

# *Special Surveillance Report Veteran Suicide*

---

*November 2017*



*Office of Analytics  
Department of Health and Human Services*

*Brian Sandoval  
Governor  
State of Nevada*

*Amy Roukie, MBA  
Administrator  
Division of Public and Behavioral Health*

*Richard Whitley, MS  
Director  
Department of Health and Human Services*

*Vacant  
Chief Medical Officer  
Division of Public and Behavioral Health*

## Acknowledgements

### Prepared By and Additional

Information: Amy Lucas, MS  
Health Resource  
Analyst Office of  
Analytics  
Department of Health of Human  
Services State of Nevada  
4126 Technology Way, Suite  
200 Carson City, Nevada 89706  
(775) 684.5895  
[alucas@health.nv.gov](mailto:alucas@health.nv.gov)

Thank you to following for providing leadership, data and technical support for this report:

Kyra Morgan, MS  
Chief Biostatistician  
Office of Analytics  
Department of Health and Human Services  
Services State of Nevada

Helen See, MPH  
Biostatistician II  
Office of Analytics  
Department of Health and Human  
State of Nevada

Jen Thompson  
Biostatistician II  
Office of  
Analytics  
Department of Health and Human  
Services State of Nevada

### Recommended Citation

Office of Analytics. Department of Health and Human Services. Special Surveillance Report: Veterans Suicide 2010-2017. Carson City, Nevada. November 2017.

# Table of Contents

- Acknowledgements .....2
- Introduction .....5
- Data Sources .....6
- Technical Notes.....6
- Suicide-Related Deaths .....8
  - Figure 1. Top 10 Primary Causes of Death by Veteran Status. Nevada Residents, 2010-2016 Combined.8
  - Figure 2. Total Count of Deaths by Veteran Status and Age Group. Nevada Residents, 2010-2016 .....9
  - Figure 3. Non- Veteran Death Counts by Cause of Death and Race/Ethnicity. Nevada Residents, 2010-2016 .....10
  - Figure 4. Veteran Death Counts by Cause of Death and Race/Ethnicity. Nevada Residents, 2010-2016. .... 11
  - Figure 5. Percentage of Total Deaths that had a Cause of Death Indicated as Suicide by Veteran Status by Age Group. Nevada Residents, 2010-2016 Combined .....12
  - Figure 6. Total Count of Suicide-Related Deaths by Veteran Status and Age Group. Nevada Residents, 2010-2016 .....13
  - Figure 7. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents, 2010-2016 Combined.....13
  - Figure 8. Age Distribution of Population by Veteran Status. Nevada Residents, 2010-2016 Combined. 14
  - Figure 9. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents, 2010-2016. .... 14
  - Figure 10. Counts of Suicide-Related Deaths by Year and Veteran Status. Nevada Residents, 2010 – 2016 .....15
  - Figure 11. Suicide-Related Deaths by Year, Veteran Status, and Method of Suicide. Nevada Residents, 2010 – 2016 .....15
  - Figure 12. Percent of Non-Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents, 2010-2016 Combined. ....15
  - Figure 13. Percent of Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents, 2010-2016 Combined.....16
  - Figure 14. Suicide Age-Adjusted Rates (per 100,000) by Year and Veteran Status. Nevada Residents, 2010-2016 .....16
  - Figure 15. Methods of Suicide Age-Adjusted Rates (per 100,000) by Year, Veteran Status. Nevada Residents, 2010 – 2016 .....18
  - Figure 16. Methods of Suicide Age-Adjusted Rates (per 100,000) by Year, Non-Veteran Status. Nevada Residents, 2010 – 2016 .....18

Figure 17. Firearms/Explosives as the Method of Suicide, Age-Adjusted Rates (per 100,000) by Year and Veteran Status. Nevada Residents, 2010 – 2016..... 19

Suicide-Related Hospitalizations ..... 19

    Emergency Department Visits and Inpatient Admissions ..... 19

    Figure 18. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Sex. Nevada Residents, 2010-2016 Combined..... 20

    Figure 19. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Age-Group. Nevada Residents, 2010-2016 Combined. .... 20

    Figure 20. Suicide-Related Emergency Department Visits by Military Community Status, Method of Attempts and Year. Nevada Residents, 2010-2016 ..... 21

    Figure 21. Suicide-Related Inpatient Admissions by Military Community Status, Method of Attempts and Year. Nevada Residents, 2010-2016 ..... 22

Behavioral Risk Factor Surveillance System (BRFSS) ..... 23

    Figure 22. Percentage who Reported Suicide Ideology by Veteran Status and Year. Nevada Residents, 2011-2016 ..... 23

Conclusion..... 23

Appendix ..... 24

    Figure A1. Age-Adjusted weights..... 24

    Figure A2. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2010..... 25

    Figure A3. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2011..... 25

    Figure A4. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2012..... 26

    Figure A5. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2013..... 26

    Figure A6. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2014..... 27

    Figure A7. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2015..... 27

    Figure A8. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2016..... 28

## Introduction

Suicide is defined as an act of intentional self-harm resulting in death, and is a pressing public health concern in Nevada. High rates of suicide can result in public complacency, diminishing discussion and community action. The consequence can be a lack of preparedness for preventing these deaths and the secondary harm they cause.

Suicide is an action often taken by individuals who feel isolated and hopeless, with high levels of emotional pain, physical pain, family and personal problems, and financial stress. Nevada's military veterans, particularly younger veterans, are dying from suicide at alarming rates above the state's already high rate.

A veteran who is recently released from active duty, reserve, or National Guard is often one who has experienced wars of the last decade. Veterans may have endured deployments that disrupt life with family and friends, even considering the unprecedented access to technology that enhances communication with loved ones. Deployments bring exposure to long periods of numbing routine with time to worry about crises occurring at home, interspersed with moments of extreme violence and death.

Individuals in uniform yet not deployed into actual war zones may experience continuous training for performing a wartime mission, longer assignments to other hot regions, delayed discharges, emotional turmoil of friends who are injured or killed, and guilt for "not being there to help." The stress of being in military service can include feeling cut off and isolated from "the real world" where birthdays and holidays are observed along with weddings, funerals, and the arrival of new babies. Deployment brings concern for family back home who deal with everyday emergencies such as car or home repairs and school activities.

The paradox of military service during wartime is that even though exposure to trauma, violence, and isolation from loved ones occurs, the service member often feels a tremendous sense of pride, belonging, purpose, and accomplishment. The dynamics of belonging to a unit with support structures and certainty enhances the resilience of the individual. However, discharge or return to reserve status can strip away these supports, plunging an individual into a struggling economy characterized by loss of jobs, homes, and friends. This confluence of circumstance and experience can result in feelings of loss and hopelessness that for some leads to thoughts of suicide.

The data and information contained in this report highlights the need for efforts to address and prevent this public health problem. This document is intended to be a brief examination of suicide, not a full discussion or action plan.

## Data Sources

**Behavioral Risk Factor Surveillance System (BRFSS):** The BRFSS is the nation's premiere telephone and landline survey conducted annually by the Centers for Disease Control and Prevention (CDC), collecting state data about U.S. residents 18 years and older regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. First established in 1984 with 15 states, BRFSS information is now collected in all 50 states, District of Columbia and three U.S. territories.

**Center for Health Information and Analysis (CHIA):** Hospitalization data in this report are collected by CHIA, a research center housed at the University of Nevada, Las Vegas. CHIA collects billing records from all hospital inpatient, outpatient and ambulatory surgical centers. More information at <http://www.chiaunlv.com/index.php>.

**Nevada Electronic Death Registry System:** Mortality data in this report are from Nevada's Electronic Death Registry System, collected by the Office of Vital Records. In this report, the top10 primary causes of death are ranked from highest to lowest based on frequency of occurrence.

**Nevada Veteran Population Demographics:** Nevada veteran population by age groups and sex from 2010-2016 were gathered from the U.S. Department of Veteran Affairs website. More information at [https://www.va.gov/vetdata/veteran\\_population.asp](https://www.va.gov/vetdata/veteran_population.asp).

**Nevada Non-Veteran Population Demographics:** Non-veteran population estimates were calculated by subtracting the veteran populations from the Nevada population estimates. Nevada population estimates are from vintage year 2015 data, provided by the Nevada State Demographer. Data include individuals living in group quarters, as defined by the Nevada State Demographer.

**U.S. Population:** The U.S. Census Bureau's U.S. 2010 standard population was used to create age-adjusted weights. More information at <https://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>.

## Technical Notes

Age-adjusted rates are included in this report. Age-adjusting is used in order to control the effects of differences in rates that result from age differences in the populations being compared. For example, heart disease death rates would be higher in a population comprised of older individuals compared to a population comprised of younger individuals. In this report, age-adjusting is applied to eliminate the effects of age distribution between veteran and non-veteran populations.

Age-adjusted rates are weighted to the 2010 standard population provided by the U.S. Census. Population distributions changed significantly between 2000 and 2010. Previous versions of this report used 2000 standard populations, and therefore there are differences in rates from previously published reports. The weights table can be found in the Appendix Section, Figure A1.

From 2010 to 2016 there were no suicides by veterans under the age of 20. Therefore that age group has been excluded from this report. All age-adjusted rates are based on the standard population distribution for the population aged 20 and older.

Race/Ethnicity in this report are broken down into White, Black, Native American, Asian, Hispanic and Other/Unknown. White, Black, Native American and Asian categories are all non-Hispanic.

Identifying veteran status within the hospitalization data collected by CHIA is reliant (with limitations) to a payer code of TRICARE (formerly CHAMPUS, Civilian Health and Medical Program of the Uniformed Services) and CHAMPVA (Civilian Health and Medical Program of the Department of Veteran's Affairs). TRICARE is a Department of defense health care program for “active duty and retired members of the uniformed services, their families, and survivors”, per [benefits.gov](http://benefits.gov), and CHAMPVA is a Veteran’s Affairs program. Because of this limitation the hospitalization section of this report may contain dependents and spouses of veterans who are covered through these payer sources.

Hospitalization data from CHIA is representative of the number of visits and not the number of unique individuals. Therefore, a single person may be counted multiple times.

Due to the transition in billing schemas from ICD 9 to ICD 10, suicide attempts before October 1, 2015 are identified by an External Code of Injury (E-Codes), and suicide attempts after October 1, 2015 are identified by specific T and X codes. Due to these coding changes, please use caution when comparing data before and after October 1, 2015.

## Suicide-Related Deaths

This section of the report will focus on deaths in Nevada as they relate to suicide and veteran status of Nevada residents. In preparing this section of the report it was determined to compare the Nevada veteran population to Nevada’s non-veteran population. This determination was made to ensure a person’s veteran status was clearly identified through an individual’s death certificate, and no assumptions were made to the status. The Nevada Death Certificate inquires on veteran status, but this is not always completed. Due to this limitation, care should be taken in comparing total number of deaths, percentages and rates reported within this report to other topical reports, as well as the total number of deceased Nevada residents in any given year.

Between 2010 and 2016, there were a total of 148,237 Nevada resident deaths. Of these deaths, 2,617 were under the age of 20, 34 deaths had an unknown age, and 2,713 had an unknown veteran status and thus for comparative purposes have been excluded from this section of the report, leaving a total of 142,873 deaths.

Figure 1. Top 10 Primary Causes of Death by Veteran Status. Nevada Residents, 2010-2016 Combined.

Rank	Primary Cause of Death	Count	% of Total Deaths
<b>Veteran</b>			
1	Diseases of the heart	11,607	29%
2	Malignant neoplasms	9,531	24%
3	Chronic lower respiratory diseases	2,942	7%
4	Cerebrovascular diseases (stroke)	1,520	4%
5	Influenza and pneumonia	1,033	3%
6	Nontransport accidents	910	2%
7	Alzheimer's disease	900	2%
8	Intentional self-harm (suicide)	804	2%
9	Nephritis, nephrotic syndrome and nephrosis	771	2%
10	Diabetes mellitus	762	2%
11	All Other Causes	8,786	22%
<b>Total</b>		<b>39,566</b>	<b>100%</b>
<b>Non-Veteran</b>			
1	Diseases of the heart	25,451	25%
2	Malignant neoplasms	22,924	22%
3	Chronic lower respiratory diseases	6,919	7%
4	Cerebrovascular diseases (stroke)	4,803	5%
5	Nontransport accidents	4,615	4%
6	Intentional self-harm (suicide)	2,766	3%
7	Influenza and pneumonia	2,651	3%
8	Alzheimer's disease	2,613	3%
9	Diabetes mellitus	2,056	2%
10	Chronic liver disease and cirrhosis	2,046	2%
11	All Other Causes	26,463	26%
<b>Total</b>		<b>103,307</b>	<b>100%</b>



Diseases of the heart was the number one primary cause of death to Nevada residents, accounting for 29% of veteran deaths and 25% of non-veteran deaths.

Suicide ranks as the number eighth primary cause of death among veterans (two percent of total veteran deaths), and number sixth primary cause of death among non-veterans (three percent of total non-veteran deaths).

Figure 2. Total Count of Deaths by Veteran Status and Age Group. Nevada Residents, 2010-2016.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
2010	Veteran	9	20	56	214	749	1,263	1,899	1,347	5,557
	Non-Veteran	181	374	646	1,436	2,184	2,565	2,987	2,950	13,323
2011	Veteran	6	25	43	219	698	1,265	1,860	1,464	5,580
	Non-Veteran	230	383	674	1,486	2,255	2,728	3,078	3,105	13,939
2012	Veteran	7	18	45	182	650	1,285	1,800	1,488	5,475
	Non-Veteran	129	353	617	1,402	2,347	2,832	3,150	3,212	14,042
2013	Veteran	7	37	47	168	613	1,309	1,814	1,538	5,533
	Non-Veteran	143	403	602	1,443	2,461	3,015	3,312	3,225	14,604
2014	Veteran	6	39	46	153	601	1,409	1,894	1,545	5,693
	Non-Veteran	155	395	642	1,448	2,511	3,243	3,223	3,143	14,760
2015	Veteran	6	29	47	192	518	1,452	1,867	1,735	5,846
	Non-Veteran	162	455	681	1,437	2,721	3,459	3,504	3,452	15,871
2016	Veteran	8	21	41	168	523	1,491	1,913	1,717	5,882
	Non-Veteran	187	466	696	1,523	2,786	3,698	3,843	3,627	16,826
Total	Veteran	49	189	325	1,296	4,352	9,474	13,047	10,834	39,566
	Non-Veteran	1,129	2,829	4,558	10,175	17,265	21,540	23,097	22,714	103,307

Total veteran deaths comprise a range of 26% (2016) of total deaths in Nevada of individuals aged 20 and up to 29% (2010 and 2011). This fluctuation is expected and should not be interpreted as significant changes. It represents both changes in numbers of deaths as well as population changes.

Figure 3. Non- Veteran Death Counts by Cause of Death and Race/Ethnicity. Nevada Residents, 2010-2016.

Cause of Death	Year of Death	Race/Ethnicity						Total
		White	Black	Native American	Asian	Hispanic	Other/Unknown	
Assault	2010	47	31	0	5	34	7	124
Suicide	2010	319	11	5	14	36	10	395
Accident	2010	585	59	12	28	90	53	827
All Others	2010	9,174	857	80	587	909	370	11,977
<b>Total</b>	<b>2010</b>	<b>10,125</b>	<b>958</b>	<b>97</b>	<b>634</b>	<b>1,069</b>	<b>440</b>	<b>13,323</b>
Assault	2011	44	20	2	3	25	6	100
Suicide	2011	289	11	5	14	41	10	370
Accident	2011	619	61	10	29	108	44	871
All Others	2011	9,531	956	89	631	988	345	12,540
<b>Total</b>	<b>2011</b>	<b>10,483</b>	<b>1,048</b>	<b>106</b>	<b>677</b>	<b>1,162</b>	<b>405</b>	<b>13,881</b>
Assault	2012	38	25	2	7	24	2	98
Suicide	2012	305	17	7	18	31	1	379
Accident	2012	602	61	15	34	95	2	809
All Others	2012	9,764	1,050	108	677	1,048	109	12,756
<b>Total</b>	<b>2012</b>	<b>10,709</b>	<b>1,153</b>	<b>132</b>	<b>736</b>	<b>1,198</b>	<b>114</b>	<b>14,042</b>
Assault	2013	56	30	3	2	21	1	113
Suicide	2013	300	12	6	14	38	1	371
Accident	2013	638	58	16	35	104	3	854
All Others	2013	10,134	1,058	98	750	1,169	57	13,266
<b>Total</b>	<b>2013</b>	<b>11,128</b>	<b>1,158</b>	<b>123</b>	<b>801</b>	<b>1,332</b>	<b>62</b>	<b>14,604</b>
Assault	2014	56	48	1	6	31	0	142
Suicide	2014	309	20	8	14	49	1	401
Accident	2014	582	74	13	32	103	7	811
All Others	2014	10,014	1,090	102	786	1,276	138	13,406
<b>Total</b>	<b>2014</b>	<b>10,961</b>	<b>1,232</b>	<b>124</b>	<b>838</b>	<b>1,459</b>	<b>146</b>	<b>14,760</b>
Assault	2015	64	46	1	4	36	4	155
Suicide	2015	302	17	5	23	46	9	402
Accident	2015	661	78	12	44	145	34	974
All Others	2015	10,475	1,194	113	904	1,317	337	14,340
<b>Total</b>	<b>2015</b>	<b>11,502</b>	<b>1,335</b>	<b>131</b>	<b>975</b>	<b>1,544</b>	<b>384</b>	<b>15,871</b>
Assault	2016	48	52	1	11	47	1	160
Suicide	2016	327	27	5	29	57	3	448
Accident	2016	702	98	15	50	121	6	992
All Others	2016	10,990	1,247	140	1,004	1,432	413	15,226
<b>Total</b>	<b>2016</b>	<b>12,067</b>	<b>1,424</b>	<b>161</b>	<b>1,094</b>	<b>1,657</b>	<b>423</b>	<b>16,826</b>
<b>Assault</b>	<b>2010-2016</b>	<b>353</b>	<b>252</b>	<b>10</b>	<b>38</b>	<b>218</b>	<b>21</b>	<b>892</b>
<b>Suicide</b>	<b>2010-2016</b>	<b>2,151</b>	<b>115</b>	<b>41</b>	<b>126</b>	<b>298</b>	<b>35</b>	<b>2,766</b>
<b>Accident</b>	<b>2010-2016</b>	<b>4,389</b>	<b>489</b>	<b>93</b>	<b>252</b>	<b>766</b>	<b>149</b>	<b>6,138</b>
<b>All Others</b>	<b>2010-2016</b>	<b>70,082</b>	<b>7,452</b>	<b>730</b>	<b>5,339</b>	<b>8,139</b>	<b>1,769</b>	<b>93,511</b>
<b>Total</b>	<b>2010-2016</b>	<b>76,975</b>	<b>8,308</b>	<b>874</b>	<b>5,755</b>	<b>9,421</b>	<b>1,974</b>	<b>103,307</b>

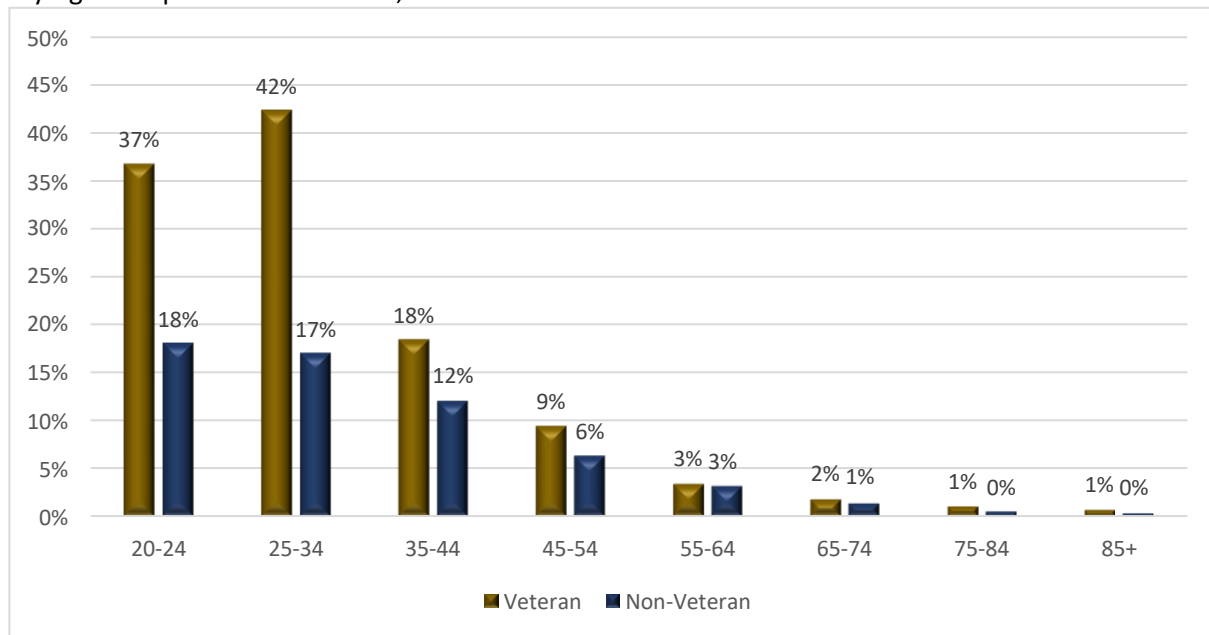
Figure 4. Veteran Death Counts by Cause of Death and Race/Ethnicity. Nevada Residents, 2010-2016.

Cause of Death	Year of Death	Race/Ethnicity						Total
		White	Black	Native American	Asian	Hispanic	Other/Unknown	
Assault	2010	8	1	0	1	1	0	11
Suicide	2010	116	6	0	0	2	4	128
Accident	2010	137	6	2	5	1	6	157
All Others	2010	4,548	286	33	71	150	173	5,261
<b>Total</b>	<b>2010</b>	<b>4,809</b>	<b>299</b>	<b>35</b>	<b>77</b>	<b>154</b>	<b>183</b>	<b>5,557</b>
Assault	2011	10	3	0	0	0	1	14
Suicide	2011	81	2	1	1	4	6	95
Accident	2011	132	7	3	2	2	12	158
All Others	2011	4,588	313	37	95	136	144	5,313
<b>Total</b>	<b>2011</b>	<b>4,811</b>	<b>325</b>	<b>41</b>	<b>98</b>	<b>142</b>	<b>163</b>	<b>5,580</b>
Assault	2012	3	0	0	0	0	0	3
Suicide	2012	90	3	3	2	2	0	100
Accident	2012	153	14	2	2	7	1	179
All Others	2012	4,617	318	18	91	133	16	5,193
<b>Total</b>	<b>2012</b>	<b>4,863</b>	<b>335</b>	<b>23</b>	<b>95</b>	<b>142</b>	<b>17</b>	<b>5,475</b>
Assault	2013	12	2	0	0	0	0	14
Suicide	2013	108	8	1	2	5	1	125
Accident	2013	139	16	0	3	5	0	163
All Others	2013	4,596	320	40	107	158	10	5,231
<b>Total</b>	<b>2013</b>	<b>4,855</b>	<b>346</b>	<b>41</b>	<b>112</b>	<b>168</b>	<b>11</b>	<b>5,533</b>
Assault	2014	11	2	0	0	2	0	15
Suicide	2014	112	6	0	1	6	0	125
Accident	2014	144	9	3	4	11	0	171
All Others	2014	4,725	319	35	117	140	46	5,382
<b>Total</b>	<b>2014</b>	<b>4,992</b>	<b>336</b>	<b>38</b>	<b>122</b>	<b>159</b>	<b>46</b>	<b>5,693</b>
Assault	2015	12	0	0	1	1	3	14
Suicide	2015	91	3	1	4	5	1	105
Accident	2015	149	14	3	1	11	0	181
All Others	2015	4,719	363	33	108	179	144	5,546
<b>Total</b>	<b>2015</b>	<b>4,971</b>	<b>380</b>	<b>37</b>	<b>114</b>	<b>196</b>	<b>148</b>	<b>5,846</b>
Assault	2016	9	1	1	1	1	0	13
Suicide	2016	115	6	1	1	3	0	126
Accident	2016	180	17	0	4	4	1	206
All Others	2016	4,717	364	34	109	165	148	5,537
<b>Total</b>	<b>2016</b>	<b>5,021</b>	<b>388</b>	<b>36</b>	<b>115</b>	<b>173</b>	<b>149</b>	<b>5,882</b>
<b>Assault</b>	<b>2010-2016</b>	<b>65</b>	<b>9</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>84</b>
<b>Suicide</b>	<b>2010-2016</b>	<b>713</b>	<b>34</b>	<b>7</b>	<b>11</b>	<b>27</b>	<b>12</b>	<b>804</b>
<b>Accident</b>	<b>2010-2016</b>	<b>1,034</b>	<b>83</b>	<b>13</b>	<b>21</b>	<b>41</b>	<b>20</b>	<b>1,215</b>
<b>All Others</b>	<b>2010-2016</b>	<b>32,510</b>	<b>2,283</b>	<b>230</b>	<b>698</b>	<b>1,061</b>	<b>681</b>	<b>37,463</b>
<b>Total</b>	<b>2010-2016</b>	<b>34,322</b>	<b>2,409</b>	<b>251</b>	<b>733</b>	<b>1,134</b>	<b>717</b>	<b>39,566</b>

When veteran deaths are broken down by Race/Ethnicity, Whites accounted for 87% of the total deaths (N= 34,322) followed by Blacks accounting for 6% of total veteran deaths (N= 2,409) and Hispanics at 3% (N=1,134) between 2010 and 2016. This race/ethnicity breakdown of deaths differs from the non-veteran population, which has Whites accounting for 75% of deaths, followed by Hispanics at 9% and Blacks at 8% of deaths.

Among veteran suicides from 2010-2016, 89% were White, followed by 4% Black, 3% Hispanic, and 1% for each Native American, Asian, and other and unknown races. The racial breakdown of non-veteran suicides is 78% White, 11% Hispanic, 5% Asian, 4% Black, and 1% each for Native American and unknown races.

Figure 5. Percentage of Total Deaths that had a Cause of Death Indicated as Suicide by Veteran Status by Age Group. Nevada Residents, 2010-2016 Combined.



When broken down by age groups between 2010 and 2016, 42% of the veteran deaths of Nevada residents aged 25-34 (N=189) were due to suicide (N=80). This is not similar to the non-veteran population in the same age group with 17% of deaths in this age group (N=2,829) due to suicide (N=479). Suicides made up a higher percentage of deaths among veterans compared to non-veterans in all but one age group, where it was equally at three percent in the 55-64 age group.

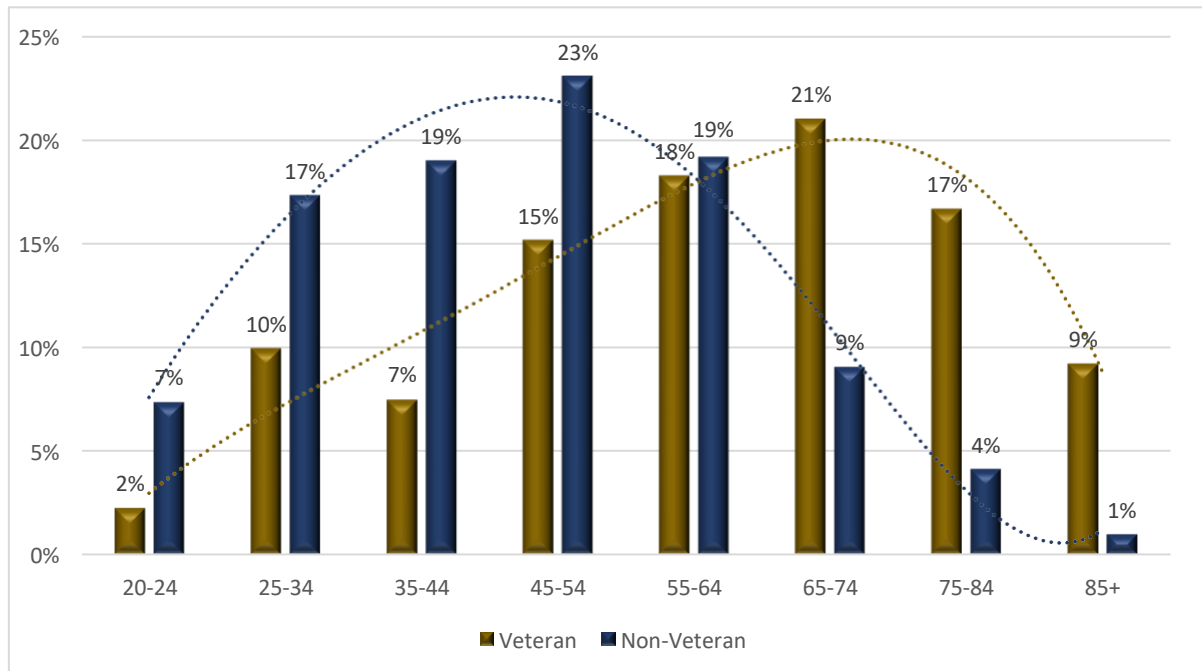
When examining percentages the reader should take into consideration that most 25-34 year olds are less likely to pass away due to disease and natural causes compared to older adults.

Figure 6. Total Count of Suicide-Related Deaths by Veteran Status and Age Group. Nevada Residents, 2010-2016.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
2010	Veteran	~	9	13	17	34	19	25	~	128
	Non-Veteran	33	67	90	83	76	36	9	1	395
2011	Veteran	~	7	5	17	21	17	19	~	95
	Non-Veteran	32	52	71	93	76	31	13	2	370
2012	Veteran	~	8	9	18	23	21	10	~	100
	Non-Veteran	22	64	77	94	79	31	9	3	379
2013	Veteran	~	18	9	25	20	24	14	~	125
	Non-Veteran	24	76	52	95	66	39	14	5	371
2014	Veteran	~	16	9	18	19	27	20	~	125
	Non-Veteran	32	71	74	85	72	36	23	8	401
2015	Veteran	~	13	7	13	13	32	15	~	105
	Non-Veteran	30	67	73	93	90	28	18	3	402
2016	Veteran	~	9	8	14	17	29	31	~	126
	Non-Veteran	30	82	88	95	71	49	28	5	448
Total	Veteran	~	80	60	122	147	169	134	~	804
	Non-Veteran	203	479	525	638	530	250	114	27	2,766

~ Data were suppressed to protect confidentiality.

Figure 7. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents, 2010-2016 Combined.



The trend shows a steady increase in non-veteran suicide deaths as age increases until the 45-54 age group, followed by a steady decline. This is different in the veteran population, where suicide deaths increase as age increases until the 65-74 age group before they start to decline. This shows that veteran suicides are skewed to an older population.

The differences in the age distributions between veteran and non-veteran suicides represented above are likely due to the differences in the age distributions of those populations in general. Notice from Figure 8 below, that veteran vs. non-veteran populations follow a similar distribution.

Figure 8. Age Distribution of Population by Veteran Status. Nevada Residents, 2010-2016 Combined.

Population	Veteran Status	Age Group							
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
2010-2016	Veteran	1%	7%	11%	16%	21%	24%	14%	5%
	Non-Veteran	10%	20%	20%	19%	15%	10%	4%	1%

Among the veteran population from 2010 to 2016, the highest percentage of suicides occurred in the 65-74 age group, accounting for 21% of the 804 suicide-related deaths, compared to 4% of the non-veteran suicide deaths. The highest percentage of suicides among the non-veteran population occurred in the 45-54 age group, accounting for 23% of the deaths, compared to 15% of veteran deaths. Disparities occur between the veteran and non-veteran populations among all eight age groups, ranging from a 1% to a 13% difference.

Figure 9. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents, 2010-2016.

Year of Death	Veteran Status*	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
2010	Veteran (N=128)	2%	7%	10%	13%	27%	15%	20%	6%	100%
	Non-Veteran (N=395)	8%	17%	23%	21%	19%	9%	2%	0%	100%
2011	Veteran (N=95)	2%	7%	5%	18%	22%	18%	20%	7%	100%
	Non-Veteran (N=370)	9%	14%	19%	25%	21%	8%	4%	1%	100%
2012	Veteran (N=100)	3%	8%	9%	18%	23%	21%	10%	8%	100%
	Non-Veteran (N=379)	6%	17%	20%	25%	21%	8%	2%	1%	100%
2013	Veteran (N=125)	2%	14%	7%	20%	16%	19%	11%	10%	100%
	Non-Veteran (N=371)	6%	20%	14%	26%	18%	11%	4%	1%	100%
2014	Veteran (N=125)	1%	13%	7%	14%	15%	22%	16%	12%	100%
	Non-Veteran (N=401)	8%	18%	18%	21%	18%	9%	6%	2%	100%
2015	Veteran (N=105)	3%	12%	7%	12%	12%	30%	14%	9%	100%
	Non-Veteran (N=402)	7%	17%	18%	23%	22%	7%	4%	1%	100%
2016	Veteran (N=126)	2%	7%	6%	11%	13%	23%	25%	12%	100%
	Non-Veteran (N=448)	7%	18%	20%	21%	16%	11%	6%	1%	100%
Total	Veteran (N=804)	2%	10%	7%	15%	18%	21%	17%	9%	100%
	Non-Veteran (N=2,766)	7%	17%	19%	23%	19%	9%	4%	1%	100%

Of the 142,873 deaths included within this report between 2010 and 2016, 3,570 died due to suicide, and 804 or 23% of those suicide deaths were reported as having a veteran status. The highest number of reported veteran suicides occurred in 2010 (N=128) with the lowest number reported the following year (N=95). From 2010 to 2016 there were no significant increases or decreases in the number of veteran suicides in Nevada.

Figure 10. Counts of Suicide-Related Deaths by Year and Veteran Status. Nevada Residents, 2010 – 2016.

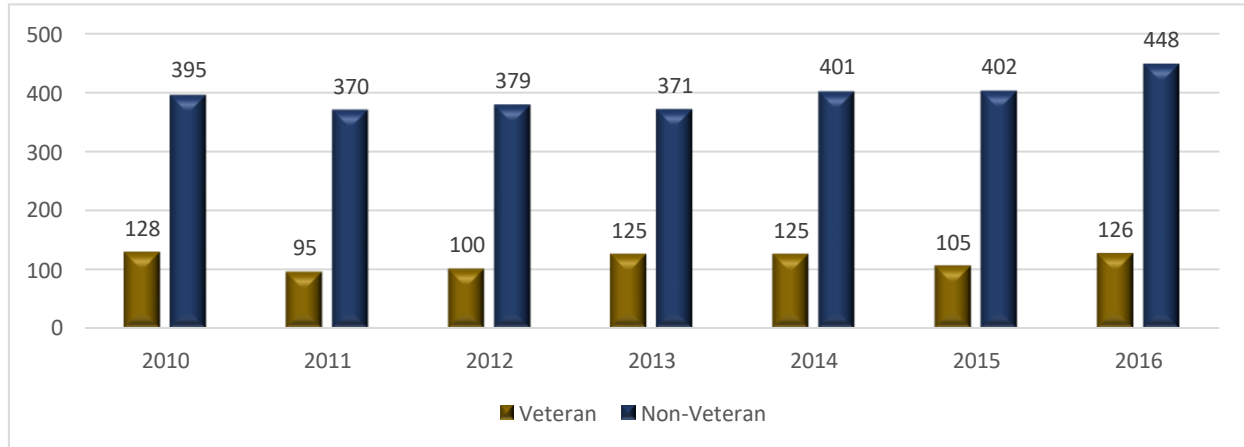


Figure 11. Suicide-Related Deaths by Year, Veteran Status, and Method of Suicide. Nevada Residents, 2010 – 2016.

		Poisoning by Solid, Liquid or Gaseous Substance	Hanging/ Strangulation/ Suffocation	Drowning/ Submersion	Firearms/ Air Guns/ Explosives	Cutting/ Piercing Instrument	Jumping from Height	Other	Total
2010	Veteran	15	13	0	96	2	1	1	128
	Non-Veteran	96	89	0	183	9	10	8	395
2011	Veteran	13	14	0	68	0	0	0	95
	Non-Veteran	90	78	4	180	3	10	5	370
2012	Veteran	15	7	1	72	1	3	1	100
	Non-Veteran	107	68	0	183	6	13	2	379
2013	Veteran	20	21	0	77	4	2	1	125
	Non-Veteran	88	67	1	188	9	6	12	371
2014	Veteran	14	17	1	87	3	2	1	125
	Non-Veteran	80	97	2	202	6	8	6	401
2015	Veteran	9	13	1	79	1	0	2	105
	Non-Veteran	88	100	0	187	5	15	7	402
2016	Veteran	17	10	1	96	1	1	0	126
	Non-Veteran	109	100	4	200	11	14	10	448
Total	Veteran	103	95	4	575	12	9	6	804
	Non-Veteran	658	599	11	1,323	49	76	50	2,766

Figure 12. Percent of Non-Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents, 2010-

2016 Combined.

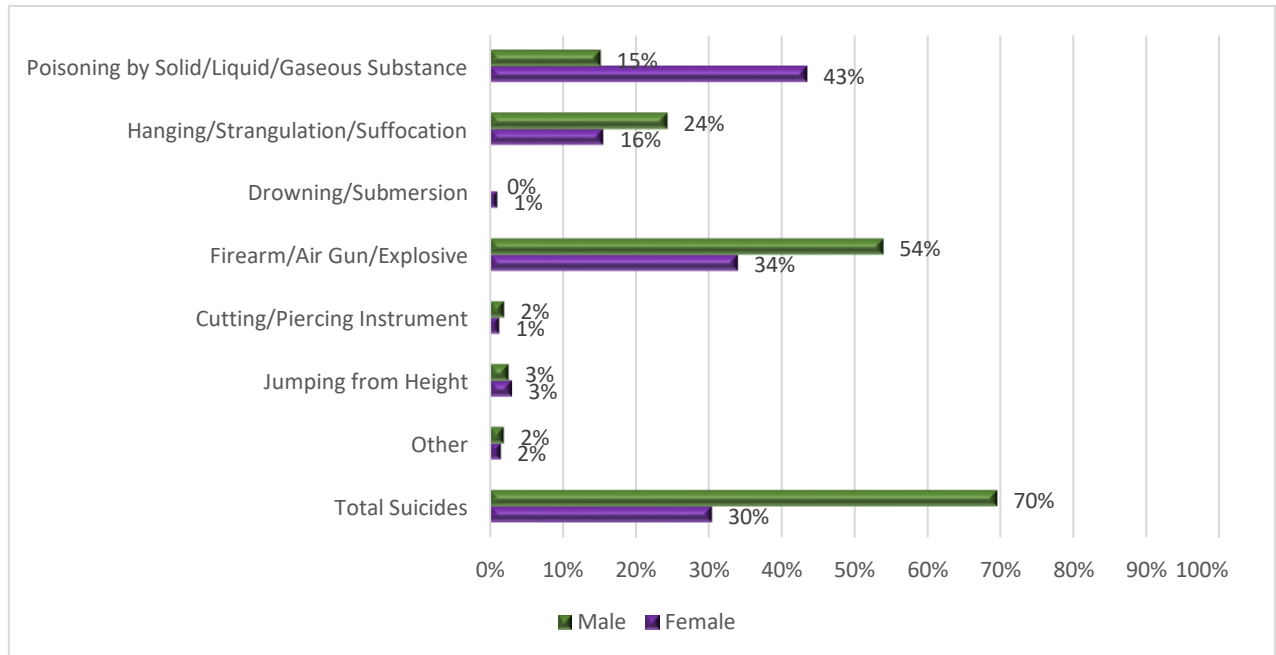
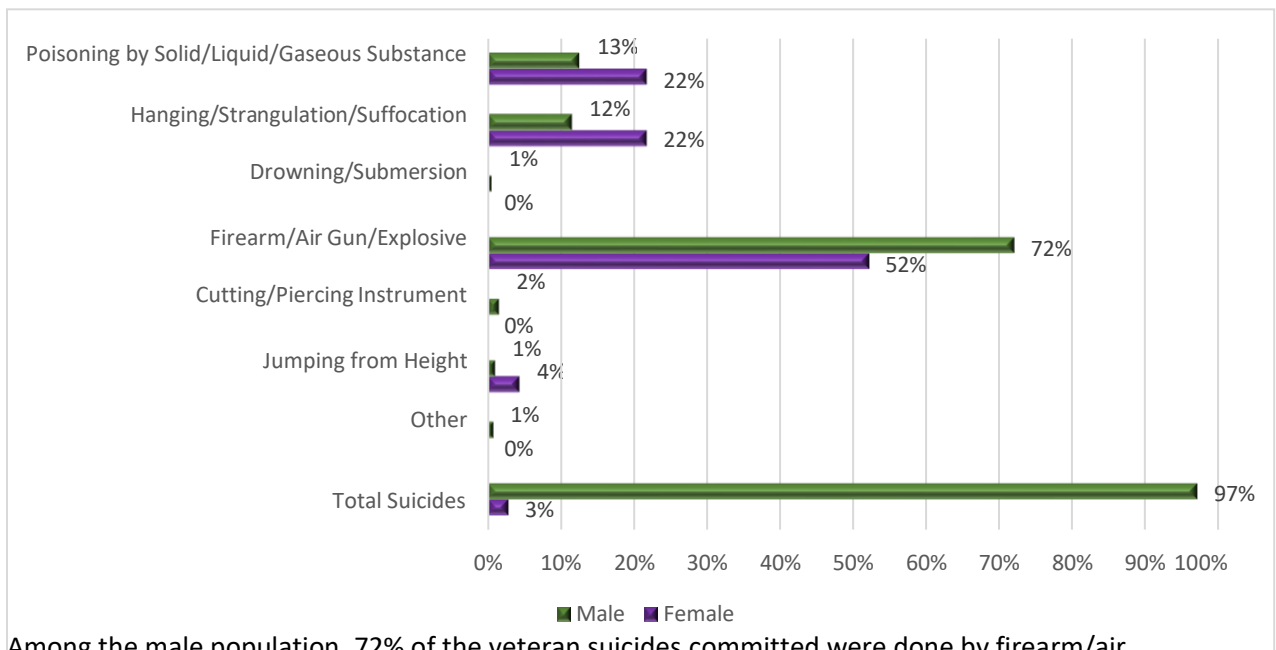


Figure 13. Percent of Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents, 2010-2016 Combined.

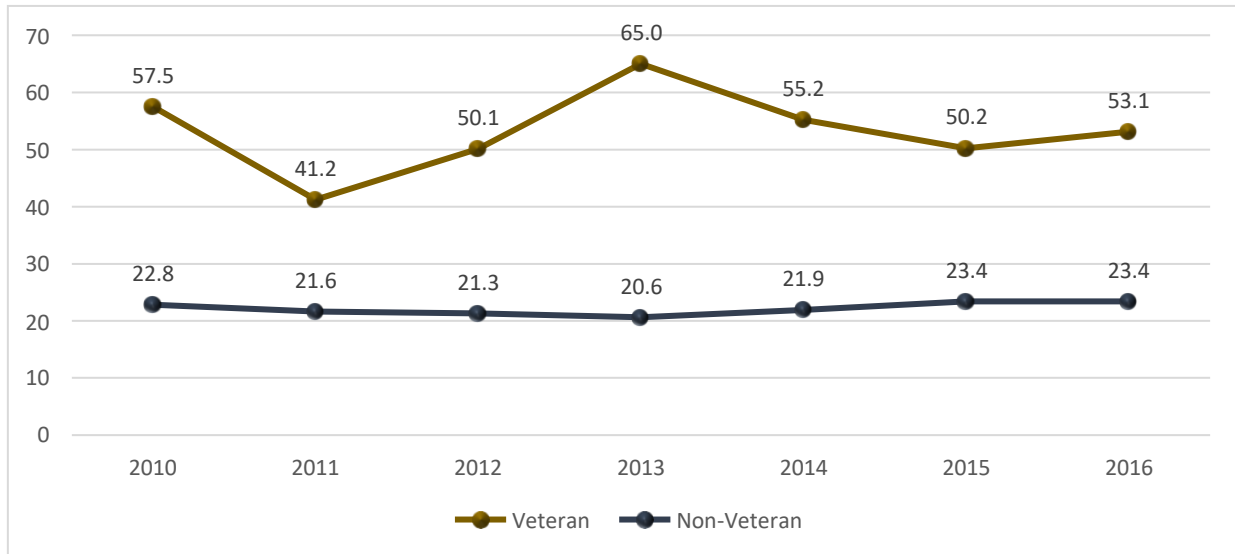


Among the male population, 72% of the veteran suicides committed were done by firearm/air gun/explosive, compared to approximately half of non-veteran suicides (54%). Among the female population, the greatest difference was by method of poisoning, which accounted for only 22% of veteran suicide deaths but 43% of non-veteran suicide deaths.

Figure 14. Suicide Age-Adjusted Rates (per 100,000) by Year and Veteran Status. Nevada Residents, 2010-



2016.



Veteran suicide rates (per 100,000) have varied between 2010 and 2016 with a peak rate of 65.0 per 100,000 veteran population in 2013 compared to the lowest rate of 41.2 per 100,000 veteran population in 2011. This is in contrast to the rate per 100,000 of non-veteran suicides with rates continually between 20.6 and 23.4 per 100,000 non-veterans. These rates demonstrate a significant increased risk for a veteran to complete suicide compared to the non-veteran population of Nevada residents.

Complete tables of counts, crude rates, age-adjusted rates and Confidence Intervals for each year from 2010 to 2016 can be viewed in the Appendix section.

Figure 15. Methods of Suicide Age-Adjusted Rates (per 100,000) by Year, Veteran Status. Nevada Residents, 2010 – 2016.

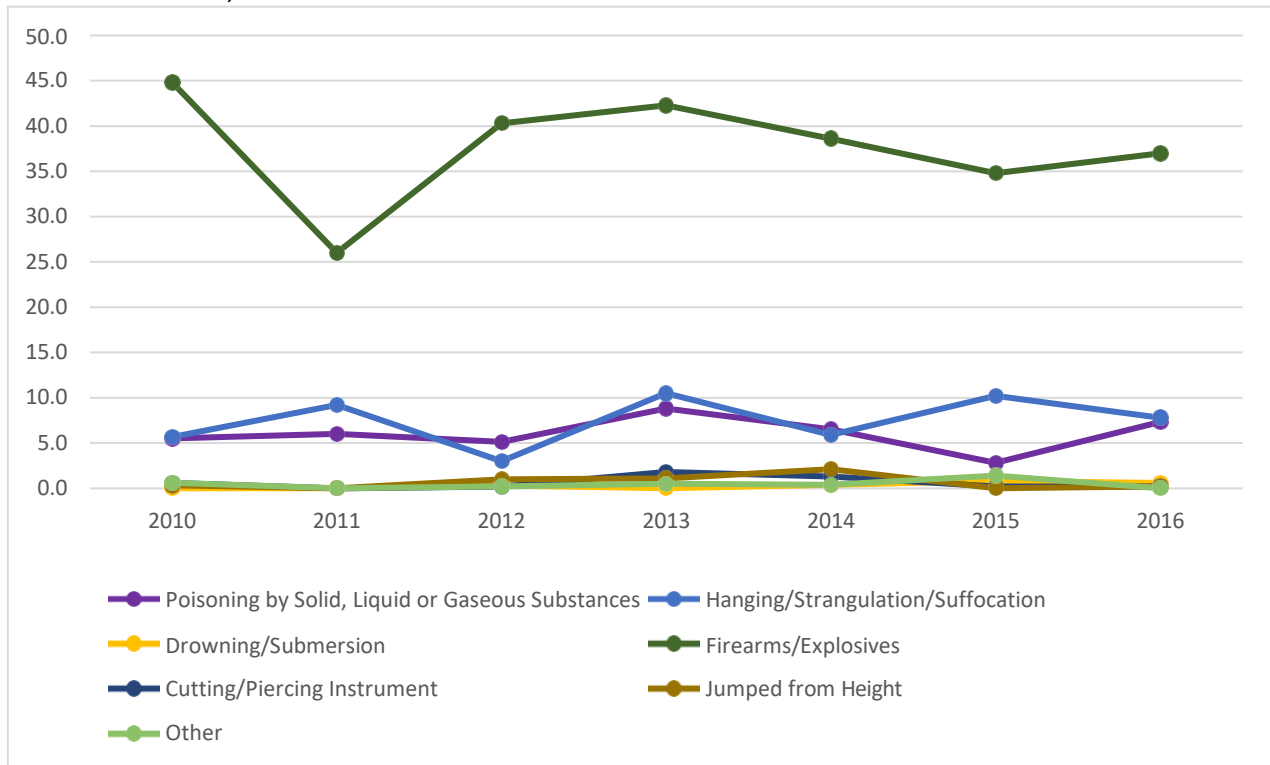


Figure 16. Methods of Suicide Age-Adjusted Rates (per 100,000) by Year, Non-Veteran Status. Nevada Residents, 2010 – 2016.

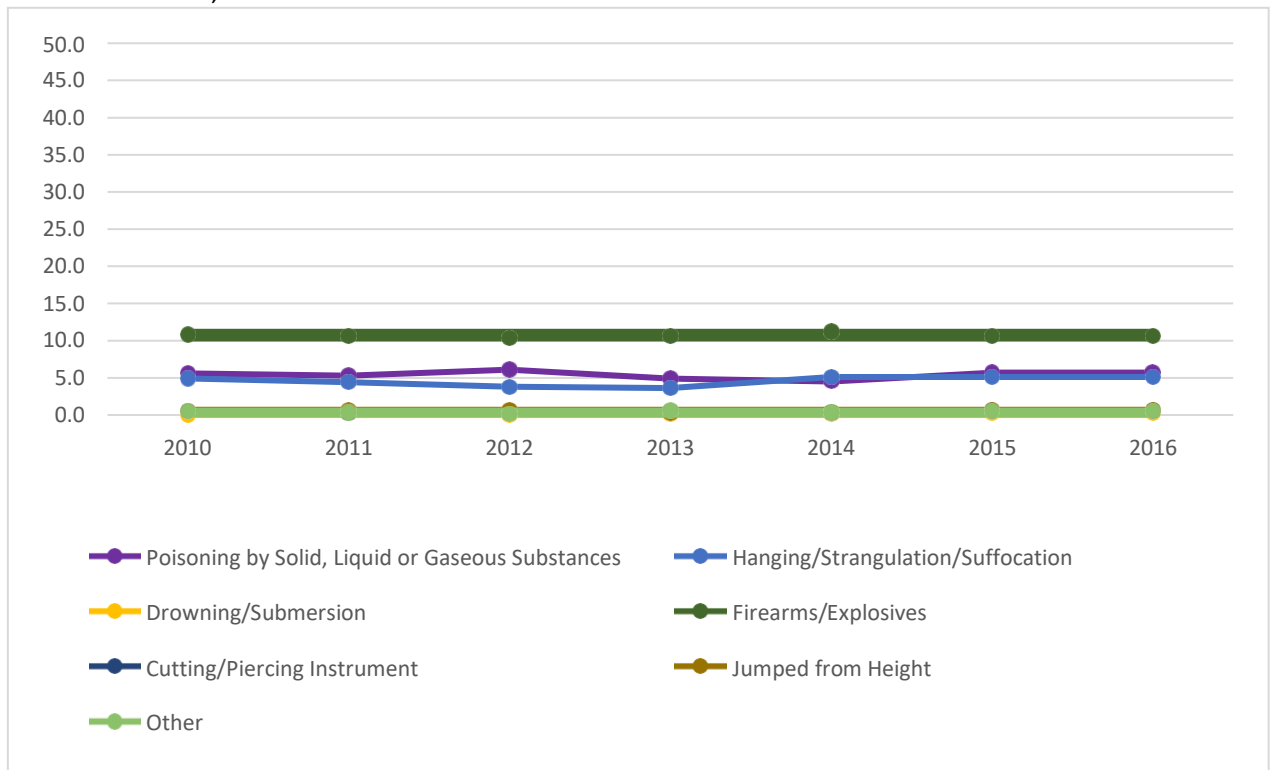
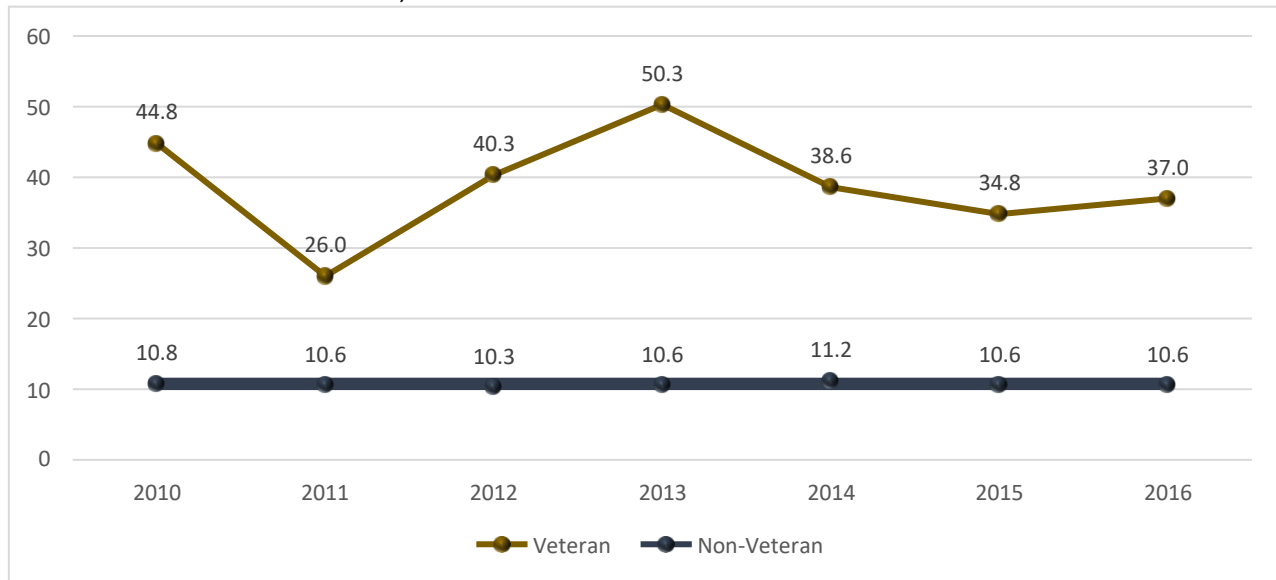


Figure 17. Firearms/Explosives as the Method of Suicide, Age-Adjusted Rates (per 100,000) by Year and Veteran Status. Nevada Residents, 2010 – 2016.



The rates (per 100,000) at which firearms were used as the method of suicide was greater in the veteran population from 2010 and 2016. Of the 804 veteran suicides between 2010 and 2016, 72% (N=575) had a reported method of suicide as firearms/explosions. When broken down by gender a firearm was the method of suicide in 72% of veteran suicides completed by males (N=563), and 52% of females (N=12).

## Suicide-Related Hospitalizations

### Emergency Department Visits and Inpatient Admissions

TRICARE and Civilian Health and Medical Program of the Department of Veteran's Affairs (CHAMPVA), are health care benefits programs in which the Department of Defense and Department of Veteran's Affairs, respectively, share the cost of health care services. Because service members' families are covered by these two programs and veteran status is not identified in the billing data, the term "military community" is used in this report to distinguish the veteran population from the non-veteran population. The veteran population in the suicide-related emergency department visits and inpatient admissions section includes any individual that is covered through TRICARE and CHAMPVA, including spouses and dependents of military members.

In the military community there were 448 emergency department visits and 202 inpatient admissions related to suicide in 2010-2016 combined. Of the 448, 3 individuals died and 445 were discharged, transferred, left against medical advice, or admitted as an inpatient. Of the 202, 3 individuals died and 199 were discharged, transferred, or left against medical advice.

In the non-military community there were 21,731 emergency department visits and 9,047 inpatient admissions related to suicide in 2010-2016 combined. Of the 21,731, 162 individuals died and 21,569 were discharged, transferred, left against medical advice, or admitted as an inpatient. Of the 9,047, 248 individuals died and 8,799 were discharged, transferred, or left against medical advice.

Figure 18. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Sex. Nevada Residents, 2010-2016 Combined.

Sex	Military Community				Non-Military Community			
	Emergency Department Visits		Inpatient Admissions		Emergency Department Visits		Inpatient Admissions	
	Count	%	Count	%	Count	%	Count	%
Female	281	63%	112	55%	13,100	60%	5,191	57%
Male	167	37%	90	45%	8,629	40%	3,854	43%
Unknown	0	0%	0	0%	2	0%	2	0%
<b>Total</b>	<b>448</b>	<b>100%</b>	<b>202</b>	<b>100%</b>	<b>21,731</b>	<b>100%</b>	<b>9,047</b>	<b>100%</b>

In contrast to the gender distribution of suicide deaths, suicide-related emergency department visits among the military community (N=448) between 2010 and 2016 were more common in females (63%, N=281) than males (37%, N=167). The same trend is seen inpatient admissions, with females from the military community comprising the majority of visits, 55% (N=112), compared to males (45%, N=90). Females in the non-military community comprised the majority as well of both emergency department visits (60%) and inpatient admissions (57%).

Figure 19. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Age-Group. Nevada Residents, 2010-2016 Combined.

Age Group	Military Community				Non-Military Community			
	Emergency Department Visits		Inpatient Admissions		Emergency Department Visits		Inpatient Admissions	
	Count	%	Count	%	Count	%	Count	%
5-14	27	6%	16	8%	1,094	5%	234	3%
15-24	161	36%	56	28%	7,103	33%	1,762	19%
25-34	92	21%	34	17%	4,851	22%	1,705	19%
35-44	54	12%	24	12%	3,627	17%	1,687	19%
45-54	52	12%	24	12%	3,050	14%	1,711	19%
55-64	50	11%	38	19%	1,407	6%	1,163	13%
65-74	10	2%	7	3%	410	2%	497	5%
75-84	1	0%	2	1%	126	1%	200	2%
85+	1	0%	1	0%	50	0%	88	1%
Unknown	0	0%	0	0%	13	0%	0	0%
<b>Total</b>	<b>448</b>	<b>100%</b>	<b>202</b>	<b>100%</b>	<b>21,731</b>	<b>100%</b>	<b>9,047</b>	<b>100%</b>

The 15 -24 age-group had the highest number of inpatient admissions and emergency department visits between 2010 and 2016 in both communities and categories of hospitalizations. It is important to note that the individuals in the military community included in Figure 19 may include spouses and dependents of military members, as well as veterans, and may not be comparable to the suicide death data. It is unclear if the released patients received mental and behavioral health services after the attempts.

Figure 20. Suicide-Related Emergency Department Visits by Military Community Status, Method of Attempts and Year. Nevada Residents, 2010-2016.

Method of Suicide Attempt	Year							Total	%
	2010	2011	2012	2013	2014	2015	2016		
<b>Military Community</b>									
Poisoning by Solid, Liquid or Gaseous Substance	39	49	38	34	51	38	37	286	62.3%
Hanging/Strangulation/Suffocation	3	1	1	3	.	1	0	9	2.0%
Firearms/Air Guns/Explosives	0	1	0	1	1	0	1	4	0.9%
Cutting/Piercing Instruments	12	17	12	23	20	21	8	113	24.6%
Jumping from high place	0	0	0	0	0	0	0	0	0.0%
Late effects of self-inflicted injury	0	0	0	0	0	0	0	0	0.0%
Other and unspecified means	5	8	18	3	2	2	9	47	10.2%
<b>Total</b>	<b>59</b>	<b>76</b>	<b>69</b>	<b>64</b>	<b>74</b>	<b>62</b>	<b>55</b>	<b>459</b>	<b>100%</b>
<b>Non-Military Community</b>									
Poisoning by Solid, Liquid or Gaseous Substance	1,944	2,037	1,918	1,851	1,928	1,877	1,276	12,831	58.1%
Hanging/Strangulation/Suffocation	35	72	81	91	91	87	4	461	2.1%
Firearms/Air Guns/Explosives	30	26	25	29	30	23	24	187	0.8%
Cutting/Piercing Instruments	896	897	845	917	943	1,014	821	6,333	28.7%
Jumping from high place	13	14	13	15	13	21	16	105	0.5%
Late effects of self-inflicted injury	3	4	3	3	8	6	4	31	0.1%
Other and unspecified means	245	323	300	271	320	331	344	2,134	9.7%
<b>Total</b>	<b>3,166</b>	<b>3,373</b>	<b>3,185</b>	<b>3,177</b>	<b>3,333</b>	<b>3,359</b>	<b>2,489</b>	<b>22,082</b>	<b>100%</b>

In total, the highest reported method of attempted suicide resulting in emergency department visits is poisonings, accounting for 62% of all methods of attempted suicide among the military community and 58% of the non-military community.

A single suicide-related hospitalization may have multiple methods listed. Therefore, the numbers listed in figure 20 cannot be summed to equal the total number of suicide-related hospitalizations. This applies to both the inpatient and emergency department sections.

Figure 21. Suicide-Related Inpatient Admissions by Military Community Status, Method of Attempts and Year. Nevada Residents, 2010-2016.

Method of Suicide Attempt	Year							Total	%
	2010	2011	2012	2013	2014	2015	2016		
<b>Military Community</b>									
Poisoning by Solid, Liquid or Gaseous Substance	16	12	18	25	21	19	14	125	61.9%
Hanging/Strangulation/Suffocation	2	0	0	1	0	2	0	5	2.5%
Firearms/Air Guns/Explosives	0	0	1	0	0	0	1	2	1.0%
Cutting/Piercing Instruments	0	2	13	17	1	11	9	53	26.2%
Jumping from high place	0	0	0	1	1	0	1	3	1.5%
Late effects of self-inflicted injury	0	2	1	0	0	0	4	7	3.5%
Other and unspecified means	0	2	1	1	0	4	1	9	4.5%
<b>Total</b>	<b>18</b>	<b>18</b>	<b>34</b>	<b>45</b>	<b>23</b>	<b>34</b>	<b>30</b>	<b>202</b>	<b>100%</b>
<b>Non-Military Community</b>									
Poisoning by Solid, Liquid or Gaseous Substance	946	1,090	1,100	1,087	1,056	1,054	858	7,191	77.7%
Hanging/Strangulation/Suffocation	11	20	24	36	39	24	1	155	1.7%
Firearms/Air Guns/Explosives	37	27	29	33	31	23	25	205	2.2%
Cutting/Piercing Instruments	98	134	134	143	116	152	137	914	9.9%
Jumping from high place	15	8	9	5	15	12	12	76	0.8%
Late effects of self-inflicted injury	6	11	15	18	15	15	239	319	3.4%
Other and unspecified means	33	34	49	59	61	89	66	391	4.2%
<b>Total</b>	<b>1,146</b>	<b>1,324</b>	<b>1,360</b>	<b>1,381</b>	<b>1,333</b>	<b>1,369</b>	<b>1,338</b>	<b>9,251</b>	<b>100%</b>

In total, the highest reported method of attempted suicide resulting in inpatient admissions is poisonings, indicated on 62% of the admissions in the military community and 78% of admissions in the non-military community.

A single suicide-related hospitalization may have multiple methods listed. Therefore, the numbers listed in figure 21 cannot be summed to equal the total number of suicide-related hospitalizations. This applies to both the inpatient and emergency department sections.

## Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS inquires on each participant’s veteran status. Between 2011 and 2016 BRFSS participants were asked “During the past 12 months have you ever seriously considered attempting suicide?”. Survey results are limited, and are not available for further break down beyond what is provided below.

Figure 22. Percentage who Reported Suicide Ideology by Veteran Status and Year. Nevada Residents, 2011-2016.

Survey Year	Veteran Status	Percent Reported Suicide Ideation in Last 12 Months	Confidence Interval
2011	Veteran	2%	(0.6% - 3.4%)
	Non-Veteran	3%	(2.3% - 4.4%)
2012	Veteran	2%	(0.4% - 3.1%)
	Non-Veteran	2%	(1.5% - 2.7%)
2013	Veteran	2%	(0.1% - 3.1%)
	Non-Veteran	2%	(1.2% - 3.3%)
2015	Veteran	2%	(0.1% - 3.1%)
	Non-Veteran	2%	(1.4% - 2.8%)
2016	Veteran	2%	(0.5% - 3.2%)
	Non-Veteran	4%	(2.8% - 4.8%)

In regards to percentage of participants who reported seriously considering attempting suicide during the past 12 months of taking the BRFSS survey there is not a noted disparity between veteran and non-veteran populations, except for 2016, when 2% of veteran and 4% of non-veteran participants reported suicide ideation during the past 12 months.

## Conclusion

This report demonstrates the need for continued monitoring of veteran and military suicide deaths and continued efforts of prevention for this population. The rates of suicide among the veteran population fluctuates from year to year but overall remains more than double the rate of the non-veteran community.

The aging veteran population of Nevada residents seems in particular risk.

There is a demonstrated access to firearms, and use of firearms as lethal means within the veteran population not demonstrated in the non-veteran population when it comes to method of suicide resulting in suicide deaths.

Efforts to prevent drug overdose and poisonings could assist in lowering the number of hospitalizations due to suicide attempts. Wrap around services for veterans and military families are needed to ensure identification of suicide ideology. If suicide ideology is discovered and addressed this could prevent more members of the military community from attempting or taking their lives.

## Appendix

Figure A1. Age-Adjusted weights

Age-Adjusted Weights	
Age20_24_WEIGHT	0.095734399
Age25_29_WEIGHT	0.093587182
Age30_34_WEIGHT	0.088532365
Age35_39_WEIGHT	0.089497173
Age40_44_WEIGHT	0.092651902
Age45_49_WEIGHT	0.10071312
Age50_54_WEIGHT	0.098892694
Age55_59_WEIGHT	0.087213859
Age60_64_WEIGHT	0.074587877
Age65_69_WEIGHT	0.055150675
Age70_74_WEIGHT	0.041148878
Age75_79_WEIGHT	0.032454588
Age80_84_WEIGHT	0.025471786
Age85_WEIGHT	0.024363501



Figure A2. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents,

2010												
Method of Suicide	Veteran			Non-Veteran			Veteran			Non-Veteran		
	Crude Rate	CI Lower	CI Upper	Crude Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper
	Poisoning by Solid, Liquid or Gaseous Substances	6.2	3.0	9.3	4.9	3.9	5.9	5.5	2.7	8.3	5.6	4.5
Hanging/Strangulation/Suffocation	5.3	2.4	8.2	4.5	3.6	5.5	5.7	2.6	8.8	4.9	3.9	5.9
Drowning/Submersion	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Firearms/Explosives	39.4	31.5	47.3	9.3	8.0	10.7	44.8	35.9	53.8	10.8	9.3	12.4
Cutting/Piercing Instrument	0.8	0.0	2.0	0.5	0.2	0.8	0.6	0.0	1.5	0.5	0.2	0.8
Jumped from Height	0.4	0.0	1.2	0.5	0.2	0.8	0.3	0.0	0.8	0.5	0.2	0.9
Other	0.4	0.0	1.2	0.4	0.1	0.7	0.6	0.0	1.9	0.5	0.1	0.8
Total	52.5	43.4	61.6	20.1	18.1	22.1	57.5	47.5	67.5	22.8	20.6	25.0

Figure A3. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2011.

2011												
Method of Suicide	Veteran			Non-Veteran			Veteran			Non-Veteran		
	Crude Rate	CI Lower	CI Upper	Crude Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper
	Poisoning by Solid, Liquid or Gaseous Substances	5.4	2.5	8.3	4.5	3.6	5.5	6.0	2.7	9.3	5.3	4.2
Hanging/ Strangulation/ Suffocation	5.8	2.8	8.8	3.9	3.1	4.8	9.2	4.4	14.1	4.4	3.4	5.4
Drowning/ Submersion	0.0	0.0	0.0	0.2	0.0	0.4	0.0	0.0	0.0	0.2	0.0	0.4
Firearms/ Explosives	28.1	21.4	34.8	9.1	7.8	10.4	26.0	19.8	32.2	10.6	9.0	12.1
Cutting/Piercing Instrument	0.0	0.0	0.0	0.2	0.0	0.3	0.0	0.0	0.0	0.2	0.0	0.4
Jumped from Height	0.0	0.0	0.0	0.5	0.2	0.8	0.0	0.0	0.0	0.6	0.2	0.9
Other	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.3	0.0	0.5
Total	39.3	31.4	47.2	18.7	16.8	20.6	41.2	32.9	49.5	21.6	19.4	23.8

Figure A4. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2012.

2012												
Method of Suicide	Veteran			Non-Veteran			Veteran			Non-Veteran		
	Crude Rate	CI Lower	CI Upper	Crude Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper
	Poisoning by Solid, Liquid or Gaseous Substances	6.2	3.1	9.4	5.3	4.3	6.3	5.1	2.5	7.7	6.1	5.0
Hanging/ Strangulation/ Suffocation	2.9	0.8	5.1	3.4	2.6	4.2	3.0	0.8	5.3	3.8	2.9	4.7
Drowning/ Submersion	0.4	0.0	1.2	0.0	0.0	0.0	0.3	0.0	0.9	0.0	0.0	0.0
Firearms/ Explosives	30.0	23.1	36.9	9.1	7.8	10.4	40.3	31.0	49.7	10.3	8.8	11.8
Cutting/Piercing Instrument	0.4	0.0	1.2	0.3	0.1	0.5	0.2	0.0	0.5	0.3	0.1	0.6
Jumped from Height	1.2	0.0	2.7	0.6	0.3	1.0	1.0	0.0	2.1	0.7	0.3	1.1
Other	0.4	0.0	1.2	0.1	0.0	0.2	0.2	0.0	0.5	0.1	0.0	0.3
Total	41.5	33.4	49.6	18.8	16.9	20.7	50.1	40.3	59.9	21.3	19.2	23.4

Figure A5. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2013.

2013												
Method of Suicide	Veteran			Non-Veteran			Veteran			Non-Veteran		
	Crude Rate	CI Lower	CI Upper	Crude Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper
	Poisoning by Solid, Liquid or Gaseous Substances	8.7	4.9	12.5	4.3	3.4	5.2	8.8	5.0	12.7	4.9	3.9
Hanging/ Strangulation/ Suffocation	9.1	5.2	13.0	3.3	2.5	4.0	10.5	6.0	14.9	3.6	2.8	4.5
Drowning/ Submersion	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.2
Firearms/ Explosives	33.4	25.9	40.8	9.2	7.9	10.5	42.3	32.8	51.7	10.6	9.1	12.1
Cutting/Piercing Instrument	1.7	0.0	3.4	0.4	0.2	0.7	1.8	0.0	3.6	0.5	0.2	0.8
Jumped from Height	0.9	0.0	2.1	0.3	0.1	0.5	1.1	0.0	2.6	0.3	0.1	0.6
Other	0.4	0.0	1.3	0.6	0.3	0.9	0.5	0.0	1.6	0.6	0.3	1.0
Total	54.2	44.7	63.7	18.1	16.3	19.9	65.0	53.6	76.4	20.6	18.5	22.7

Figure A6. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2014.

2014												
Method of Suicide	Veteran			Non-Veteran			Veteran			Non-Veteran		
	Crude Rate	CI Lower	CI Upper	Crude Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper
	Poisoning by Solid, Liquid or Gaseous Substances	6.1	2.9	9.4	3.8	3.0	4.7	6.5	3.1	9.9	4.5	3.5
Hanging/ Strangulation/ Suffocation	7.5	3.9	11.0	4.6	3.7	5.6	5.9	3.1	8.7	5.1	4.1	6.1
Drowning/ Submersion	0.4	0.0	1.3	0.1	0.0	0.2	0.4	0.0	1.1	0.1	0.0	0.2
Firearms/ Explosives	38.2	30.1	46.2	9.7	8.3	11.0	38.6	30.5	46.7	11.2	9.7	12.8
Cutting/Piercing Instrument	1.3	0.0	2.8	0.3	0.1	0.5	1.3	0.0	2.8	0.3	0.1	0.6
Jumped from Height	0.9	0.0	2.1	0.4	0.1	0.6	2.1	0.0	4.9	0.4	0.1	0.7
Other	0.4	0.0	1.3	0.3	0.1	0.5	0.4	0.0	1.1	0.3	0.1	0.6
Total	54.8	45.2	64.4	19.2	17.3	21.1	55.2	45.5	64.9	21.9	19.8	24.0

Figure A7. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2015.

2015												
Method of Suicide	Veteran			Non-Veteran			Veteran			Non-Veteran		
	Crude Rate	CI Lower	CI Upper	Crude Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper
	Poisoning by Solid, Liquid or Gaseous Substances	4.0	1.4	6.6	4.2	3.3	5.0	2.8	1.0	4.6	4.7	3.7
Hanging/ Strangulation/ Suffocation	5.8	2.6	8.9	4.7	3.8	5.7	10.2	4.7	15.8	5.2	4.2	6.2
Drowning/ Submersion	0.4	0.0	1.3	0.0	0.0	0.0	0.8	0.0	2.4	0.0	0.0	0.0
Firearms/ Explosives	35.1	27.3	42.8	8.8	7.6	10.1	34.8	27.2	42.5	10.1	8.7	11.6
Cutting/Piercing Instrument	0.4	0.0	1.3	0.2	0.0	0.4	0.2	0.0	0.5	0.3	0.0	0.5
Jumped from Height	0.0	0.0	0.0	0.7	0.4	1.1	0.0	0.0	0.0	0.8	0.4	1.1
Other	0.9	0.0	2.1	0.3	0.1	0.6	1.4	0.0	3.3	0.4	0.1	0.6
Total	46.6	37.6	55.4	18.9	17.1	20.7	50.2	40.6	59.8	21.5	19.4	23.6

Figure A8. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents, 2016.

2016												
Method of Suicide	Veteran			Non-Veteran			Veteran			Non-Veteran		
	Crude Rate	CI Lower	CI Upper	Crude Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper	Age-Adjusted Rate	CI Lower	CI Upper
	Poisoning by Solid, Liquid or Gaseous Substances	7.7	4.0	11.3	5.1	4.1	6.0	7.3	3.9	10.8	5.7	4.6
Hanging/ Strangulation/ Suffocation	4.5	1.7	7.3	4.7	3.8	5.6	7.8	3.0	12.6	5.1	4.1	6.1
Drowning/ Submersion	0.5	0.0	1.3	0.2	0.0	0.4	0.6	0.0	1.8	0.2	0.0	0.4
Firearms/ Explosives	43.3	34.6	51.9	9.3	8.0	10.6	37.0	29.6	44.3	10.6	9.1	12.1
Cutting/Piercing Instrument	0.5	0.0	1.3	0.5	0.2	0.8	0.2	0.0	0.5	0.6	0.2	0.9
Jumped from Height	0.5	0.0	1.3	0.7	0.3	1.0	0.2	0.0	0.6	0.7	0.4	1.1
Other	0.0	0.0	0.0	0.5	0.2	0.8	0.0	0.0	0.0	0.5	0.2	0.9
Total	57.0	47.0	66.8	21.0	19.1	22.9	53.1	46.6	66.4	23.4	21.2	25.6