Special Surveillance Report: Veteran Suicide 2018-2022

November 2023

Office of Analytics
Department of Health and Human Services

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For more information on this report, please contact data@dhhs.nv.gov

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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. According to NRS 417.0194, this annual report will be published as data collected are finalized to inform professionals and the public. This report will focus on suicide in the veteran population and how it compares to the non-veteran population in Nevada. To understand the issue more clearly, the Office of Analytics also includes sections on overall leading causes of death between veteran and non-veteran populations in Nevada.

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 (see Figure 14). 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 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 situations 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, lead 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.

If you or a veteran in your area is in need, please contact:
National Suicide and Crisis Lifeline: #988, Option 1.

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.

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). Data for 2022 are 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 does 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). Data for 2022 are preliminary and subject to change.

Nevada Electronic Death Registry System (EDRS)
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 2018 to 2022 have been finalized as of September 2023. 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 2018 to 2022 were gathered from the U.S. Department of Veteran Affairs website. More information can be found at Veteran Demographics Website. As of 2023, the veteran population file was updated by the Department of Veteran Affairs which may affect rates from 2020 to 2022.

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 includes 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 2022. This survey can be found at Nevada Veteran Survey.

Nevada Violent Death Reporting System (NVDRS)
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 50 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 aggregation of toxicology reports, law enforcement reports, coroner/medical reports, and death certificates to create valuable insights on violent deaths. This system reports on a two-year delay; therefore, data in this report are from 2017-2021.

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 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 Alaskan/American Indian, Asian/Pacific Islander, Hispanic, and Other/Unknown. White, Black, Native Alaskan/American Indian, and Asian/Pacific Islander categories are all non-Hispanic. The category for Asian/Pacific Islander is referenced as API in this report and the Native Alaskan/American Indian category is referenced as AI/AN.

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 for 2022 are preliminary and subject to change.

Veteran-Related Deaths

This section of the report will focus on deaths in Nevada as they relate to suicide and the veteran status of Nevada residents. This section also compares 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 about veteran status. The Nevada death certificate contains a field related to veteran status, but this is not always completed. Due to this limitation, care should be taken in comparing the 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 2018 and 2022, there were a total of 144,059 Nevada resident deaths. Of these deaths, 1,922 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 age under 20, unknown age, and/or unknown veteran status have been excluded from this section of the report, leaving a total of 138,454 deaths.

With the global COVID-19 pandemic, Figure 1 shows the same leading four causes of death between veterans and non-veterans. The top two remain the same: diseases of the heart and malignant neoplasms (cancer), respectively. Compared to the previous year's report, COVID-19 rose to become the third leading cause of death for both non-veterans and veterans. Chronic lower respiratory disease fell to the fourth leading cause of death for both non-veterans and veterans. The fifth leading cause of death for veterans was cerebrovascular diseases (stroke) while for non-veterans it was non-transport accidents.

When comparing primary causes of death, non-veterans had a higher percentage of total deaths for COVID-19 (8%), cerebrovascular diseases (5%), and non-transport accidents (5%), where veteran percentage is 7%, 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%. Intentional self-harm (suicide) was equal between veteran and non-veteran populations at 2%, as the ninth leading cause of death. The tenth leading cause of death for veterans remained influenza and pneumonia at 2%, while the non-veteran population's tenth leading cause was chronic liver disease and cirrhosis at 2%.

Figure 1. Top 10 Primary Causes of Death by Veteran Status. Nevada Residents, 2018-2022 Combined.

Rank	Primary Cause of Death	Count	% of Total Deaths
Veteran			
1	Diseases of the heart	9,160	28%
2	Malignant neoplasms	6,479	20%
3	COVID-19	2,249	7%
4	Chronic lower respiratory diseases	2,027	6%
5	Cerebrovascular diseases (stroke)	1,443	4%
6	Non-transport accidents	933	3%
7	Diabetes mellitus	905	3%
8	Alzheimer's disease	868	3%
9	**Intentional self-harm (suicide)**	599	2%
10	Influenza and pneumonia	549	2%
11	All other causes	7,400	23%
Total		**32,612**	**100%**
Non-Veteran			
1	Diseases of the heart	24,640	23%
2	Malignant neoplasms	19,684	19%
3	COVID-19	8,025	8%
4	Chronic lower respiratory diseases	5,685	5%
5	Cerebrovascular diseases (stroke)	5,283	5%
6	Non-transport accidents	5,169	5%
7	Alzheimer's disease	3,125	3%
8	Diabetes mellitus	3,074	3%
9	**Intentional self-harm (suicide)**	2,390	2%
10	Chronic liver disease and cirrhosis	2,291	2%
11	All other causes	26,476	25%
Total		**105,842**	**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.

Total veteran deaths comprise a range of 22% (2022) to 25% (2018) 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 the numbers of total deaths as well as population changes.

Figure 2. Total Count of Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2018-2022.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
2018	Veteran	1	35	33	134	454	1,539	1,934	1,815	5,945
	Non-Veteran	165	478	776	1,425	2,966	3,827	4,157	3,800	17,594
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
Total	**Veteran**	**27**	**163**	**242**	**700**	**2,542**	**7,894**	**10,948**	**10,096**	**32,612**
	Non-Veteran	**1,019**	**3,031**	**4,642**	**8,492**	**16,987**	**24,157**	**26,080**	**21,434**	**105,842**

Data Source: Nevada Electronic Death Registry System

When veteran deaths are broken down by race/ethnicity, White (non-Hispanic) accounted for 84% of the total deaths (n=27,360), followed by Black (non-Hispanic) accounting for 8% of total veteran deaths (n=2,675), and Hispanics at 4% (n=1,280) between 2018 and 2022. This race/ethnicity breakdown of deaths differs from the non-veteran population, where White (non-Hispanic) accounted for 68% of deaths, followed by Hispanics at 12% and Black (non-Hispanic) at 10% of deaths (See Figure 3).

Among veteran suicides from 2018 to 2022, 87% were White (non-Hispanic), followed by 5% Black (non-Hispanic), 5% Hispanic, 2% API (non-Hispanic), and 1% AI/AN (non-Hispanic). The racial breakdown of non-veteran suicides is 72% White (non-Hispanic), 14% Hispanic, 7% Black (non-Hispanic), 6% API (non-Hispanic), and 1% AI/AN (non-Hispanic) (See Figure 4).

Figure 3. Veteran Death Counts by Manner of Death and Race/Ethnicity. Nevada Residents Ages 20+, 2018-2022.

Manner of Death	Year of Death	Race/Ethnicity						Total
		White (NH)	Black (NH)	AI/AN (NH)	API (NH)	Hispanic	Other/ Unknown	
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	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	**2018-2022**	**35**	**19**	**1**	**2**	**3**	**0**	**60**
Intentional Self-harm	**2018-2022**	**519**	**31**	**6**	**14**	**27**	**2**	**599**
Accident	**2018-2022**	**987**	**104**	**12**	**31**	**67**	**4**	**1,205**
All Other	**2018-2022**	**25,819**	**2,521**	**239**	**916**	**1,183**	**70**	**30,748**
Total	**2018-2022**	**27,360**	**2,675**	**258**	**963**	**1,280**	**76**	**32,612**

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+, 2018-2022.

Manner of Death	Year of Death	Race/Ethnicity						Total
		White (NH)	Black (NH)	AI/AN (NH)	API (NH)	Hispanic	Other/ Unknown	
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	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	**2018-2022**	**305**	**321**	**17**	**35**	**240**	**2**	**920**
Intentional Self-harm	**2018-2022**	**1,730**	**160**	**24**	**138**	**332**	**6**	**2,390**
Accident	**2018-2022**	**4,405**	**798**	**118**	**331**	**1,074**	**30**	**6,756**
All Other	**2018-2022**	**65,776**	**9,261**	**977**	**7,944**	**11,434**	**384**	**95,776**
Total	**2018-2022**	**72,216**	**10,540**	**1,136**	**8,448**	**13,080**	**422**	**105,842**

Data Source: Nevada Electronic Death Registry System

NH denotes non-Hispanic populations

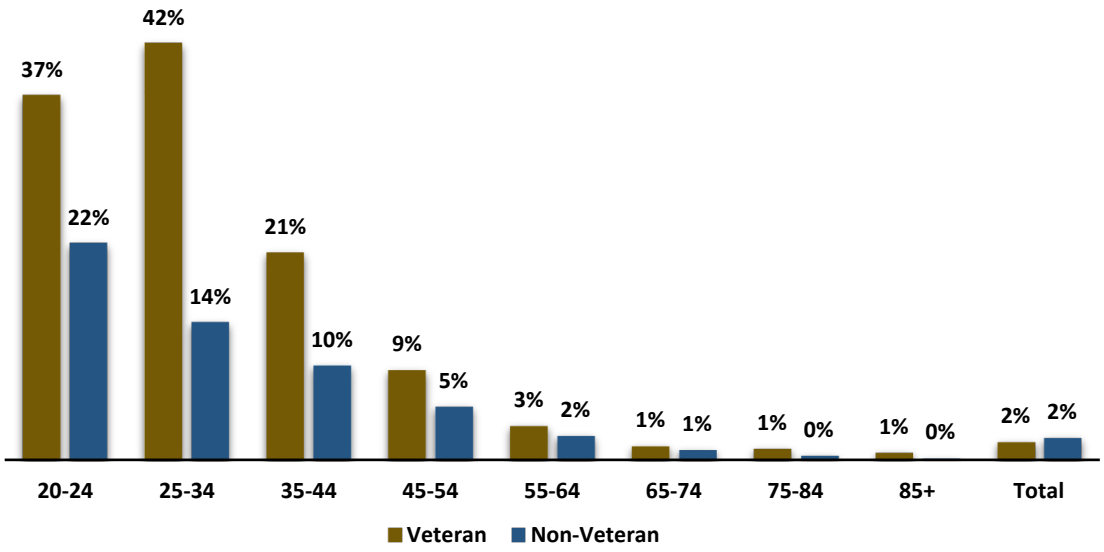
AI/AN denotes American Indian/Alaskan Native populations

API denotes Asian Pacific Islander populations

When broken down by age groups between 2018 and 2022, 42% of the veteran deaths of Nevada residents aged 25-34 (n=163) were due to suicide (n=69). This is unlike the non-veteran population in the same age group with 14% of deaths in this age group (n=3,031) due to suicide (n=424). 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 65-74 age group.

When examining percentages, it should be noted that most people aged 20-34 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 5. Percentage of Total Deaths that had a Cause of Death Indicated as Suicide by Veteran Status by Age Group. Nevada Residents Ages 20+, 2018-2022 Combined.



Data Source: Nevada Electronic Death Registry System

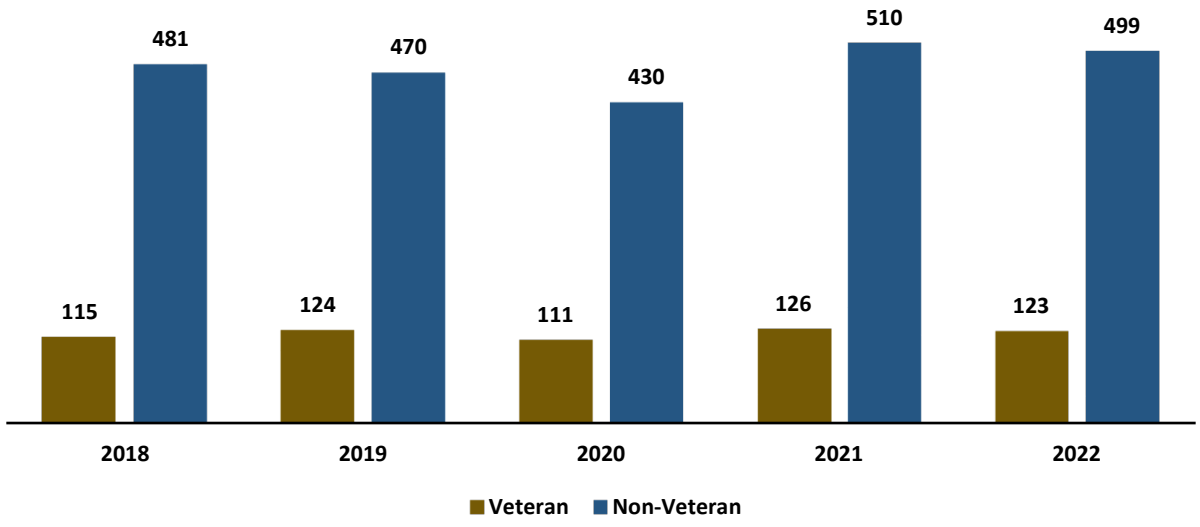
Of the 138,454 deaths included within this report between 2018 and 2022, 2,989 died due to suicide, and 599 (25%) of those suicide deaths were reported as having a veteran status (Figure 6). The highest number of reported veteran suicides occurred in 2021 (N=126) with the lowest number reported in 2020 (N=111). From 2018 to 2022 there were no significant increases or decreases in the number of veteran suicides in Nevada (Figure 7).

Figure 6. Total Count of Suicide-Related Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2018-2022.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
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	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
Total	**Veteran**	**10**	**69**	**51**	**64**	**88**	**112**	**128**	**77**	**599**
	Non-Veteran	**224**	**424**	**445**	**462**	**419**	**253**	**123**	**40**	**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+, 2018-2022.

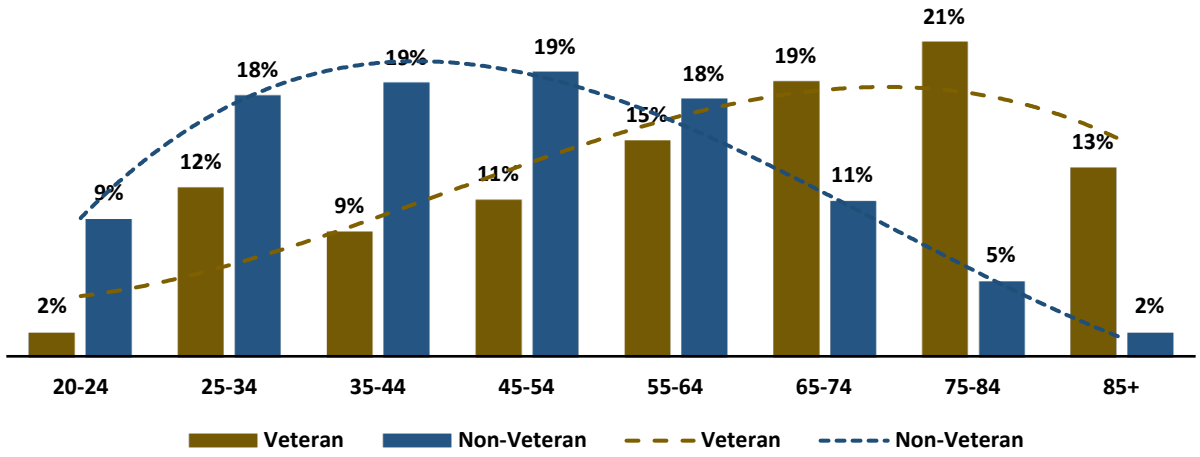


Data Source: Nevada Electronic Death Registry System

Data show an increase in non-veteran suicide deaths as age increases until the 45-54 age group, followed by a steady decline (Figure 8). This is different in the veteran population, where suicide deaths increase as age increases until the 75-84 age group before declining. This demonstrates that veteran suicides are skewed to an older population.

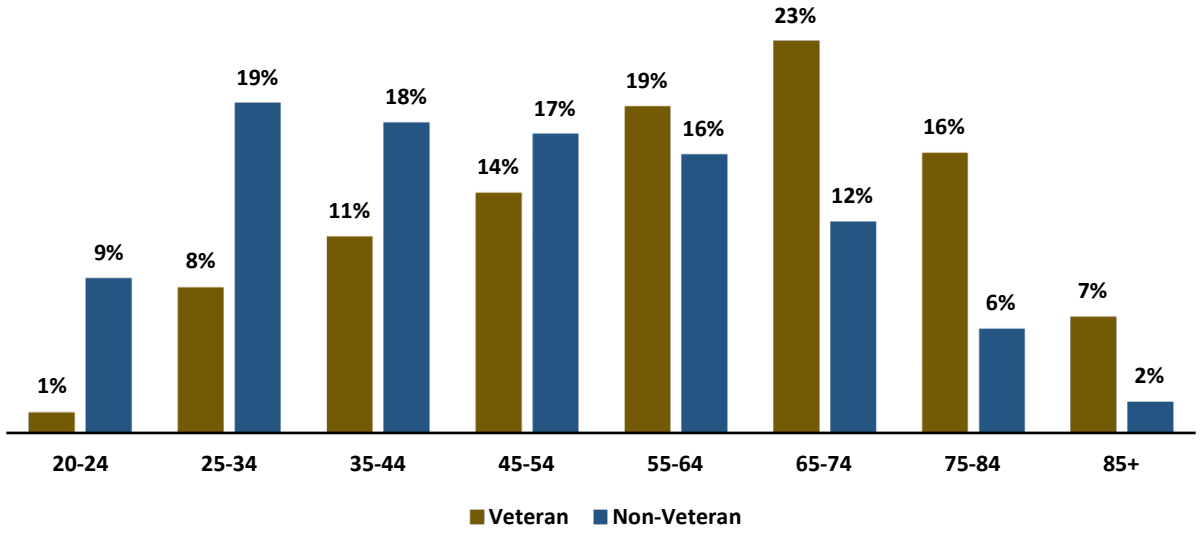
The differences in the age distributions between veteran and non-veteran suicides represented above are likely due to the differences in the age distributions of those populations in general. The veteran vs. non-veteran populations follows a similar distribution (Figure 9).

Figure 8. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Aged 20+, 2018-2022 Combined.



Data Source: Nevada Electronic Death Registry System

Figure 9. Age Distribution of Population by Veteran Status. Nevada Residents Ages 20+, 2018-2022 Combined.



Data Source: Nevada Electronic Death Registry System

Among the veteran population from 2018 to 2022, the highest percentage of suicides occurred in the 75-84 age group, accounting for 21% of the 599 suicide-related deaths, compared to 5% of the non-veteran suicide deaths, respectively (Figure 10). The highest percentage of suicides among the non-veteran population occurred in the 35-44 and 45-54 age groups, accounting for 19% of the deaths each, compared to 9% and 11% of veteran deaths respectively. Disparities occur between the veteran and non-veteran populations among all eight age groups, ranging from a 3% to a 16% difference.

Figure 10. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Ages 20+, 2018-2022.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
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=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%
Total	**Veteran (N=599)**	**2%**	**12%**	**9%**	**11%**	**15%**	**19%**	**21%**	**13%**	**100%**
	Non-Veteran (N=2,390)	**9%**	**18%**	**19%**	**19%**	**18%**	**11%**	**5%**	**2%**	**100%**

Data Source: Nevada Electronic Death Registry System

Figure 11. Suicide-Related Deaths by Year, Veteran Status, and Method of Suicide. Nevada Residents Ages 20+, 2018-2022.

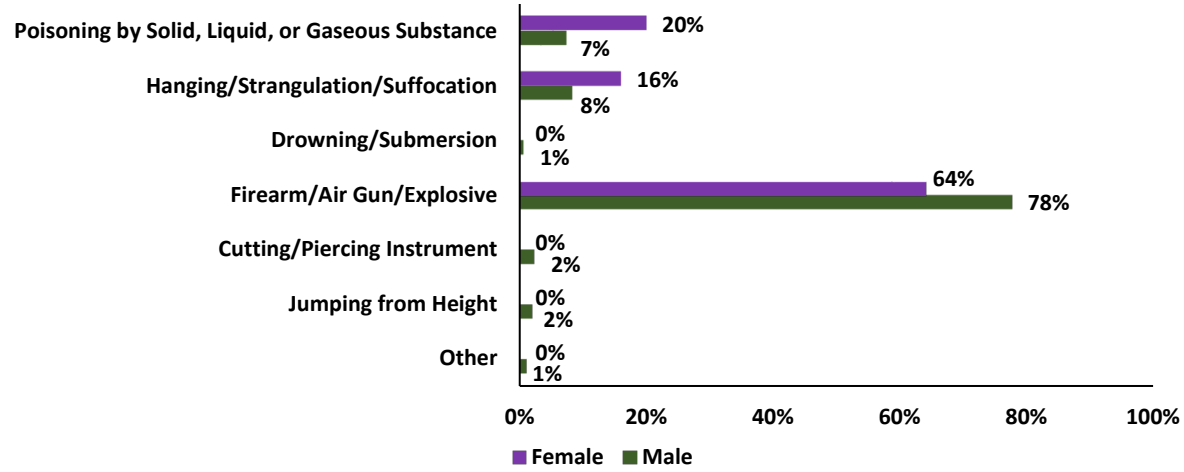
Year of Death	Veteran Status	Method of Suicide							
		Poisoning by Solid, Liquid, or Gaseous Substance	Hanging/ Strangulation/ Suffocation	Drowning/ Submersion	Firearm/ Air Gun/ Explosive	Cutting/ Piercing Instrument	Jumping from Height	Other	Total
2018	Veteran	12	10	1	83	3	4	2	115
	Non-Veteran	86	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	10	0	91	0	1	1	111
	Non-Veteran	57	93	4	245	10	10	11	430
2021	Veteran	7	7	1	103	3	3	2	126
	Non-Veteran	80	104	0	284	10	15	17	510
2022	Veteran	8	11	0	95	6	2	1	123
	Non-Veteran	73	94	4	290	14	14	10	499
Total	**Veteran**	**48**	**52**	**4**	**462**	**14**	**12**	**7**	**599**
	Non-Veteran	**376**	**516**	**11**	**1,315**	**49**	**70**	**53**	**2,390**

Data Source: Nevada Electronic Death Registry System

Among the veteran population from 2018 to 2022, the highest number of suicides between veterans and non-veterans were caused by firearms accounting for 55% (n=1,315) of non-veteran deaths and 77% (n=462) veteran deaths. Following that, Hanging/Strangulation accounted for 22% (n=516) of non-veteran deaths compared to 10% (n=52) of veteran deaths. Poisoning was the third leading method of suicide comprising 16% (n=376) of non-veteran suicides vs 8% (n=48) of veteran suicides (Figure 11).

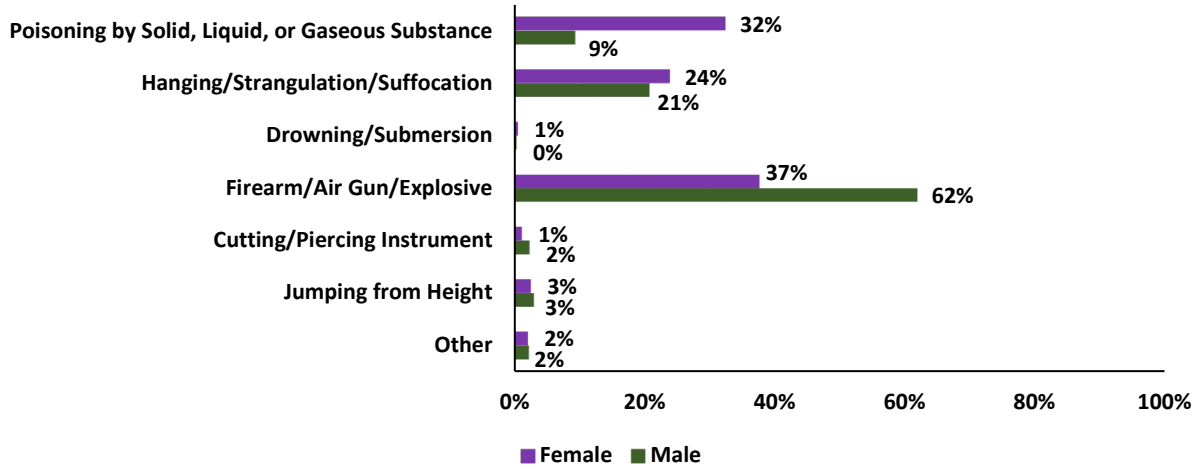
Among the male population, 78% of veteran suicides were by firearms/explosives, compared to 62% of non-veteran suicides. Among the female population, the greatest difference in method was firearms/explosives, which accounted for 64% of veteran suicide deaths and 37% of non-veteran suicide deaths (Figures 12 & 13). Female veteran suicides by poisoning decreased from the previous report while firearms stayed the same which accounts for its rising percentage (n=16).

Figure 12. Percent of Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2018-2022 Combined.



Data Source: Nevada Electronic Death Registry System

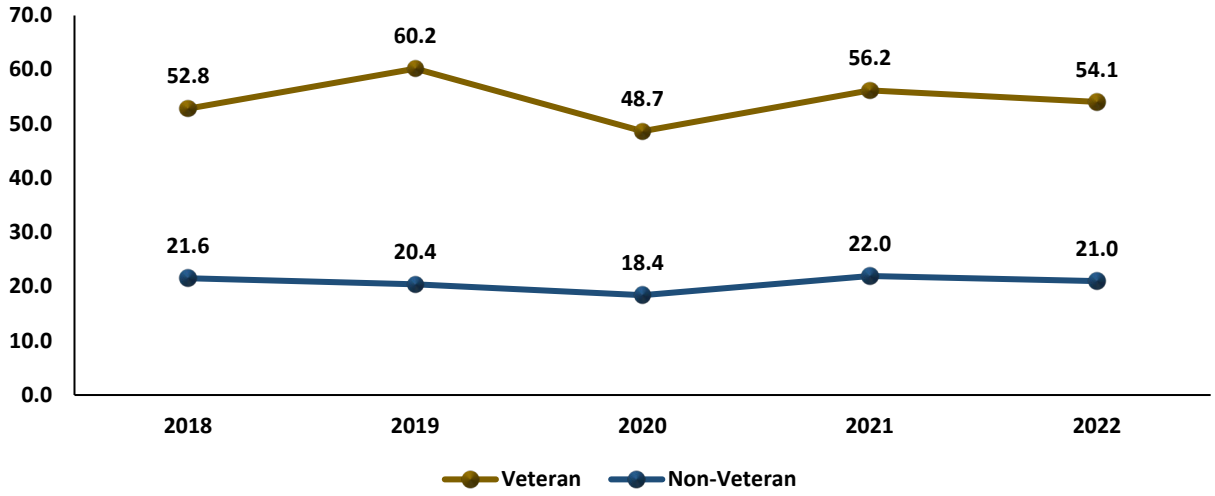
Figure 13. Percent of Non-Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2018-2022 Combined.



Data Source: Nevada Electronic Death Registry System

Veteran suicide rates (per 100,000) have varied between 2018 and 2022 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 non-veteran suicides, with rates between 18.4 and 22.0 per 100,000 non-veterans (Figure 14). These rates demonstrate an increased risk for a veteran to complete suicide compared to non-veteran Nevada residents.

Figure 14. Suicide Age-Adjusted Rates (per 100,000 Population) by Year and Veteran Status. Nevada Residents Ages 20+, 2018-2022.



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

The rates (per 100,000) 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 2018 to 2022. Firearms/air guns/explosives were the top method of suicide for both veterans and non-veterans from 2018-2022 (Figures 15).

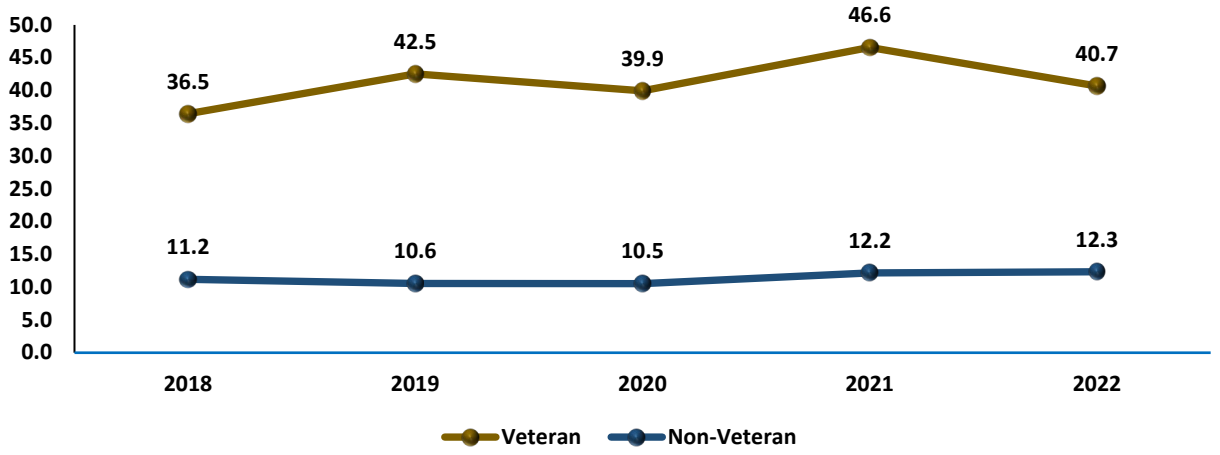
Figure 15. Methods of Suicide Age-Adjusted Rates (per 100,000 Population) by Year and Military Status, Nevada Residents Ages 20+, 2018-2022.

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
2018	Veteran	36.5	5.5	6.6	1.6	0.7	0.8	1.2	52.8
	Non-Veteran	11.2	5.0	3.9	0.4	0.7	0.1	0.2	21.6
2019	Veteran	42.5	10.1	5.4	0.8	0.3	0.4	0.7	60.2
	Non-Veteran	10.6	5.0	3.4	0.2	0.7	0.0	0.4	20.4
2020	Veteran	39.9	5.4	2.5	0.0	0.4	0.0	0.4	48.7
	Non-Veteran	10.5	4.0	2.3	0.5	0.4	0.2	0.5	18.4
2021	Veteran	46.6	3.0	2.9	1.0	0.9	0.4	1.3	56.2
	Non-Veteran	12.2	4.5	3.5	0.4	0.7	0.0	0.7	22.0
2022	Veteran	40.7	6.8	3.3	1.8	0.4	0.0	1.0	54.1
	Non-Veteran	12.3	4.1	3.1	0.6	0.6	0.2	0.4	21.0

Data Source: Nevada Electronic Death Registry System

The veteran suicide rate by firearms/explosives varied from a low of 36.5 in 2018 to a high of 46.6 in 2021. The rate of suicide by firearms/explosives in the non-veteran community was consistent from 2018 to 2022, varying in a range from 10.5 to 12.3. Of the 599 veteran suicides between 2018 and 2022, 77% (n=462) had a reported method of suicide as firearms/explosions (Figure 11). When broken down by gender, a firearm was the method of suicide in 78% of veteran suicides completed by males (n=446), and 64% of females (n=16) (Figure 12).

Figure 16. 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+, 2018-2022.



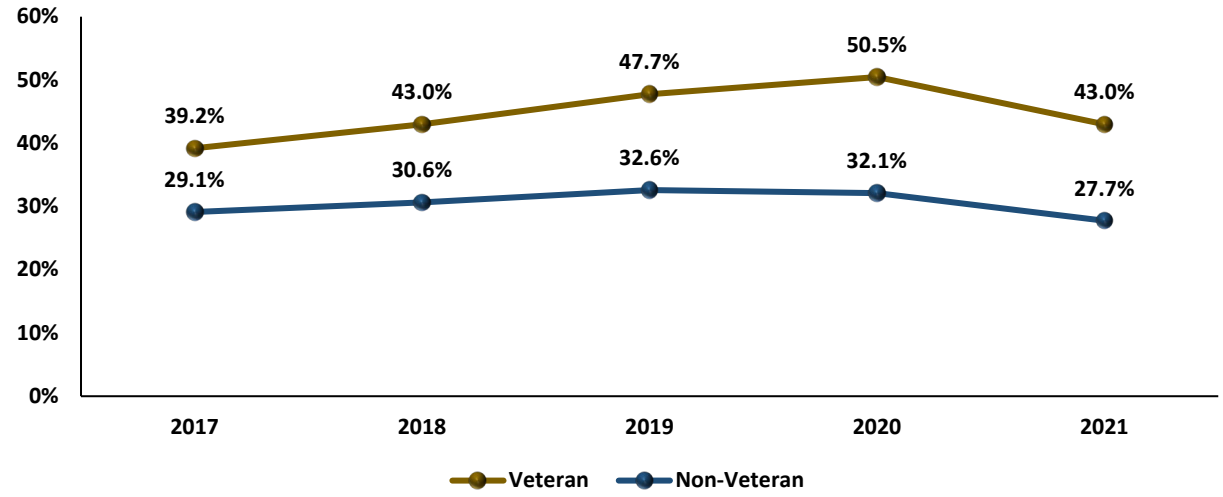
Data Source: Nevada Electronic Death Registry System

Nevada Violent Death Reporting System (NVDRS) Suicides

The Nevada Violent Death Reporting System was introduced in 2017 as an additional data repository for violent deaths to increase surveillance and assist programs with reducing these more impactful events. It contains a list of variables that are more expansive than the Nevada Electronic Death Registry System as it pertains to methods and circumstances surrounding suicides. This section will elaborate on key circumstances that could have led to suicides in the hope that particularly concerning trends may have some method of intervention. Data from NVDRS operates on a two-year delay so information shown is from 2017-2021.

Figure 17 illustrates veterans who died by suicide in Nevada with a physical health problem listed as a reason. Across all years, veterans rated higher, ranging from 39.2% in 2017 to 50.5% in 2020. Comparatively, percents among non-veterans ranged from 29.1% in 2017 to 32.6% in 2019. The percents in 2021 were 43.0% among veterans and 27.7% among non-veterans.

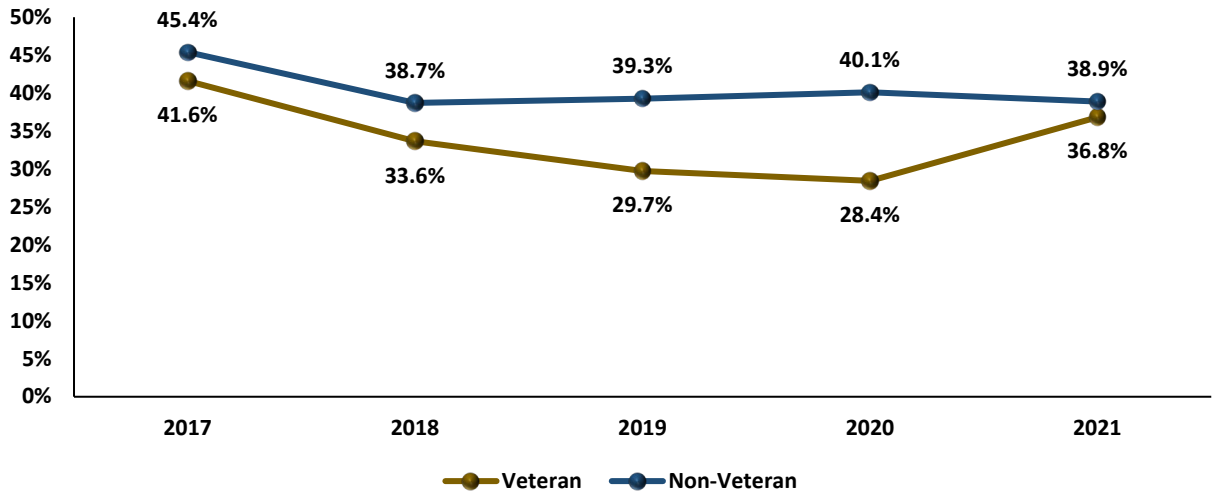
Figure 17. Percents of Suicides with a Physical Health Problem by Year and Veteran Status. Nevada Residents Ages 20+, 2017-2021.



Data Source: Nevada Violent Death Reporting System

As shown in Figure 18, a higher percent of non-veterans who completed suicide were diagnosed with a mental illness, ranging from 45.4% in 2017 to 28.4% in 2020, with 38.9% in 2021. The percent among the veteran population ranges from 41.6% in 2017 to 28.4% in 2020, with 36.8% in 2021.

Figure 18. Percents of Suicide with a Diagnosed Mental Illness by Year and Veteran Status. Nevada Residents Ages 20+, 2017-2021.



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

In the military community there were 188 emergency department visits and 313 inpatient admissions related to suicide in 2018-2022 combined (Figure 20). Of the 188 visits, two individuals died, and 67 were discharged, transferred, left against medical advice, entered hospice, or were admitted as an inpatient. The remaining patients were otherwise administered. Of the 313 inpatient admissions, one individual died, and 260 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 10,056 emergency department visits and 7,197 inpatient admissions related to suicide in 2018-2022 combined. Of the 17,253 visits, 130 individuals died, and 10,036 visits were discharged, transferred, left against medical advice, entered hospice, or were admitted as an inpatient. The remaining patients were otherwise administered (See Appendix Table A7).

In contrast to the gender distribution of suicide deaths, suicide-related emergency department visits among the military community (N=188) between 2018 and 2022 were slightly higher among females (56%, n=105) than males (44%, n=83). For inpatient admissions, females comprised the majority of visits (57%, n=178), compared to males (43%, n=135). Females in the non-military community comprised the majority as well of both emergency department visits (61%) and inpatient admissions (63%). However, non-military males have made up an increasing number of inpatient admissions (37%) (Figure 19).

Figure 19. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Sex. Nevada Residents, 2018-2022 Combined.

Sex	Military Community				Non-Military Community			
	Emergency Department Visits		Inpatient Admissions		Emergency Department Visits		Inpatient Admissions	
	Count	%	Count	%	Count	%	Count	%
Female	105	56%	178	57%	6,169	61%	4,542	63%
Male	83	44%	135	43%	3,881	39%	2,652	37%
Unknown	0	0%	0	0%	6	0%	3	0%
Total	**188**	**100%**	**313**	**100%**	**10,056**	**100%**	**7,197**	**100%**

Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing Data for 2022 are preliminary and subject to change.

Figure 20. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Age Group. Nevada Residents, 2018-2022 Combined.

Age Group	Military Community				Non-Military Community			
	Emergency Department Visits		Inpatient Admissions		Emergency Department Visits		Inpatient Admissions	
	Count	%	Count	%	Count	%	Count	%
5-14	29	15%	53	17%	1,164	12%	788	11%
15-24	58	31%	112	36%	3,545	35%	2,128	30%
25-34	34	18%	49	15%	2,112	21%	1,097	15%
35-44	25	13%	33	11%	1,481	15%	962	13%
45-54	18	10%	28	9%	879	9%	812	11%
55-64	15	8%	18	6%	552	5%	751	10%
65-74	5	3%	14	5%	229	2%	421	6%
75-84	4	2%	5	2%	69	1%	178	2%
85+	0	0%	1	0%	16	0%	58	1%
Unknown	0	0%	0	0%	9	0%	2	0%
Total	**188**	**100%**	**313**	**100%**	**10,056**	**100%**	**7,197**	**100%**

Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing
Data for 2022 are preliminary and subject to change.

In total, the most reported method of attempted suicide resulting in emergency department visits is poisoning, accounting for 52% of all methods of attempted suicide among the military community and 49% 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 up 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, 2018-2022.

Method of Suicide Attempt	Year					Total	%
	2018	2019	2020	2021	2022		
Military Community							
Poisoning by Solid, Liquid, or Gaseous Substance	24	17	22	20	14	97	52%
Hanging/Strangulation/Suffocation	0	0	0	0	1	1	1%
Firearm/Air Gun/Explosive	0	0	1	0	1	2	1%
Cutting/Piercing Instrument	11	16	14	14	18	73	39%
Jumping from Height	0	0	0	1	0	1	1%
Late effects of self-inflicted injury	0	0	0	0	0	0	0%
Other and unspecified means	4	3	5	5	2	19	10%
Total	**39**	**34**	**41**	**39**	**35**	**188**	**100%**
Non-Military Community							
Poisoning by Solid, Liquid, or Gaseous Substance	1,117	956	918	1,028	869	4,888	49%
Hanging/Strangulation/Suffocation	3	3	0	1	3	10	0%
Firearm/Air Gun/Explosive	13	11	16	14	21	75	1%
Cutting/Piercing Instrument	786	792	852	863	922	4,215	42%
Jumping from Height	14	10	10	8	8	50	0%
Late effects of self-inflicted injury	1	0	1	0	1	3	0%
Other and unspecified means	266	202	236	222	178	1,104	11%
Total	**2,145**	**1,934**	**1,977**	**2,068**	**1,932**	**10,056**	**100%**

Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing
Data for 2022 are preliminary and subject to change.

In total, the most reported method of attempted suicide resulting in inpatient admissions is cutting/piercing incidents, indicated on 48% of the admissions in the military community. In contrast, poisoning accounts for the highest admission rate at 59% of admissions in the non-military community (Figure 22).

A single suicide-related hospitalization may have multiple methods listed. Therefore, the numbers listed in Figure 22 cannot be summed up 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, 2018-2022.

Method of Suicide Attempt	Year					Total	%
	2018	2019	2020	2021	2022		
Military Community							
Poisoning by Solid, Liquid or Gaseous Substance	15	29	11	39	25	119	38%
Hanging/Strangulation/Suffocation	0	0	0	0	0	0	0%
Firearm/Air Gun/Explosive	1	2	0	1	0	4	1%
Cutting/Piercing Instrument	35	23	32	37	22	149	48%
Jumping from Height	1	0	1	1	0	3	1%
Late effects of self-inflicted injury	10	6	1	5	4	26	8%
Other and unspecified means	6	3	5	7	7	28	9%
Total	**66**	**62**	**49**	**83**	**53**	**313**	**100%**
Non-Military Community							
Poisoning by Solid, Liquid or Gaseous Substance	892	959	817	845	756	4,269	59%
Hanging/Strangulation/Suffocation	0	3	1	1	3	8	0%
Firearm/Air Gun/Explosive	9	10	16	16	29	80	1%
Cutting/Piercing Instrument	139	242	281	348	366	1,376	19%
Jumping from Height	5	2	0	3	7	17	0%
Late effects of self-inflicted injury	334	206	217	288	365	1,410	20%
Other and unspecified means	83	75	46	45	63	312	4%
Total	**1,418**	**1,446**	**1,339**	**1,476**	**1,518**	**7,197**	**100%**

Data Source: Nevada Hospitalization Emergency Department Billing/Nevada Hospitalization Inpatient Billing
Data for 2022 are preliminary and subject to change.

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS survey contains a question soliciting each participant's veteran status. Between 2018 and 2022, 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 breakdown beyond what is provided below.

Regarding percentage of participants who reported seriously considering attempting suicide during the 12 months prior to taking the BRFSS survey, non-veterans in 2021 reported suicidal ideology at a slightly disparate percentage to veterans in 2020 which was also an outlier from 2019 (Figure 23).

Figure 23. Percentage who Reported Suicidal Ideation by Veteran Status and Year. Nevada Residents, 2018-2022.

Survey Year	Veteran Status	Percent Reported Suicidal Ideation in Last 12 months	Confidence Interval
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%)
2021	Veteran	6%	(2.0%-9.6%)
	Non-Veteran	4%	(3.0%-5.8%)
2022	Veteran	4%	(0.9%-6.8%)
	Non-Veteran	7%	(5.0%-8.6%)

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

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 fluctuate from year to year but overall remain higher than the rates of suicide among non-veteran populations.

The aging veteran population of Nevada residents seems especially at risk.

Access to firearms and the use of firearms as lethal means within the veteran population as a method of suicide results in suicide deaths not demonstrated in the non-veteran population.

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 and prevention of thoughts of suicide. If suicidal ideation is discovered and addressed, this could prevent more members of the military community from attempting suicide or taking their lives.

If you or a veteran in your area is in need, please contact:
National Suicide and Crisis Lifeline: #988, Option 1.

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

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+, 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	(2.4-8.8)	3.8	(3.0-4.6)	6.6	(2.8-10.3)	3.9	(3.1-4.7)
Hanging/ Strangulation/ Suffocation	10	110	4.7	(1.8-7.5)	4.9	(4.0-5.8)	5.5	(2.1-8.9)	5.0	(4.1-5.9)
Drowning/ Submersion	1	2	0.5	(0.0-1.4)	0.1	(0.0-0.2)	0.8	(0.0-2.4)	0.1	(0.0-0.2)
Firearm/ Air Gun/Explosive	83	253	38.7	(30.4-47.0)	11.2	(9.8-12.6)	36.5	(28.6-44.3)	11.2	(9.8-12.6)
Cutting/Piercing Instrument	3	10	1.4	(0.0-3.0)	0.4	(0.2-0.7)	1.6	(0.0-3.4)	0.4	(0.2-0.7)
Jumped from Height	4	15	1.9	(0.0-3.7)	0.7	(0.3-1.0)	0.7	(0.0-1.4)	0.7	(0.3-1.1)
Other	2	5	0.9	(0.0-2.2)	0.2	(0.0-0.4)	1.2	(0.0-2.9)	0.2	(0.0-0.5)
Total	115	481	53.6	(43.8-63.4)	21.3	(19.4-23.3)	52.8	(43.2-62.5)	21.6	(19.6-23.5)

Figure A3. 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 A4. 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 A5. 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 A6. 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)	4.1	(3.2-4.9)
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/Explosives	95	290	43.9	(35.1-52.7)	12.1	(10.7-13.5)	40.7	(32.5-48.9)	12.3	(10.9-13.8)
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	(44.4-63.5)	21.0	(19.5-23.2)

Figure A7. Total Counts by Discharge Status, Veteran Status, and Hospitalization Type (ED/IP), Nevada Residents Ages 20+, 2018-2022.

2018-2022				
Discharge Status	Veteran		Non-Veteran	
	ED	IP	ED	IP
Discharged	67	260	5,019	5,017
Left Against Medical Advice	1	6	72	151
Died	2	1	38	92
Hospice	1	1	7	19
Still a Patient	4	0	34	4
Other	113	45	4,886	1,914
Total	188	313	10,056	7,197

ED refers to Emergency Department

IP refers to Inpatient

Data for 2022 are preliminary and subject to change.