**Massachusetts Military & Veteran Suicides 2019**

This publication contains information on 2019 Massachusetts suicide decedents who were current or former military personnel.

* 67 current or former military personnel died by suicide in Massachusetts in 2019.
* 1 in 10 of all Massachusetts suicide deaths in 2019 were current or former military personnel.
* Some common circumstances surrounding suicide decedents who were current or former military personnel include the following:
  + 52% had a known current mental health condition.
  + 30% had a known physical health problem.
  + 24% had a known alcohol and/or substance use problem.
  + 16% had a known intimate partner problem.
  + 12% had a known job and/or financial problem.
* 48% of military suicide deaths involved a firearm, nearly 2.5 times higher than the proportion of all suicide deaths in 2019 in Massachusetts that involved firearms.
* There were three major methods of suicide among current or former military personnel: firearms, hanging/suffocation, and poisoning. The proportion of suicides by each of these methods are as follows:
  + Firearms: 48%
  + Hanging/Suffocation: 30%
  + Poisoning: 13%
  + All other methods: 9%
* Of note, 61% of decedents 75 years of age or older died by firearm.
* 94% of decedents were white, non-Hispanic males.
* 99% of decedents were tested for alcohol, antidepressants, and opioids. Of those tested:
  + 29% tested positive for alcohol.
  + 27% tested positive for antidepressants.
  + 15% tested positive for opioids.
* To reach out for help, call the Statewide Advocacy for Veterans’ Empowerment (SAVE) in collaboration with the Department of Public Health:
  + (617) 210-5743
  + Toll-free: (888) 844-2838
* Or call the Veterans Crisis Line for 24-hour help:
  + (800) 273-TALK (8255), Press 1 for Veterans
  + Or text 838255
  + Online chat at veteranscrisisline.net
  + TTY: (800) 799-4TTY (4880)

**Data Source**: Massachusetts Violent Death Reporting System (MAVDRS), Massachusetts Department of Public Health (DPH). All suicide data were ascertained using guidelines recommended by the Centers for Disease Control and Prevention (CDC) and are based upon the International Classification of Disease codes (ICD-10) for mortality.