

Veterans Crisis Line (VCL) – Effectiveness of VCL Services



From Science to Practice

Using Research to Promote Safety
and Prevent Suicide

Overview

The Department of Veterans Affairs (VA) has established suicide prevention as a top priority,¹ recognizing that Veterans are about 1.5 times more likely to die by suicide than the general population, after adjusting for age and sex.² VCL was established in 2007, with a mission of connecting Veterans experiencing a mental health crisis with qualified Crisis Responders (CRs) through free, and confidential hotline, online chat, and text services available “anywhere, at any time” (24 hours a day, 7 days a week, and 365 days a year).³ Originally a telephone hotline, a chat function became available in 2009, and text capabilities were added in 2011.⁴

To date, VCL is the only crisis line in the United States (U.S.) that provides Veterans, Service members, and their loved ones the dual services of: (1) standardized anonymous crisis support, and (2) integrated and local health care coordination and follow-up via facility Suicide Prevention Coordinators (SPCs).⁵ VCL’s risk assessment model utilizes call center best practices,^{6,7} and is aligned with VA/Department of Defense (DOD) Guidelines on the Assessment and Management of Patients at Risk for Suicide.⁸ A trained CR determines a suicide risk rating (low, moderate, or high) based on information from the caller.⁸ CRs may provide referrals to resources or provide immediate intervention such as emergency dispatch, first responder wellness check, or a collaborative transportation plan to an emergency room.⁹

As of January 2025, VCL has responded to more than 8.4 million calls, 1 million chats, and 447,000 texts, and has referred more than 1.6 million Veterans to SPCs (U.S. Department of Veterans Affairs, VCL internal reporting). Studies evaluating crisis lines (including VCL) have observed positive outcomes, including significant reductions in users’ suicidal and crisis states.¹⁰ The effectiveness of VCL is evident through outcomes such as reduced suicidal ideation and attempts after VCL calls, the volume of dispatch to emergency interventions, referrals to resources, greater health care utilization among at-risk groups, and high user satisfaction. Calls to crisis lines are associated with initial reductions in suicidal ideation, including among Veterans^{11,12,13} and these reductions are maintained or continue to decrease, with more than half of suicidal callers reporting no suicidal thoughts or behaviors after 1–2 weeks.^{14,15}

Key Findings

Effectiveness of VCL in Decreasing Suicidal Ideation and Suicide Attempts

- While Veterans, Service members, and their loved ones can contact VCL for any reason, an estimated 18% of calls are from individuals who are in a suicidal crisis and 61% are acute, meaning needing immediate care.¹³
- A separate qualitative study found that 9% of participants contacted VCL needing immediate assistance with thoughts of suicide or homicide or

- needing some form of emergency intervention; 69% initiated contact due to general crisis management and needed to “talk to someone”; and about a third (28%) sought to be connected to resources. Eighty-three percent (83%) of these Veterans reported that contact with VCL was instrumental in stopping them from killing themselves.¹⁵
- VCL serves a high-risk population. Among 158,927 VHA patients who had an initial VCL call in 2010–2015, the crude overall suicide mortality rate in the first month was 797 per 100,000 person-years, and within 12 months was 298 per 100,000 person-years.¹⁶

Veterans Crisis Line (VCL) – Effectiveness of VCL Services

- However, for each Veteran who dies by suicide despite VCL efforts, 201 potential Veteran suicides are prevented by VCL connecting the Veteran with emergency care, and 292 potential Veteran suicides are prevented by connecting the Veteran to SPCs.¹⁶

Emergency Interventions and Referral to Resources

- A 2024 study reviewed data for 9,010 VCL calls from 2017 in which Veterans were identified as needing urgent care. CRs collaborated on transportation plans for 37% of contacts and contacted the police department or emergency medical services to facilitate transport for 59% of contacts. The age and sex-adjusted rate for death by suicide within one year from VCL call was 370.8 per 100,000.¹⁷
- VCL concludes 86% of calls with Veterans Health Administration (VHA)-enrolled Veterans by referring them to their local VA SPC.¹⁶ SPCs are required to contact the Veteran promptly, within one business day or by close of business the following day.¹⁸ An estimated 95% of Veterans who contact VCL and report suicidal thoughts accept a VA SPC referral.¹⁹

Health Care Utilization

- Among crisis calls, reductions in distress have been associated with increased health care utilization: for every point of decrease in distress, the Veteran is expected to have a 12% greater increase in visits after the call.¹³ For every point of reduction in suicidal ideation, a Veteran is predicted to have 11% greater treatment utilization.¹³
- In the month after calling VCL, Veterans are 10 times more likely to engage in VHA behavioral health care (BHC) and 6 times more likely to engage in general VHA care compared to the month prior to their call.¹²

- In the month following a VCL contact from which a Veteran received an emergency dispatch, over 60% of those Veterans continued to connect with (33.5%) or initiated (28.4%) VA BHC. These Veterans were 35%-40% less likely to die by suicide than Veterans who stopped BHC in the month after VCL contact.²⁰

User Satisfaction and Perceptions of VCL

- Two practices have been associated with positive user outcomes: establishing good rapport with callers and engaging in collaborative problem-solving.¹⁰ These principles have become cornerstone standards of care for crisis lines like VCL, which employs specialized staff to assist callers and connect them with essential programs and resources.³
- Most Veterans who call VCL later report that they were “satisfied” or “very satisfied” with their call.¹⁵ In a study of 155 VCL users (79% male, 67% White) who had been referred to a VA SPC during 2018 and 2019, 64% of both VCL contactors overall and suicidal VCL contactors were very satisfied with their VCL experience.¹⁵
- Another study found that 83% of respondents felt better after a call with VCL.²¹
- A qualitative study of 26 women Veterans who contacted VCL in the past year found that VCL is highly valued. Women Veterans described turning to VCL in times of mental distress and when their network was unavailable, or when they did not have anyone to talk to, or did not want to burden family or friends. Participants reported high levels of satisfaction with the support they received from VCL, noting: “I know I can count on [VCL] and that they’ll answer. I know they know how to calm me down when the world feels like it’s falling apart and no one’s there to help. I know I can call someone who would be there for me. For me. One hundred percent for me. And that they’ll listen.”²²

Ways You Can Help

- Make sure Veterans are aware of **VCL**. VCL provides 24/7 confidential crisis support for Veterans, Service members, and their loved ones. Veterans do not need to be enrolled in VA benefits or health care to connect. They can dial 988 and then press “1” on their phone, or text 838255, or access the **online chat**. Veterans do not have to disclose their Veteran status and may opt to not press “1” when connected to the hotline.
- People cope with stressful situations in different ways. Veterans can take a confidential, anonymous risk assessment to see if stress and depression might be affecting them. Direct Veterans to take the **Self-Check Quiz**.
- Every Veteran is different, and many may not show any signs of intent to harm themselves. However, actions and behaviors can signal that they need help. Veterans, Service members and their loved ones can learn to recognize the **signs of a crisis**.

Veterans Crisis Line (VCL) – Effectiveness of VCL Services

- The VA offers a **network of support** for all Veterans, Service members and their loved ones. Veterans do not have to be enrolled in VA benefits or health care.
- The VA also has numerous **local resources** for Veterans including tools to find community care providers, emergency care, pharmacies, and more.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

References

- 1 U.S. Department of Veterans Affairs. (2018). National Strategy for Preventing Veteran Suicide: 2018-2018. Office of Mental Health and Suicide Prevention. www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf
- 2 U.S. Department of Veterans Affairs (2024a). 2024 National Veteran Suicide Prevention Annual Report. Office of Suicide Prevention. https://www.mentalhealth.va.gov/suicide_prevention/data.asp
- 3 U.S. Department of Veterans Affairs. (2024b). Veterans Crisis Line—About us. www.veteranscrisisline.net/about/about-us/
- 4 U.S. Department of Veterans Affairs. (2023). Veterans Crisis Line Timeline Graphic. Retrieved from www.veteranscrisisline.net/media/3twhx00b/veterans-crisis-line-timeline-graphic_508-10-16-23.pdf
- 5 U.S. Department of Veterans Affairs. (2022). Loneliness and Social Isolation- Risk Factors for Suicide. www.mentalhealth.va.gov/healthcare-providers/suicide-prevention.asp
- 6 Joiner, T., Kalafat, J., Draper, J., Stokes, H., Knudson, M., Berman, A. L., & McKeon, R. (2007). Establishing standards for the assessment of suicide risk among callers to the National Suicide Prevention Lifeline. *Suicide and Life-Threatening Behavior*, 37(3), 353–365.
- 7 Vibrant Emotional Health. (2024). 988 Suicide & Crisis Lifeline Suicide Safety Policy. <https://988lifeline.org/professionals/best-practices/>
- 8 VA/DOD. (2024). VA/DOD Clinical Practice Guidelines: Assessment and Management of Patients at Risk for Suicide. www.healthquality.va.gov/guidelines/mh/srb/
- 9 Ammerman, B. A., Carter, S. P., Walker, K., Gebhardt, H. M., Rojas, S. M., Duman, C., Reger, G. M., & Reger, M. A. (2021). Characterizing veterans Crisis Line callers and regional follow-up efforts. *Military Psychology: The Official Journal of the Division of Military Psychology, American Psychological Association*, 34(3), 288–295.
- 10 Draper, J., & McKeon, R. T. (2024). The journey toward 988. *Psychiatric Clinics*, 47(3), 473–490.
- 11 Britton, P. C., Karras, E., Stecker, T., Klein, J., Crasta, D., Brenner, L. A., & Pigeon, W. R. (2022). Veterans Crisis Line call outcomes: Distress, suicidal ideation, and suicidal urgency. *American Journal of Preventive Medicine*, 62(5), 745–751.
- 12 Britton, P. C., Bohnert, K. M., Denneson, L. M., Ganoczy, D., & Ilgen, M. A. (2023). Analysis of veterans crisis line data: Temporal factors associated with the initiation of emergency dispatches. *Suicide & Life-Threatening Behavior*, 53(4), 538–545.
- 13 Britton, P. C., Karras, E., Stecker, T., Klein, J., Crasta, D., Brenner, L. A., & Pigeon, W. R. (2024). The Veterans Crisis Line: Relations among immediate call outcomes and treatment contact and utilization following the call. *Suicide & Life-Threatening Behavior*, 54(4), 741–749.
- 14 Gould, M. S., Munfakh, J. L. H., Kleinman, M., & Lake, A. M. (2012). National Suicide Prevention Lifeline: Enhancing mental health care for suicidal individuals and other people in crisis. *Suicide and Life-Threatening Behavior*, 42(1), 22–35.
- 15 Johnson, L. L., Muehler, T., & Stacy, M. A. (2021). Veterans' satisfaction and perspectives on helpfulness of the Veterans Crisis Line. *Suicide & Life-Threatening Behavior*, 51(2), 263–273.
- 16 Hannemann, C. M., Katz, I. R., McCarthy, M. E., Hughes, G. J., McKeon, R., & McCarthy, J. F. (2021). Suicide mortality and related behavior following calls to the Veterans Crisis Line by Veterans Health Administration patients. *Suicide & Life-Threatening Behavior*, 51(3), 596–605.
- 17 Stearns-Yoder, K. A., Penzenik, M. E., Forster, J. E., Cogan, C. M., Lauver, M., & Brenner, L. A. (2024). Health-related outcomes among veterans identified as being at increased risk during a crisis line contact. *Psychological Services*, 21(3), 454–460.
- 18 U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. (2020). Suicide Prevention Program Guide. www.mirecc.va.gov/suicideprevention/documents/suicidepreventionprogramguide_06222022.pdf
- 19 Krishnamurti, L. S., Agha, A., Denneson, L. M., Montgomery, A. E., Chhatre, S., & Dichter, M. E. (2023). Gender differences in connecting veterans to care through the Veterans Crisis Line: A mixed methods evaluation of referrals to Suicide Prevention Coordinators. *Medical Care*, 61(1), 50–53.
- 20 Britton, P. C., Bohnert, K. M., Denneson, L. M., Ganoczy, D., & Ilgen, M. A. (2025). Behavioral Health Care Use After Initiation of Emergency Dispatches During Veterans Crisis Line Contacts. *Psychiatric Services (Washington, D.C.)*, 76(5), 502–505.
- 21 Rasmussen, K. A., King, D. A., Gould, M. S., Cross, W., Tang, W., Kaukeinen, K., Tu, X., & Knox, K. L. (2017). Concerns of older veteran callers to the Veterans Crisis Line. *Suicide & Life-Threatening Behavior*, 47(4), 387–397.
- 22 Dichter, M. E., Monteith, L. L., Agha, A. Z., Krishnamurti, L. S., Iverson, K. M., Hoffmire, C., & Montgomery, A. E. (2024). "I just needed somebody to talk to": The role of the veterans crisis line in social connection for women veterans. *American Journal of Orthopsychiatry*.