Special Surveillance Report
Veteran Suicide

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Introduction

The Nevada Department of Health and Human Services has collected data for reporting on veteran health status, specifically for insights on suicide. This annual report will be published as data collected are finalized in order to inform professionals and the public. The Office of Analytics has limited data sets to monitor veteran health and are working to include a wider scope of measurements in future reporting to provide a more comprehensive report on veteran health. As such, this report will focus on suicide in the veteran population.

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/or financial stress. Nevada's military veterans, particularly younger veterans, are dying from suicide at rates above the State's 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 highlight 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)
BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, chronic health conditions, and use of preventive services. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely and accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and individual states may include and pay for their own questions in the survey. While the survey's focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise among many others. Since state-added questions are not asked nationwide, these questions are not comparable.

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 can be found at CHIA Data UNLV.

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 top 10 primary causes of death are ranked from highest to lowest based on frequency of occurrence. Death data from 2016 to 2020 have been finalized as of October of 2020. This includes the addition of out-of-state deaths and data cleaning. Data in previous reports were preliminary and therefore may not match exactly to data in this report.

Nevada Veteran Population Demographics: Nevada veteran population by age groups and sex from 2016 to 2020 were gathered from the U.S. Department of Veteran Affairs website. More information can be found at Veteran Demographics Website.

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 2020 data, provided by the Nevada State Demographer. Data include individuals living in group quarters, as defined by the Nevada State Demographer.

Nevada Veteran Health Survey
The Nevada Department of Veteran Services conducted a survey to determine and help Nevada veterans file claims for Veterans Administration (VA) compensation for 2020. This can be found at Nevada Veteran Survey.

U.S. Population
The U.S. Census Bureau's U.S. 2010 standard population was used to create age-adjusted weights. More information can be found at U.S. Demographics Website.

Technical Notes

Age-adjusted rates are included in this report. Age-adjusting is used 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. Some 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.

All age-adjusted rates are based on the standard population distribution for the population aged 20 and older. The Nevada veteran population breakdown by age groups is provided by the U.S. Department of Veteran Affairs, which categorizes all veterans under the age of 20 into a single population group. Some Nevadans aged under 18 had the "Military Status" box checked as "yes" on their death certificates due to error or perhaps enrollment in delayed military entry programs. Since these individuals cannot be considered veterans, are not the target group in this report, and may skew age-adjusted rates, only individuals aged 20 and over at time of death are included in this report.

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, 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, previous reports' suicide attempt data on or 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 reports that include data before and after October 1, 2015.

Veteran-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 contains a field related to veteran status, but they are 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 2016 and 2020, there were a total of 129,486 Nevada resident deaths. Of these deaths, 1,954 were under the age of 20. Records with age under 20, unknown age, and unknown veteran status were not mutually exclusive, and there were cases of overlap. For comparative purposes, individuals with either unknown age, ages under 20, and/or unknown veteran have been excluded from this section of the report, leaving a total of 123,528 deaths.

The four leading causes of death are the same for both veteran and non-veterans, which are heart disease, malignant neoplasms or cancers, chronic lower respiratory disease, and cerebrovascular disease (stroke).

When comparing primary causes of death, non-veterans had a higher percentage of total deaths for cerebrovascular diseases (5%) and non-transport accidents (5%), where veteran percentage is 4% and 3%, respectively. Diabetes and Alzheimer's disease continued to account for the same percentage of total deaths in both veteran and non-veteran populations at 3%. COVID-19, having only been accounted for in 2020, ranked as the 8th leading cause of death among veteran populations in Nevada (2%) while it was ranked as the 7th leading cause of death among non-veteran populations in Nevada (3%). Intentional self-harm (suicide) was equal between veteran and non-veteran populations at 2% and influenza ranked as the 10th leading cause of death in both populations also at 2%. All other causes accounted for 23% of veteran deaths and 26% of non-veteran deaths.

Figure 1. Top 10 Primary Causes of Death by Veteran Status. Nevada Residents, 2016-2020 Combined.

Veteran			
1	Diseases of the heart	9,222	30%
2	Malignant neoplasms	6,701	22%
3	Chronic lower respiratory diseases	2,253	7%
4	Cerebrovascular diseases (stroke)	1,328	4%
5	Non-transport accidents	858	3%
6	Diabetes mellitus	836	3%
7	Alzheimer's disease	823	3%
8	COVID-19	751	2%
9	**Intentional self-harm (suicide)**	**610**	**2%**
10	Influenza and pneumonia	609	2%
11	All other Causes	7,051	23%
Total		**31,042**	**100%**
Non-Veteran			
1	Diseases of the heart	22,589	24%
2	Malignant neoplasms	19,019	21%
3	Chronic lower respiratory diseases	5,818	6%
4	Cerebrovascular diseases (stroke)	4,603	5%
5	Non-transport accidents	4,326	5%
6	Alzheimer's disease	2,860	3%
7	COVID-19	2,836	3%
8	Diabetes mellitus	2,602	3%
9	**Intentional self-harm (suicide)**	**2,286**	**2%**
10	Influenza and pneumonia	1,923	2%
11	All Other Causes	23,624	26%
Total		**92,486**	**100%**

Suicide ranks as the ninth primary cause of death among both veteran and non-veteran populations at 2% of the total deaths of each group.

Figure 2. Total Count of Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2016-2020.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
2016	Non-Veteran	189	470	700	1,534	2,810	3,714	3,863	3,635	16,915
	Veteran	8	21	41	170	525	1,497	1,918	1,728	5,908
2017	Non-Veteran	180	495	677	1,450	2,869	3,784	4,018	3,708	17,181
	Veteran	6	27	56	158	535	1,550	1,958	1,892	6,182
2018	Non-Veteran	165	478	776	1,425	2,966	3,827	4,157	3,800	17,594
	Veteran	1	35	33	134	454	1,539	1,934	1,815	5,945
2019	Non-Veteran	165	468	693	1,467	2,949	4,101	4,524	3,827	18,194
	Veteran	5	26	40	125	511	1,549	1,940	1,988	6,184
2020	Non-Veteran	221	629	923	1,811	3,621	5,143	5,618	4,636	22,602
	Veteran	6	31	54	169	524	1,648	2,216	2,175	6,823
Total	**Non-Veteran**	**920**	**2,540**	**3,769**	**7,687**	**15,215**	**20,569**	**22,180**	**19,606**	**92,486**
	Veteran	**26**	**140**	**224**	**756**	**2,549**	**7,783**	**9,966**	**9,598**	**31,042**

Total veteran deaths comprise a range of 23% (2020) to 26% (2017) of total deaths in Nevada of individuals aged 20+. This fluctuation is expected and should not be interpreted as significant change. It represents both changes in numbers of total deaths as well as population changes.

Figure 3. Non-Veteran Death Counts by Manner of Death and Race/Ethnicity. Nevada Residents Ages 20+, 2016-2020.

Manner of Death	Year of Death	Race/Ethnicity						Total
		White (NH)	Black (NH)	AI/AN (NH)	API (NH)	Hispanic	Other/ Unknown	
Assault	2016	49	52	1	11	47	3	163
Intentional Self-harm	2016	331	27	5	29	57	15	464
Accident	2016	706	98	15	50	122	61	1,052
All Other	2016	11,005	1,252	140	1,009	1,438	392	15,236
Total	2016	12,091	1,429	161	1,099	1,664	471	16,915
Assault	2017	61	59	3	12	38	4	177
Intentional Self-harm	2017	326	30	3	29	50	7	445
Accident	2017	764	85	10	46	140	63	1,108
All Other	2017	10,955	1,371	145	1,105	1,522	353	15,451
Total	2017	12,106	1,545	161	1,192	1,750	427	17,181
Assault	2018	61	62	3	6	50	0	182
Intentional Self-harm	2018	360	24	5	31	60	1	481
Accident	2018	781	110	23	59	147	7	1,127
All Other	2018	11,428	1,457	154	1,175	1,525	65	15,804
Total	2018	12,630	1,653	185	1,271	1,782	73	17,594
Assault	2019	54	33	4	7	35	0	133
Intentional Self-harm	2019	359	21	5	23	58	4	470
Accident	2019	717	111	20	66	161	9	1,084
All Other	2019	11,708	1,499	175	1,242	1,739	144	16,507
Total	2019	12,838	1,664	204	1,338	1,993	157	18,194
Assault	2020	58	60	4	8	39	0	169
Intentional Self-harm	2020	307	32	6	28	53	0	426
Accident	2020	829	162	17	51	216	2	1,277
All Other	2020	13,828	2,049	213	1,792	2,792	56	20,730
Total	2020	15,022	2,303	240	1,879	3,100	58	22,602
Assault	**2016-2020**	**283**	**266**	**15**	**44**	**209**	**7**	**824**
Intentional Self-harm	**2016-2020**	**1,683**	**134**	**24**	**140**	**278**	**27**	**2,286**
Accident	**2016-2020**	**3,797**	**566**	**85**	**272**	**786**	**142**	**5,648**
All Other	**2016-2020**	**58,924**	**7,628**	**827**	**6,323**	**9,016**	**1,010**	**83,728**
Total	**2016-2020**	**64,687**	**8,594**	**951**	**6,779**	**10,289**	**1,186**	**92,486**

NH denotes non-Hispanic populations.

AI/AN denotes American Indian/Alaskan Native populations

API denotes Asian Pacific Islander populations

Figure 4. Veteran Death Counts by Manner of Death and Race/Ethnicity. Nevada Residents Ages 20+, 2016-2020.

Manner of Death	Year of Death	Race/Ethnicity						Year of Death
		White (NH)	Black (NH)	AI/AN (NH)	API (NH)	Hispanic	Other/ Unknown	
Assault	2016	9	1	1	1	1	1	14
Intentional Self-harm	2016	116	6	1	1	3	4	131
Accident	2016	182	17	0	4	4	12	219
All Other	2016	4,720	364	34	109	165	152	5,544
Total	2016	5,027	388	36	115	173	169	5,908
Assault	2017	8	3	0	0	3	0	14
Intentional Self-harm	2017	112	5	1	1	5	2	126
Accident	2017	194	17	0	7	9	11	238
All Other	2017	4,901	420	27	144	182	130	5,804
Total	2017	5,215	445	28	152	199	143	6,182
Assault	2018	5	5	1	0	1	0	12
Intentional Self-harm	2018	103	4	0	1	7	0	115
Accident	2018	193	27	4	6	8	0	238
All Other	2018	4,756	432	43	156	174	19	5,580
Total	2018	5,057	468	48	163	190	19	5,945
Assault	2019	7	1	0	0	0	0	8
Intentional Self-harm	2019	107	9	1	3	4	0	124
Accident	2019	176	14	4	5	12	3	214
All Other	2019	4,950	461	48	144	217	18	5,838
Total	2019	5,240	485	53	152	233	21	6,184
Assault	2020	11	4	0	0	0	0	15
Intentional Self-harm	2020	99	4	3	7	1	0	114
Accident	2020	164	23	0	1	14	0	202
All Other	2020	5,399	532	52	220	276	13	6,492
Total	2020	5,673	563	55	228	291	13	6,823
Assault	**2016-2020**	**40**	**14**	**2**	**1**	**5**	**1**	**63**
Intentional Self-harm	**2016-2020**	**537**	**28**	**6**	**13**	**20**	**6**	**610**
Accident	**2016-2020**	**909**	**98**	**8**	**23**	**47**	**26**	**1,111**
All Other	**2016-2020**	**24,726**	**2,209**	**204**	**773**	**1,014**	**332**	**29,258**
Total	**2016-2020**	**26,212**	**2,349**	**220**	**810**	**1,086**	**365**	**31,042**

NH denotes non-Hispanic populations.

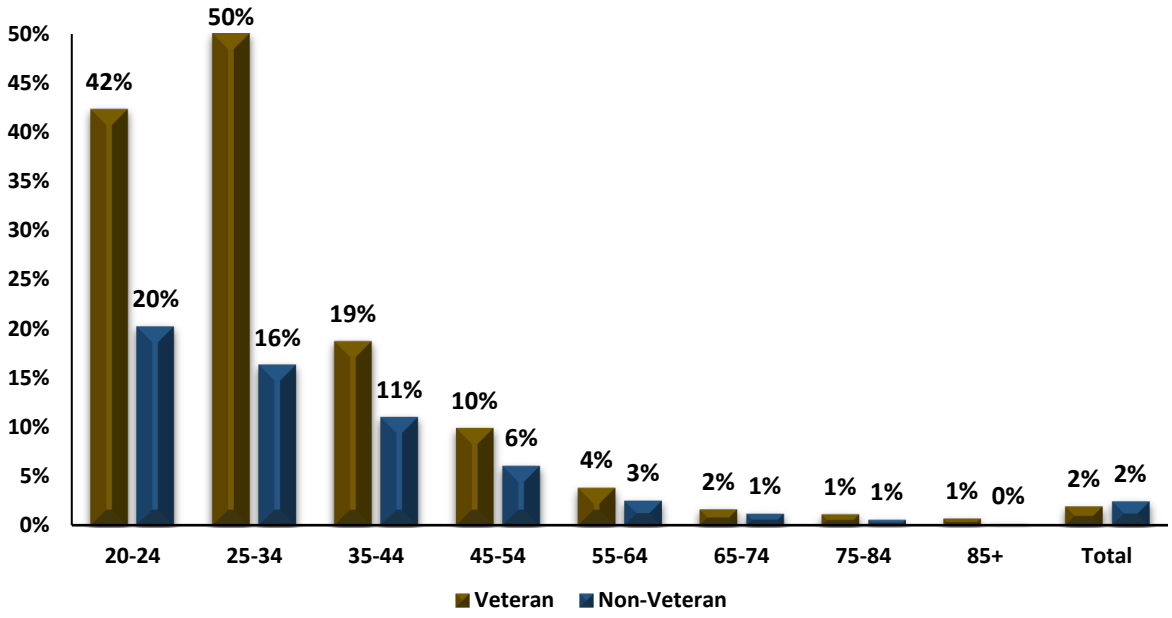
AI/AN denotes American Indian/Alaskan Native populations

API denotes Asian Pacific Islander populations

When veteran deaths are broken down by race/ethnicity, White (NH) accounted for 84% of the total deaths (N=26,212), followed by Black (NH) accounting for 8% of total veteran deaths (N=2,349), and Hispanics at 3% (N=1,086) between 2016 and 2020. This race/ethnicity breakdown of deaths differs from the non-veteran population, which White (NH) accounted for 70% of deaths, followed by Hispanics at 11% and Black (NH) at 9% of deaths.

Among veteran suicides from 2016 to 2020, 88% were White (NH), followed by 5% Black (NH), 3% Hispanic, 2% API (NH), and 1% AI/AN (NH). The racial breakdown of non-veteran suicides is 74% White (NH), 12% Hispanic, 6% each Black (NH) and API (NH) races, and 1% AI/AN (NH).

Figure 5. Percentage of Total Deaths that had a Cause of Death Indicated as Suicide by Veteran Status by Age Group. Nevada Residents Ages 20+, 2016-2020 Combined.



When broken down by age groups between 2016 and 2020, 50% of the veteran deaths of Nevada residents aged 25-34 (N=140) were due to suicide (N=70). This is unlike the non-veteran population in the same age group with 16% of deaths in this age group (N=2,540) due to suicide (N=415). Suicides made up a higher percentage of deaths among veterans compared to non-veterans in all but one age group, where it was equal at 1% in the 75-84 age group.

When examining percentages, it should be noted that most people aged 25-34 are less likely to pass away due to disease and natural causes compared to older adults. Therefore, suicide is more likely to be represented in death data among this age group.

Figure 6. Total Count of Suicide-Related Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2016-2020.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
2016	Veteran	3	9	10	14	18	30	32	15	131
	Non-Veteran	30	87	91	101	72	50	28	5	464
2017	Veteran	2	15	11	19	24	21	18	16	126
	Non-Veteran	43	79	77	96	70	42	33	5	445
2018	Veteran	0	22	8	11	15	29	21	9	115
	Non-Veteran	38	75	98	103	90	48	20	9	481
2019	Veteran	4	14	7	14	22	26	23	14	124
	Non-Veteran	36	98	78	87	78	54	33	6	470
2020	Veteran	2	10	6	17	19	23	22	15	114
	Non-Veteran	39	76	72	80	76	55	18	10	426
Total	**Veteran**	**11**	**70**	**42**	**75**	**98**	**129**	**116**	**69**	**610**
	Non-Veteran	**186**	**415**	**416**	**467**	**386**	**249**	**132**	**35**	**2,286**

Of the 123,528 deaths included within this report between 2016 and 2020, 2,896 died due to suicide, and 610 (21%) of those suicide deaths were reported as having a veteran status. The highest number of reported veteran suicides occurred in 2016 (N=131) with the lowest number reported in 2020 (N=114). From 2016 to 2020 there were no significant increases or decreases in the number of veteran suicides in Nevada.

Figure 7. Counts of Suicide-Related Deaths by Year and Veteran Status. Nevada Residents Ages 20+, 2016-2020.

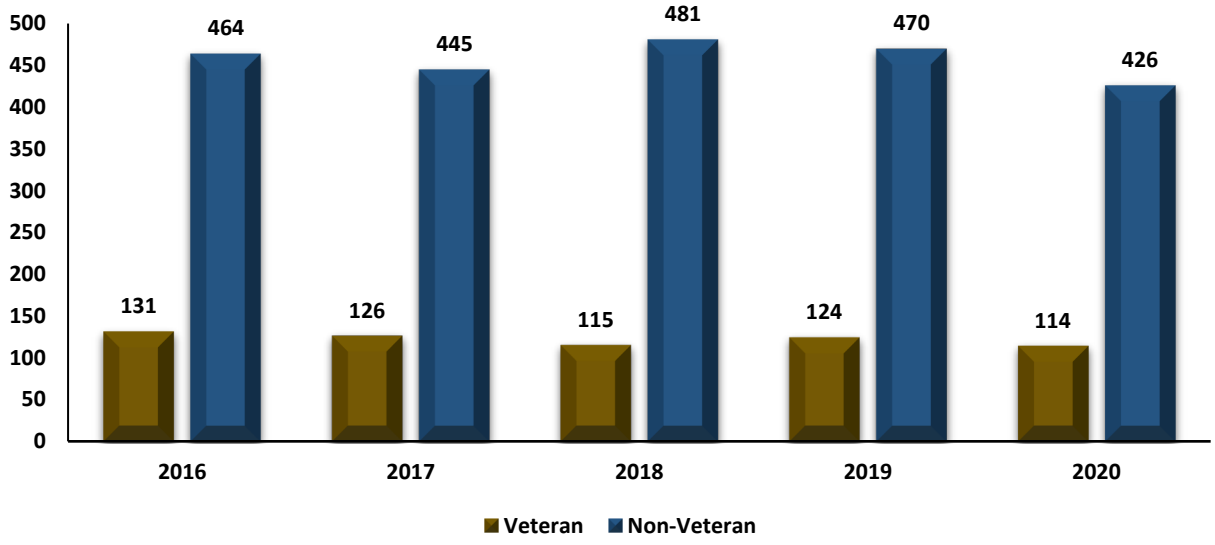
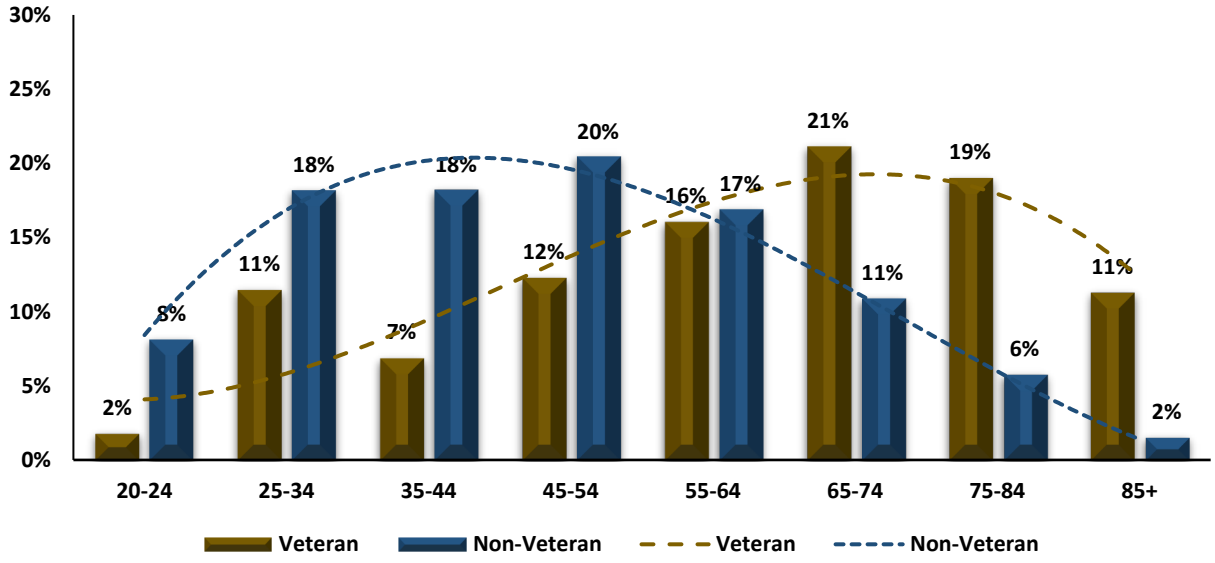


Figure 8. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Aged 20+, 2016-2020 Combined.



The trend shows an 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 demonstrates 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 9 that veteran vs. non-veteran populations follow a similar distribution.

Figure 9. Age Distribution of Population by Veteran Status. Nevada Residents Ages 20+, 2016-2020 Combined.

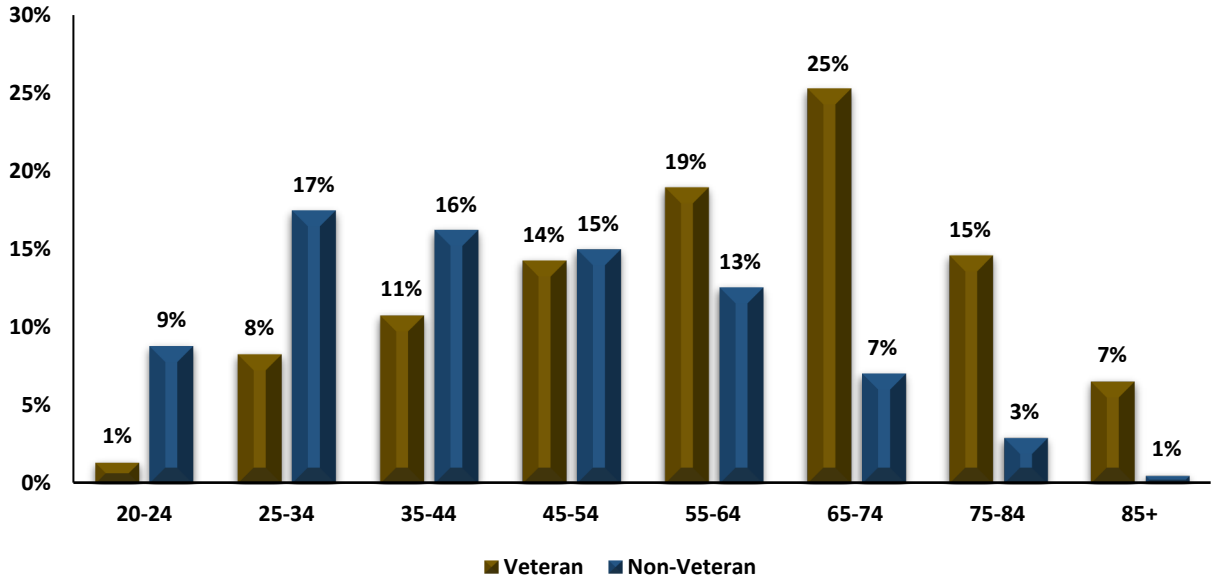


Figure 10. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Ages 20+, 2016-2020.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
2016	Veteran (N=131)	2%	7%	8%	11%	14%	23%	24%	11%	100%
	Non-Veteran (N=464)	6%	19%	20%	22%	16%	11%	6%	1%	100%
2017	Veteran (N=126)	2%	12%	9%	15%	19%	17%	14%	13%	100%
	Non-Veteran (N=445)	10%	18%	17%	22%	16%	9%	7%	1%	100%
2018	Veteran (N=115)	0%	19%	7%	10%	13%	25%	18%	8%	100%
	Non-Veteran (N=481)	8%	16%	20%	21%	19%	10%	4%	2%	100%
2019	Veteran (N=124)	3%	11%	6%	11%	18%	21%	19%	11%	100%
	Non-Veteran (N=470)	8%	21%	17%	19%	17%	11%	7%	1%	100%
2020	Veteran (N=114)	2%	9%	5%	15%	17%	20%	19%	13%	100%
	Non-Veteran (N=426)	9%	18%	17%	19%	18%	13%	4%	2%	100%
Total	**Veteran (N=610)**	**2%**	**11%**	**7%**	**12%**	**16%**	**21%**	**19%**	**11%**	**100%**
	Non-Veteran (N=2,286)	**8%**	**18%**	**18%**	**20%**	**17%**	**11%**	**6%**	**2%**	**100%**

Among the veteran population from 2016 to 2020, the highest percentage of suicides occurred in the 65-74 age group, accounting for 21% of the 610 suicide-related deaths, compared to 11% 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 20% of the deaths, compared to 12% 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 11. Suicide-Related Deaths by Year, Veteran Status, and Method of Suicide. Nevada Residents Ages 20+, 2016-2020.

Year of Death	Veteran Status	Method of Suicide							
		Poisoning by Solid, Liquid or Gaseous Substance	Hanging/ Strangulation/ Suffocation	Drowning/ Submersion	Firearm/ Explosive	Cutting/ Piercing Instrument	Jumping from Height	Other	Total
2016	Veteran	17	10	1	101	1	1	0	131
	Non-Veteran	112	102	5	207	12	16	10	464
2017	Veteran	19	18	0	84	3	1	1	126
	Non-Veteran	96	94	0	217	8	22	8	445
2018	Veteran	12	10	1	83	3	4	2	115
	Non-Veteran	86	110	2	253	10	15	5	481
2019	Veteran	13	14	2	90	2	2	1	124
	Non-Veteran	80	115	1	243	5	16	10	470
2020	Veteran	8	8	0	90	1	1	6	114
	Non-Veteran	54	90	4	237	10	8	23	426
Total	**Veteran**	**69**	**60**	**4**	**448**	**10**	**9**	**10**	**610**
	Non-Veteran	**428**	**511**	**12**	**1,157**	**45**	**77**	**56**	**2,286**

Figure 12. Percent of Non-Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2016-2020 Combined.

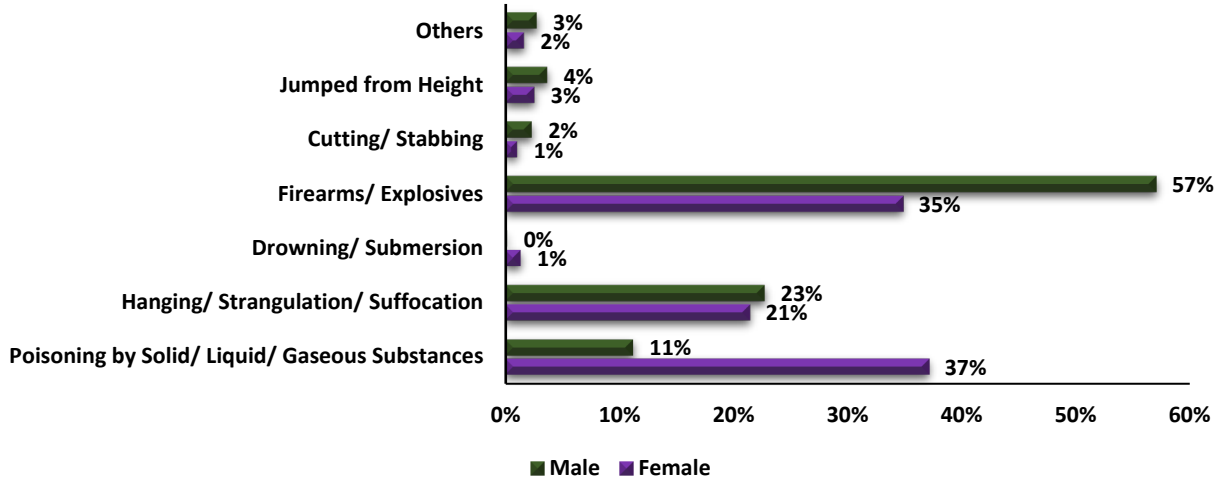
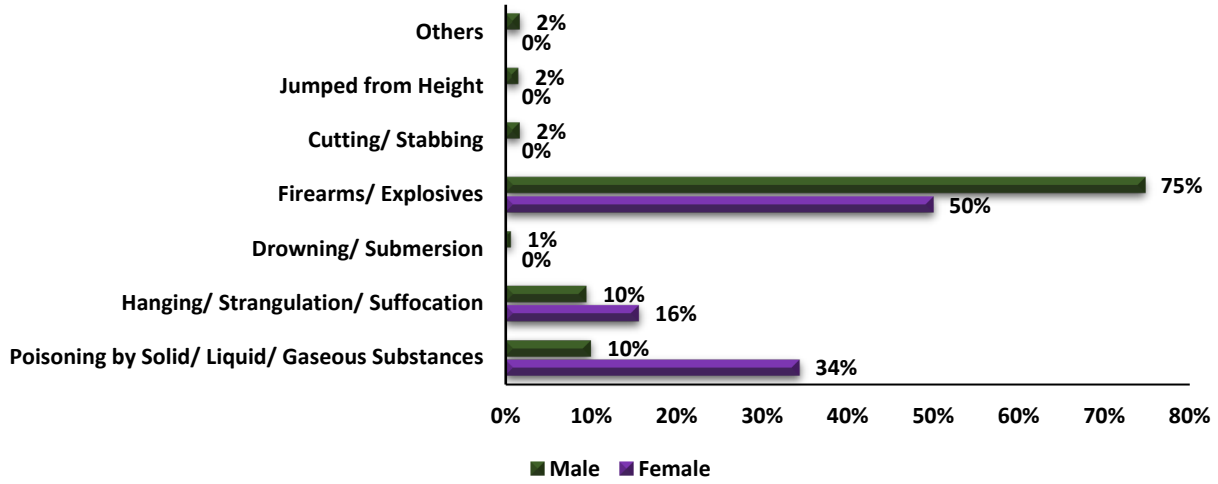
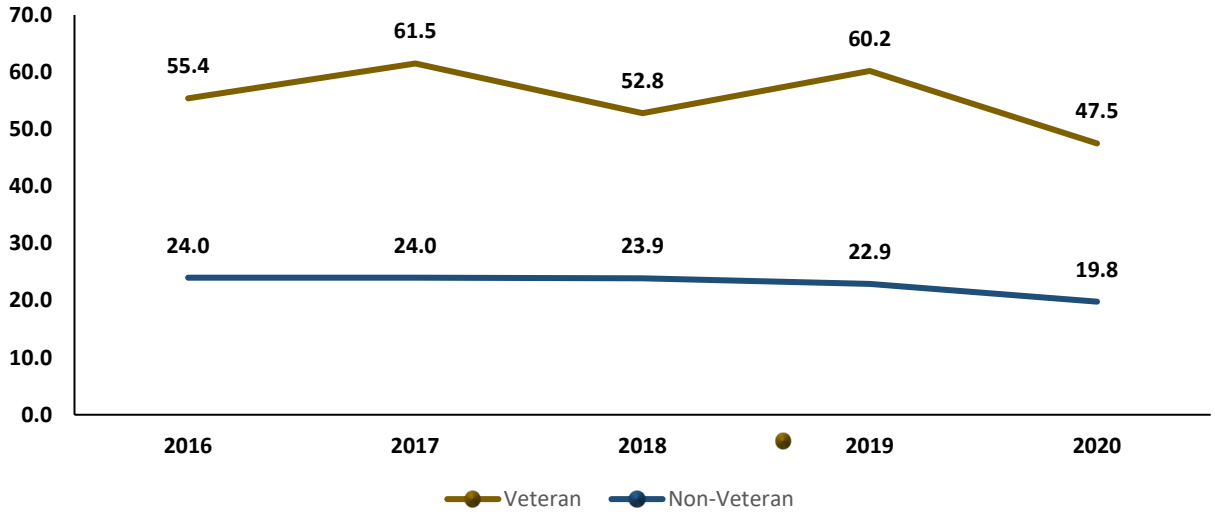


Figure 13. Percent of Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2016-2020 Combined.



Among the male population, 75% of the veteran suicides committed were by firearms/explosives, compared to 57% of non-veteran suicides. Among the female population, the greatest difference in method was firearms/explosives, which accounted for 50% of veteran suicide deaths and 35% of non-veteran suicide deaths.

Figure 14. Suicide Age-Adjusted Rates (per 100,000) by Year and Veteran Status. Nevada Residents Ages 20+, 2016-2020.



Veteran suicide rates (per 100,000) have varied between 2016 and 2020 with a peak rate of 61.5 per 100,000 veteran population in 2017 compared to the lowest rate of 47.5 per 100,000 veteran population in 2020. This contrasts with the rate per 100,000 of non-veteran suicides, with rates between 19.8 and 24.0 per 100,000 non-veterans. These rates demonstrate an increased risk for a veteran to complete suicide compared to non-veteran Nevada residents.

More information on counts and rates can be found in the appendix.

Figure 15. Methods of Suicide Age-Adjusted Rates (per 100,000) by Year, Veteran Nevada Residents Ages 20+, 2016-2020.

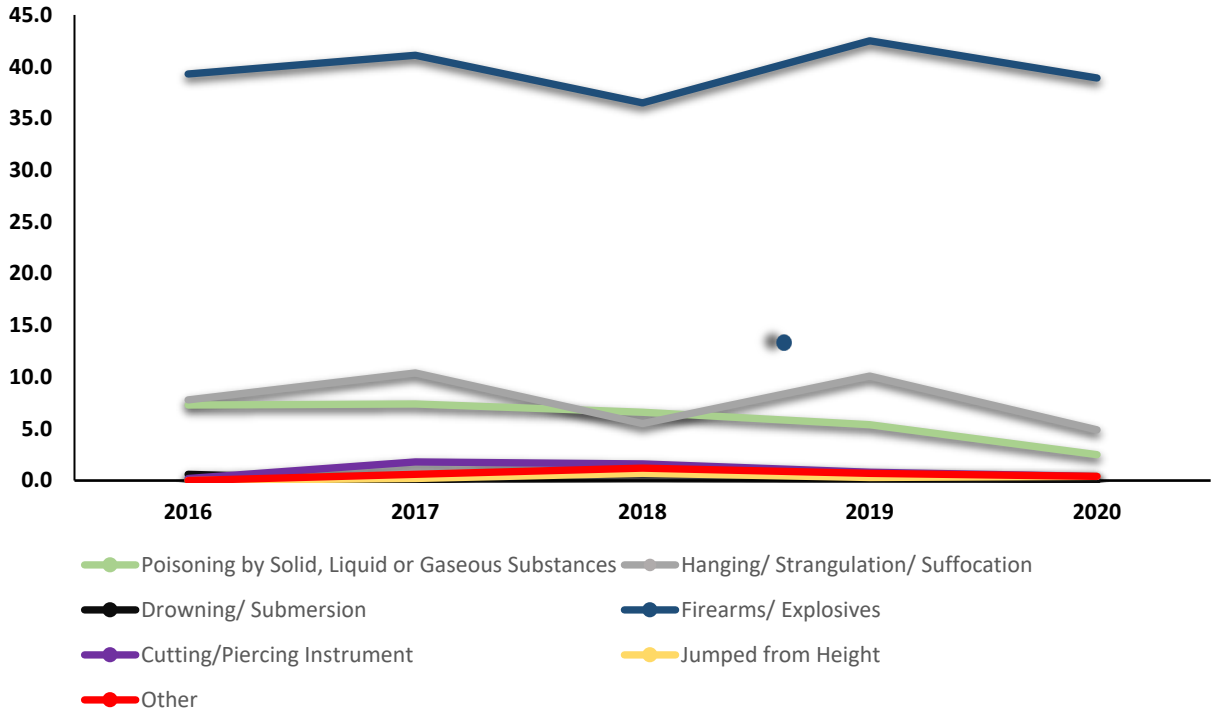


Figure 16. Methods of Suicide Age-Adjusted Rates (per 100,000) by Year, Non-Veteran Nevada Residents Ages 20+, 2016-2020.

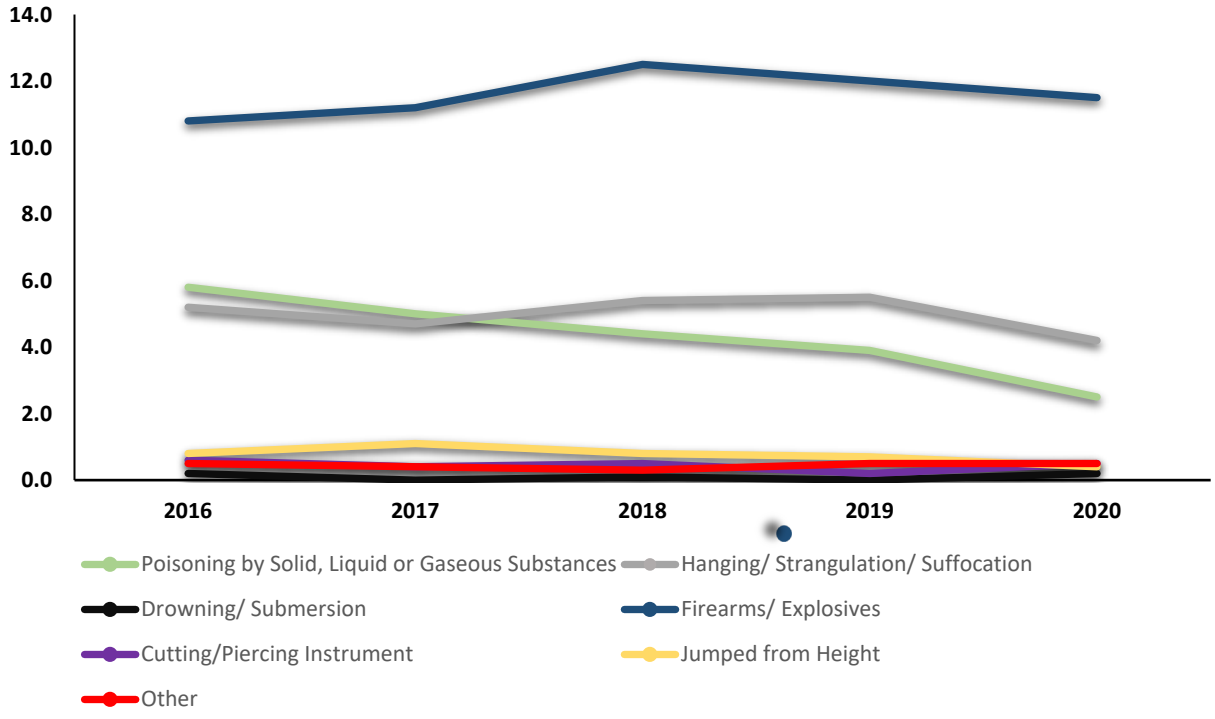
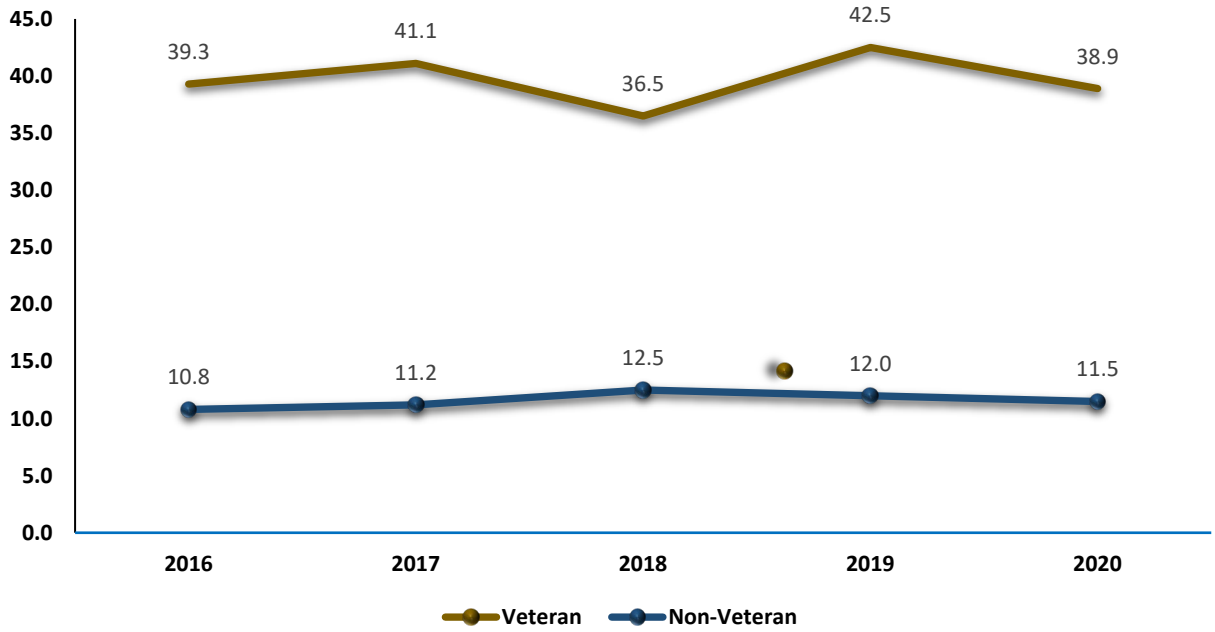


Figure 17. Firearms/Explosives as the Method of Suicide, Age-Adjusted Rates (per 100,000) by Year and Veteran Status. Nevada Residents Ages 20+, 2016-2020.



The rates (per 100,000) at which firearms/explosives were used as the method of suicide was greater in the veteran population compared to non-veteran population in all years from 2016 to 2020. The veteran suicide rate by firearms/explosives varied from a low of 36.5 in 2018 to a high of 42.5 in 2019. The rate of suicide by firearms/explosives in the non-veteran community was consistent from 2016 to 2020, varying in a range from 10.8 to 12.5. Of the 610 veteran suicides between 2016 and 2020, 73% (N=448) had a reported method of suicide as firearms/explosions. When broken down by gender, a firearm was the method of suicide in 75% of veteran suicides completed by males (N=432), and 50% of females (N=32).

Suicide-Related Hospitalizations

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 215 emergency department visits and 259 inpatient admissions related to suicide in 2016-2020 combined. Of the 215 visits, four individuals died, and 89 were discharged, transferred, left against medical advice, entered hospice, or admitted as an inpatient. The remaining patients were otherwise administered. Of the 259 inpatient admissions, four individuals died, and 197 admissions were discharged, transferred, entered hospice, or left against medical advice. The remaining patients were otherwise administered.

In the non-military community there were 10,910 emergency department visits and 6,758 inpatient admissions related to suicide in 2016-2020 combined. Of the 17,668 visits, 187 individuals died, and 17,431 visits were discharged, transferred, left against medical advice, entered hospice, or admitted as an inpatient. The remaining patients were otherwise administered.

Figure 18. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Sex. Nevada Residents, 2016-2020 Combined.

Sex	Military Community				Non-Military Community			
	Emergency Department Visits		Inpatient Admissions		Emergency Department Visits		Inpatient Admissions	
	Count	%	Count	%	Count	%	Count	%
Female	106	49%	143	55%	6,573	60%	4,219	62%
Male	109	51%	116	45%	4,334	40%	2,537	38%
Unknown	0	0%	0	0%	3	0%	2	0%
Total	**215**	**100%**	**259**	**100%**	**10,910**	**100%**	**6,758**	**100%**

In contrast to the gender distribution of suicide deaths, suicide-related emergency department visits among the military community (N=215) between 2016 and 2020 were almost equal between females (49%, N=106) and males (51%, N=109). However, for inpatient admissions, a majority of females comprised the visits, 55% (N=143), compared to males (45%, N=116). Females in the non-military community comprised the majority as well of both emergency department visits (60%) and inpatient admissions (62%).

Figure 19. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Age Group. Nevada Residents, 2016-2020 Combined.

Age Group	Military Community				Non-Military Community			
	Emergency Department Visits		Inpatient Admissions		Emergency Department Visits		Inpatient Admissions	
	Count	%	Count	%	Count	%	Count	%
5-14	21	10%	31	12%	921	8%	439	6%
15-24	70	33%	93	36%	3,643	33%	1,664	25%
25-34	39	18%	37	14%	2,362	22%	1,074	16%
35-44	29	13%	26	10%	1,710	16%	1,087	16%
45-54	19	9%	27	10%	1,225	11%	1,016	15%
55-64	27	13%	29	11%	691	6%	819	12%
65-74	6	3%	10	4%	249	2%	416	6%
75-84	4	2%	3	1%	81	1%	186	3%
85+	0	0%	3	1%	19	0%	57	1%
Total	**215**	**100%**	**259**	**100%**	**10,910**	**100%**	**6,758**	**100%**

The 15-24 age group had the highest number of emergency department and inpatient admissions visits between 2016 and 2020 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 visits and admissions.

Figure 20. Suicide-Related Emergency Department Visits by Military Community Status, Method of Attempts and Year. Nevada Residents, 2016-2020.

Method of Suicide Attempt	Year					Total	%
	2016	2017	2018	2019	2020		
Military Community							
Poisoning by Solid, Liquid or Gaseous Substance	37	21	24	17	21	120	56%
Hanging/Strangulation/Suffocation	0	0	0	0	0	0	0%
Firearm/Air Gun/Explosive	1	1	0	0	1	3	1%
Cutting/Piercing Instrument	8	19	11	16	14	68	32%
Jumping from Height	0	0	0	0	0	0	0%
Late effects of self-inflicted injury	0	0	0	0	0	0	0%
Other and unspecified means	9	7	4	3	5	28	13%
Total	**55**	**48**	**39**	**36**	**41**	**219**	**100%**
Non-Military Community							
Poisoning by Solid, Liquid or Gaseous Substance	1,276	1,259	1,117	956	906	5,514	51%
Hanging/Strangulation/Suffocation	4	3	3	3	0	13	0%
Firearm/Air Gun/Explosive	24	27	13	11	15	90	1%
Cutting/Piercing Instrument	821	916	786	792	840	4,155	38%
Jumping from Height	16	12	14	10	10	62	1%
Late effects of self-inflicted injury	4	0	1	0	1	6	0%
Other and unspecified means	344	299	266	202	233	1,344	12%
Total	**2,489**	**2,516**	**2,200**	**1,974**	**2,005**	**11,184**	**100%**

In total, the highest reported method of attempted suicide resulting in emergency department visits is poisonings, accounting for 56% of all methods of attempted suicide among the military community and 51% 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, 2016-2020.

Method of Suicide Attempt	Year					Total	%
	2016	2017	2018	2019	2020		
Military Community							
Poisoning by Solid, Liquid or Gaseous Substance	14	20	15	29	11	89	34%
Hanging/Strangulation/Suffocation	0	0	0	0	0	0	0%
Firearm/Air Gun/Explosive	1	6	1	2	0	10	4%
Cutting/Piercing Instrument	9	19	35	23	32	118	45%
Jumping from Height	1	0	1	0	1	3	1%
Late effects of self-inflicted injury	4	5	10	6	1	26	10%
Other and unspecified means	1	3	6	3	5	18	7%
Total	**30**	**52**	**68**	**63**	**50**	**264**	**100%**
Non-Military Community							
Poisoning by Solid, Liquid or Gaseous Substance	864	903	892	959	809	4,427	64%
Hanging/Strangulation/Suffocation	1	1	0	3	1	6	0%
Firearm/Air Gun/Explosive	25	38	9	10	16	98	1%
Cutting/Piercing Instrument	137	162	139	242	279	959	14%
Jumping from Height	12	8	5	2	0	27	0%
Late effects of self-inflicted injury	239	106	334	206	217	1,102	16%
Other and unspecified means	66	63	83	75	46	333	5%
Total	**1,344**	**1,281**	**1,462**	**1,497**	**1,368**	**6,952**	**100%**

In total, the highest reported method of attempted suicide resulting in inpatient admissions is cutting/piercing incidents, indicated on 45% of the admissions in the military community. In contrast, poisonings account for the highest admission rate at 64% 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 2016 and 2020, 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 Suicidal Ideation by Veteran Status and Year. Nevada Residents, 2016-2020.

Survey Year	Veteran Status	Percent Reported Suicidal Ideation in Last 12 months	Confidence Interval
2016	Veteran	2%	(0.5%-3.2%)
	Non-Veteran	4%	(2.8%-4.8%)
2017	Veteran	2%	(0.0%-3.7%)
	Non-Veteran	3%	(2.3%-4.5%)
2018	Veteran	3%	(1.1%-4.9%)
	Non-Veteran	3%	(2.3%-4.6%)
2019	Veteran	5%	(1.9%-8.7%)
	Non-Veteran	5%	(3.4%-6.1%)
2020	Veteran	0%	(0.0%-0.0%)
	Non-Veteran	4%	(2.1%-6.5%)

Regarding percentage of participants who reported seriously considering attempting suicide during the past 12 months of taking the BRFSS survey, non-veterans in 2020 reported suicide ideology at a slightly disparate percentage to veterans in 2020.

Conclusion

This report demonstrates the need for continued monitoring of veteran and military 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 higher than the rates of suicide among non-veteran populations.

The aging veteran population of Nevada residents seems especially at 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. Wraparound services for veterans and military families are needed to ensure identification of thoughts of suicide. If suicidal ideation 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 Group	Weight
Age 20-24 Weight	0.095734399
Age 25-29 Weight	0.093587182
Age 30-34 Weight	0.088532365
Age 35-39 Weight	0.089497173
Age 40-44 Weight	0.092651902
Age 45-49 Weight	0.10071312
Age 50-54 Weight	0.098892694
Age 55-59 Weight	0.087213859
Age 60-64 Weight	0.074587877
Age 65-69 Weight	0.055150675
Age 70-74 Weight	0.041148878
Age 75-79 Weight	0.032454588
Age 80-84 Weight	0.025471786
Age 85 Weight	0.024363501

Figure A2. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2016.

2016										
Method of Suicide	Veteran	Non-Veteran	Veteran		Non-Veteran		Veteran		Non-Veteran	
	Count		Crude Rate	C.I.	Crude Rate	C.I.	Age-Adjusted Rate	C.I.	Age-Adjusted Rate	C.I.
Poisoning by Solid, Liquid or Gaseous Substances	17	112	7.7	(4.9-12.5)	5.2	(4.9-12.5)	7.3	(5.0-12.7)	5.8	(5.0-12.7)
Hanging/ Strangulation/ Suffocation	10	102	4.5	(5.2-13.0)	4.7	(5.2-13.0)	7.8	(6.0-14.9)	5.2	(6.0-14.9)
Drowning/ Submersion	1	5	0.5	(0.0-0.0)	0.2	(0.0-0.0)	0.6	(0.0-0.0)	0.2	(0.0-0.0)
Firearms/ Explosives	101	207	45.5	(25.9-40.8)	9.5	(25.9-40.8)	39.3	(32.8-51.7)	10.8	(32.8-51.7)
Cutting/Piercing Instrument	1	12	0.5	(0.0-3.4)	0.6	(0.0-3.4)	0.2	(0.0-3.6)	0.6	(0.0-3.6)
Jumped from Height	1	16	0.5	(0.0-2.1)	0.7	(0.0-2.1)	0.2	(0.0-2.6)	0.8	(0.0-2.6)
Other	0	10	0	(0.0-1.3)	0.5	(0.0-1.3)	0	(0.0-1.6)	0.5	(0.0-1.6)
Total	131	464	59.2	(49.1-69.3)	21.4	(19.5-23.3)	55.4	(45.9-64.9)	23.9	(21.7-26.1)

Figure A3. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2017.

2017										
Method of Suicide	Veteran	Non-Veteran	Veteran		Non-Veteran		Veteran		Non-Veteran	
	Count		Crude Rate	C.I.	Crude Rate	C.I.	Age-Adjusted Rate	C.I.	Age-Adjusted Rate	C.I.
Poisoning by Solid, Liquid or Gaseous Substances	19	96	8.7	(4.9-12.5)	4.4	(4.9-12.5)	7.4	(5.0-12.7)	5	(5.0-12.7)
Hanging/ Strangulation/ Suffocation	18	94	8.2	(5.2-13.0)	4.3	(5.2-13.0)	10.4	(6.0-14.9)	4.7	(6.0-14.9)
Drowning/ Submersion	0	0	0	(0.0-0.0)	0	(0.0-0.0)	0	(0.0-0.0)	0	(0.0-0.0)
Firearms/ Explosives	84	217	38.5	(25.9-40.8)	9.9	(25.9-40.8)	41.1	(32.8-51.7)	11.2	(32.8-51.7)
Cutting/Piercing Instrument	3	8	1.4	(0.0-3.4)	0.4	(0.0-3.4)	1.8	(0.0-3.6)	0.4	(0.0-3.6)
Jumped from Height	1	22	0.5	(0.0-2.1)	1	(0.0-2.1)	0.2	(0.0-2.6)	1.1	(0.0-2.6)
Other	1	8	0.5	(0.0-1.3)	0.4	(0.0-1.3)	0.6	(0.0-1.6)	0.4	(0.0-1.6)
Total	126	445	57.8	(47.7-67.9)	20.4	(18.5-22.3)	61.5	(50.8-72.2)	22.8	(20.7-24.9)

Figure A4. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2018.

2018										
Method of Suicide	Veteran	Non-Veteran	Veteran		Non-Veteran		Veteran		Non-Veteran	
	Count		Crude Rate	C.I.	Crude Rate	C.I.	Age-Adjusted Rate	C.I.	Age-Adjusted Rate	C.I.
Poisoning by Solid, Liquid or Gaseous Substances	12	86	5.6	(4.9-12.5)	3.8	(4.9-12.5)	6.6	(5.0-12.7)	4.4	(5.0-12.7)
Hanging/ Strangulation/ Suffocation	10	110	4.7	(5.2-13.0)	4.9	(5.2-13.0)	5.5	(6.0-14.9)	5.4	(6.0-14.9)
Drowning/ Submersion	1	2	0.5	(0.0-0.0)	0.1	(0.0-0.0)	0.8	(0.0-0.0)	0.1	(0.0-0.0)
Firearms/ Explosives	83	253	38.7	(25.9-40.8)	11.2	(25.9-40.8)	36.5	(32.8-51.7)	12.5	(32.8-51.7)
Cutting/Piercing Instrument	3	10	1.4	(0.0-3.4)	0.4	(0.0-3.4)	1.6	(0.0-3.6)	0.5	(0.0-3.6)
Jumped from Height	4	15	1.9	(0.0-2.1)	0.7	(0.0-2.1)	0.7	(0.0-2.6)	0.8	(0.0-2.6)
Other	2	5	0.9	(0.0-1.3)	0.2	(0.0-1.3)	1.2	(0.0-1.6)	0.3	(0.0-1.6)
Total	115	481	53.7	(43.9-63.5)	21.3	(19.4-23.2)	52.9	(43.2-62.6)	24	(21.9-26.1)

Figure A5. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2019.

2019										
Method of Suicide	Veteran	Non-Veteran	Veteran		Non-Veteran		Veteran		Non-Veteran	
	Count		Crude Rate	C.I.	Crude Rate	C.I.	Age-Adjusted Rate	C.I.	Age-Adjusted Rate	C.I.
Poisoning by Solid, Liquid or Gaseous Substances	13	80	5.8	(4.9-12.5)	3.5	(4.9-12.5)	5.4	(5.0-12.7)	3.9	(5.0-12.7)
Hanging/ Strangulation/ Suffocation	14	115	6.2	(5.2-13.0)	5	(5.2-13.0)	10.1	(6.0-14.9)	5.5	(6.0-14.9)
Drowning/ Submersion	2	1	0.9	(0.0-0.0)	0	(0.0-0.0)	0.4	(0.0-0.0)	0	(0.0-0.0)
Firearms/ Explosives	90	243	40	(25.9-40.8)	10.6	(25.9-40.8)	42.5	(32.8-51.7)	12	(32.8-51.7)
Cutting/Piercing Instrument	2	5	0.9	(0.0-3.4)	0.2	(0.0-3.4)	0.8	(0.0-3.6)	0.2	(0.0-3.6)
Jumped from Height	2	16	0.9	(0.0-2.1)	0.7	(0.0-2.1)	0.3	(0.0-2.6)	0.7	(0.0-2.6)
Other	1	10	0.4	(0.0-1.3)	0.4	(0.0-1.3)	0.7	(0.0-1.6)	0.5	(0.0-1.6)
Total	124	470	55.1	(45.4-64.8)	20.4	(18.6-22.2)	60.2	(49.6-70.8)	22.8	(20.6-24.8)

Figure A6. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2020.

2020										
Method of Suicide	Veteran	Non-Veteran	Veteran		Non-Veteran		Veteran		Non-Veteran	
	Count		Crude Rate	C.I.	Crude Rate	C.I.	Age-Adjusted Rate	C.I.	Age-Adjusted Rate	C.I.
Poisoning by Solid, Liquid or Gaseous Substances	8	54	3.6	(4.9-12.5)	2.3	(4.9-12.5)	2.5	(5.0-12.7)	2.5	(5.0-12.7)
Hanging/ Strangulation/ Suffocation	8	90	3.6	(5.2-13.0)	3.8	(5.2-13.0)	4.9	(6.0-14.9)	4.2	(6.0-14.9)
Drowning/ Submersion	0	4	0	(0.0-0.0)	0.2	(0.0-0.0)	0	(0.0-0.0)	0.2	(0.0-0.0)
Firearms/ Explosives	90	237	40.6	(25.9-40.8)	10.1	(25.9-40.8)	38.9	(32.8-51.7)	11.5	(32.8-51.7)
Cutting/Piercing Instrument	1	10	0.5	(0.0-3.4)	0.4	(0.0-3.4)	0.4	(0.0-3.6)	0.5	(0.0-3.6)
Jumped from Height	1	8	0.5	(0.0-2.1)	0.3	(0.0-2.1)	0.4	(0.0-2.6)	0.4	(0.0-2.6)
Other	1	10	0.5	(0.0-1.3)	0.4	(0.0-1.3)	0.4	(0.0-1.6)	0.5	(0.0-1.6)
Total	109	413	49.3	(40.0-58.6)	17.5	(15.8-19.2)	47.5	(38.6-56.4)	19.8	(17.9-21.7)