

# 2024

## National Veteran Suicide Prevention ANNUAL REPORT

### Part 1 of 2: In-Depth Reviews

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Office of Suicide Prevention  
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VA



U.S. Department  
of Veterans Affairs

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# Introduction

This 2024 National Veteran Suicide Prevention Annual Report presents the most current and comprehensive data on suicide among U.S. Veterans and non-Veteran adults, from 2001 through 2022. This report delves into the critical public health issue of Veteran suicide, providing information regarding Veteran suicide in relation to factors such as firearm involvement, military sexual trauma (MST), substance use disorders, transitions to civilian life, cancer, nicotine use, COVID-19, and homelessness, and across demographic and contextual factors, such as age, sex, gender identity, race, and ethnicity.

Building upon previous reports, this edition introduces new content that explores suicide among Veterans receiving care through the Veterans Health Administration (VHA) or VA-funded community care, as well as suicide rates following separations from active military service. The report documents year-to-year variations and long-term patterns<sup>1,2</sup> as well. Additionally, it shares insights from key contributors and highlights initiatives and resources within the broad scope of the Department of Veterans Affairs (VA) suicide prevention activities.<sup>3</sup>

## Veteran Suicide: An Evolving Focus

In the early 2000s, suicide among Veterans began to receive unprecedented public, legislative, and scientific attention.<sup>4</sup> At that time, studies of Veteran suicide were few, limited in scope, varied in methods, and inconsistent in findings. Determining suicide rates for the Veteran population was “a challenging puzzle,”<sup>5</sup> and in 2008, the Blue Ribbon Work Group on Suicide Prevention in the Veteran Population called for further studies to clarify the “confusing picture of the risk of suicide among Veterans.”<sup>6</sup>

## Comprehensive Data Collection

In response, VA developed robust systems for collecting, analyzing, and reporting national data on Veteran suicide. This ninth annual report provides the most recent data regarding suicide

among Veteran and non-Veteran U.S. adults, and about variation in suicide rates across Veteran populations.

## Public Health Approach to Veteran Suicide Prevention

Concurrently, VA has advanced an expansive whole-of-nation approach to suicide prevention. This involves engagement with other federal agencies; public-private partnerships; government at the local, state and national levels; Veterans Service Organizations; and local communities to reach all Veterans to support the implementation of a full public health approach, as outlined in the White House Strategy Reducing Military and Veteran Suicide<sup>7</sup> and VA’s National Strategy for Preventing Veteran Suicide.<sup>8</sup> This public health approach includes both community-based prevention and clinical interventions to reduce suicide in the Veteran population.

1 Olsson M, Ramchand R, Schoenbaum M. 2022. Tempering Optimism Concerning the Recent Decline in US Suicide Deaths. *JAMA Psychiatry*. 79(6):521-522.  
2 In the early 2020s, U.S. suicide rates approached historic levels. McIntosh JL, Drapeau CW. 2024. Suicide in the USA: A Decadal Study from the 1930s to the 2020s. *OMEGA—Journal of Death and Dying*. 0(0)1-24. DOI: 10.1177/00302228241274248.  
3 DeBeer B, Mignogna J, Talbot M, Villarreal E, Mohatt N, Borah E, Russell PD, Bryan CJ, Monteith LL, Bongiovanni K, Hoffmire C, Peterson AL, Heise J, Baack S, Weinberg K, Polk M, Benzer JK. 2024. Suicide Prevention Programming: Comparing Four Prominent Frameworks. *Psychiatric Services*. 75:789–800.  
4 Katz I. 2012. Lessons Learned from Mental Health Enhancement and Suicide Prevention Activities in the Veterans Health Administration. *Am J Pub Health*. Supplement 1, 102(S1):S14-S16.  
5 Hearing Before the Committee on Veterans’ Affairs, U.S. House of Representatives, 110th Congress, Second Session. May 6, 2008. Serial No. 110-86. 2009. U.S. Government Printing Office, Washington DC.  
6 US Department of Veterans Affairs. Report of the Blue Ribbon Work Group on Suicide Prevention in the Veteran Population. 2008. [https://baltimorecounty.md.networkofcare.org/library/Blue\\_Ribbon\\_Report-FINAL\\_June-30-08.pdf](https://baltimorecounty.md.networkofcare.org/library/Blue_Ribbon_Report-FINAL_June-30-08.pdf) (accessed 9/10/2024).  
7 White House: Reducing Military and Veteran Suicide: Advancing a Comprehensive, Cross-Sector, Evidence-Informed Public Health Strategy. 2021. [www.whitehouse.gov/wp-content/uploads/2021/11/Military-and-Veteran-Suicide-Prevention-Strategy.pdf](http://www.whitehouse.gov/wp-content/uploads/2021/11/Military-and-Veteran-Suicide-Prevention-Strategy.pdf).  
8 Department of Veterans Affairs. 2018. National Strategy for Preventing Veteran Suicide. [www.mentalhealth.va.gov/suicide\\_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf](http://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf).

# Anchors of Hope

Hope serves an important role within suicide prevention efforts.

In 2022, key areas of hope emerged, including:

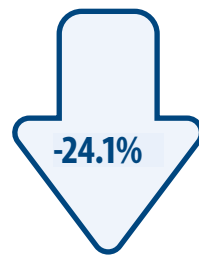
## Better One-Year Change Rates for Veterans Compared to US Adults

From 2021 to 2022, age-adjusted suicide rates for female Veterans decreased **24.1%**, while for female non-Veteran U.S. adults, rates increased **5.2%**.

For male Veterans, age-adjusted suicide rates increased **1.6%**, while for male non-Veteran U.S. adults, rates increased **1.8%**.

## Substantial Declines in Suicide Among Female Veterans, 2021 to 2022

Female Veterans saw a remarkable **24.1%** decrease in age-adjusted suicide rates.



Firearm involvement in female Veteran suicide deaths fell from **51.6%** to **45.4%**.



Firearm and suffocation suicide rates among female Veterans fell by over **30%**.



Female Veterans in VHA care: Age-adjusted suicide rates declined by **29.6%**.

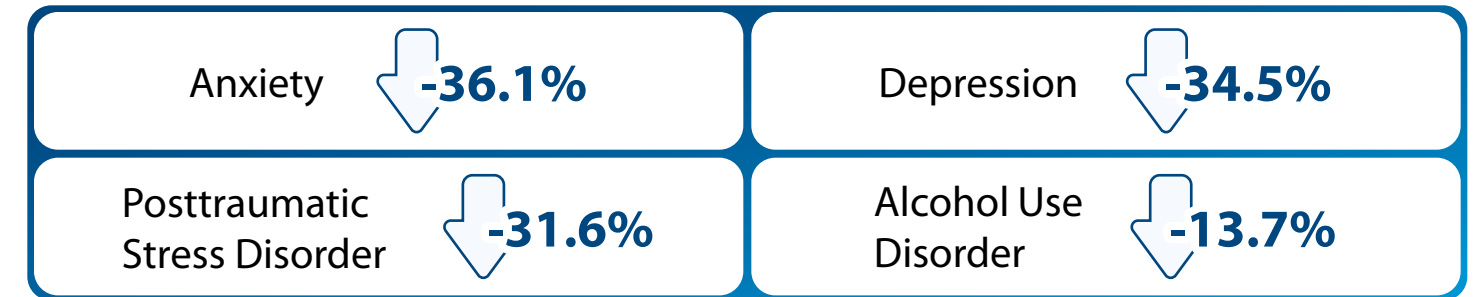
## Positive Trends for Younger Veterans, 2021 to 2022

### Veterans Aged 18-34

Decrease in Veteran suicide rates	-3.8%
Decrease in female Veteran suicide rates	-31.2%
Decrease in male Veteran suicide rates	-0.9%

## Long-Term Reductions in Suicide for Veterans with VHA Mental Health Diagnoses, 2001 to 2022

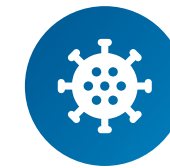
From 2001 to 2022, suicide rates fell for Veterans in VHA care with diagnoses of:



## Decreases Among Subgroups of Veterans in VHA Care, 2021 to 2022



**Veterans with Cancer Diagnoses:** Saw a **16.7%** decrease.

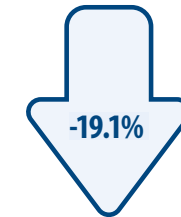


**COVID-19 Infection (first 90 days):** Veterans with COVID-19 infection had a **26.0%** drop in their suicide rates.

## Positive Improvement for Homeless Veterans, 2021 to 2022



**Veterans with Homelessness Diagnoses:** Experienced a **19.1%** reduction.

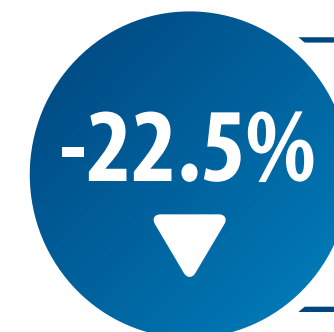
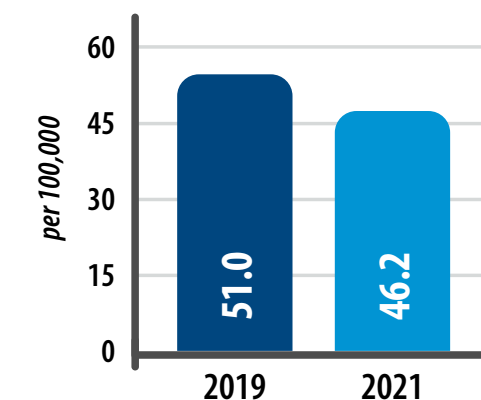


## Continuing Decline in Transitioning Service Member Suicide, 2021 to 2022

For those who separated in 2021, the suicide rate was **46.2 per 100,000**. This was lower than for recent prior years, after a high of **51.0 per 100,000** for those who separated in 2019.

## Decreased Suicide for Veterans in VHA Care with Veterans Crisis Line Contacts, 2021 to 2022

Change in Suicide Rate in First Month Following Veterans Crisis Line Contact



The suicide rate in the first month following documented Veterans Crisis Line contact in 2021 was **22.5%** lower than in 2019.



# Veteran Suicide Statistics

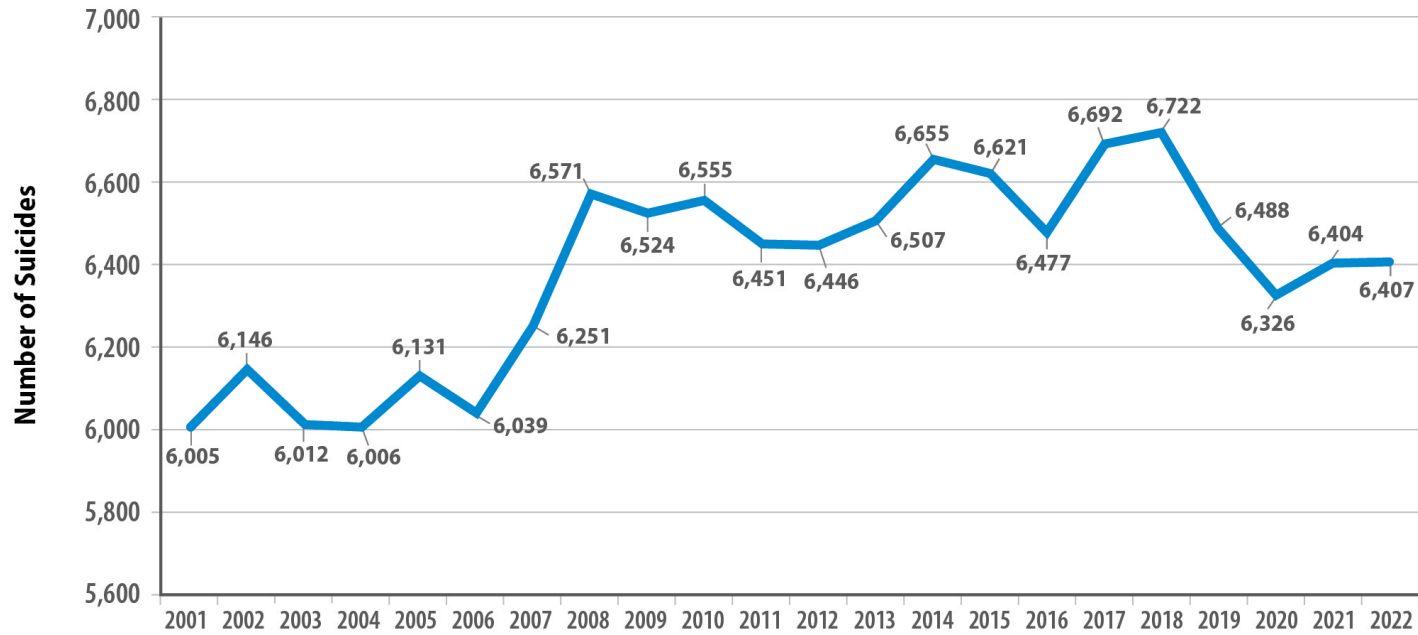
In 2022, there were **6,407** suicides among Veterans and **41,484** among non-Veteran U.S. adults. The number of Veteran suicides in 2022 was lower than 12 of the previous 14 years. The age-adjusted suicide rate for male Veterans rose **1.6%**, which was less than the **1.8%** increase for male non-Veterans. The age-adjusted suicide rate among female Veterans decreased **24.1%**, while the suicide rate among female non-Veterans rose **5.2%**.

Total Suicides in 2022

Non-Veteran U.S. Adults **41,484**

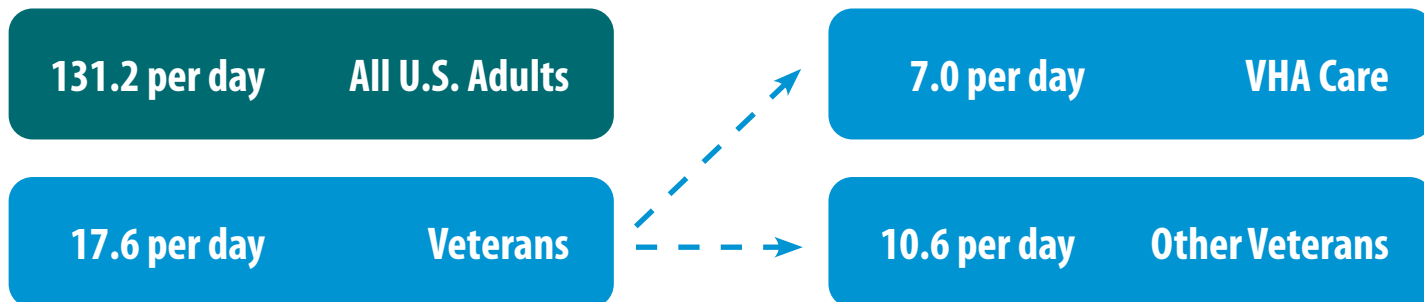
Veterans **6,407**  
(lower than 10 to 12 previous years)

Veteran Suicide Deaths, 2001–2022



In 2022, the unadjusted suicide rate for Veterans was **34.7 per 100,000**. It was **13.5 per 100,000** for female Veterans and **37.3 per 100,000** for male Veterans. Among non-Veteran U.S. adults, the suicide rate in 2022 was **17.1 per 100,000**, and it was **7.2 per 100,000** for female non-Veteran adults and **28.7 per 100,000** among male non-Veteran adults.

Average Number of Suicides Per Day



## In-Depth Reviews

This section focuses on how, who, and what: how Veteran suicides are happening, who are the subpopulations with substantial data changes, and what we're doing to continue this mission of preventing Veteran suicide.

The focused summaries in this section were identified based on review of trends and changes in suicide rates; consideration of new and emerging content areas; and ongoing attention to areas of long-term concern.

We extend our deepest gratitude to all the contributors who made the 2024 National Veteran Suicide Prevention Annual Report possible.

Together, we continue to strive toward a future where every Veteran receives the care, support, and hope they deserve. Thank you for your contributions and for your ongoing commitment to saving lives.

# How: Confronting the Leading Lethal Means

In 2022, firearms remained the most prevalent method of suicide among Veterans, with **73.5%** of Veteran suicides involving firearms. This statistic stresses the critical role that firearm access plays in Veteran suicide rates and highlights the importance of addressing secure firearm storage in prevention efforts as identified as a critical part of the VA's National Strategy for Preventing Veteran Suicide.<sup>9</sup>

Firearm involvement in suicides among female Veterans fell from **51.6%** in 2021 to **45.4%** in 2022.

Examining the data by sex reveals both encouraging and concerning trends. **Among female Veterans, there was a notable decrease in suicides involving firearms in 2022 (45.4% of suicides among female Veterans involved firearms) compared to 2021 (51.6%).** Moreover, both firearm suicide and suffocation suicide rates among female Veterans fell by over 30% from 2021 to 2022.

Conversely, the data for male Veterans shows a slight increase in the use of firearms in suicides. In 2022, 74.8% of suicides among male Veterans involved firearms, up from 73.4% in 2021. This uptick indicates a persistent challenge in addressing firearm-related suicides within this group.

## Prevalence of Firearm Suicide

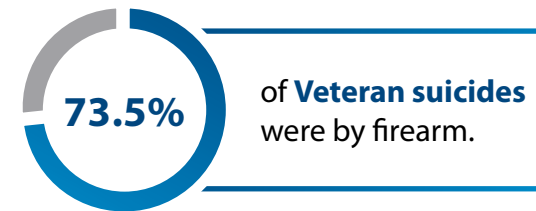
The percentage of Veteran suicides involving firearms in 2022—73.5%—marks a 7.1% increase in the percentage of firearm-related Veteran suicides from 2001 to 2022, highlighting an upward trend over the past two decades.

Firearm ownership is notably more common among Veterans than non-Veterans, with 45% of Veterans owning firearms compared to 19% of non-Veterans.<sup>10,11</sup> And one-in-three Veteran firearm owners store at least one firearm unlocked and loaded.<sup>12</sup> This elevated rate reflects both cultural and practical factors, including military training and personal security concerns.

The disparity in firearm suicide rates between Veterans and non-Veterans is stark. In 2022, the firearm suicide rate among female Veterans was 144.4% higher than that of female non-Veterans. Similarly, among males, the firearm suicide rate for Veterans was 69.6% higher than for non-Veterans. These differences highlight the elevated risk of suicide among Veterans, particularly involving firearms.

Addressing these issues requires a comprehensive approach that includes promoting secure firearm storage practices, increasing access to mental health and suicide prevention resources, and fostering open conversations about mental health and suicide among Veterans. By taking proactive steps, we can work toward reducing Veteran suicides and supporting the well-being of those who have served.

## Veteran Firearm Suicide in 2022



Firearm suicide rate among male Veterans was **69.6% higher** than male non-Veterans.

Firearm suicide rate among female Veterans was **144.4% higher** than female non-Veterans.

From 2021 to 2022, the percentage of Veteran suicides that involved firearms **increased by 7.1%**.

## VA Action: The Importance of Increasing Time and Space through Secure Firearm Storage

VA has implemented a number of initiatives over the years to promote secure firearm storage as a key element of its suicide prevention strategy.

One of the primary efforts in this regard has been the distribution of free cable gun locks to Veterans. This initiative encourages Veterans to securely store their firearms, thereby putting time and space between someone in suicidal crisis and a firearm.

VA has distributed more than 3.2 million cable gun locks through VA facilities, Suicide Prevention Coordinators, and outreach events across the nation. Cable gun locks are also being distributed through the Veterans Crisis Line to callers who request one. VA also collaborates with Veteran Service Organizations (VSOs), local law enforcement and community groups to broaden the reach of cable gun lock distribution and promote suicide prevention. Obtaining a free cable gun lock does not require enrollment in VA health care, or proof of military service. VA has made this program accessible to all Veterans to encourage widespread adoption of secure firearm storage practices.

## Connection Between Firearm Access and Suicide Risk



**Time and Space:** Access to a firearm during a crisis dramatically increases the likelihood of a fatal suicide attempt. Research indicates that many suicidal crises are impulsive, often lasting less than 10 minutes.<sup>13</sup> Reducing immediate access to firearms through secure storage can provide the time needed for the crisis to pass or for intervention to occur.



**Lethality:** Firearms are the most lethal means of suicide, with a 90% fatality rate compared to other methods, which are far less likely to result in death.<sup>14</sup> The lethality of firearms makes secure storage and controlled access a critical element in reducing Veteran suicides.

# How: Confronting the Leading Lethal Means (continued)

Another key initiative to promote information on secure firearm storage among Veterans is [KeepItSecure.net](https://www.KeepItSecure.net). Recognizing the critical role that secure firearm storage plays in reducing the risk of suicide and accidental injuries, the site offers guidance on various safety methods, including the use of cable gun locks, safes, and other secure storage solutions. The site also connects Veterans to additional VA support services, such as mental health resources and the Veterans Crisis Line. By empowering Veterans with the knowledge and tools to safely manage their firearms, [KeepItSecure.net](https://www.KeepItSecure.net) aims to enhance personal and community safety, ultimately contributing to the reduction of suicides among Veterans.



The provision of free cable gun locks is a critical element of VA's multifaceted approach to reducing suicide among Veterans. By promoting secure firearm storage, VA aims to:

**Delay Access During Crises:** Securing firearms can provide a crucial time buffer during which suicide impulses may pass or intervention can occur.

**Prevent Accidental Injuries:** Proper storage reduces the risk of unintentional discharge, protecting Veterans and their families.

**Encourage Responsible Ownership:** Emphasizing secure storage practices reinforces the importance of responsible firearm ownership within the Veteran community.

## VA Action



**Lethal Means Safety Counseling (LMSC) Training:** VA has implemented LMSC training for health care providers, teaching them how to engage Veterans in discussions about secure firearm storage and other lethal means safety. This counseling focuses on empowering Veterans to voluntarily limit access to lethal means during high-risk periods. ([www.mirecc.va.gov/visn19/lethalmeanssafety](https://www.mirecc.va.gov/visn19/lethalmeanssafety))



**Screening and LMSC in Clinical Settings:** In clinical settings, Veterans are screened for suicide risk, and health care providers are trained to incorporate LMSC into these discussions. This ensures that secure storage is addressed routinely, especially for Veterans with a history of mental health issues or suicidal ideation.



**Work with Non-VA Health Care Entities:** VA is expanding its efforts to collaborate with non-VA health care providers, ensuring that Veterans outside the VA system receive the same counseling on lethal means safety. This broadens the reach of suicide prevention efforts, making sure all Veterans, regardless of their health care provider, are supported. ([www.digital.va.gov/outreach-toolkits/preventing-veteran-suicide-lethal-means-safety/#:~:text=As%20part%20of%20VA%27s%20National,to%20help%20save%20a%20life](https://www.digital.va.gov/outreach-toolkits/preventing-veteran-suicide-lethal-means-safety/#:~:text=As%20part%20of%20VA%27s%20National,to%20help%20save%20a%20life))



**Investment in Lethal Means Research:** VA is investing heavily in research focused on understanding the connection between lethal means access and suicide risk. This research informs the development of evidence-based interventions and strategies to reduce access to firearms during periods of heightened vulnerability for Veterans.



**Firearm Industry Collaboration:** This collaboration focuses on educating Veterans about the importance of securing firearms and providing access to storage tools like gun safes and locks. ([www.mentalhealth.va.gov/suicide\\_prevention/docs/Toolkit\\_Safe\\_Firearm\\_Storage\\_cleared\\_508\\_2-24-20.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/Toolkit_Safe_Firearm_Storage_cleared_508_2-24-20.pdf))



If you are a Veteran or know someone who could benefit from a free cable gun lock or additional resources on secure firearm storage, contact your local VA suicide prevention coordinator or visit [KeepItSecure.net](https://www.KeepItSecure.net) for more information.

## Conclusion

The report underlines a critical need for targeted suicide prevention strategies among Veterans, particularly concerning secure firearm storage and mental health support. Efforts to promote safe and secure storage practices, enhance access to mental health care, and empower Veterans to seek help are vital steps toward reducing Veteran suicides.



9 Department of Veterans Affairs. 2018. National Strategy for Preventing Veteran Suicide. [www.mentalhealth.va.gov/suicide\\_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf).

10 Cleveland EC, Azrael D, Simonetti J, Miller M. 2017. Firearm Ownership Among American Veterans: Findings from the 2015 National Firearm Survey. *Injury Epidemiology*. 4(1). doi:10.1186/s40621-017-0130-y.

11 Azrael D, Hepburn L, Hemenway D, Miller M. 2017. The Stock and Flow of U.S. Firearms: Results from the 2015 National Firearms Survey. *The Russell Sage Foundation Journal of the Social Sciences*. 3(5):38-57.

12 Simonetti JA, Azrael D, Rowhani-Rahbar A, Miller M. 2018. Firearm Storage Practices Among American Veterans. *American Journal of Preventive Medicine*. 55(4):445-454.

13 Deisenhammer EA, Ing CM, Strauss R, Kemmler G, Hinterhuber H, Weiss EM. 2009. The Duration of the Suicidal Process: How Much time is Left for Intervention Between Consideration and Accomplishment of a Suicide Attempt? *Journal of Clinical Psychiatry*. 70(1):19-24.

14 Spicer RS, Miller TR. 2000. Suicide Acts in 8 States: Incidence and Case Fatality Rates by Demographics and Method. *American Journal of Public Health*. 90:1885-1891.



# Who: Decrease in Suicide Rates Among Women Veterans

Between 2021 and 2022, notable changes emerged in suicide rates among Veterans, highlighting both progress and ongoing challenges in mental health and suicide prevention. Understanding these shifts is crucial for effective interventions and support systems.

## Shifts in Suicide Rates

Female Veterans experienced a **24.1%** decrease in age-adjusted suicide rates in 2022 compared to 2021. This decline suggests that targeted interventions, support systems, and outreach programs may be effectively reaching this demographic. Addressing the specific needs of women Veterans—the fastest-growing population in the Veteran community—has become a key focus for VA.

In contrast, male Veterans saw a **1.6%** increase in age-adjusted suicide rates during the same period. This uptick suggests that male Veterans continue to face challenges requiring sustained attention and resources. Among the non-Veteran population, both genders experienced increases in age-adjusted suicide rates—female non-Veterans had a **5.2%** increase, and male non-Veterans saw a **1.8%** rise. This data emphasizes that suicide is a widespread public health issue that needs comprehensive strategies beyond any single group.

From 2021 to 2022:

**-24.1%** ↓

decrease in age-adjusted suicide rates of **female Veterans**

**1.6%** ↑

increase in age-adjusted suicide rates of **male Veterans**

**5.2%** ↑

increase in age-adjusted suicide rates of **female non-Veterans**

**1.8%** ↑

increase in age-adjusted suicide rates of **male non-Veterans**

The *Don't Wait. Reach out.* campaign aims to encourage women Veterans to access VA services. Find the right Veteran resources quickly and easily | ([www.va.gov/REACH/results/#wo](http://www.va.gov/REACH/results/#wo))

## VA Action: Efforts to Support Women Veterans

Women are the fastest-growing group of Veterans using VA services. VA continues to expand services so women can receive trauma-sensitive, gender-specific care, particularly for those at increased risk for suicide.

- **Women Veterans Program Managers (WVPMs):** WVPMs at every VA Medical Center ensure women receive gender-specific care and connect them to necessary services. ([www.womenshealth.va.gov/programoverview/wvpm.asp](http://www.womenshealth.va.gov/programoverview/wvpm.asp))
- **Expanded Mental Health Care Access:** Comprehensive care addressing PTSD, depression, anxiety, and substance use disorders is available, including telehealth and peer support. ([www.mentalhealth.va.gov/women-vets/index.asp](http://www.mentalhealth.va.gov/women-vets/index.asp))
- **Military Sexual Trauma (MST) Services:** VA offers a range of free MST-related services and resources to meet survivors where they are in their recovery. Visit ([www.MentalHealth.va.gov/MST](http://www.MentalHealth.va.gov/MST)) to learn more.
- **Whole Health Approach:** Incorporates traditional care with therapies like yoga and meditation to manage stress and build resilience. ([www.va.gov/wholehealth](http://www.va.gov/wholehealth))
- **Postpartum and Perinatal Mental Health:** Specialized programs focus on health during and after pregnancy, addressing postpartum depression and related concerns. ([www.womenshealth.va.gov/topics/post-pregnancy-health-care.asp](http://www.womenshealth.va.gov/topics/post-pregnancy-health-care.asp))
- **Reproductive Mental Health:** VA offers treatments for reproductive mental health conditions. ([www.mentalhealth.va.gov/women-vets/reproductive-mental-health/index.asp](http://www.mentalhealth.va.gov/women-vets/reproductive-mental-health/index.asp))
- **Research and Data-Driven Interventions:** Ongoing research identifies suicide risk factors, informing tailored interventions. ([www.research.va.gov](http://www.research.va.gov))
- **VA Women's Health Research Network:** serves as a national resource for VA researchers and program office leaders to accelerate women Veterans' health research toward having evidence-based impacts on practice and policy. ([www.hsrd.research.va.gov/centers/womens\\_health/whrn.cfm](http://www.hsrd.research.va.gov/centers/womens_health/whrn.cfm))
- **Center for Women Veterans:** plays a crucial role in advocating for equitable access to VA benefits and services. ([www.va.gov/womenvet](http://www.va.gov/womenvet))
- **VHA Assault and Harassment Prevention Office:** supports VA's commitment to providing a safe, welcoming, and professional environment for all employees, Veterans, volunteers, and visitors. Harassment or sexual assault will not be tolerated at any VA facility. ([www.va.gov/STOP-HARASSMENT](http://www.va.gov/STOP-HARASSMENT))
- **Women Veterans Coordinators (WVC):** Each VBA Regional Office has a designated WVC to provide information, assistance and resources to women concerning the full range of VA benefits, applicable non-VA resources, and affiliated benefits. ([www.benefits.va.gov/persona/veteran-women.asp](http://www.benefits.va.gov/persona/veteran-women.asp))
- **Women's Health Transition Training (WHTT):** is a web-based course that informs participants about women-specific healthcare services and empowers them with information to enroll and use VA healthcare services. ([www.tapevents.mil/courses](http://www.tapevents.mil/courses))

## Conclusion

VA is committed to addressing the unique needs of women Veterans through targeted suicide prevention efforts. By expanding access to gender-specific mental health care, supporting survivors of MST, promoting lethal means safety, and fostering holistic well-being, VA aims to reduce suicides among women Veterans and improve their overall quality of life. Through these efforts, VA seeks to create a safer and more supportive environment where women Veterans feel empowered to seek help and receive the care they have earned.

# Who: 18-34 Year-Old Veterans

Recent data highlights changes in suicide rates among Veterans across different age groups from 2021 to 2022. Notably, there was a reduction in suicide rates among younger Veterans, offering hope.

## Decrease in Suicide Rates Among Veterans, 18-34 Years Old

- From 2021 to 2022, the suicide rate among Veterans decreased by **1.9 per 100,000**, marking a **3.8%** reduction.
- Female Veterans: Experienced a substantial decline of **7.7 per 100,000**, a **31.2%** decrease.
- Male Veterans: Saw a modest reduction of **0.5 per 100,000**, a **0.9%** decrease.

## Changes in Suicide Rates by Age Group

The changes in suicide rates varied across different age groups:

**-3.8%** ↓

Aged 18-34

**-0.1%** ↓

Aged 35-54

**4.4%** ↑

Aged 55-74

**4.9%** ↑

Aged 75 and older

## Suicide Rates Among Female and Male Veterans

In 2022, suicide rates were highest among younger Veterans:

- Female Veterans (18-34 years old): 17.1 per 100,000.
- Male Veterans (18-34 years old): 54.8 per 100,000.

While suicide rates decreased among all female Veterans and male Veterans aged 18-34 from 2021 to 2022, rates increased for male Veterans aged 35 and older.

## Overall Veteran Suicide Rates per 100,000 in 2022

Aged 18-34: **47.6**

Aged 35-54: **35.5**

Aged 55-74: **31.2**

Aged 75 and older: **33.8**

## VA Action: Support for Younger Veterans

- **Tailored Mental Health Programs:** VA offers mental health services designed to resonate with younger Veterans, such as individual and group therapy focusing on issues like PTSD, anxiety, and depression. ([www.mentalhealth.va.gov/index.asp](http://www.mentalhealth.va.gov/index.asp))
- **Peer Support Programs:** Younger Veterans benefit from peer specialists who provide relatable, firsthand support and help navigate the transition to civilian life. ([www.veteranshealthlibrary.va.gov/142,41684\\_VA](http://www.veteranshealthlibrary.va.gov/142,41684_VA))
- **Telehealth and Virtual Care:** Recognizing that younger Veterans are familiar with technology, VA has expanded virtual care options, including telehealth appointments and mental health apps, like VA Mobile and PTSD Coach, to provide mental health support on demand. ([www.mobile.va.gov/mental-health-and-behavioral-therapy-apps](http://www.mobile.va.gov/mental-health-and-behavioral-therapy-apps))
- **Outreach and Engagement:** VA runs awareness campaigns through digital platforms like social media to reach and engage younger Veterans in seeking care. ([www.va.gov/REACH](http://www.va.gov/REACH))

## Conclusion

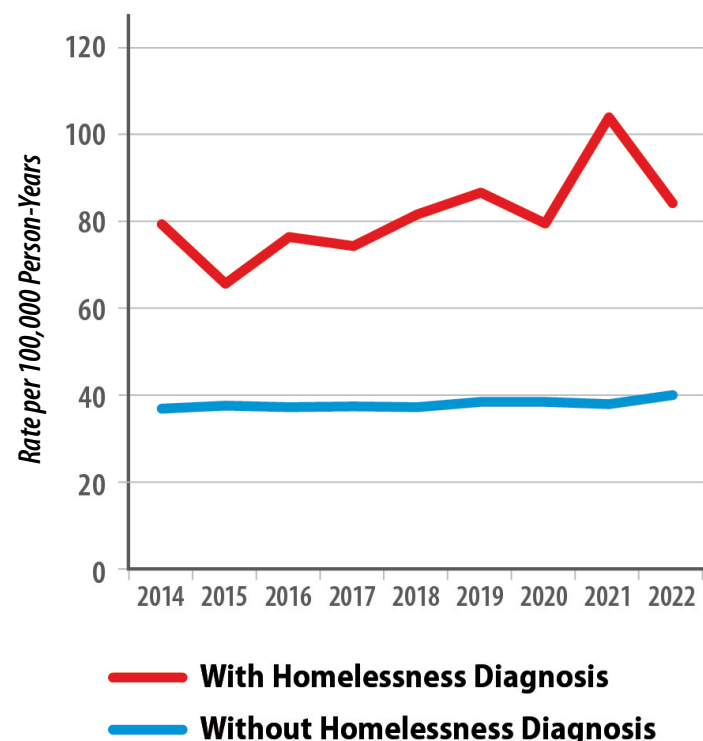
The patterns of suicide among Veterans differ across demographic subgroups and over time. The recent decrease in suicide rates among younger Veterans is encouraging, yet the increases in older age groups highlight the need for targeted interventions. Understanding these trends is crucial for developing effective strategies to address life stressors unique to different Veteran populations. Tailored support and resources can help mitigate risks and guide priorities for initiatives within the Veteran community.



# Who: Veteran Homelessness and Suicide Prevention

The suicide rate among Veterans with VHA diagnoses of homelessness dropped from **104.4 per 100,000 in 2021** to **84.5 per 100,000 in 2022**. In 2022, VA set an ambitious goal to permanently house 38,000 homeless Veterans.

Unadjusted Suicide Rate, Recent Veteran VHA Users, by Homelessness Diagnosis Status, 2014-2022



In January 2024, there were 32,882 Veterans experiencing homelessness in the United States, 13,851 of whom were unsheltered — down from 35,574 and 15,507 in 2023, respectively. This represents a 10.7% decrease in unsheltered Veteran homelessness nationwide. Overall, the data shows a 11.7% reduction in Veterans experiencing homelessness since 2020 and a 55.6% reduction since 2010.

## VA Action

VA's efforts to combat Veteran homelessness are grounded in reaching out to homeless Veterans, understanding their unique needs, and addressing them. These efforts are built on the evidence-based "Housing First" approach, which prioritizes getting a Veteran into housing, then providing or connecting them with the wraparound services and supports they need to stay housed.

- **Outreach Services** Health Care for Homeless Veterans (HCHV) and the National Call Center for Homeless Veterans are the front doors to both VA homeless programs and broader health care services. (<https://www.va.gov/homeless/hchv.asp>)
- **Residential Services:** Veterans in urgent need of shelter are supported through programs like HCHV Contracted Residential Services and the Grant and Per Diem program. These initiatives provide temporary housing solutions, offering Veterans emergency or transitional housing until they can secure permanent accommodations. ([www.va.gov/homeless/gpd.asp](http://www.va.gov/homeless/gpd.asp))



Over **46,000** Veterans housed in 2024

- **Permanent Housing Services:** Supportive Services for Veteran Families (SSVF) and the HUD-VA Supportive Housing (HUD-VASH) programs link Veterans to affordable housing within their communities. These programs often come with short- or long-term rental subsidies, case management, and various support services, ensuring Veterans have the necessary resources to stay housed. ([www.va.gov/homeless/ssvf/index.html](http://www.va.gov/homeless/ssvf/index.html)) ([www.va.gov/homeless/hud-vash.asp](http://www.va.gov/homeless/hud-vash.asp))

Additionally, VA provides assistance tailored to Veterans navigating the criminal justice system, helps Veterans access meaningful employment, and connects them with health care services specifically designed to overcome the barriers faced by homeless Veterans.

**Veterans in need of assistance can call the National Call Center for Homeless Veterans at 877 4AID-VET (877-424-3838) or visit VA Homeless Programs website for more information. Permanent Housing Assistance For Veterans VA Homeless Programs ([www.va.gov/homeless/housing.asp](http://www.va.gov/homeless/housing.asp))**

## Conclusion

There is growing recognition among researchers and policymakers that VA's work to end Veteran homelessness may be a critical suicide prevention strategy.<sup>15</sup> While VA has made substantial progress in reducing Veteran homelessness, there is still much work to be done. VA remains resolute in its mission to ensure that every Veteran has access to safe, stable, and affordable housing. Until the day no Veteran is without a home, VA will continue to push forward with urgency, compassion, and a commitment to honor those who served.

<sup>15</sup> Hoffberg AS, Spitzer E, Mackelprang JL, Farro SA, Brenner LS. 2018. Suicidal Self-Directed Violence Among Homeless US Veterans: A Systematic Review. *Suicide and Life-Threatening Behavior.* 48(4):481-498

# Who: Supporting Veterans Affected by Military Sexual Trauma and Reducing Suicide Risk



Military sexual trauma (MST) refers to experiences of sexual harassment or sexual assault during military service. MST is not a diagnosis, and Veterans who experienced MST

vary in their reactions as well as in their treatment needs and preferences. Despite this variation, studies show that experiencing

MST is a significant risk factor for suicide.<sup>16</sup> Unfortunately, people of all genders, ages, sexual orientations, racial and ethnic backgrounds, and branches of service have been affected by MST. VA's goal is to reduce suicide rates among this high-risk population through early identification via universal MST screening, improving awareness of the availability of effective treatments for mental health conditions commonly associated with MST, and facilitating access to treatment by offering free MST-related care.

## Veterans with a History of Military Sexual Trauma are at Elevated Suicide Risk

In each year from 2009 through 2022, suicide rates were higher among female and male Veterans who screened positive for a history of MST compared to those who screened negative. In 2022, suicide rates for female Veterans were 75.0% higher among those with positive screens for MST relative to those with negative screens. Similarly, for male Veterans suicide rates were 74.6% higher among those with positive screens for MST relative to those with negative screens. In addition, year-over-year changes in suicide rates differ for Veterans with a history of MST as compared to Veterans without such a history. For female Recent Veteran VHA Users who disclosed a history of MST, the suicide rate fell 18.1% from 2021 to 2022, as compared to those without a history of MST for whom the suicide rate

fell by 24.0%. For male Recent Veteran VHA Users who disclosed a history of MST, the suicide rate rose by 37.8% from 2021 to 2022, while the suicide rate rose by 1.8% for those without such a history.

### VA Action:

Recognizing that many survivors of sexual trauma do not disclose their experiences unless asked directly, it is VHA policy that all former Service members seen for health care are screened for experiences of MST. VA's national monitoring data show that about 1 in 3 women and 1 in 50 men respond yes, that they experienced MST when screened by the VA health care provider.

VA offers a range of free MST-related services and resources to meet MST survivors where they are in their recovery, regardless of when the MST occurred. Eligibility for MST-related care is expansive, and some individuals may be able to receive MST-related care even if they are not

eligible for other VA care. Individuals are not required to have reported their MST experiences when they happened or have documentation that they occurred to receive care. To learn more, visit ([www.MentalHealth.va.gov/MST](http://www.MentalHealth.va.gov/MST)).

Beyond MST, a free and secure self-help mobile app with over 30 specialized tools and other features to help MST survivors cope with challenges, manage symptoms, improve their quality of life, and find hope. Learn more at ([www.MentalHealth.va.gov/MST](http://www.MentalHealth.va.gov/MST)).

Every VBA Regional Office has MST Outreach Coordinators who can assist with trauma-sensitive MST-related claims. Individuals may request to be assisted by a VBA MST Outreach Coordinator of a specific gender, if preferred. You can find their contact information at: ([www.benefits.va.gov/benefits/mstcoordinators.asp](http://www.benefits.va.gov/benefits/mstcoordinators.asp)).

**If you or someone you know has experienced MST, VA encourages you to reach out for help.**

**Healing is possible, and VA is here to ensure that every individual who experienced MST receives the support they deserve.**

**All treatment for any physical or mental health condition related to MST is provided free of charge, helping Veterans access the care they need to continue healing and moving forward.**

**Every VA health care facility has an MST Coordinator who serves as a contact person for MST-related issues and who can assist you with accessing care. For questions about treatment and health care options related to MST, contact the MST Coordinator [www.mentalhealth.va.gov/msthome/vha-mst-coordinators.asp](http://www.mentalhealth.va.gov/msthome/vha-mst-coordinators.asp) nearest you.**

## Conclusion

VA remains steadfast in its commitment to supporting Veterans impacted by experiences of MST. With free MST-related care, a trauma-informed approach, and a focus on reducing suicide risk, VA aims to ensure that Veterans receive the help they need to continue to heal from the impacts of MST. VA is here to support MST survivors in whatever way will help them best.

<sup>16</sup> Kimerling R, Makin-Byrd K, Louzon S, Ignacio RV, McCarthy JF. 2016. Military Sexual Trauma and Suicide Mortality. *Am J Prev Med.* 50(6):684-691



# Who: Veterans with Mental Health and Substance Use Disorders

Individuals with mental health (MH) conditions or substance use disorders (SUDs) generally have higher suicide rates than those without these conditions.

## Understanding the Link Between Substance Use Disorders and Suicide Risk

SUDs, such as opioid use disorder, alcohol use disorder, cannabis use disorder, and sedative use disorder, are closely linked to an increased risk of suicide.<sup>17</sup> This heightened risk is likely due to several factors, including increased impulsivity, impaired coping mechanisms, and brain changes associated

with chronic substance use. Additionally, social factors play a significant role, further elevating the risk for individuals struggling with these disorders. Understanding these connections is crucial for developing effective prevention and treatment strategies.

## A Decrease in Overall Suicide Rates for Veterans with Mental Health Conditions

Veterans who receive care through VHA, especially those diagnosed with MH or SUD conditions, have long been identified as at increased risk for suicide. In 2022, the suicide rate for Recent Veteran VHA Users<sup>18</sup> with MH/SUD diagnoses was 90.7% greater than for those without these conditions. In 2022, there were 49,058 Recent Veteran VHA Users with “Other Psychoses”<sup>19</sup> and 58,845 with sedative use disorder. From 2021 to 2022, the suicide rate among Recent Veteran VHA Users with these conditions fell by 0.9%. While targeted interventions and support services available within VHA may have had a positive impact, more work remains to be done to sustain and build upon this progress.

## Concerning Increase in Suicide Rates Among Veterans with Specific Conditions

From 2021 to 2022, suicide rates rose for Veterans in VHA care with certain MH/SUD diagnoses (Other Psychoses):

- **Veterans with Psychotic Conditions Other Than Schizophrenia and Bipolar Disorder:** Suicide rates for Veterans with “Other Psychoses” rose 14.1%, reaching 207.1 per 100,000 in 2022. This exceeds the rate for Veterans with bipolar disorder (125.4 per 100,000) and schizophrenia (92.6 per 100,000), highlighting the need for specialized care for Veterans with these conditions.

- **Veterans with Sedative Use Disorder:** Sedative use disorder, often associated with the misuse of substances such as benzodiazepines, can significantly impair an individual’s mental and emotional stability. Suicide rates in this group increased by 29.2%, reaching 236.7 per 100,000 in 2022, underscoring the need for targeted interventions, particularly around the misuse of sedatives.

## VA Action: Reducing Suicide Risk Among Veterans with Substance Use Disorders

The risk of suicide associated with substance use disorders among Veterans is a multifaceted issue that demands more than just clinical interventions from VA; it requires comprehensive national prevention strategies. Addressing this challenge calls for a collaborative approach involving both government and community resources.

To tackle these concerns, VA is collaborating internally and with other federal agencies to expand access to evidence-based treatment and improve harm reduction strategies. This effort includes promoting racial equity in drug policy, reducing prejudice and discrimination around substance use disorders, and fostering recovery-ready workplaces. VA is enhancing its addiction workforce, improving care coordination for homeless Veterans, and creating more employment opportunities for Veterans in recovery.

VA is utilizing core strategies to reduce drug-related suicide. These strategies are aligned to the Office of National Drug Control Policy’s National Drug Control Strategy ([www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf](http://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf)) and the VA/DoD Clinical Practice Guidelines Management of Substance Use Disorders ([www.healthquality.va.gov/guidelines/MH/sud/index.asp](http://www.healthquality.va.gov/guidelines/MH/sud/index.asp)) and include but are not limited to:

- Increasing evidence-based treatment of SUDs through increasing rates of successful initiation and engagement of VHA patients with opioid use disorder with evidence-based medication treatment
- Increasing Naloxone Distribution to high-risk patients including Veterans with opioid use disorder and those on opioid analgesics
- Increasing high-risk case reviews of all non-fatal overdoses and of Veterans most vulnerable to having an overdose

- Increasing SUD and Suicide Prevention Efforts through Safer Prescribing Initiatives including continuing to pursue a comprehensive strategy to promote safe prescribing of opioids.

## Accessing Resources

VA offers comprehensive resources to help Veterans overcome SUDs. These include evidence-based treatments, such as counseling, medication-assisted therapy, residential and outpatient programs, and telehealth services. ([www.mentalhealth.va.gov/substance-use/index.asp](http://www.mentalhealth.va.gov/substance-use/index.asp))



With a focus on personalized care, VA is dedicated to supporting Veterans on their journey to recovery and long-term wellness.

Veterans can access help for sedative use disorder through their local VA medical center or community-based outpatient clinic also known as CBOC. They can schedule an appointment with their primary care provider or mental health professional to discuss their sedative use and explore treatment options. ([www.va.gov/find-locations](http://www.va.gov/find-locations))

## Conclusion

Although the 0.9% decline from 2021 to 2022 in the unadjusted suicide rate for Recent Veteran VHA Users with MH and SUDs is encouraging, concurrent increases in suicide rates for specific conditions are a sobering reminder of the complexities surrounding Veteran suicide prevention.

<sup>17</sup> Bohnert KM, Ilgen MA, Louzon S, McCarthy JF, Katz IR. 2017. Substance Use Disorders and the Risk of Suicide Mortality Among Men and Women in the US Veterans Health Administration. *Addiction*. 112:1193-1201.

<sup>18</sup> Veterans who received VHA health care in the year or prior year are here described as Recent Veteran VHA Users.

<sup>19</sup> Other Psychoses refers to psychotic conditions other than schizophrenia and bipolar disorder. See: McCarthy JF, Blow FC. 2004. Older Patients with Serious Mental Illness: Sensitivity to Distance Barriers for Outpatient Care. *Medical Care*. 42:1073-1080.



# Who: Transitioning Service Members— Supporting Veterans' Return to Civilian Life

As recent Veterans transition from military service back into civilian life, they face a unique set of opportunities and challenges that can significantly impact their well-being and future success.<sup>20,21</sup> The adjustment process can be jarring, as Veterans work to translate their military experiences into applicable civilian job skills while adapting to a less structured and more independently driven lifestyle.

## Understanding Suicide Rates Following Military Separation: Positive Shift

Recent data highlights a notable difference in the suicide rates among Veterans who have recently separated from active military service. For those who separated in 2021, the suicide rate was 46.2 per 100,000, which is lower than for recent prior years, after a high of 51.0 per 100,000 for those who separated in 2019.

## High-Risk Subgroups

Former service members with documentation of suicidal ideation, SUDs, or MH conditions in the 12 months prior to separation had elevated suicide rates in the year following separation. The suicide rate following separations in 2021 was 190.9 per 100,000 for those with a history of suicidal ideation, 164.1 per 100,000 for those with a history of SUD, and 84.8 per 100,000 for those with diagnoses of MH conditions. These findings underscore the critical need for targeted interventions for at-risk individuals prior to and following their transition out of the military.

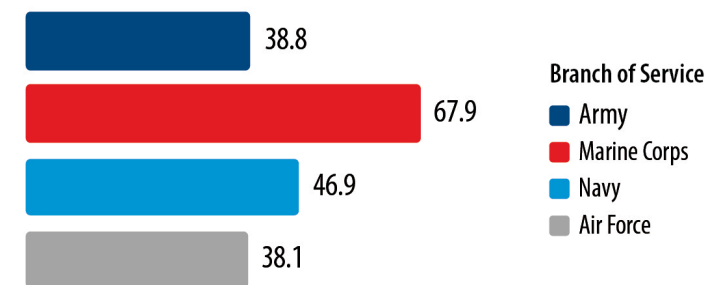
This decrease signals a potential shift in how recently separated service members are coping with the challenges they face after leaving the military.

## Variations by Branch of Service

Report findings show concerning variation by branch of service in suicide rates following separation. For those who separated in 2021, the suicide rate was highest for those from the Marine Corps (67.9 per 100,000.) This information raises

concern about the unique challenges faced by Marine Corps Veterans and highlights the necessity for specialized support systems tailored to their specific needs.

Unadjusted Suicide Rate, 12 Months Following Separation from Active Military Service in 2021, by Branch of Service (Rate per 100,000 Person-Years)



## Call to Action

Local organizations, employers, and community members are encouraged to support Veterans during their transition to civilian life by promoting connection, access to resources, and inclusive environments. Veterans can find inspiring stories and resources through Make the Connection ([www.maketheconnection.net](http://www.maketheconnection.net)). Veterans who need medical services should contact the nearest VA center, which offers extensive mental health care tailored to their needs. More resources are available at ([www.mentalhealth.va.gov/index.asp](http://www.mentalhealth.va.gov/index.asp)).

## VA Action

- Transition Assistance Program (TAP):** TAP is an interagency program designed to help approximately 200,000 service members transition annually, providing tools and connecting them with earned benefits. As part of TAP, the VA Benefits and Services course provides an overview of the wide array of benefits and services available to transitioning Service members and Veterans, and addresses topics specific to health care, mental health care, suicide risk factors, and available mental health programs and resources. In addition, Service members and their families have access to Military Life Cycle (MLC) modules. MLC modules are 45- to 60-minute information sessions that may be taken at any time and address a specific in-depth topic such as benefits; education; home loans or life insurance; social and emotional health resources; integration into a civilian community; or survivor and casualty assistance. ([www.benefits.va.gov/transition/tap.asp](http://www.benefits.va.gov/transition/tap.asp))
- VA Solid Start Program:** Launched in December 2019, Solid Start engages Veterans within their first year post-separation by making three proactive calls. It connects Veterans with VA benefits and services and prioritizes those with mental health risk factors. From 2019 to August 2024, Solid Start successfully connected with 511,460 Veterans. ([www.benefits.va.gov/transition/solid-start.asp](http://www.benefits.va.gov/transition/solid-start.asp))
- Economic Development Program:** This initiative helps transitioning Service members and Veterans achieve financial independence by providing resources on managing finances, saving for the future, and navigating economic challenges after discharge. ([www.benefits.va.gov/transition/economic-development-home.asp](http://www.benefits.va.gov/transition/economic-development-home.asp))
- Post 9/11 GI Bill:** VA provides education benefits to help Veterans pursue higher education or vocational training after leaving the military. The Post 9/11 GI Bill covers tuition, housing, and supplies, giving Veterans a pathway to new careers. ([www.va.gov/education/about-gi-bill-benefits/post-9-11](http://www.va.gov/education/about-gi-bill-benefits/post-9-11))
- Veteran Readiness and Employment (VR&E) Program:** This program helps Veterans with service-connected disabilities prepare for, find and maintain meaningful employment. Services include job training, resume development and career counseling. ([www.benefits.va.gov/vocrehab/index.asp](http://www.benefits.va.gov/vocrehab/index.asp))
- National Veterans Financial Resource Center (FINVET):** FINVET is a one-stop website, making it easier for Veterans to find money resources and navigate their financial journey. ([www.mirecc.va.gov/visn19/finvet](http://www.mirecc.va.gov/visn19/finvet))
- Mental Health Resources:** VA offers extensive mental health services, including counseling for PTSD, anxiety and depression. ([www.mentalhealth.va.gov/index.asp](http://www.mentalhealth.va.gov/index.asp))
- Vet Centers:** Provide readjustment counseling to help service members transition to civilian life, often focusing on trauma recovery and community reintegration. ([www.vetcenter.va.gov](http://www.vetcenter.va.gov))

## Conclusion

The reduction in suicide rates among recently separated service members in 2021 offers hope amidst ongoing challenges. As we acknowledge this progress, it is essential to recognize the challenges that remain, particularly for those at higher risk. With concerted effort and tailored interventions, we can make strides toward ensuring that all service members receive the support they need during their transition to civilian life.

20 Vogt D, King MW, Borowski S, Finley EP, Perkins DF, Copeland LA. 2021. Identifying Factors that Contribute to Military Veterans' Post-Military Well-Being. *Applied Psychology Health and Well-Being*. 13(2):341-356.  
 21 Vogt D, Borowski SC, Godier-McBard LR, Fossey MJ, Copeland LA, Perkins DF, Finley EP. 2022. Changes in the Health and Broader Well-Being of U.S. Veterans in the First Three Years After Leaving Military Service: Overall Trends and Group Differences. *Feb:294:114702*. doi: 10.1016/j.socscimed.2022.114702.

# Who: Veterans in Crisis

While Veterans who reach out to the Veterans Crisis Line remain at elevated suicide risk, the latest data indicates a noteworthy decline in immediate post-contact suicide rates. This underscores the importance of early intervention.<sup>22</sup>



Data reveals a reduction in suicide rates among Veterans in VA health care in the initial month following contact with the Veterans Crisis Line, for 2020 and 2021 cohorts relative to the high rate observed for the 2019 cohort.

**Suicide During First Month Following Initial Veterans Crisis Line Contact in Year**

- 2019 947.3 per 100,000
- 2020 663.7 per 100,000
- 2021 734.0 per 100,000

## Suicide Risk Over Time

Findings emphasize the critical role of timely support and intervention offered by the Veterans Crisis Line, helping reduce the risk for Veterans in crisis.

Research into the suicide rates of Veterans after contacting the Veterans Crisis Line has provided valuable insights into how this intervention affects suicide risk over time. While there is strong evidence that the Veterans Crisis Line reduces immediate suicide risk, the data on long-term risks, such as 1-month, 3-month, 6-month, and 12-month post-contact suicide rates, suggests a more complex picture.

**Immediate Impact:** Studies show that Veterans who contact the Veterans Crisis Line often experience immediate relief from acute suicidal ideation. Many report feeling less distressed after the call<sup>23</sup>, and many of these Veterans are connected to follow-up care, such as referrals to VA mental health services or local crisis support.<sup>24,25,26,27,28</sup> Veterans in crisis who contact the Veterans Crisis Line also create a risk mitigation plan to help maintain their safety after the contact.

**Long-Term Impact:** Veterans who contact the Veterans Crisis Line show decreasing instances of suicide behavior in the months following their initial crisis contact. However, there remains a high risk of suicide attempts and death for at least the next year.<sup>29</sup>

## VA Action

The Veterans Crisis Line has proven to be a vital resource for Veterans facing mental health and other life challenges, particularly those at risk of suicide. Veterans who contact the Veterans Crisis Line are often at a heightened risk of suicide, with a much higher rate than the general Veteran population. However, the effectiveness of the Veterans Crisis Line is evident in outcomes like reduced distress and suicidal ideation among callers. Studies show that Veterans Crisis Line callers are over five times more likely to experience decreased distress and nearly five times more likely to report less suicidal ideation at the end of their call. Additionally, 83% of callers report feeling better after reaching out to the Veterans Crisis Line.<sup>30</sup>

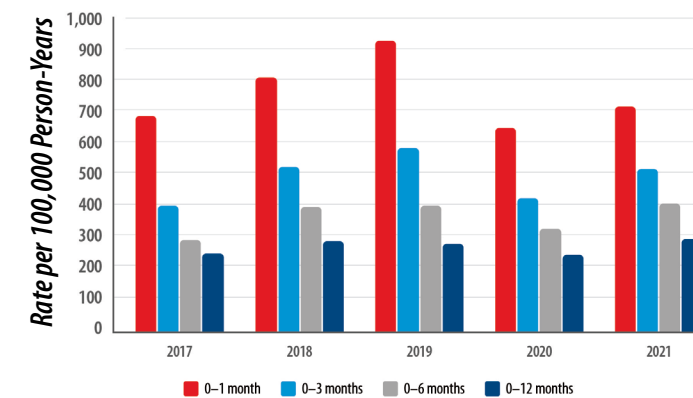
In July 2022, the implementation of the shortened 988 dialing code made accessing the Veterans Crisis Line even simpler. Veterans, service members, National Guard and Reserve members, and their supporters can **Dial 988 then Press 1** to quickly connect with qualified crisis responders. This ease of access has led to an increase in call volume, spurring a targeted three-year plan for the Veterans Crisis Line that addresses clinical and business operations, quality assurance, resource management, and technology improvements. VA has also expanded mental health integration in general health services to support the broader continuum of care, increasing SPC staffing and specialized outreach.

SPC referrals play a critical role in follow-up care. If a caller is a Veteran who could benefit from additional services, an SPC request connects them to local resources for ongoing support. Approximately 18% of Veterans Crisis Line contacts result in SPC requests, and SPCs are required to reach out within one business day,<sup>31</sup> ensuring Veterans receive prompt attention. By the close of FY 2023, the Veterans Crisis Line was coordinating with over 680 SPCs and over 1,200 crisis responders and social service assistants, allowing more comprehensive follow-up for Veterans nationwide.

Beyond immediate crisis support, the Veterans Crisis Line has initiated several innovative programs aimed at long-term Veteran engagement and care continuity:

- The **“Caring Letters” program**, for instance, sends follow-up letters to Veterans for a year after their call, demonstrating ongoing support and reducing risks associated with isolation and lack of care. All

*Unadjusted Suicide Rate after Veterans Crisis Line Contact, Veterans with VHA Care in Prior 24 Months, by Time Since Contact, 2017-2021*



22 Hannemann CM, Katz IR, McCarthy ME, Hughes GJ, McKeon R, McCarthy JF. 2021. Suicide Mortality and Related Behavior Following Calls to the Veterans Crisis Line by Veterans Health Administration Patients. *51(3):596-605*.

23 Britton PC, Karras E, Stecker T, Klein J, Crasta D, Brenner LA, Pigeon WR. 2022. Veterans Crisis Line Call Outcomes: Distress, Suicidal Ideation, and Suicidal Urgency. *American Journal of Preventive Medicine. 62(5):745-751*.

24 Britton PC, Karras E, Stecker T, Crasta D, Brenner LA, Pigeon WR. 2023. Veterans Crisis Line Call Outcomes: Treatment Contact and Utilization. *American Journal of Preventive Medicine. 64(5):658-665*.

25 Britton PC, Karras E, Stecker T, Klein J, Crasta D, Brenner LA, Pigeon WR. 2024. The Veterans Crisis Line: Relations Among Immediate Call Outcomes and Treatment Contact and Utilization Following the Call. *SLTB. 54:741-749*.

26 Krishnamurti LS, Agha A, Dennesson LM, Montgomery AE, Chhatre S, Dichter ME. 2023. Gender Differences in Connecting Veterans to Care Through the Veterans Crisis Line: A Mixed Methods Evaluation of Referrals to Suicide Prevention Coordinators. *Medical Care. 61(1):50-53*.

27 Stearns-Yoder KA, Penzenik ME, Forster JE, Cogan CM, Lauver M, Brenner LA. 2024. Health-Related Outcomes Among Veterans Identified as Being at Increased Risk During a Crisis Line Contact. *Psychological Services. 21(3):454-460*.

28 Lauver M, Podlogar MC, Herbin JJ, Selig M, Muzzey FK, Patelli K, McCarthy JF, Hughes GJ, Stacy M. 2024. Implementing and Evaluating a Veterans Crisis Line Quality Improvement Initiative: The Safety Planning Pilot Program. *Psychological Services. Advance online publication. https://doi.org/10.1037/ser0000862*.

29 Hannemann CM, Katz IR, McCarthy ME, Hughes GJ, McKeon R, McCarthy JF. 2021. Suicide Mortality and Related Behavior Following Calls to the Veterans Crisis Line by Veterans Health Administration Patients. *51(3):596-605*.

30 Rasmussen KA, King DA, Gould MS, Cross W, Tang W, Kaukeinen K, Tu X, Knox KL. 2017. Concerns of Older Veteran Callers to the Veterans Crisis Line. *SLTB. 47(4):387-397*.

31 Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2020. Suicide Prevention Program Guide. Page 62. [https://www.mirecc.va.gov/suicideprevention/documents/suicidepreventionprogramguide\\_06222022.pdf](https://www.mirecc.va.gov/suicideprevention/documents/suicidepreventionprogramguide_06222022.pdf). (Accessed 11/21/2024).

32 Reger MA, Legler A, Lauver M, Tenso K, Manchester C, Griffin C, Strombotne KL, Landes SJ, Porter S, Bourgeois JE, Garrido MM. 2024. Caring Letters Sent by a Clinician or Peer to At-Risk Veterans: A Randomized Clinical Trial. *7(4):e248064. doi: 10.1001/jamanetworkopen.2024.8064*.

33 SAMHSA Advisory. 2022. Peer Support Services in Crisis Care. <https://store.samhsa.gov/sites/default/files/pep22-06-04-001.pdf>. (Accessed 11/7/2024.)

VHA-identified Veterans who contact the Veterans Crisis Line are mailed brief “caring letters” from a Veterans Crisis Line staff peer that express caring concern starting the first month and continuing for one year following their initial Veterans Crisis Line contact. Recipients of Veterans Crisis Line caring letters engage in VHA health care following their contact with the Veterans Crisis Line at higher rates than Veterans who did not receive Veterans Crisis Line caring letters.<sup>32</sup>

- The **Peer Support Outreach Center** provides recovery-oriented support by pairing Veterans with peer support specialists. The Veterans Crisis Line also reaches out to high-risk Veterans to offer recurring peer support service calls. Peer support in crisis care is an evidence-based practice that can reduce rehospitalizations, increase treatment engagement, and improve the quality of life for individuals seeking recovery from a substance use or mental health crisis.<sup>33</sup>

## Conclusion

In summary, while the Veterans Crisis Line offers critical immediate relief for Veterans in crisis, the long-term reduction in suicide risk largely depends on follow-up care and sustained engagement with VA or community services. VA’s efforts to improve outreach and follow-up interventions remain key to reducing suicide rates over extended periods.



# Who: Suicide Rates Among Veterans in VHA Priority Groups

Veterans applying for care through the VHA are assigned to one of eight priority eligibility groups which determine care costs based on factors like military service history, disability rating, income, and Medicaid qualification. Report findings from 2012 to 2022 document suicide rates among Recent Veteran VHA Users across priority eligibility groups, with notable variations across income-based and other eligibility criteria.

## Highest Suicide Rates in Group 5

For each year from 2005 to 2022, Veterans in Priority Group 5, which includes those eligible for care based on income, had the highest suicide rates. The suicide rate in 2022 for Priority Group 5 was 56.7 per 100,000—most of these were Veterans aged 75 years or older. Suicide rates decreased for Priority Group 5 Veterans aged 18-34 and 35-54, as well as Priority Group 5 Veterans with any indication of Homelessness.

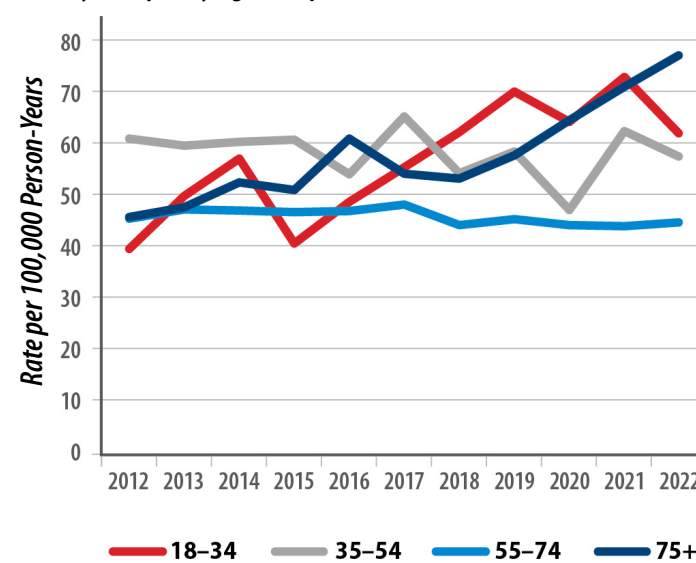
Priority Group	Suicide Rate per 100,000 in 2022	Change, 2021 to 2022
1	38.2	-2.8%
2	32.0	+0.3%
3	35.8	+17.4%
4	43.8	+14.1%
5	<b>56.7</b>	<b>+2.9%</b>
6	33.8	-1.5%
7	41.6	-8.8%
8	46.4	+11.8%

## Age-Related Trends in Priority Group 5

In 2022, Veterans aged 75 years and older in Priority Group 5 had the highest suicide rate, at 77.1 per 100,000. Age-based changes from 2021 to 2022 include:

- Aged 18-34: Suicide rate decreased by 15.1%
- Aged 35-54: Suicide rate decreased by 8.0%
- Aged 55-74: Suicide rate increased by 1.8%
- Aged 75 and older: Suicide rate increased by 8.6%

Unadjusted Suicide Rate, Enrolled Recent Veteran VHA Users in Priority Group 5, by Age Group, 2012-2022



## VA Action

Veterans in Priority Group 5 typically have lower income levels or are receiving VA pension benefits. Financial well-being is related to better mental health and lower risk of suicide. VA provides a range of services and support to ensure this group has access to health care and other essential benefits.

- **No Copays for Most Services:** Veterans in Priority Group 5 typically do not have to pay for VA health care services, such as primary care, mental health care, and inpatient care. While Veterans in this group may have to pay for medications, the copay rates are usually reduced, making prescriptions more affordable. ([www.va.gov/health-care/copay-rates](http://www.va.gov/health-care/copay-rates))
- **Preventative, Primary, and Specialty Care:** Veterans in Priority Group 5 can access screenings, immunizations, and routine checkups at no cost to help prevent health issues. VA also provides a wide range of primary and specialized medical services, including treatment for chronic conditions like diabetes, heart disease, and mental health issues. ([www.patientcare.va.gov/primarycare/index.asp](http://www.patientcare.va.gov/primarycare/index.asp))
- **Mental Health Services:** Veterans have access to mental health counseling, therapy, and support for conditions like PTSD, depression, and anxiety. SUD treatment is also available. ([www.mentalhealth.va.gov/substance-use/index.asp](http://www.mentalhealth.va.gov/substance-use/index.asp))

- **Nursing Home Care and Community-Based Care:** VA offers long-term care options for eligible Veterans, including nursing home services and home-based primary care, which are often essential for aging or disabled Veterans. ([www.va.gov/health-care/about-va-health-benefits/long-term-care](http://www.va.gov/health-care/about-va-health-benefits/long-term-care))
- **Means-Tested Enrollment:** Veterans in Priority Group 5 qualify based on low income or receipt of VA pension benefits. VA uses means testing to determine eligibility, ensuring that financially vulnerable Veterans can access care. ([www.va.gov/health-care/eligibility](http://www.va.gov/health-care/eligibility))
- **National Veterans Financial Resource Center (FINVET):** FINVET helps connect Veterans to financial resources and tools to improve financial well-being. ([www.mirecc.va.gov/visn19/finvet](http://www.mirecc.va.gov/visn19/finvet))

These services ensure that Veterans in Priority Group 5—who may face financial challenges—receive necessary health care and support without having to worry about cost barriers. VA's approach is designed to reduce financial strain while delivering comprehensive care. ([www.va.gov/health-care/eligibility/priority-groups](http://www.va.gov/health-care/eligibility/priority-groups))

## Conclusion

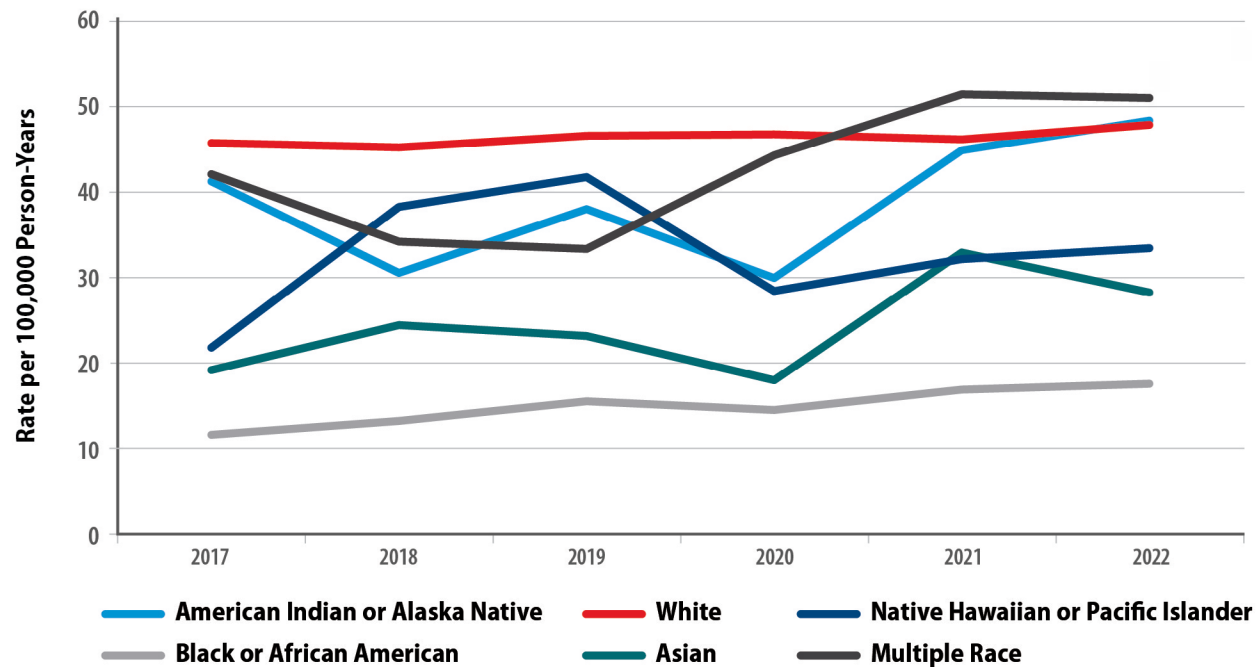
The analysis of suicide rates among Veterans in VHA priority groups reveals persistent challenges, particularly for income-based groups, such as Priority Group 5. These findings highlight the need for targeted interventions and support adapted to the unique circumstances of Veterans across different priority groups.



# Who: Suicide Rates Among Veterans in VHA Care by Race: 2017-2022

Suicide rates vary substantially across subgroups of Recent Veteran VHA Users by race. Data from 2017 to 2022 shows which groups were most affected and highlights differing patterns across racial groups.

Unadjusted Suicide Rate, Recent Veteran VHA Users, by Race, 2017-2022



## Suicide Rates by Race in 2022

In 2022, the highest suicide rates among Veterans in VHA care were observed among Multiple Race Veterans, followed by American Indian or Alaska Native Veterans, White Veterans, Native Hawaiian or Pacific Islander Veterans, Asian Veterans, and Black or African American Veterans, who had the lowest suicide rates.

### How was “Multiple Race” documented?

The category Multiple Race was indicated from VA administrative data in which Veterans had documentation of multiple race categories or there were different categories documented within a given data source. The assessment prioritized self-reported race information.

## VA Action

VA offers various programs tailored to support American Indian and Alaska Native Veterans (who have the second-highest suicide rate by race) by addressing their unique health care, mental health, and well-being needs.

- Outreach and Collaboration:** VA, through the Office of Tribal Government Relations, works with tribal nations and collaborates with the Indian Health Service to improve care access, with reimbursement agreements in place for services in tribal facilities. ([www.department.va.gov/administrations-and-offices/tribal-government-relations](http://www.department.va.gov/administrations-and-offices/tribal-government-relations))
- Tailored Health Services:** VA offers culturally sensitive care by training staff in Native traditions, expanding telehealth services for rural areas, and integrating traditional healing practices into care. ([www.telehealth.va.gov](http://www.telehealth.va.gov))
- Mental Health and Substance Use Support:** VA provides mental health services for issues like PTSD and depression, along with SUD treatment. Veterans can access support through telehealth, in-person care, and the Veterans Crisis Line. ([www.mentalhealth.va.gov/substance-use/index.asp](http://www.mentalhealth.va.gov/substance-use/index.asp))
- Housing Assistance:** The Tribal HUD-VASH Program offers housing and case management to Veterans at risk of homelessness, addressing housing challenges in tribal communities. ([www.va.gov/homeless/housing.asp](http://www.va.gov/homeless/housing.asp))
- Benefits and Education:** Tribal Veteran representatives assist Veterans in accessing benefits, while the Native American Direct Loan Program helps Veterans secure home loans on federal trust land. ([www.benefits.va.gov/persona/veteran-tribal.asp](http://www.benefits.va.gov/persona/veteran-tribal.asp))
- Employment Programs:** The Veteran Readiness and Employment program helps Veterans with service-connected disabilities prepare for, find, and maintain meaningful employment. Services include job training, resume development, and career counseling. ([www.benefits.va.gov/vocrehab](http://www.benefits.va.gov/vocrehab))

These programs demonstrate VA’s commitment to providing culturally appropriate care and support to American Indian and Alaska Native Veterans, ensuring they access the benefits and services that they have earned.

## Conclusion

The data on suicide rates by race among Veterans in VHA care from 2017 to 2022 points to significant disparities, with Multiple Race, American Indian or Alaska Native, and White Veterans being the most affected. While the overall trends provide valuable insights, the substantial increase in suicide rates for certain racial groups, particularly from 2020 to 2021, emphasizes the need for culturally competent care to address these pressing issues.

# Who: Elevated Suicide Rates for Veterans Receiving Community Care

For each year examined, 2020-2022, suicide rates were higher for Veterans who received VA-funded Community Care services (with or without any VHA care) than for Veterans who only received VHA care. Also, the suicide rates for both groups exceeded those of Veterans with neither VHA nor VA-funded Community Care. In 2022, the suicide rate for Veterans with any Community Care receipt was 50.9 per 100,000; the rate for those with any VHA care receipt was 41.3 per 100,000; and the suicide rate for Veterans with neither Community Care nor VHA care was 31.2 per 100,000.

Interpreting such rate comparisons is complicated because the populations differ in their patterns of suicide risk and protective factors. For example, suicide rates are elevated among Veterans in VHA care compared to other Veterans and these differences likely relate to population differences. Prior studies report differences between Veterans with versus without VHA health care services utilization, consistent with a greater concentration of potential suicide risk factors among Veterans who are served by VHA health care providers. Overall, studies indicate that Veterans in VHA care are more likely than other Veterans to be unmarried, to use tobacco, to have received less formal education, have lower incomes, poorer self-reported health status,<sup>34</sup> more chronic medical conditions<sup>35</sup> and self-reported disability due to physical or mental health factors,<sup>36</sup> greater depression and anxiety,<sup>37</sup> and greater reporting of trauma, lifetime psychopathology and current suicidality.<sup>38</sup> These differences may help us to understand why suicide rates for Veterans in VHA care exceed those of other Veterans. They are also consistent with the observation (presented later in this report) of higher rates of all-cause mortality and mortality from leading causes of death (e.g., heart disease, cancer, COVID-19) for those Veterans who seek VHA care.

Suicide risk factors and the preventable tragedy of suicide mortality occur differently across Veteran

subpopulations. Through study of the epidemiology of Veteran suicide, detailed in this report, we can gain insights regarding these differences, and this information helps guide Veteran suicide prevention priorities, initiatives, and programs.<sup>39</sup>

In addition, the differences in suicide rates for Veterans in VHA care who did versus did not also receive VA-funded Community Care may relate to differences in suicide risk and protective factors across these groups. For example, as detailed later in this report, Veterans in VHA care who also received VA-funded Community Care had greater prevalence of VHA diagnoses of mental health and substance use disorder conditions than those who did not receive VA-funded Community Care. Also, they were more likely to have received VHA inpatient care; they had, on average, twice as many VHA outpatient visit days; and their all-cause mortality rate was over twice as high as for VHA users who did not receive VA-funded Community Care.

## Suicide Rates by Care Type

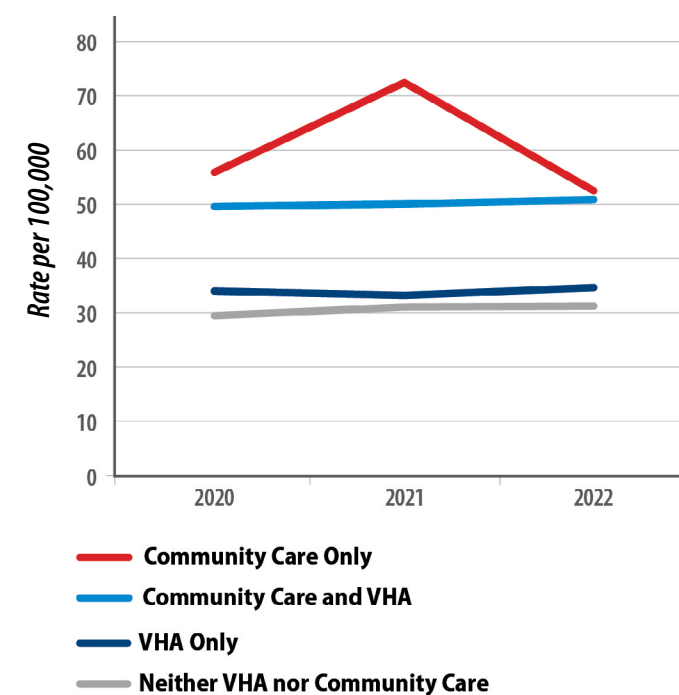
For mutually exclusive categories of VHA and VA Community Care receipt, suicide rates were highest for those who received only Community Care, followed by those with both VHA and Community Care, then those receiving only VHA care, and last, rates were lowest for those Veterans who received neither VHA nor VA Community Care services.

## VA Action:

VA offers several community care resources to support Veterans, ensuring they can access services beyond VA facilities.

- **Veterans Community Care Program:** Eligible Veterans can access care from local providers when VA services are unavailable, particularly beneficial for rural Veterans and those with specialized mental health and substance use needs. Care includes therapy, counseling, and substance use treatment. ([www.va.gov/communitycare](http://www.va.gov/communitycare))
- **Community Care Network:** Partners with local health providers to ensure eligible Veterans receive necessary care in their communities. ([www.va.gov/resources/about-our-va-community-care-network-and-covered-services](http://www.va.gov/resources/about-our-va-community-care-network-and-covered-services))

Unadjusted Suicide Rate, Veterans, by Mutually Exclusive Categories of VHA and VA Community Care Services Receipt, by Year, 2020-2022



34 Agha Z, Lofgren RP, VanRuiswyk JV, Layde PM. 2000. Are Patients at Veterans Affairs Medical Centers Sicker? A Comparative Analysis of Health Status and Medical Resource Use. *Arch Intern Med.* 160:3252-3257.  
35 Dursa EK, Barth SK, Bossarte RM, Schneiderman AI. 2016. Demographic, Military, and Health Characteristics of VA Health Care Users and Nonusers Who Served in or During Operation Enduring Freedom or Operation Iraqi Freedom, 2009-2011. *Public Health Reports.* 131(6):839-843.  
36 Nelson KM, Starkebaum GA, Reiber GE. 2007. Veterans Using and Uninsured Veterans Not Using Veterans Affairs (VA) Health Care. *Public Health Rep.* 122:934-100.  
37 Fink DS, Stohl M, Mannes ZL, Shmulewitz D, Wall M, Gutkind S, Olfson M, Gradus J, Keyhani S, Maynard C, Keyes KM, Sherman S, Martins S, Saxon AJ, Hasin DS. 2022. Comparing Mental and Physical Health of U.S. Veterans by VA Healthcare Use: Implications for Generalizability of Research in the VA Electronic Health Records. *BMC Health Services Research.* 22:1500 <https://doi.org/10.1186/s12913-022-08899-y>.  
38 Meffert BN, Morabito DM, Sawicki DA, Hausman C, Southwick SM, Pietrzak RH, Heinz AJ. 2019. U.S. Veterans Who Do and Do Not Utilize VA Health Care Services: Demographic, Military, Medical, and Psychosocial Characteristics. *Primary Care Companion CNS Disorders.* 21(1):doi:10.4088/PCC.18m02350.  
39 Of note, this report regarding the distribution of suicide risks across Veterans populations does not constitute an evaluation of health care access, quality, or effectiveness.

- **Veterans COMPACT Act of 2020, Section 201 (38 U.S.C. 1720J):** Allows eligible Veterans and certain former Service members in acute suicidal crisis to go to any VA or non-VA health care facility for no-cost emergency health care. This may include inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days. Veterans do not need to be enrolled in the VA system to use this benefit. ([www.news.va.gov/press-room/starting-jan-17-veterans-in-suicidal-crisis-can-go-to-any-va-or-non-va-health-care-facility-for-free-emergency-health-care](http://www.news.va.gov/press-room/starting-jan-17-veterans-in-suicidal-crisis-can-go-to-any-va-or-non-va-health-care-facility-for-free-emergency-health-care))

## Conclusion

This review provides important findings: 1) Veterans receiving Community Care services, particularly those who did not access VHA direct care, are at higher risk for suicide and for all-cause mortality, and 2) Patterns of mortality are consistent with findings regarding the distribution of risk factors across these Veteran subpopulations. These results highlight the need for continuing targeted interventions, especially for younger Veterans, those living in rural areas, and those with mental health or substance use challenges. By understanding these differences, VHA and Community Care services can enhance the approach to providing comprehensive, accessible care for Veterans at risk.



# Who: LGBTQ+ Veterans— Call for Support and Care



Research indicates that LGBTQ+ Veterans die by suicide at **approximately twice the rate** of the general population of Veterans who utilize VHA services.<sup>40,41</sup>

This heightened risk may be attributed to various factors, including higher incidences of health conditions like PTSD, depression, and heart disease among LGBTQ+ Veterans compared to their non-LGBTQ+ peers. Additionally, chronic prejudice and discrimination contribute to poor mental health, increasing the likelihood of self-harm. However, there is hope, and help is available. VA is committed to welcoming and supporting LGBTQ+ Veterans, ensuring that access to care is available to all, regardless of discharge status.

## The Importance of Collecting Sexual Orientation and Gender Identity Data

To effectively understand and address the unique needs of LGBTQ+ Veterans, VA recognizes the importance of collecting better data on this population. Gathering information about sexual orientation and gender identity is crucial as it enables VA to tailor its services and policies to better support LGBTQ+ Veterans. Self-Identified Gender Identity is a field in VA records which refers to how Veterans think about their gender. VA aims to create a more inclusive healthcare environment, ensuring that all Veterans receive the appropriate care and resources necessary for their well-being. Improved data collection not only enhances VA's ability to meet the specific needs of LGBTQ+ Veterans but also contributes to the ongoing efforts to promote equity and inclusion within VA.

## Building Trust and Support: The Role of the LGBTQ+ Health Program in VA

The LGBTQ+ Health Program serves as a vital health care policy and education office within VA, dedicated to fostering an environment of trust and support for LGBTQ+ Veterans. This program is

instrumental in implementing health care policies that ensure affirming, effective, and high-quality clinical care and services specifically for LGBTQ+ Veterans. To further enhance accessibility and support, every VA health care facility has an LGBTQ+ Veteran care coordinator, who assists Veterans in navigating and accessing the services that best meet their unique needs. Through these initiatives, the LGBTQ+ Health Program is committed to improving health care experiences and outcomes for LGBTQ+ Veterans.

## Suicide Prevention Efforts for Transgender Veterans

VA is making significant strides in improving data resources to enhance suicide prevention efforts for Veteran subgroups, including those with diverse gender identities. While self-identified gender identity remains the best method for understanding a Veteran's gender, current systems are not fully equipped for comprehensive reporting. This gap is particularly relevant for transgender Veterans—individuals whose gender identity differs from the sex assigned to them at birth—who are at higher risk for having thoughts of suicide and non-fatal suicide attempts.

## Suicide Rates Among Transgender Veterans

To address these challenges, VHA has developed a measure of transgender identity using diagnostic indicators often associated with gender-affirming therapy. This approach allows VHA to better track suicide risks among transgender Veterans. A key finding from the data is the increase in the number of Veterans with gender identity-related diagnoses, which rose from 2,513 in 2011 to 10,457 in 2021.

Despite the rise in diagnoses, there was a substantial decrease in suicide rates among this group. The unadjusted annualized suicide rate fell from 268.0 per 100,000 person-years in 2011 to 88.8 per 100,000 person-years in 2021.

## VA Action

- Essential information about the LGBTQ+ Health Program, which is designed to provide inclusive and affirming health care services tailored to meet the unique needs of LGBTQ+ Veterans, is available. ([www.patientcare.va.gov/LGBT](http://www.patientcare.va.gov/LGBT))
- The LGBTQ+ Veterans care coordinator locator guide easily connects Veterans with trained professionals who provide assistance in navigating VA services and accessing support. ([www.patientcare.va.gov/LGBT/VAFacilities.asp](http://www.patientcare.va.gov/LGBT/VAFacilities.asp))

- LGBTQ+ health fact sheets offer valuable insights and information on a variety of health topics. These resources aim to empower Veterans and enhance their health care experience with VA. ([www.patientcare.va.gov/LGBT/VA\\_LGBT\\_Outreach.asp](http://www.patientcare.va.gov/LGBT/VA_LGBT_Outreach.asp))
- A Veteran's preferred name and gender identity can be added to their VA health record by entering this information to their profile on VA.gov. ([www.va.gov](http://www.va.gov))

**Veterans who experience harassment or discrimination at VA can report it to the patient advocate. Every formal report is taken seriously and acted upon by the facility with findings escalated to regional and national leaders to ensure accountability and improvement. Every voice matters and helps create a safer environment for all Veterans.** ([www.va.gov/health/patientadvocate](http://www.va.gov/health/patientadvocate))

## Conclusion

These findings underscore the importance of continuing to improve access to gender-affirming therapies and mental health support for LGBTQ+ and transgender Veterans. As data resources become more comprehensive, VHA will further refine its strategies to ensure that all Veterans, regardless of gender identity, receive the care and support they need to reduce suicide risk and improve overall well-being.

40 Lynch KE, Gatsby E, Viernes B, Schliep KC, Whitcomb BW, Alba PR, DuVall SL, Blosnich JR. 2020. Evaluation of Suicide Mortality Among Sexual Minority US Veterans from 2000 to 2017. *JAMA Network Open*. 3(12), e2031357.

41 Boyer TL, Youk AO, Haas AP, Brown GR, Shepherd JC, Kauth MR, Jasuja GK, Blosnich JR. 2021. Suicide, Homicide, and All-Cause Mortality Among Transgender and Cisgender Patients in the Veterans Health Administration. *LGBT Health*, 8(3):173-180.



# Who: Addressing Suicide Risk Among Justice-Involved Veterans



VA is dedicated to addressing this critical issue through specialized outreach and support programs that connect these Veterans with lifesaving services, including mental health care, housing assistance, and re-entry programs. By prioritizing the well-being of justice-involved Veterans, we aim to reduce the risk of suicide and help them rebuild their lives with dignity and support.

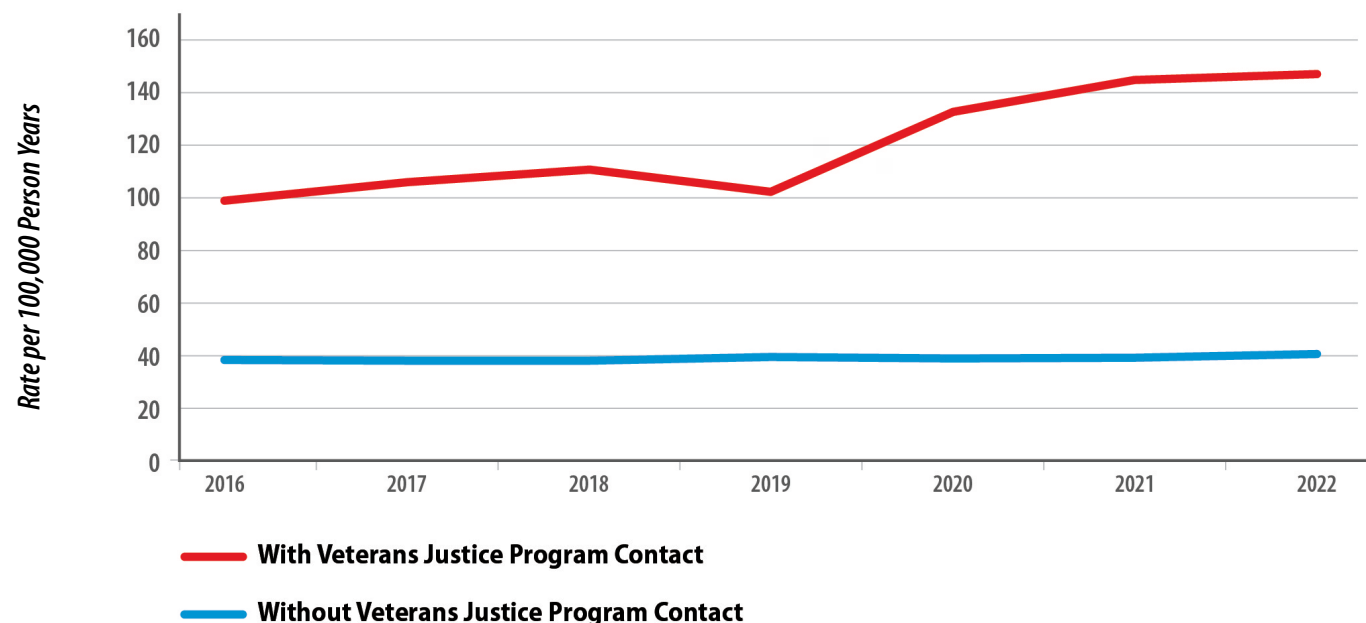
## Suicide Rates Remain Elevated for Veterans in Justice Programs

In 2022, suicide rates remained high among Veterans in VHA care who received Veterans Justice Program services, with a rate of 147.3 per 100,000. This represents a slight increase from the 145.0 per 100,000 recorded in 2021. Veterans Justice Programs are designed to help Veterans involved in the criminal justice system access VA services and support, and the persistently elevated suicide rates highlight the need for continued mental health, suicide prevention, and outreach efforts for this high-risk group.

Addressing the unique challenges faced by justice-involved Veterans remains critical to reducing these concerning statistics.

By engaging with VA programs, Veterans can receive the comprehensive support needed to address their legal issues and reduce the risks of recidivism and other challenges, such as mental health or suicide crises.

Unadjusted Suicide Rate, Recent Veteran VHA Users, by Receipt of Veterans Justice Program Services, 2016-2022



## VA Actions

• **Veterans Justice Outreach (VJO) Program and Veterans Treatment Courts (VTC):** The VJO program connects Veterans with legal issues to VA services by partnering with courts, jails, and law enforcement agencies. Veterans can receive assistance with mental health care, substance abuse treatment, and access to VA benefits. VTC focuses on rehabilitation rather than punishment, providing Veterans with access to treatment programs for issues like PTSD, substance abuse, and mental health challenges, often in partnership with VA. ([www.va.gov/homeless/vjo.asp](http://www.va.gov/homeless/vjo.asp))

• **VA Benefits and Compensation:** Veterans who are incarcerated may still be eligible for certain VA benefits. Veterans can work with VA representatives to understand how their legal situation impacts their benefits and how to access what is available. ([www.benefits.va.gov/persona/veteran-incarcerated.asp](http://www.benefits.va.gov/persona/veteran-incarcerated.asp))

• **Veterans Re-Entry Search Service (VRSS):** Facilitates communication between law enforcement, correctional facilities, and VA and helps identify Veterans early in their interactions with the justice system. ([www.va.gov/homeless/docs/HVOSC-574-VRSS\\_Trifold\\_FC\\_508.pdf](http://www.va.gov/homeless/docs/HVOSC-574-VRSS_Trifold_FC_508.pdf))

Per the the U.S. Department of Justice’s most recent data, there are approximately 107,400 Veterans incarcerated in state or federal prisons. This data is from the 2016 report by the Bureau of Justice Statistics. The report also highlights that Veterans account for about 8% of the total prison population.

The mission of the Veterans Justice Programs is to identify justice-involved Veterans and contact them through outreach, in order to facilitate access to VA services at the earliest possible point. Veterans Justice Programs accomplish this by building and maintaining partnerships between VA and key elements of the criminal justice system.

## Conclusion

Programs like VJO and VTC are crucial in addressing these issues, connecting Veterans to the vital support services they need. By providing early intervention, comprehensive care, and rehabilitation, these programs not only help Veterans navigate the legal system but also play a role in supporting this population. It is clear that continued outreach and support for justice-involved Veterans are essential to saving lives and helping these Veterans regain stability.

# What: Aligning Efforts Under Seven Key Focus Areas

The U.S. Department of Veterans Affairs, Office of Suicide Prevention (OSP) engages a public health approach to suicide prevention, integrating evidenced-based community and clinical interventions, strategic planning, program operations, program evaluation, and crisis services through the Veterans Crisis Line. Suicide Prevention is VA's top clinical priority and OSP's actions are built on a foundation of hope, with the belief that suicide is preventable and that everyone plays a role. OSP consistently moves forward key suicide prevention initiatives using a whole-of-government and whole-of-Nation approach, collaborating with other federal agencies, Veterans Service Organizations, community partners, non-profit organizations, and others across the Nation to address the scope of the issue at scale.

This section outlines OSP's initiatives under seven key focus areas, highlighting the multifaceted strategies employed to support Veterans at risk.

## 1. Promoting Secure Firearm Storage

Recognizing the critical role that firearms play in Veteran suicide rates, OSP emphasizes the importance of secure firearm storage as a preventive measure.

A central component of this effort is the [Keep It Secure](#) campaign which provides Veterans, their families, and communities with resources and information on secure firearm storage practices. In addition, VA actively distributes free cable gun locks through VA medical centers, community organizations, and local law enforcement agencies. This initiative not only encourages secure storage practices but also provides Veterans with the tools to apply them. These locks are simple yet effective tools.

Other efforts include updates to core training materials like VA S.A.V.E. training and the launch of the Suicide Prevention Now (SP NOW) Plan, which prioritizes at-risk groups and promotes lethal means safety. By engaging with firearms retailers and range owners, OSP extends its reach to promote secure firearm storage

practices, reducing access to lethal means during times of suicide crises and potentially saving lives.

## 2. Building and Sustaining Community Collaborations

Community engagement is central to OSP's strategy for suicide prevention. The Community-Based Interventions for Suicide Prevention (CBI-SP) program exemplifies this by partnering with over 2,000 local coalitions nationwide, covering areas where more than 70% of Veterans reside. CBI-SP focuses on identifying at-risk Veterans, promoting care transitions, and enhancing safety planning. Collaborations like the Governor's Challenge, a partnership between VA and the Substance Abuse and Mental Health Services Administration, develop comprehensive state-level suicide prevention plans. In fiscal year 2024, new initiatives were launched to address suicide among American Indian and Alaska Native Veterans, and \$4 million in cooperative agreements were awarded to expand suicide mortality reviews.



Promoting Secure Firearm Storage



Building and Sustaining Community Collaborations



Expanding Crisis Intervention Services



Tailoring Prevention and Intervention Services



Advancing Suicide Prevention into Non-Clinical Supports



Enhancing Mental Health Care Access Across the Full Continuum of Care



Integrating Suicide Prevention Within Medical Settings

## 3. Expanding Crisis Intervention Services

To increase the availability and access of crisis prevention and intervention services, OSP continually enhances outreach for the Veterans Crisis Line. The team refines resources and promotes the Veterans Crisis Line through paid advertising, social media, and out-of-home advertising (such as billboards and bus stop posters). By exploring emerging platforms, such as the gaming community, Twitch, and Reddit, and collaborations with artists like Metallica and The War and Treaty, OSP aims to raise awareness and increase access for Veterans where they are already engaged. Additionally, the Suicide Prevention 2.0 Clinical Telehealth Program expands access to evidence-based therapies, providing specialized psychotherapies virtually to Veterans at all VA Health Care Systems.

## 4. Tailoring Prevention and Intervention Services

Understanding that Veterans are not a monolithic group, OSP tailors services to meet the unique needs of different Veteran subpopulations. Through innovative projects and public-private partnerships, OSP provides suicide prevention information in nontraditional settings, including firearms retailers and faith-based organizations. Initiatives like Mission Daybreak foster collaboration among Veterans, researchers, technologists, and health care providers to create impactful suicide prevention strategies. Solutions from Mission Daybreak are now being tested and implemented, benefiting thousands of Veterans with training enhancements, wellness checks, and mental health tools. Programs from groups like ReflexAI and NeuroFlow reach hundreds of thousands of Veterans across VA medical centers, while Cabana and Televeda target specific communities, such as National Guard members and American Indian Veterans, respectively.



# What: Aligning Efforts Under Seven Key Focus Areas (continued)

## 5. Advancing Suicide Prevention into Non-Clinical Supports

Recognizing that suicide prevention extends beyond clinical settings, OSP advances initiatives into non-clinical areas like financial, occupational, legal, and social support services. The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) is a key initiative that awards grants to community organizations providing or coordinating suicide prevention services

These services address both mental health and social determinants of health, such as economic hardship and access to care. Since its launch in 2022, SSG Fox SPGP has awarded \$157.5 million to 95 organizations across 43 states, U.S. territories, and Tribal lands. Early results show that 73% of participants have improved in key areas with 33% of participants new to VA services.

## 6. Enhancing Mental Health Care Access Across the Full Continuum of Care

OSP is committed to increasing access to comprehensive mental health services across all stages of care. The Suicide Prevention 2.0 Clinical Telehealth Program has received over 23,000 referrals and provided over 12,000 intake assessments since its launch. Early evaluations indicate significant reductions in suicidal ideation and depressive symptoms among participants. The Clinical Interventions Program supports approximately 700 suicide prevention staff across all VA Health Care Systems, implementing evidence-based practices and

strategies. Efforts like REACH VET use data analytics to identify Veterans with elevated risk for suicide, ensuring timely and appropriate care.

## 7. Integrating Suicide Prevention Within Medical Settings

Embedding suicide prevention strategies within medical environments ensures that all Veterans have access to critical supports. The Clinical Interventions Program's Risk Identification (Risk ID) strategy focuses on integrating suicide risk assessment into routine medical care and has administered over 10 million suicide risk screenings since 2021. Safety planning for at-risk Veterans discharged from emergency care is a priority, with 92% of patients receiving safety plans before discharge. By integrating these practices within medical settings, OSP enhances early identification and intervention for Veterans at risk.

### Conclusion

Through these aligned efforts under seven key themes, OSP demonstrates a sustained commitment to a comprehensive public health approach. By integrating data-driven insights with community-based resources, VA enhances its capacity to identify, connect, and support at-risk Veterans. The multifaceted strategies—from promoting secure firearm storage to integrating suicide prevention within medical settings—embody the public health approach to reducing Veteran suicide.

# Collective Effort Makes a Difference

Supporting Veterans at risk of suicide is a mission we all have a role in advancing. Every voice—community members, Veterans Service Organizations (VSOs), Congress, families, caregivers, friends, media, and other Veterans—can help create a strong network of hope and resilience.



**Community Members:** Encourage Veterans to connect with resources like the **Veterans Crisis Line** ([VeteransCrisisLine.net](https://www.veteranscrisisline.net)) and **Don't wait. Reach out.** ([va.gov/reach](https://va.gov/reach)), offer a listening ear, and foster openness around mental health.



**VSOs:** Bridge crucial connections by collaborating with VA to improve access to mental health care, educating the public on unique Veteran challenges, and spearheading outreach initiatives.



**Congress:** Sustain support by securing funding for suicide prevention programs, expanding telehealth access, and backing community-based programs that reach Veterans where they live.



**Families, Caregivers, and Friends:** Recognize signs of distress and guide Veterans toward support, leveraging your unique insights into their well-being.



**Media:** Share the challenges Veterans face, the resources available, and messages of hope, effectively covering stories and sharing crisis support information to normalize conversations about suicide prevention.



**Veterans:** Utilize your shared experiences to connect with peers, identify early signs of struggle, and guide them to resources. Even a simple check-in can be a lifeline.

# Final Call to Action: Ongoing and Future Efforts in Veteran Suicide Prevention

Supporting Veterans is a mission we all share. Each theme represents not just OSP's efforts but also opportunities for collective action. VA alone cannot end Veteran suicide. As we look ahead into Fiscal Year 2025, based on program progress to date and in accordance with the [National Strategy for Preventing Veteran Suicide 2018-2028](#) and the [National Strategy for Suicide Prevention \(NSSP\) Federal Action Plan](#), we remain committed to and bolstered the seven key focus areas—our True North—to guide our ongoing and future initiatives:



## Promoting Secure Firearm Storage

Continue and expand efforts with other Federal agencies to enhance secure storage practices as a key part of Veteran suicide prevention, utilizing resources like [KeepItSecure.net](#) and providing access to free cable gun locks.



## Building and Sustaining Community Collaborations

Engage in developing and maintaining community-specific partnerships focused on Veteran suicide prevention. In alignment with the NSSP, evaluate promising community-based suicide prevention strategies to ensure effectiveness and scalability.



## Expanding Crisis Intervention Services

Support the increase in availability and reach of crisis intervention services for Veterans. Utilize or establish new methods for reaching Veterans and service members with updated technology, such as telehealth platforms and digital outreach tools.



## Tailoring Prevention and Intervention Services

Advocate for services that meet the specific needs, issues, and resources unique to different Veteran subpopulations. Better support and reach underserved communities to provide equitable access to resources and clinical care, ensuring no Veteran is left behind.



## Advancing Suicide Prevention into Non-Clinical Supports

Encourage the expansion of suicide prevention initiatives into non-clinical areas, like financial, occupational, legal, and social support services.



## Enhancing Mental Health Care Access Across a Full Continuum of Care

Promote increased access to comprehensive mental health services and encourage greater utilization across all stages of care. Share knowledge and make research findings more accessible to the broader military and Veteran community, fostering informed engagement and empowerment.



## Integrating Suicide Prevention Within Medical Settings

Support the embedding of suicide prevention strategies within medical environments to ensure all Veterans have access to these critical supports.

Every effort, no matter how big or small, makes a difference.

Together, we can create a compassionate, supportive network to empower Veterans, reassure them help is available, they are valued, and there is hope.





# Acknowledgements

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