VA Releases Updated Veteran Suicide Data Report

Latest report about suicide rates from 2005 to 2016 for both Veteran and non-Veteran populations underscores the need for public-private partnerships in suicide prevention

WASHINGTON, D.C. — The U.S. Department of Veterans Affairs (VA) released national and state-level findings from its most recent analysis of Veteran suicide data, from 2005 to 2016. The analysis is part of VA’s ongoing examination of non-Veteran and Veteran death records that is being used to evaluate and improve VA’s Suicide Prevention Program.

Notable data points from the updated report include:

- From 2015 to 2016, the overall current and former service member suicide count decreased from 7,663 to 7,298 deaths (decrease of 365).
- From 2015 to 2016, the Veteran specific suicide count decreased from 6,281 to 6,079 deaths (decrease of 202).
- From 2015 to 2016, the Veteran unadjusted suicide rate decreased from 30.5/100,000 to 30.1/100,000.
- Overall, the fact remains that on average about 20 current or former service members die each day, six have been in VA health care and 14 were not.
- Rates of suicide were highest among younger Veterans (ages 18-34) and lowest among older Veterans (ages 55 and older). However, because the older Veteran population is the largest, this group accounted for 58.1 percent of Veteran suicide deaths in 2016.
- The rate of suicide among 18-34-year-old Veterans continues to increase.
- The use of firearms as a method of suicide remains high. The percentage of suicide deaths that involved firearms was 67.0 percent in 2015 and 69.4 percent in 2016.
- Information regarding deaths among current service members is not included.

Download the report at: https://www.mentalhealth.va.gov/suicide_prevention/data.asp

Similar to VA’s 2015 suicide data, the 2016 data shed light on segments of the Veteran population that experience the highest rates of suicide, most notably younger population of Veterans ages 18-34. The report also indicates that of the 20 Veterans who die by suicide each day, 14 are not using VHA health care, which reinforces the need for a broad, community-based approach to Veteran suicide prevention that engages private sector health systems as well as other settings like schools, workplaces, and places of worship.
According to the National Action Alliance for Suicide Prevention’s (Action Alliance) 2012 National Strategy for Suicide Prevention (NSSP), developed in collaboration with the Office of the U.S. Surgeon General, community-based programs, policies, and services play an integral role in suicide prevention. A combination of individual, family, community, and societal factors influence suicidal behavior. Therefore, efforts to prevent suicide are more likely to succeed if they follow a comprehensive approach—one that involves health care systems, including the VA, and community-based settings.

“The Action Alliance, the nation’s public-private partnership for suicide prevention, is steadfast in our support of Veteran suicide prevention efforts,” said Bob Turner, Private Sector Co-Chair of the Action Alliance. “Preventing Veteran suicide is an enormous challenge, one that will only be solved through close coordination of groups across sectors. That’s why we are working collectively with VA and other federal partners, as well as private sector partners, to build a comprehensive, coordinated approach to prevention to end the tragedy of Veteran suicide.”

VA is working to prevent suicide among all Veterans nationwide, via a public health approach that uses data to address multiple risk factors for suicide and prevent suicidal thoughts and behaviors from occurring. The agency has undertaken substantial Veteran suicide prevention efforts in recent years by:

- Developing the National Strategy for Preventing Veteran Suicide to guide VA personnel and stakeholders — including other federal agencies, state and local governments, health care systems, and community organizations — so that we, as a nation, can reduce suicide rates among all Veterans.
- Implementing the Mayor’s Challenge to empower cities nationwide to build coalitions to prevent Veteran suicide.
- For more information on VA suicide prevention efforts, refer to the “VA’s Efforts to Prevent Veteran Suicide: September 2018” fact sheet at https://www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp.

Resources for supporting Veterans include:

- **Veterans Crisis Line** – (1-800-273-8255; Press 1) Chat online at VeteransCrisisLine.net or text to 838255. Resource offering 24/7 access to a skilled, trained counselor at a crisis center. This crisis line also serves active duty military.
- **BeThere Peer Support Program** – A peer support call and outreach center is staffed by peers who are Veteran service members and family members of Veterans, and aims to provide support for everyday problem-solving of career and general life challenges.
- **Make The Connection** – An online resource designed to connect Veterans, their family members and friends, and other supporters with information, resources, and solutions to issues affecting their lives.
- **SAVE Online Training** – In collaboration with PsychArmor Institute, VA has developed a free online SAVE training, which is designed to equip anyone who interacts with Veterans to demonstrate care, support and compassion when talking with a Veteran who could be at risk for suicide.
- **Tragedy Assistance Program for Survivors (TAPS)** – TAPS offers care to those grieving the death of a loved one serving in the U.S. Armed Forces. Established in 1994, TAPS operates 24 hours a day, seven days a week through a national peer support network and provides connection to grief resources, all at no cost to surviving families and loved ones.
- **Wounded Warrior Project’s Combat Stress Recovery Program** – The Combat Stress Recovery Program (CSRP) addresses the mental health and cognitive needs of warriors returning from
war. CSRP provides military rehabilitation services at key stages during a warrior's readjustment process.

- **VA/DOD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide** – These comprehensive guidelines outline a framework for structured assessment of adults suspected to be at risk of suicide and the immediate and long-term management and treatment that should follow if an individual is found to be at risk.

- **Give an Hour** – Give an Hour’s mission is to develop national networks of volunteers capable of responding to both acute and chronic conditions that arise within our society, beginning with the mental health needs of those who serve and their families. They are a nonprofit organization providing free mental health services to US military personnel and families affected by the conflicts in Iraq and Afghanistan.

While this statement has a focus on Veterans, there are also a variety of resources available for active duty military. Please note key resources for those currently serving in the armed services:

- **Defense Suicide Prevention Office (DSPO)** – DSPO provides advocacy, program oversight, and policy for Department of Defense suicide prevention, intervention, and postvention efforts to reduce suicidal behaviors in Service members, civilians and their families.

Suicide is a national public health issue that impacts communities everywhere. For every person who tragically dies by suicide in the U.S., there are approximately 278 people who have experienced serious thoughts about killing themselves, and nearly 60 who have survived a suicide attempt, the overwhelming majority of whom will go on to live out their lives. These untold stories of hope and recovery are the stories of suicide prevention, stories which are informing the Action Alliance’s efforts to prevent more suicides every day.

For anybody who is in crisis or distress, we encourage calling the 24/7, free, and confidential National Suicide Prevention Lifeline: **800-273-TALK (8255)**.

Veterans who are in crisis or having thoughts of suicide, and those who know a Veteran in crisis, can call the Veterans Crisis Line for confidential crisis intervention and support 24 hours a day, seven days a week, 365 days a year. Call 1-800-273-8255 and press 1, send a text message to 838255 or chat online at VeteransCrisisLine.net/Chat.

# # #

**FOR MEDIA PARTNERS:**
Research shows that the media may influence suicide rates by the way they report on suicide. Evidence suggests that when the media tell stories of people positively coping in suicidal moments, more suicides can be prevented. We urge all members of the media working on these stories to refer to the Recommendations for Reporting on Suicide for best practices for safely and accurately reporting on suicide (such as including the National Suicide Prevention Lifeline 800-273-TALK [8255]). For stories of persons with lived experience of suicidality and finding hope, refer to www.lifelineforattemptsurvivors.org.

**NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION:**
The National Action Alliance for Suicide Prevention is the public-private partnership working to advance the National Strategy for Suicide Prevention and make suicide prevention a national priority. The
Substance Abuse and Mental Health Services Administration provides funding to EDC to operate and manage the Secretariat for the Action Alliance, which was launched in 2010. Learn more at actionallianceforsuicideprevention.org and join the conversation on suicide prevention by following the Action Alliance on Facebook, Twitter, and YouTube.