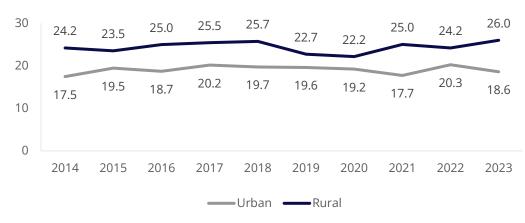
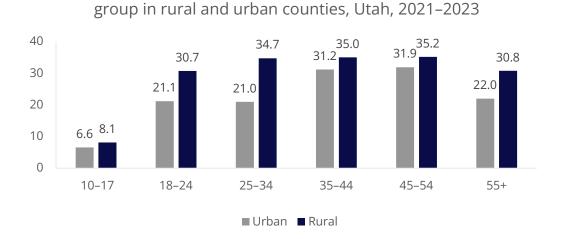


Suicides in rural and urban Utah

- Out of Utah's 29 counties, 24 are classified as rural, defined as having a population density of fewer than 99 people per square mile. Despite most counties in Utah being labeled rural, they account for only 20.7% of the state's total population. In 2023, the suicide death rate in rural counties hit its highest level in a decade (26.0 per 100,000 population). In contrast, urban counties had a lower suicide death rate (18.6 per 100,000 population) during the same year. From 2014 to 2023, the rate of suicide deaths was consistently higher in rural counties compared to their urban counterparts.
- Rural counties in Utah include Beaver, Box Elder, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, San Juan, Sanpete, Sevier, Summit, Tooele, Uintah, Wayne, Washington, and Wasatch.
- Rural counties have higher suicide death rates across all age groups compared to urban counties. The most notable difference in suicide death rates is seen in individuals aged 25–34 years, with a rate of 34.7 per 100,000 population in rural areas, compared to 21.0 per 100,000 in urban areas. Additionally, both rural and urban counties report the highest rate of suicide deaths among individuals aged 45–54 years.
- Firearms were used by two-thirds (63.3%) of those who died by suicide in rural areas and more than one-half (53.6%) in urban areas.



Rate of suicide deaths per 100,000 population in rural and urban counties, Utah, 2014–2023



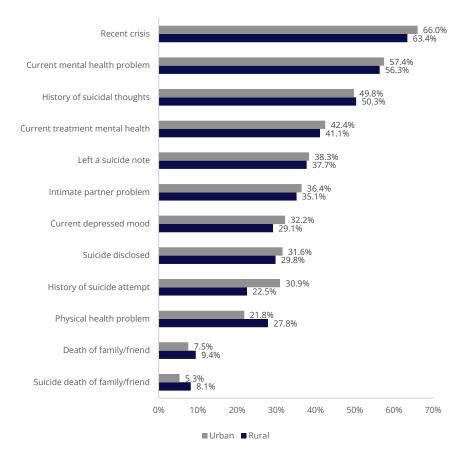
Rate of suicide deaths per 100,000 population by age

Understanding the circumstances related to suicide deaths is a step toward prevention

The National Violent Death Reporting System (NVDRS) collects information about the specific circumstances that are reported or perceived as being related to the violent death. These circumstances are categorized into 5 areas: interpersonal, life stressors, mental health, substance use, and suicidal events. The percentage of circumstances is based on the number of cases reporting circumstances. A death can have more than 1 circumstance.

- Circumstances were available for 98.7% of all Utah suicide deaths from 2019 to 2021.
- Rural county residents who died by suicide (27.8%) were more likely to have a physical health problem than residents of urban counties who died by suicide (21.8%). This was in part driven by those aged 65 years and older, which made up 39.2% of rural county residents who died by suicide compared to 25.5% of urban county residents who died by suicide with a physical health problem as contributing circumstance.
- Urban county residents who died by suicide (30.9%) were more likely to have a history of suicide attempts than rural county residents who died by suicide (22.5%).

Percentage of suicide circumstances in rural and urban counties, Utah, 2019–2021



Knowing the facts can help prevent suicide

The NVDRS is the only comprehensive surveillance system that helps us know the "who, when, where, and how" about violent deaths. It helps provide insights about the "why" these deaths happened. The system links records from many sources (medical examiner reports, death certificates, law enforcement reports) into an anonymous database.

Suicide is preventable

Rural areas can present challenges for suicide prevention. Homes are often more spread out and access to health and behavioral health care providers and emergency medical facilities may be more limited. Access to lethal means, particularly firearms, may also be greater in rural than in urban areas. Strategies to consider as a part of a comprehensive approach to suicide prevention could include educating primary care providers on how to assess and manage suicide risk and using telepsychiatry and mobile crisis teams to support individuals at risk.¹

The <u>Utah Suicide Prevention State Plan</u> provides guidance on how individuals and communities can address suicide. It's important to know what to do and what not to do when somebody discloses their suicide intent to you. Some suicide prevention tips include.²

vipp@utah.gov

- Take any warning signs or threats of suicide seriously.
- Call <u>988 Suicide and Crisis Lifeline</u> anytime you or someone you know is struggling with their mental or emotional health. It's free, confidential, and available 24 hours a day, 7 days a week.
- If a friend or relative outside your residency is having suicidal thoughts, ask to store their firearms or security keys with you. Always recommend they seek help.

Suicide prevention resources

- 988 Suicide and Crisis Lifeline, <u>https://988lifeline.org</u>
- American Foundation for Suicide Prevention, https://afsp.org
- LiveOn Utah, https://liveonutah.org
- National Alliance on Mental Illness Utah Chapter, https://namiut.org
- SafeUT, <u>https://safeut.org</u>
- The Trevor Project, <u>https://thetrevorproject.org</u>
- Tran Lifeline, https://translifeline.org
- Utah Poison Control Center, <u>https://poisoncontrol.utah.edu</u>
- Utah Suicide Prevention Coalition, <u>https://utahsuicideprevention.org</u>

References

- 1. Rural Areas—Suicide Prevention Resource Center, <u>https://sprc.org/settings/rural-areas/</u> [cited 2024 January].
- 2. Help Guide, Suicide Prevention, https://www.helpguide.org/ [cited 2024 January].
- 3. Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services, 2014–2023 data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2025 January].
- 4. Utah Violent Death Reporting System, Violence and Injury Prevention Program, Utah Department of Health and Human Services, 2021 data [cited 2023 December].
- 5. Population data: National Center for Health Statistics (NCHS) through a collaborate agreement with the U.S. Census Bureau. IBIS Version 2021, data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2023 December].

To learn about suicides among specific Utah groups or other violent deaths, visit <u>https://vipp.utah.gov/nvdrs/</u>.

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