# Suicide
## Report
### 2020

UTAH DEPARTMENT OF
# HEALTH
Violence & Injury Prevention Program

## Thinking about suicide?

## It's okay to ask for help.

Talking with someone about your thoughts and feelings can save your life. No matter what problems you're dealing with, there is someone to lean on for support.

An average of 621 Utahns die from suicide[1] and rate of suicide among Utahns ages 10+ has been increasing since 2005. [1,2]

Overall, Utah males (37 per 100,000 population) had a significantly higher suicide rate compared to Utah females (12 per 100,000 population).[1]

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

Use of a firearm (50.5%) was the most common method of suicide deaths in Utahn followed by suffocation (25.4%) and poisoning (19.1%).[1]

Risk factors such as alcohol/drug abuse, diagnosable mental health disorder and easy access to lethal methods, such as firearms or pills may put a person at increased risk for suicide.
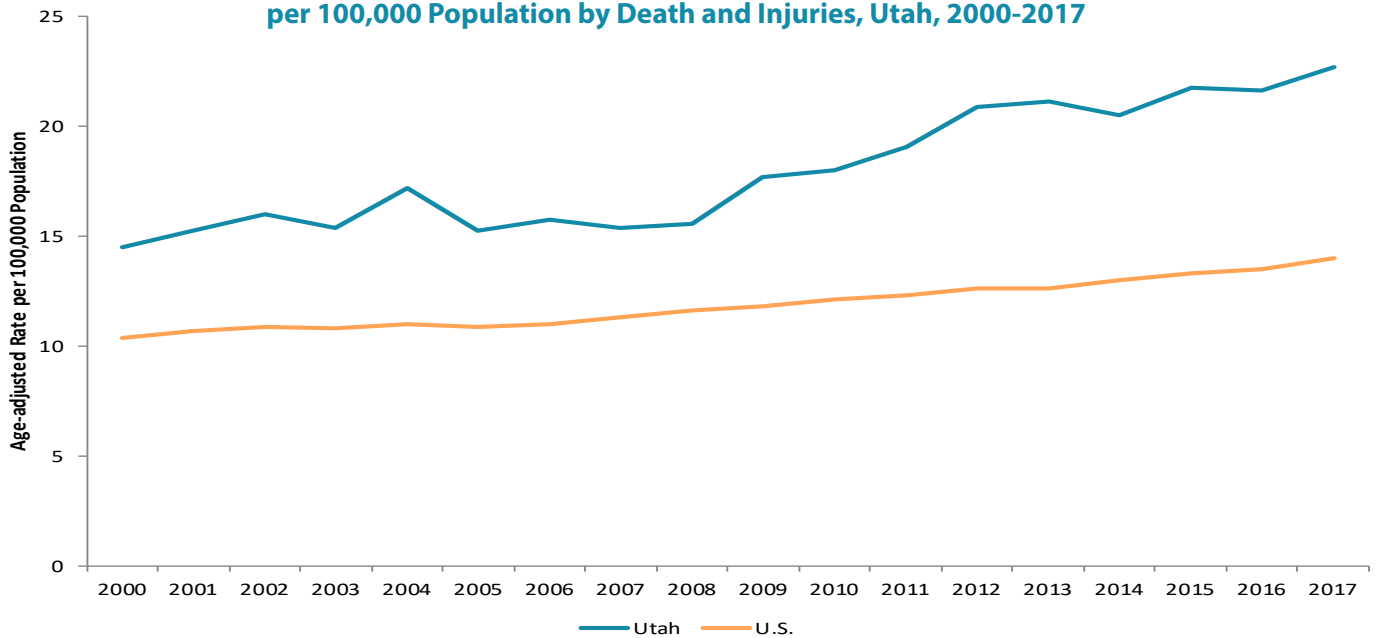
# Utah Trends

The 2018 Utah suicide rate was 25.1 per 100,000 population ages 10+. It is the 2nd leading cause of injury death in Utah.[1] The rate of suicide among Utahns ages 10+ has been increasing since 2005 (**Figure 1**).[1,2]

# Utah and U.S.

The Utah suicide rate has been consistently higher than the national rate for more than a decade (**Figure 1**). Utah had the 6th highest suicide rate in the U.S. between 2014 and 2017 for those ages 10 years or older.[4]
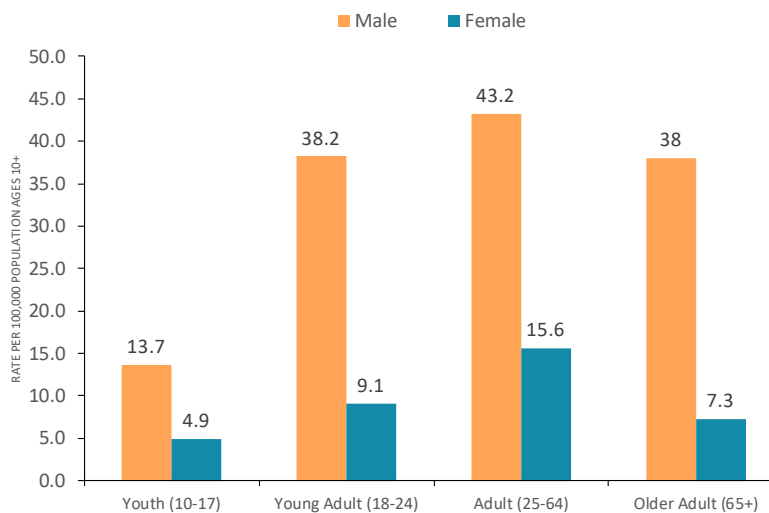
**Figure 1: Age-adjusted Rate of Suicides and Self-inflicted Injuries per 100,000 Population by Death and Injuries, Utah, 2000-2017**



# Age and Sex

Overall, Utah males (37 per 100,000 population) had a significantly higher suicide rate compared to Utah females (12 per 100,000 population). Utah males had significantly higher rates of suicide compared to Utah females in every age group (**Figure 2**).
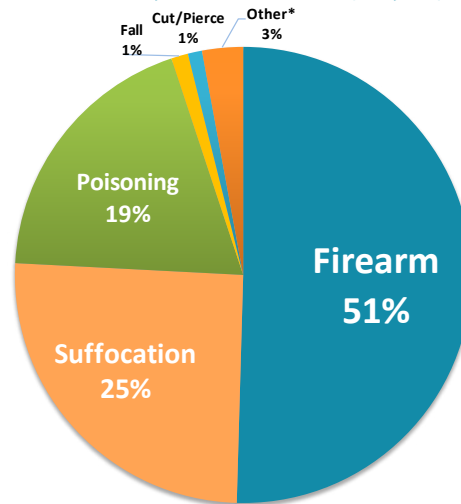
**Figure 2: Rate of Suicides per 100,000 Population by Age Group and Sex, Utah, 2014-2018**

# Method of Injury

Firearm was the most common method of suicide deaths for Utahns followed by suffocation and then poisoning (**Figure 3**).[1]

**Figure 3: Percent of Suicides by Methods of Injury Ages 10+, Utah, 2014-2018**



- Fall 1%
- Cut/Pierce 1%
- Other* 3%
- Poisoning 19%
- Firearm 51%
- Suffocation 25%

# Location of Injury

**Highest Suicide Rates Ages 10+**[1]

Duchesne County, Downtown Salt Lake City, Downtown Ogden, Kearns, Central (Other), Emery County

# 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]

- 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. People who die by suicide are frequently experiencing undiagnosed, undertreated, or untreated mental illness. Suicide is also often preceded by a lifetime history of traumatic events. Several other factors that may put a person at increased risk for suicide 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 by suicide
- Physical health problems like chronic pain or traumatic brain injury
- Relationship or school problems
- Stressful life event or loss

# Suicide Death Circumstances[4]

The top six relationships and life stressors for males and females were crisis within two weeks of their death, intimate partner problems, physical health problems, job problems, criminal problems and financial problems. (**Figure 4**). Likewise, the top six mental health and substance use circumstances for males and females were current mental illness treatment, depressed mood, leaving a suicide note, disclosing intent to attempt suicide, history of suicide attempt, and alcohol problems (**Figure 5**).

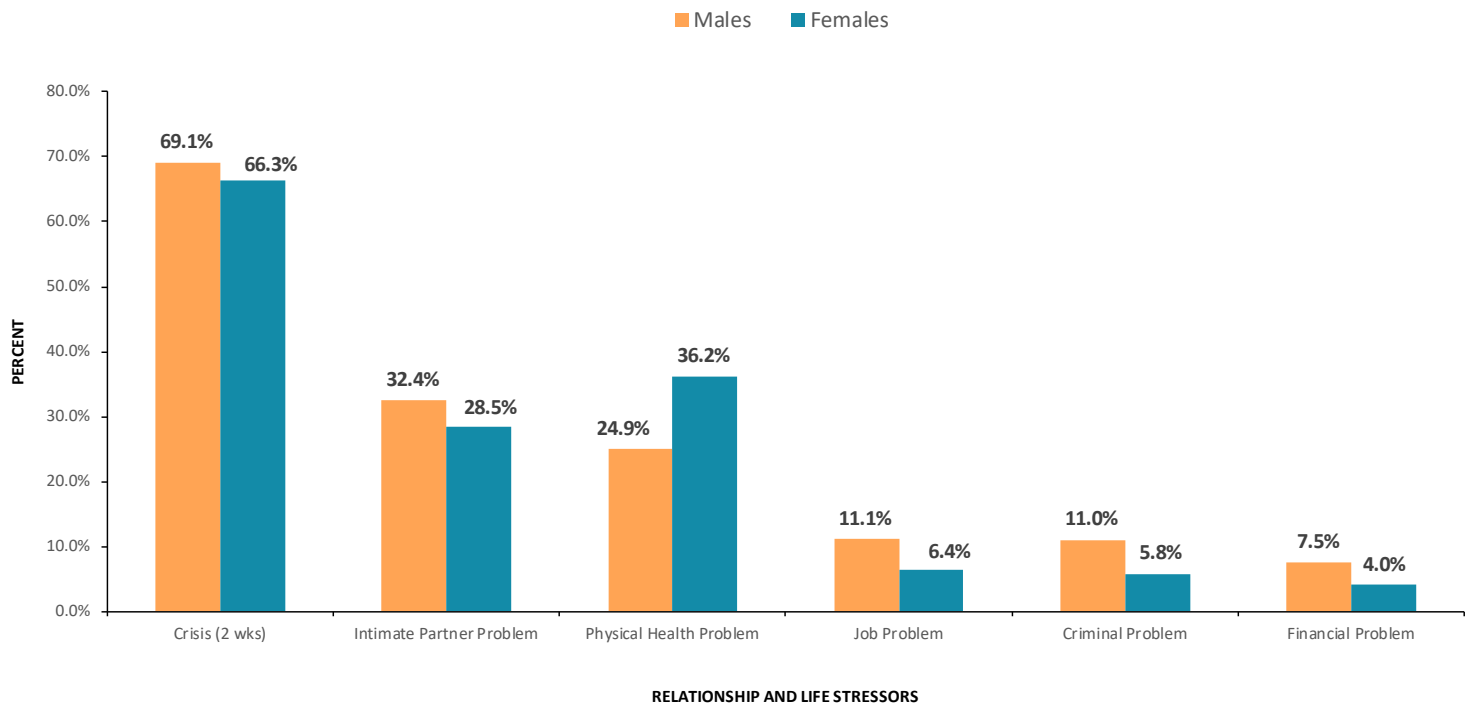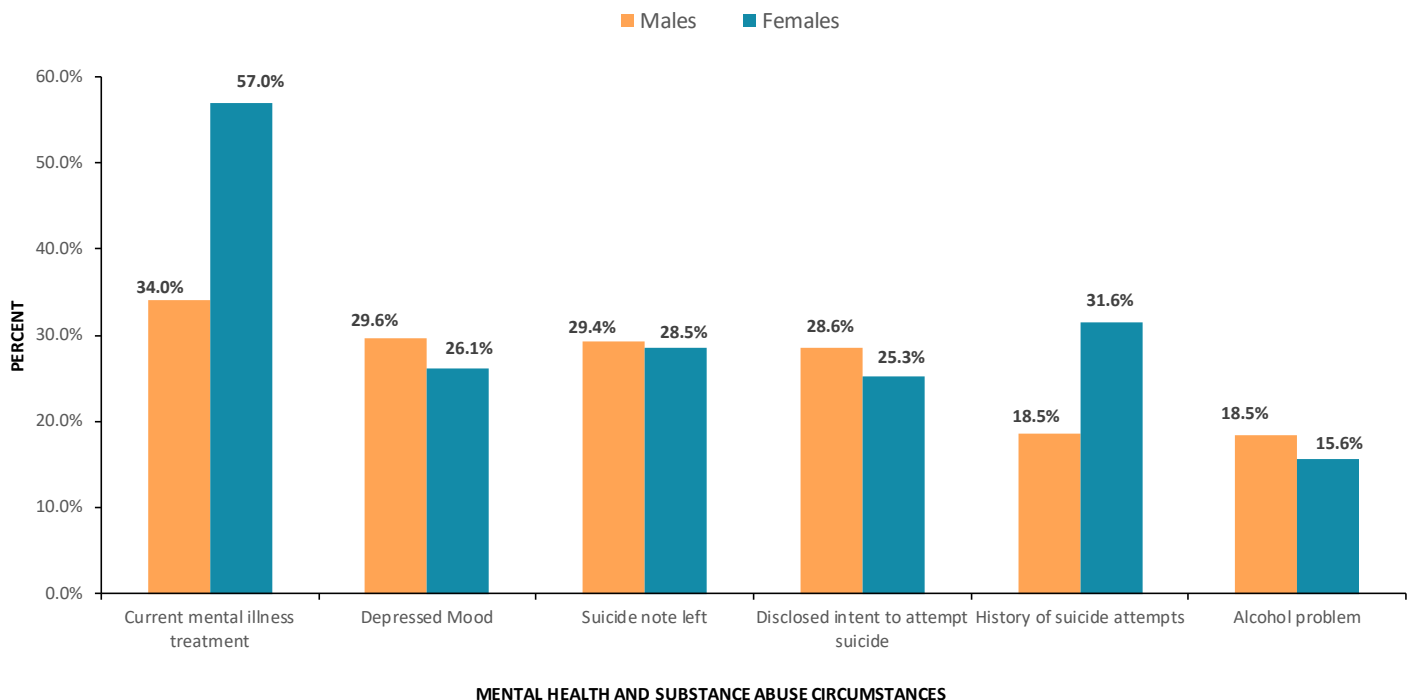**Figure 4: Percent of Reported Relationship and Life Stressors by Sex, Ages 10+, Utah, 2014-2017**

Males  Females

| Relationship and Life Stressor | Males | Females |
|---|---|---|
| Crisis (2 wks) | 69.1% | 66.3% |
| Intimate Partner Problem | 32.4% | 28.5% |
| Physical Health Problem | 24.9% | 36.2% |
| Job Problem | 11.1% | 6.4% |
| Criminal Problem | 11.0% | 5.8% |
| Financial Problem | 7.5% | 4.0% |

PERCENT

**RELATIONSHIP AND LIFE STRESSORS**

**Figure 5: Percent of Reported Mental Health and Substance Abuse Circumstances by Sex, Ages 10+, Utah, 2014-2017**

Males  Females

| Mental Health and Substance Abuse Circumstance | Males | Females |
|---|---|---|
| Current mental illness treatment | 34.0% | 57.0% |
| Depressed Mood | 29.6% | 26.1% |
| Suicide note left | 29.4% | 28.5% |
| Disclosed intent to attempt suicide | 28.6% | 25.3% |
| History of suicide attempts | 18.5% | 31.6% |
| Alcohol problem | 18.5% | 15.6% |

PERCENT

**MENTAL HEALTH AND SUBSTANCE ABUSE CIRCUMSTANCES**

# 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

1. Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2014-2018 data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2019 December]. IBIS Version 2018
2. Population Data: National Center for Health Statistics (NCHS) through a collaborative agreement with the U.S. Census Bureau. Data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2019 December]. IBIS Version 2018
3. U.S. Centers for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS), 1999-2017 data [cited 2019 July].
4. Utah Violent Death Reporting System, Violence & Injury Prevention Program, Utah Department of Health, 2014-2017 data [cited 2019 December].
5. Help Guide. Suicide Prevention. Helpguide.org [cited 2019 July].

* This report was created with the most recent data as of September 2019. Death data was collected from years 2015-2017 and hospitalization data was collected from years 2013-2015.

**Our Mission:**
VIPP is a trusted and comprehensive resource for data  and technical assistance related to violence and injury.  This information helps promote partnerships and programs  to prevent injuries and improve public health.

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