

Suicide in Utah, 2012

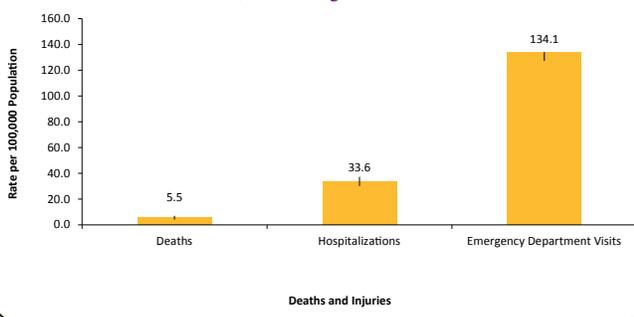
Youth (10-17 years)

Introduction

An average of 501 Utahns die from suicide¹ and 3,968 Utahns attempt² suicide each year. Youth ages 10-17 comprise 13.0% of the Utah population,³ **4.0%** of all suicides¹ and **15.1%** of all suicide attempts.²

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

Figure 1: Rate of Suicides (2010-2012) and Suicide Attempts (2009-2011), Youth Ages 10-17, Utah



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.

A Utah Department of Health survey of high school students shows that, in 2013: 25.7% of students felt sad or hopeless; 15.5% seriously considered attempting suicide; 12.8% made a suicide plan; 7.3% attempted suicide one or more times; and 2.1% suffered an injury, poisoning, or overdose due to a suicide attempt that had to be treated by a doctor or nurse.

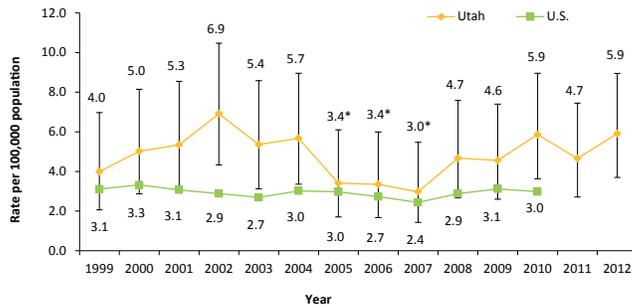
Utah Trends

The 2012 Utah youth suicide rate was 5.9 per 100,000 population ages 10 to 17.^{1,3} It is the 2nd-leading cause of death for this age group.¹

“ We had no clue that our son was having suicidal thoughts. We didn't know how much he was hurting inside... the pain, depression, loneliness, and worthlessness he felt. There is no healing for the families left behind. ”



Figure 2: Rate of Suicides by Year, Youth Ages 10-17, Utah and U.S., 1999-2012



*Insufficient number of cases to meet the UDOH standard for data reliability, interpret with caution.

Figure 3: Rate of Suicide Attempts by Age Group, Youth Ages 10-14 and 15-17 Utah, 2009-2011

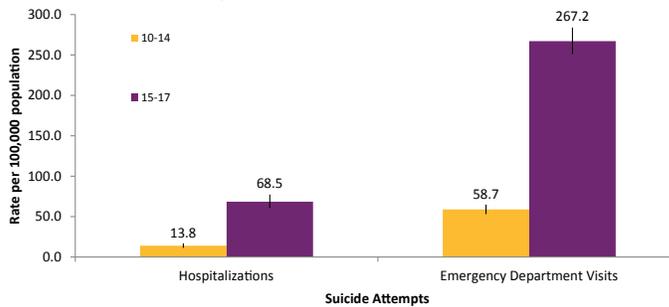
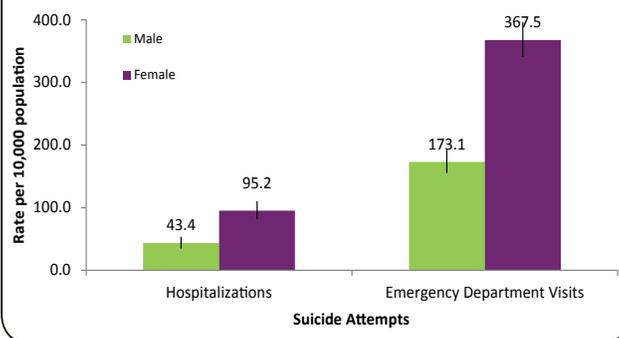


Figure 4: Rate of Suicide Attempts by Sex, Youth Ages 15-17, Utah, 2009-2011



Utah and U.S.

Utah's youth suicide rate has been frequently higher than the national rate (Figure 2). Utah had the 9th-highest youth suicide rate in the U.S. for the years 2008-2010.⁵

Age and Sex

Suicide attempts increase significantly after age 14 (Figure 3).

Males ages 10-17 (8.2 per 100,000 population) had a higher suicide rate than females ages 10-17 (2.6 per 100,000 population)¹. However, more females attempt suicide than males. In Utah, female youth ages 15-17 had a significantly higher ED visit and hospitalization rate for suicide attempts compared to youth males ages 15-17 (Figure 4).²

Location of Injury

The majority of youth suicides occurred at a residence (81.0%), followed by natural areas, such as fields or mountains (5.2%).⁶

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

Highest Youth Hospitalization Rates for Suicide Attempts²

- Rose Park, Brigham City*, Magna*, Ben Lomond, and West Valley West

*Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution.

Highest Youth ED Visit Rates for Suicide Attempts²

- Brigham City, West Valley East, and Midvale

Method of Injury

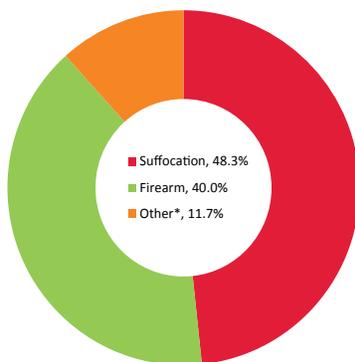
Suffocation was the most common method of youth suicide (Figure 5).¹ Poisoning was the most common method of injury leading to youth ED visits and hospitalizations for suicide attempts (Figure 6).²

Risk Factors

Risk factors for suicide may include:

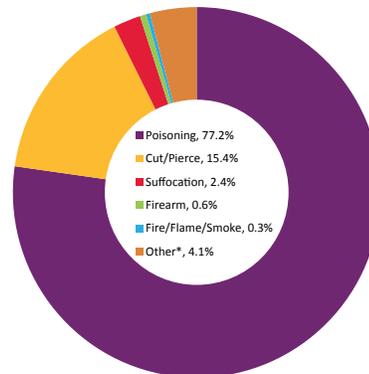
- Alcohol or drug abuse
- Family history of suicide or violence
- Easy access to lethal methods (such as guns or pills)
- Stressful life event or loss
- Relationship or school problems

Figure 5: Percentage of Suicides by Method of Injury, Ages 10-17, Utah, 2010-2012



*Includes Fall, Other Land Transport - Non-Traffic, Not MV, Poisoning, Other Specified and Unspecified

Figure 6: Percentage of Suicide Attempts by Method of Injury, Ages 10-17, Utah, 2009-2011

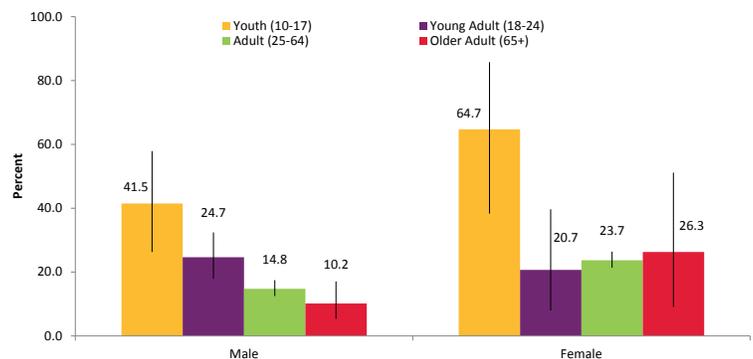


*Includes Fall, Hot Object/Substance, Caustic Substance, Motor Vehicle, Traffic - Other and Unspecified, Other Specified and Unspecified

Suicide Death Circumstances⁶

Utah males and females ages 10-17 had significantly higher rates of other relationship problems when compared to at least one other age group (Figure 7):

Figure 7: Percentage of Other Relationship Problems by Youth, Young Adult, Adult, and Older Adults, Utah, 2009-2011



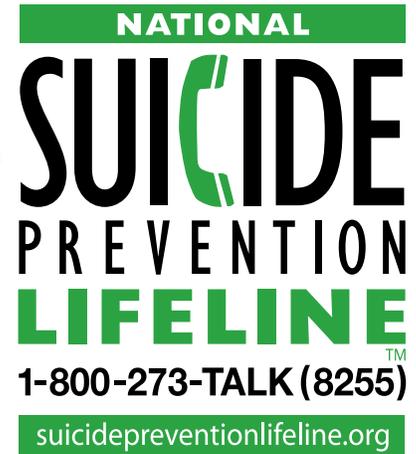
**The percentage is suppressed because the estimate is unreliable.

Cost

The average total charge per year for ED visits and hospitalizations for suicide attempts was \$2.5 million for Utah youth.²

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://uuhsc.utah.edu/poison/> 1-800-222-1222
- Suicide Prevention Resource Center www.sprc.org
- National Alliance on Mental Illness Utah Chapter www.namiut.org
- Hope 4 Utah 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, 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.

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