

## A total of **557 Utahns die** from suicide each year

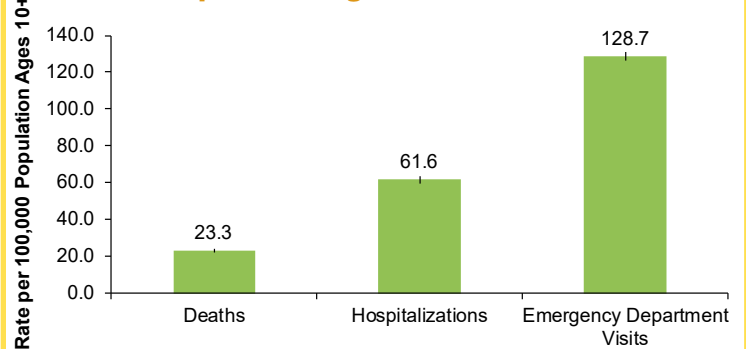
### Introduction

An average of 557 Utahns die from suicide<sup>1</sup> and 4,543 Utahns attempt<sup>\*,2</sup> suicide each year. Two Utahns die as a result of suicide every day and 12 Utahns are treated for suicide attempts every day. Overall, more Utahns are hospitalized or treated in an emergency department (ED) for suicide attempts than are fatally injured (Figure 1).<sup>1</sup>

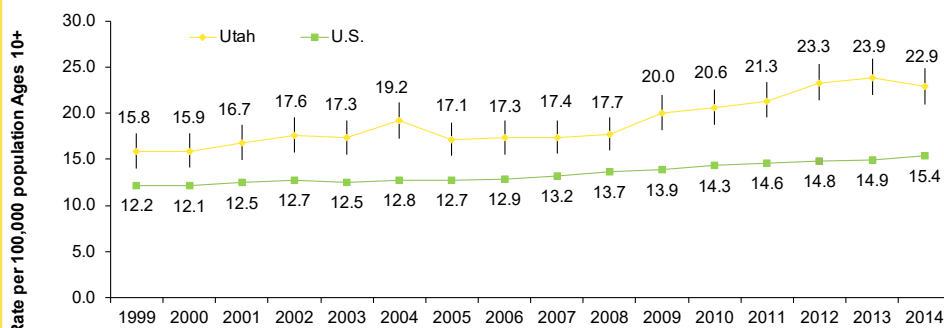
All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and many have depression and other mental health problems.

\* Suicide attempts include persons who were hospitalized or treated in an emergency department for self-inflicted injuries.

**Figure 1: Rate of Suicides and Suicide Attempts per 100,000 Population Ages 10+, Utah, 2012-2014**



**Figure 2: Rate of Suicides per 100,000 Population Ages 10+ by Year, Utah and U.S., 1999-2014**



### Utah Trends

The 2014 Utah suicide rate was 22.9 per 100,000 population ages 10+. It is the 8th leading cause of death in Utah.<sup>1</sup> The rate of suicide among Utahns ages 10+ has been increasing since 2005, with the first decrease observed from 2013 to 2014 (Figure 2).<sup>1,3</sup>

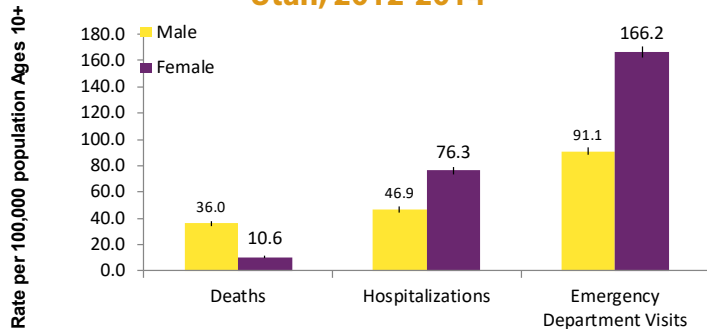
### Utah and U.S.

The Utah suicide rate has been consistently higher than the national rate for more than a decade (Figure 2). Utah had the 7th highest suicide rate in the U.S. in 2014 for persons aged 10 years and older.<sup>4</sup>

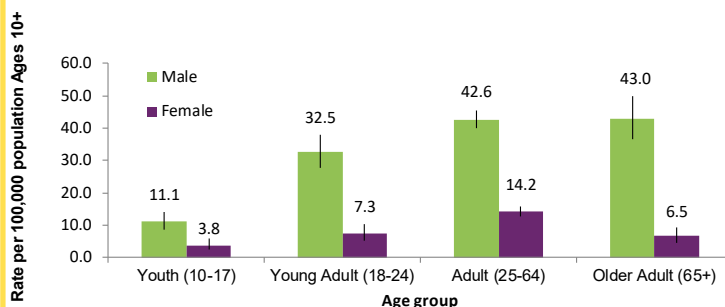
## Age and Sex

Overall, Utah males (36.0 per 100,000 population) had a significantly higher suicide rate compared to Utah females (10.6 per 100,000 population). However, Utah females had significantly higher ED visit and hospitalization rates for suicide attempts compared to Utah males (Figure 3). Utah males had significantly higher rates of suicide compared to Utah females in every age group (Figure 4).

**Figure 3: Rate of Suicides and Suicide Attempts per 100,000 Population Ages 10+ by Sex, Utah, 2012-2014**



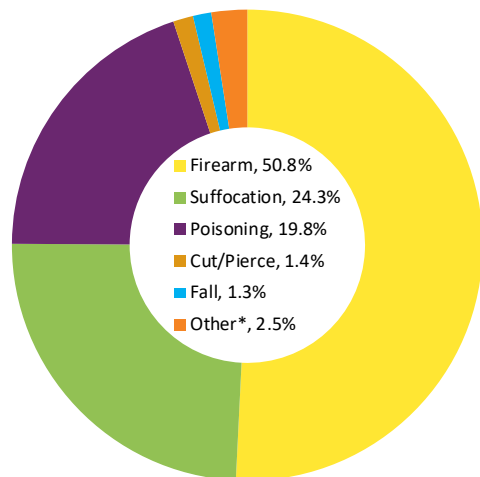
**Figure 4: Rate of Suicides per 100,000 Population by Age Group and Sex, Utah, 2012-2014**



## Method of Injury

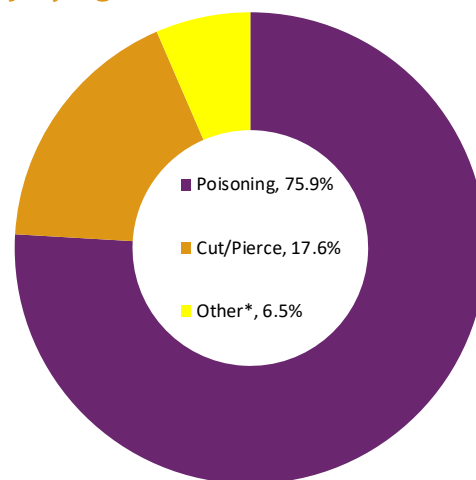
Firearm was the most common method of suicide deaths for Utahns followed by suffocation and then poisoning (Figure 5).<sup>1</sup> Poisoning was the most common method of injury leading to ED visits and hospitalizations for Utah suicide attempts ages 10+ (Figure 6).

**Figure 5: Percent of Suicides by Method of Injury Ages 10+, Utah, 2012-2014**



\*Includes drowning/submersion, fire/flame/smoke, other land transport - non-traffic not MV, other specified and unspecified

**Figure 6: Percent of Suicide Attempts by Method of Injury Ages 10+, Utah, 2012-2014**



\*Includes fall, firearm, suffocation, drowning/submersion, fire/flame/smoke, motor vehicle, traffic - other and unspecified, natural/environmental, hot object/substance, caustic substance, other injury causes, other specified and unspecified

## Location of Injury

### Highest Suicide Rates Ages 10+<sup>1</sup>

Carbon/Emery Counties, South Salt Lake, Ogden (Downtown), Sevier/Piute/Wayne Counties, Murray, TriCounty LHD, Juab/Millard/Sanpete Counties

### Highest Hospitalization Rates for Suicide Attempts Ages 10+<sup>2</sup>

St. George, Murray, South Salt Lake, Ogden (Downtown), Riverdale, Midvale, South Ogden, Ben Lomond, West Jordan (NE), Tooele Co., Washington Co. (Other), Taylorsville (East)/Murray (West), Holladay, SLC (Glendale and Downtown), West Valley (East) V2

### Highest ED Visit Rates for Suicide Attempts Ages 10+<sup>2</sup>

Brigham City, Midvale, Kearns V2, West Jordan (NE) V2, Taylorsville (East)/Murray (West), Murray, Carbon/Emery Counties, West Valley (East) V2, Tooele Co., Magna, Sevier/Piute/Wayne Counties, Box Elder County (Other), Ogden (Downtown), West Jordan (SE), SLC (Glendale), West Valley (West), Pleasant Grove/Lindon

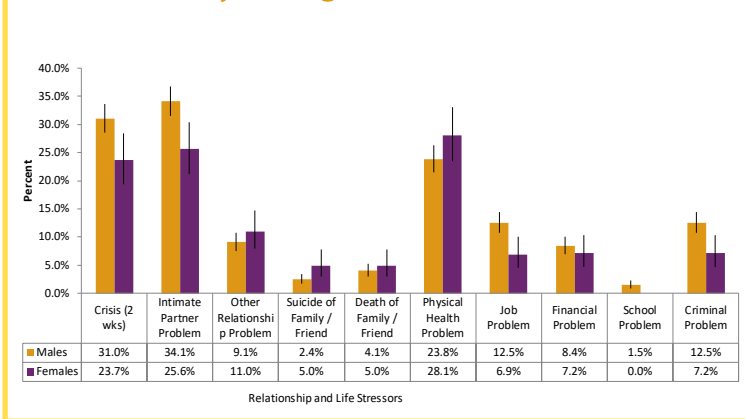
## Cost

The average total charges per year for ED visits and hospitalizations for suicide attempts was \$34.8 million for Utahns.<sup>2</sup>

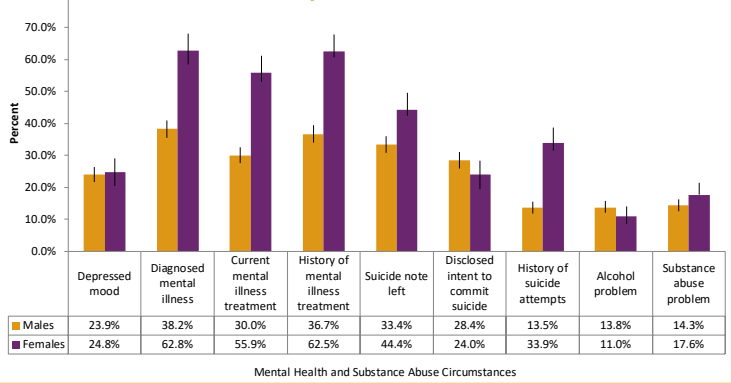
## Suicide Death Circumstances<sup>5</sup>

Males were more likely to have a crisis within two weeks of their death, intimate partner problems, job problems, school problems, and criminal problems compared to females when looking at relationships and life stressors (Figure 7). 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 8).

**Figure 7: Percent of Reported Relationship and Life Stressors By Sex Ages 10+, Utah, 2011-2013**



**Figure 8: Percent of Reported Mental Health and Substance Abuse Circumstances By Sex Ages 10+, Utah, 2011-2013**



## 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.<sup>6</sup>

- 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 if by suicide
- Physical health problems like chronic pain or traumatic brain injury
- Relationship or school problems
- Stressful life event or loss

## Prevention Tips

- **Call 1-800-273-TALK (8255) 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](http://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](http://www.afsp.org)
- National Alliance on Mental Illness Utah Chapter [www.namiut.org](http://www.namiut.org)
- National Suicide Prevention Lifeline [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org) 1-800-273-TALK (8255)
- Suicide Prevention Resource Center [www.sprc.org](http://www.sprc.org)
- Utah Poison Control Center [uuhsc.utah.edu/poison/](http://uuhsc.utah.edu/poison/) 1-800-222-1222
- Utah Suicide Prevention Coalition [www.utahsuicideprevention.org](http://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/](http://www.health.utah.gov/vipp/topics/nvdrs/).

## References

1. Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2012-2014 data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2016 July]. IBIS Version 2014.
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, 2012-2014 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 2014, data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2016 July].
4. U.S. Centers for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS), 1999-2014 data [cited 2016 July].
5. Utah Violent Death Reporting System, Violence and Injury Prevention Program, Utah Department of Health, 2011-2013 data [cited 2016 July].
6. Help Guide. Suicide Prevention. Helpguide.org [cited 2016 July].



If your life has been affected by suicide, the Utah Department of Health wants to hear from you. Share your story with the Utah Health Story Bank at [www.health.utah.gov/bhp/sb/](http://www.health.utah.gov/bhp/sb/).

**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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[www.health.utah.gov/vipp](http://www.health.utah.gov/vipp)