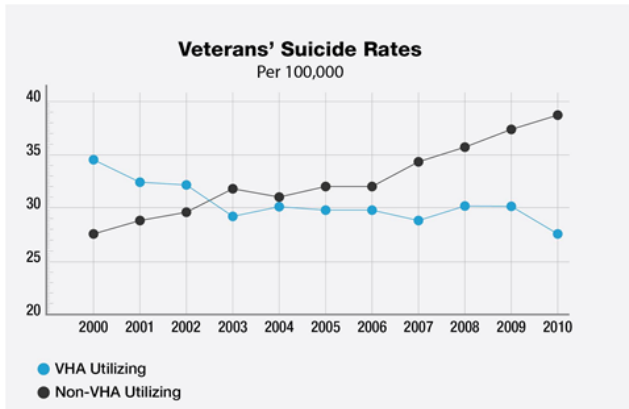


# Suicide rates increasing for both veterans and nonveterans; veterans using VHA services have declining suicide rates

4 May 2015, by Glenn O'neal



Veterans who used services provided by the Veterans Health Administration (VHA) had much lower suicide rates than veterans who did not use those services, according to a new analysis of a decade of suicide data.

The research was published today in *Psychiatric Services in Advance*, a publication of the American Psychiatric Association.

Suicide is the 10th leading cause of death in the United States and veterans are at a high risk for suicide – every day roughly 22 veterans commit suicide. This study directly compared veteran and nonveteran suicide rates while for the first time also looking at veterans who had used VHA services and those who had not.

Researchers analyzed data from 23 states on more than 170,000 adult suicides over a 10-year period (2000-2010). During that time frame, the age-adjusted veteran suicide rate increased by

approximately 25 percent while the comparable nonveteran rate increased by approximately 12 percent

The analysis found that the rate of suicide decreased significantly for veterans who used VHA services, while it spiked for veterans not using those services and increased for nonveterans. The suicide rate for all veterans is significantly higher than for nonveterans.

As researchers led by Claire A. Hoffmire, Ph.D., with the VISN2 Center of Excellence for Suicide Prevention, U.S. Department of Veterans Affairs, noted: "This report offers new, valuable insight into changes in suicide among veterans during this period of national increase. . . . [F]actors within the veteran population may make this group particularly susceptible to stressors and subsequent mental health conditions associated with increased risk of [suicide](#), which may be partially mitigated by use of VHA services."

While this study indicates a benefit of VHA services, it does not address the reasons [veterans](#) do not use VHA services, such as widely reported long wait times, other access issues, stigma about [mental health care](#), concerns/misconceptions about quality of care, lack of knowledge about eligibility for services, and so on.

**More information:** "Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000–2010." [dx.doi.org/10.1176/appi.ps.201400031](http://dx.doi.org/10.1176/appi.ps.201400031)

Provided by American Psychiatric Association

APA citation: Suicide rates increasing for both veterans and nonveterans; veterans using VHA services have declining suicide rates (2015, May 4) retrieved 13 May 2021 from <https://medicalxpress.com/news/2015-05-suicide-veterans-nonveterans-vha-declining.html>

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