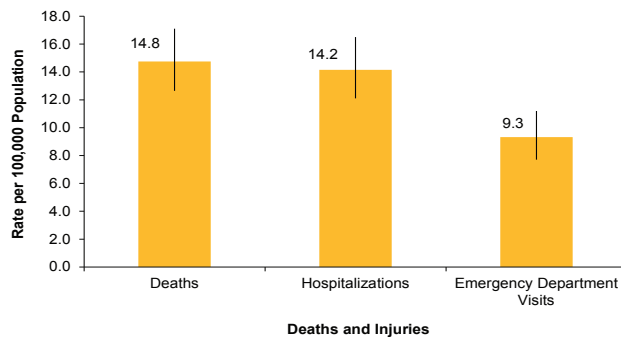


Introduction

An average of 35 Utahns 65 years and older die from suicide each year. However, completed suicides are only part of the problem. More older adults are hospitalized or treated in an emergency department (ED) for suicide attempts than are fatally injured (**Figure 1**). On average, one Utahn 65 years or older is treated in the ED or hospitalized every week because of a suicide attempt.¹ All suicide attempts should be taken seriously. Those who survive suicide attempts are often gravely injured and many have depression or other mental health problems.

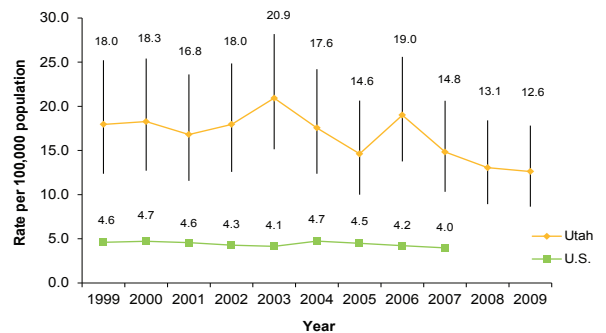
Figure 1: Rate of Suicides and Suicide Attempts, Ages 65+, Utah, 2005-2009



Utah and U.S.

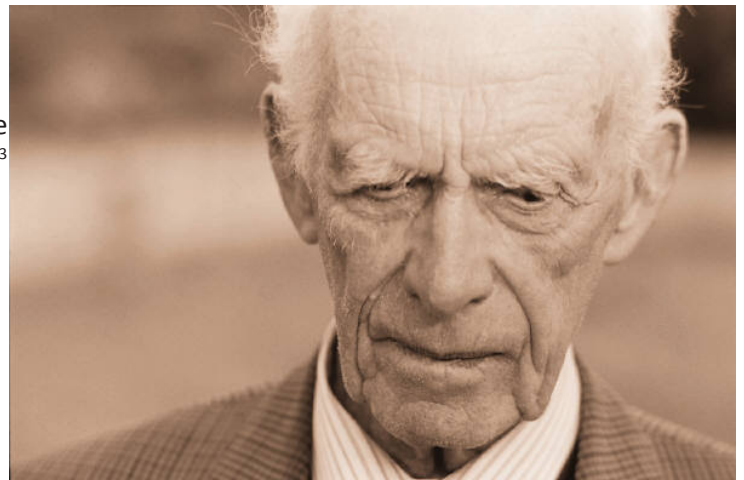
Utah's older adult suicide rate has been consistently higher than the national rate (**Figure 2**). Utah has the 14th highest older adult suicide rate in the U.S.²

Figure 2: Rate of Suicides by Year, Ages 65+, Utah and U.S., 1999-2009



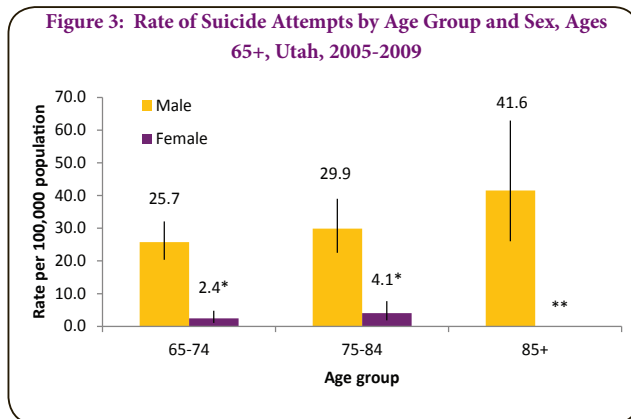
Utah Trends

The 2009 Utah older adult (65 years of age and older) suicide rate was 12.6 per 100,000 population.¹ Data also show that males and females 85 years and older had the highest prevalence (8.0% and 12.4%) of reported thoughts of hurting themselves or that they would be better off dead one or more times in the past two weeks.³



Age and Sex

Among Utahns 65 years of age and older, males had a significantly higher suicide rate compared to females (28.7 and 3.1 per 100,000 population). Older adult males also had a significantly higher suicide rate compared to females in every age group (Figure 3).¹



*Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution. **The rate has been suppressed because the estimate is unreliable.

Location of Injury

The majority of older adult suicides occurred at a home or an apartment (82.9%). The second most common location was inside a motor vehicle (6.5%).⁴

Geographic Location

There were no significant differences in older adult ED visit rates for suicide attempts by local health district (LHD).¹ Salt Lake Valley LHD had a significantly higher older adult hospitalization rate for suicide attempts compared to the state rate.¹ South-

eastern Utah LHD had a significantly higher older adult suicide rate than the state rate.¹

Additional suicide data by small areas are available in the *Utah Violence and Injury Small Area Report* at <http://health.utah.gov/vipp>.

Method of Injury

Poisoning was the most common method of older adult ED visits and hospitalizations for suicide attempts. Firearm was the most common method of older adult suicide.¹

Risk Factors

- History of depression or mental illness
- Physical health problem
- Family history of suicide or violence
- Easy access to lethal methods (such as guns or pills)
- Stressful life event or loss

There were differences in mental and behavioral health circumstances surrounding teen, adult, and older adult suicides.⁴

Older adult males had significantly lower alcohol and substance abuse problems compared to adult males (Figure 4). No differences were seen among older adult females.

Differences were also seen in life stressors (Figure 5). Older adult males had significantly higher physical

health problems compared to teen and adult males.

Older adult females experienced a death of a friend or family member and physical health problems at significantly higher rates compared to teen and adult females (Figure 6).

Figure 4: Percentage of Reported Mental and Behavioral Health Suicide Circumstances by Teen, Adult, and Older Adult Males, Utah, 2005-2009

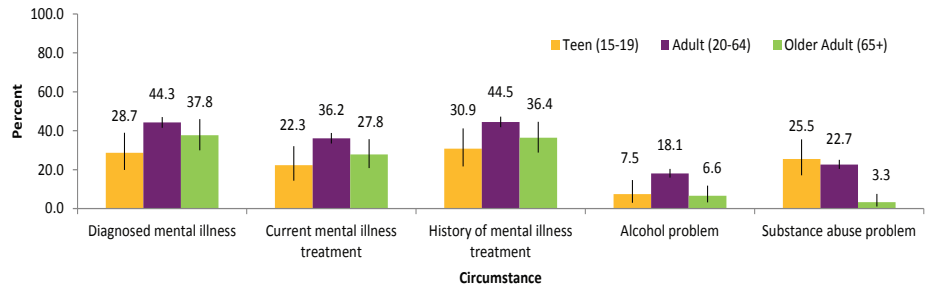
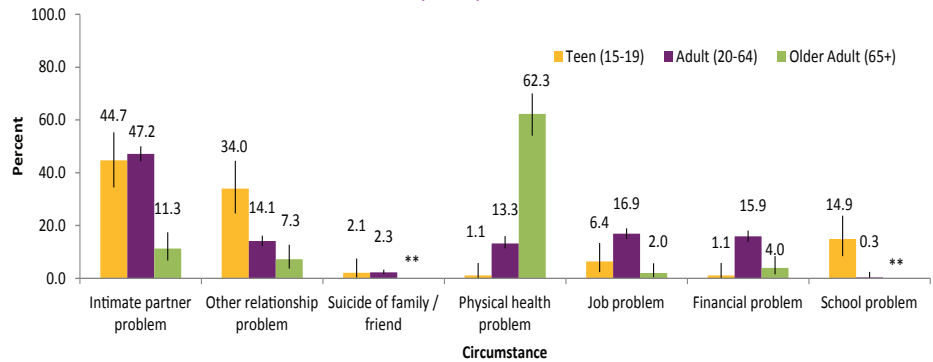
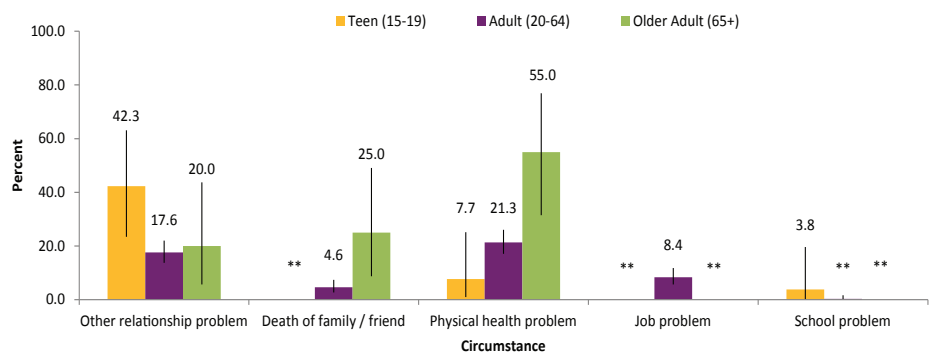


Figure 5: Percentage of Reported Life Stressor Suicide Circumstances by Teen, Adult, and Older Adult Males, Utah, 2005-2009



**The rate has been suppressed because the estimate is unreliable.

Figure 6: Percentage of Reported Life Stressor Suicide Circumstances by Teen, Adult, and Older Adult Females, Utah, 2005-2009



**The rate has been suppressed because the estimate is unreliable.



Prevention Tips

- Call for help. Help is available 24 hours a day 7 days a week. Call 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 pills to prevent a suicide attempt.

Cost

For the years 2005-2009, the average total charges per year for ED visits and hospitalizations for suicide attempts among Utahns 65 years of age and older was \$670,000.¹

Resources

- National Suicide Prevention Lifeline www.suicidepreventionlifeline.org (800) 273-TALK (8255)
- Suicide Prevention Resource Center www.sprc.org
- National Alliance on Mental Illness Utah Chapter www.namiut.org
- Preventing Suicide: A resource for media professionals www.who.int/mental_health/prevention/suicide/resource_media.pdf

References

- 1 Utah's Indicator Based Information System for Public Health (IBIS-PH), 2005-2009 data [cited 2011 Mar 23]
- 2 Office of Public Health Assessment, 2005-2007 Utah Behavioral Risk Factor Surveillance System, Utah Department of Health
- 3 CDC, Web-based Injury Statistics Query and Reporting System (WISQARS), 2007 data [cited 2011 Apr]
- 4 Violence and Injury Prevention Program, 2005-2009 Utah Violent Death Reporting System, Utah Department of Health

Last updated: November 2011



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

We are a trusted and comprehensive resource for data related to violence and injury. Through education, this information helps promote partnerships and programs to prevent injuries and improve public health.

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