

Suicide in Utah Youth (10-17 years)

“It was scary to share my thoughts of suicide. I didn’t know if I would be judged, but instead of judgement I was met with compassion. I no longer felt alone.”



Introduction

An average of 557 Utahns die from suicide and 4,543 Utahns attempt* suicide each year. Youth ages 10 to 17 comprise 13.0% of the Utah population, 5.1% of all suicides,¹ and 22.7% of all suicide attempts.²

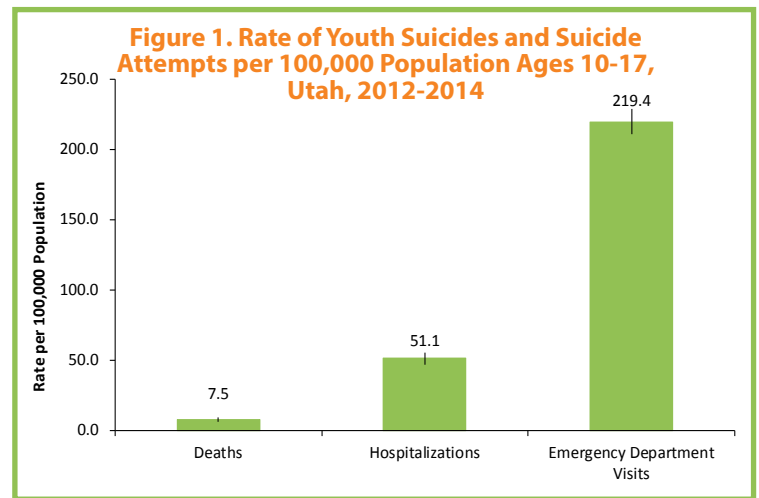
Two youth are treated for suicide attempts every day in Utah. More youth are hospitalized or treated in an emergency department (ED) for suicide attempts than are fatally injured (**Figure 1**). All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and many have depression and other mental health problems.

In 2015, 24.8% of Utah students reported they felt sad or hopeless, 16.6% reported they seriously considered attempting suicide, 13.5% reported they made a suicide plan, and 7.6% reported they attempted suicide one or more times. These were significantly higher than percentages reported in 2013 at 20.8%, 14.1%, 10.8% and 6.2% respectively.³

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

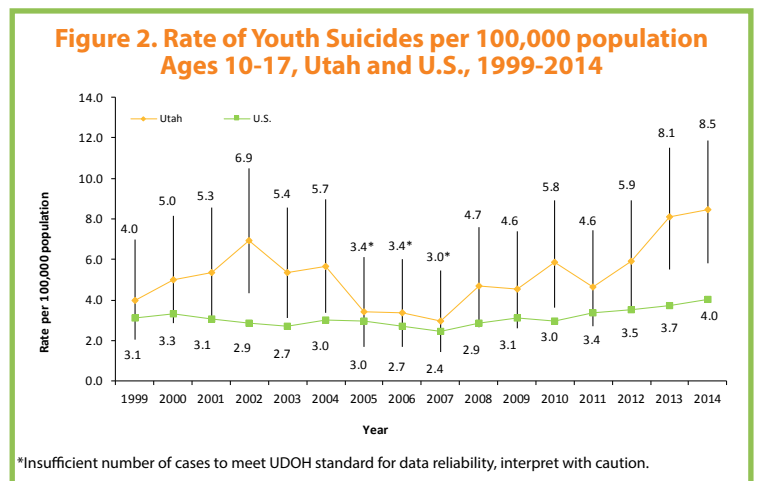
Utah Trends

The 2014 Utah youth suicide rate was 8.5 per 100,000 population ages 10 to 17.^{1,4} It is the leading cause of death for this age group.¹ The rate of suicide among Utah youth ages 10 to 17 has been increasing since 2011 (**Figure 2**).



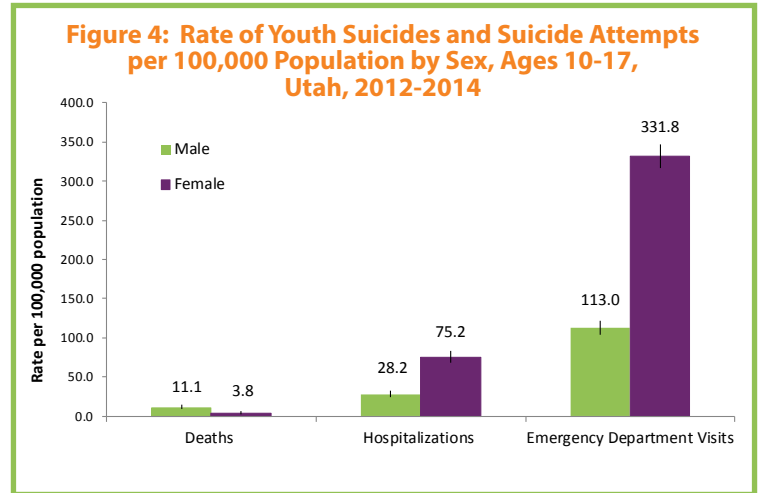
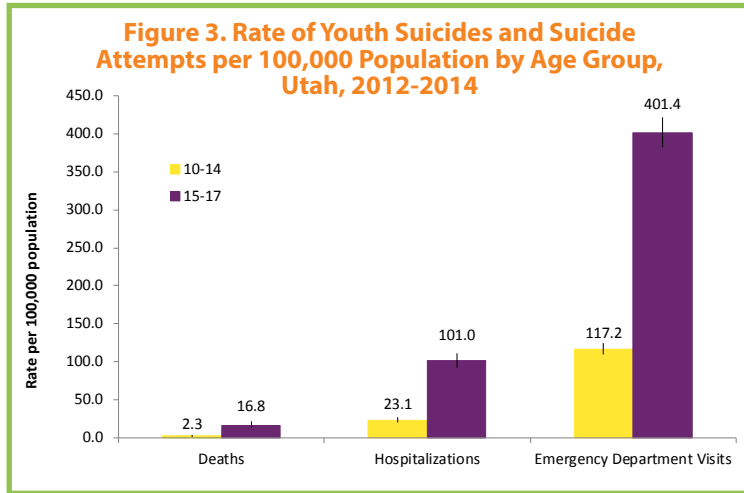
Utah and U.S.

The youth suicide rate in Utah has been consistently higher than the national rate (**Figure 2**). Utah had the 8th highest youth suicide rate in the U.S. for the years 2012-2014.⁵



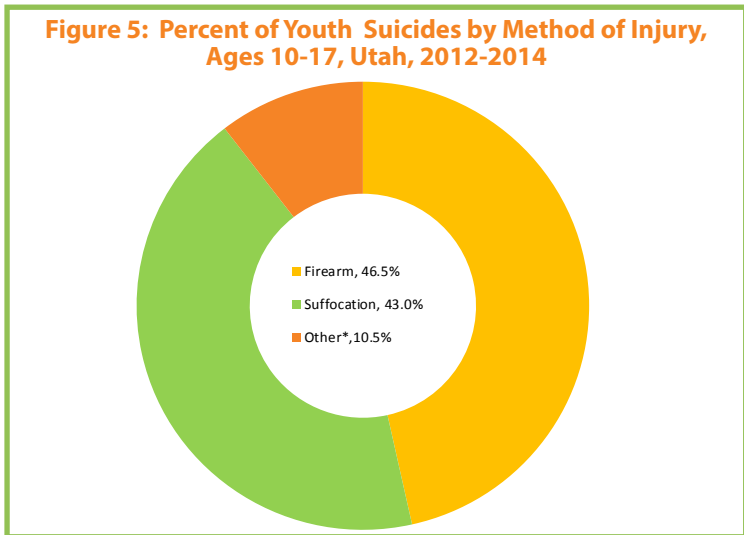
Age and Sex

Rates of suicide deaths and attempts increase with age, and are significantly higher among youth ages 15 to 17 compared to ages 10 to 14 (Figure 3).¹ Males ages 10 to 17 had a higher suicide rate (11.1 per 100,000 population) than females ages 10 to 17 (3.8 per 100,000 population). However, more females attempt suicide compared to males. In Utah, youth females had a significantly higher hospitalization and ED visit rate for suicide attempts compared to youth males (Figure 4).¹

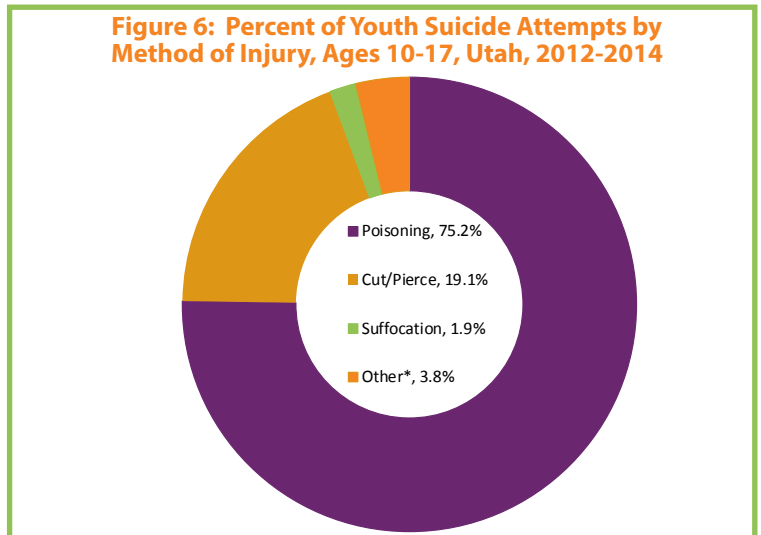


Method of Injury

Firearm was the most common method of youth suicide (Figure 5).¹ Poisoning was the most common method of injury leading to youth ED visits and hospitalizations for suicide attempts (Figure 6).²



* Includes fall, drowning/submersion, poisoning, other specified and unspecified.



* Includes fall, firearm, fire/flame/smoke, motor vehicle, traffic-other and unspecified, hot object/substance, drowning/submersion, and other specified and unspecified.

Location of Injury

The following Utah Small Areas had significantly higher rates compared to the state rate:

Highest Youth Hospitalization Rates for Suicide Attempts²

- Glendale, Ben Lomond, South Salt Lake, St. George, and Washington County

Highest Youth ED Visit Rates for Suicide Attempts²

- West Jordan, Cedar Valley, Kearns, Murray West, and Midvale

Cost

The average total charges per year for ED visits and hospitalizations for suicide attempts was \$4.2 million for Utah youth.²

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.⁶

- **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% 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**
- **Stressful life event or loss**

Screen Time

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.⁷

Bullying

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

Lesbian, Gay, or Bisexual Students

Nationally, in 2015, 42.8% of lesbian, gay, or bisexual (LGB) students seriously considered attempting suicide compared to 14.8% of heterosexual students; 29.4% of LGB students reported a suicide attempt compared to 6.4% of heterosexual students; and 34% of LGB students reported being bullied at school and 28% online compared to 19% of heterosexual students who reported being bullied at school or 14% online.⁸

Utah did not include the sexual orientation question on the 2015 YRBS survey meaning Utah data is not available for these measures. The Utah Department of Health plans to include this question on the 2017 YRBS. In Utah and throughout most of the U.S., no comprehensive data exists regarding the number of suicide deaths among LGBT persons because sexual orientation and gender identity are not generally collected during a police investigation of a death.

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
- 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)
- 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, 2012-2014 data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2016 July].
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].
3. Utah Department of Health, Bureau of Health Promotion, (2015). 2015 Prevention Needs Assessment.
4. 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].
5. U.S. Centers for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) [cited 2016 July].
6. Help Guide. Suicide Prevention. helpguide.org. [cited 2016 July].
7. Utah Health Status Update: Risk and Protective Factors for Youth Suicide. Utah Department of Health, February 2015. health.utah.gov/opha/publications/hsu/1502_Suicide.pdf. [cited 2016 July].
8. Kann L, Olsen EO, McManus T, et al. Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015. *MMWR Surveill Summ* 2016;65(No. SS-9):1–202. DOI: <http://dx.doi.org/10.15585/mmwr.ss6509a1>.



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/.

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.

(801) 538-6864 | vipp@utah.gov
www.health.utah.gov/vipp