Thinking about suicide?
It's okay to ask for help.

Call 1-800-273-TALK(8255)
Talking with someone about your thoughts and feelings can save your life. No matter what problems you're dealing with, there is someone to lean on for support.

An average of 621 Utahns die by suicide each year¹ and the rate of suicide among Utahns ages 10+ has been increasing since 2007.¹ ²

Overall, Utah males (37.0 per 100,000 population) had a significantly higher suicide rate compared to Utah females (12.0 per 100,000 population).¹

Utah adults aged 25-64 had the highest rate of suicide (29.5 per 100,000 population).¹

Use of a firearm (50.5%) was the most common method of suicide death in Utah followed by suffocation (25.4%) and poisoning (19.1%).¹

Risk factors such as alcohol and drug abuse, diagnosable mental health disorders, and easy access to lethal methods, such as firearms or pills, may put a person at increased risk for suicide. ⁵
Utah Trends

The 2018 Utah suicide rate was 25.1 per 100,000 population ages 10+. It is the 2nd leading cause of injury death in Utah.¹ The rate of suicide among Utahns ages 10+ has been increasing since 2007 (Figure 1).¹,²

Utah and U.S.

The Utah suicide rate has been consistently higher than the national rate for more than a decade (Figure 1). Utah had the 6th highest suicide rate (25.1) in the U.S. between 2014 and 2017 for those ages 10 years and older.³

Figure 1: Age-adjusted Rate of Suicides and Self-inflicted Injuries per 100,000 Population by Death and Injuries, Utah, 2000-2018

Age and Sex

Overall, Utah males (37.0 per 100,000 population) had a significantly higher suicide rate compared to Utah females (12.0 per 100,000 population). Utah males had significantly higher rates of suicide compared to Utah females in every age group (Figure 2).¹

Figure 2: Rate of Suicides per 100,000 Population by Age Group and Sex, Utah, 2014-2018
Method of Injury

Firearm was the most common method of suicide death for Utahns, followed by suffocation and poisoning (Figure 3).1

Location of Injury

The following Utah small areas had significantly higher suicide rates compared to the rest of the state.

Highest Suicide Rates Ages 10+ 1
Duchesne County, Downtown Salt Lake City, Downtown Ogden, Kearns, Central Utah Local Health Department, Emery County

Protective Factors 5

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, anxious, or suicidal. Protective factors for suicide include:

- Receiving effective mental health care or substance use disorder 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 5

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

The top six relationship and life stressors for males and females were crisis within two weeks of their death, intimate partner problems, physical health problems, job problems, criminal problems, and financial problems. (Figure 4). Likewise, the top six mental health and substance use circumstances for males and females were current mental illness treatment, depressed mood, leaving a suicide note, disclosing intent to attempt suicide, history of suicide attempt, and alcohol problems (Figure 5). Data definitions for these variables can be found on page 5.

Figure 4: Percent of Reported Relationship and Life Stressors by Sex, Ages 10+, Utah, 2014-2017

Figure 5: Percent of Reported Mental Health and Substance Abuse Circumstances by Sex, Ages 10+, Utah, 2014-2017
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/.

Data Definitions

**Crisis (2 wks)** – A crisis is a current/acute event (within 2 weeks of death) that is indicated in one of the source reports to have contributed to the death. A crisis can precede the death or be an impending event. Crisis is interpreted from the eyes of the victim (e.g., a youth with a bad grade or a dispute with parents over a curfew).

**Intimate Partner Problem** – The victim was experiencing problems with a current or former intimate partner, such as a divorce, break-up, argument, jealousy, conflict, or discord, and this appears to have contributed to the death. An intimate partner is defined as a current or former girlfriend/boyfriend, dating partner, ongoing sexual partner, or spouse. It does not include instances of sex/intimacy in exchange for money/goods.

**Physical Health Problem** – Victim was experiencing physical health problem(s) (e.g., terminal disease, debilitating condition, chronic pain) that were relevant to the event.

**Job Problem** – Victim was either experiencing a problem at work (such as tensions with a co-worker, poor performance reviews, increased pressure, feared layoff) or was having problem with joblessness (e.g., recently laid off, having difficulty finding a job), and this appears to have contributed to the death.

**Criminal Problem** – Victim was facing criminal legal problems (recent or impending arrest, law enforcement pursuit, impending criminal court date, etc.), and this appears to have contributed to the death.

**Financial Problem** – Victim was experiencing a problem such as bankruptcy, overwhelming debt, or foreclosure of a home or business, and this appears to have contributed to the death.

**Current Mental Illness Treatment** – The victim was identified as currently receiving treatment for a mental illness. There does not need to be any indication that the mental health condition directly contributed to the death.

**Depressed Mood** – Victim was perceived by self or others to be depressed at the time of the death.

**Suicide Note Left** – Victim left a suicide note (or other recorded communication). Note can be written or electronic.

**Disclosed Intent to Attempt Suicide** – Victim disclosed to another person their thoughts and/or plans to die by suicide within the last month. Disclosure of suicidal thoughts or plan can be verbal, written, or electronic.

**History of Suicide Attempts** – Victim has a history of attempting suicide before the fatal incident.

**Alcohol Problem** – The victim was perceived by self or others to have a problem with, or to be addicted to, alcohol. There does not need to be any indication that the alcohol problem directly contributed to the death.
Prevention Tips

• Call 1-800-273-TALK (8255) or text "help" to 741-741 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 for a suicide attempt.
• Do not leave the person alone.
• Listen without judgment.
• Remove firearms or pills to prevent a suicide attempt.
• Find mental health and substance use disorder treatment services near you. Visit dsamh.utah.gov.
• 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) or text "help" to 741-741
• SafeUT app healthcare.utah.edu/uni/programs/safe-ut-smartphone-app/
• Suicide Prevention Resource Center www.sprc.org
• Utah Poison Control Center poisoncontrol.utah.edu 1-800-222-1222
• Utah Suicide Prevention Coalition www.utahsuicideprevention.org

References

2. Population Data: National Center for Health Statistics (NCHS) through a collaborative agreement with the U.S. Census Bureau. Data queried via Utah’s Indicator Based Information System for Public Health (IBIS-PH) [cited 2019 December]. IBIS Version 2018