# **CDC NEVDRS - 2022**



13.0%

6.5%

28.6%

77 Total Deaths (16.0 per 100,000 Population)

*n* = 77

51.9%

50%



NFVDRS

NEBRASKA VIOLENT DEATH

In 2022, about 30% of male suicides in Nebraska Behavioral Health Region 5 occurred in the third quarter, with May and June accounting for 22.1% of the total. The majority of victims during this period were white males, averaging 46 years old with at least a high school education. In contrast, 2021 saw the highest suicide numbers in the first and fourth quarters, differing significantly from 2022, where the peak occurred in the second and third quarters.

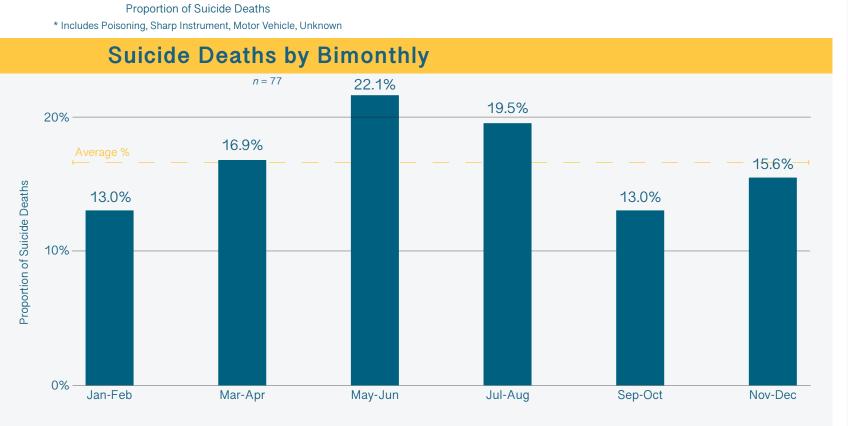
0%

Firearm

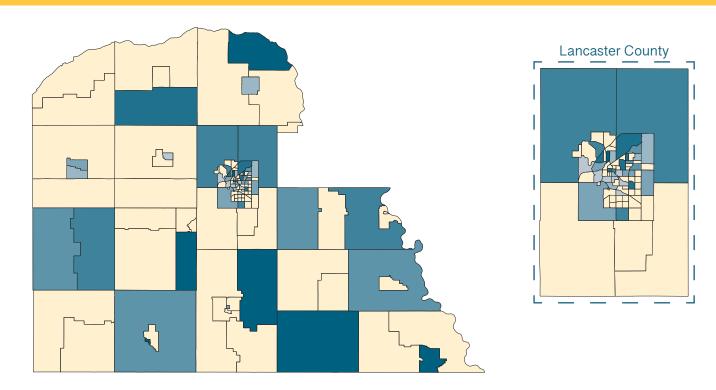
Strangulation

Poisoning

Other\*



## Suicide Death Rate by Census Tracts



\* Includes Hispanic, American Indian/Alaskan Native NH, Black NH, Asian/Pacific Islander NH, Two or More Races

50%

2022 Nebraska Behavioral Health Region 6 Population Suicide Deaths

NH: Non-Hispanic

100%

In 2022, male suicide victims in Nebraska Behavioral Health Region 5 were predominantly white males aged 30-49 with a high school education. Asian/Pacific Islander, American Indian/Alaskan Native, and Black Non-Hispanic males were disproportionately affected. In 2021, the key difference was that the 30-39 age group was less common, and individuals with some college credits or an associate's degree made up the leading group.

### **Cause of Death**



In 2022, firearms were the most common method of suicide among males in Nebraska Behavioral Health Region 5, with the average age of victims being 47. Strangulation and poisoning (including drug overdose) both occurred at an average age of 40. In 2021, firearm deaths were less common, strangulation was more frequent, and the average ages were very similar.

Deaths per 100
16 - 18.7
18.7 - 21.7
21.7 - 28.1
28.1 - 32.7
32.7 - 46.9
46.9 - 61.2
61.2 - 122
0

The darker blue areas on this map represent the highest rate of suicide deaths in Nebraska Behavioral Health Region 5 in 2022.

100 miles

## **Other Decedent Characteristics**

NEBRASKA

DEPT. OF HEALTH AND HUMAN SERVICES

Statistics are I	based on 76 cases.	Categories are not mutually exclusive.
	68.4%	of total suicide deaths took place in a residence.
	14.5%	of total suicide victims experienced homelessness or housing instability.
	<b>64.5</b> %	of total suicide victims had previous mental health problems.
	<b>67.1</b> %	of total suicide victims were diagnosed with depression.
**	15.8%	of total suicide victims were diagnosed with anxiety disorder.
¢	<b>46.1</b> %	of total suicide victims had history of mental health treatment.
	<b>43.4</b> %	of total suicide victims had current mental health treatment.
	73.7%	of total suicide victims were perceived by others to be depressed at the time of death.
	46.1%	of total suicide victims had a history of suicidal ideation.
	27.6%	of total suicide victims had a history of suicide attempt.
	<b>19.7</b> %	of total suicide victims had recently disclosed their suicidal intent.
	9.2%	of total suicide victims had disclosed their suicidal intent to their family member.
	35.5%	of total suicide victims left suicide notes.
	23.7%	of total suicide victims had a history of alcohol abuse.
	31.6%	of total suicide victims had a history of substance abuse other than alcohol.
	22.4%	of total suicide victims had a history of physical health problems.
	17.1%	of total suicide victims had criminal or legal problems.
	28.9%	of total suicide victims had intimate partner problems.
	9.2%	of total suicide victims had family or other relationship problems.
	14.5%	of total suicide victims had known recent argument.
	40.8%	of the suicide deaths were among never married individuals.
-	28.9%	of the suicide deaths were among married individuals.

Due to small numbers, rates may be unstable.

The reduced death count in this section is due to incomplete law enforcement or coroner reports.