# Special Surveillance Report: Veteran Suicide 2019-2023

## November 2024

## Office of Analytics
## Department of Health and Human Services

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

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*State of Nevada*

## Veterans Crisis Resources

If you or a veteran in your area is in need, please dial 988 then press 1 to be connected to the Veterans Crisis Line of the National Suicide and Crisis Lifeline or visit Veterans Crisis Line or 988.org or scan the QR code below. Free, confidential support is available 24/7, 365 days a year.

Compassionate and accessible care is available to Nevadans statewide by dialing an easy to remember three-digit number, **988**.

**988** offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress.

**988** is a confidential, free hotline that connects those experiencing a mental health, substance use, or suicidal crisis with trained crisis counselors 24/7/365. **Call, text, or chat 988lifeline.org.**

Need help with anything else? Nevada **211** can connect you with information and referrals to local health and human services agencies. It is free, confidential, and available 24/7/365. **Call 211, text 898211, or visit www.nevada211.org**.

# Acknowledgements

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**Special thanks for kindly providing introductory and closing remarks and veteran perspectives:**

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# Contents

# Introductory Remarks – Col. Mary Devine, Director Nevada Department of Veterans Services

***The Far-Reaching Impact of Suicide in Military Communities: Addressing Survivor's Grief, Unique Service-Related Challenges, and Pathways to Mental Health Support***

When talking about suicide prevention, it's easy to jump to the conclusion the discussion is focused solely on the person struggling with or contemplating suicide. As a veteran, I believe the impacts of suicide are far broader and wider and the consequences of suicide uniquely impact service members because of the challenges faced during military service. In dealing with the aftermath of suicide, it is not just the void of a missing service member within the formation. The consequences resonate throughout the organization and for those impacted, the emotional devastation can last a lifetime.

"Survivor's Grief" is a real thing. Not only does it degrade the functionality of the unit, but it takes a toll on the mental health of those left behind. It slows the ability for one to continue to move forward leaving in its path fear, anger, and emotional turmoil, becoming a profound emotional burden. "Survivor's Grief" can also be triggered from the often-traumatic losses experienced during service, whether through direct combat, training accidents, or the tragic aftermath of military engagements. This sense of guilt can be further compounded by the societal challenges veterans face in seeking support or understanding from those who have not shared similar experiences.

Additionally, veterans and service members face unique challenges directly due to their military service, particularly those involving deployment and exposure to high-stress combat environments. These situations have significant at-risk implications. Transitioning from the structured military setting to the complexities of civilian society often exacerbate these challenges, leading to heightened vulnerability to mental health issues, including an increased risk of suicide ideation or attempts.

Following military service, we need to address the higher likelihood a service member was exposed to a traumatic brain injury (TBI) and/or military sexual trauma (MST). Both are significant contributing factors that can severely impact the mental health and overall well-being of veterans and service members.

TBI often occurs during deployment due to blasts or falls, leading to a range of cognitive and emotional challenges, including memory problems, mood disorders, and difficulties in processing information.

Additionally, MST encompasses the psychological and physical effects of sexual assault or harassment, which can occur in various contexts, from training environments to active duty. Both TBI and MST can create an unbridled backdrop for veterans, complicating their reintegration into civilian life and contributing to a higher incidence of mental health issues such as post-traumatic stress disorder (PTSD), depression, and anxiety which can create underlying factors for service members, veterans, and their families.

Fortunately, help is available. There are treatments for depression, anxiety, TBI, MST, PTSD or any other mental health challenge, including "Survivor's Guilt." All these treatments have established, proven, track records of success. I highly encourage anyone who is suffering to reach out and seek help.

Because treatment is available and is so successful, we need to make sure the topic of suicide prevention includes this broader discussion, so no one is left behind. It is essential to address these mental health concerns with comprehensive support systems and targeted interventions that recognize the layered realities of military service both during and after one's service ends. We owe it to each other to protect and serve our brothers and sisters who protect and serve us.

**Colonel Mary Devine, Director**
**Nevada Department of Veterans Services**
**October 2024**

## Summary and Key Findings

While the rates of suicide among the veteran population may fluctuate from year to year, they remain overall significantly higher than the rates of suicide among non-veteran populations. This report demonstrates the need for continued monitoring of veteran and military deaths, as well as outreach and prevention initiatives for Nevada's servicemen and women. The Interagency Council on Veterans Affairs should use the data presented in this report when considering mental health issues, suicide, and attempted suicides among Nevada veterans. Young veterans are at a higher risk for death by suicide than their non-veteran peers. Older veterans make up a higher proportion of suicide deaths than their younger comrades. Female veterans are more likely to die by suicide than non-veteran women and are disproportionately likely to have a firearm involved in their death. Veterans of every demographic are at a higher risk of dying by suicide than those who have not served.

While firearms are the leading cause of death due to both suicide and all violent deaths in Nevada, access to firearms and the use of firearms as lethal means are prevalent in the veteran community to a degree that is not seen in the cohort of non-veterans who have died because of suicide.

Hospitalizations and emergency department encounters resulting from suicide attempts are predominantly caused by poisoning or drug overdoses in both veteran and non-veteran populations. This trend underscores the critical importance of ongoing prevention and education initiatives aimed at reducing access to lethal means to promote safer environments. For example, The Nevada Office as Suicide Prevention (OSP) partners with the Nevada Coalition for Suicide Prevention to host a biannual suicide prevention conference. OSP also provides training to thousands across the state, including staff from the Nevada Department of Veterans Services. Additionally, OSP staffs the Committee to Review Suicide Fatalities with a data-sharing agreement with the VA and co-leads with Nevada Department of Veterans Services for the Governor's Challenge Team to Prevent Suicide with SAMHSA's Service Members, Veterans, and their Families (SMVF).

The trend in hospitalizations and deaths also highlights the need for comprehensive mental health support, greater public awareness of substance use risks, and improved access to crisis intervention services such as 988 and the regional Mobile Outreach Safety Teams (MOST) throughout the state.

Veterans are more likely to experience physical health issues that can exacerbate the risk of a death by suicide. These types of physical challenges often compound emotional distress, yet veterans are less likely than their community peers to be formally diagnosed with the mental health conditions associated with suicide.

Reports such as this one aim to reduce the suicide rate among veterans by fostering honest and non-judgmental communication about mental health, suicide, and the resources available within Nevada communities. Comprehensive wraparound services for veterans and military families such as mental health screenings, counseling, crisis intervention, lethal means education, and social support systems are not only essential, but also more effective when tailored to the unique experiences of military life.

Early identification of suicidal ideation – through proactive outreach and education – allows for timely intervention before thoughts of suicide escalate into attempts. Detecting and addressing suicidal ideation early can reduce the risk of suicide within our military community.

# Background and Data Sources

The Nevada Department of Health and Human Services collects data for reporting on veteran health status, with an emphasis on insights related to suicide. Per NRS 417.0194, this annual report is being provided to the Interagency Council on Veterans Affairs by the Department of Health and Humans Services Office of Analytics on behalf of the State Registrar of Vital Statistics. This report focuses on suicide rates in the veteran population and how it compares to the non-veteran population in Nevada. To give context to the issue, the Office of Analytics also includes sections on overall leading causes of death between the two populations in Nevada and uses the most recent five years of data to show trends.

**Nevada Hospital Emergency Department Billing (HEDB)**
The Hospital Emergency Department Billing data provides health billing data for emergency room patients for Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data is for patients who used the emergency room service. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses (up to 33 diagnoses respectively). Please note that data available for 2023 are currently (as of 10/31/24) preliminary and subject to change.

**Nevada Hospital Inpatient Billing (HIB)**
The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data is for patients who spent at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses (up to 33 diagnoses respectively). Please note that data available for 2023 are currently (as of 10/31/24) preliminary and subject to change.

**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 as required by NRS 417.0194 § 9 (b). In this report, the top 10 primary causes of death are ranked from highest to lowest based on frequency of occurrence. Death data from 2019 to 2023 have been finalized as of October 2024. 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 2019 to 2023 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 2023 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 2023. This survey can be found at Nevada Veteran Survey.

**Nevada Violent Death Reporting System**

The National Violent Death Reporting System (NVDRS) is a program implemented by the Centers for Disease Control and Prevention (CDC) to collect violent death data from all fifty states and facilitate violence prevention. The NVDRS program facilitates the collaboration of coroner offices, law enforcement, and government agencies to ensure quality analysis of violent deaths. This collaboration has allowed the coalescence of toxicology reports, law enforcement reports, coroner/medical reports, and death certificates to create valuable insights on violent deaths. This system reports on a 2-year delay; therefore, data in this report covers 2018-2022.

**U.S. Population**

The U.S. Census Bureau's U.S. 2000 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 effect 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 effect of age distribution between veteran and non-veteran populations.

Age-adjusted rates are weighted to the 2000 standard population provided by the U.S. Census. 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 possibly due to error or 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 is categorized as White, Black, Native American Indian/Alaska Native (AI/AN), Asian/Pacific Islander (API), Hispanic, and Other/Unknown. The White, Black, AI/AN, and API categories are all non-Hispanic.

Identifying veteran status within the hospitalization data available in the NHEDB/NHIB datasets is reliant (with limitations) on 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 HEDB/HIB is representative of the number of visits and not the number of unique individuals. Therefore, a single person may be counted multiple times. Please note that data available for 2023 are currently (as of 10/31/24) preliminary and subject to change.

# Veteran-Related Deaths

This section of the report examines deaths in Nevada, focusing on suicide and veteran status of Nevada residents. This section compares Nevada's veteran population to its non-veteran population with the determination made to ensure a person's veteran status was clearly identified through a death certificate and no assumptions were made about veteran status. The Nevada death certificate contains a field related to veteran status, although it should not be assumed that this gives a fully comprehensive count of veteran deaths. Due to this limitation, care should be taken in comparing total number of deaths, percentages, and rates within this report to other topical reports, as well as the total number of deceased Nevada residents in any given year.

Between 2019 and 2023, there were a total of 147,556 Nevada resident deaths. Of these deaths, 1,916 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 under age 20, with an unknown age, and/or with unknown veteran status have been excluded from this section of the report, leaving a total of 142,378 analyzed deaths. Of those deaths, 32,537 occurred in veterans (23%) and 109,841 occurred in non-veterans (77%).

Figure 1 shows the top 10 primary causes of death by veteran status for Nevada residents between 2019 and 2023. The three leading causes of death are the same among veterans and non-veterans: diseases of the heart, malignant neoplasms (cancer), and COVID-19. Other top causes of death include cerebrovascular diseases (stroke), diabetes mellitus, nontransport accidents, Alzheimer's disease and chronic lower respiratory diseases. The cause of death ranking for the non-top three reasons can vary slightly for veterans and non-veterans (see Figure 1).

Figure 1. Top 10 Primary Causes of Death by Veteran Status. Nevada Residents, 2019-2023 Combined.

| Rank | Primary Cause of Death | Count | % of Total Deaths |
|---|---|---|---|
| **Veteran** | | | |
| 1 | Diseases of the heart | 9,105 | 28% |
| 2 | Malignant neoplasms | 6,254 | 19% |
| 3 | COVID-19 | 2,353 | 7% |
| 4 | Chronic lower respiratory diseases | 1,922 | 6% |
| 5 | Cerebrovascular diseases (stroke) | 1,452 | 4% |
| 6 | Nontransport accidents | 965 | 3% |
| 7 | Diabetes mellitus | 932 | 3% |
| 8 | Alzheimer's disease | 858 | 3% |
| **9** | **Intentional self-harm (suicide)** | **613** | **2%** |
| 10 | Influenza and pneumonia | 550 | 2% |
| 11 | All other causes | 7,532 | 23% |
| **Total** | | 32,537 | 100% |
| **Non-Veteran** | | | |
| 1 | Diseases of the heart | 25,204 | 23% |
| 2 | Malignant neoplasms | 20,146 | 18% |
| 3 | COVID-19 | 8,320 | 8% |
| 4 | Nontransport accidents | 5,913 | 5% |
| 5 | Chronic lower respiratory diseases | 5,643 | 5% |
| 6 | Cerebrovascular diseases (stroke) | 5,308 | 5% |
| 7 | Diabetes mellitus | 3,362 | 3% |
| 8 | Alzheimer's disease | 3,169 | 3% |
| **9** | **Intentional self-harm (suicide)** | **2,390** | **2%** |
| 10 | Chronic liver disease and cirrhosis | 2,381 | 2% |
| 11 | All other causes | 28,005 | 25% |
| **Total** | | 109,841 | 100% |

*Data Source: Nevada Electronic Death Registry System*

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

Total veteran deaths comprise a range of 21% (2023) to 25% (2019) 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 number of total deaths as well as population changes. It should be noted however that veterans comprised roughly 8% of the adult population of Nevada in 2023 while accounting for 1 in 5 of the total deaths. Figure 2 below shows the total count of veteran and non-veteran deaths by year and age group for the last five years.

Figure 2. Total Count of Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2019-2023.

| Year of Death | Veteran Status | Age Group | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85+ | |
| 2019 | Veteran | 5 | 26 | 40 | 125 | 511 | 1,549 | 1,940 | 1,988 | 6,184 |
| | Non-Veteran | 165 | 468 | 693 | 1,467 | 2,949 | 4,101 | 4,524 | 3,827 | 18,194 |
| 2020 | Veteran | 6 | 31 | 54 | 168 | 524 | 1,649 | 2,216 | 2,175 | 6,823 |
| | Non-Veteran | 220 | 627 | 923 | 1,811 | 3,621 | 5,140 | 5,617 | 4,633 | 22,592 |
| 2021 | Veteran | 6 | 35 | 55 | 160 | 593 | 1,756 | 2,488 | 2,048 | 7,141 |
| | Non-Veteran | 263 | 813 | 1,191 | 2,149 | 4,040 | 5,746 | 5,918 | 4,537 | 24,657 |
| 2022 | Veteran | 9 | 36 | 60 | 113 | 460 | 1,401 | 2,370 | 2,070 | 6,519 |
| | Non-Veteran | 206 | 645 | 1,059 | 1,640 | 3,411 | 5,343 | 5,864 | 4,637 | 22,805 |
| 2023 | Veteran | 6 | 41 | 60 | 108 | 379 | 1,154 | 2,263 | 1,859 | 5,870 |
| | Non-Veteran | 163 | 664 | 1,053 | 1,580 | 3,102 | 4,979 | 5,640 | 4,412 | 21,593 |
| **Total** | **Veteran** | **32** | **169** | **269** | **674** | **2,467** | **7,509** | **11,277** | **10,140** | **32,537** |
| | **Non-Veteran** | **1,017** | **3,217** | **4,919** | **8,647** | **17,123** | **25,309** | **27,563** | **22,046** | **109,841** |

*Data Source: Nevada Electronic Death Registry System*

When veteran deaths are broken down by race/ethnicity, White veterans accounted for 84% of the total deaths (N=27,197), followed by Black and Hispanic veterans accounting for 8% (N=2745) and 4% (N=1,323) of deaths respectively between 2019 and 2023. This race/ethnicity breakdown of deaths differs from the non-veteran population, where White individuals accounted for 68% of total deaths, followed by Hispanic and Black individuals at 13% and 10% of total deaths respectively (See Figures 3 and 4).

Among veteran suicides from 2019 to 2023, 86% were White, followed by 6% Black, 5% Hispanic, 2% API, and 1% AI/AN (See Figure 3). The racial breakdown of non-veteran suicides is 71% White, 15% Hispanic, 7% Black, 6% API, and 1% AI/AN (See Figure 4).

Figure 3. Veteran Death Counts by Manner of Death and Race/Ethnicity. Nevada Residents Ages 20+, 2019-2023.

| Manner of Death | Year of Death | Race/Ethnicity | | | | | | Total |
|---|---|---|---|---|---|---|---|---|
| | | White (NH) | Black (NH) | AI/AN (NH) | API (NH) | Hispanic | Other/ Unknown | |
| 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 | 10 | 4 | 0 | 0 | 0 | 0 | 14 |
| Intentional Self-harm | 2020 | 96 | 4 | 3 | 7 | 1 | 0 | 111 |
| Accident | 2020 | 180 | 25 | 1 | 2 | 14 | 0 | 222 |
| All Other | 2020 | 5,388 | 530 | 51 | 218 | 279 | 10 | 6,476 |
| Total | 2020 | 5,674 | 563 | 55 | 227 | 294 | 10 | 6,823 |
| Assault | 2021 | 3 | 4 | 0 | 1 | 2 | 0 | 10 |
| Intentional Self-harm | 2021 | 110 | 6 | 1 | 1 | 7 | 1 | 126 |
| Accident | 2021 | 218 | 17 | 2 | 9 | 14 | 0 | 260 |
| All Other | 2021 | 5,592 | 591 | 50 | 216 | 284 | 12 | 6,745 |
| Total | 2021 | 5,923 | 618 | 53 | 227 | 307 | 13 | 7,141 |
| Assault | 2022 | 10 | 5 | 0 | 1 | 0 | 0 | 16 |
| Intentional Self-harm | 2022 | 103 | 8 | 1 | 2 | 8 | 1 | 123 |
| Accident | 2022 | 220 | 21 | 1 | 9 | 19 | 1 | 271 |
| All Other | 2022 | 5,133 | 507 | 47 | 182 | 229 | 11 | 6,109 |
| Total | 2022 | 5,466 | 541 | 49 | 194 | 256 | 13 | 6,519 |
| Assault | 2023 | 9 | 1 | 1 | 0 | 0 | 0 | 11 |
| Intentional Self-harm | 2023 | 112 | 7 | 0 | 2 | 8 | 0 | 129 |
| Accident | 2023 | 212 | 31 | 3 | 4 | 8 | 1 | 259 |
| All Other | 2023 | 4,561 | 499 | 31 | 151 | 217 | 12 | 5,471 |
| Total | 2023 | 4,894 | 538 | 35 | 157 | 233 | 13 | 5,870 |
| **Assault** | **2019-2023** | **39** | **15** | **1** | **2** | **2** | **0** | **59** |
| **Intentional Self-harm** | **2019-2023** | **528** | **34** | **6** | **15** | **28** | **2** | **613** |
| **Accident** | **2019-2023** | **1,006** | **108** | **11** | **29** | **67** | **5** | **1,226** |
| **All Other** | **2019-2023** | **25,624** | **2,588** | **227** | **911** | **1,126** | **63** | **30,639** |
| **Total** | **2019-2023** | **27,197** | **2,745** | **245** | **957** | **1,323** | **70** | **32,537** |

*Data Source: Nevada Electronic Death Registry System*

*NH denotes non-Hispanic populations*

*AI/AN denotes American Indian/Alaskan Native populations*

*API denotes Asian Pacific Islander populations*

Figure 4. Non-Veteran Death Counts by Manner of Death and Race/Ethnicity. Nevada Residents Ages 20+, 2019-2023.

| Manner of Death | Year of Death | Race/Ethnicity | | | | | | Total |
|---|---|---|---|---|---|---|---|---|
| | | White (NH) | Black (NH) | AI/AN (NH) | API (NH) | Hispanic | Other/ Unknown | |
| 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 | 62 | 69 | 4 | 11 | 40 | 0 | 186 |
| Intentional Self-harm | 2020 | 311 | 32 | 6 | 28 | 53 | 0 | 430 |
| Accident | 2020 | 891 | 175 | 19 | 59 | 218 | 1 | 1,363 |
| All Other | 2020 | 13,739 | 2,027 | 211 | 1,780 | 2,811 | 45 | 20,613 |
| Total | 2020 | 15,003 | 2,303 | 240 | 1,878 | 3,122 | 46 | 22,592 |
| Assault | 2021 | 66 | 99 | 2 | 4 | 56 | 1 | 228 |
| Intentional Self-harm | 2021 | 357 | 38 | 5 | 29 | 80 | 1 | 510 |
| Accident | 2021 | 1,027 | 224 | 28 | 76 | 267 | 2 | 1,624 |
| All Other | 2021 | 14,758 | 2,272 | 245 | 2,023 | 2,940 | 57 | 22,295 |
| Total | 2021 | 16,208 | 2,633 | 280 | 2,132 | 3,343 | 61 | 24,657 |
| Assault | 2022 | 62 | 58 | 4 | 7 | 59 | 1 | 191 |
| Intentional Self-harm | 2022 | 343 | 45 | 3 | 27 | 81 | 0 | 499 |
| Accident | 2022 | 989 | 178 | 28 | 71 | 281 | 11 | 1,558 |
| All Other | 2022 | 14,143 | 2,006 | 192 | 1,724 | 2,419 | 73 | 20,557 |
| Total | 2022 | 15,537 | 2,287 | 227 | 1,829 | 2,840 | 85 | 22,805 |
| Assault | 2023 | 68 | 57 | 4 | 13 | 63 | 1 | 206 |
| Intentional Self-harm | 2023 | 329 | 31 | 4 | 26 | 82 | 9 | 481 |
| Accident | 2023 | 1,144 | 216 | 29 | 91 | 324 | 12 | 1,816 |
| All Other | 2023 | 13,157 | 1,837 | 183 | 1,557 | 2,220 | 136 | 19,090 |
| Total | 2023 | 14,698 | 2,141 | 220 | 1,687 | 2,689 | 158 | 21,593 |
| **Assault** | **2019-2023** | **312** | **316** | **18** | **42** | **253** | **3** | **944** |
| **Intentional Self-harm** | **2019-2023** | **1,699** | **167** | **23** | **133** | **354** | **14** | **2,390** |
| **Accident** | **2019-2023** | **4,768** | **904** | **124** | **363** | **1,251** | **35** | **7,445** |
| **All Other** | **2019-2023** | **67,505** | **9,641** | **1,006** | **8,326** | **12,129** | **455** | **99,062** |
| **Total** | **2019-2023** | **74,284** | **11,028** | **1,171** | **8,864** | **13,987** | **507** | **109,841** |

*Data Source: Nevada Electronic Death Registry System*

*NH denotes non-Hispanic populations*

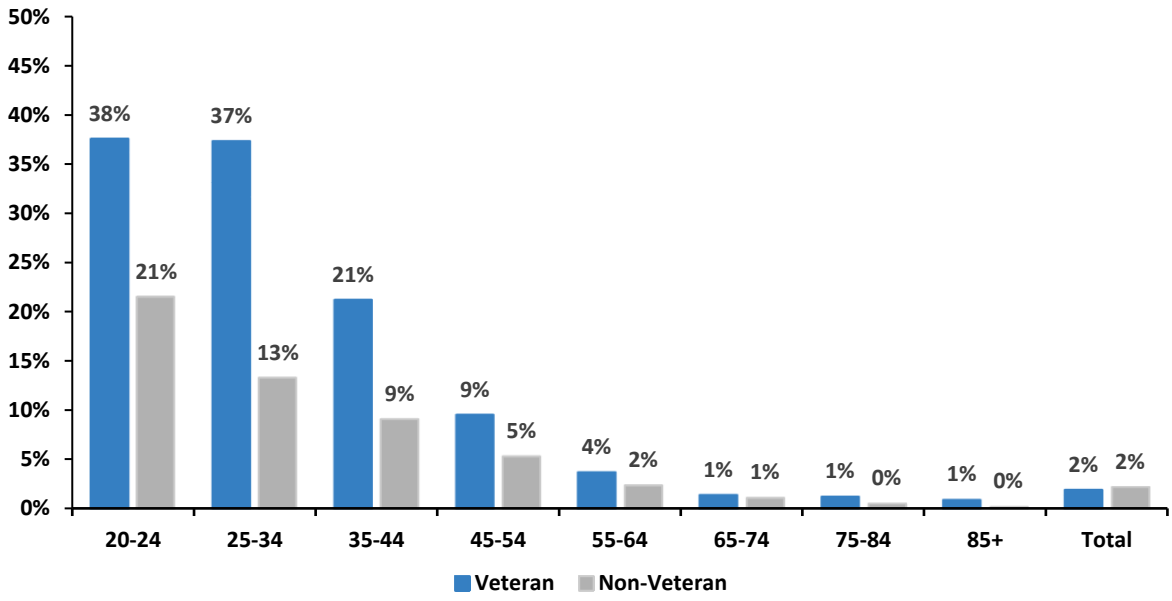
*AI/AN denotes American Indian/Alaskan Native populations*

*API denotes Asian Pacific Islander populations*

When broken down by age group between 2019 and 2023, there are stark differences in the total share of veteran and non-veteran deaths by suicide by age group (Figure 5). Thirty eight percent (38%) of all deaths for veterans aged 20-24 and 37% of all deaths for veterans aged 25-34 were due to suicide. This contrasts with the non-veteran population in the same age groups where 21% of deaths in the age group 20-24 and 13% in age group 25-34 were due to suicide (see Figure 6 for associated counts). 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% for Nevada residents aged 65-74.

When examining percentages, it should be noted that people aged 20-34 are naturally likely to have lower mortality rates from disease and natural causes as compared to older adults. Therefore, suicide is more likely to be the cause of a larger proportion of deaths in younger age groups regardless of veteran status. However, young veterans in Nevada are more likely to die by suicide than their non-veteran peers.

Figure 5. Percentage of Total Deaths with Cause of Death Indicated as Suicide by Veteran Status and Age Group. Nevada Residents Ages 20+, 2019-2023 Combined.




*Data Source: Nevada Electronic Death Registry System*

Of the 142,378 deaths included within this report between 2019 and 2023, 3,003 died due to suicide and 613 (26%) of those suicide deaths were reported as having a veteran status (Figure 6).

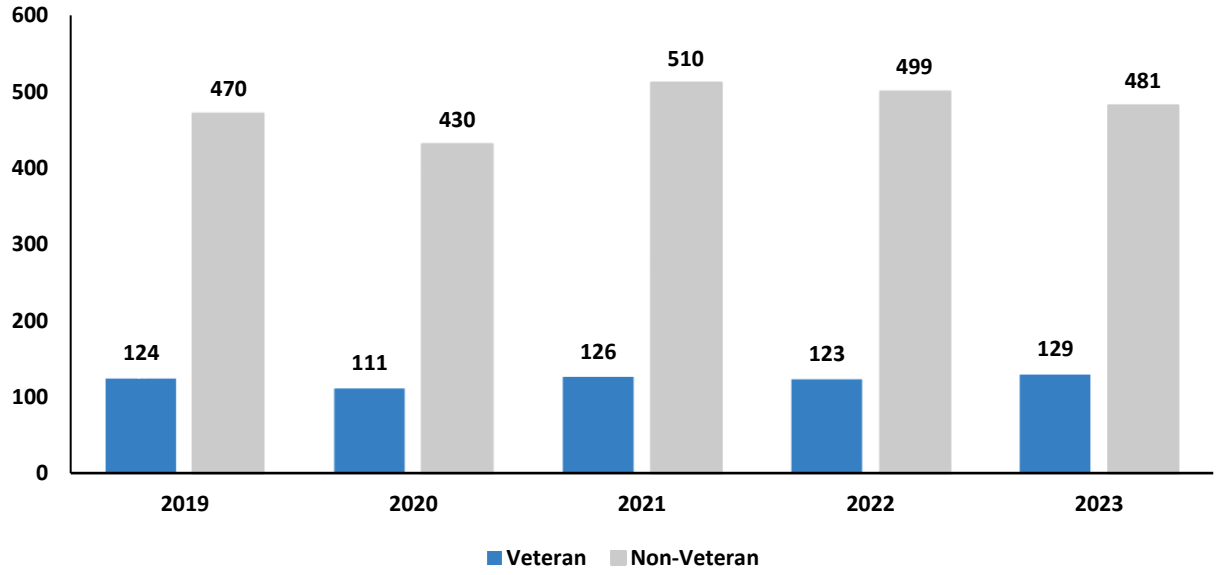
The highest number of reported veteran suicides occurred in 2023 (N=129) with the lowest number reported in 2020 (N=111) (Figure 7).

Figure 6. Total Count of Suicide-Related Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2019-2023.

| Year of Death | Veteran Status | Age Group | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85+ | |
| 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 | 9 | 6 | 17 | 18 | 23 | 21 | 15 | 111 |
| | Non-Veteran | 39 | 75 | 74 | 79 | 78 | 57 | 18 | 10 | 430 |
| 2021 | Veteran | 3 | 7 | 17 | 11 | 18 | 15 | 34 | 21 | 126 |
| | Non-Veteran | 59 | 94 | 90 | 106 | 76 | 48 | 28 | 9 | 510 |
| 2022 | Veteran | 1 | 17 | 13 | 11 | 15 | 19 | 29 | 18 | 123 |
| | Non-Veteran | 52 | 82 | 105 | 87 | 97 | 46 | 24 | 6 | 499 |
| 2023 | Veteran | 2 | 16 | 14 | 11 | 18 | 20 | 28 | 20 | 129 |
| | Non-Veteran | 32 | 77 | 98 | 97 | 70 | 71 | 30 | 6 | 481 |
| **Total** | **Veteran** | **12** | **63** | **57** | **64** | **61** | **103** | **135** | **88** | **613** |
| | **Non-Veteran** | **218** | **426** | **445** | **456** | **399** | **276** | **133** | **37** | **2,390** |

*Data Source: Nevada Electronic Death Registry System*

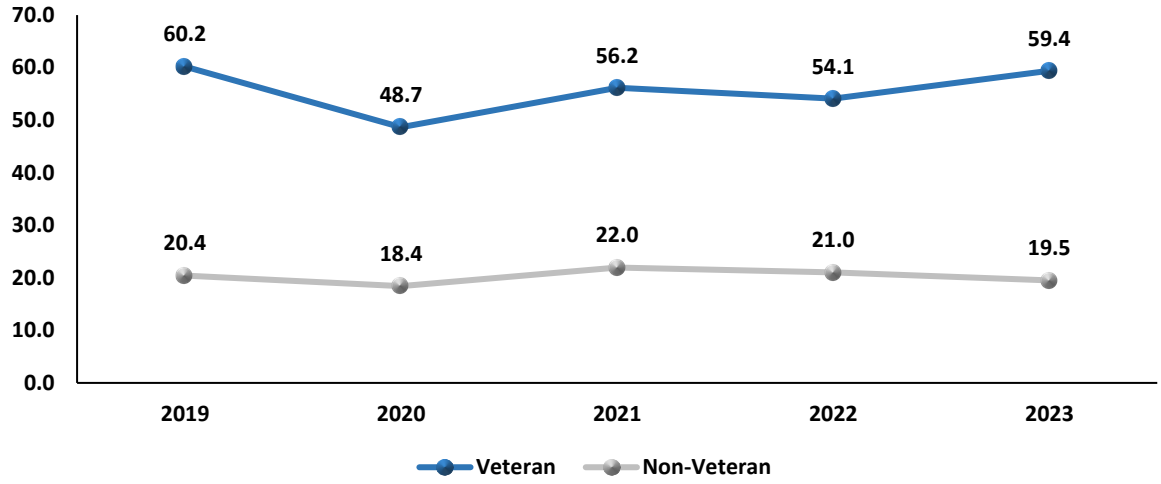
Figure 7. Counts of Suicide-Related Deaths by Year and Veteran Status. Nevada Residents Ages 20+, 2019-2023.




*Data Source: Nevada Electronic Death Registry System*

Veteran suicide rates (per 100,000) have varied between 2019 and 2023 with a peak rate of 60.2 per 100,000 veteran population in 2019 compared to the lowest rate of 48.7 per 100,000 veteran population in 2020. This contrasts with the rate per 100,000 of non-veteran suicides, with rates between 18.4 and 22.0 per 100,000 non-veterans (Figure 8). These rates demonstrate an increased risk for a veteran to complete suicide compared to non-veteran Nevada residents.

Figure 8. Suicide Age-Adjusted Rates (per 100,000 Population) by Year and Veteran Status. Nevada Residents Ages 20+, 2019-2023.



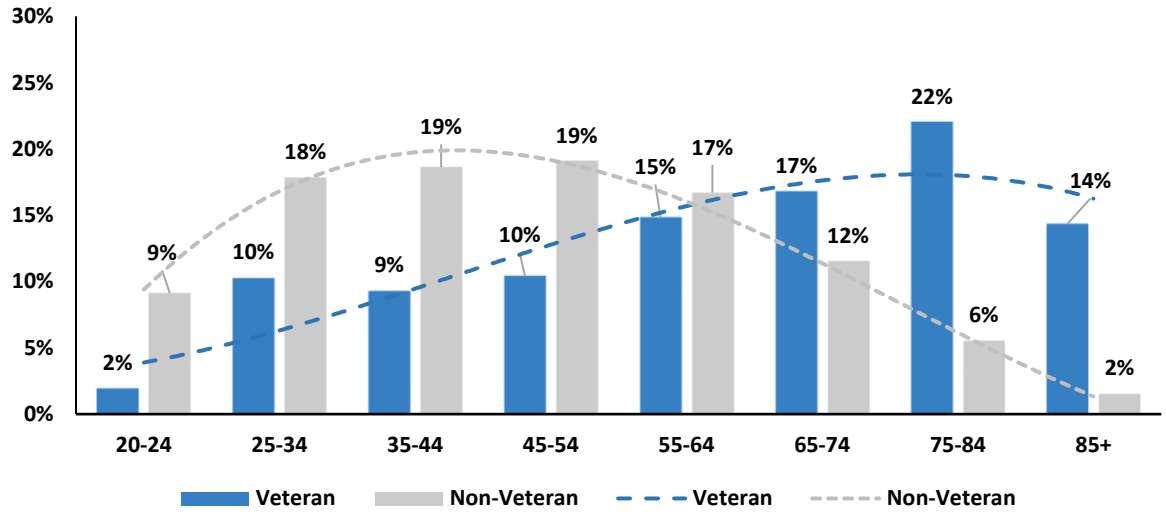

*Data Source: Nevada Electronic Death Registry System*

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

Turning to the distribution of suicide deaths by age, data show increased distribution for non-veterans as age increases until the 45-54 age group, followed by a steady decline (Figure 9). In the veteran population, suicide deaths increase in distribution with age until the 75-84 age group before declining. This continues the trend noted in prior versions of this report where suicide deaths for veterans are skewed toward older populations when looking at a breakdown of suicide deaths by age group.

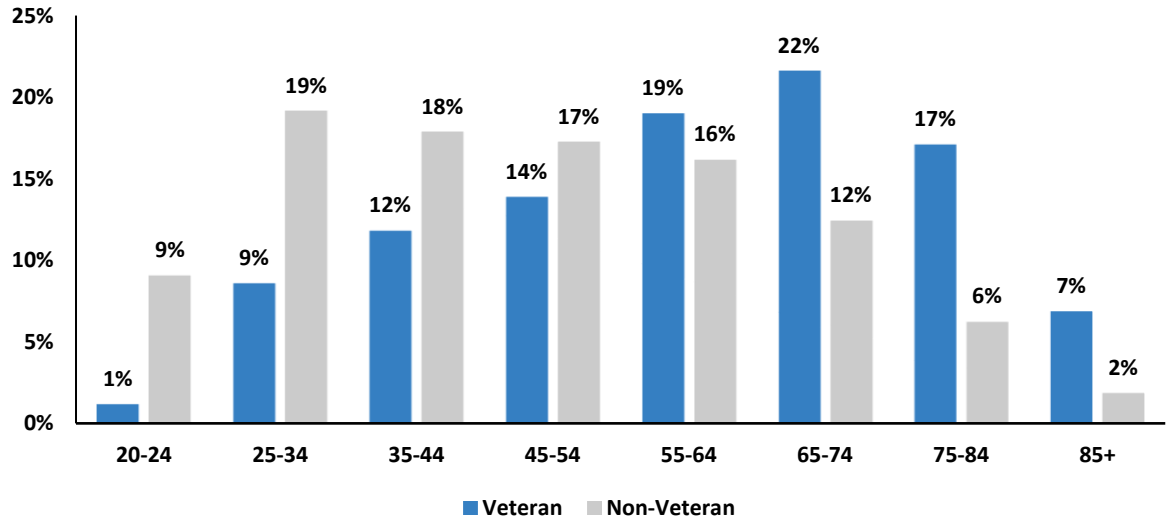
It is important to note that the distributions of suicide deaths by age group between populations are highly correlated with the age distributions of those populations in general. The veteran vs. non-veteran populations distributions by age can be seen below. (Figure 10).

Figure 9. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Aged 20+, 2018-2023 Combined.




*Data Source: Nevada Electronic Death Registry System*

Figure 10. Age Distribution of Population by Veteran Status. Nevada Residents Ages 20+, 2019-2023 Combined.




*Data Source: Nevada Electronic Death Registry System*

Among the veteran population from 2019 to 2023, the highest percentage of suicides occurred in the 75-84 age group. This accounted for 22% of the 613 suicide-related deaths, compared to 6% of the non-veteran suicide deaths respectively (Figures 9 and 11). The highest percentage of suicides among the non-veteran population occurred in the 35-44 and 45-54 age groups, each accounting for 19% of the total suicide deaths, compared to 9% and 10% of veteran deaths respectively.

Figure 11. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Ages 20+, 2019-2023.

| Year of Death | Veteran Status | Age Group | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85+ | |
| 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=111) | 2% | 8% | 5% | 15% | 16% | 21% | 19% | 14% | 100% |
| | Non-Veteran (N=430) | 9% | 17% | 17% | 18% | 18% | 13% | 4% | 2% | 100% |
| 2021 | Veteran (N=126) | 2% | 6% | 13% | 9% | 14% | 12% | 27% | 17% | 100% |
| | Non-Veteran (N=510) | 12% | 18% | 18% | 21% | 15% | 9% | 5% | 2% | 100% |
| 2022 | Veteran (N=123) | 1% | 14% | 11% | 9% | 12% | 15% | 24% | 15% | 100% |
| | Non-Veteran (N=499) | 10% | 16% | 21% | 17% | 19% | 9% | 5% | 1% | 100% |
| 2023 | Veteran (N=129) | 2% | 12% | 11% | 9% | 14% | 16% | 22% | 16% | 100% |
| | Non-Veteran (N=481) | 7% | 16% | 20% | 20% | 15% | 15% | 6% | 1% | 100% |
| **Total** | **Veteran (N=613)** | **2%** | **10%** | **9%** | **10%** | **15%** | **17%** | **22%** | **14%** | **100%** |
| | **Non-Veteran (N=2,390)** | **9%** | **18%** | **19%** | **19%** | **17%** | **12%** | **6%** | **2%** | **100%** |

*Data Source: Nevada Electronic Death Registry System*

Between 2019 to 2023, the highest proportion of suicide deaths in both veteran and non-veteran population were caused by firearms. Firearm fatalities accounted for 58% of non-veteran deaths by suicide and 77% of all veteran suicide deaths. Following that, Hanging/Strangulation/Suffocation accounted for 22% of non-veteran suicide deaths compared to 9% of veteran suicide deaths. Poisoning was the third leading method, comprising 16% of non-veteran and 7% of veteran deaths by suicide (Figure 12).

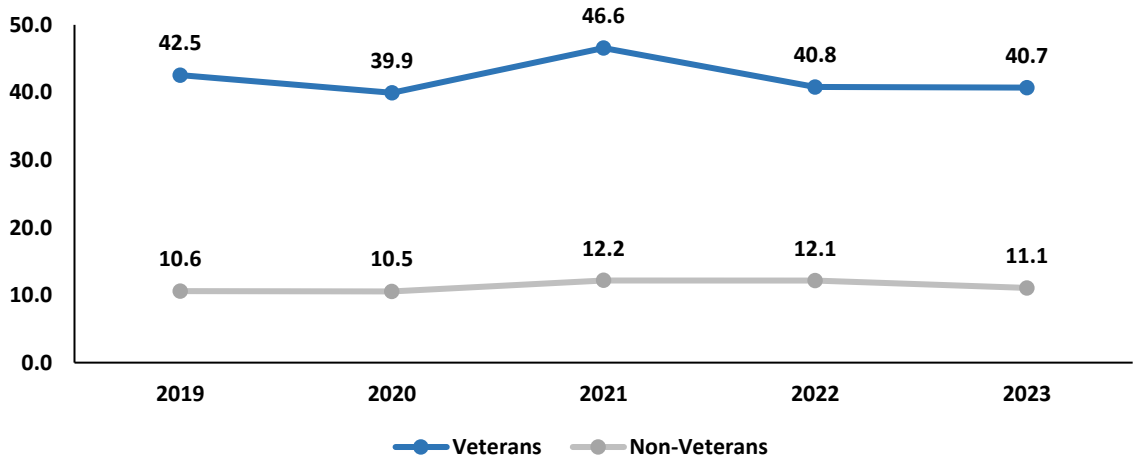
Figure 12. Suicide-Related Deaths by Year, Veteran Status, and Method of Suicide. Nevada Residents Ages 20+, 2019-2023.

| Year of Death | Veteran Status | Method of Suicide | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Firearm/ Air Gun/ Explosive | Hanging/ Strangulation/ Suffocation | Poisoning by Solid, Liquid, or Gaseous Substance | Cutting/ Piercing Instrument | Jumping from Height | Drowning/ Submersion | Other | Total |
| 2019 | Veteran | 90 | 14 | 13 | 2 | 2 | 2 | 1 | 124 |
| | Non-Veteran | 243 | 115 | 80 | 5 | 16 | 1 | 10 | 470 |
| 2020 | Veteran | 91 | 10 | 8 | 0 | 1 | 0 | 1 | 111 |
| | Non-Veteran | 245 | 93 | 57 | 10 | 10 | 4 | 11 | 430 |
| 2021 | Veteran | 103 | 7 | 7 | 3 | 3 | 1 | 2 | 126 |
| | Non-Veteran | 284 | 104 | 80 | 10 | 15 | 0 | 17 | 510 |
| 2022 | Veteran | 95 | 11 | 8 | 6 | 2 | 0 | 1 | 123 |
| | Non-Veteran | 290 | 94 | 73 | 14 | 14 | 4 | 10 | 499 |
| 2023 | Veteran | 96 | 16 | 8 | 6 | 3 | 0 | 0 | 129 |
| | Non-Veteran | 278 | 103 | 68 | 11 | 11 | 1 | 9 | 481 |
| **Total** | **Veteran** | **475** | **58** | **44** | **17** | **11** | **3** | **5** | **613** |
| | **Non-Veteran** | **1,340** | **509** | **358** | **50** | **66** | **10** | **57** | **2,309** |

*Data Source: Nevada Electronic Death Registry System*

Year over year, the veteran suicide rate by firearms varied from a low of 39.9 in 2020 to a high of 46.6 in 2021. Veterans who die by suicide are significantly more likely to do so using a firearm than their non-veteran counterparts (Figure 13).

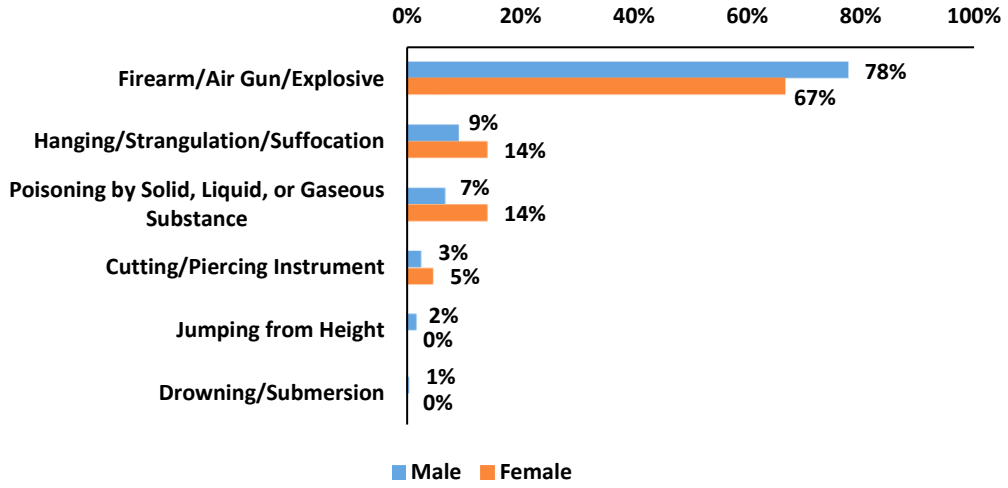
Figure 13. Firearm/Air Gun/Explosive as the Method of Suicide, Age-Adjusted Rates (per 100,000-Population) by Year and Veteran Status. Nevada Residents Ages 20+, 2019-2023.




*Data Source: Nevada Electronic Death Registry System*

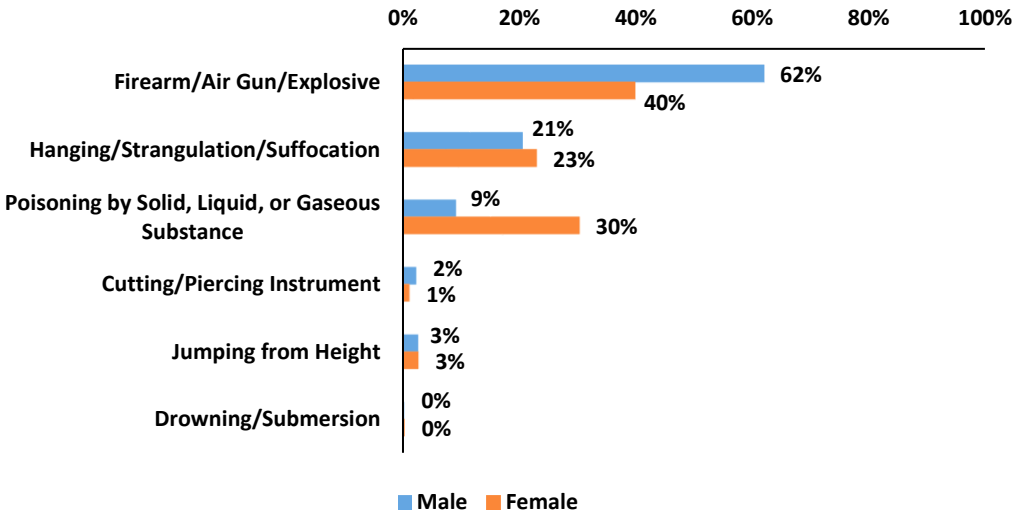
The high incidence of firearm use in suicide-related deaths of veterans is illustrated by controlling for sex. Among veterans, 78% of the men who died by suicide used a firearm compared to 62% of men who were non-veterans. The disparity is especially clear among women where 67% of female veteran deaths involved a firearm, compared to 40% of the non-veteran female deaths by suicide. (Figure 14 and 15). Female veterans are disproportionately more likely to utilize a firearm in a suicide death than non-veteran women.

Figure 14. Percent of Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2019-2023 Combined.




*Data Source: Nevada Electronic Death Registry System*

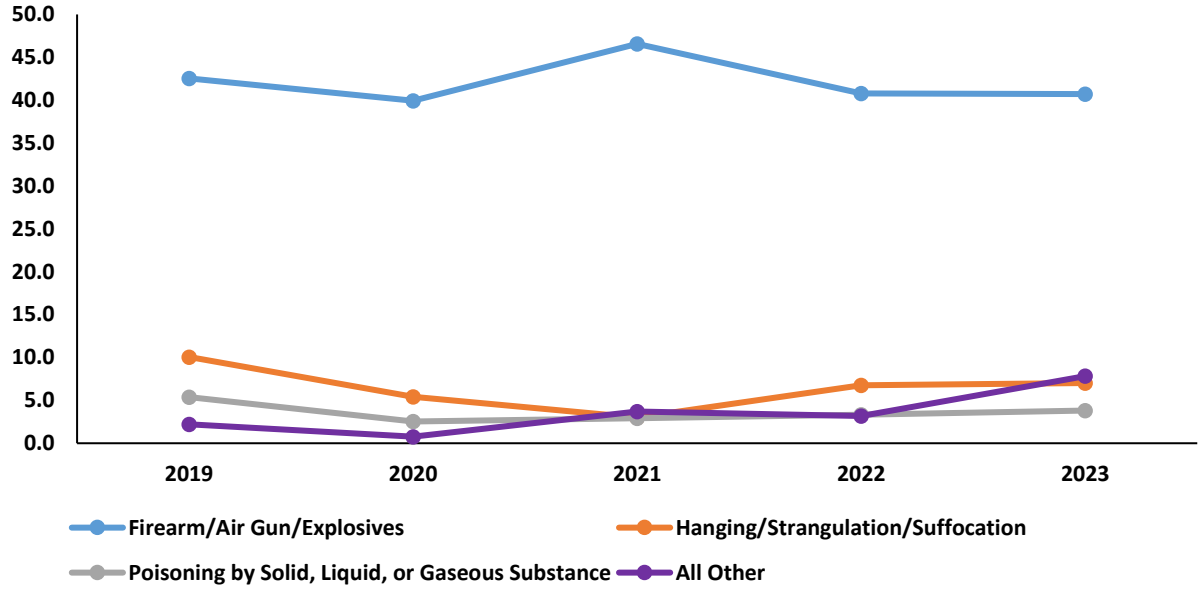
Figure 15. Percent of Non-Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2019-2023 Combined.




*Data Source: Nevada Electronic Death Registry System*

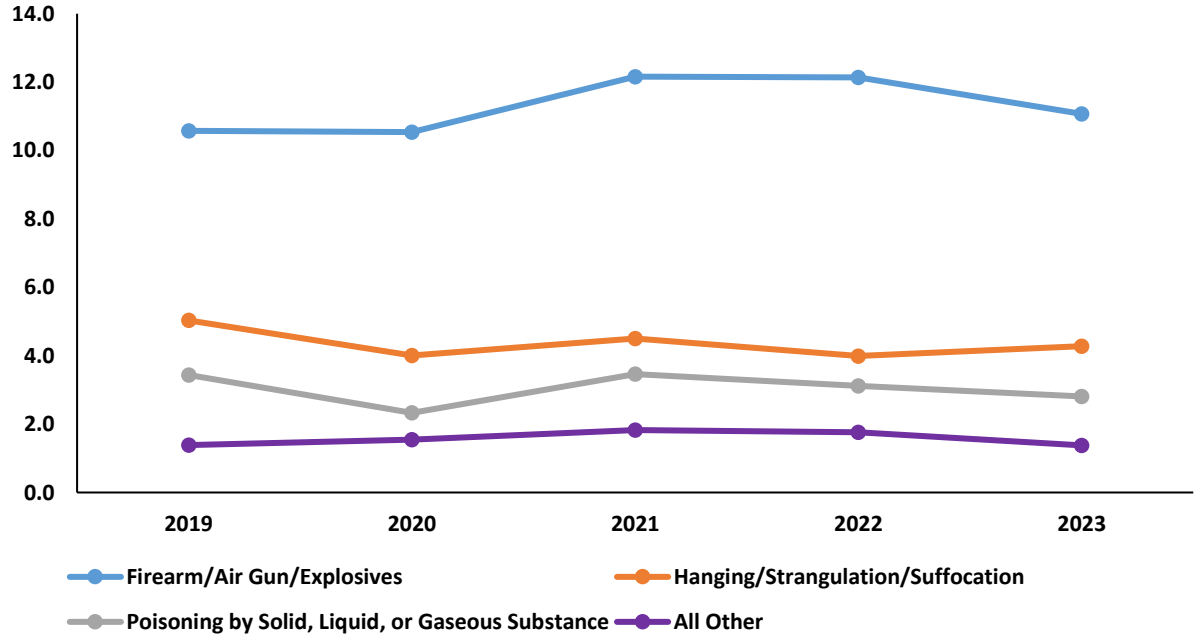
The rates (per 100,000 population) at which firearm/air gun/explosives were used as the method of suicide was greater in the veteran population compared to non-veteran population in all years from 2019 to 2023. Firearms/air guns/explosives were the top method of suicide for both veterans and non-veterans from 2019-2023 (Figures 16 and 17).

Figure 16. Methods of Suicide Age-Adjusted Rates (per 100,000 Population) by Year, Veteran Nevada Residents Ages 20+, 2019-2023.




*Data Source: Nevada Electronic Death Registry System*

Figure 17. Methods of Suicide Age-Adjusted Rates (per 100,000 Population) by Year, Non-Veteran Nevada Residents Ages 20+, 2018-2023.



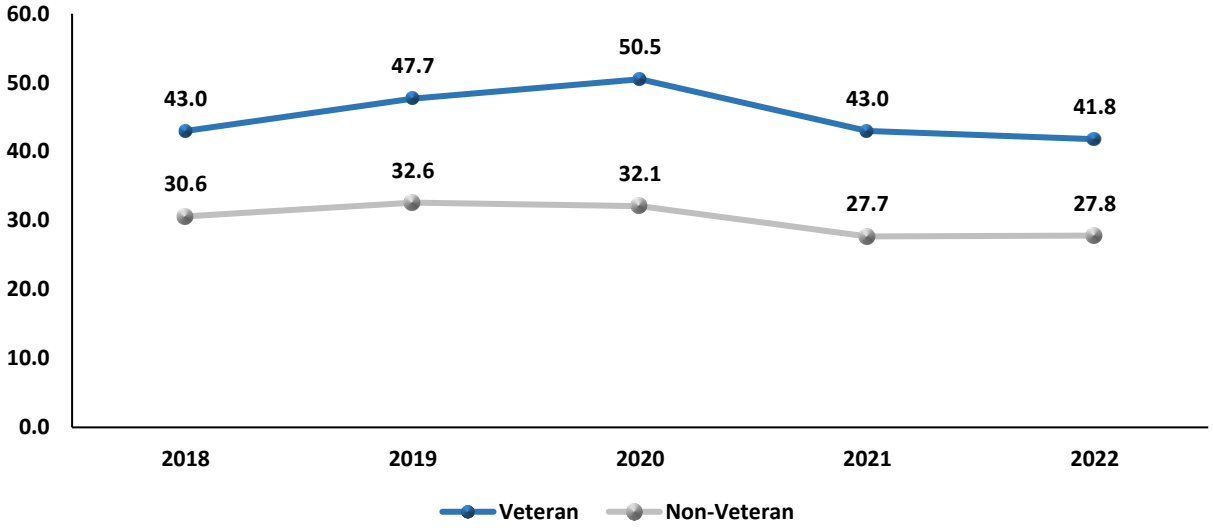

*Data Source: Nevada Electronic Death Registry System*

## Nevada Violent Death Reporting System (NVDRS)

The Nevada Violent Death Reporting System was introduced in 2017 as an additional data repository for violent deaths to increase surveillance. It contains a list of variables that are more expansive than the Nevada Electronic Death Registry System as it pertains to method and circumstances surrounding suicides. This section will elaborate on key circumstances that led to suicides.

As seen from Figure 18, veterans who die by suicide in Nevada are more likely to have a physical health problem listed as a contributing factor when compared to non-veterans. Between 2018 and 2022 between 40% and 50% of veterans had a physical health problem that contributed to their death.

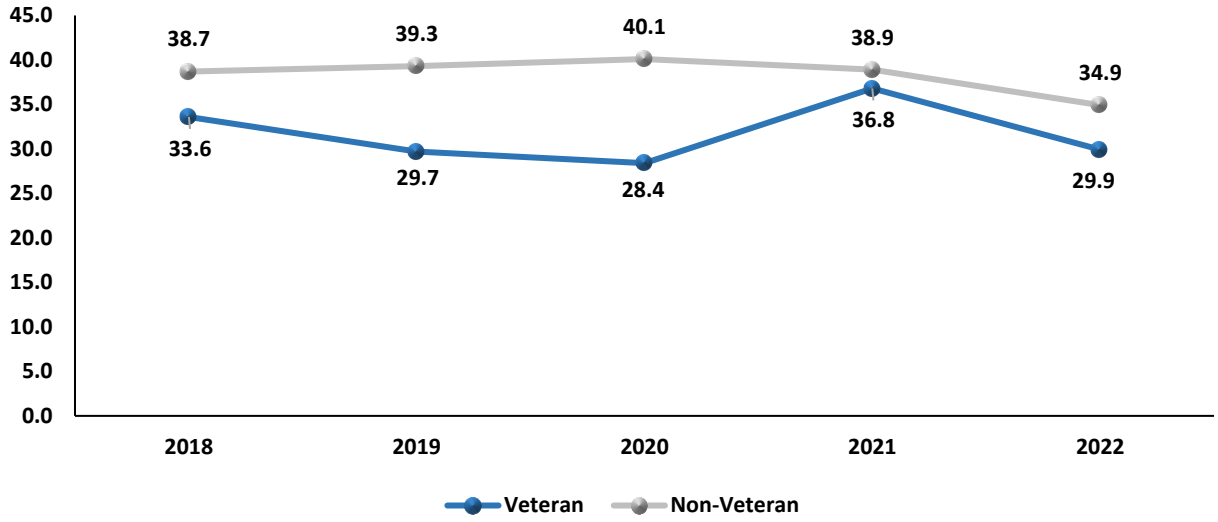
Figure 18. Percent of Veteran Deaths by Suicide with a Physical Health Problem versus non-Veterans, Nevada Residents, 2018-2022.




*Data Source: Nevada Violent Death Reporting System*

Veterans were also slightly less likely to have a diagnosed mental illness listed as a contributing factor for a suicide death when compared to non-veterans. This may represent an opportunity for intervention by increasing awareness and utilization of mental health services by those in the veteran community.

Figure 19. Percent of Veterans Deaths by Suicide with a Diagnosed Mental Illness versus Non-Veterans, Nevada Residents, 2018-2022.




*Data Source: Nevada Violent Death Reporting System*

## 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 who is covered through TRICARE and CHAMPVA, including spouses and dependents of military members.

In the military community there were 181 emergency department visits and 280 inpatient admissions related to suicide in 2019-2023 combined (Figure 20). Of the 181 visits, two individuals died, and 71 were discharged, transferred, left against medical advice, entered hospice, or were admitted as an inpatient. The remaining patients had other outcomes. Of the 280 inpatient admissions, one individual died, and 242 admissions were discharged, transferred, entered hospice, or left against medical advice. The remaining patients were otherwise administered (See Appendix Table A7).

In the non-military community there were 9,742 emergency department visits and 7,008 inpatient admissions related to suicide in 2019-2023 combined. Of the 16,750 visits, 131 individuals died, and 10,596 visits were discharged, transferred, left against medical advice, entered hospice, or admitted as an inpatient. The remaining patients were otherwise administered (See Appendix Table A7).

In contrast to the sex distribution of suicide deaths, suicide-related emergency department visits among the military community between 2019 and 2023 were slightly higher among females (57%) than males (43%). Inpatient admissions related to suicide showed the same split on sex with 57% female and 43% male. Females in the non-military community comprised the majority of both emergency department visits (61%) and inpatient admissions (63%).

For the breakdown by age group please see Appendix Table A8.

Figure 20. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Sex. Nevada Residents, 2019-2023 Combined.

| Sex | Military Community | | | | Non-Military Community | | | |
|---|---|---|---|---|---|---|---|---|
| | Emergency Department Visits | | Inpatient Admissions | | Emergency Department Visits | | Inpatient Admissions | |
| | Count | % | Count | % | Count | % | Count | % |
| Female | 104 | 57% | 159 | 57% | 6,040 | 62% | 4,395 | 63% |
| Male | 77 | 43% | 121 | 43% | 3,695 | 38% | 2,609 | 37% |
| Unknown | 0 | 0% | 0 | 0% | 6 | 0% | 3 | 0% |
| **Total** | **181** | **100%** | **280** | **100%** | **9,742** | **100%** | **7,008** | **100%** |

*Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing*

In total, the most prevalent reported method of attempted suicide resulting in emergency department visits was poisonings (including intentional overdose). These incidents accounted for 51% of all methods of attempted suicide among the military community and 48% of the non-military community (Figure 21).

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.

Figure 21. Suicide-Related Emergency Department Visits by Military Community Status, Method of Attempts and Year. Nevada Residents, 2019-2023.

| Method of Suicide Attempt | Year | | | | | Total | % |
|---|---|---|---|---|---|---|---|
| | 2019 | 2020 | 2021 | 2022 | 2023 | | |
| **Military Community** | | | | | | | |
| Poisoning by Solid, Liquid, or Gaseous Substance | 17 | 22 | 20 | 14 | 19 | 92 | 51% |
| Cutting/Piercing Instrument | 16 | 14 | 14 | 19 | 13 | 76 | 42% |
| Firearm/Air Gun/Explosive | 0 | 1 | 0 | 1 | 0 | 2 | 1% |
| Jumping from Height | 0 | 0 | 1 | 0 | 0 | 1 | 1% |
| Hanging/Strangulation/Suffocation | 0 | 0 | 0 | 1 | 0 | 1 | 1% |
| Late effects of self-inflicted injury | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| Other and unspecified means | 3 | 5 | 5 | 2 | 1 | 16 | 9% |
| **Total** | **34** | **41** | **39** | **36** | **31** | **181** | **100%** |
| **Non-Military Community** | | | | | | | |
| Poisoning by Solid, Liquid, or Gaseous Substance | 956 | 918 | 1,028 | 1,001 | 752 | 4,655 | 48% |
| Cutting/Piercing Instrument | 792 | 852 | 863 | 956 | 718 | 4,181 | 43% |
| Firearm/Air Gun/Explosive | 11 | 16 | 14 | 23 | 18 | 82 | 1% |
| Jumping from Height | 10 | 10 | 8 | 8 | 10 | 46 | 0% |
| Hanging/Strangulation/Suffocation | 3 | 0 | 1 | 3 | 1 | 8 | 0% |
| Late effects of self-inflicted injury | 0 | 1 | 0 | 1 | 1 | 3 | 0% |
| Other and unspecified means | 202 | 236 | 222 | 197 | 209 | 1,066 | 11% |
| **Total** | **1,934** | **1,977** | **2,068** | **2,117** | **1,646** | **9,742** | **100%** |

*Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing*

Poisoning and cutting/piercing incidents each accounted for 43% of attempted suicides resulting in inpatient admissions in the military community. In contrast, poisonings alone account for the highest admission rate of admissions in the non-military community at 58% (Figure 22*).*

A single suicide-related hospitalization may have multiple methods listed. Therefore, the numbers listed in Figure 22 cannot be summed to equal the total number of suicide-related hospitalizations. This applies to both the inpatient and emergency department sections.

Figure 22. Suicide-Related Inpatient Admissions by Military Community Status, Method of Attempts and Year. Nevada Residents, 2019-2023.

| Method of Suicide Attempt | Year | | | | | Total | % |
|---|---|---|---|---|---|---|---|
| | 2019 | 2020 | 2021 | 2022 | 2023 | | |
| **Military Community** | | | | | | | |
| Poisoning by Solid, Liquid, or Gaseous Substance | 29 | 11 | 39 | 26 | 16 | 121 | 43% |
| Cutting/Piercing Instrument | 23 | 32 | 37 | 22 | 6 | 120 | 43% |
| Firearm/Air Gun/Explosive | 2 | 0 | 1 | 0 | 2 | 5 | 2% |
| Jumping from Height | 0 | 1 | 1 | 0 | 0 | 2 | 1% |
| Hanging/Strangulation/Suffocation | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| Late effects of self-inflicted injury | 6 | 1 | 5 | 4 | 5 | 21 | 8% |
| Other and unspecified means | 3 | 5 | 7 | 7 | 3 | 25 | 9% |
| **Total** | **62** | **49** | **83** | **54** | **32** | **280** | **100%** |
| **Non-Military Community** | | | | | | | |
| Poisoning by Solid, Liquid, or Gaseous Substance | 959 | 817 | 845 | 784 | 639 | 4,044 | 58% |
| Cutting/Piercing Instrument | 242 | 281 | 348 | 377 | 245 | 1,493 | 21% |
| Firearm/Air Gun/Explosive | 10 | 16 | 16 | 29 | 23 | 94 | 1% |
| Jumping from Height | 2 | 0 | 3 | 7 | 9 | 21 | 0% |
| Hanging/Strangulation/Suffocation | 3 | 1 | 1 | 3 | 0 | 8 | 0% |
| Late effects of self-inflicted injury | 206 | 217 | 288 | 365 | 241 | 1,317 | 19% |
| Other and unspecified means | 75 | 46 | 45 | 65 | 66 | 297 | 4% |
| **Total** | **1,446** | **1,339** | **1,476** | **1,559** | **1,188** | **7,008** | **100%** |

*Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing*

# Closing Remarks – Dr. Spring Meyers, Nevada Department of Veterans Services

*Suicide Prevention: A Veteran's Perspective*

As a U.S. Air Force Veteran with active-duty service of 21 years, combat deployment experience, who is also a minority female, medical mental health officer, as well as a Veteran with a decade of continued civil service has created for me, a unique perspective regarding Veteran suicide prevention. That personal experience has allowed me to witness varied behavioral health initiatives throughout my career, in two branches of service, the U.S. Air Force and the U.S. Army as an Airman, military provider, and a civil servant. Overall, the Department of Veterans Affairs' (VA) most recent initiative to address suicide prevention through a public health model provides innovative methods to identify Veterans and their families, provide suicide risk assessments, create opportunities for connectedness, ensure comprehensive transitions from hospital stays and lethal means safety. This describes my present position as the Community Engagement and Partnership Coordination (CEPC), Suicide Prevention Department, at the VA Sierra Nevada Health Care System, Reno, Nevada.

In terms of suicide prevention, one of the well-known deterrents to seeking mental health services has often been the mental health stigma, especially among military members. In that effort, I either conducted or participated in wide-ranging suicide prevention training models from commanders' call briefings in auditoriums of hundreds at a time, to small groups within various units, PowerPoint presentations, and mandatory annual computer-based trainings. Overall, since military Veterans are often considered at greater risk for suicide, studies even highlight that relationships between military identity, self-stigma, and suicide risk have discovered a positive association (Cacace et al., 2021). In support of suicide prevention needs, the Department of Veterans Affairs (VA) and the Department of Defense (DoD) jointly released the Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide for military populations (Department of Veterans Affairs and Department of Defense, 2019). These guidelines have advanced suicide prevention care for military Veterans, highlighting best practices for suicide screening, treatments, and varied prevention strategies, including the recently implemented public health model (Department of Veterans Affairs and Department of Defense, 2019).

As a Veteran serving Veterans, the self-reward has been complicated and immeasurable. Personally, recognizing the intersection of military image, community identifications, personal aspirations, resilience regarding secondary trauma, and my individual reintegration experience, has caused me to create numerous support systems to maneuver through both professional and life stages. Making personal resilience intentional and utilizing available supports can be highly beneficial, although this may not be simple or attainable for many, supporting each other is essential. Acknowledging that post-service community reintegration can crucially affect a Veteran's sense of self with positive or negative consequences (see Bowen et al., 2016) makes the focus on post-service transition fundamental. Fortunately, establishing support systems during my military service, transitional planning opportunities, and post-service care were a valuable form of prevention. Creating professional and social networks through family, religious activities, alumnae sorority chapters, etc., was critical to daily saneness. Participating in the DoD Transitional Assistance Programs, networking with others in my career field who recently retired and maintaining healthy relationships that would last outside of the service have also proven successful. Also, establishing healthy expectations of myself and others, allowing realistic transition plans, and communicating with family to create a team effort for the transition were core to my personal process.

In conclusion, Veteran suicide and suicide risk are significant issues and take community-wide team approaches. As we know, there is not a single cause for suicide, but instead, suicide reflects a complex interaction of risk and protective factors at the individual, community, and societal levels (National Strategy for Preventing Veteran Suicide, U.S. Department of Veterans Affairs, 2024). The U.S. Department of Veterans Affairs (2024) highlights some of those risk factors including a prior suicide attempt, mental health conditions, stressful life events such as divorce, job loss, or the death of a loved one, and availability of lethal means. Protective factors, however, can assist to offset or reduce risk factors such as positive coping skills, having reasons for living or a sense of purpose in life, feeling connected to other people, and access to mental health care (National Strategy for Preventing Veteran Suicide, U.S. Department of Veterans Affairs, (2024). Although neither list is all-inclusive, many suicide prevention programs and coalitions promote continual suicide awareness education and opportunities to expand protective factors. Supporting our valued service men and women while active duty and during the transition process improves their lives, the lives of their families, and all communities throughout our heroic nation.

**Spring M. Meyers, Ph.D., LCSW, BCD**
**Major, USAF (RET)**
**Community Engagement and Partnerships Coordinator**
**Nevada Department of Veterans Services**
**October 2024**

# 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 | 0.100713120 |
| 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 |

*Data Source: U.S. Demographics Website.*

Figure A2. Total Counts and Rates (per 100,000 Population) 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 | (2.6-8.9) | 3.5 | (2.7-4.2) | 5.4 | (2.5-8.3) | 3.4 | (2.7-4.2) |
| Hanging/ Strangulation/ Suffocation | 14 | 115 | 6.2 | (3.0-9.5) | 5.0 | (4.1-5.9) | 10.1 | (4.8-15.3) | 5.0 | (4.1-6.0) |
| Drowning/ Submersion | 2 | 1 | 0.9 | (0.0-2.1) | 0.0 | (0.0-0.1) | 0.4 | (0.0-0.9) | 0.0 | (0.0-0.1) |
| Firearm/ Air Gun/Explosive | 90 | 243 | 40.0 | (31.7-48.2) | 10.6 | (9.2-11.9) | 42.5 | (33.8-51.3) | 10.6 | (9.2-11.9) |
| Cutting/Piercing Instrument | 2 | 5 | 0.9 | (0.0-2.1) | 0.2 | (0.0-0.4) | 0.8 | (0.0-1.9) | 0.2 | (0.0-0.4) |
| Jumped from Height | 2 | 16 | 0.9 | (0.0-2.1) | 0.7 | (0.4-1.0) | 0.3 | (0.0-0.8) | 0.7 | (0.3-1.0) |
| Other | 1 | 10 | 0.4 | (0.0-1.3) | 0.4 | (0.2-0.7) | 0.7 | (0.0-2.1) | 0.4 | (0.2-0.7) |
| Total | 124 | 470 | 55.1 | (45.4-64.8) | 20.5 | (18.6-22.3) | 60.2 | (49.6-70.8) | 20.4 | (18.6-22.3) |

Figure A3. Total Counts and Rates (per 100,000 Population) 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 | 57 | 3.6 | (1.1-6.2) | 2.4 | (1.8-3.1) | 2.5 | (0.8-4.3) | 2.3 | (1.7-2.9) |
| Hanging/ Strangulation/ Suffocation | 10 | 93 | 4.6 | (1.7-7.4) | 4.0 | (3.2-4.8) | 5.4 | (2.1-8.8) | 4.0 | (3.2-4.8) |
| Drowning/ Submersion | 0 | 4 | 0.0 | (0.0-0.0) | 0.2 | (0.0-0.3) | 0.0 | (0.0-0.0) | 0.2 | (0.0-0.3) |
| Firearm/ Air Gun/Explosive | 91 | 245 | 41.4 | (32.9-49.9) | 10.5 | (9.2-11.8) | 39.9 | (31.7-48.1) | 10.5 | (9.2-11.9) |
| Cutting/Piercing Instrument | 0 | 10 | 0.0 | (0.0-0.0) | 0.4 | (0.2-0.7) | 0.0 | (0.0-0.0) | 0.5 | (0.2-0.7) |
| Jumped from Height | 1 | 10 | 0.5 | (0.0-1.3) | 0.4 | (0.2-0.7) | 0.4 | (0.0-1.1) | 0.4 | (0.2-0.7) |
| Other | 1 | 11 | 0.5 | (0.0-1.3) | 0.5 | (0.2-0.7) | 0.4 | (0.0-1.1) | 0.5 | (0.2-0.7) |
| Total | 111 | 430 | 50.5 | (41.1-59.9) | 18.4 | (16.6-20.1) | 48.7 | (39.6-57.7) | 18.4 | (16.7-20.2) |

Figure A4. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2021.

| 2021 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 7 | 80 | 3.2 | (0.8-5.6) | 3.4 | (2.6-4.1) | 2.9 | (0.8-5.1) | 3.5 | (2.7-4.2) |
| Hanging/ Strangulation/ Suffocation | 7 | 104 | 3.2 | (0.8-5.6) | 4.4 | (3.6-5.3) | 3.0 | (0.8-5.2) | 4.5 | (3.6-5.4) |
| Drowning/ Submersion | 1 | 0 | 0.5 | (0.0-1.4) | 0.0 | (0.0-0.0) | 0.4 | (0.0-1.2) | 0.0 | (0.0-0.0) |
| Firearm/Air Gun/Explosive | 103 | 284 | 47.3 | (38.2-56.5) | 12.0 | (10.6-13.4) | 46.6 | (37.6-55.6) | 12.2 | (10.7-13.6) |
| Cutting/Piercing Instrument | 3 | 10 | 1.4 | (0.0-2.9) | 0.4 | (0.2-0.7) | 1.0 | (0.0-2.2) | 0.4 | (0.2-0.7) |
| Jumped from Height | 3 | 15 | 1.4 | (0.0-2.9) | 0.6 | (0.3-1.0) | 0.9 | (0.0-2.0) | 0.7 | (0.3-1.0) |
| Other | 2 | 17 | 0.9 | (0.0-2.2) | 0.7 | (0.4-1.1) | 1.3 | (0.0-3.2) | 0.7 | (0.4-1.1) |
| Total | 126 | 510 | 57.9 | (47.8-68.0) | 21.6 | (19.8-23.5) | 56.2 | (46.4-66.0) | 22.0 | (20.0-23.9) |

Figure A5. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2022.

| 2022 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 73 | 3.7 | (1.1-6.3) | 3.0 | (2.3-3.7) | 3.3 | (1.0-5.6) | 3.1 | (2.4-3.8) |
| Hanging/ Strangulation/ Suffocation | 11 | 94 | 5.1 | (2.1-8.1) | 3.9 | (3.1-4.7) | 6.8 | (2.8-10.8) | 4.0 | (3.2-4.8) |
| Drowning/ Submersion | 0 | 4 | 0.0 | (0.0-0.0) | 0.2 | (0.0-0.3) | 0.0 | (0.0-0.0) | 0.2 | (0.0-0.3) |
| Firearm/Air Gun/Explosive | 95 | 290 | 43.9 | (35.1-52.7) | 12.1 | (10.7-13.5) | 40.8 | (32.6-49.0) | 12.1 | (10.7-13.5) |
| Cutting/Piercing Instrument | 6 | 14 | 2.8 | (0.6-5.0) | 0.6 | (0.3-0.9) | 1.8 | (0.4-3.3) | 0.6 | (0.3-0.9) |
| Jumped from Height | 2 | 14 | 0.9 | (0.0-2.2) | 0.6 | (0.3-0.9) | 0.4 | (0.0-0.9) | 0.6 | (0.3-0.9) |
| Other | 1 | 10 | 0.5 | (0.0-1.4) | 0.4 | (0.2-0.7) | 1.0 | (0.0-2.9) | 0.4 | (0.2-0.7) |
| Total | 123 | 499 | 56.8 | (46.8-66.8) | 20.8 | (19.0-22.6) | 54.1 | (44.5-63.6) | 21.0 | (19.2-22.9) |

Figure A6. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2023.

| 2023 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 68 | 3.7 | (1.1-6.3) | 2.8 | (2.1-3.4) | 3.8 | (1.2-6.5) | 2.8 | (2.1-3.5) |
| Hanging/ Strangulation/ Suffocation | 16 | 103 | 7.4 | (3.8-11.1) | 4.2 | (3.4-5.0) | 7.0 | (3.6-10.5) | 4.3 | (3.5-5.1) |
| Drowning/ Submersion | 0 | 1 | 0.0 | (0.0-0.0) | 0.0 | (0.0-0.1) | 0.0 | (0.0-0.0) | 0.0 | (0.0-0.1) |
| Firearm/Air Gun/Explosives | 96 | 278 | 44.5 | (35.6-53.4) | 11.3 | (10.0-12.6) | 40.7 | (32.6-48.9) | 11.1 | (9.8-12.4) |
| Cutting/Piercing Instrument | 6 | 11 | 2.8 | (0.6-5.0) | 0.4 | (0.2-0.7) | 2.8 | (0.6-5.0) | 0.5 | (0.2-0.8) |
| Jumped from Height | 3 | 11 | 1.4 | (0.0-3.0) | 0.4 | (0.2-0.7) | 5.1 | (0.0-10.8) | 0.5 | (0.2-0.7) |
| Other | 0 | 9 | 0.0 | (0.0-0.0) | 0.4 | (0.1-0.6) | 0.0 | (0.0-0.0) | 0.4 | (0.1-0.7) |
| Total | 129 | 481 | 59.8 | (49.5-70.1) | 19.5 | (17.8-21.3) | 59.4 | (49.2-69.7) | 19.5 | (17.8-21.3) |

Figure A7. Total Counts by Discharge Status, Veteran Status, and Hospitalization Type (ED/IP), Nevada Residents Ages 20+, 2019-2023.

| 2019-2023 | | | | |
|---|---|---|---|---|
| Discharge Status | Veteran | | Non-veteran | |
| | ED | IP | ED | IP |
| Discharged | 65 | 234 | 4,981 | 5,339 |
| Left Against Medical Advice | 1 | 6 | 76 | 140 |
| Died | 2 | 1 | 48 | 83 |
| Hospice | 0 | 2 | 7 | 22 |
| Still Patient | 5 | 0 | 27 | 4 |
| Other | 108 | 37 | 4,603 | 1,420 |
| Total | 181 | 280 | 9,742 | 7,008 |

*ED refers to Emergency Department.*

*IP refers to Inpatient.*

Figure A8. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Age Group. Nevada Residents, 2019-2023 Combined.

| Age Group | Military Community | | | | Non-Military Community | | | |
|---|---|---|---|---|---|---|---|---|
| | Emergency Department Visits | | Inpatient Admissions | | Emergency Department Visits | | Inpatient Admissions | |
| | Count | % | Count | % | Count | % | Count | % |
| 5-14 | 32 | 18% | 52 | 19% | 1,236 | 13% | 873 | 12% |
| 15-24 | 57 | 31% | 92 | 33% | 3,504 | 36% | 2,129 | 30% |
| 25-34 | 32 | 18% | 42 | 15% | 1,989 | 20% | 1,064 | 15% |
| 35-44 | 21 | 12% | 31 | 11% | 1,348 | 14% | 914 | 13% |
| 45-54 | 17 | 9% | 20 | 7% | 813 | 8% | 744 | 11% |
| 55-64 | 12 | 7% | 17 | 6% | 517 | 5% | 667 | 10% |
| 65-74 | 5 | 3% | 17 | 6% | 225 | 2% | 391 | 6% |
| 75-84 | 4 | 2% | 7 | 3% | 79 | 1% | 169 | 2% |
| 85+ | 1 | 1% | 2 | 1% | 24 | 0% | 55 | 1% |
| Unknown | 0 | 0% | 0 | 0% | **7** | 0% | 2 | 0% |
| **Total** | **181** | **100%** | **280** | **100%** | **9,742** | **100%** | **7,008** | **100%** |

*Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing*