



2025


National Veteran Suicide Prevention

ANNUAL REPORT

Part 1: Overview

Office of Suicide Prevention

March 2026



The U.S. Department of Veterans Affairs (VA) 2025 National Veteran Suicide Prevention Annual Report provides the most current and comprehensive data on suicide among Veterans and non-Veteran U.S. adults, from 2001-23.

Suicide prevention is a top clinical priority of VA, and this report is an essential component of our ongoing commitment to understanding and addressing the critical issue of suicide within the Veteran community. VA recognizes that the tragic loss of life through suicide is not only a personal or family tragedy, but also a profound public health concern that resonates throughout the broader Veteran community and across the Nation.

The importance of a public health approach to preventing suicide among Veterans cannot be overstated. This approach to preventing Veteran suicide encompasses a wide range of collaborative efforts that go beyond clinical settings and involve the entire community. Here’s how it works:

- **Community Involvement:** Suicide prevention is everyone’s responsibility, and everyone has a role to play, including health care providers, friends, family, community organizations, employers, and faith leaders.
- **Addressing Risk and Protective Factors:** The Veterans Health Administration (VHA) approach focuses on various risk drivers, such as mental health issues, substance misuse, financial strain, housing challenges, and social isolation (risk factors), while promoting connectedness, coping skills, and general well-being (protective factors).
- **Data-Driven Strategies:** VHA uses data to understand the problem, identify high-risk groups, and ensure prevention efforts are based on clear evidence regarding what is most effective for helping Veterans.
- **Tiered Prevention Activities:**
 - **Primary Prevention:** Promotes overall health and well-being to prevent suicidal behavior.
 - **Secondary Prevention:** Involves early detection and intervention for those at higher risk through screening and training programs that help all people recognize and respond to warning signs.
 - **Tertiary Prevention:** Provides immediate crisis intervention and ongoing care for those in acute crisis or who have attempted suicide before.
- **Integrated Care and Services:** Focuses on providing effective Veteran care and ensuring smooth coordination between VA and non-VA providers to provide a wide range of resources (such as housing, financial and employment assistance, to name just a few).
- **Lethal Means Safety:** Includes counseling on securely storing lethal means, such as firearms and medications.

By combining clinical care with proactive community-based strategies, VHA’s approach aims to help all Veterans, including those who may never seek care from VHA, and ensure they receive the support they need to thrive.

Suicide Deaths, Risk Factors, and Rates

In calendar year 2023 (the most recently available data), 6,398 Veterans died by suicide (see **Table 1**). In 2023, suicide deaths represented 1.46% of all Veteran deaths (1.24% of deaths among Veterans in VHA care¹ and 1.65% of deaths among other Veterans).

Table 1. Suicide Deaths, VHA Receipt, Rates, 2018-23

	2018	2019	2020	2021	2022	2023
U.S. Adults	46,510	45,861	44,298	46,412	47,891	47,711
Non-Veteran Adults	39,772	39,351	37,951	39,983	41,449	41,313
Veterans	6,738	6,510	6,347	6,429	6,442	6,398
VHA-Affiliated Veterans	2,385	2,481	2,451	2,453	2,574	2,498
Veteran Suicide: Receipt of VHA Care in Year or Prior Year						
Yes	35.4%	38.1%	38.6%	38.2%	40.0%	39.0%
No	64.6%	61.9%	61.4%	61.8%	60.0%	61.0%

¹ With care from VHA providers in the year or prior year (Recent VHA Users). The number of Veterans in VHA care rose from 3.8 million in 2001 (14.8% of all Veterans) to 6.1 million in 2023 (33.7%).

	2018	2019	2020	2021	2022	2023
Veteran Suicide Rate per 100,000²						
Veterans, Overall	33.0	32.5	32.5	33.8	34.7	35.2
Veterans, Female	14.7	14.7	14.1	17.5	13.7	13.9
Veteran, Male	35.0	34.5	34.6	35.7	37.3	37.8

- To better understand the unique drivers of Veteran suicide risk, and to help direct early intervention, prevention, and outreach efforts, VHA reviewed multiple contributing factors in these tragic outcomes (2021-23). From these reviews, several factors emerged:
 - 52.3% had documented pain issues
 - 51.5% had sleep problems
 - 43.1% had increased health problems
 - 34.8% had declines in physical ability
 - 31.9% had relationship problems
 - 30.2% reported feeling hopeless
 - 24.9% had impulsive or poor self-control
 - 24.4% had unsecured firearms in home
 - 23.6% had financial loss
- For each year 2001-23, suicide rates for Veterans in VHA care were lowest for married Veterans. This highlights opportunities to strengthen familial, caregiver, and other relational resources.
- In 2023, the suicide rate for Veterans in VHA care with a cancer diagnosis was 10.3% greater than for other Veterans in VHA care. This emphasizes the need to continue to expand VHA's efforts to integrate suicide prevention resources across all areas serving high-risk Veteran groups.
- Each year 2005-23, suicide rates were highest for Veterans in Priority Group (PG) 5, which includes income-based eligibility (57.9 per 100,000 in 2023). Among Veterans in PG 5, suicide rates in 2023 were highest among Veterans aged 18-34 (85.4 per 100,000).
- The suicide rate for Veterans in VHA care during the 12 months following an initial Veterans Crisis Line contact in 2022 was 16.1% lower than those in 2021.

Effective suicide prevention is a collective effort, including collaborations with every state, territory, and tribal nation to address factors contributing to suicide risk within their communities. Across all 50 states and five territories, more than 2,800 local and state coalitions are actively working to meet community needs, expand available resources, and raise awareness. Legislation has supported care expansions, such as the Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act of 2020, which includes the emergent suicide care benefit and has facilitated connections to care for more than 14,000 Veterans.

Similarly, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 includes the Staff Sergeant Parker Gordon Fox Suicide Prevention Grants Program (SSG Fox SPGP), which provides community-based services that offer life-saving early intervention and prevention resources for Veterans, Service members, and their families. Program outcomes, from September 2022 through September 2025, include:

- Grants awarded to 95 organizations across 46 states, U.S. territories, and tribal lands.
- Participants who completed grantee services reported significant reductions in suicide risk as well as improvements in specific areas of well-being, including mental health status, social support, and financial stability.
- Among Veterans who were not previously enrolled in VHA services, 42% were newly enrolled in VHA as a result of their engagement with the grant program.

² Overall Veteran population estimates were derived from the Veteran Population Projection Model 2023 (see Methods Summary appendix).

- 13,807 at-risk Veterans, Service members, and their family members participated in grantee services. Approximately 27,000 referrals were provided for program participants.
- 939 referrals were for emergency (lifesaving) services for Veterans at high risk of self-harm; 70% of those emergency services were provided at VHA health care centers.
- 9,913 participants were connected to early intervention and prevention (non-emergent) mental health services. Of those, 61% were connected to VHA mental health services, 16% to community-based organizations, and 13% to Vet Centers.
- 15,744 referrals were for services to increase protective factors against suicide risk, including but not limited to services for financial counseling, legal services, support services for homeless Veterans, employment and training services, temporary income support, crisis line resources, and other health care services.

Veteran Suicide, Trends, and Patterns

Among Veterans in VHA care, the suicide rate for those with mental health or substance use disorder diagnoses fell 34.7% from 2001-23. However, suicide rates remained elevated for Veterans with mental health conditions and substance use disorders.

- **Mental Health, Substance Use, and non-Mental Health Risks:** Among Veterans in VHA care who died from suicide in 2023, 60.9% had a VHA mental health or substance use disorder diagnosis³, and 39.1% did not.
- **Transitioning Service Members:** Death by suicide rates within 12 months of separation from active military services were higher among those with Department of Defense (DoD) Defense Health Agency (DHA) diagnoses of substance use disorders, suicidal ideation, and those with mental health diagnoses prior to military discharge.
- **Veterans Justice Outreach (VJO) Programs:** The Veterans Justice Outreach (VJO) program is a VHA initiative that connects justice-involved Veterans with VA and community services to prevent unnecessary criminalization and incarceration. VHA reaches Veterans in local jails, courts, and prisons to provide support. Suicide rates for Veterans in VHA care were elevated among those who experienced legal issues (as measured by contact with VJO services) compared to those without legal challenges. In 2023, the suicide rate for Veterans in VHA care who received VJO services (144.6 per 100,000) was 263.7% higher than for Veterans in VHA care who did not receive these services.
- **Head Trauma/Traumatic Brain Injury (TBI):** Research shows increased suicide ideation, attempt, and death rates among people who have experienced head trauma. In each year from 2001-23, suicide rates for Veterans in VHA care were elevated for those with a TBI diagnosis. In 2023, the suicide rate was 77.6 per 100,000 for those with a recent diagnosis of TBI, which was 94.3% higher than for those without a diagnosis.
- **Unsecured Firearms:** Unsecured firearms in the home increase the risk of suicide death. In 2023, firearms were involved in 73.3% of Veteran deaths by suicide (compared to 52.9% of suicides of non-Veteran U.S. adults).
- **Homelessness:** Ending homelessness is a top VA priority. In 2023, the suicide rate among Veterans in VHA care with diagnoses of homelessness was 146% higher than for those without diagnoses of homelessness.
- **Military Sexual Trauma (MST):** MST refers to experiences of sexual assault or sexual harassment during military service. Suicide risks were elevated among Veterans in VHA care who reported experiences of MST. From 2022-23, suicide rates of Veterans in VHA care who screened positive for military sexual trauma fell 25.1% for female Veterans and fell 26.0% for male Veterans.
- **Priority Group (PG) 5:** Each year from 2005-23, suicide rates were highest for Veterans in PG 5, which includes income-based eligibility⁴, and were higher than in any of the prior 21 years (57.9 per 100,000). In PG 5, Veterans aged 18-34 had the highest suicide rate in 2023 (85.4 per 100,000).

³ The presence of mental health or substance use disorder diagnoses were assessed in encounters with VHA providers in 2022-23.

⁴ Priority Group 5: Nonservice-connected Veterans or Veterans with no service-connected disabilities and with an annual income and net worth below the VA's National Income Thresholds. Service-connected Veterans rated 0% disabled and with an annual income below the VA's National Income Thresholds.

Funding

Congress funds VHA suicide prevention programs, Veterans Crisis Line services, research, grants, and innovations through its [annual appropriation](#). VHA's Suicide Prevention Outreach Program budget allocations include:

- 89%: Veterans Crisis Line services, community grants, community coalitions, and direct Veteran care services.
- 11%: Veteran outreach, education, research, innovations, and Veteran suicide prevention support across the Nation.

VHA's Suicide Prevention Outreach Program budget supports the coordination of community engagement and partnerships, including the management of the Veterans COMPACT Act requirements, Support the Resiliency of Our Nation's Great Veterans (STRONG) Act requirements, and the expansion of state and tribal nation suicide mortality reviews to foster local and state suicide prevention lanes of effort. These resources also provide for the expansion of telehealth services, local suicide prevention coordinator (SPC) resources, and nationwide suicide prevention outreach campaigns.

Veteran Suicide Prevention Research, Innovations, and Partnerships

VHA is actively piloting numerous artificial intelligence-enabled models to enhance the effectiveness of risk reduction strategies and the early identification of risk. Through various public-private partnerships and academic collaborations, VHA is pioneering new suicide prevention technologies to offer Veterans advanced support options, including state-of-the-art treatments and improved access to care. Together, these efforts create a robust network of supports, all dedicated to facilitating the success and well-being of those who have served our Nation.

The 2025 report is the 10th report on Veteran suicide released by VA. The Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act ([P.L. 118-210 § 149 \(a\)](#)) expands expectations for the annual reports, including additional data elements, which will be available later in 2026. Comprehensive reporting of Veteran suicide data (including national and state level data appendices: mentalhealth.va.gov/suicide_prevention/data.asp).

For assistance with connecting to VA resources (including the Veterans Crisis Line), please visit: va.gov, va.gov/REACH, and VeteransCrisisLine.net