Suicide Report

UTAH DEPARTMENT OF HEALTH
Violence & Injury Prevention Program

Everyone plays a role in suicide prevention.

An average of 592 Utahns die from suicide[1] and 4,538 Utahns aged 10+ attempt,+ [2] suicide each year.

Overall, Utah males (32.0 per 100,000 population) had a significantly higher age-adjusted suicide rate compared to Utah females (10.7 per 100,000 population).[1]

25-64 Years

Utah adults ageds 25-64 had the highest rate of suicide per 100,000 population.[1]

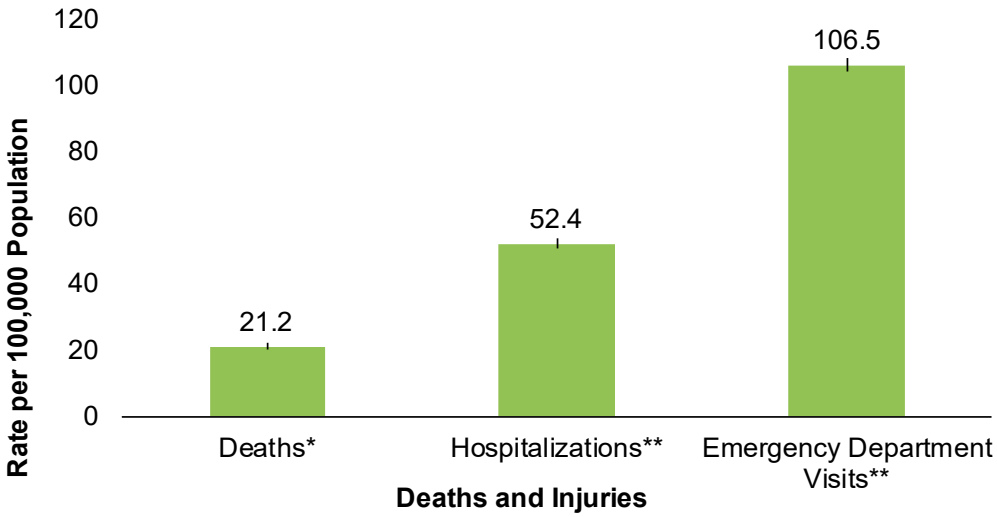
Use of a firearm (49.7%) was the most common method of suicide deaths in Utahn followed by suffocation (25.0%) and poisoning (19.9%).[1]

The average total charges per year for ED visits and hospitalizations for suicide attempts was $37.1 million for Utahns.[2]

An average of 592 Utahns die from suicide[1] and 4,538 Utahns aged 10+ attempt+ [2] suicide each year. Overall, more Utahns are hospitalized or treated in an emergency department (ED) for suicide attempts than are fatally injured (**Figure 1**).[1]

On average, two Utahns die as a result of suicide and 12 Utahns are treated for suicide attempts every day. All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and many have depression and other mental health problems. While most Utahns who live with depression and other mental health problems never attempt suicide, so do. It is critical to ensure suicide attempt survivors get appropriate, specific, and quality care after an attempt is made.

Figure 1: Age-adjusted Rate of Suicides and Self-inflicted Injuries per 100,000 Population by Death and Injuries, Utah, 2012-2016

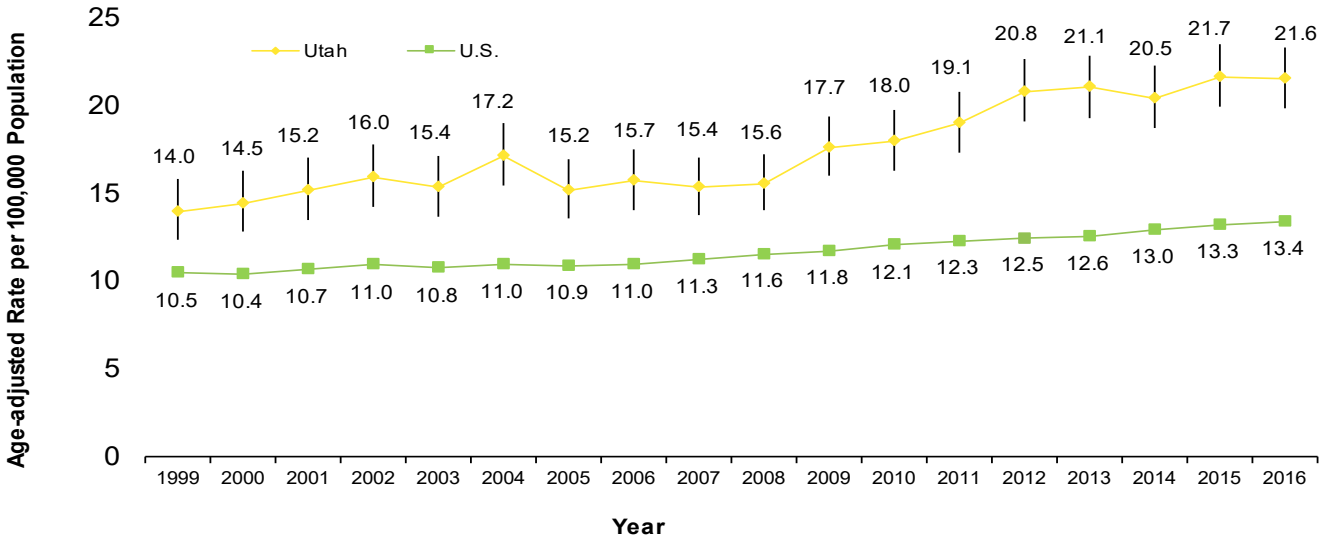


+ Suicide attempts include persons who were hospitalized or treated in an emergency department for self-inflicted injuries.
* Death data from 2014-2016.
** Hospitalation and ED data from 2014=-2016

Utah and U.S.

The 2016 age-adjusted suicide rate in Utah was 21.6 per 100,000 population.[1,3] Suicide was the eighth leading cause of death that year.[1] The suicide rate in Utah has been consistently higher than the national rate for more than a decade (**Figure 2**). Utah had the fifth highest age-adjusted suicide rate in the U.S. in 2016.[4]

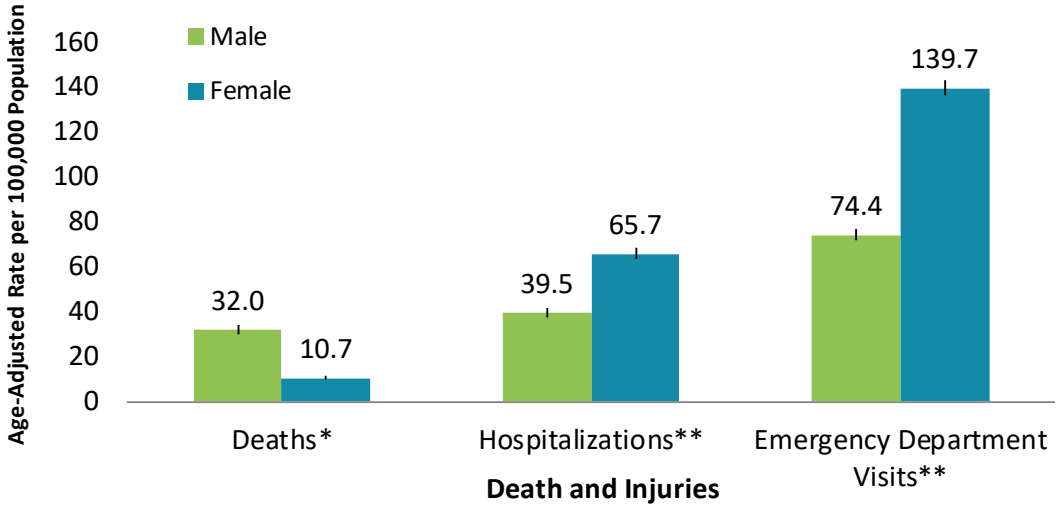
Figure 2: Age-adjusted Rate of Suicides per 100,000 Population by Year, Utah and U.S., 1999-2016



Age and Sex

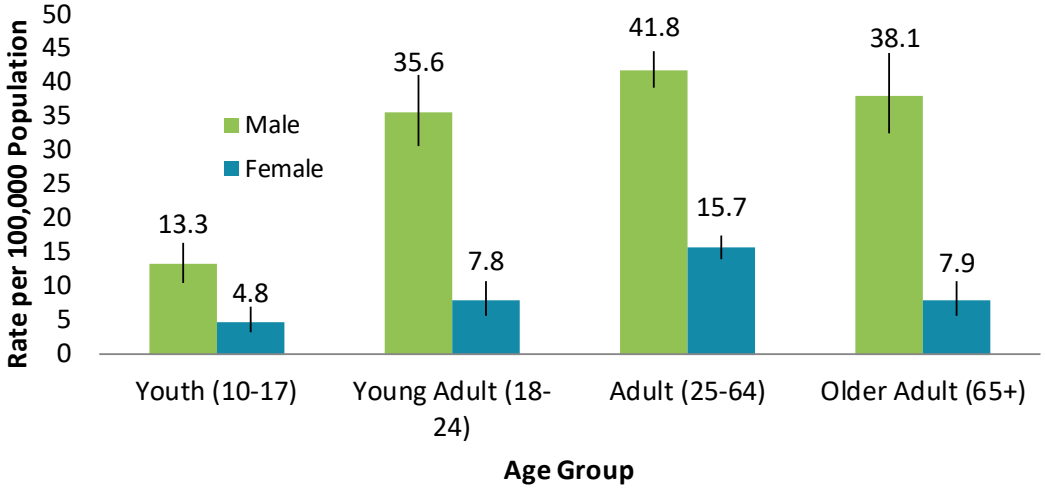
During 2014-1016, Utah males (32.0 per 100,000 population) had a significantly higher age-adjusted suicide rate compared to Utah females (10.7 per 100,000 population). However, Utah females had significantly higher ED visit and hospitalization rates for suicide attempts compared to Utah males (**Figure 3**) during 2012-2014. Utah malesdied by suicide at a significantly higher rate compared to Utah females in every age group (**Figure 4**).

Figure 3: Age-adjusted Rate of Suicides and Self-inflicted Injuries per 100,000 Population by Sex, Utah, 2012-2016



* Death data from 2014-2016.
** Hospitalization and ED data from 2012-2014.

Figure 4: Rate of Suicide per 100,000 Population by Age Group and Sex, Utah, 2014-2016

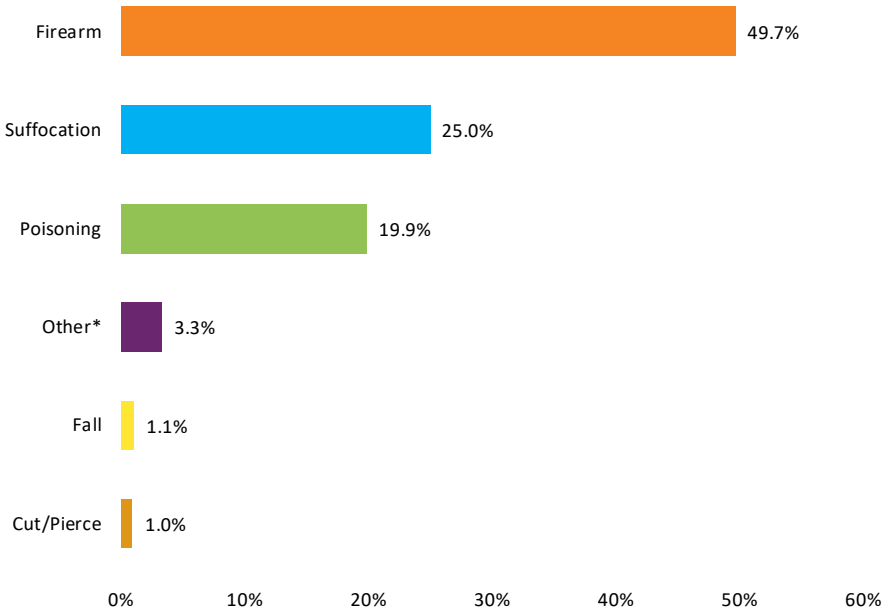


**Everyone plays a role in suicide prevention.
Learn the risk factors, reach out to others who are struggling, call the crisis lines, and ultimately, collective efforts in these areas can save a life.**

Method of Injury

Use of a firearm was the most common method of suicide deaths for Utahns (49.7%) followed by suffocation (25.0%) and then poisoning (19.9%) (**Figure 5**).[1]

Figure 5: Percent of Suicides by Method of Injury, Utah, 2014-2016



*Includes Drowning/Submersion, Fire/Flame/Smoke, Other Land Transport - Non-Traffic Not MV, Other Specified and Unspecified

Location of Injury

Highest Suicide Rates (2014-2016)[1,3]

Sevier, Carbon, Duchesne, Uintah and Weber counties had significantly higher age-adjusted rates of suicide fatalities compared with the state rate.

Highest Hospitalization Rates for Suicide Attempts (2012-2014)[2,3]

Washington, Carbon, Tooele, Weber, and Salt Lake counties all had significantly higher rates of hospitalizations for self-inflicted injuries compared with the state rate.

Highest ED Visit Rates for Suicide Attempts (2012-2014)[2,3]

Carbon, Millard, Sevier, Box Elder, Tooele, and Salt Lake counties all had significantly higher age-adjusted rates of ED visits for self-inflicted injuries compared with the state rate.

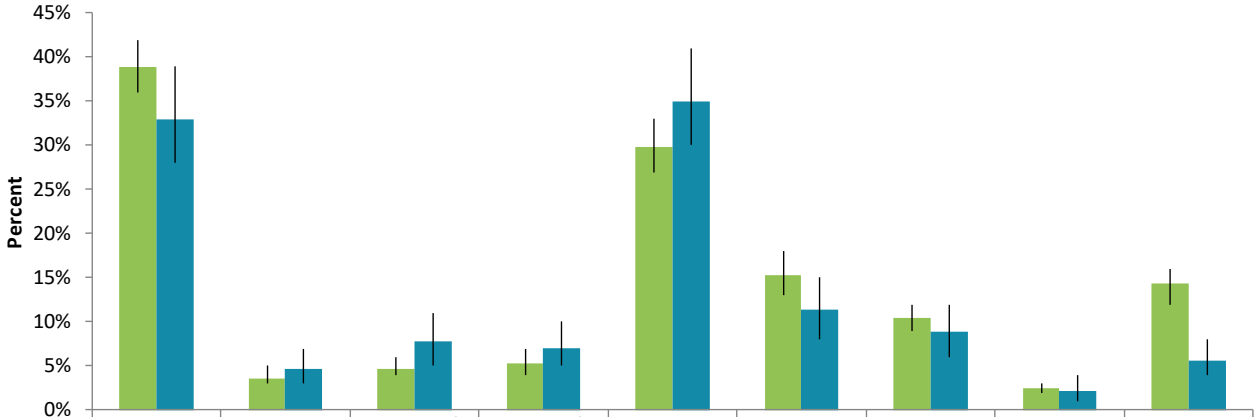
Cost

The average total charges per year for ED visits and hospitalizations for suicide attempts was $37.1 million for Utahns.[2]

Suicide Death Circumstances

Males were more likely than females to have a criminal legal problem that appeared to have contributed to the death when looking at relationships and life stressors (**Figure 6**).

Figure 6: Percentage Of Reported Relationship and Life Stressors By Sex Ages 10+, Utah, 2013-2015

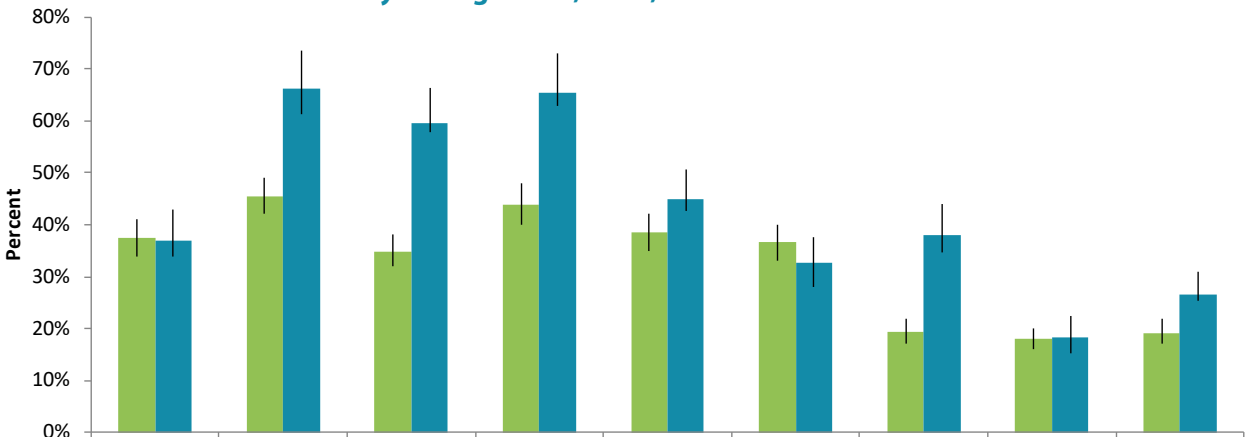


	Intimate Partner Problem	Other Relationship Problem	Suicide of Family / Friend	Death of Family / Friend	Physical Health Problem	Job Problem	Financial Problem	School Problem	Criminal Problem
Males	39%	4%	5%	5%	30%	15%	10%	2%	14%
Females	33%	5%	8%	7%	35%	11%	9%	2%	6%

Relationship and Life Stressors

Females were more likely to have a diagnosed mental illness, current mental illness treatment, history of mental illness treatment, leaving a suicide note, and a history of suicide attempts compared to males when looking at mental health and substance abuse circumstances (**Figure 7**).

Figure 7: Percentage Of Reported Mental Health and Substance Abuse Circumstances By Sex Ages 10+, Utah, 2013-2015



	Depressed mood	Diagnosed mental illness	Current mental illness treatment	History of mental illness treatment	Suicide note left	Disclosed intent to commit suicide	History of suicide attempts	Alcohol problem	Substance abuse problem
Males	38%	46%	35%	44%	39%	37%	19%	18%	19%
Females	37%	66%	60%	66%	45%	33%	38%	18%	26%

Relationship and Life Stressors

Warning Signs

The following are warning signs of immediate risk. Call 911 if you or someone you know if experiencing the following:

- Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and/or,
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.
- Increased substance use
- No reason for living; no sense of purpose in life
- Anxiety, agitation, unable to sleep or sleeping all the time
- Feeling trapped - like there's no way out
- Hopelessness
- Withdrawal from friends, family and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Dramatic mood changes
- Giving away prized possessions

Protective Factors

Protective factors are conditions or attributes in an individual, family, or community that increase the health and well-being of children and families. Protective factors may reduce suicide risk by helping people cope with negative life events, even when those events continue over a period of time. The ability to cope or solve problems reduces the chance that a person will become overwhelmed, depressed, or anxious.[5] Some protective factors for suicide include:

- Receiving effective mental health care or substance abuse treatment
- Positive connections to family, peers, community, and social institutions that foster resilience
- Restricted access to highly lethal means of suicide, such as firearms or pills
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation

Risk Factors

Suicide is a complex behavior and generally cannot be attributed to a single cause or event. Research has found that approximately 90 percent of people who die by suicide have a diagnosable mental health or substance use disorder at the time of their death.[7] Suicide is also often preceded by a lifetime history of traumatic events. Several other factors that put a person at increased risk for suicide may include:

- Alcohol or drug abuse
- Diagnosable mental health disorder
- Easy access to lethal methods, such as firearms or pills
- Family history of suicide or violence
- Lack of social support
- Loss of a family member or friend, especially if by suicide
- Physical health problems like chronic pain or traumatic brain injury
- Relationship or school problems
- Family conflict
- Stressful life event or loss

According to recent survey data, youth who were picked on or bullied at school more than once during the past year were 4.2 times more likely to have seriously considered suicide compared with their peers who had not been bullied; among those who had been bullied at least once both at school and electronically, the likelihood was 5.8 times higher.[7]

Screen time was also identified as a risk factor—students who reported playing video games or using computers for non-school related activities (social media, etc.) for three or more hours a day were twice as likely to have considered suicide compared to those who had two or fewer hours of daily screen time.

Prevention Tips

- **Call 1-800-273-TALK (8255) or text "help" to 741-741 for help.** Suicide is never the answer. Help is available 24 hours a day 7 days a week.
- Take any warning signs or threat of suicide seriously.
- If you are seeing warning signs, **ask the person directly if they are thinking about suicide**. Asking does not increase risk of a suicide attempt.
- Do not leave the person alone.
- Listen without judgement.
- Remove firearms or pills to prevent a suicide attempt.
- Call a therapist or your local behavioral health authority to request a crisis appointment. Visit **dsamh.utah.gov/crisis-hotlines-2** for a list of resources near you.
- If the person has a weapon or is not responding to attempts to contact them, call 911 and request a Crisis Intervention Team officer to do a welfare check.

Resources

- American Foundation for Suicide Prevention **www.afsp.org**
- National Alliance on Mental Illness Utah Chapter **www.namiut.org**
- National Suicide Prevention Lifeline **www.suicidepreventionlifeline.org 1-800-273-TALK (8255) or text "help" to 741-741**
- SafeUT app **healthcare.utah.edu/uni/programs/safe-ut-smartphone-app/**
- Suicide Prevention Resource Center **www.sprc.org**
- Utah Poison Control Center **uuhsc.utah.edu/poison/ 1-800-222-1222**
- Utah Suicide Prevention Coalition **www.utahsuicideprevention.org**

Data Collection

The Utah Violent Death Reporting System is a data collection and monitoring system that allows the Utah Department of Health to better understand suicide by informing decision makers about the magnitude, trends, and characteristics of death. Data collected, when available, include demographic information, location of injury and circumstance information such as school problem, relationship problem, or crisis events within two weeks of a death. Data are collected from multiple sources and are linked together to help identify risk and protective factors, understand circumstances, and better characterize deaths. For more information, visit **www.health.utah.gov/vipp/topics/nvdrs/**.

References

1Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2014-2016 data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2018 March]. IBIS Version 2015.

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, 2011-2013 data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2016 July]. IBIS Version 2014.

3 Population Data: National Center for Health Statistics (NCHS) through a collaborative agreement with the U.S. Census Bureau, IBIS Version 2016, data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2018 March].

4 U.S. Centers for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS), 1999-2016 data [cited 2018 March].

5 Suicide Prevention Resource Center, Risk and Protective factors, accessed via https://www.sprc.org/about-suicide/risk-protective-factors [cited 2018 July].

6. Cavanagh JT, Carson AJ, Sharpe M, Lawrie SM. Psychological autopsy studies of suicide: a systematic review. Psychological Medicine. 2003;33:395–405.

7. Utah Department of Health, Health Status Update: Risk and Protective Factors for Youth Suicide, February 2015. http://health.utah.gov/vipp/pdf/Suicide/HealthStatusUpdateRiskandProtectiveFactorsforYouthSuicide.pdf [cited 2018 July].

* This report was created with the most recent data as of September 2018. Death data was collected from years 2014-2016 and hospitalization data was collected from years 2012-2014.