

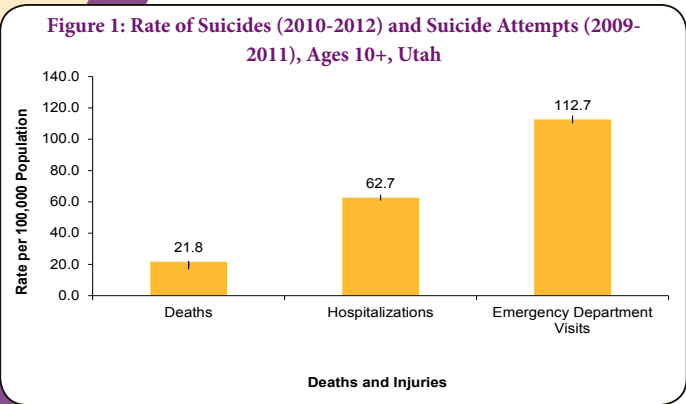


# Suicide in Utah, 2012

## Introduction

An average of **501** Utahns die from suicide<sup>1</sup> and **3,968** Utahns attempt\*<sup>2</sup> suicide each year. Overall, more Utahns are hospitalized or treated in an emergency department (ED) for suicide attempts than are fatally injured (**Figure 1**).

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



**One Utahn dies as a result of suicide every day.**

**Eleven 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.

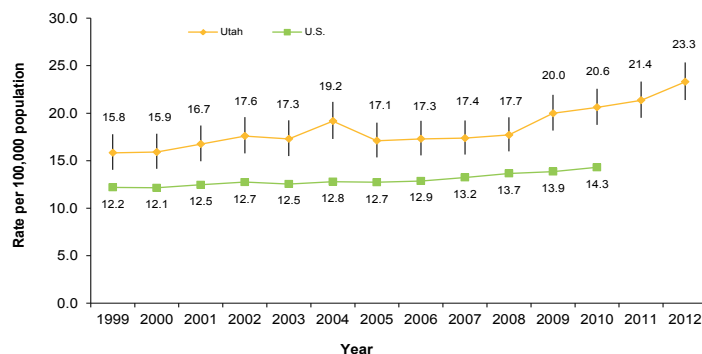
## Utah Trends

The 2012 Utah suicide rate was 23.3 per 100,000 population ages 10+.<sup>1,3</sup> Suicide was the 6th-leading cause of death in Utah.<sup>4</sup>

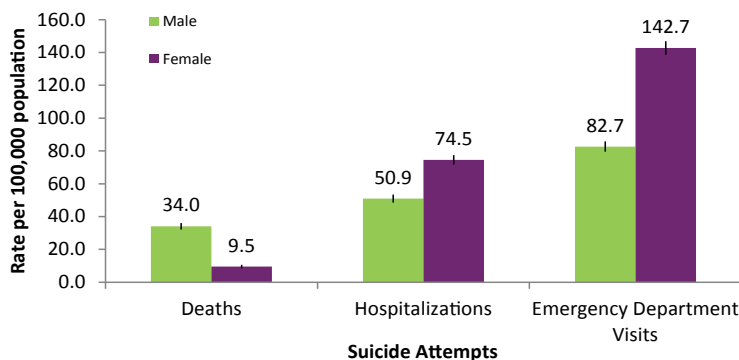
“We all play a role in preventing suicide. We are significantly increasing efforts at both the state and local levels to prevent suicide. To do so we must come together as families and communities to find the answers.”  
 – Former Utah Lt. Governor Greg Bell



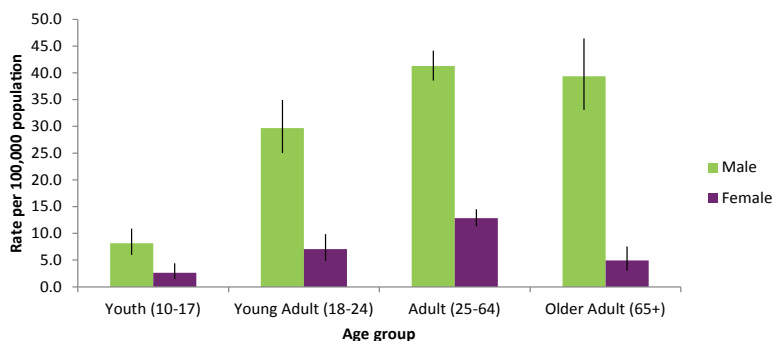
**Figure 2: Rate of Suicides by Year, Ages 10+, Utah and U.S., 1999-2012**



**Figure 3: Rate of Suicides (2010-2012) and Suicide Attempts (2009-2011) by Sex, Ages 10+, Utah, 2009-2012**



**Figure 4: Rate of Suicide by Age Group and Sex, Utah, 2010-2012**



## Utah and U.S.

Utah's 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 2010.<sup>4</sup>

## Age and Sex

Overall, Utah males (34.0 per 100,000 population) had a significantly higher suicide rate compared to Utah females (9.5 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 have significantly higher rates of suicide compared to Utah females in every age group (Figure 4).

## Location of Injury

The majority of Utah suicides occurred at a residence (72.6%), followed by inside a motor vehicle (9.3%), and natural areas, such as fields or mountains (5.4%).<sup>5</sup>

The following small areas had significantly higher rates of suicide, hospitalization, and ED visits for suicide attempts than the state rate:

### Highest Suicide Rates<sup>1</sup>

- Grand/San Juan Counties, Southwest LHD (Other), South Salt Lake, Murray, Juab/Millard/Sanpete Counties, and Other Washington County (Other)

<sup>1</sup>Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution.

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

- Magna, Midvale, Riverdale, Downtown Ogden, Ben Lomond, West Jordan Northeast, St. George, West Jordan Southeast, West Valley West, Tooele County, Taylorsville, Glendale, and Rose Park

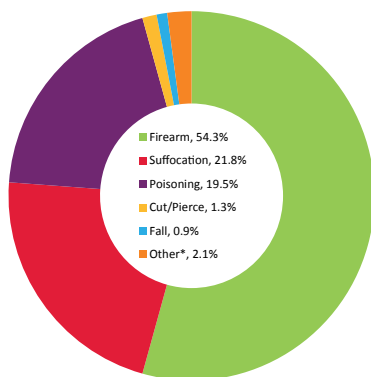
### Highest ED Visit Rates for Suicide Attempts<sup>2</sup>

- Brigham City, Midvale, Magna, Murray, Taylorsville, West Jordan Northeast, West Valley East, Sandy Center, South Salt Lake, Carbon/Emery Counties, West Valley West, West Jordan Southeast, Kearns, Other Box Elder County, Glendale, North Orem, and Holladay

### Method of Injury

Use of a firearm was the most common method of suicide death for Utahns followed by suffocation and then poisoning (Figure 5).<sup>1</sup>

Figure 5: Percent of Suicides by Method of Injury, Ages 10+, Utah, 2010-2012



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

### Risk Factors

Risk factors for suicide may include:

- Previous suicide attempt(s)
- History of depression or mental illness
- Alcohol or drug abuse
- Easy access to lethal methods (such as pills or firearms)
- Stressful life event or loss
- Family history of suicide or violence
- Relational, social, work, or financial loss

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

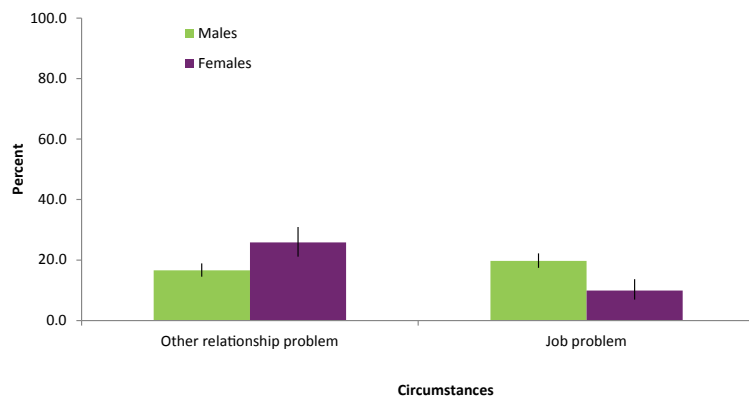
Overall, Utah females who died by suicide had significantly higher rates of having a diagnosed mental illness and receiving current treatment compared to Utah males.

Utah females had significantly higher rates of other relationship problems while Utah males had significantly higher rates of job problems when compared to each other (Figure 6).

### Cost

The average total charges per year for ED visits and hospitalizations for suicide attempts was \$29.3 million for Utahns.<sup>2</sup>

Figure 6: Percentage of Reported Suicide Circumstances by Sex, Utah, 2009-2011



## Prevention Tips

- Call for help. Help is available 24 hours a day 7 days a week. If you live in Utah, call the **UNI Crisisline and Mobile Crisis Outreach Team at 801-587-3000** or call the **National Suicide Prevention LifeLine at 1-800-273-TALK.**
- Take any threat of suicide seriously.
- Do not leave the person alone.
- Listen to and don't judge anyone you think may be in trouble.
- Take action. Remove guns or medications to prevent a suicide attempt.



## Resources

- Utah Poison Control Center <http://uuhs.c.utah.edu/poison/> 1-800-222-1222
- Suicide Prevention Resource Center [www.sprc.org](http://www.sprc.org)
- National Alliance on Mental Illness Utah Chapter [www.namiut.org](http://www.namiut.org)
- Hope 4 Utah [hope4utah.com](http://hope4utah.com)

## References

- 1 Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health: 2010-2012 data queried via Utah's Indicator-Based Information System for Public Health (IBIS-PH) [cited 2014 January].
- 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; 2009-2011 data queried via Utah's Indicator-Based Information System for Public Health (IBIS-PH) [cited 2014 January].
- 3 Population Data: National Center for Health Statistics (NCHS) through a collaborative agreement with the U.S. Census Bureau, IBIS Version 2012; data queried via Utah's Indicator-Based Information System for Public Health (IBIS-PH) [cited 2014 January].
- 4 U.S. Centers for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS), 2008-2010 data [cited 2014 January].
- 5 Utah Violent Death Reporting System, Violence and Injury Prevention Program, Utah Department of Health 2009-2011

**Last updated: May 2014**

If your life has been affected by suicide, we want 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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