

## ISSUE BRIEF: SUICIDE PREVENTION

### The Situation

- VA reports that about 17 veterans and 3 members of the National Guard and Reserves take their lives each day. For each of the past 10 years, this has meant more than 6,000 veterans take their lives each year.
- VA's most recent annual report on suicide (2019) shows that veterans are 54% more likely to commit suicide than non-veteran peers. Women veterans are 2.2 times more likely to commit suicide than non-veteran women. Rates of suicide among veterans are also affected by age (youngest groups are at greatest risk), lower incomes, unemployment, homelessness and diagnoses of sleep disorders, pain and traumatic injury, in addition to mental health conditions; conversely, service connection, marriage, and good health are considered protective factors. Veterans are more likely to use firearms in self-directed violence than other means compared to non-veterans.
- The Veterans Crisis Line has answered approximately 3.2 million calls per year since 2007. It has initiated the dispatch of emergency services to callers in crisis approximately 100,000 times. Its anonymous online chat service, added in 2009, has engaged in approximately 413,000 chats; and, since adding texting capability in 2011, VA has responded to more than 98,000 texts. These contacts resulted in more than 564,000 referrals to VA Suicide Prevention Coordinators (SPC) who may engage and track these veterans to assure they are receiving necessary mental health services.
- While veterans who use VA care are at a slightly elevated risk of suicide, many (59%) had diagnosed mental health or substance use disorders and suicides among VHA users are progressing at a slower rate than those of other veterans.

### The Challenge

- Suicide is a public health issue that involves psychological, biological and societal factors and a special concern in the military and veteran population. An effective public health strategy must address the population, targeted at-risk groups and individuals.
- Integration of mental health services into primary care has proven essential to addressing and overcoming stigma frequently associated with seeking mental health care within DOD and VA. However, despite targeted suicide prevention efforts within VA and DOD and increased outreach initiatives, suicide rates among veterans remain relatively unchanged.

### The Solution

- Congress must ensure VA has the resources it needs to effectively implement mental health and suicide prevention programs, and deploy prevention resources, including VA's use of predictive analytics, to identify and treat those most at risk.
- VA and DOD must continue research of suicide prevention to raise awareness and lower stigma for veterans seeking mental health treatment, identify effective tailored solutions for different populations, improve lethal means safety initiatives, and identify and deploy the best, evidence-based treatment strategies for those at risk.
- VA must ensure veterans have access to family-centered mental health care services, including family therapy and marriage counseling. Marriage and social connectedness are protective factors against suicide and suicidal ideation. Opportunities for veterans to build relationships with other veterans (such as membership in VSOs, retreats and peer-assisted therapies) are beneficial.