

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

MEMORANDUM

To: Assemblywoman Sarah Peters, Chair, Joint Interim Standing Committee on Health and Human Services
Through: Richard Whitley, MS, Director, Nevada Department of Health and Human Services
Lisa Sherych, Administrator, Division of Public and Behavioral Health, Nevada Department of Health and Human Services
From: Misty Vaughan Allen, Statewide Suicide Prevention Coordinator
Office of Suicide Prevention, Division of Public and Behavioral Health, Nevada Department of Health and Human Services
Re: Follow-up Responses for March 24, 2022, Joint Interim Standing Committee on Health and Human Services Meeting

The following items are provided in response to presentations made at the March 24, 2022, meeting of the Joint Interim Standing Committee on Health and Human Services.

Assemblywoman Titus requested information on coordination between the National Association of Mental Illness (NAMI) of Western Nevada warmline and the impending 988 hotline, as there may be confusion with the various access points.

A call center hub will be established through a request for proposal process that will connect call, chat, and text clients to the appropriate resources for help and follow-up. Linking to warm lines is part of the implementation plan. The NAMI Nevada warmline is a critical component of the Crisis Response System and is expected to continue to serve an important role. How linkages/transfers occur will be developed after the RFP process.

Assemblywoman Titus requested information regarding suicide attempt differences between men and women.

Women attempt suicide 3 times as often as men, although attempts made by men are more often lethal. Regulations are in development (per [Assembly Bill 181](#)) to improve data collection in response to AB 181, which revises provisions relating to mental health.

Gender-specific statistics – United States

- There is 1 suicide death for every estimated 25 suicide attempts.
- There are approximately 1,149,475 annual attempts (using 25:1 ratio), or one attempt every 27.5 seconds.
- One male dies by suicide every 14.4 minutes.
- There are 3.9 male deaths by suicide for each female death by suicide.
- There are three female attempts for each male attempt.
- One female dies by suicide every 55.9 minutes in the U.S.
- Firearm suicides are the most common among males and females (Suicide Prevention Resource Center 2019).
- Poisoning is the most common method of attempt for suicide for females.

Gender-specific statistics – Nevada

- Nevada men rank 15th and Nevada women rank 12th in the national suicide rates.
- Roughly three out of four deaths by suicide are males according to the Nevada Office of Public Health Investigations and Epidemiology (2020).
- Looking at recent suicide attempt data collected from Nevada hospitals, females present at double the rate of males. Female attempts are higher than male attempts, which may be related to the method of attempt.
- Males choose firearms as the method of suicide in more than 67% of all cases and females used firearms in 39% of all cases.
- The male population represents 66% of all suicides, with women making up the remaining 34%.
- Nevada is limited to analyzing gender identity based on death certificates offering a choice of male or female. It is important to note the dearth of current research among transgender and gender nonconforming populations. Currently there is no consistent system to collect gender identity.