SNAPSHOT OF SUICIDE IN NEVADA

2006

Office of Health Statistics and Surveillance

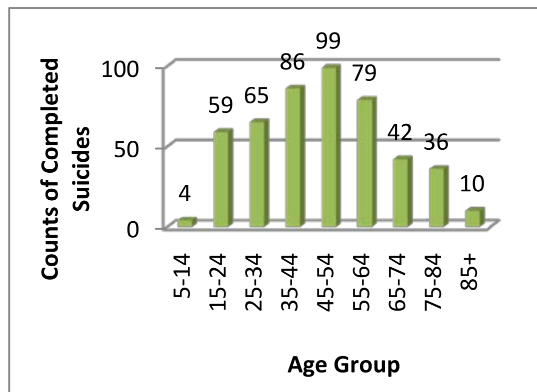
Suicide continues to be a leading cause of death in Nevada. The information in this report is based on data from 2006 for completed suicides (ICD-10 X60-X84 & Y87) and suicide-related hospitalizations (ICD-9 E950-E959) among Nevada residents. This includes residents of Nevada who may have completed suicide in another state. However, data on suicide-related hospitalizations for residents that occurred in another state is not available.

The goals of publishing such a report are to assist suicide prevention personnel and the general public in understanding the extent of the problem in Nevada, better identifying at-risk groups, and targeting possible prevention activities.

Suicides

There were 480 suicides in 2006 among Nevada Residents. Suicide was the seventh leading cause of death. The overall age adjusted rate of suicide in Nevada for 2006 was 18.3 per 100,000 people. This is much higher than the National[1] age adjusted suicide rate of 10.9 in 2006. Per the Centers for Disease Control and Prevention[1], Nevada had the fourth highest age-adjusted rate of suicide among all states for 2006.

Figure 1 - Suicide Counts by Age Group

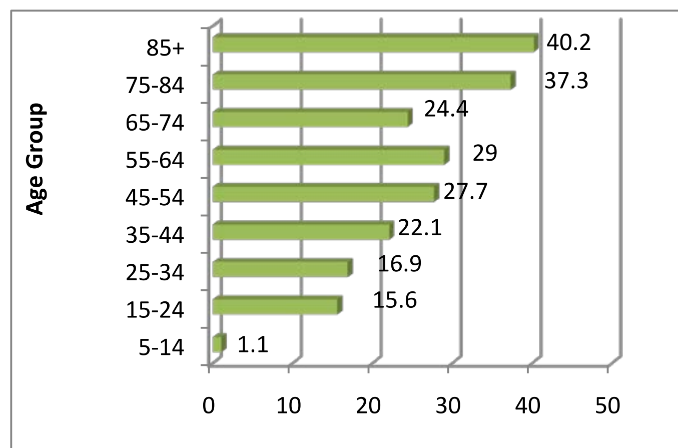


In 2006, males (N=375) were nearly four times more likely to complete suicide compared to their female (N=105) counterparts.

The age-adjusted suicide rate for males was 29.3 per 100,000 in 2006. Females had a rate of 8.0 per 100,000 for the same year.

Nevadans between the ages of 45-54 had the highest count (N=99) and percentage (20.6) of suicides in 2006 as shown in Figure 1.

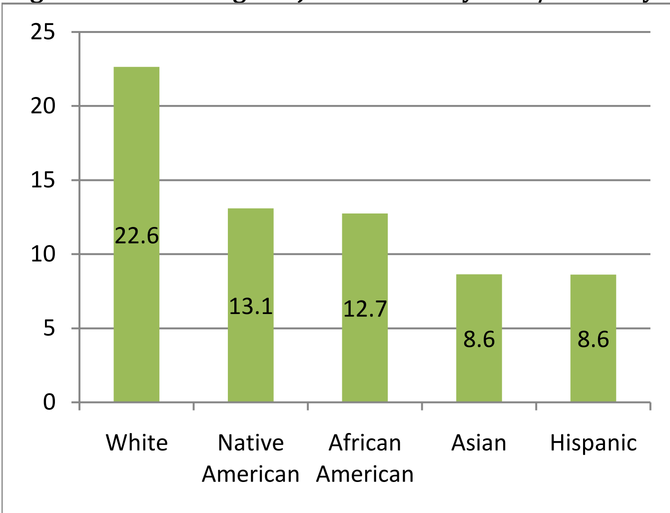
Figure 2 - Suicide Age Specific Rates by Age Group



Suicide affects nearly all age groups, but some groups are more affected than others. Figure 2 shows that suicide rates are the highest among middle aged and older adults.

Even though the suicide rate for adolescents and young adults is lower, suicide is the second leading cause of death among 25-34 year olds and the third leading cause of death among 15-24 year olds.

Figure 3 - Suicide Age Adjusted Rates by Race/Ethnicity



Of all people in each of the race and ethnic groups, whites had the highest count (N=399)and rate of suicide in Nevada. Even though the counts for African Americans (N=20) ranked second and Native American counts (N=5) ranked fifth, the age adjusted rate shows a different picture. Figure 3 illustrates Native American rates are slightly higher than African American rates.

Clark County (N=304) had the highest count of suicide related deaths in 2006, followed by Washoe County (N=90).

Lyon (N=16) and Carson City (N=14) Counties ranked third and fourth. This follows the population distribution of the state. When looking at age adjusted rates for each county, White Pine had the highest rate, followed by Churchill County. Nye and Lyon County ranked third and fourth. Counties with less than five suicides were omitted from this report.

Figure 4 - Suicide Age Adjusted Rates by County of Residence

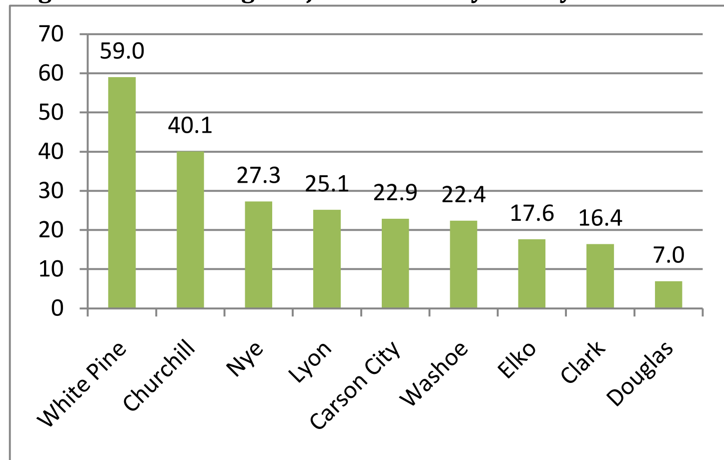
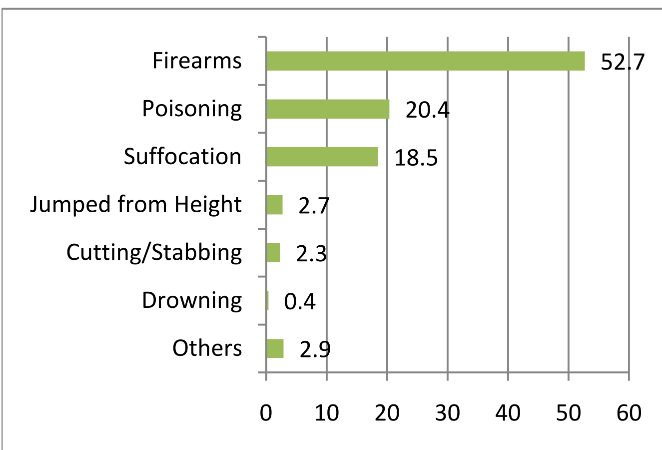


Figure 5 - Percentages of Suicides by Method

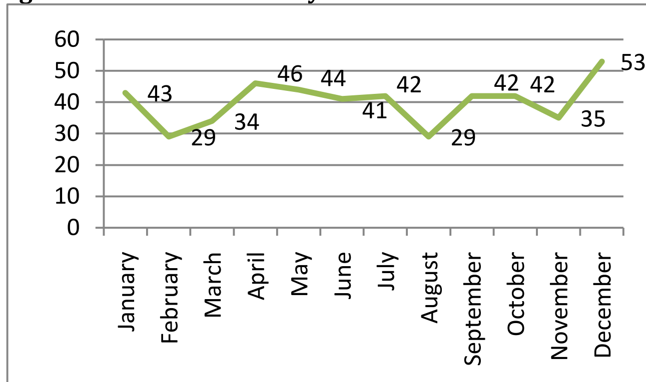


The most common method used in suicide related deaths was firearms, accounting for 52.7 percent of completed suicides. This percentage was nearly 2.5 times higher than poisoning at 20.4 percent, as seen in Figure 5.

The most common place of injury for suicide related deaths was 'Home', with 118 cases, followed by 'Hotel' with 9, respectively.

Other places listed included, but were not limited to, desert, parking lot, and street.

Figure 6 - Suicide Counts by Month of Year



The month with the highest count of suicide related deaths in 2006 was December, with 53 or 11 percent, followed by April, with 46 or 9.6 percent.

The months with the lowest reported suicide related deaths were February and August with each month reporting 29 or 6 percent.
This can be noted in Figure 6.

35 percent of Nevada residents who completed suicide in 2006 were married, followed by never married, and divorced, with 31.7 and 24.4 percent, respectively. Nearly 7 percent were listed as widowed.

20.6 percent of suicide related deaths fall within the 45-54 age group (N=99). Compared to the percentages listed above, 45 percent of those who completed suicide in that age group were married and 36 percent were divorced, followed by never married with 12 percent.

Hospitalizations Due To Suicide Attempts

There were 1,046 hospitalizations² due to a suicide attempt in 2006. These counts do not represent the number of individuals who attempted suicide, because one individual can attempt suicide more than once. Therefore, statistics only reflect hospital visits and not specific numbers of people. There were 1,019 discharges alive after a suicide attempt. The following statistics are based on these 1,019 cases. Suicide attempts outnumbered completed suicides over two times.

Attempted suicides for females (N=567) were nearly 5.5 times higher than completed suicides for females. Suicide attempts among males (N=448) were 1.2 times higher than completed suicides.

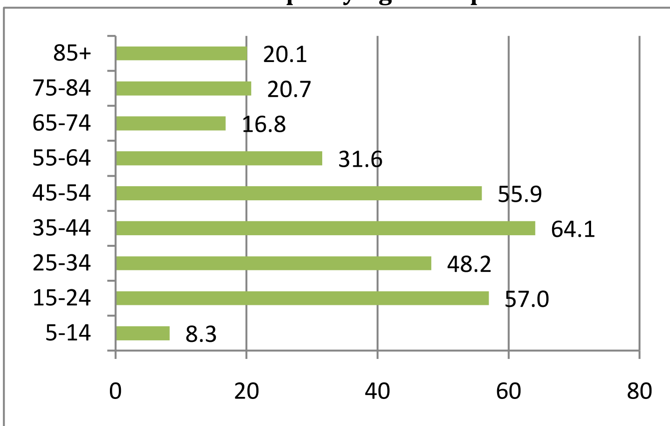
Nevada residents ages 35-44 had the highest count of suicide attempts (N= 249), followed by by those 15-24 (N=215) and 45-54 (N=200). The lowest count of suicide attempts was among Nevadans 85 and over (N=5). 35-44 year olds also had the highest rate of attempted suicides per 100,000 with 64.1, followed by 15-24 year olds with 57.0 per 100,000.

This is a much different story than when looking at rates of completed suicides presented earlier in this Snapshot. It shows that people of younger age attempt suicide more often than complete suicide, and people of older age are more likely to complete suicide.

Many suicide attempts are attributed to poisonings.

May through July had the highest counts of hospitalizations for suicide attempts.

Figure 7 - Age Specific Rate of Hospitalizations Due to Suicide Attempts by Age Group



Over 60 percent of people who attempted suicide listed marital status as single, compared to the marital status of completed suicides at 35 percent. Most hospitalizations took place for residents of Clark County (N=621), followed by Washoe (N=246), Carson City (N=47) and Lyon County (N=29). This follows the population distribution of the state. The median length of stay in 2006 for a suicide attempt was 3 days, and the median cost was $15,766. Self Pay or Negotiated Discounts were the the most commonly listed payers for patients admitted to a facility due to a suicide attempt (20.4 percent and 19.6 percent, respectively). 22 percent of patients admitted to a facility due to a suicide attempt were discharged to a psychiatric facility. 52 percent of patients were discharged home.

Summary

In 2006, suicide was the seventh leading cause of death in Nevada and affects the health of the community. Suicide attempts were more than twice as high as completed suicides. Almost four times as many males than females died by suicide. More females were hospitalized due to a suicide attempt than males. Firearms were leading method of suicide, followed by poisonings. Poisoning was the preferred method for attempted suicides. While suicide affects all age groups, it is highest among middle aged and older people. Suicide is the second leading cause of death among 25-34 year olds and the third leading cause of death among 15-24 year olds. Whites have the the highest age-adjusted rate of suicide, followed by Native Americans and African Americans.

Resources

Warning signs of suicide can include changes in a person's mood, diet or sleeping patterns. For more information please contact the American Association of Suicidology at: http://www.suicidology.org/web/guest/home or the Office of Suicide Prevention at 775-688-2965.

If you or someone you know are thinking about suicide, please contact :
Suicide Prevention Hotline of Nevada, toll-free/24 hours, at 1-877-885-HOPE(4673) or
National Suicide Prevention Lifeline at 1-800-273-TALK(8255).

References

1. Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS). National Center of Injury Prevention and Control.
http://www.cdc.gov/injury/wisqars/index.html

2. The official data source for Nevada acute care hospital discharge data is the Center for Health Information Analysis (CHIA) at University of Nevada, Las Vegas (UNLV).
http://www.unlv.edu/Research_Centers/chia/

The vision of the Office of Health Statistics and Surveillance is to play a pivotal role in improving the health of all Nevadans by providing data that makes a difference.

Reports on related topics can be obtained from the Nevada State Health Division Website at:
http://health.nv.gov/FP_Publications.htm

For additional information, please contact OHSS at (775) 684.4170 or visit our website at:
http://health.nv.gov/NIHDS_HSS.htm

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