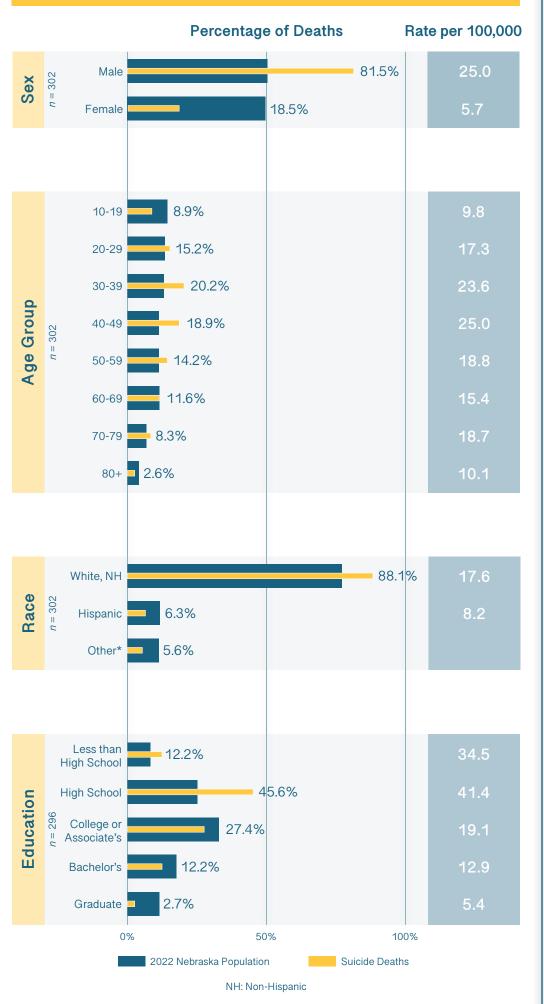
CDC NEVDRS - 2022

Summary of Suicide Deaths in Nebraska

302 Total Deaths (15.4 per 100,000 Population)

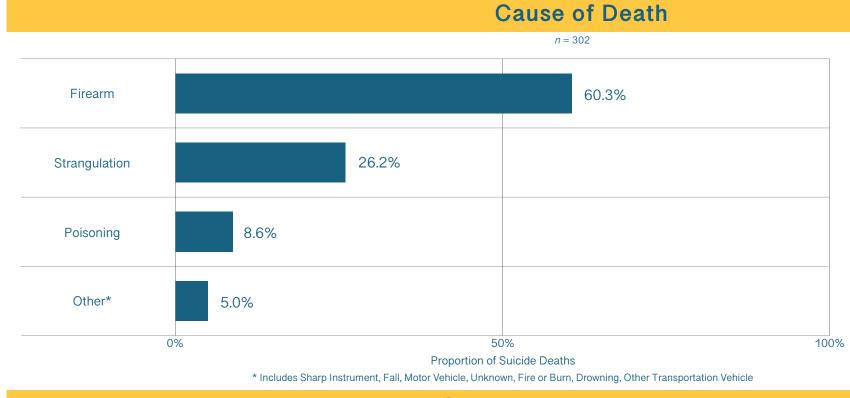


Demographic Information



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

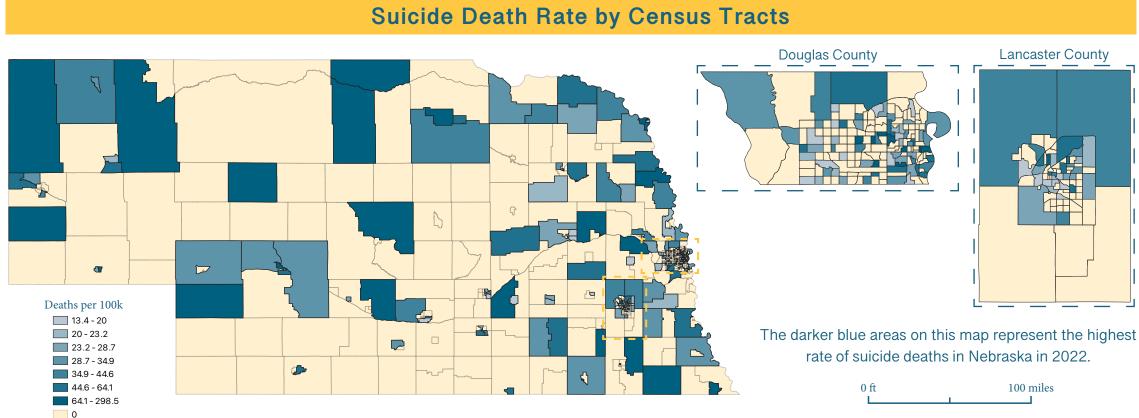
In 2022, male suicide victims were predominantly white males aged 30-39 with a high school education. American Indian/Alaska Native, Asian/Pacific Islander, and Black Non-Hispanic males were disproportionately affected by suicide in Nebraska. In 2021, the 80+ age group had twice the death count, and the suicide rate was higher among individuals with less than a college education.



Suicide Deaths by Month

In 2022, about 26% of suicides in Nebraska occurred in the third quarter. The month of June registered the highest number of suicides, comprising 11.6% of the total. The predominant demographic among individuals who lost their lives to suicide during these months were white males, with an average age of 52 and holding a high school degree. In 2022, deaths were nearly evenly distributed across all four quarters, whereas in 2021, the fourth quarter had the highest count, accounting for nearly 32% of the deaths.





In 2022, firearms were the most common method of suicide among males in Nebraska, with an average age of 47. Strangulation had an average age of 41, and poisoning (including drug overdose) averaged 44. In 2021, firearm deaths were 10% less common, while strangulation and poisoning deaths were slightly more frequent.

Other Decedent Characteristics

NFBRASKA

DEPT. OF HEALTH AND HUMAN SERVICES

| Statistics are h | ased on 293 cases. | |
|------------------|--------------------|---|
| | asta on 293 Cases. | Categories are not mutually exclusive. |
| | 71.3% | of total suicide deaths took place in a residence. |
| | 11.6% | of total suicide victims experienced homelessness or housing instability. |
| | 45.1% | of total suicide victims had previous mental health problems. |
| | 37.2% | of total suicide victims were diagnosed with depression. |
| | 9.6% | of total suicide victims were diagnosed with anxiety disorder. |
| | 32.1 % | of total suicide victims had history of mental health treatment. |
| | 29.0% | of total suicide victims had current mental health treatment. |
| | 50.9% | of total suicide victims were perceived by others to be depressed at the time of death. |
| | 31.7% | of total suicide victims had a history of suicidal ideation. |
| | 18.1 % | of total suicide victims had a history of suicide attempt. |
| | 22.5% | of total suicide victims had recently disclosed their suicidal intent. |
| | 7.8% | of total suicide victims had disclosed their suicidal intent to their intimate partner. |
| | 35.2% | of total suicide victims left suicide notes. |
| | 23.9% | of total suicide victims had a history of alcohol abuse. |
| | 19.1 % | of total suicide victims had a history of substance abuse other than alcohol. |
| | 25.3% | of total suicide victims had a history of physical health problems. |
| | 11.6% | of total suicide victims had criminal or legal problems. |
| | 28.0% | of total suicide victims had intimate partner problems. |
| | 11.6% | of total suicide victims had family or other relationship problems. |
| | 17.4% | of total suicide victims had known recent argument. |
| | 44.4 % | of the suicide deaths were among never married individuals. |
| | 25.9% | 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.