

Suicide in Utah

Youth, aged 10–17

2017–2020



Utah Department of
Health & Human
Population Health



10–17 years

Youth ages 10–17 make up 15.8% of the Utah population, yet account for 6% of all suicide deaths in Utah.^{1,2}



Every year, an average of 40 Utah youth die from suicide, 1,908 are treated in the emergency department (ED), and 422 are hospitalized for suicide attempts.^{1,2}



The percentage of Utah female high school students who either considered or planned suicide is much higher than male high school students.⁷



Firearms (45.6%) are the most common method of suicide among Utah youth, followed by suffocation (44.4%) and poisoning (6.3%).¹

Suicide and suicide behaviors are serious public health issues both nationally and in Utah. Fortunately, suicide is preventable. The [Utah Suicide Prevention State Plan](#) provides guidance on how individuals and communities can address suicide and includes strategies for primary prevention, intervention, and postvention response. Other key resources for suicide prevention include:

- Live On Utah, liveonutah.org
- Suicide Prevention in the Workforce Toolkit, liveonutah.org/workplace
- Utah LGBTQ+ Suicide Prevention Plan, liveonutah.org/lgbtq_strategic

Rate of suicide deaths and suicide attempts

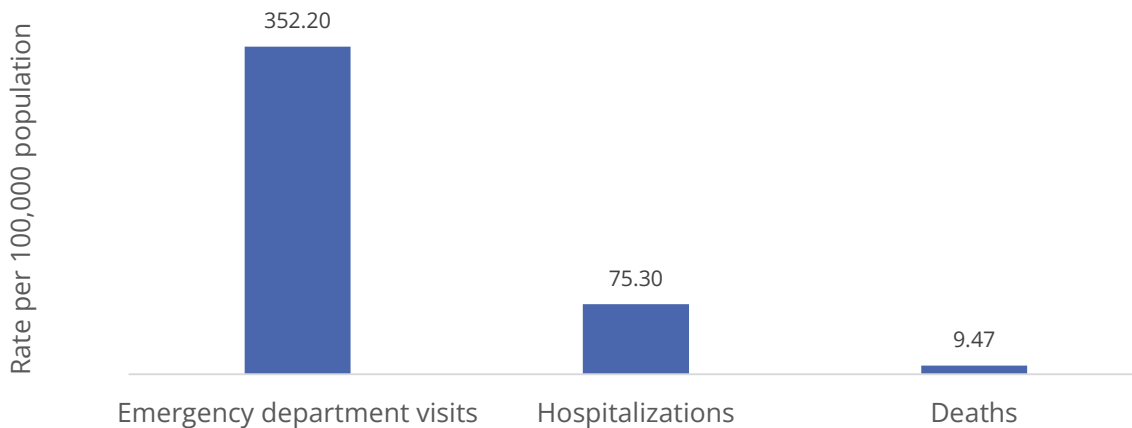
Five Utah youth are treated for suicide attempts every day.² More youth are treated in an emergency department (ED) or hospitalized for suicide attempts than die from suicide (Figure 1).^{1,3} In 2019, 36.9% of Utah high school students (grades 9 — 12) reported they felt sad or hopeless, 22.3% reported they seriously considered attempting suicide, 18.8% reported they made a suicide plan, 9.2% reported they attempted suicide one or more times, and 2.1% had a suicide attempt that required medical attention.

Mental health resources

All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and may face lifelong recovery or treatment. Seeking help early and follow-up care with mental health professionals can help a person live a fulling, healthy life after a suicide attempt.

- 211, [211.org](https://www.211.org)
- 988 Suicide and Crisis Lifeline, [988lifeline.org](https://www.988lifeline.org)
- National Alliance on Mental Illness, [namiut.org](https://www.namiut.org)
- Utah Department of Health and Human Services, Substance Use and Mental Health, [dsamh.org](https://www.dsamh.org)

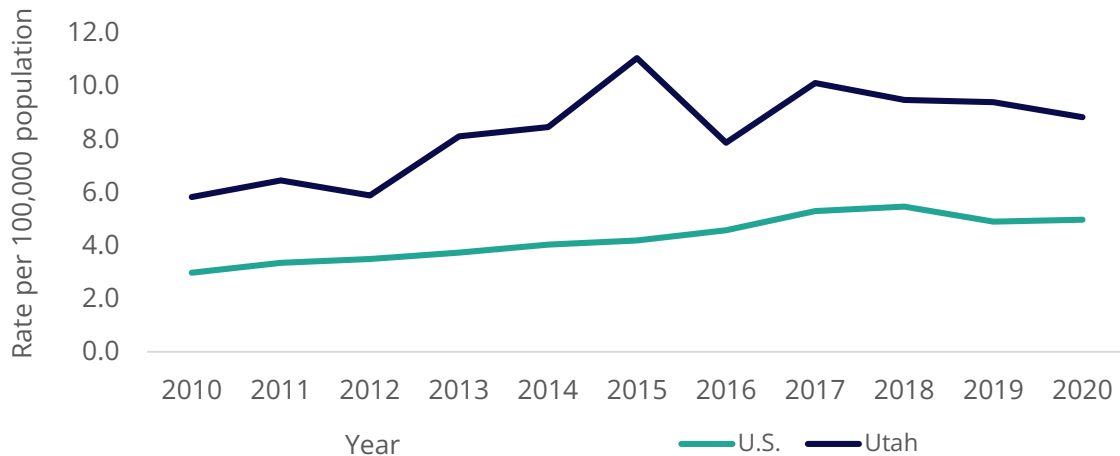
Figure 1: Rate of suicide ED visits, hospitalizations, and deaths per 100,000 population, ages 10–17, Utah, 2017–2020



Utah versus U.S. suicide rates

Suicide is the leading cause of death for youth in Utah (9.7 per 100,000).¹ The suicide rate among Utah youth increased between 2011 and 2018, with a peak in suicide rate observed in 2015. Since 2017, the suicide rate among Utah youth has been decreasing (Figure 2).

Figure 2: Rate of suicides per 100,000 population, ages 10-17, Utah and U.S., 2010–2020



Key strategies for reducing suicide attempts and ideation as well as suicide deaths is to promote help seeking behaviors and to learn how to recognize suicide warning signs.

Promote help seeking behaviors

- Raise community awareness about suicide.
- Promote mental health resources and crisis services in schools, workplaces, and community.
- Provide information on self-help tools and strategies.
- Reduce stigma, prejudice, and discrimination around suicide and mental health.
- Include people who have lived through suicide experiences on prevention teams.
- Normalize help seeking behaviors.

Suicide warning signs⁸

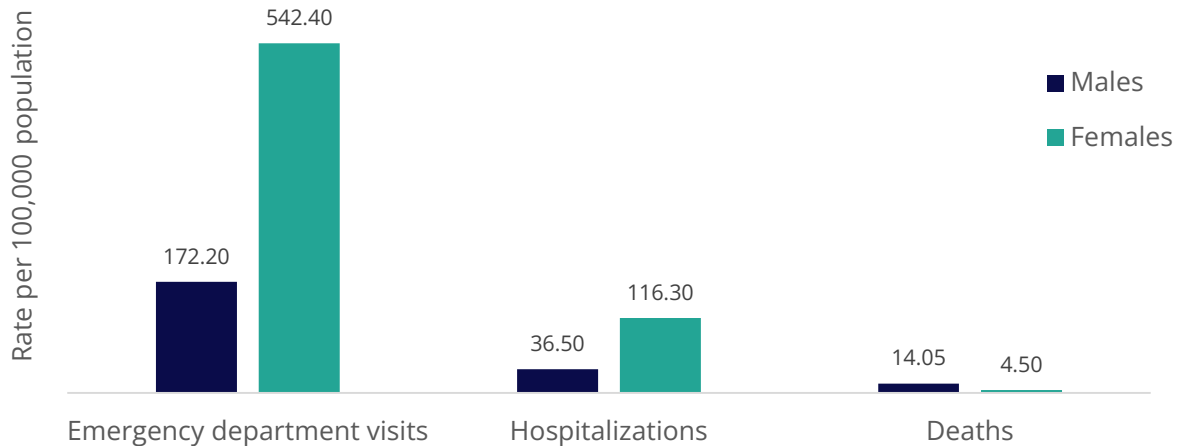
- Acting anxious, agitated, or reckless.
- Changes in behavior.
- Concerns about being a burden to others.
- Death of a loved one.
- Display extreme mood swings.
- Failure to take care of themselves.
- Feelings of hopelessness or having no purpose.
- Financial loss or instability.
- Getting affairs in order.
- Increased use of alcohol or drugs.
- Looking for ways to harm themselves.
- Preoccupied with death.
- Recent rejection or divorce.
- Showing rage or talking about seeking revenge.
- Sleeping too little or too much.
- Sudden interest or disinterest in church or religion.
- Talking about death or suicide.
- Talking about wanting to die or to kill oneself.
- Withdrawal or isolation from social interaction.

This list contains common warning signs of suicide but is not all inclusive.

Rate of emergency department (ED), hospitalization, and suicide deaths visits by sex

The rate of suicide death is higher among Utah youth males (14.1 per 100,000 population) than females (4.9 per 100,000 population).¹ However, more Utah youth females attempt suicide compared to males. Youth females had significantly higher ED visit and hospitalization rates for suicide attempts compared to youth males. (Figure 3).

Figure 3: Rate of suicide ED visits, hospitalizations, and deaths per 100,000 population by sex, ages 10–17, Utah, 2017–2020

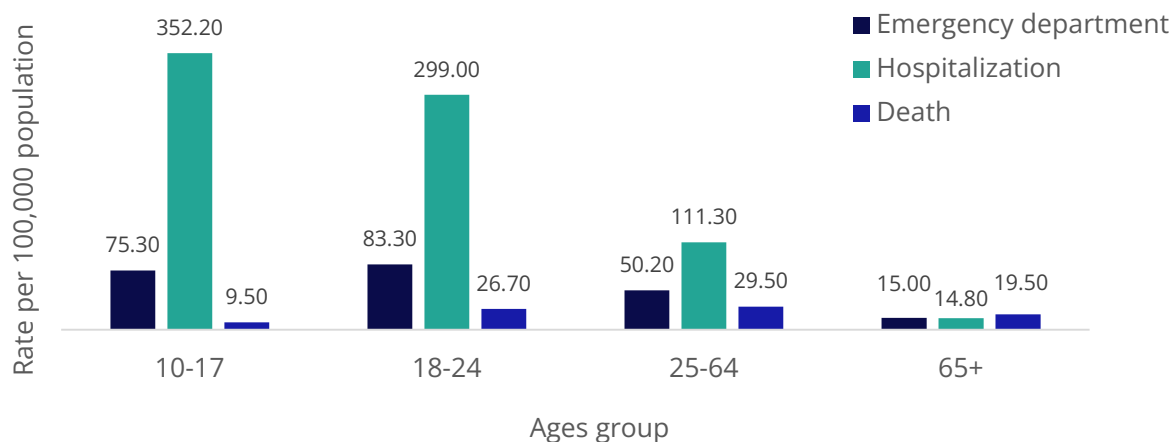


Rate of emergency department (ED), hospitalization, and suicide deaths by age

Utah youth have lower rates of suicide deaths than other ages of Utahns. However, they have higher ED visits and hospitalization rates for self-inflicted injuries (Figure 4).¹

Younger Utahns are more likely to seriously contemplate and idolize suicide than older Utahns. This highlights the importance of prevention strategies that increase protective factors that prevent suicide ideation and attempts.

Figure 4: Rate of suicide ED visits, hospitalizations, and deaths per 100,000 population by age group, Utah, 2017–2020



Protective and risk factors

Protective factors are conditions or attributes in an individual, family, or community that increase health and well-being. They can also buffer against risk. **The more protective factors someone has in their life, the more protection they have from harmful health problems or outcomes.**

Examples of protective factors for suicide include:

- Positive connections to family, peers, community, and institutions that foster resilience.
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes.
- Receiving effective mental health care or substance abuse treatment.
- Support from health care professionals.
- Limit access to lethal means, such as firearms and medication, among people at risk.
- Cultural and religious beliefs that discourage suicide and support self-preservation.

Risk factors, on the other hand, are conditions or attributes in an individual, family, or community that can increase risk for negative health and well-being if not addressed or treated. **The fewer risk factors someone has in their life, the less likely they are to have harmful health problems or outcomes.**

Examples of risk factors for suicide include:

- Family history of suicide or child maltreatment.
- Previous suicide attempt.
- Mental illness, especially if left untreated.
- Alcohol or other drug use.
- Physical illness and chronic pain.
- Hopelessness, impulsiveness, or aggressiveness.
- Isolation from social interaction.
- Barriers to accessing mental health treatment or an unwillingness to seek help.
- Loss of important relationships, work, or financial support.
- Easy access to lethal methods.

We can model positive behaviors and normalize help seeking behaviors for youth by talking with them about mental health and suicide prevention. Training in suicide prevention gatekeeper courses is another way to prevent suicide. These courses teach people how to recognize suicide warning signs and how to help someone who may be struggling.

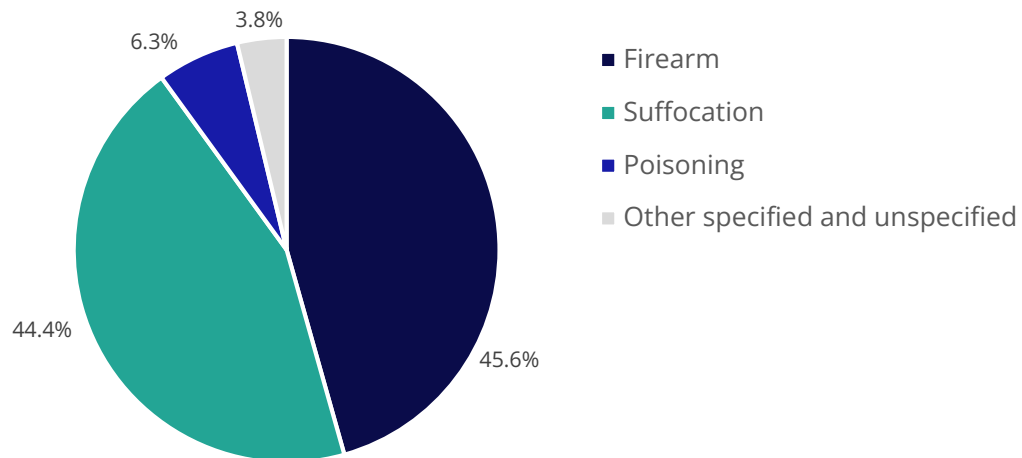
Examples of suicide gatekeeper courses include:

- Live On Playbook, liveonutah.org
- Mental Health First Aid, mentalhealthfirstaid.org
- Question. Persuade. Refer. (QPR), qprinstitute.com
- Talk Saves Lives, afsp.org
- Youth Mental Health First Aid, mentalhealthfirstaid.org

Method of injury

Firearms (46%), suffocation (44%), and poisoning (6%) were the most common methods of injury for Utah youth who died by suicide (Figure 5).¹

Figure 5: Percentage of suicide deaths by method of injury, ages 10–17, Utah, 2017–2020



Tips for safe storage of firearms:

- Store firearms safely and securely when not in use.
- Change gun locks if necessary and make sure the keys and combination are not accessible to youth.
- Lock guns and ammunition separately or don't keep ammunition in the home.
- Ask a friend to temporarily hold firearms off-site when someone in the home is struggling and until the situation is resolved.

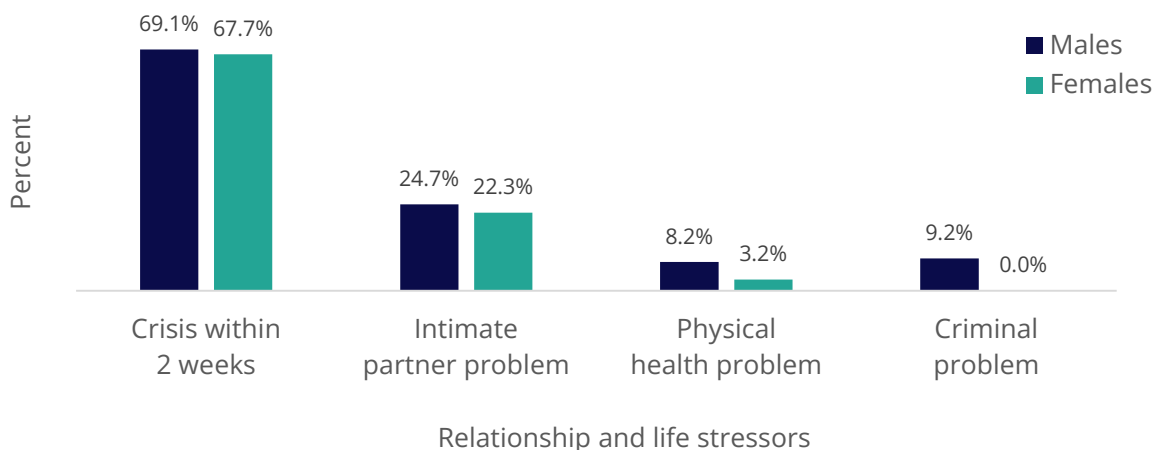
Monetary cost of suicide

The average total charges per year for emergency department visits and hospitalizations for suicide attempts was \$5 million for Utah youth between 2017–2020.²

Relations and life circumstances present at the time of death

The top 3 relationship and life circumstances present at the time of death for Utah youth who died by suicide were crisis within 2 weeks of their death, intimate partner problem, and physical health problem (Figure 6).⁵

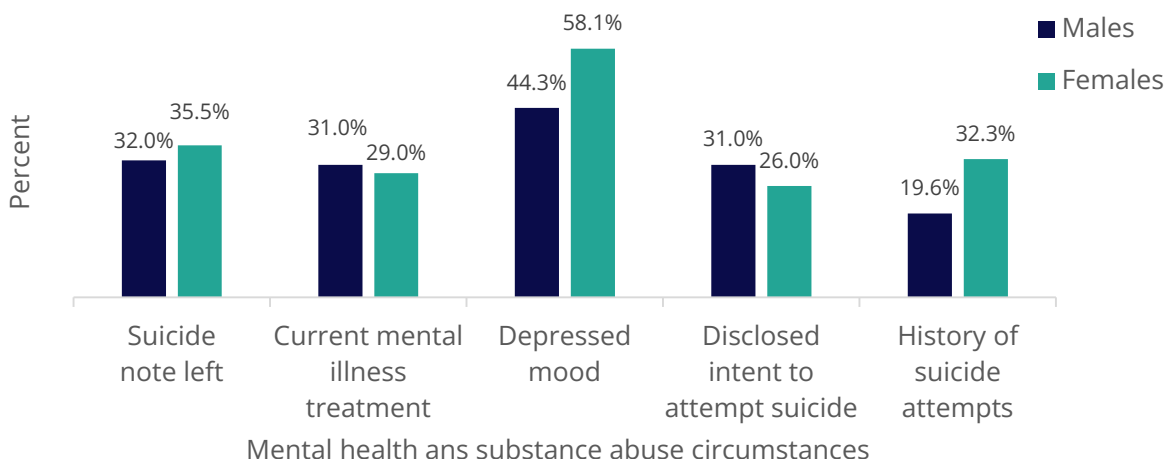
Figure 6: Percent of reported relationship and life stressors by sex, ages 10–17, Utah, 2017–2019



Mental health and substance abuse circumstances at the time of death

The top 5 mental health and substance abuse circumstances present at the time of death for Utah youth who died by suicide were suicide note left, current mental illness treatment, history of suicide attempts, depressed mood, disclosed intent to attempt suicide, and alcohol problem (Figure 7).⁵

Figure 7: Percent of reported mental health and substance abuse circumstances by sex, ages 10–17, Utah, 2017–2019



Ways to help save a life

- Call or text the Suicide Crisis Lifeline at 988 if you or someone you know needs help. Help is available 24 hours a day 7 days a week.
- Take all warning signs or threats of suicide seriously.
- If you recognize warning signs, ask the person directly if they are thinking about suicide. Asking about suicide does not increase the risk for suicide attempts.
- Do not leave the person alone.
- Listen to the person without judgment.
- Work with the person to temporarily remove firearms or pills to prevent a suicide attempt.
- Find mental health and substance use disorder treatment services near you at the Division of Substance Abuse and Mental Health website.
- If the person has a weapon or is not responding to attempts to contact them, call 911 and request a Crisis Intervention Team (CIT) officer to do a welfare check.

Resources

- 211, 211.org
- 988 Suicide and Crisis Lifeline, 988lifeline.org
- American Foundation for Suicide Prevention, afsp.org
- National Alliance on Mental Illness Utah Chapter, namiut.org
- SafeUT App, safeut.org
- The Trevor Project, thetrevorproject.org
- Trans Lifeline, 877-565-8860, translifeline.org
- Utah Division of Substance Abuse and Mental Health, dsamh.utah.gov
- Utah Poison Control Center, poisoncontrol.utah.edu
- Utah Suicide Prevention Coalition | Live On, liveonutah.org

References and data sources

1. Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 200–2019 data queried via Utah’s Indicator Based Information System for Public Health (IBIS-PH) [cited 2021 March].
2. Utah Inpatient Hospital Discharge Data, Office of Health Care Statistics; Utah Emergency Department Encounter Database, Bureau of Emergency Medical Services, Utah Department of Health, 2017–2019 data queried via Utah’s Indicator Based Information System for Public Health (IBIS-PH) [cited 2021 March].
3. Utah Violent Death Reporting System, Violence & Injury Prevention Program, Utah Department of Health, 2017–2019 data [cited 2021 October].
4. Centers for Disease Control and Prevention (CDC), Web-based injury Statistics Query and Reporting System (WISQARS) [cited 2021 March].
5. Youth Risk Behavior Surveillance - Utah, 2019.
6. Centers for Disease Control and Prevention (CDC), National Syndromic Surveillance Program (NSSP), Suicide ideation and suicide attempt syndrome definition; 2018–2019.
7. Help Guide, Suicide Prevention, helpguide.org [cited 2021 February].

Published: September 2022