

Special Surveillance Report: Veteran Suicide 2020-2024

November 2025



*Office of Analytics
Nevada Health Authority
On Behalf of
Nevada Department of Human Services*

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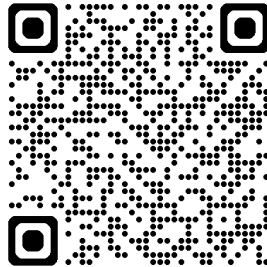
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Veterans Crisis Resources

If you or a veteran in your area is in need, dial 988 then press 1 to be connected to the Veterans Crisis Line of the National Suicide and Crisis Lifeline; visit [Veterans Crisis Line](#) or [988lifeline.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 or their caregivers, family, or friends. It 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 988 and press 1, text 838255, or chat at [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 and confidential. **Call 211, text 898211, or visit [www.nevada211.org](#).**

Acknowledgements

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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.

Key findings:

1. Young veterans are at a higher risk for death by suicide than their non-veteran peers.
2. Older veterans make up a higher proportion of suicide deaths than their younger comrades.
3. 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.
4. 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 significantly more prevalent in the veteran community compared to non-veterans who have died by 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.

The trends in hospitalizations and deaths also highlight 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 Human Services (DHS) 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 Nevada Health Authority - 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, sections on overall leading causes of death between the two populations in Nevada are also included, using the most recent five years of data to show trends.

Nevada Hospital Emergency Department Billing

The Hospital Emergency Department Billing (HEDB) data provide 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 Nevada Health Authority. The data are collected using a standard universal billing form. The data are for patients who used the emergency room service. The data include 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 2024 are currently (as of 10/31/25) preliminary and subject to change.

Nevada Hospital Inpatient Billing

The Hospital Inpatient Billing data (HIB) 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 Nevada Health Authority. The data are collected using a standard universal billing form. The data are 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 include 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 2024 are currently (as of 10/31/25) 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 2020 to 2024 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 2020 to 2024 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 2024 data provided by the Nevada State Demographer. Data include individuals living in group quarters, as defined by the Nevada State Demographer.

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 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 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 two-year delay; therefore, data in this report covers 2018-2023.

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 in the [January 2001 CDC Statistical Notes newsletter](#).

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 group 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 reported as 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,” 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 2024 are currently (as of 10/31/25) preliminary and subject to change.

Veteran-Related Deaths

This section of the report examines deaths in Nevada, with a focus on suicide and veteran status among Nevada residents. The state's veteran population is compared to its non-veteran population, using only records where veteran status was clearly identified on the death certificate. No assumptions were made about a person's veteran status.

The Nevada death certificate includes a field indicating veteran status; however, this field may not capture all veteran deaths comprehensively. Because of this limitation, caution should be used when comparing the total number of deaths, percentages, or rates in this report to other reports or to the total number of deceased Nevada residents in a given year.

Between 2020 and 2024, there were a total of 151,116 Nevada resident deaths. Of these deaths, 1,940 were among residents 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 146,014 deaths analyzed. Of those deaths, 32,161 occurred among veterans (22%) and 113,853 occurred among non-veterans (78%).

Figure 1 shows the top 10 primary causes of death by veteran status for Nevada residents between 2020 and 2024. 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 chronic lower respiratory diseases, cerebrovascular diseases (stroke), nontransport accidents, diabetes mellitus, and Alzheimer's disease.

Figure 1. Top 10 Primary Causes of Death by Veteran Status. Nevada Residents, 2020-2024 Combined.

Rank	Primary Cause of Death	Count	% of Total Deaths
Veteran			
1	Diseases of the heart	8,792	27%
2	Malignant neoplasms (cancer)	6,070	19%
3	COVID-19	2,414	8%
4	Chronic lower respiratory diseases	1,887	6%
5	Cerebrovascular diseases (stroke)	1,432	4%
6	Nontransport accidents	1,032	3%
7	Diabetes mellitus	919	3%
8	Alzheimer's disease	903	3%
9	Intentional self-harm (suicide)	595	2%
10	Influenza and pneumonia	553	2%
11	All other causes	7,564	24%
Total		32,161	100%
Non-Veteran			
1	Diseases of the heart	25,754	23%
2	Malignant neoplasms (cancer)	20,521	18%
3	COVID-19	8,487	7%
4	Nontransport accidents	6,629	6%
5	Chronic lower respiratory diseases	5,788	5%
6	Cerebrovascular diseases (stroke)	5,428	5%
7	Diabetes mellitus	3,449	3%
8	Alzheimer's disease	3,337	3%
9	Chronic liver disease and cirrhosis	2,473	2%
10	Intentional self-harm (suicide)	2,421	2%
11	All other causes	29,566	26%
Total		113,853	100%

Data Source: Nevada Electronic Death Registry System

Suicide ranks as the ninth primary cause of death among the veteran population and the tenth primary cause of death among non-veterans, accounting for about 2% of all deaths in each. Suicide among the non-veteran population dropped one place from ninth to tenth from the previous year's report which combined the years 2019 through 2023.

Total veteran deaths comprise between 21% (2024) and 23% (2020) of total deaths in Nevada of individuals aged 20 or older. It should be noted that veterans comprised roughly 8% of the adult population of Nevada in 2024 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+, 2020-2024.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
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
2024	Veteran	5	25	60	112	394	965	2,314	1,932	5,807
	Non-Veteran	185	672	1,072	1,544	3,064	5,164	5,811	4,694	22,206
Total	Veteran	32	168	290	661	2,350	6,925	11,651	10,084	32,161
	Non-Veteran	1,037	3,421	5,298	8,724	17,238	26,372	28,850	22,913	113,853

Data Source: Nevada Electronic Death Registry System

When veteran deaths are broken down by race/ethnicity, White veterans accounted for 83% of the total deaths (N=26,745), followed by Black and Hispanic veterans accounting for 9% (N=2,800) and 4% (N=1,338) of deaths respectively between 2020 and 2024. This race/ethnicity breakdown of deaths differs from the non-veteran population, where White individuals accounted for 67% of total deaths, followed by Hispanic and Black individuals at 13% and 10% of total deaths respectively (see Figures 3 and 4).

Among veteran suicide deaths for the period, 86% were White, followed by 5% Black, 5% Hispanic, 3% API, and 1% AI/AN (see Figure 3). The racial breakdown of non-veteran suicides is 69% White, 16% 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+, 2020-2024.

Manner of Death	Year of Death	Race/Ethnicity						Total
		White (NH)	Black (NH)	AI/AN (NH)	API (NH)	Hispanic	Other/Unknown	
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	113	7	0	2	8	0	130
Accident	2023	212	31	3	4	8	1	259
All Other	2023	4,561	499	31	151	217	12	5,471
Total	2023	4,895	538	35	157	233	13	5,871
Assault	2024	4	5	0	0	0	0	9
Intentional Self-harm	2024	88	5	1	3	8	0	105
Accident	2024	197	39	0	14	19	1	270
All Other	2024	4,498	491	22	178	221	13	5,423
Total	2024	4,787	540	23	195	248	14	5,807
Assault	2020-2024	36	19	1	2	2	0	60
Intentional Self-harm	2020-2024	510	30	6	15	32	2	595
Accident	2020-2024	1,027	133	7	38	74	3	1,282
All Other	2020-2024	25,172	2,618	201	945	1,230	58	30,224
Total	2020-2024	26,745	2,800	215	1,000	1,338	63	32,161

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+, 2020-2024.

Manner of Death		Race/Ethnicity						
		White (NH)	Black (NH)	AI/AN (NH)	API (NH)	Hispanic	Other/Unknown	
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	2024	66	57	2	8	49	0	182
Intentional Self-harm	2024	339	31	4	34	88	3	501
Accident	2024	1,099	258	19	103	371	7	1,867
All Other	2024	13,361	2,023	175	1,607	2,397	39	19,656
Total	2024	14,865	2,369	200	1,752	2,905	115	22,206
Assault	2020-2024	324	340	16	43	267	3	993
Intentional Self-harm	2020-2024	1,679	177	22	144	384	13	2,421
Accident	2020-2024	5,150	1,051	123	400	1,461	33	8,228
All Other	2020-2024	69,158	10,165	1,006	8,691	12,787	350	102,211
Total	2020-2024	76,311	11,733	1,167	9,278	14,899	465	113,853

Data Source: Nevada Electronic Death Registry System

NH denotes non-Hispanic populations

AI/AN denotes American Indian/Alaskan Native populations

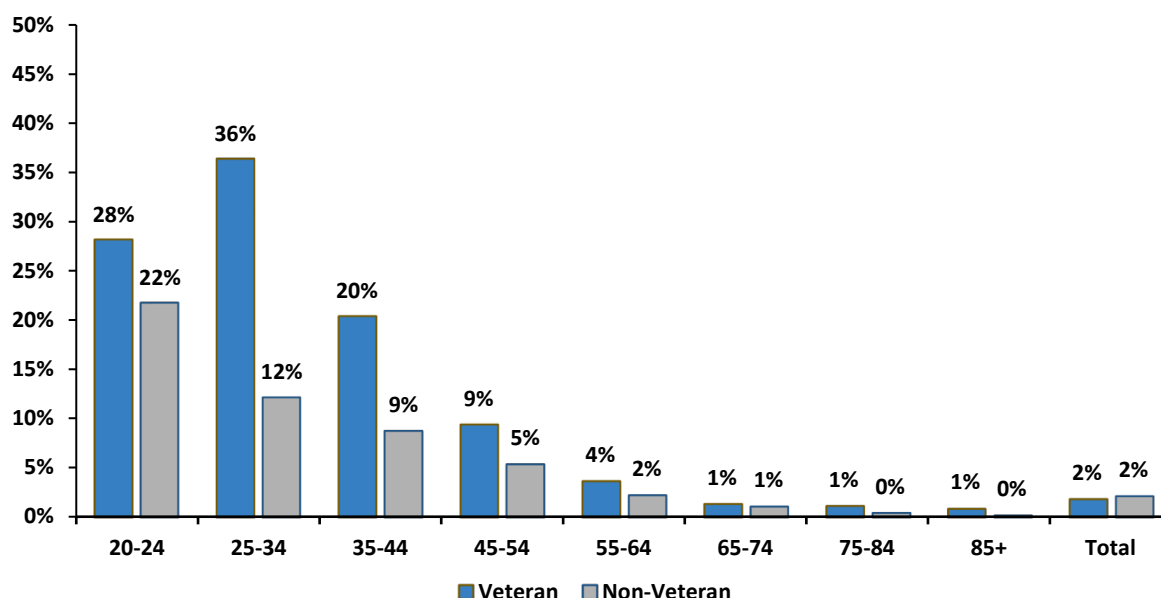
API denotes Asian Pacific Islander populations

When broken down by age group between 2020 and 2024, there are stark differences in the total share of veteran and non-veteran deaths by suicide by age group (Figure 5).

Twenty eight percent (28%) of all deaths for veterans aged 20-24 and 36% 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 22% of deaths in the age group 20-24 and 12% in age group 25-34 were due to suicide (see Figure 6 for associated counts). Suicide deaths make 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+, 2020-2024 Combined.



Data Source: Nevada Electronic Death Registry System

Of the 146,014 deaths included within this report between 2020 and 2024, 3,016 died due to suicide and 595 (25%) of those suicide deaths were reported as having a veteran status (see Figure 6).

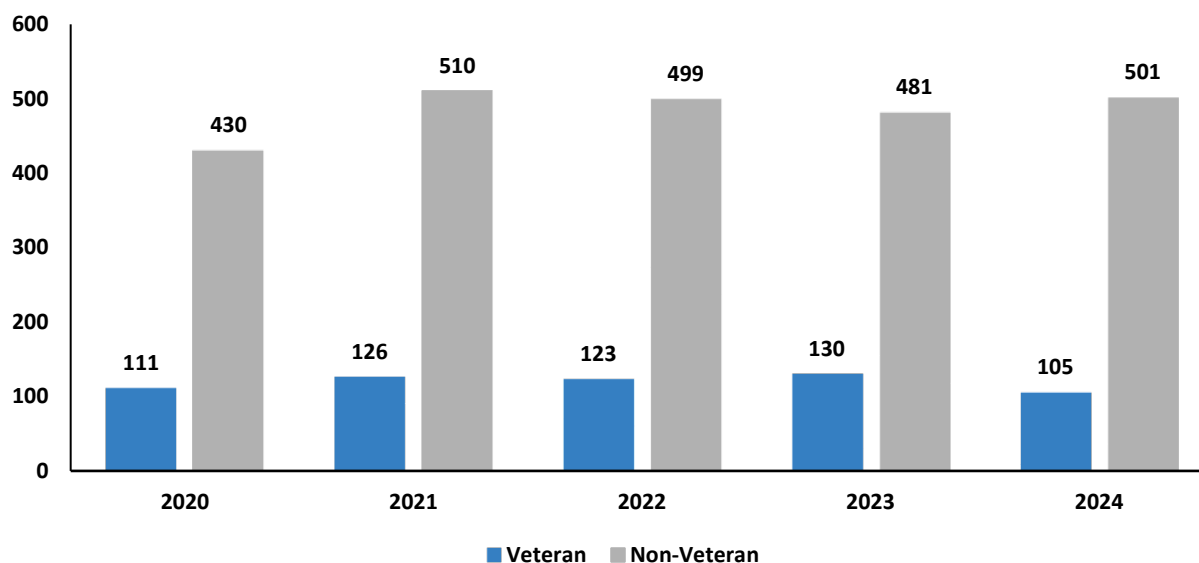
The highest number of reported veteran suicides occurred in 2023 (N=130) with the lowest number reported in 2024 (N=105) (Figure 7).

Figure 6. Total Count of Suicide-Related Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2020-2024.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
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	15	11	18	20	28	20	130
	Non-Veteran	32	77	98	97	70	71	30	6	481
2024	Veteran	1	12	8	12	17	16	24	15	105
	Non-Veteran	43	87	97	99	67	64	30	14	501
Total	Veteran	9	61	59	62	86	93	136	89	595
	Non-Veteran	225	415	464	468	388	286	130	45	2,421

Data Source: Nevada Electronic Death Registry System

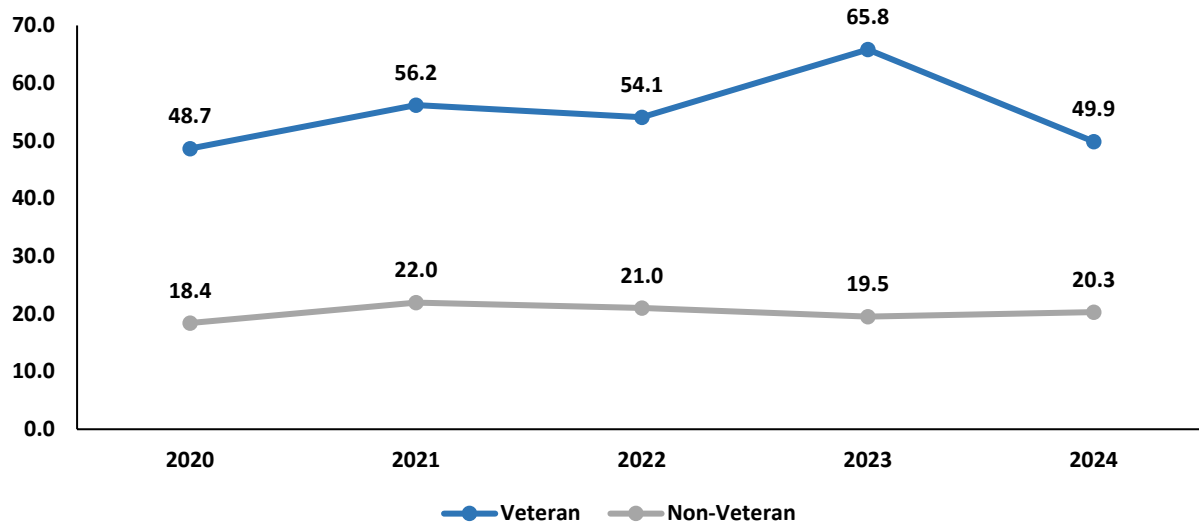
Figure 7. Counts of Suicide-Related Deaths by Year and Veteran Status. Nevada Residents Ages 20+, 2020-2024.



Data Source: Nevada Electronic Death Registry System

Veteran suicide rates per 100,000 have varied between 2020 and 2024 with a peak rate of 65.8 per 100,000 veteran population in 2023 compared to the lowest rate of 48.7 per 100,000 veteran population in 2020. This contrasts with the non-veteran suicide rates per 100,000 of between 18.4 and 22.0 (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+, 2020-2024.



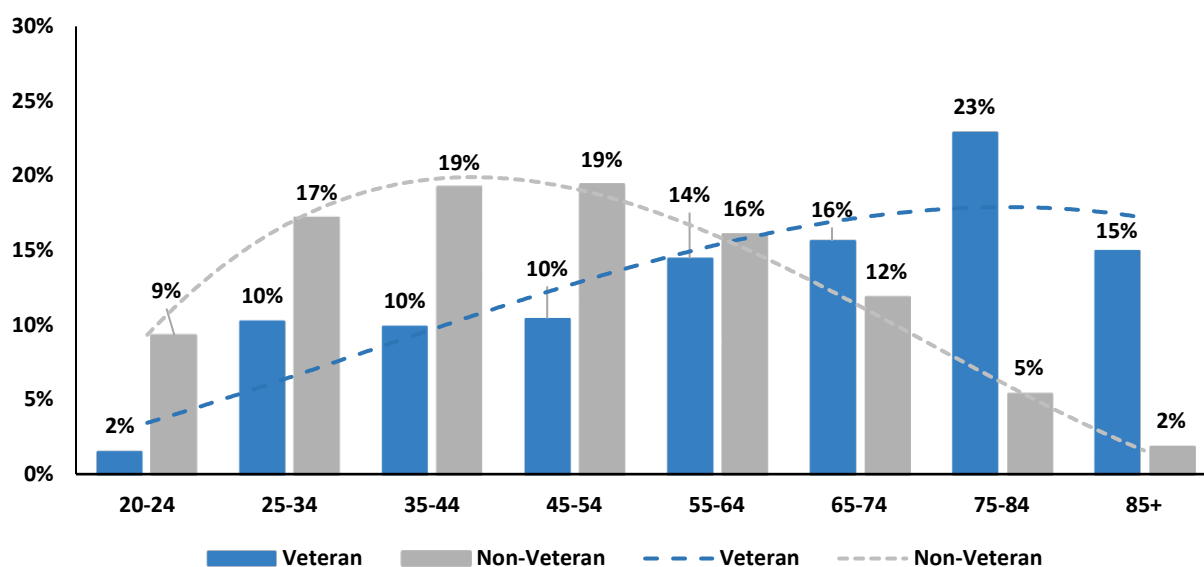
Data Source: Nevada Electronic Death Registry System

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 through the 45-54 age group, followed by a steady decline (see 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.

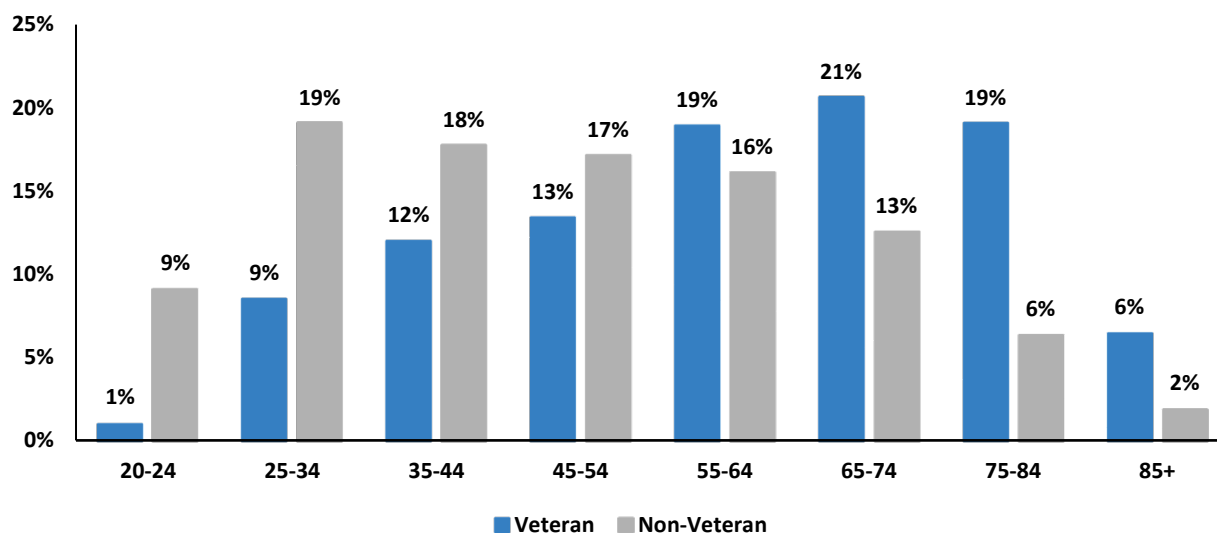
It is important to note that the distributions of suicide deaths by age group between populations are highly correlated with the age distributions of those populations in general. The veteran versus non-veteran populations distributions by age are shown in Figure 10.

Figure 9. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Aged 20+, 2020-2024 Combined.



Data Source: Nevada Electronic Death Registry System

Figure 10. Age Distribution of Population by Veteran Status. Nevada Residents Ages 20+, 2020-2024 Combined.



Data Source: Nevada Electronic Death Registry System

Among the veteran population from 2020 to 2024, the highest percentage of suicides occurred in the 75-84 age group. This accounted for 23% of the 595 suicide-related deaths, compared to just 5% of the non-veteran suicide deaths respectively (see 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 10% of veteran deaths respectively.

Figure 11. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Ages 20+, 2020-2024.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
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=130)	2%	12%	12%	8%	14%	15%	22%	15%	100%
	Non-Veteran (N=481)	7%	16%	20%	20%	15%	15%	6%	1%	100%
2024	Veteran (N=105)	1%	11%	8%	11%	16%	15%	23%	14%	100%
	Non-Veteran (N=501)	9%	17%	19%	20%	13%	13%	6%	3%	100%
Total	Veteran (N=595)	2%	10%	10%	10%	14%	16%	23%	15%	100%
	Non-Veteran (N=2,421)	9%	17%	19%	19%	16%	12%	5%	2%	100%

Data Source: Nevada Electronic Death Registry System

Between 2020 to 2024, the highest proportion of suicide deaths in both veteran and non-veteran populations was caused by firearms. Firearm fatalities accounted for 57% of non-veteran deaths by suicide and nearly 80% of all veteran suicide deaths. Following that, Hanging/Strangulation/Suffocation accounted for 21% of non-veteran suicide deaths compared to 9% of veteran suicide deaths. Poisoning was the third leading method, comprising 14% of non-veteran and 7% of veteran deaths by suicide (see Figure 12).

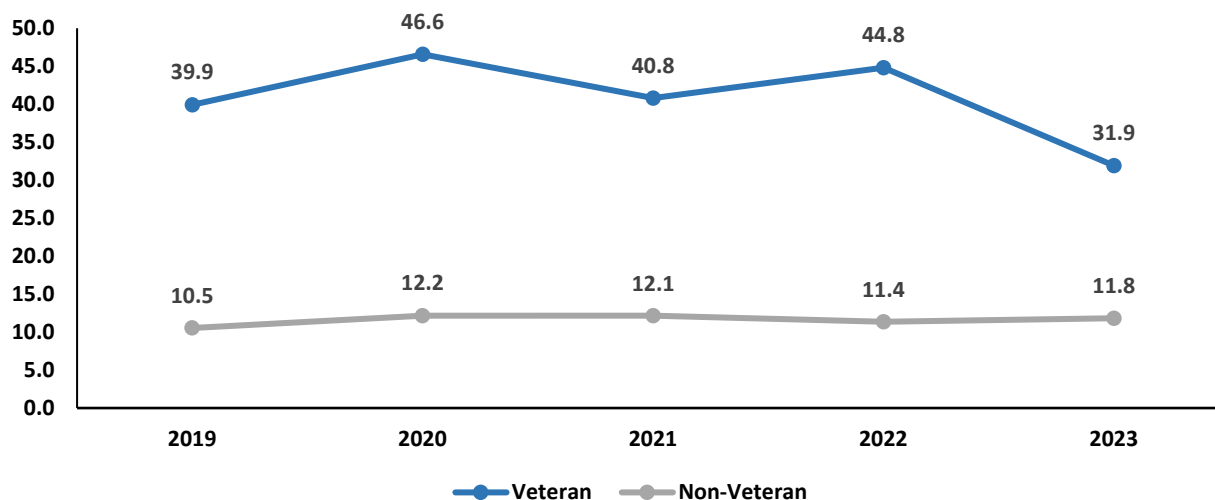
Figure 12. Suicide-Related Deaths by Year, Veteran Status, and Method of Suicide. Nevada Residents Ages 20+, 2020-2024.

Year of Death	Veteran Status	Method of Suicide							Total
		Firearm/ Air Gun/ Explosive	Hanging/ Strangulation/ Suffocation	Poisoning by Solid, Liquid, or Gaseous Substance	Cutting/ Piercing Instrument	Jumping from Height	Drowning/ Submersion	Other	
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	97	16	8	6	3	0	0	130
	Non-Veteran	278	103	68	11	11	1	9	481
2024	Veteran	82	10	12	1	0	0	0	105
	Non-Veteran	290	112	72	10	11	3	3	501
Total	Veteran	468	54	43	16	9	1	4	595
	Non-Veteran	1,387	506	350	55	61	12	50	2,421

Data Source: Nevada Electronic Death Registry System

Year over year, the veteran suicide rate by firearms varied from a low of 31.9 in 2024 to a high of 46.6 in 2021. Although the rate dropped notably in 2024, veterans who die by suicide are still significantly more likely to do so using a firearm than their non-veteran counterparts (Figure 13).

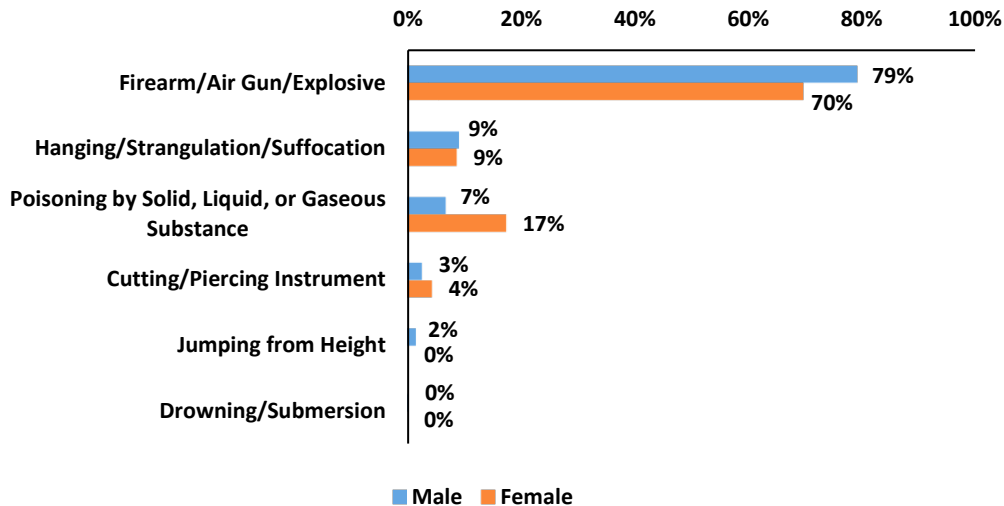
Figure 13. Firearm/Air Gun/Explosive as the Method of Suicide, Age-Adjusted Rates (per 100,000 Population) by Year and Veteran Status. Nevada Residents Ages 20+, 2020-2024.



Data Source: Nevada Electronic Death Registry System

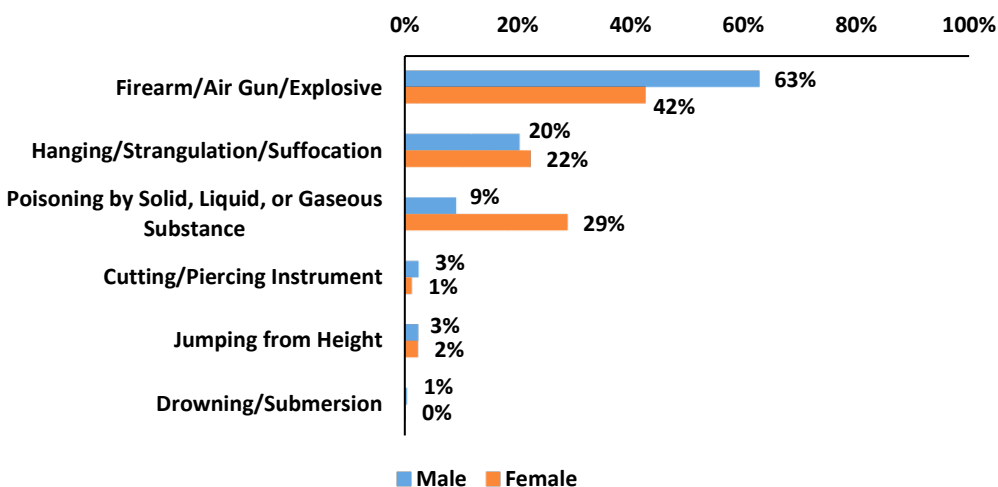
The high incidence of firearm use in suicide-related deaths of veterans is illustrated by controlling for sex. Among veterans, 79% of the men who died by suicide used a firearm compared to 63% of men who were non-veterans. The disparity is especially clear among women where 70% of female veteran deaths involved a firearm, compared to 42% 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+, 2020-2024 Combined.



Data Source: Nevada Electronic Death Registry System

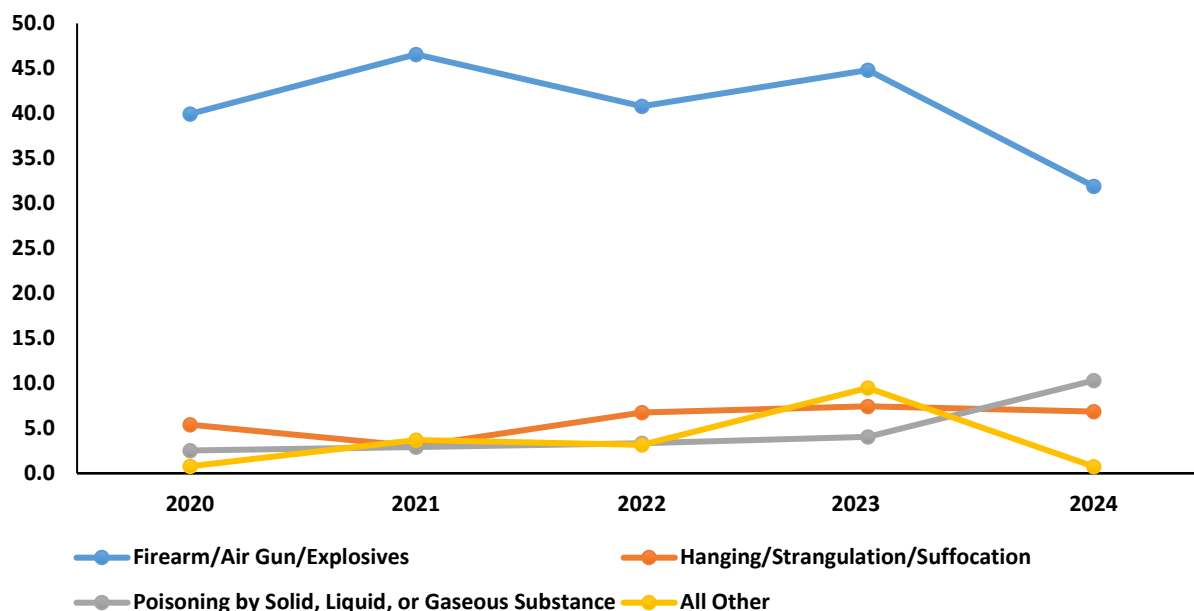
Figure 15. Percent of Non-Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2020-2024 Combined.



Data Source: Nevada Electronic Death Registry System

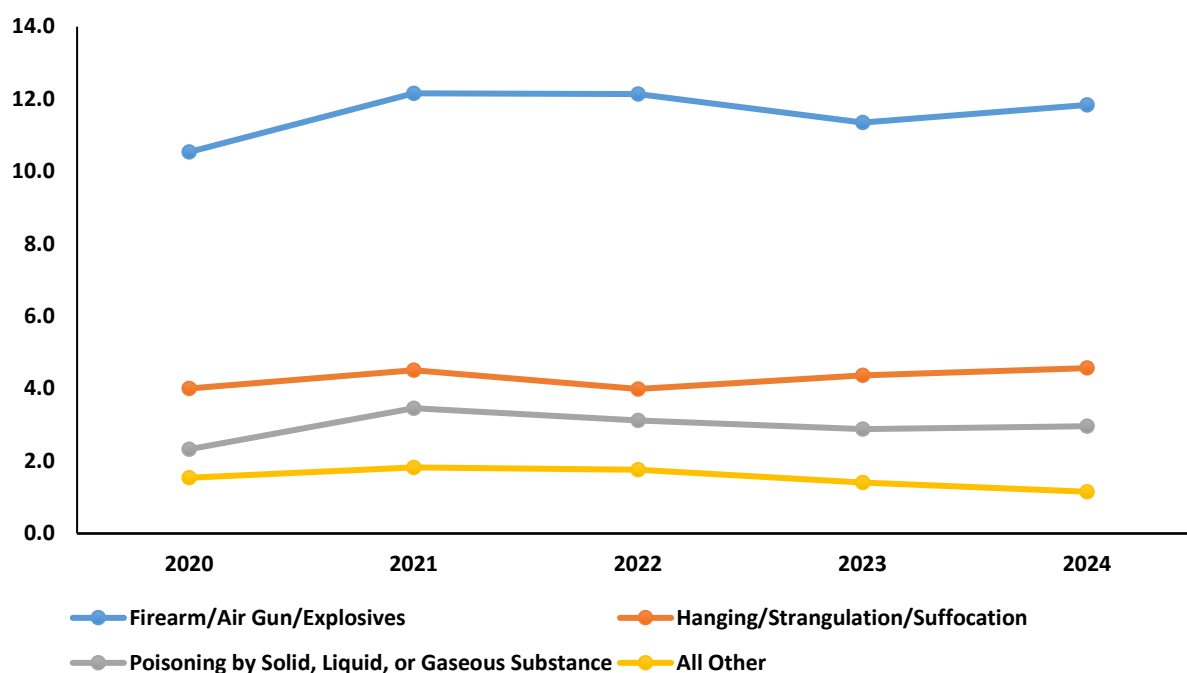
The rates per 100,000 population at which firearm/air gun/explosives were used as the method of suicide was greater in the veteran population compared to non-veteran population in all years from 2020 to 2024. Firearms/air guns/explosives were the top method of suicide for both veterans and non-veterans throughout the reporting period (see Figures 16 and 17).

Figure 16. Methods of Suicide Age-Adjusted Rates (per 100,000 Population) by Year, Veteran Nevada Residents Ages 20+, 2020-2024.



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+, 2020-2024.



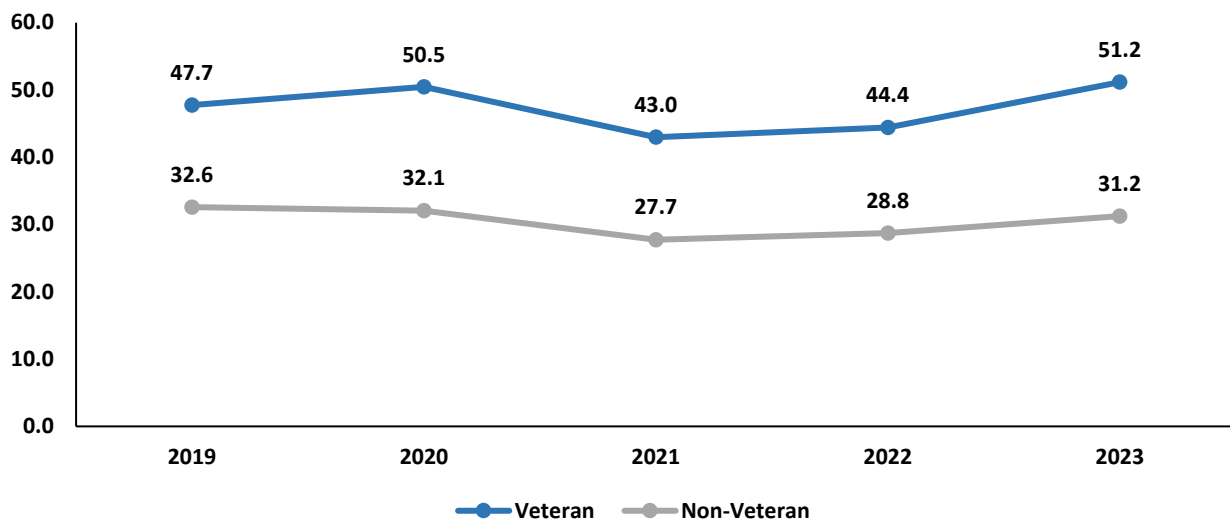
Data Source: Nevada Electronic Death Registry System

Nevada Violent Death Reporting System

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

As seen in 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 2019 and 2023 nearly 50% of those veterans had a physical health problem that contributed to their death.

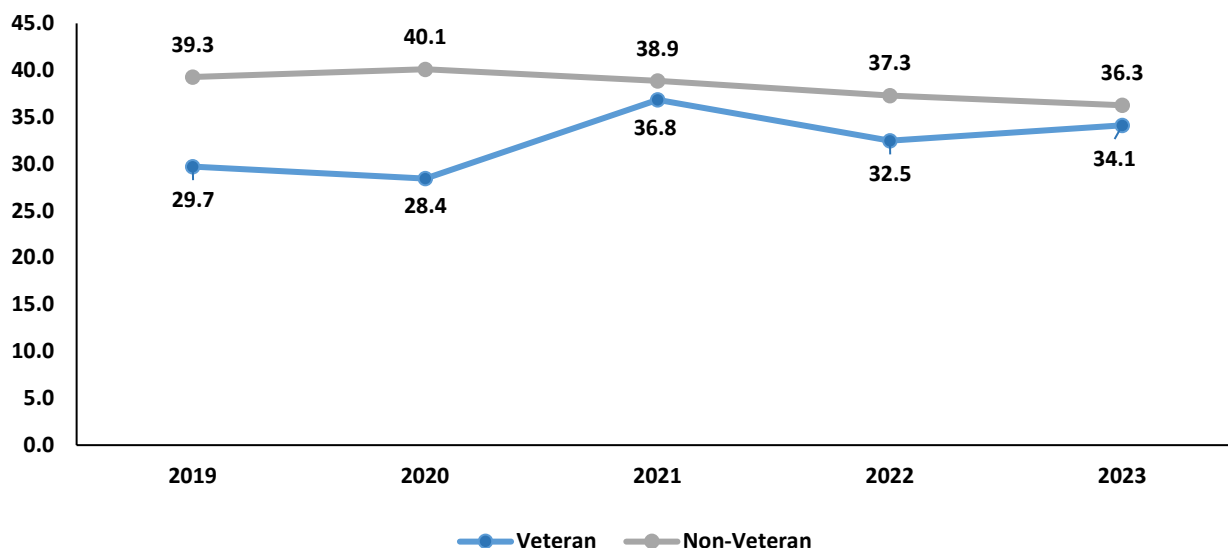
Figure 18. Percent of Veteran Deaths by Suicide with a Physical Health Problem versus non-Veterans, Nevada Residents, 2019-2023.



Data Source: Nevada Violent Death Reporting System

Veterans were 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 underdiagnosing of mental health conditions and may be an opportunity for intervention by increasing awareness and utilization of mental health services by those in the veteran community.

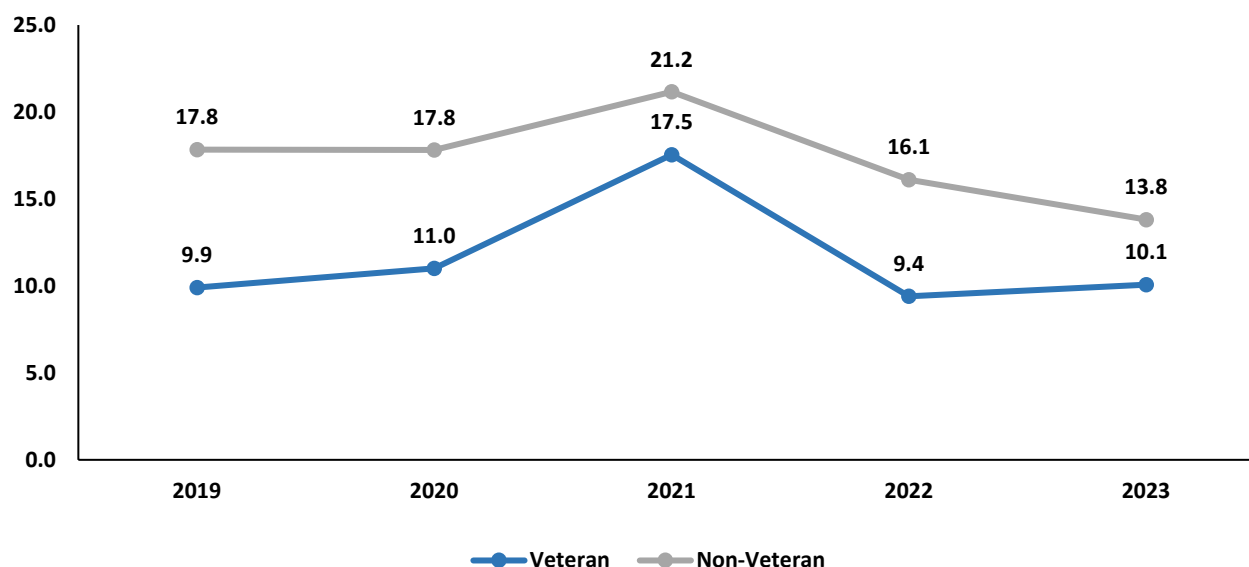
Figure 19. Percent of Veterans Deaths by Suicide with a Diagnosed Mental Illness versus Non-Veterans, Nevada Residents, 2019-2023.



Data Source: Nevada Violent Death Reporting System

Those veterans who had a diagnosed mental health condition were also less likely than their non-veteran peers to have been receiving treatment prior to their deaths.

Figure 20. Percent of Veterans Deaths by Suicide Receiving Treatment for Mental Health Condition versus Non-Veterans, Nevada Residents, 2019-2023.



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 Veterans Affairs 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 184 emergency department visits and 270 inpatient admissions related to suicide in 2020-2024 combined (Figure 21). Of the 184 visits, only one individual died, and 73 were discharged, transferred, left against medical advice, entered hospice, or were admitted as an inpatient. The remaining patients had other outcomes. Of the 270 inpatient admissions, three individuals died, and 248 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 9,818 emergency department visits and 7,319 inpatient admissions related to suicide in 2020-2024 combined. Of the 17,137 visits, 145 individuals died, and 11,472 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 2020 and 2024 were slightly higher among females (58%) than males (42%). 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 (62%) and inpatient admissions (62%).

For the breakdown by age group, see [Appendix Table A8](#).

Figure 21. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Sex. Nevada Residents, 2020-2024 Combined.

Sex	Military Community				Non-Military Community			
	Emergency Department Visits		Inpatient Admissions		Emergency Department Visits		Inpatient Admissions	
	Count	%	Count	%	Count	%	Count	%
Female	106	58%	155	57%	6,127	62%	4,536	62%
Male	78	42%	115	43%	3,684	38%	2,776	38%
Unknown	0	0%	0	0%	6	0%	3	0%
Total	184	100%	270	100%	9,818	100%	7,319	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 poisoning (including intentional overdose). These incidents accounted for 52% of all methods of attempted suicide among the military community and 46% of the non-military community (see Figure 22).

A single suicide-related hospitalization may have multiple methods listed. Therefore, the numbers listed in Figures 22 and 23 cannot be summed to equal the total number of hospitalizations.

Figure 22. Suicide-Related Emergency Department Visits by Military Community Status, Method of Attempts and Year. Nevada Residents, 2020-2024.

Method of Suicide Attempt	Year					Total	%
	2020	2021	2022	2023	2024		
Military Community							
Poisoning by Solid, Liquid, or Gaseous Substance	22	20	14	19	21	96	52%
Cutting/Piercing Instrument	14	14	18	14	11	71	39%
Firearm/Air Gun/Explosive	1	0	1	0	0	2	1%
Jumping from Height	0	1	0	0	0	1	1%
Hanging/Strangulation/Suffocation	0	0	1	0	0	1	1%
Late effects of self-inflicted injury	0	0	0	0	0	0	0%
Other and unspecified means	5	5	2	2	4	18	10%
Total	41	39	35	33	36	184	100%
Non-Military Community							
Poisoning by Solid, Liquid, or Gaseous Substance	918	1,028	980	829	785	4,540	46%
Cutting/Piercing Instrument	852	863	949	844	847	4,355	44%
Firearm/Air Gun/Explosive	16	14	22	22	21	95	1%
Jumping from Height	10	8	8	10	16	52	1%
Hanging/Strangulation/Suffocation	0	1	3	1	3	8	0%
Late effects of self-inflicted injury	1	0	1	1	0	3	0%
Other and unspecified means	236	222	195	250	205	1,108	11%
Total	1,977	2,068	2,086	1,876	1,811	9,818	100%

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

Cutting/piercing incidents accounted for 46% of attempted suicides resulting in inpatient admissions in the military community. In contrast, poisoning alone accounts for the highest admission rate of admissions in the non-military community at 56% (Figure 23).

Figure 23. Suicide-Related Inpatient Admissions by Military Community Status, Method of Attempts and Year. Nevada Residents, 2020-2024.

Method of Suicide Attempt	Year					Total	%
	2020	2021	2022	2023	2024		
Military Community							
Poisoning by Solid, Liquid, or Gaseous Substance	11	39	26	14	18	108	40%
Cutting/Piercing Instrument	32	37	22	15	19	125	46%
Firearm/Air Gun/Explosive	0	1	0	2	2	5	2%
Jumping from Height	1	1	0	0	0	2	1%
Hanging/Strangulation/Suffocation	0	0	0	0	0	0	0%
Late effects of self-inflicted injury	1	5	4	5	0	15	6%
Other and unspecified means	5	7	7	5	7	31	11%
Total	49	83	54	40	44	270	100%
Non-Military Community							
Poisoning by Solid, Liquid, or Gaseous Substance	817	845	821	764	857	4,104	56%
Cutting/Piercing Instrument	281	348	378	343	588	1,938	26%
Firearm/Air Gun/Explosive	16	16	29	29	17	107	1%
Jumping from Height	0	3	7	10	9	29	0%
Hanging/Strangulation/Suffocation	1	1	3	1	0	6	0%
Late effects of self-inflicted injury	217	288	365	241	2	1,113	15%
Other and unspecified means	46	45	65	79	57	292	4%
Total	1,339	1,476	1,597	1,425	1,482	7,319	100%

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

Appendix

Figure A1. Age-Adjusted Weights.

Age Group	Weight
Age 20-24	0.095734399
Age 25-29	0.093587182
Age 30-34	0.088532365
Age 35-39	0.089497173
Age 40-44	0.092651902
Age 45-49	0.100713120
Age 50-54	0.098892694
Age 55-59	0.087213859
Age 60-64	0.074587877
Age 65-69	0.055150675
Age 70-74	0.041148878
Age 75-79	0.032454588
Age 80-84	0.025471786
Age 85+	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+, 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 A3. 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 A4. 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 A5. 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/Explosive	97	278	46.5	(37.2-55.7)	11.6	(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	130	481	62.3	(51.6-73.0)	20.0	(18.2-21.8)	65.8	(54.5-77.1)	20.0	(18.2-21.8)

Figure A6. Total Counts and Rates (per 100,000 Population) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2024.

2024										
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	72	5.8	(2.5-9.0)	2.9	(2.2-3.6)	10.3	(4.5-16.1)	3.0	(2.3-3.6)
Hanging/ Strangulation/ Suffocation	10	112	4.8	(1.8-7.8)	4.5	(3.7-5.4)	6.9	(2.6-11.1)	4.6	(3.7-5.4)
Drowning/ Submersion	0	3	0.0	(0.0-0.0)	0.1	(0.0-0.3)	0.0	(0.0-0.0)	0.1	(0.0-0.3)
Firearm/Air Gun/Explosives	82	290	39.5	(30.9-48.0)	11.8	(10.4-13.1)	31.9	(25.0-38.8)	11.8	(10.5-13.2)
Cutting/Piercing Instrument	1	10	0.5	(0.0-1.4)	0.4	(0.2-0.7)	0.8	(0.0-2.3)	0.4	(0.2-0.7)
Jumped from Height	0	11	0.0	(0.0-0.0)	0.4	(0.2-0.7)	0.0	(0.0-0.0)	0.5	(0.2-0.7)
Other	0	3	0.0	(0.0-0.0)	0.1	(0.0-0.3)	0.0	(0.0-0.0)	0.1	(0.0-0.3)
Total	105	501	50.6	(40.9-60.2)	20.3	(18.6-22.1)	49.9	(40.3-59.4)	20.5	(18.7-22.3)

Figure A7. Total Counts by Discharge Status, Veteran Status, and Hospitalization Type (ED/IP), Nevada Residents Ages 20+, 2020-2024.

2020-2024				
Discharge Status	Veteran		Non-veteran	
	ED	IP	ED	IP
Discharged	68	241	5,098	6,098
Left Against Medical Advice	1	4	70	143
Died	1	3	58	87
Hospice	0	3	6	25
Still Patient	4	0	23	9
Other	110	19	4,563	957
Total	184	270	9,818	7,319

ED = Emergency Department.

IP = Inpatient.

Figure A8. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Age Group. Nevada Residents, 2020-2024 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	16%	52	19%	1,374	14%	1,029	14%
15-24	55	30%	82	30%	3,553	36%	2,276	31%
25-34	34	18%	38	14%	1,986	20%	1,148	16%
35-44	24	13%	31	11%	1,282	13%	915	13%
45-54	18	10%	17	6%	769	8%	700	10%
55-64	14	8%	15	6%	519	5%	646	9%
65-74	6	3%	17	6%	221	2%	376	5%
75-84	3	2%	15	6%	78	1%	180	2%
85+	1	1%	3	1%	29	0%	47	1%
Unknown	0	0%	0	0%	7	0%	2	0%
Total	184	100%	270	100%	9,818	100%	7,319	100%

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