Mayor’s Challenge is to eliminate suicide by using a comprehensive public health approach to suicide prevention in seven initial participating cities. Those cities are Albuquerque, New Mexico; Billings/Helena, Montana; Houston; Las Vegas; Los Angeles; Phoenix; and Richmond, Virginia.
- Teams made up of community, municipal, military, and other stakeholders convened in Washington, D.C., in March 2018 to develop strategic action plans to implement in their cities.
- VA provided technical assistance to support each city’s efforts, document outcomes, and share strategies with other municipalities.
- Additional cities have been invited to participate in future Mayor’s Challenges.

Veterans Crisis Line Expansion

- The 24/7 Veterans Crisis Line provides immediate access to mental health crisis intervention and support. Veterans call the national suicide prevention hotline number — 1-800-273-TALK (8255) and press 1 — to reach highly skilled responders trained in suicide prevention and crisis intervention. The crisis line also includes a chat service at VeteransCrisisLine.net and texting option (text to 838255). We have modified facilities’ phone systems to allow for direct connection to the crisis line by dialing “7” when calling a VA medical center (VAMC).
Each responder receives extensive training on a wide variety of topics in crisis intervention, substance use disorders, screening, brief intervention, and referral to treatment.

Since its launch in 2007, VA’s Veterans Crisis Line has:
- Answered over 3.5 million calls, made nearly 397,000 chat connections, and responded to nearly 92,000 text message requests
- Initiated the dispatch of emergency services to callers in immediate crisis nearly 93,000 times
- Forwarded more than 582,000 referrals on behalf of Veterans to local VA Suicide Prevention Coordinators (SPCs) to ensure continuity of care.

VA has always prioritized providing immediate care to Veterans in crisis, and the Veterans Crisis Line is an essential part of this lifesaving mission. VA opened a third call center in Topeka, Kansas, to support increased demand. The other two call centers are located in Atlanta and in Canandaigua, New York.

Using Predictive Analytics to Identify Those at Risk and Intervene Early

- Screening and assessment processes have been set up throughout the system to assist in the identification of patients at risk for suicide.
- VA will use predictive modeling to determine which Veterans may be at highest risk of suicide so providers can intervene early.
- Veterans in the top 0.1% of risk (who have a 43-fold increased risk of death by suicide within a month) are identified before clinical signs of suicide are evident in order to save lives before a crisis occurs.
- Patients who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow-ups, safety planning, follow-up visits, and individualized care plans that directly address their suicidality.