

# 2024

## National Veteran Suicide Prevention

Annual Report

---

Office of Suicide Prevention

December 2024

VA



U.S. Department  
of Veterans Affairs

# Veteran Suicide Statistics: Count

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)

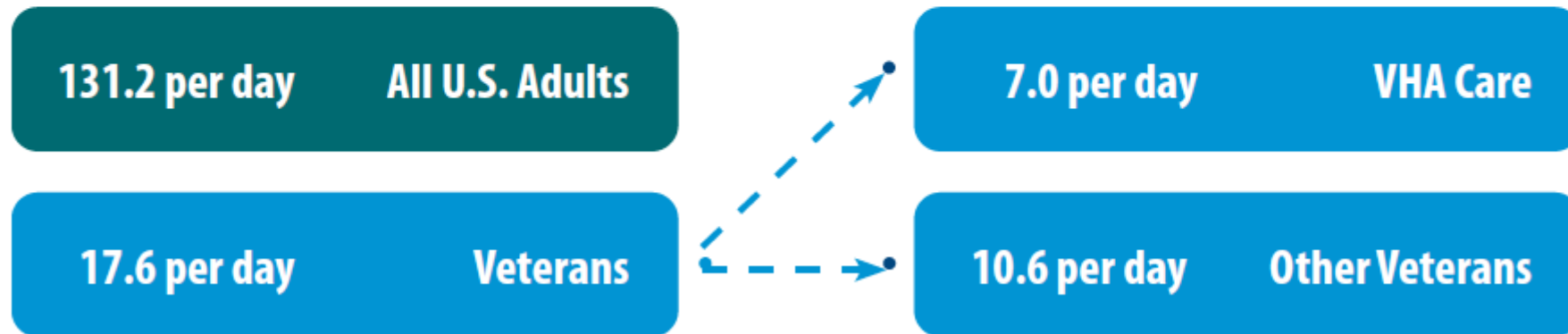
Veteran Suicide Deaths, 2001–2022



# Veteran Suicide Statistics: Rates and Averages

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*



# Anchors of Hope: Substantial Declines

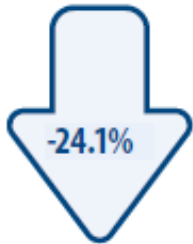
## Better One-Year Change Rates for Veterans Compared to US Adults

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%.

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**

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

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.



**Female (18.1%)**



**Male (37.8%)**

# Anchors of Hope: Younger Veterans

## 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%

### 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

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

Aged 18-34: **47.6**

Aged 35-54: **35.5**

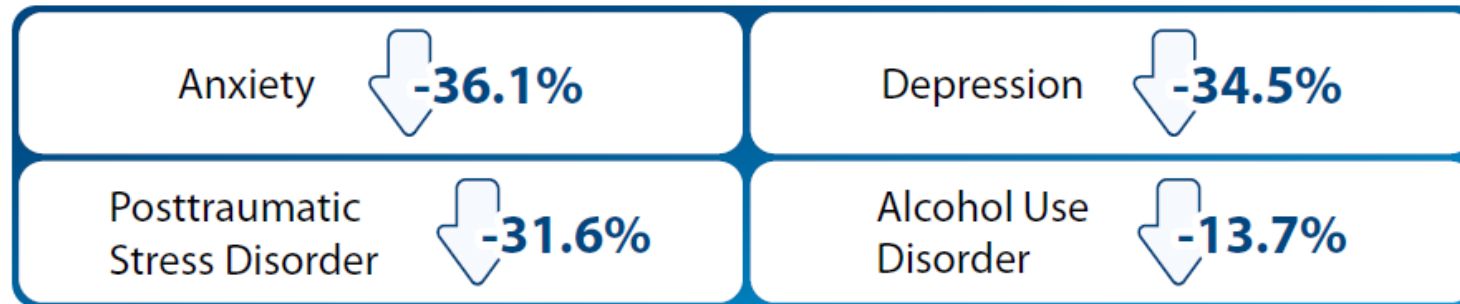
Aged 55-74: **31.2**

Aged 75 and older: **33.8**

# Anchors of Hope: Veterans with MH Diagnosis

## 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:



## 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.

# Anchors of Hope: Veterans in VHA Care

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

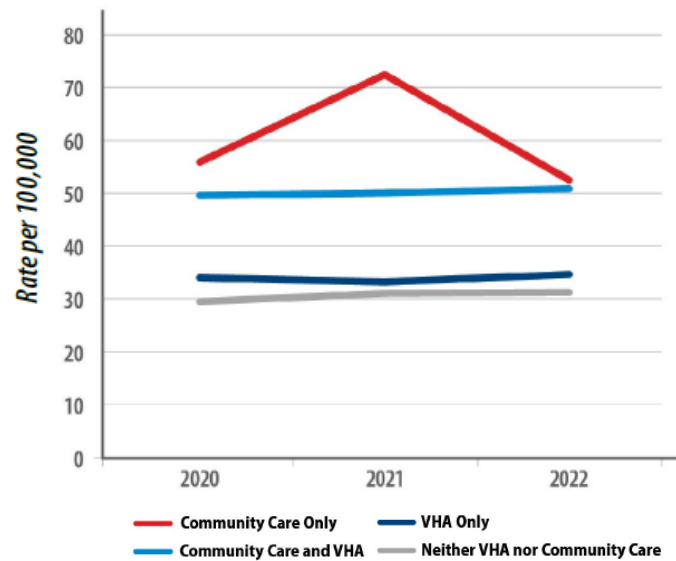


**Veterans with Cancer Diagnoses:** Saw a 16.7% decrease.



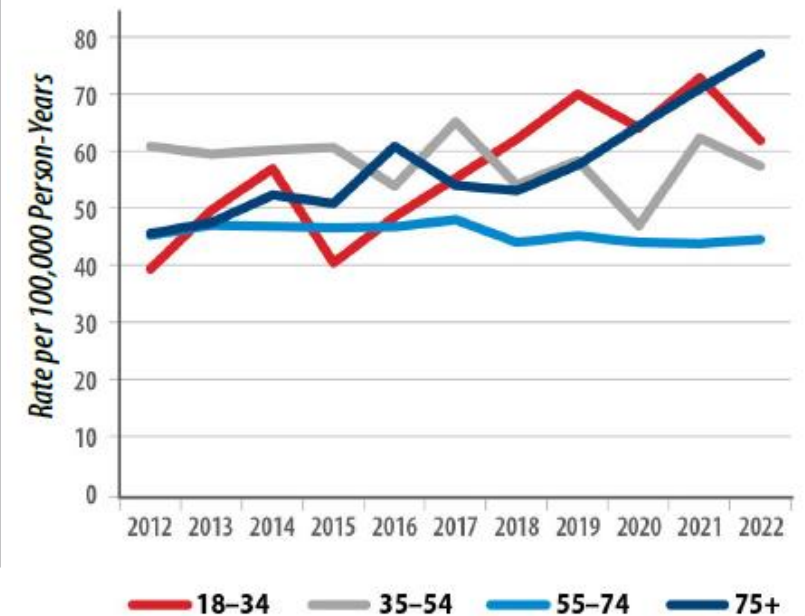
**COVID-19 Infection (first 90 days):** Veterans with COVID-19 infection had a 26.0% drop in their suicide rates.

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



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	56.7	+2.9%
6	33.8	-1.5%
7	41.6	-8.8%
8	46.4	+11.8%

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



# Anchors of Hope: Homelessness Diagnosis

## Positive Improvement for Homeless Veterans, 2021 to 2022



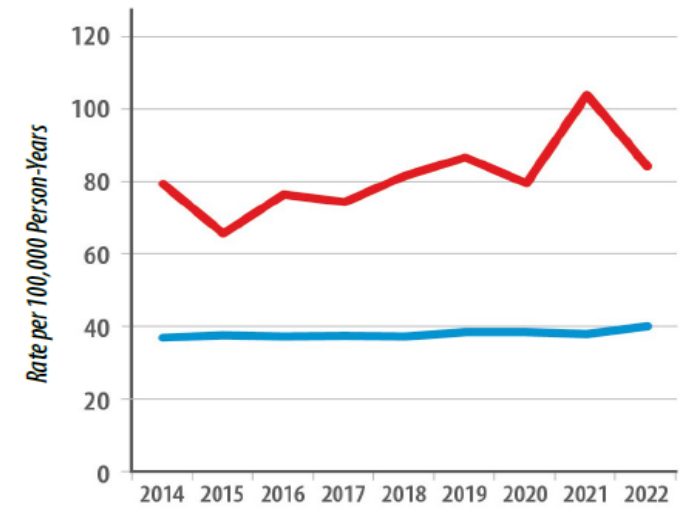
**Veterans with Homelessness Diagnoses:** Experienced a **19.1%** reduction.



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

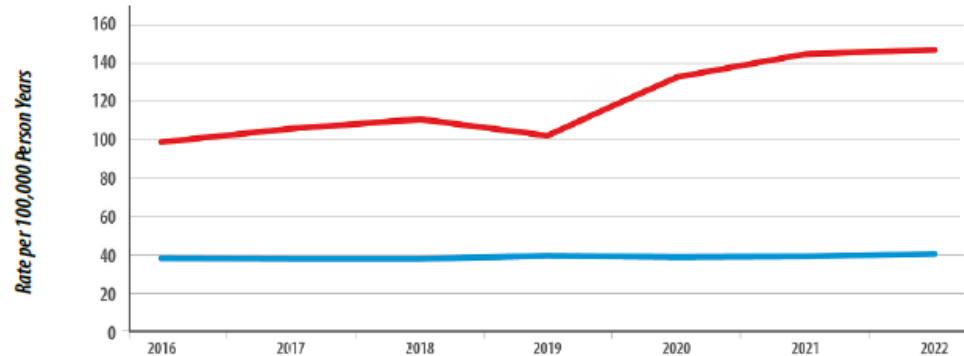


*Unadjusted Suicide Rate, Recent Veteran VHA Users, by Homelessness Diagnosis Status, 2014-2022*



— **With Homelessness Diagnosis**  
— **Without Homelessness Diagnosis**

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



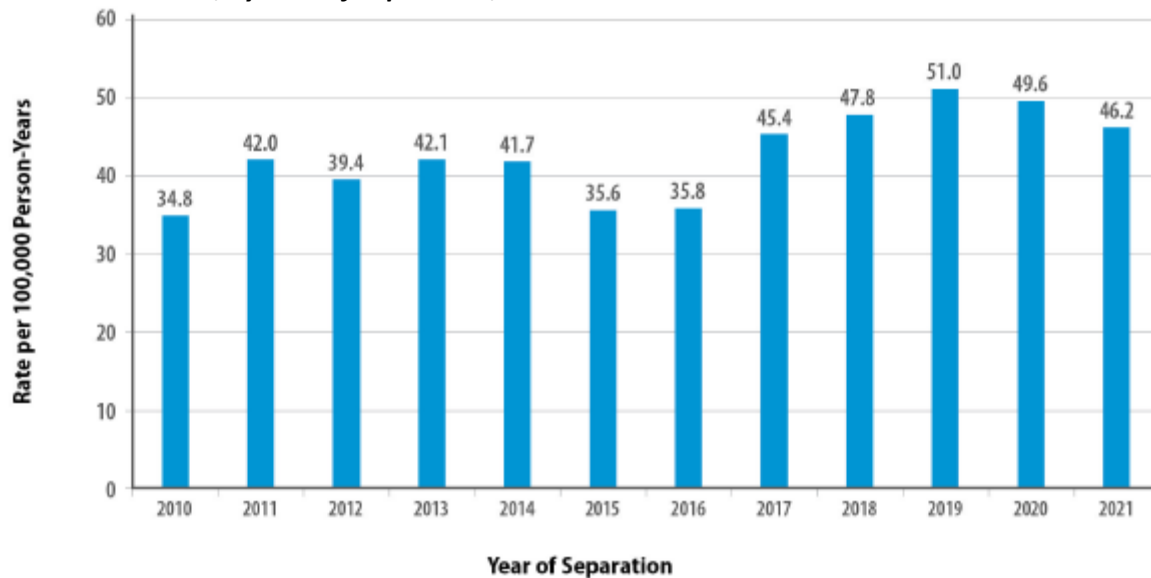
— **With Veterans Justice Program Contact**  
— **Without Veterans Justice Program Contact**

# Anchors of Hope: Transitioning Service Members

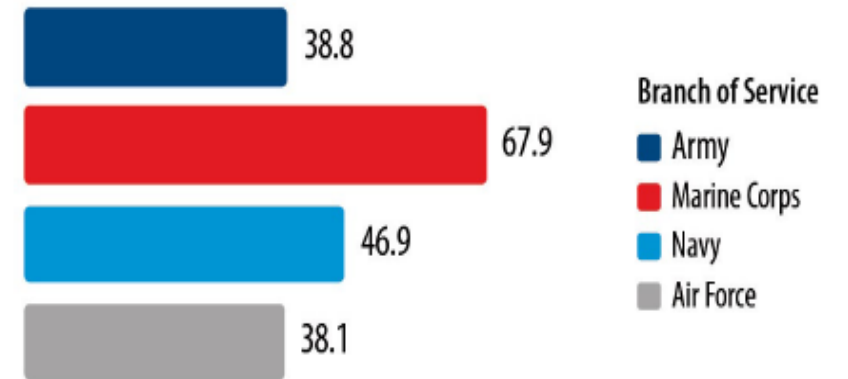
## Continuing Decline in Transitioning Service Member Suicide, 2021 to 2022

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.

*Unadjusted Suicide Rate, 12 Months Following Separation from Active Military Service, by Year of Separation, 2010-2021*



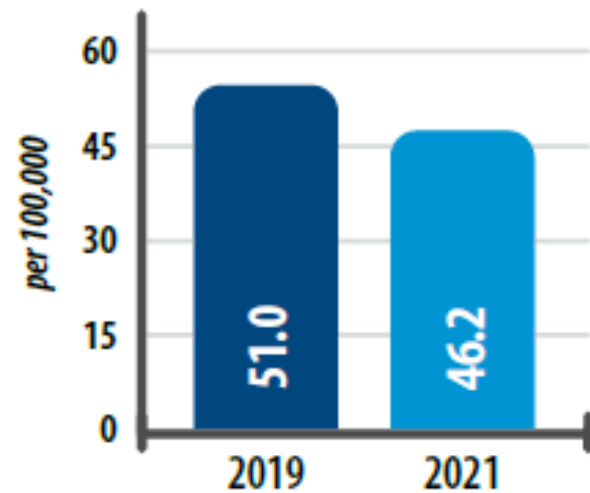
*Unadjusted Suicide Rate, 12 Months Following Separation from Active Military Service in 2021, by Branch of Service (Rate per 100,000 Person-Years)*



# Anchors of Hope: Veterans Crisis Line

## 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*

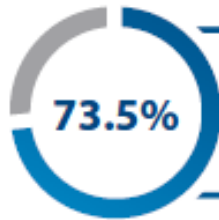


**-22.5%**

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

# HOW: Confronting the Leading Lethal Means

## Veteran Firearm Suicide in 2022



of Veteran suicides were by firearm.



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%**.

7.1%

Firearm involvement in suicides among female Veterans fell from

**51.6%**

in 2021 to

**45.4%**

in 2022.

## 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.



# WHAT: 7 Key Areas, Aligning Efforts



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