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U.S. Department of Veterans Affairs
Office of Mental Health and Suicide Prevention
Frequently Asked Questions – 2016 Data Release (National and State Level)
UPDATED: September 19, 2018

Part I: 2016 VA National Suicide Data Report

What is the U.S. Department of Veterans Affairs (VA) "VA National Suicide Data Report 2005–2016" data report?

This updated data report represents the largest analysis of Veteran suicide in our nation's history. It builds on prior Veterans Health Administration (VHA) analyses, and introduces new analyses, to offer precise information about suicide rates and risk in both the Veteran and non-Veteran populations. The report is a comprehensive examination of death records from 2005 to 2016. It compares Veteran and non-Veteran suicide rates, describes suicide rates among populations with established and emerging risk factors, and assesses the differences in suicide rates among Veterans who use and do not use VHA services.

The 2016 VA National Suicide Data Report has a new format that is designed to be easier to understand. VA's goal is to present complex suicide data in the most actionable format and to convey the key findings in the clearest terms. Please contact the VA Suicide Prevention Program at VASPDataRequest@va.gov if you are interested learning more about additional data analyses.

What is the purpose of the report?

Ongoing collection, analysis, and dissemination of suicide-related data is crucial for understanding Veteran suicide and informing suicide prevention initiatives. VA and our partners will use this data to design the best possible tailored prevention strategies and efforts.

Which populations are examined in the report?

The data report examines suicide rates for three groups:

- Non-Veteran adults (ages 18 and older)
- Veterans
- Veterans who use VHA services

There are approximately 20 million Veterans in the U.S. — around 18 million men and 2 million women. Of these 20 million, fewer than half receive VA benefits or services. Approximately 6 million Veterans (around 30 percent) receive VHA services.

In addition, the data report provides suicide counts of never federally activated former Guardsmen and Reservists.

How do Veteran suicide rates compare to those for the general population?

According to the most recent CDC data, released in June 2018, suicide rates are on the rise nationally and across the entire U.S. population. In comparing 2015 and 2016 data, there is a decrease in the Veteran unadjusted rate of suicide from 30.5/100,000 to 30.1/100,000. For some subgroups of the Veteran population, suicide rates are rising. Specifically, for Veterans age 18-34, suicide rates substantially rose since 2005.

This underscores the fact that suicide is a serious public health issue that impacts communities across the country. This is why VA is taking a public health approach to suicide prevention. Our objective is to prevent suicide among *all* Veterans.

How is VA using the data?

VA is analyzing and reporting on suicide data to gain insight into high-risk populations. VA uses — and will continue to use — data to improve its strategies, programs, and resources. Additionally, we will share data with community-based health care providers and partners to help them support Veterans in their communities.

Where does the data come from?

This report incorporates the most recent mortality data from the joint VA/Department of Defense (DoD) Suicide Data Repository and includes information for deaths from suicide among all known Veterans of U.S. military service. Data for the joint VA/DoD Suicide Data Repository was obtained from the National Center for Health Statistics' National Death Index (NDI) through collaboration with the DoD. Information available from the NDI includes reports of mortality submitted from vital statistics systems in all 50 U.S. states, Washington, D.C., Puerto Rico, and the U.S. Virgin Islands.

Why is a new data report being released so soon after the release of 2015 data in June 2018?

This report builds on prior analysis of Veteran suicide and provides additional and updated information on all known suicides among Veterans living in the United States from 2005 to 2016. Data is an integral part of VA's public health strategy to prevent suicide, and VA is continuously refining and enhancing data collection methods to provide the most accurate, current information and analysis related to Veteran suicide deaths.

What is different from the 2015 data report?

The 2016 VA National Suicide Data Report follows a new format, designed to be easier to understand and consume. VA's goal is to present complex suicide data in the most actionable format and to convey the key findings in the clearest terms. Please contact the VA Suicide Prevention Program at VASPDataRequest@va.gov if you are interested learning more about additional data analyses.

How is Veteran defined in this report?

VA considers anyone who served in our nation's military to be a Veteran and strives to eliminate suicide among all Veterans. For purposes of the 2016 VA National Suicide Data Report, analyses are focused specifically on those Veterans who most closely meet the official definition of a Veteran used by VA and other federal agencies who provide Veteran data. In simplest terms, for this report, Veteran is defined as those who had been activated for federal military service and were not currently serving at the time of their death. VA also presents the yearly suicide count of never federally activated former Guardsmen and Reservists.

For information on suicide among current Service members, official suicide counts are published in the Department of Defense (DoD) Quarterly Suicide Report (Available at www.dspo.mil/Prevention/Data-Surveillance/Quarterly-Reports).

How does VA measure suicide?

When directing suicide prevention efforts, it's important to consider the distribution of suicides as well as differences in rates among key population subgroups. To track suicide and draw meaningful conclusions from the data, VA uses measurements such as:

- **Suicide count** indicates a total number of suicides. Usually, the count alone has little meaning without reference to the size of the population.
- **Suicide rate** divides the number of suicide deaths by the relevant population size.
- **Percent of decedents** refers to the share of deaths with a given characteristic among all deaths.
- **Percent change in suicide rates** is used to compare changes in age-adjusted rates between years.

For example, male Veterans ages 55–74 have the highest *count* of suicides because the population size is largest. But male Veterans ages 18–34 have the highest *rate* of suicide.

What is the role that access to VHA services plays in Veteran suicide rates?

The rate of suicide among Veterans who have *not* recently received VHA services is increasing faster than the rate of suicide among Veterans who have recently received VHA services. Even though the rate of suicide among Veterans using VHA services is higher than the rate among Veterans not using VHA services, the lower rate of increase suggests that our world-class health care and engagement are making a difference.

VHA is committed to giving Veterans the highest-quality care, including care that may be unavailable to them in the private sector. More Veterans are receiving VA benefits and health services than ever before. In fact, from 2005 to 2016, the number of male and female Veterans who had recently used VHA services increased by nearly 20 percent and 55 percent, respectively.

Suicide is a complex issue, and no single factor accounts for rates of Veteran suicide. However, the health and well-being of our nation's Veterans remains VA's highest priority, and VA is committed to ensuring that all Veterans receive the support they need. VA works diligently to

improve its services every day. Mental health providers, counselors, Suicide Prevention Coordinators, and researchers are dedicated to preventing Veteran suicide and providing every Veteran with personalized support.

What does this data mean for VA's suicide prevention efforts?

Data is at the core of VA's public health approach to suicide prevention, which seeks to reach all Veterans and not just those in VHA's care. This comprehensive approach considers the many factors beyond mental health that contribute to risk for suicide. Using the public health approach, the VA Suicide Prevention Program can deliver resources and support to Veterans earlier — before they reach a crisis point — and through more channels. **VA is using data to tailor and target prevention strategies to reach all Veterans**, not just those identified as being at risk. These strategies comprise the following:

- **Universal** strategies, which are intended for all U.S. Veterans
- **Selective** strategies, which are intended for Veterans in subgroups that may be at increased risk for suicide.
- **Indicated** strategies, which are intended for individual Veterans identified as having a high risk for suicide.

Part II: State Data Sheets

Does the updated report include state-level data?

Separately from this report, VA has also provided data sheets on state-level findings, including the number of suicide deaths among Veterans, suicide rates by age group, and suicide deaths by method compared with regional and national data. The 2016 state data sheets are available at www.mentalhealth.va.gov.

What about data from counties, cities, towns, and other local jurisdictions?

Protecting the privacy of Veteran patients is of paramount importance to VA, and releasing information about the number of Veterans who died by suicide in specific localities could jeopardize patient privacy, which is why VA will not release local data.VA also has limited available data on the Veteran population not in VHA care.

Why are there no data sheets for U.S. territories other than Puerto Rico?

At this time, data for four of the five permanently inhabited U.S. territories — the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands — is not provided in individual data sheets. This is due to the small number of Veterans who died by suicide in these territories as well as inconsistent reporting to the National Center for Health Statistics National Death Index. Reporting on such a small population would risk identifying individual Veterans. VA continues to investigate methods for providing data from all territories while preserving the privacy of Veteran patients.

What conclusions can be drawn from comparing the suicide rates of one state with another's?

Disparities in suicide rates exist between states and, in some cases, regions. Numerous factors that contribute to suicide risk and incidence must be considered when examining a state's suicide data. Some states have relatively large Veteran populations or overall populations, which can affect suicide rates. While there is no single reason why one state has higher suicide rates than others, factors such as access to health care, rural vs. urban settings, and access to lethal means are relevant considerations when examining differences in rates.

Part IV: Putting Data Into Action

What are some of the actions VA has taken to prevent Veteran suicide?

VA has made suicide prevention its No. 1 priority, and we continue to develop and implement crisis interventions using all available data. Notable accomplishments include:

- **Expanding the Veterans Crisis Line** to three call centers and more than 700 employees, increasing our ability to provide 24/7 support
- **Hiring a Suicide Prevention Coordinator** at every VA facility to deliver targeted care to at-risk patients
- **Creating new cross-sector partnerships** to involve peers, family members, and the community in preventing Veteran suicide
    - Launching the Mayor's Challenge to Prevent Suicide, in coordination with the Substance Abuse and Mental Health Services Administration (SAMHSA)
    - Along with the DoD, convening a partnership roundtable to engage key partners and stakeholders
    - Implementing programs along with partners in private health care, at the DoD and other agencies, at Veteran Service Organizations (VSOs), at community groups, at research and policy organizations, and more
- **Launching the S.A.V.E. online suicide prevention video** to help everyone play a role in preventing Veteran suicide
- **Implementing the Mayor's Challenge** to empower cities nationwide to build coalitions to prevent Veteran suicide
- **Launching the REACH VET** (Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment) **predictive analytics program** to identify Veterans who may be at risk for suicide
- **Adding "high-risk" flagging to VHA patient charts** to integrate suicide prevention with clinical care and provide enhanced care to those flagged as "high risk"
- **Expanding access to mental health care** to ensure that all Veterans get the care they need
- **Partnering with the departments of Defense and Homeland Security**, as mandated by Executive Order, to support Veterans during their transition from military to civilian life

Free, confidential support is available 24/7 to Veterans in crisis or anyone concerned about a Veteran. Call the Veterans Crisis Line at 1-800-273-8255 and Press 1, send a text message to 838255, or chat online.

Reporters covering this issue are strongly encouraged to visit www.ReportingOnSuicide.org for guidance on how to communicate about suicide.

For more information, please contact VASPDataRequest@va.gov.