

Program Update

After a short pause, the Nebraska Violent Death Reporting System (NEVDRS) is pleased to reconnect with partners and communities across the state. Our work continues to focus on understanding violent deaths in Nebraska so that prevention efforts are informed by accurate, timely data.

Our Team

- **Rishad Ahmed, MBA, PhD** – Injury Surveillance Epidemiologist III
- **Mamie Lush, MA, BSPH** – NEVDRS/SUDORS Epidemiologist I
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NEVDRS works closely with coroners/county attorneys, law enforcement, and prevention partners across Nebraska to ensure high-quality data collection. Our goal is to translate data into meaningful prevention action.

Click here to view our webpage:

[NEVDRS Webpage](#)



What We Are Working On

1. Annual Suicide Death Reports

We have transitioned from a brief annual framework to a more comprehensive Annual Suicide Death Report.

- **2021 Report:** Expected publication in first half of 2026
- **2022 Report:** Expected publication in second half of 2026

These reports provide deeper analysis of trends and circumstances surrounding suicide deaths in Nebraska.

2. Fact Sheets

All 2022 suicide fact sheets are now published.

Update:

- Rates per 100,000 population by Behavioral Health Region
- Replacement of previous census tract mapping

This change improves clarity and allows local leaders, schools, and community organizations to better understand risk in their counties.

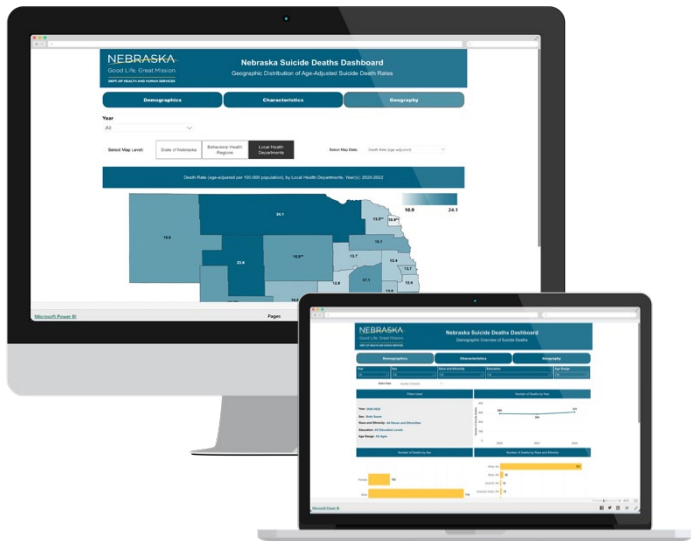
3. Nebraska Suicide Deaths Interactive Dashboard

Our public-facing Power BI dashboard is now live.

It includes:

- Data from 2020 through the most recent available year
- Filtering by age, sex, race/ethnicity, and education
- Incident characteristics such as method and location of suicide

- Nebraska maps displaying age-adjusted death rates per 100,000 population
- Map views by local health department jurisdictions, behavioral health regions, and statewide totals



Click here to view the dashboard:

[Nebraska Suicide Deaths Dashboard](#)

Click here to view specifics on the data:

[About the Data](#)

Why this dashboard matters:

Community leaders, prevention coalitions, and policymakers can now explore Nebraska data to guide targeted strategies.

Spotlight: Suicide Among Adults Ages 35-55 (227 deaths, 38.5% of total suicide deaths) in Nebraska, 2021–2022

This quarter's issue will focus on adults in midlife.

Why this group matters:

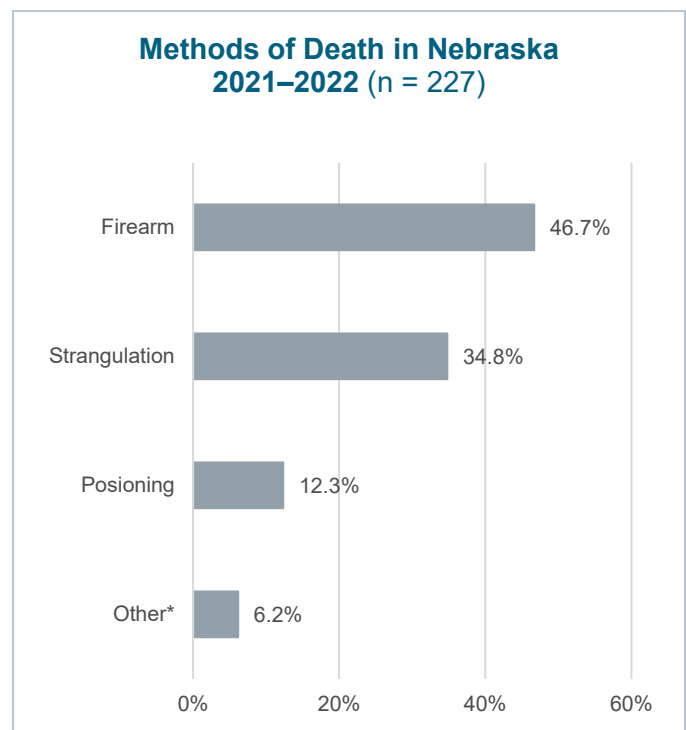
Adults ages 35-55 often face multiple stressors at once - work pressures, financial strain, caregiving responsibilities, relationship changes, and health concerns. Understanding patterns in this age group helps communities design prevention efforts that reflect real-world challenges.

Who Was Most Affected?

- Median age: 44
- Majority male
- Predominantly White, non-Hispanic
- Most common education level:
 - Men: High school graduate
 - Women: Some college or associate degree

Method of Death

- Firearms were the most common method overall, especially among males
- Strangulation was most common among females
- Poisoning accounted for a smaller share
- Other methods (e.g. sharp or blunt instruments, drowning, and fire) were relatively uncommon.



Source: NEVDRS, 2021-2022

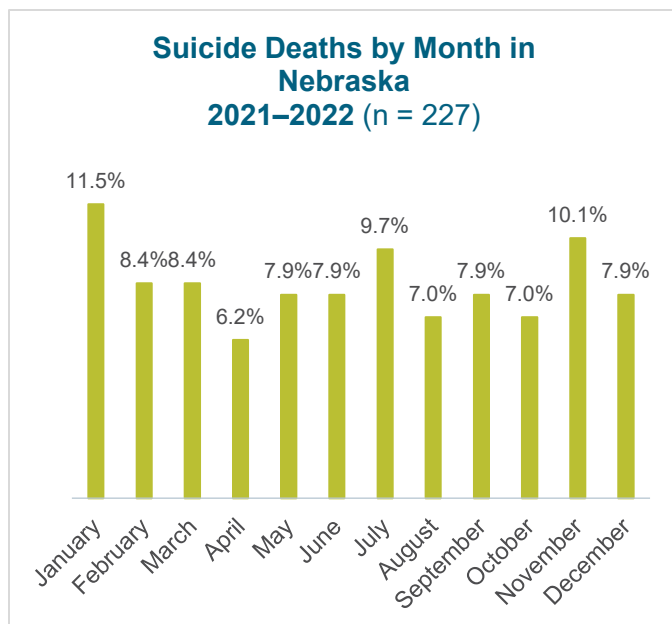
Access to highly lethal methods significantly influences outcomes.



Most deaths occur at home, emphasizing the importance of family awareness, safe storage practices, and recognizing warning signs. Housing instability is also a significant stressor.

Seasonal Patterns

- Higher numbers in late fall and winter
- Secondary increase during summer
- Lower numbers in spring
- Males accounted for the majority each month



Source: NEVDRS, 2021-2022

Mental Health

- 51.9% had a history of mental health problems
- 42.0% diagnosis of depression
- 31.1% had a history of treatment
- 25.9% were receiving mental health treatment prior to death
- 52.8% were perceived by others to have been depressed prior to death

Many individuals had known mental health challenges, but not all were engaged in ongoing care. Stigma reduction, improved access to services, and early intervention remain essential.

Circumstances and Contributing Factors

(n = 212)

Location and Housing

- 70.8% occurred in a residence
- 19.3% experienced homelessness or housing instability

Prior Suicidal Behavior

- 38.2% had prior suicidal ideation
- 19.3% had a prior suicide attempt
- 25.0% had recently disclosed intent
- 34.0% left a suicide note

Warning signs were present in many cases. This underscores the importance of taking statements about self-harm seriously and responding quickly.

Substance use and suicide risk are closely linked. Integrated mental health and substance use prevention efforts are critical.

Substance Use

- 28.3% had a history of alcohol abuse
- 25.9% had a history of substance abuse other than alcohol

Life Stressors

- 28.3% experienced intimate partner problems
- 17.0% had physical health problems
- 13.7% had legal problems
- 12.3% had a recent argument with someone

Ongoing Data Efforts

NEVDRS continues to:

- Provide training and technical assistance to coroners/county attorneys and law enforcement
- Improve data quality and abstraction processes
- Responding to data requests from local and state partners
- Support prevention planning with evidence-based insights

Our commitment remains focused on accurate data that leads to actionable prevention strategies across Nebraska.

Prevention and Support Resources

If you or someone you know is struggling, confidential help is available 24/7:

988 Suicide & Crisis Lifeline

Call 988

Veterans: Press 1

LGBTQI+: Press 3



Nebraska Family Helpline

1-888-866-8660



Additional Resources:

- Click here to view [99 Coping Skills](#)
- Click to view [60 Ways to be Kind to Yourself](#)



Native Americans—[All Nations Hotline](#) (Text SUPPORT to 33464)



[Women's Center for Advancement](#) (402-345-7273)



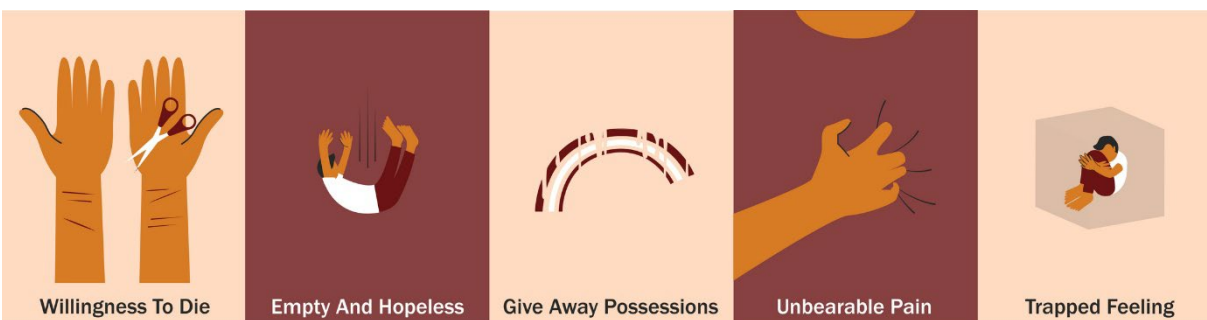
[Rural Youth Suicide Prevention Line](#) (1-800-273-TALK or text HOME to 741741)



Boys Town: [Your Life Your Voice](#) (1-800-448-3000 or text VOICE to 20121)



[National Domestic Violence Hotline](#) (1-800-799-7233 or text BEGIN to 88788)



SUICIDE ATTEMPT WARNING SIGNS

Source: National Institute of Mental Health



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