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](https://psycharmor.org), 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/](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.

Bolstering Mental Health Services for Women

- Since 2005, VA has seen a 154% increase in the number of women Veterans accessing VHA mental health services. In fiscal year (FY) 2015, 182,107 women Veterans received VA mental health care.
- VA has enhanced provision of care to women Veterans by focusing on training and hiring Designated Women’s Health Providers (DWHPs) at every site where women access VA, with 100% of VAMCs and 90% of community-based outpatient clinics having DWHPs.
- VA has trained nearly 2,500 providers in women’s health and continues to train additional providers to ensure that every woman Veteran has the opportunity to receive primary care from a DWHP.
- VA now operates a Women Veterans Call Center (WVCC), created to connect with women Veterans to inform them about eligible services. As of February 2016, the WVCC received 30,399 incoming calls and made about 522,038 outbound calls, successfully reaching 278,238 women Veterans.

Expanding Telemental Health Services
VA is leveraging telemental health care by establishing 10 regional telemental health hubs across the VA health care system.

In FY 2015, 12% of all Veterans enrolled for VA care received telehealth-based care, totaling more than 2 million telehealth visits by 677,000 Veterans, including 380,000 telemental health visits.

Since FY 2003, VHA has provided more than 2 million telemental health encounters, expanding its role as a world leader in telehealth and telemental health services, including services provided directly to Veterans’ homes.

Free Mobile Apps to Help Veterans and Their Families
VA has deployed a suite of 13 award-winning mobile apps to support Veterans and their families, with tools to help them manage emotional and behavioral concerns. These include:

- **PTSD Coach** (released 2011; 233,000 downloads in 95 countries) is a widely acclaimed VA and Department of Defense (DoD) joint project, winning numerous awards. It is a tool for self-management of post-traumatic stress disorder (PTSD), and includes a self-assessment tool; educational materials about PTSD symptoms, treatment, and related conditions; relaxation and focusing exercises designed to address symptoms; and immediate access to crisis resources, personal support contacts, or professional mental health care.
- **CBT-i Coach** for insomnia (released 2013; 86,000 downloads in 87 countries) was a collaborative effort between the VA National Center for PTSD (NCPTSD), Stanford University Medical Center, and the DoD’s National Center for Telehealth and Technology (T2). CBT-i Coach is a mobile phone app designed for use by people who are having difficulty sleeping and are participating in cognitive behavioral therapy for insomnia, guided by a health care professional.
- **ACT Coach** for depression (released 2014; 23,000 downloads in 93 countries) supports people currently participating in Acceptance and Commitment Therapy (ACT) who want to use an app in conjunction with their therapist to bring ACT practice into daily life.
- **Mindfulness Coach** (released 2014; 39,000 downloads in 95 countries) provides tools to assist users in practicing mindfulness meditation.
- **Moving Forward** (released 2014; 5,400 downloads in 54 countries) teaches problem-solving skills and can be used in a stand-alone fashion or while participating in problem-solving training.

Leveraging VA Vet Centers and Readjustment Counselors
Vet Centers are community-based counseling centers that provide a wide range of social and psychological services. These services include professional readjustment counseling to Veterans and active duty Servicemembers, including members of the National Guard and Reserve components who served on active military duty in any combat theater or area of hostility.

- There are 300 community-based Vet Centers and 80 mobile Vet Centers located across the 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and the U.S. Virgin Islands (www.vetcenter.va.gov).
- In FY 2015, the Vet Centers accommodated over 1,664,000 visits for more than 228,000 Veterans, Servicemembers, and families.
- To use Vet Center services, Veterans or Servicemembers:
• Do not need to be enrolled with VA medical centers.
• Do not need a disability rating or service connection for injuries from either VA or the DoD.
• Can access Vet Center services regardless of discharge character.
  ▪ The Vet Center Combat Call Center is an around-the-clock confidential call center where combat Veterans and their families can talk with fellow combat Veterans from several eras. In FY 2015, the Vet Center Combat Call Center took over 113,000 calls from Veterans, Servicemembers, their families, and concerned citizens.

**Telephone Coaching for Families of Veterans**

Telecoaching for Families of Veterans (www.va.gov/coachingintocare) assists family members and friends in helping a Veteran seek care. It provides a motivational coaching service for family and friends of Veterans who see that a Veteran in their life needs help.

Coaching involves helping the caller figure out how to motivate the Veteran to seek services. The service is free and provided by licensed clinical social workers and psychologists. From the inception of the service in January 2010 to December 2016, Coaching Into Care has logged 33,900 total initial and follow-up calls.

**Innovative Public-Private Partnerships to Reach Veterans**

VA is working with public and private partners across the country with the goal of ensuring that wherever a Veteran lives, he/she can access quality, timely mental health care.

VA is working with universities, colleges, and health professional training institutions across the country to expand their curricula, addressing new science related to meeting the mental and behavioral health needs of our Nation’s Veterans, Servicemembers, and their families.

  ▪ VA has recently partnered with the University of Michigan Health System and its Military Support Programs and Networks to support student Veterans as they transition from military to student life. Its Peer Advisors for Veteran Education program, which is expanding to 42 campuses across the country, and VA’s Veterans Integration to Academic Leadership program and Peer Support Program will coordinate referrals and share resources. Together, they will collaboratively help student Veterans successfully navigate college life.

VA is also supporting community provider organizations through innovative partnerships:

  ▪ VA recently partnered with the Bristol Myers Squibb Foundation to share subject matter expertise across a range of topics relevant to Veterans and their families, including student Veteran programs, caregiver training programs, faith/chaplain/spirituality-based mental health programs, and other mental health and well-being programs.

  ▪ VA has also recently partnered with Give an Hour (GAH) to share training resources on various mental health topics to be disseminated to GAH’s provider network, so more Veterans have access to evidence-based mental health care and are competent in military culture. In addition, VA’s Make the Connection (MakeTheConnection.net) Veteran-focused outreach campaign is collaborating with GAH’s Change Direction Campaign to reduce negative perceptions associated with seeking mental health care and promote mental health literacy among Veterans and the general public.
VA has also partnered with Psych Armor Institute (PAI) to share subject matter expertise on a range of mental health and caregiving topics to help civilians better serve Veterans. PAI is delivering training free of charge to the public and VA.

VA Campus Toolkit (www.mentalhealth.va.gov/studentveteran) is a resource that helps faculty, staff, and administrators find resources to support student Veterans and learn about their strengths, skills, and needs.

VA is hosting annual Community Mental Health Summits at each VAMC. Each facility will focus on building new partnerships and strengthening existing ones to meet the needs of Veterans and Veterans’ families residing in their catchment areas.

Each VAMC has appointed a Community Mental Health Point of Contact to provide ready access to information about VA eligibility and available clinical services, ensure warm handoffs at critical points of transition between care systems, and serve as a liaison between VA and community partners.

Maintaining the High Quality of VA Mental Health Care
The Altarum/RAND Veterans Health Administration (VHA) Mental Health Program Evaluation (2011) concluded that “timeliness for mental/behavioral health care in VHA is as good as or better than in commercial and public plans.”

A recent publication comparing VA mental health care to private sector care examined medication treatment for mental disorders, finding:

- Across seven performance indicators, VA “performance was superior to that of the private sector by more than 30%.”
- In conclusion, the authors wrote: “Findings demonstrate the significant advantages that accrue from an organized, nationwide system of care. The much higher performance of the VA has important clinical and policy implications.”

(www.psychiatryonline.org/doi/10.1176/appi.ps.201400537)

Proactive Outreach to Reach Veterans Needing Care

- VA works proactively to connect Veterans and their families with the resources they need. In addition to VA’s Make the Connection outreach campaign and extensive suicide prevention outreach, many specific mental health programs and services have outreach as part of their efforts. SPCs are required to conduct at least five outreach activities per month in all of their local communities and are able to provide a community version of Operation S.A.V.E. to Veterans and others.
- Partnering with community organizations has broadened VA’s outreach efforts and promotes more positive outcomes from community providers.
- Make the Connection is VA’s award-winning mental health public awareness campaign. Its primary objectives are to highlight Veterans’ true and inspiring stories of mental health recovery, reduce negative perceptions about seeking mental health care, and connect Veterans and their family members with local mental health resources.
- Over the past four years, Make the Connection has seen tremendous engagement with Veterans, Veterans’ family members, and supporters. Through November 2016, MakeTheConnection.net, the campaign’s outreach efforts, and social media properties including Facebook and YouTube have earned a total of:
• 11.7 million website visits
• 373,000 resource locator uses (for local VA and other community sources of support)
• 16.9 million video views
• 27,000 YouTube subscribers
• 3.5 million total “likes” on the Facebook page, making it one of the largest government Facebook communities in the country
• 44.4 million engagements on Facebook (“likes,” comments, and shares)
• More than 1.8 billion impressions of the campaign’s public service announcements, earning free, donated airplay with a paid media value of more than $29 million
• More than 245 organizations broadcasting campaign messaging through their communication platforms
• More than 1.9 million pieces of material distributed nationwide

For more information, Veterans currently enrolled in VA health care can speak with their VA mental health or health care provider. Other Veterans and interested parties can find a complete list of VA health care facilities, Vet Centers, their local Suicide Prevention Coordinators, and other resources under the resource section of VeteransCrisisLine.net or at www.va.gov.

For more information about this fact sheet, contact Dr. David Carroll, Executive Director of VA’s Office of Mental Health and Suicide Prevention, at 202-461-4058.