

**VA**



U.S. Department  
of Veterans Affairs

# **VA National Suicide Data Report 2005–2016**

Office of Mental Health and  
Suicide Prevention

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*September 2018*

## Introduction

Suicide is the 10th-leading cause of death in the United States, and Veteran suicide is a national concern. The U.S. Department of Veterans Affairs (VA) is committed to Veteran suicide prevention. VA collects, analyzes, and disseminates data to better understand Veteran suicide and inform suicide prevention initiatives. Previous VA reports have documented the magnitude of suicide among Veterans and all Americans and the need for a concerted national public health approach that is developed and implemented collaboratively with public and private partners at the national, state, and community levels. VA is actively working with external partners that are committed to preventing suicide. These include the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Defense (DoD), the Department of Homeland Security (DHS), the National Action Alliance for Suicide Prevention, Veterans Service Organizations (VSOs), and many private-sector organizations. Suicide prevention is VA's highest priority, and VA has made important advances, particularly in risk identification and crisis intervention.

To prevent Veteran suicide, we must help reduce Veterans' risk for suicide before they reach a crisis point and support those Veterans who are in crisis. This requires the expansion of treatment and prevention services and a continued focus on innovative crisis intervention services. It also requires effective networks of support, communication, and care across the communities where Veterans live and work. To accomplish this, VA has developed the [National Strategy for Preventing Veteran Suicide](#), which provides a framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention.

The current report presents new findings about Veteran suicide based on National Death Index mortality data through 2016 for all 50 states and the District of Columbia. The report documents differences in suicide mortality between Veterans who have and have not recently used Veterans Health Administration (VHA) services and compares suicide rates among Veterans with rates among U.S. non-Veteran adults. It also includes key measures pertaining to Veteran suicide — counts, rates, and breakdowns by suicide method — followed by information for specific subpopulations, including various age groups, VHA users, women Veterans, and former Guard and Reserve members who were never federally activated.

## Updates Since the June 2018 Report

VA's previous report, released in June 2018, included mortality data through 2015. The current report reflects new data as well as other updates to the content and reporting format. Specifically, the report:

- Includes the most current National Death Index data (through 2016).
- Does not highlight the average number of suicides per day, a measure that is commonly misinterpreted, but rather focuses on suicide counts and rates among various populations.
- Is briefer and simpler, improving readability.
- Provides information on the number of suicide deaths among Veterans and former Service members who were never federally activated Guard and Reserve members. Information regarding deaths among current Service members is not included here but is available in the DoD Quarterly Suicide Report, accessible at [www.dspo.mil/Prevention/Data-Surveillance/Quarterly-Reports](http://www.dspo.mil/Prevention/Data-Surveillance/Quarterly-Reports).

This report is also the first such report to include suicide rates, counts, and estimated Veteran population sizes from the VetPop2016 model, by gender and age, in a detailed appendix. This information is provided for the general adult population, non-Veteran adults, Veterans overall, and Veterans who have and have not recently used VHA care. In summary, through expanded reporting, this document and the supporting materials provide valuable new information about Veteran suicide to support critical ongoing work in Veteran suicide prevention.

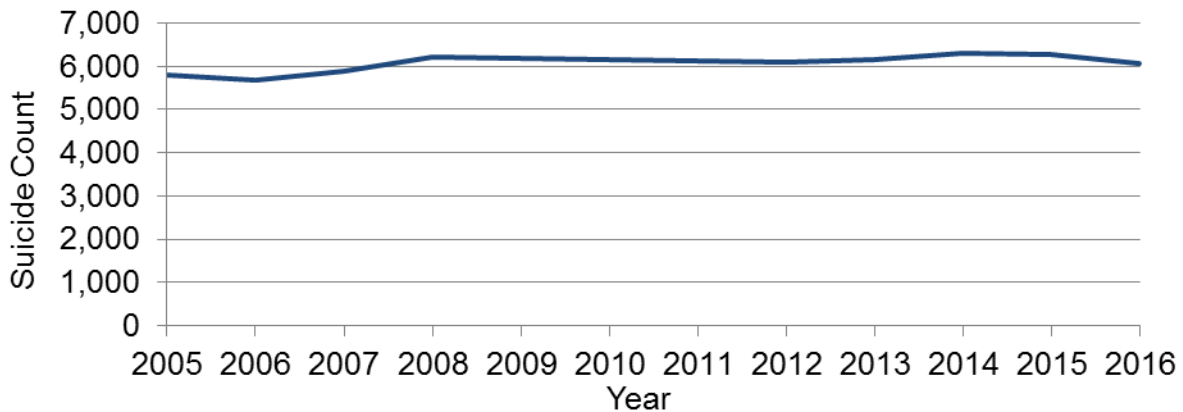
## Key Findings

- There were more than 6,000 Veteran suicides each year from 2008 to 2016. (Page 4)
- From 2005 to 2016, Veteran and non-Veteran adult suicide rates increased 25.9 percent and 20.6 percent, respectively. From 2015 to 2016, Veteran suicide rates decreased from 30.5 per 100,000 population to 30.1 per 100,000 population. (Page 5)
- In 2016, the suicide rate was 1.5 times greater for Veterans than for non-Veteran adults, after adjusting for age and gender. (Page 5)
- In 2016, 69.4 percent of Veteran suicides resulted from a firearm injury. In comparison, among U.S. non-Veteran adults, 48.4 percent of suicides resulted from a firearm injury in 2016. (Page 6)
- The suicide rates for Veterans ages 35–54, 55–74, and 75 and older did not increase from 2015 to 2016. (Page 7)
- The suicide rate for Veterans ages 18–34 increased substantially, from 40.4 suicide deaths per 100,000 population in 2015 to 45 suicide deaths per 100,000 population in 2016. (Page 7)
- Considering unadjusted and age-adjusted suicide rates for 2016, Veterans recently using VHA services had higher rates of suicide than Veterans who did not recently use VHA, Veterans overall, and non-Veterans. This is similar to information presented in the previous report and is consistent with findings reported elsewhere. Veterans who use VHA have physical and mental health care needs and are actively seeking care because those conditions are causing disruption in their lives. Many of these conditions — such as mental health challenges, substance use disorders, chronic medical conditions, and chronic pain — are associated with an increased risk for suicide. (Page 8)
- From 2005 to 2016, there was a lower increase in the suicide rate among Veterans in VHA care (13.7 percent) than among Veterans who were not in VHA care (26.0 percent). (Page 8)
- After adjusting for age, in 2016, the suicide rate for women Veterans was 1.8 times greater than the suicide rate for non-Veteran women. (Page 9)
- The number of suicides among never federally activated National Guard and Reserve former Service members increased from 2005 to 2015. (Page 10)

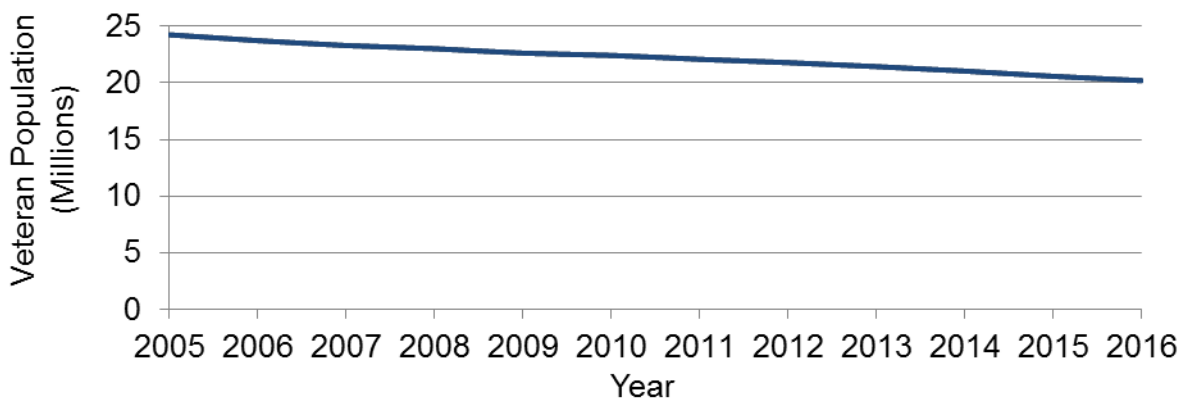
## Veteran Suicide Count and Population Size

The number of Veteran suicides per year decreased from 6,281 deaths in 2015 to 6,079 deaths in 2016 (Figure 1). The number of Veteran suicides in 2016 remains greater than the 5,797 Veteran suicides that occurred in 2005. From 2005 to 2016, the Veteran population decreased by about 4 million people (Figure 2). Given that the Veteran population decreased in size, the number of Veteran suicides per year can also decrease even while the rate of Veteran suicide increases. Further information, including specific data points, is provided in the data appendix.

**Figure 1: Veteran Suicides, 2005–2016**



**Figure 2: Veteran Population, 2005–2016**



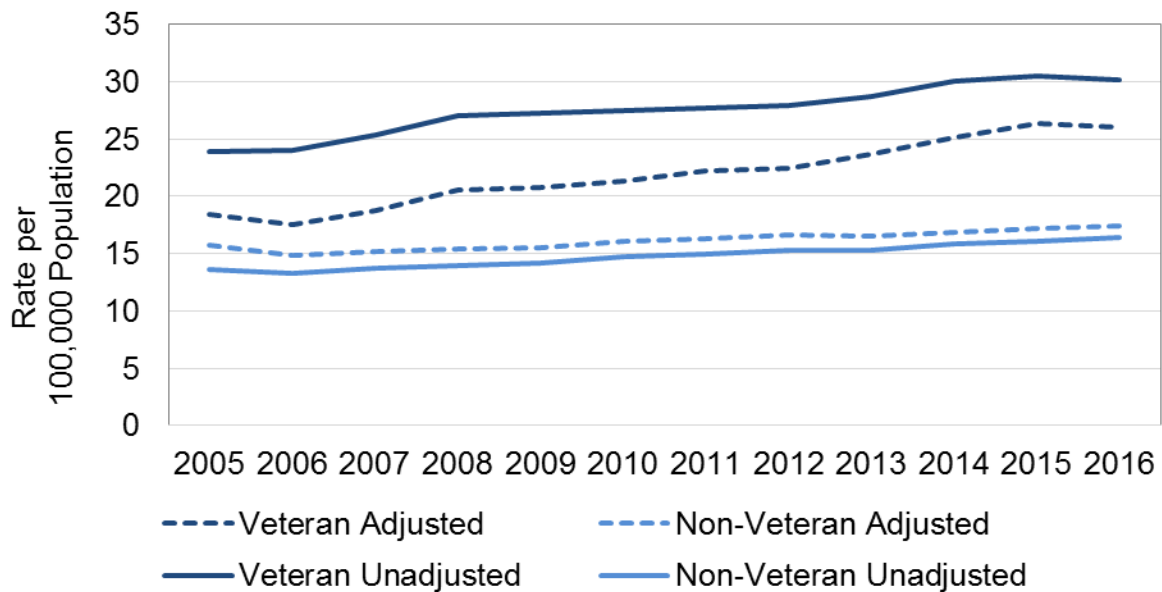
### Key Takeaway:

- The number of Veteran suicides per year decreased from 2015 to 2016.

## Veteran Suicide Rates

VA examined rates of suicide among Veterans and non-Veteran adults in the United States. Unadjusted, or crude rates are helpful for understanding mortality within each population. In 2016, the unadjusted suicide rate among Veterans was 30.1 per 100,000, while the rate among non-Veteran adults was 16.4 per 100,000. However, when making comparisons, it is important to adjust for differences in population age and gender, as the Veteran population is older and has a higher percentage of men compared to the non-Veteran population. In 2016, the age- and gender-adjusted rates of suicide were 26.1 per 100,000 for Veterans and 17.4 per 100,000 for non-Veteran adults. Suicide rates for both Veterans and non-Veteran adults increased between 2005 and 2016.

**Figure 3: Suicide Rates, Unadjusted and Age- and Gender-Adjusted, Veteran and Non-Veteran Adults, 2005–2016**



### Key Takeaways:

- From 2015 to 2016, the Veteran suicide rate decreased from 30.5 per 100,000 to 30.1 per 100,000.
- Suicide rates for Veteran and non-Veteran adults increased from 2005 to 2016.
- In 2016, the suicide rate was 1.5 times greater for Veterans than for non-Veteran adults, after adjusting for age and gender.

## Veteran Suicide Methods

Among methods used in attempting suicide, firearms are associated with the highest rate of suicide mortality. In 2016, 69.4 percent of Veteran suicides and 48.4 percent of non-Veteran adult suicides resulted from a firearm injury. Among Veterans, in 2016 70.6 percent of male suicide deaths and 41.2 percent of female suicide deaths resulted from a firearm injury. Interventions focused on preventing self-harm by firearm are integral to preventing Veteran suicide.

**Table 1: Method of Suicide Among Veteran and Non-Veteran U.S. Adult Suicide Decedents, 2016**

Method	Percentage of Non Veteran Adult Suicide Deaths	Percentage of Veteran Suicide Deaths	Percentage of Male Non Veteran Adult Suicide Deaths	Percentage of Male Veteran Suicide Deaths	Percentage of Female Non Veteran Adult Suicide Deaths	Percentage Female Veteran Suicide Deaths
<b>Firearm</b>	48.4%	69.4%	53.9%	70.6%	32.4%	41.2%
<b>Poisoning</b>	16.0%	10.6%	9.8%	9.7%	34.2%	30.4%
<b>Suffocation</b>	26.8%	15.0%	27.8%	14.8%	23.7%	19.8%
<b>Other</b>	8.8%	5.1%	8.5%	4.9%	9.8%	8.6%

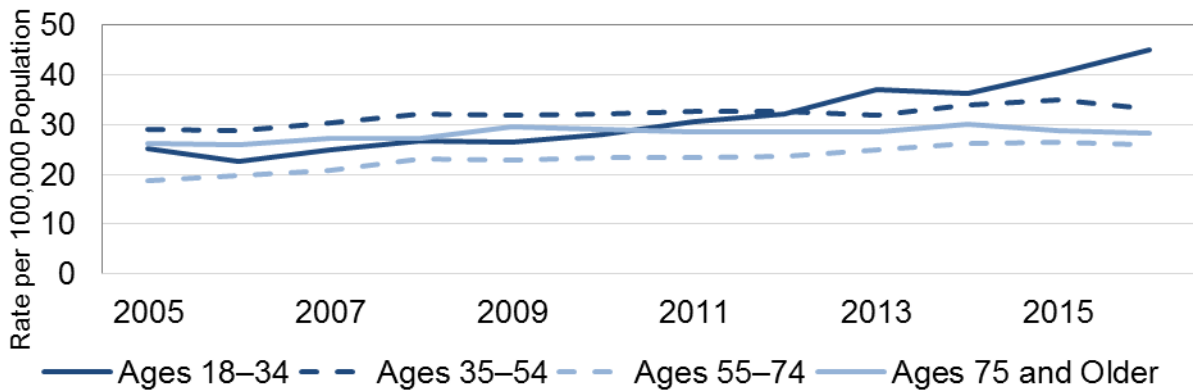
### Key Takeaways:

- In 2016, 69.4 percent of Veteran suicides resulted from a firearm injury. In comparison, the proportion of suicides resulting from a firearm injury among U.S. non-Veteran adults in 2016 was 48.4 percent.
- In 2016, 71 percent of male Veteran suicides resulted from a firearm injury, compared to 41 percent of female Veteran suicides.

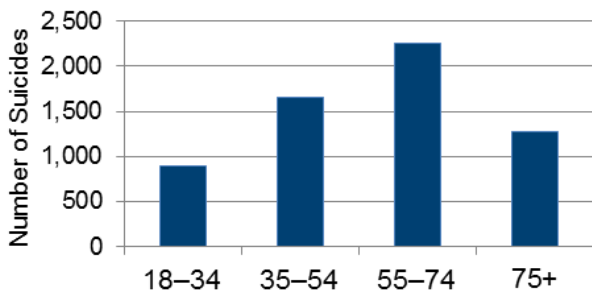
## Veteran Suicides by Age Group

The suicide rate among Veterans ages 18–34 increased substantially in recent years, and the rate in 2016 was significantly higher than in 2014 (Figure 4). Rates of suicide are highest among younger male Veterans ages 18–34 and lowest among male Veterans ages 55–74 (Figure 6). Despite the increased suicide rate among Veterans ages 18–34, Veterans ages 55–74 represented the greatest share of suicide deaths in 2016, with Veterans age 55 and older accounting for 58.1 percent of suicide deaths (Figure 5).

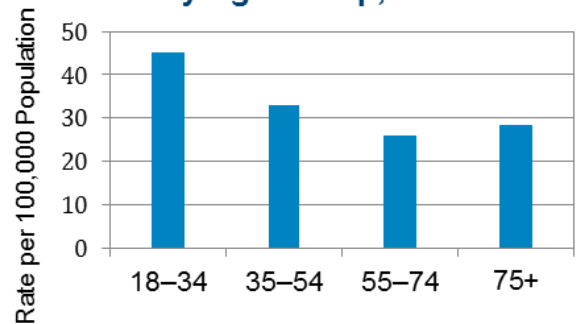
**Figure 4: Veteran Suicide Rates by Age, 2005-2016**



**Figure 5: Veteran Suicide Count by Age Group, 2016**



**Figure 6: Veteran Suicide Rate by Age Group, 2016**



### Key Takeaways:

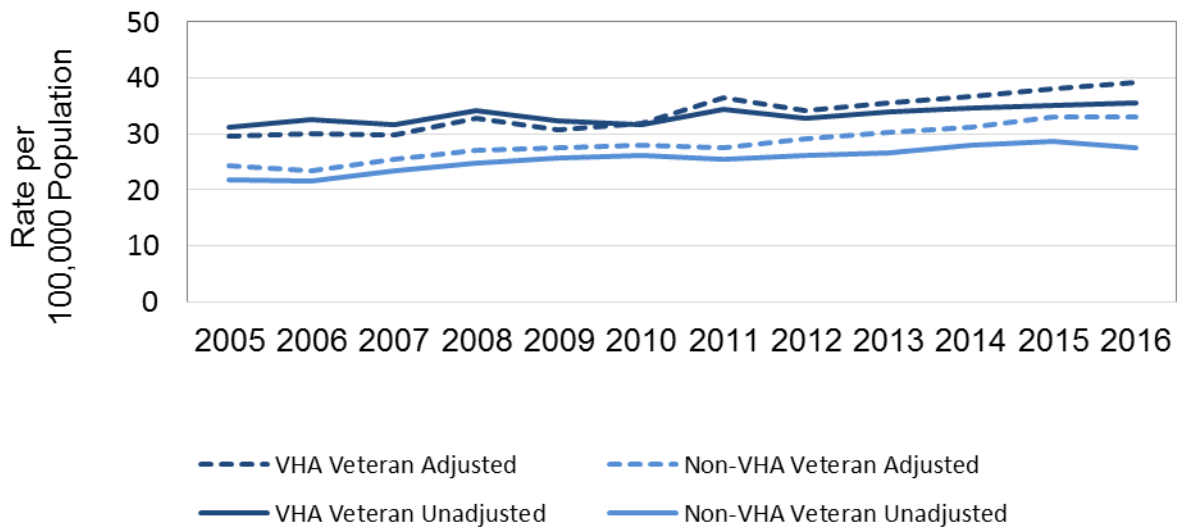
- The suicide rate for Veterans ages 18–34 substantially increased from 2005 to 2016.
- When comparing Veteran suicide rates by age group, Veterans ages 18–34 had the highest suicide rate in 2016, at 45 per 100,000.
- In 2016, 58.1 percent of Veteran suicides were among Veterans age 55 and older.



## Suicide Among Veterans Who Use VHA

VA examined the suicide count and rates among Veterans who recently used VHA care and Veterans who did not use VHA care. Veterans who recently used VHA are defined as Veterans who had a VHA encounter in the calendar year of death or in the previous year. After adjusting for age, the suicide rate among Veterans who recently used VHA was higher than among Veterans who did not (Figure 7). However, between 2005 and 2016, among Veterans who were not in VHA care, the percentage increase (26.0 percent) in the suicide rate was greater than the percentage increase (13.7 percent) in the rate among Veterans in VHA care. This is similar to information presented in the previous report and is consistent with findings reported elsewhere. Veterans who use VHA have physical and mental health care needs and are actively seeking care because those conditions are causing disruption in their lives. Many of these conditions — such as mental health challenges, substance use disorders, chronic medical conditions, and chronic pain — are associated with an increased risk for suicide.

**Figure 7: Suicide Rates Among Veterans Who Did and Did Not Use VHA, 2005–2016**



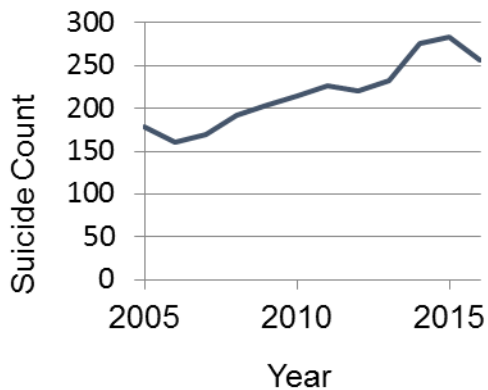
### Key Takeaway:

- Between 2005 and 2016, after adjusting for age differences, Veterans in VHA care had a higher rate of suicide but a lower increase in the rate of suicide compared to Veterans who were not in VHA care.

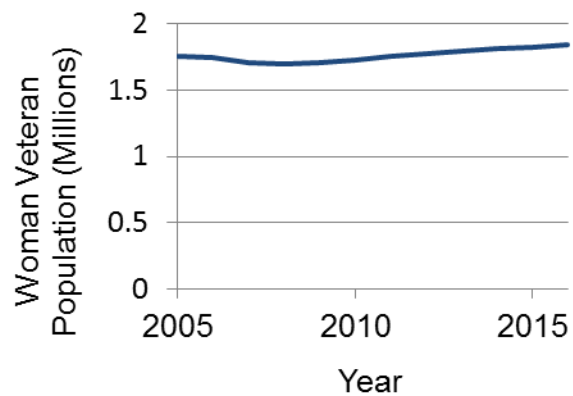
## Woman Veteran Suicides

VA examined the suicide count and rate among women Veterans. Between 2005 and 2016, woman Veteran suicide counts increased, as did the woman Veteran population (Figures 8 and 9). After adjusting for differences in age, the rate of suicide among women Veterans was higher than the rate among non-Veteran women (Figure 10). The woman Veteran suicide rate decreased from 2015 to 2016, but the difference was not statistically significant.

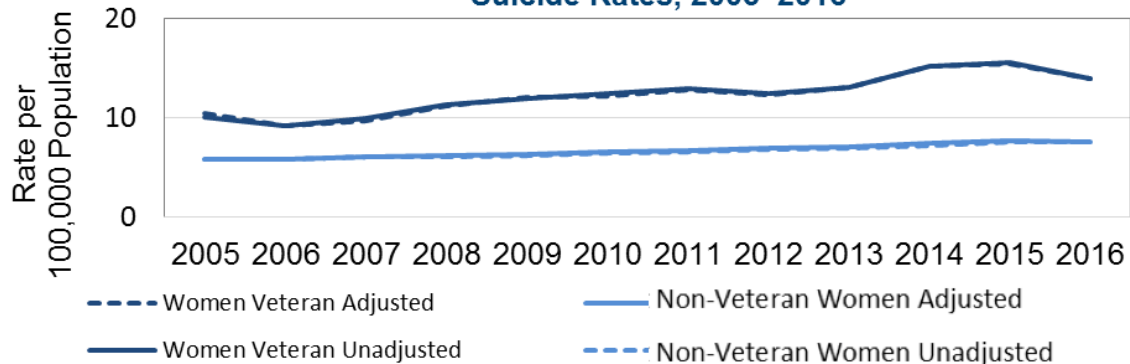
**Figure 8: Woman Veteran Suicides, 2005–2016**



**Figure 9: Woman Veteran Population, 2005–2016**



**Figure 10: Woman Veteran and Non-Veteran Woman Suicide Rates, 2005–2016**

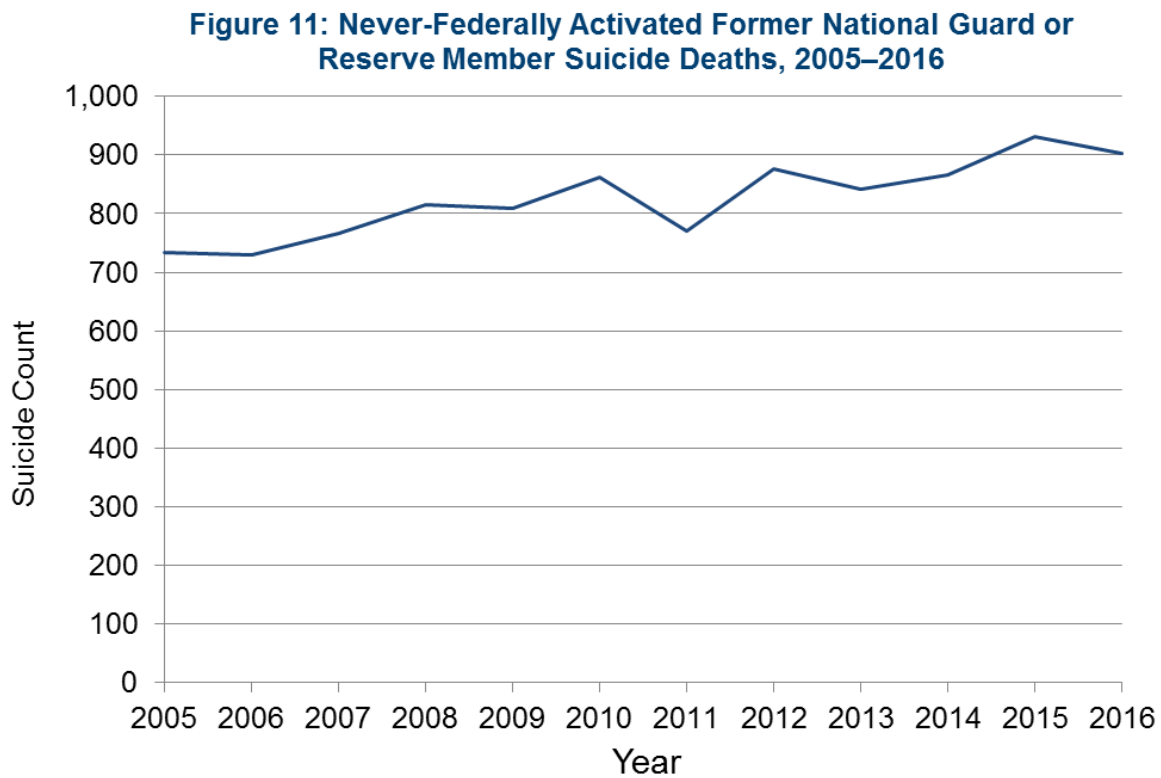


### Key Takeaways:

- From 2005 to 2016, the number of suicides among women Veterans increased.
- From 2005 to 2016, the woman Veteran population increased.
- After adjusting for age, the rate of suicide among women Veterans was higher than the rate among non-Veteran women.

## Former Guard and Reserve Service Member Suicides

Between 2005 and 2016, the suicide count increased for former Service members who were never federally activated National Guard and Reserve members. National Guard and Reserve members may not have Veteran legal status due to their type of service. This can limit their access to VA benefits and services under current laws and regulations. In partnership with the DoD, VA now operates a mobile Vet Center to increase Guard and Reserve members' access to mental health care. Further expansion of suicide prevention activities for the former Guard and Reserve population is planned for fiscal year 2019.



### Key Takeaways:

- Suicide deaths among never federally activated former National Guard and Reserve members increased from 2005 to 2016.
- In 2016, there were 902 suicides among never federally activated former Guard and Reserve members.

**For more information about VA's suicide prevention efforts, access these online resources:**

- **Veterans Crisis Line:** A free, anonymous, confidential resource that's available to any Service member or Veteran in crisis

**Web Link:** <https://www.veteranscrisisline.net/>

- **Veteran suicide prevention shareable materials:** Downloadable resources and information to help support Veterans

**Web Link:** <https://www.veteranscrisisline.net/support/shareable-materials>

- **"Be There" public service announcement:** Service members and Veterans talking about the small actions by friends and family members that made a big difference to them

**Web Link:** <https://www.youtube.com/watch?v=MCSZ7FjTq5I>

- **S.A.V.E. online suicide prevention video:** Training to learn how to recognize suicide risk factors and warning signs

**Web Link:** <https://psycharmor.org/courses/s-a-v-e/>

- **Make the Connection:** Stories of Veterans who have dealt with mental health issues, have found support (whether through treatment or with the help of a loved one), and are living healthy, productive lives

**Web Link:** <https://maketheconnection.net/>

- **VA Mental Health website:** VA's repository of mental health resources, information, and data materials, including VA's National Strategy for Prevention Veteran Suicide 2018–2028

**Web Link:** <https://www.mentalhealth.va.gov/>

**Web Link:** [https://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)

For more information about the information presented in this report, contact [VASPDataRequest@va.gov](mailto:VASPDataRequest@va.gov).

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