U.S. Department of Veterans Affairs
Office of Mental Health and Suicide Prevention
Frequently Asked Questions – 2019 National Veteran Suicide Prevention Annual Report
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Part I: 2019 National Veteran Suicide Prevention Annual Report

What is the 2019 U.S. National Veteran Suicide Prevention Annual Report?

The 2019 National Veteran Suicide Prevention Annual Report includes findings from VA's most recent analysis of Veteran suicide data from 2005 to 2017. In addition to these findings, the annual report highlights suicide as a national problem affecting Veterans and non-Veterans and calls upon all Americans to come together to take action to prevent suicide.

Like the 2016 National Suicide Data Report, the 2019 National Veteran Suicide Prevention Annual Report was informed by a comprehensive examination of death records, in this case from 2005 through 2017. It offers precise information about suicide rates and risk in both the Veteran and non-Veteran U.S. adult populations.

A comprehensive data analysis examining additional Veteran suicide rates through 2017, including rates among Veterans who use VHA health care compared with rates among those who do not, is also available in this report. Also included in this release are state-level suicide data sheets for the 50 U.S. states, Washington, D.C., Puerto Rico, and U.S. island territories.

Please contact the VA Suicide Prevention Program at VASPDataRequest@va.gov if you are interested learning more about data analyses or suicide prevention efforts.

What is the purpose of the report?

Ongoing collection, analysis, and dissemination of suicide-related data is crucial for understanding Veteran suicide and informing suicide prevention initiatives. VA and its partners use data to design the best possible tailored prevention strategies and evaluate ongoing suicide prevention initiatives.

In addition to presenting complex suicide data in a practical format and clearly conveying the key findings, the 2019 National Veteran Suicide Prevention Annual Report provides insight into key data-driven suicide prevention approaches used by VA and its partners. To learn more about 2019 suicide prevention priorities for specific risk groups, refer to the annual report.

What is different from the 2016 data report?

In addition to the comprehensive data analysis provided in last year's VA National Suicide Data Report 2005–2016, the 2019 National Veteran Suicide Prevention Annual Report highlights key initiatives and approaches VA and its partners have implemented to prevent Veteran suicide. Please contact the VA Suicide Prevention Program at VASPDataRequest@va.gov if you are interested learning more about data analyses or suicide prevention efforts.

One additional key change from this year's report is that it does not group together Veterans eligible for VA services with active duty service members and former National Guard and Reserve members who were never federally activated. This change was necessary because these groups are unique and do not all qualify for the same benefits and services, therefore they require individualized outreach strategies.

Moving forward, VA's report will include a separate section focusing on never federally activated former Guard and Reserve members, while the Department of Defense will publish a separate report focusing on active-duty suicides.

Why is there a two-year lag time for VA's suicide data?

VA's most comprehensive source of Veteran suicide mortality data, including data for Veterans not receiving care from VHA, is the VA Mortality Data Repository (MDR), also known as the Suicide Data Repository. This is the most comprehensive resource regarding Veteran and former service member mortality, based on joint VA/DoD searches of the National Center for Health Statistics' National Death Index (NDI). NDI is considered the national "gold standard" for mortality data.

NDI releases death records (upon request) approximately 11 months after the end of the calendar year, at which time VA and the DoD search of millions of records, identifying the matching death records and cause of death for Veteran decedents. The departments then analyze and report this information. This coordinated, multiagency process leverages the best available data to report on and track Veteran mortality.

Where does the data come from?

This report incorporates the most recent mortality data from the MDR and includes information for suicide deaths among all known Veterans of U.S. military service. Data for the MDR was obtained from the National Center for Health Statistics' National Death Index (NDI) through collaboration with the DoD. The NDI includes reports of mortality submitted from vital statistics systems in all 50 U.S. states, Washington, D.C., Puerto Rico, and U.S. island territories.

How does this data compare to that of previous years?

To view VA national suicide data reports and state data sheets from previous years, please view the archived files on the Veteran Suicide Data page on VA website. Because slight variations in yearly data may not be reflected previous years' reports, please refer to the 2005–2017 National Suicide Data Appendix file for the most current national data for previous years' information. For information on how VA defines Veteran in its reporting of suicide data, please refer to the FAQ on page 3, "How is Veteran defined in this report?".

Which populations are examined in the report?

Guided by the National Academy of Medicine framework and documented suicide prevention strategies, VA suicide prevention efforts described in this report break down Veteran populations by risk group: all Veterans (universal), Veteran subgroups that may be at increased risk for suicidal thoughts or behaviors (selective), and Veterans identified as having a high risk for suicidal thoughts or behaviors (indicated).

The report examines suicide rates for:

- Non-Veteran adults (ages 18 and older)
- Veterans
- Veterans who use VHA services
- VHA patients with a mental health or substance use disorder
- Never federally activated Guard and Reserve Members

There are approximately 20 million Veterans in the U.S. — around 18 million men and 2 million women. Of these 20 million, fewer than half receive VA benefits or services. Approximately 6 million Veterans (around 30%) receive VHA services.

In addition, the annual report provides suicide counts for the U.S. population, Veterans, and never federally activated former Guard and Reserve members.

How is Veteran defined in this report?

VA considers anyone who served in our nation's military to be a Veteran and strives to eliminate suicide among all Veterans. For purposes of the 2019 National Veteran Suicide Prevention Annual Report, Veteran is defined as someone who had been activated for federal military service and was not currently serving at the time of their death. VA also presents the yearly suicide count of never federally activated former Guard and Reserve members.

For information on suicide among current service members, official suicide counts are published in the DoD Quarterly Suicide Report (available at www.dspo.mil/Prevention/Data-Surveillance/Quarterly-Reports).

How do Veteran suicide rates compare with those for the general population?

According to the most recent CDC Data released in November 2018, suicide rates are on the rise across the entire U.S. population.

The unadjusted Veteran suicide rate increased from 29.8/100,000 in 2016 to 31.0/100,000 in 2017. Suicide rates are rising in some subgroups; specifically, for Veterans ages 18–34, suicide rates have increased substantially since 2005.

This underscores the fact that suicide is a serious public health issue that affects communities across the country. It also underscores the reason VA is taking a comprehensive public health approach to suicide prevention. Our objective is to prevent suicide among *all* Veterans.

How does VA measure suicide?

When directing suicide prevention efforts, it's important to consider the distribution of suicides as well as differences in rates among key population subgroups. To track suicide and draw meaningful conclusions from the data, VA uses measurements such as:

- **Suicide count** indicates a total number of suicides. Usually, the count alone has little meaning without reference to the size of the population.
- **Suicide rate** divides the number of suicide deaths by the relevant population count.
- **Percent of decedents** refers to the share of deaths with a given characteristic among all deaths.
- **Percent change** in suicide rates is used to compare changes in age-adjusted rates between years.

For example, male Veterans ages 55–74 have the highest *count* of suicides because the population is largest, but male Veterans ages 18–34 have the highest *rate* of suicide.

Does VA agree with the commonly cited figure that 20 Veterans per day die by suicide?

It's important to note that when reporting on Veteran suicide, we focus on former service members who most closely meet the official definition of Veteran status that is used by VA and other federal agencies. Therefore, although prior data indicated there were on average 20 suicide deaths per day among all current and former service members, for this report, Veteran is defined as a person who had been activated for federal military service and was not currently serving at the time of death so that number is closer to 17.

Additionally, the Veteran suicide deaths per day figure is often misinterpreted as a suicide rate. Deaths per day data does not take into account changes over time in the Veteran population size, which has steadily declined in recent years. To better understand Veteran suicide, we need to look at trends over time both among the broader Veteran population and among subgroups of Veterans. This helps us identify forces that may be acting on Veterans, develop appropriate programs and resources, and better measure our progress.

What is the role that access to VHA services plays in Veteran suicide rates?

The rate of suicide among Veterans who have *not* recently received VHA services is increasing faster than the rate of suicide among Veterans who have recently received VHA services. As more Veterans access VHA services than in previous years, the proportion of suicide deaths among patients who were recent users of VHA services has increased. Even though the rate of suicide among Veterans using VHA services is higher than the rate among Veterans not using VHA services, the lower rate of increase suggests that our world-class health care and engagement are making a difference. VHA is committed to giving Veterans the highest-quality care, including care that may be unavailable to them in the private sector. More Veterans are receiving VA benefits and health services than ever before. In fact, from 2005 to 2017, the number of male and female Veterans with recent VA health care use increased by over 20% and 65%, respectively.

In addition, the majority of Veteran suicide decedents with recent VHA care had a VHA mental health encounter in 2016 or 2017 and had received a mental health diagnosis.

Suicide is a complex issue, and no single factor accounts for elevated rates of suicide among Veterans. The health and well-being of our nation's Veterans remains VA's top priority, and VA is committed to ensuring that all Veterans receive the support they need. VA works diligently to improve its services every day. Mental health providers, counselors, Suicide Prevention Coordinators (SPCs), and researchers are dedicated to preventing Veteran suicide and providing every Veteran with personalized support.

How does data affect VA's suicide prevention efforts?

Data is at the core of VA's systematic and unified public health approach to suicide prevention, which seeks to reach all Veterans and not just those in VHA's care. This comprehensive approach considers the many factors beyond mental health that contribute to risk for suicide. Using the public health approach, VA can deliver resources and support to Veterans earlier — before they reach a crisis point — and through more channels. VA is using data to tailor and target prevention strategies that are matched to a Veteran's level of risk. The public health approach looks beyond the individual to involve peers, family members, and the community in preventing suicide. This approach is grounded in four key focus areas:

- **Primary prevention:** Preventing suicidal behavior before it occurs
- **Whole health:** Considering factors beyond mental health, including physical health, substance misuse, and life events
- **Application of data and research:** Emphasizing evidence-based approaches that can be tailored to fit the needs of Veterans in specific communities
- **Collaboration:** Educating and empowering diverse communities to coordinate with and participate in suicide prevention efforts

To effectively reduce suicide, VA must push prevention efforts outside its facilities and in local communities to reach Veterans where they live, work, and thrive.

Part II: State Data Sheets

Does the updated report include state-level data?

In addition to the 2019 National Veteran Suicide Prevention Annual Report, VA has published data sheets on state-level findings — including the number of suicide deaths among Veterans, suicide rates by age group, suicide deaths by method, and state data compared with regional and national data. The 2017 state data sheets are available at www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp.

What years does the state-level data appendix cover?

The State Data Appendix presents comprehensive suicide data for both Veterans and non-Veterans for all 50 states and the District of Columbia from 2005 through 2017. The State Data Appendix includes a comprehensive analysis of suicide rates for Veterans and the general population, explores longitudinal trends in suicide counts and rates at the state level, and includes data separated by gender, age group, and suicide method. The State Data Appendix is available at www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp.

What about data from counties, cities, towns, and other local jurisdictions?

Protecting the privacy of Veteran patients is of paramount importance to VA. Releasing information about the number of Veterans who died by suicide in specific localities could jeopardize patient privacy, which is why VA will not release local data. VA also has limited available data on the Veteran population not in VHA care.

Why doesn't each U.S. territory have its own data sheet?

At this time, data for four of the five permanently inhabited U.S. territories — the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands — is provided in a combined data sheet. This is due to the small number of Veterans who died by suicide in these territories as

well as inconsistent reporting to the National Center for Health Statistics National Death Index. Reporting on such a small population would risk identifying individual Veterans. VA continues to investigate methods for providing data from all territories while preserving the privacy of Veteran patients.

What conclusions can be drawn from comparing the suicide rates of one state with another's?

Disparities in suicide rates exist between states and, in some cases, regions. Numerous factors that contribute to suicide risk and incidence must be considered when examining a state's suicide data. Some states have relatively large Veteran populations or overall populations, which can affect suicide rates. While there is no single reason why one state has higher suicide rates than others, factors such as access to health care, rural vs. urban settings, and access to lethal means are relevant considerations when examining differences in rates.

Part III: Putting Data Into Action

Why are suicide prevention efforts broken down into universal, selective, and indicated strategies?

Because not all Veterans have the same risk for suicide, prevention efforts are most effective when they are matched to a Veteran's level of risk. VA's approach to suicide prevention is dictated by a comprehensive public health approach to suicide prevention and a framework developed by the National Academy of Medicine that uses three risk groups — universal, selective, and indicated — to target different populations. Documented suicide prevention strategies and program efforts address the following groups of U.S. Veterans: all Veterans (universal), Veteran subgroups that may be at increased risk for suicidal behaviors (selective), and Veterans identified as having a high risk for suicidal behaviors (indicated).

What are some of the actions VA has taken to prevent Veteran suicide?

VA is a leader in the development and implementation of innovative suicide prevention approaches and resources.

- The Veterans Crisis Line connects service members, Veterans, and their families and friends with caring responders through a phone call, text messaging service, or online chat. Since 2007, the crisis line has answered nearly 3.5 million calls, 98,000 texts, and 413,000 chats. Its efforts have resulted in the dispatch of emergency services nearly 100,000 times.
- Through innovative screening and assessment programs, such as REACH VET, VA identifies Veterans who may be at risk for suicide and benefit from enhanced care. This care can include follow-ups for missed appointments, safety planning, and care plans.
- VA works continuously to expand suicide prevention initiatives by:
    - Bolstering mental health services for women

- Broadening telehealth services
- Providing free mobile health apps for Veterans and their families
- Improving access to care by providing mental health screening and treatment services through Vet Centers and readjustment counselors

Using telephone coaching to assist families of Veterans

- VA partners with hundreds of organizations and corporations at the national and local levels — including the DoD, Veterans Service Organizations, professional sports teams, and major employers — to raise awareness of VA's suicide prevention resources and to educate people about how they can support service members and Veterans in their communities.
- VA also partners with community mental health providers to expand the network of local treatment resources available to Veterans who need it.

What federal initiatives have been influenced by Veteran suicide data?

Executive Order 13822, "Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life"

- Focusing on transitioning service members and Veterans in the critical high-risk period in the first 12 months after separation from service, Executive Order 13822 mandated the creation of a Joint Action Plan by the departments of Defense, Homeland Security, and Veterans Affairs for providing transitioning service members and Veterans with mental health and suicide prevention services. The Joint Action Plan has three goals:
  - Ensure that **all** transitioning service members are aware of and have access to mental health services.
  - Ensure that the needs of at-risk Veterans are identified and met.
  - Improve mental health and suicide prevention services for individuals who have been identified as needing care.

Executive Order 13861, "Executive Order on a National Roadmap to Empower Veterans and End Suicide"

- Executive Order 13861 enables the federal government and Veteran-serving communities to connect Veterans with resources and support quickly, regardless of whether Veterans come to VA for care.
  - The executive order promotes accountability among agencies representing the various sectors in which Veterans and their loved ones live, work, and thrive.
  - Veterans' local communities may be able to access grants to help them better connect Veterans with resources such as employment, housing, benefits, recreation, education, and more.

    - VA is making sure that research is focused, timely, and practical so that the nation can deliver Veterans the best prevention and intervention strategies possible, as quickly as possible.
- The roadmap empowers Veterans to pursue an improved quality of life, prioritizes related research activities, and promotes collaboration across the public and private sectors.
    - Influenced by the National Strategy for Preventing Veteran Suicide, the roadmap, known as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS), outlines the specific strategies needed to lower the rate of Veteran suicide and analyzes opportunities for collaboration among federal, state, local, tribal, and nongovernment entities.
    - Once completed, the roadmap will outline a strategic way forward for the federal government and serve as a public health guide for communities across the nation.

Resources for Veterans

- **Veterans Crisis Line:** The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring VA responders through a confidential toll-free hotline, text messaging service, or online chat. Veterans and their loved ones can call **1-800-273-8255 and Press 1**, send a text message to 838255, or chat online to receive confidential crisis intervention and support 24 hours a day, 7 days a week, 365 days a year. More information is available at VeteransCrisisLine.net.
- ***Make the Connection*:** This online resource connects Veterans, their family members and friends, and other supporters with information and solutions to issues affecting their lives. More information is available at ***MakeTheConnection.net***.
- **Resource Locator:** The online resource locator helps Veterans easily find VA resources in their area, including Suicide Prevention Coordinators, crisis centers, VAMCs, outpatient clinics, Veterans Benefits Administration offices, and Vet Centers. More information is available at www.veteranscrisisline.net/ResourceLocator.
- **For more resources, visit** https://www.mentalhealth.va.gov/suicide_prevention/resources.asp.

Resources for Community Partners

- **Community Provider Toolkit:** This toolkit supports the behavioral health and wellness of Veterans receiving services outside the VA health care system. More information is available at https://www.mentalhealth.va.gov/communityproviders/index.asp.
- **Community Outreach Toolkit:** The Community Outreach Toolkit is an online guide for people and organizations who are hosting events and interacting with Veterans. More information is available at https://go.usa.gov/xnwbz.
- **Mayor's Challenge:** VA has launched a partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) to help leaders in city governments work together

to prevent suicide among Veterans. The partnership started with seven cities and will expand to involve more.

Resources for Clinicians

- **VA Suicide Risk Management Consultation Program:** Providing care for Veterans at risk of suicide may feel like a daunting responsibility. The Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC) for Suicide Prevention offers free, one-on-one consultation for any community or VA provider who works with Veterans. To get started, email srmconsult@va.gov. Administrative staff members will set you up with the consultant who can best answer your question. The consultation is confidential and can take place by phone or email at your convenience. More information is available at https://www.mirecc.va.gov/visn19/consult/index.asp.
- **Toolkit for Therapeutic Risk Management of the Suicidal Patient:** Informed by clinical, medical, and legal best practices, the toolkit presents a model for the assessment and management of suicide risk. More information is available at https://www.mirecc.va.gov/visn19/trm.
- **Toolkit for Providers of Clients with Co-Occurring Traumatic Brain Injury (TBI) and Mental Health Symptoms:** TBI is a significant public health concern. This toolkit provides mental health clinicians with the information they need to support military personnel and Veterans with a history of TBI and co-occurring mental health conditions. More information is available at https://www.mirecc.va.gov/visn19/tbi_toolkit.

Resources for Families and Friends

- **#BeThere Suicide Prevention Initiative:** The #BeThere initiative teaches members of the community how simple acts can help save a Veteran in crisis. More information is available at https://www.veteranscrisisline.net/BeThere.aspx.
- **Coaching Into Care (888-823-7458):** A VA national telephone service, Coaching Into Care aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran. More information is available at https://www.mirecc.va.gov/coaching.
- **How to Talk to a Child About a Suicide Attempt in Your Family:** A recent suicide attempt in your family may be one of the toughest experiences you and your children ever face. It is important to take care of yourself so that you are better able to care for your child. More information is available at https://www.mirecc.va.gov/visn19/talk2kids.

Resources for Everyone

- **S.A.V.E. training video:** Launched in collaboration with PsychArmor Institute, the training video is designed to help anyone demonstrate care, support, and compassion when talking

with a Veteran who could be at risk for suicide. The 25-minute video is available for free at https://psycharmor.org/courses/s-a-v-e.

If you or someone you know is having thoughts of suicide, contact the Veterans Crisis Line to receive free, confidential support and crisis intervention available 24 hours a day, 7 days a week, 365 days a year. Call **1-800-273-8255 and Press 1**, text to 838255, or chat online at VeteransCrisisLine.net/Chat.

Reporters covering this issue are strongly encouraged to visit www.ReportingOnSuicide.org for guidance on how to communicate about suicide. For more information, please contact VASPDataRequest@va.gov