GEORGETOWN UNIVERSITY
**Georgetown University Medical Center**

Veterans Suicide
March 2025

Topline:
The excessive rate of suicide in veterans and the fact that it continues to rise despite substantial public and private efforts to address it is disheartening.

Advances in predictive medicine to determine suicide risk, delivery of proven effective programs, a focus on the critical and often difficult early post military discharge phase and mental health care, including high tech monitoring and emergency mechanisms for threats of imminent suicide, are elements for success in dealing with this problem.

Figure 1
Leading Causes of Death in 2022 Including Suicide, Veterans and Associated Age-Adjusted Mortality Rates
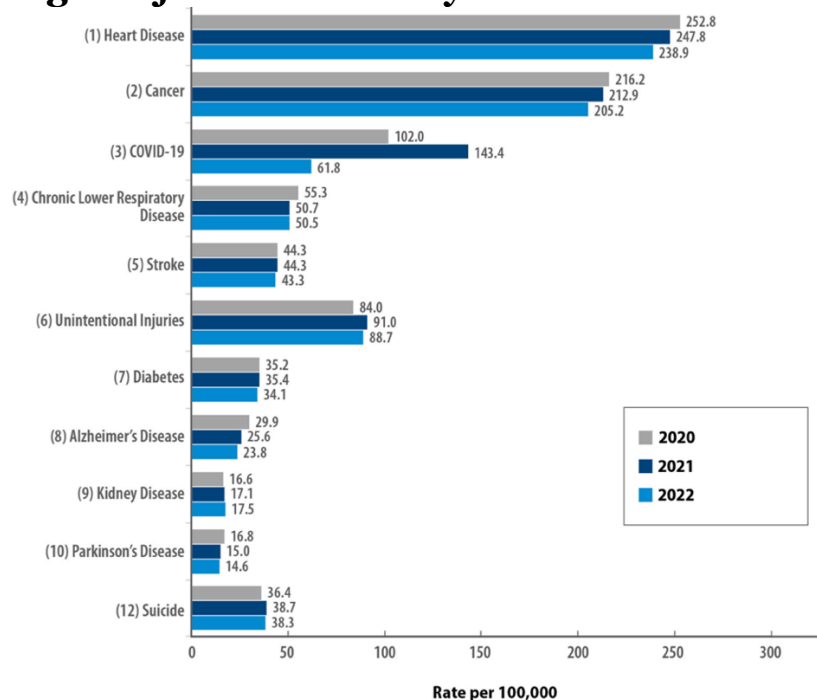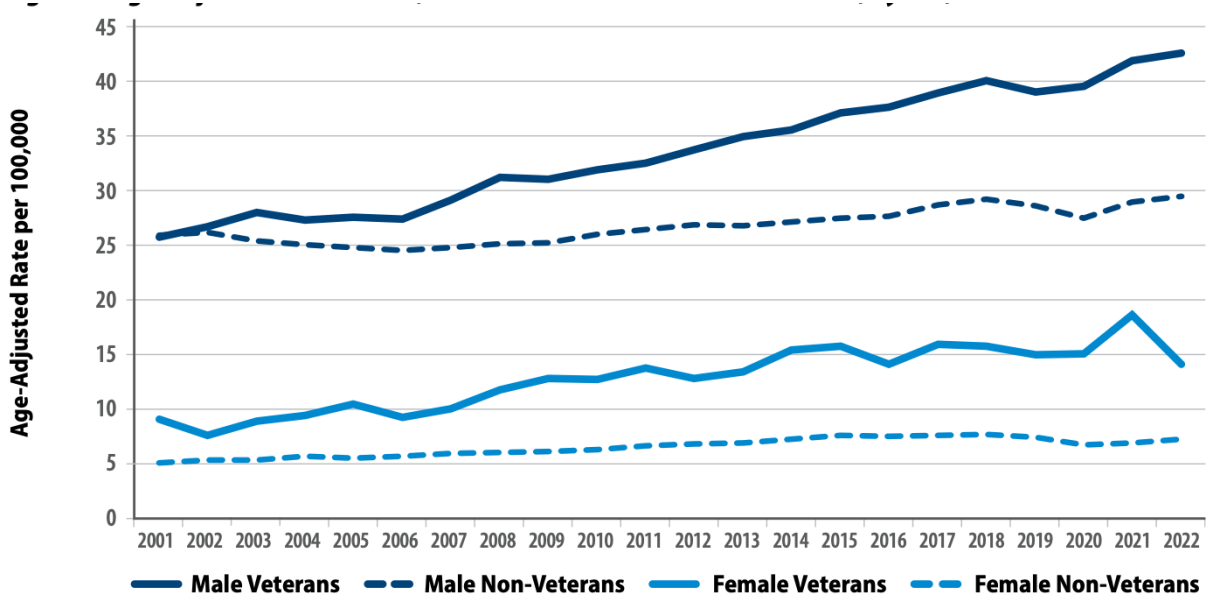

From VA

Figure 2
Veteran Suicide Death Numbers
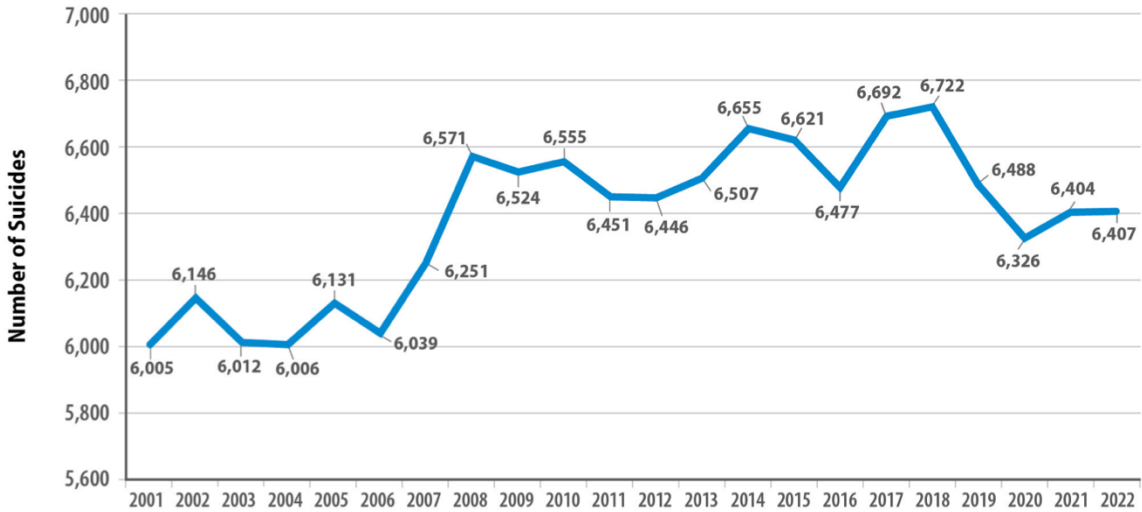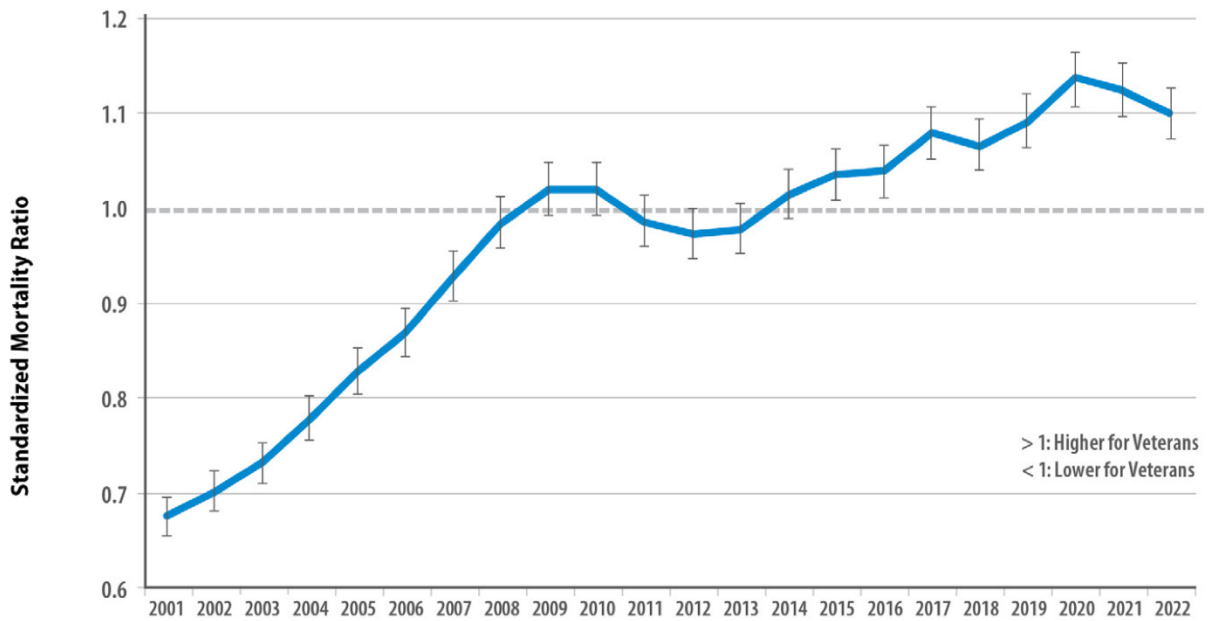

From VA

Figure 3
Age Adjusted Suicide Rates

From VA

Figure 4
Age and Sex Standardized Mortality Rate, For Veterans Relative to Non-Veteran US Adults, 2001- 2022
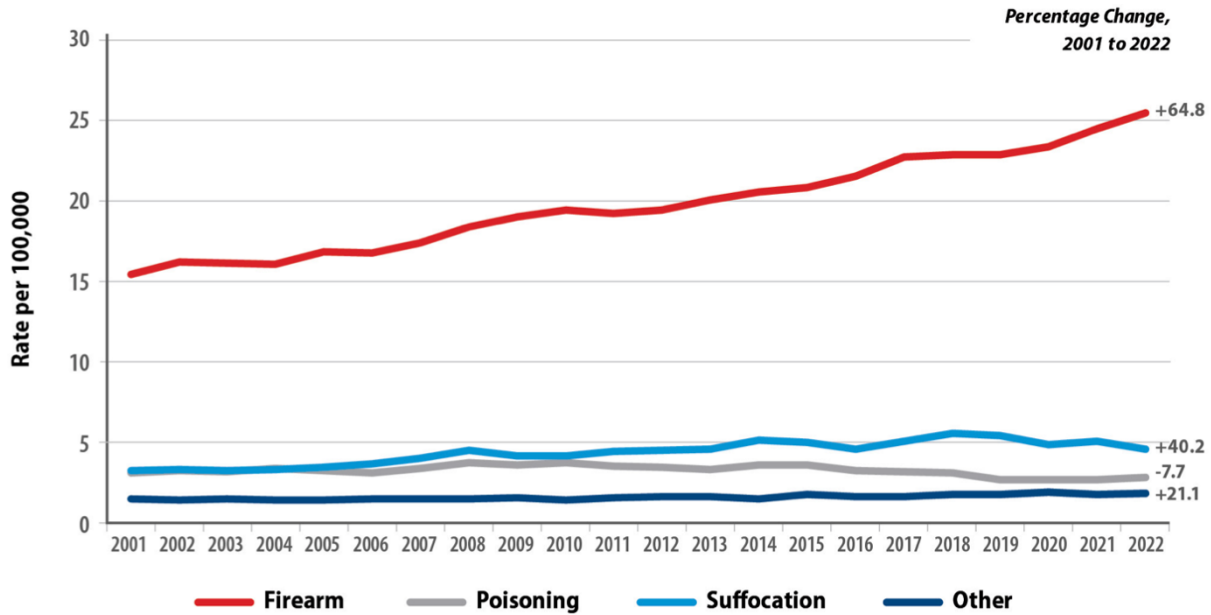

From VA

Figure 5
Unadjusted Suicide Rate, Veterans, By Age Group, 2001-2022
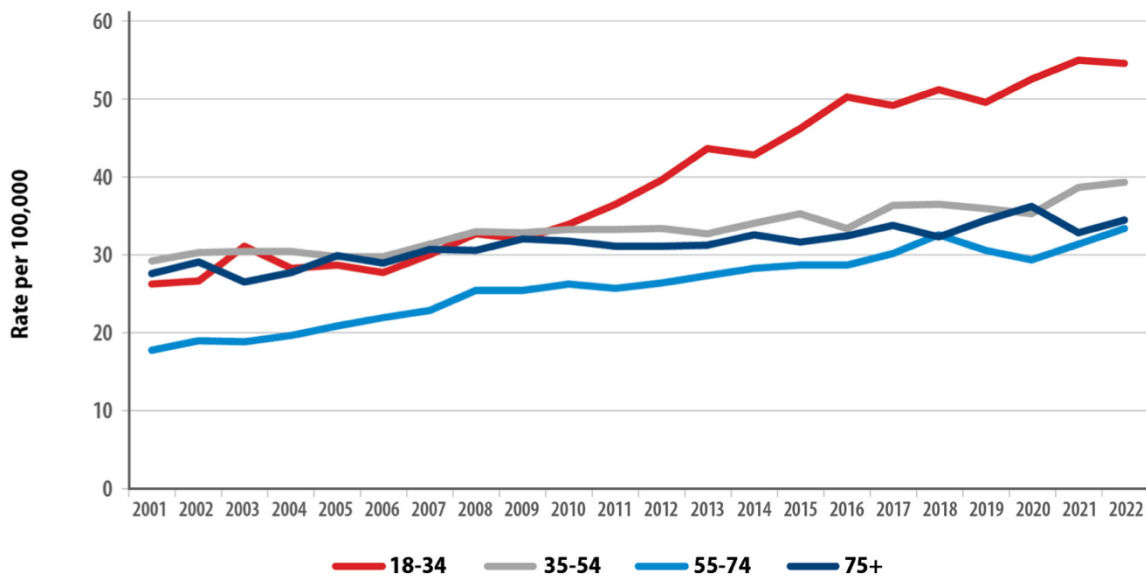
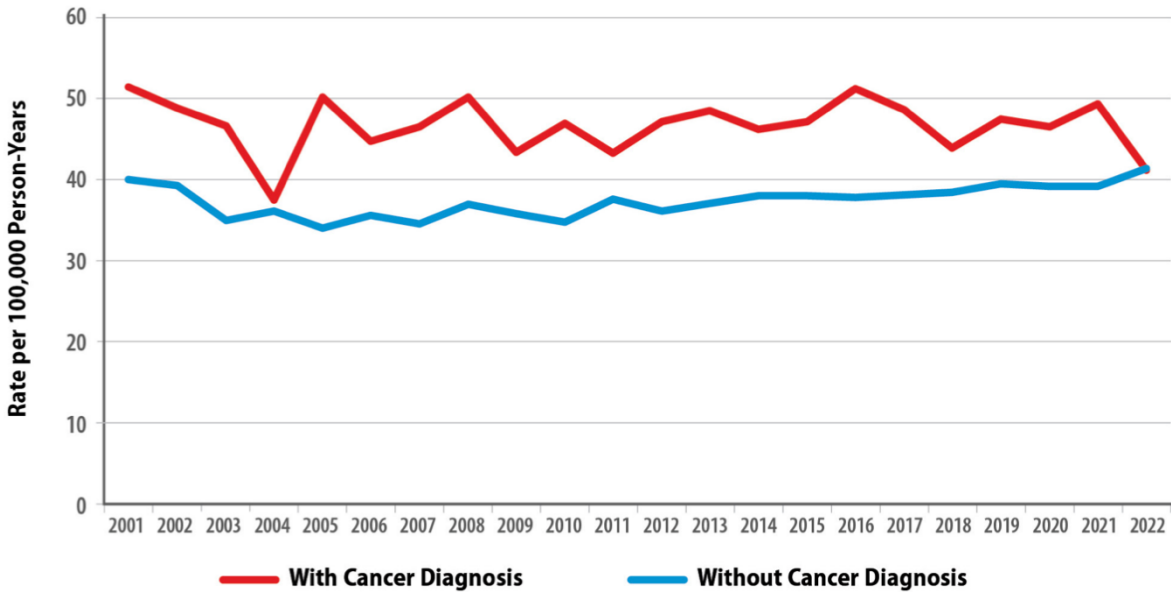

From VA

Figure 6
Unadjusted Method-Specific Suicide Rate, Veterans, 2001-2022 and Change 2001-2022

From VA

Figure 7
Unadjusted Suicide Rate, Veteran VHA Users, by Cancer Diagnosis, 2001-2022

From VA

Notes on Interpreting the Data
Suicide rates depend on the number of suicides divided by the number of veterans
which has declined in recent years. If the number of suicides remains similar for a
declining number of veterans, the rates rise.

Suicide rates are expressed here as Rate/100K where 100K signifies 100,000 person
years. A person year is the number of incidents seen by observing 100 people for a year
or 50 people for 2 years, or 10 people for 10 years, etc.

Suicide rates vary by age. Since the age distribution of veterans is different from that of
the general population, rates are "age adjusted" based on the population of 2000. This
puts all analyses of suicide on the same playing field.

The most recent year of ample data available on veterans' suicide is 2022.

Numbers
- Overall data on suicide in veterans
    - As of 2021, 7,057 US service members died in Post 9/11 wars while 4.3
      times as many veterans and service members, 30,177, committed suicide
    - In the general US population, suicide is the 11th leading cause of death.
      Among causes of death in veterans, suicide is 12th though, it is 4th in years
      of life lost since it affects a younger population. Other causes of death
      among veterans are similar to those in the general population (Figure 1)
    - Suicide numbers/year 2001-2022 in were in the low 6,000s in the first
      years and jumped to 6,571 in 2008-9 (Figure 2).
    - In 2022, the unadjusted suicide rate for veterans was 34,7/100K overall,
      37.3/100K in men and 13.5/100K in women. For non-veterans in 2022 the
      rate was 17.1/100K overall, 28.7/100K in men and 7.2/100K in women.
      Suicide rates in veterans and non-veterans by gender and overall, 2001-
      2022 are here.
    - The suicide rates of in both men and women veterans have been increasing
      significantly while the suicide rate of non-veterans has risen less steeply
      over the years since 2001 (Figure 3). The adjusted rate of suicides in both
      male and female veterans is higher than that of non-veterans.
    - On the other hand, during most years immediately following 9/11, (2002-
      2014) suicide rates were lower in veterans relative to others but since then
      have been higher (Figure 4) though in women veterans, rates were higher
      throughout.
- Military suicides
    - Military adjusted suicide rates/100K in 2023 were: Active Component
      26.5, Reserves 18.8, National Guard 19.0. These rates have risen
      somewhat since 2011 in the Active Component and Reserves and declined
      somewhat in the National Guard.
    - Army suicide rates 1840-2018 fell below peacetime rates during the Civil
      War, the Spanish American war, World Wars I and II and Korea and
      increased during peacetime, the Vietnam and Iraq and Afghanistan Wars.

Historically, fighting in wars was associated with a diminution in suicide rates until recently when wars were of longer duration.

- Factors associated with suicide in veterans
  - *Age:* Suicide rates in the young men (ages 18-34) has been moving ahead of other age groups since 2011, a disturbing statistic that does not apply to females (Figure 5).
  - *COVID:* In 2020, the first year of the COVID pandemic, veterans with COVID had 91.9% higher suicide rates than those without this condition (75.5/100K) but since then suicide rates have been similar in veterans with COVID and without COVID.
  - *Firearms:* The overwhelming majority of male veteran suicides are via firearms (73.5%)(Figure 6). In female veterans, firearm suicides are also the most common but not by much and in some earlier years poisoning suicides ranked a bit higher.
  - *Homelessness:* Suicide is also strongly associated with homelessness as higher in recent VHA users by 110.2% in 2022 (see also Veterans Data Briefing #3, Veteran Homelessness).
  - *Lethal illness:* Among the many reasons for suicide are other lethal illness. Figure 7 shows that veterans with cancer have a higher suicide rate than other veterans
  - *Marital Status*: Married veterans have lower suicide rates than those with other marriage status
  - *Military Sexual Trauma*: MST is associate with a higher suicide rate in both men and women. Among female recent veteran VHA users in 2022, the suicide rate was 75.0% higher for those with positive screens for MST (24.95/100K) than those with negative MST screens (14.26/100K). The rate was 74.6% higher for male recent veteran VHA users with positive MST screens (75.47/100K) than for those with negative screens (43.23/100K).
  - *Postmenopausal Therapy:* Among recent female VHA users, age 40-64 yrs, 2003-2022, suicide rates fell 47.4% with postmenopausal therapy and rose 88.6% without this therapy.
  - *Racial/Ethnic*: Among races, African American veterans have a lower suicide rate. Hispanic ethnicity is associated with diminished veteran suicide rates. In the general population Hispanic suicide is also lower but rising.
  - *Rurality:* Rural locations were associated with somewhat higher suicide rates.
  - *Veterans Crisis Line: VCL* users (calls, chats and texts) had a 30-day (734.0/100K) 12 months (303.3/100K) suicide rate. This is of course a high-risk group.
  - *Veteran Justice Services*: Veterans who used Veterans Justice Services had 264.6% higher (147.3/100K) suicide rates (among recent VHA users)
  - *VHA Use (Recent):* These veterans had higher suicide deaths as well as deaths from other causes consistent with their lower incomes, poorer health status and higher disability level than non-VHA users.

- Most prominent *risk factors* among veterans with suicides in 2020-2022 reported to VHA suicide prevention teams (a more complete account of suicide risk factors is here).
    - Pain 53.8%
    - Insomnia 51.4%
    - ↑ health problems 42.5%
    - Recent ↓ physical ability 34.2%
    - Relationship problems 33.1%
    - Substance misuse disorders 32.3% (Alcohol 19.6%, Cannabis 8.8%, Opioids 3.9%)
    - Hopelessness 30.4%
    - Impulsivity 27.1%
    - Unsecured home firearms 27.1%
- VA budget allocations for suicide programs
    - 2023 $497M
    - 2024 $571M
    - 2025 $583M was proposed.

Comments

Suicide among veterans is a persistent and disheartening problem with about 20 veterans dying each day by their own hand. Veterans commit suicide at higher rates than others and the rates are increasing (Figure 3), a tragedy that is brought home by the numerous veteran suicides in waiting rooms and parking lots of VA campuses and by the suicides of the valiant men of Bravo Company 2-508 Parachute Infantry Regiment

These stats are despite considerable efforts by the VA, veterans' organizations and the private sector to prevent veterans' suicide and despite our considerable knowledge about veteran suicide For example, we know the risk factors, the personal characteristics, the variations with time and other factors but we still face this substantial burden of veterans' suicide.

Within 12 months of military separation, suicide rates are particularly high (46.2/100K in 2021). This is a very sensitive time for veterans and there are 3 phases. Firstly, there is an adjustment to loss of military regularization and camaraderie. In the 2nd phase, which has been called "the deadly gap," veterans are searching for a new place in society. The third phase is attaining that new place. Or there can be continuing difficulties as seen in separating Marines who have a steep first-year suicide rate that averages 67.9/100K. Thus, this 1st post-discharge year is a psychologically difficult time for veterans, as is any major life change, and it may establish future suicide vulnerabilities. It is an important time for forceful interventions.

Of risk factors for veteran suicide (see above *risk factor* bullet under "Numbers" and a more complete list here), the most prominent are pain and insomnia. Note that "unsecured home firearms" are prominent on the list - firearms are by far the most common method for veterans' suicide (Figure 6). Homelessness is an important as an underlying factor but is also as an outcome of many of the same risk factors as for suicide notably including substance misuse. The first but not the later years of the COVID epidemic had a higher veteran suicide rate. And the high and increasing suicide rates in young male veterans (Figure 5) is a particularly troubling statistic.

Combat is also a risk factor for suicide overall though perhaps more in the health and psychological issues that it causes. When combat is accompanied especially by PTSD, witnessing of death, depression, TBI, or direct engagement in killing, there is higher risk of suicide.. Moral injury, which is defined as "perpetrating, failing to prevent or bearing witness to acts that transgress deeply held moral beliefs" and, of course, occurring in combat is usually accompanied by witnessing or causing deaths, is a factor in suicides.

However, among active-duty soldiers combat seemed to be associated with diminished suicides until the recent protracted wars in Vietnam and Afghanistan. And in one survey, veterans stated that combat "showed them that they were stronger than they thought they were."

VA Suicide Prevention Programs

VA had the first dedicated Suicide Prevention Center which was initiated in 1958 in Los Angeles by VA psychologists Edwin S. Shneidman and Norman J, Faberow. It followed their study of veterans' suicide. Here are links to lists of VA programs related to veteran suicide, including descriptions of 2 prominent programs, the Veterans Crisis Line and REACH VET, Federal legislation is here. Other government departments (DoL, DoD, HUD and HHS) have resources that can also be helpful.

States have veterans suicide prevention program such as California's CAL VET and New York's Worried About a Veteran programs. Many veterans organizations also have suicide prevention programs such as the American Legion's BE THE ONE.

Improving the Strategies to Prevent Veterans Suicide

Despite the substantial efforts to prevent veterans' suicide and the general good will in society and its institutions toward veterans, its rate continues to climb (Figure 3) and we have scant objective evidence for effectiveness of programs meant to address the problem. Predictive medicine, delivery of proven effective approaches, a focus on the early phase post military discharge and mental health programs to deal with chronic suicidality (suicidal thoughts) and imminent suicidal threats are important vehicles to prevent suicide in veterans.

Predictive medicine identifies veterans at risk for suicide. Approximately 6,000 veterans (Figure 2) commit suicide every year amidst the 6.5 million US veterans and the 200,000 annual military discharges. Predictions via Artificial Intelligence and one of its components, Natural Language Processing (scientific examination of words used) have been applied to garner the veterans' suicide population. Proven predictive factors in algorithms have included a mixture of sociodemography, career characteristics, and mental health. The REACH VET algorithm, a scientifically demonstrated preventive approach to diminish veteran suicide, takes advantage of predictive medicine. As this science becomes more refined and precise so will our success in preventing veteran suicide.

Another emerging technology is "biometric" monitoring in which changes in pulse trends, skin temperature, oxygen, body motion and eye movements via smart watches or other devices are recorded. These changes can give body reaction clues as to when a suicide attempt is imminent, and it is necessary to intervene.

We also need to evaluate the various suicide prevention programs in place and ways to improve them. This rising tide of veteran suicide speaks to effectiveness gaps. To best utilize the substantial goodwill throughout government and in the private sector we must continuously evaluate and improve programs and spend our resources wisely.

A critical time to predict suicide risk is in the early phase post military discharge, in or about the first year, so that mental health care can be directed appropriately and at the proper level of intensity. As discussed above, this is a time of turmoil for many veterans and a critical moment for imminent and future suicide.

As we feed improved, evidence-based programs into the extensive public and private apparatus to help veterans in danger of suicide, we will finally be able to make a dent in this appalling problem.

Veteran Data Briefings are available at these sites
DigitalGeorgetown
https://repository.digital.georgetown.edu/catalog?f%5Bmember_of_collections_ssim%5D%5B%5D=Georgetown+University+Veterans+Affairs
Box https://georgetown.box.com/s/q3lqjmss6hcnttjr9ca1cvtluzod413b
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