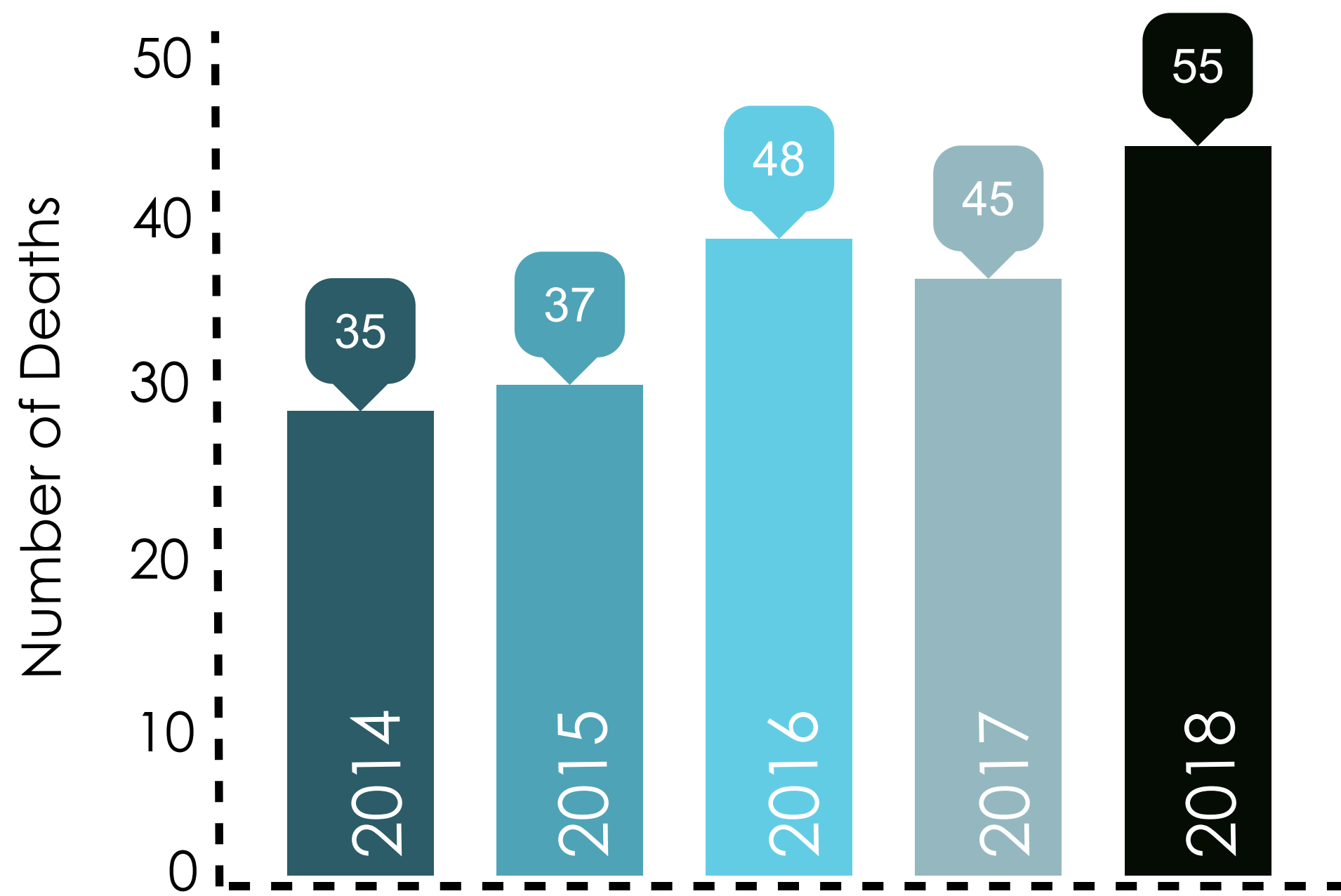


# 2018 Suicide Report

## Suicide Deaths by Year, 2014-2018

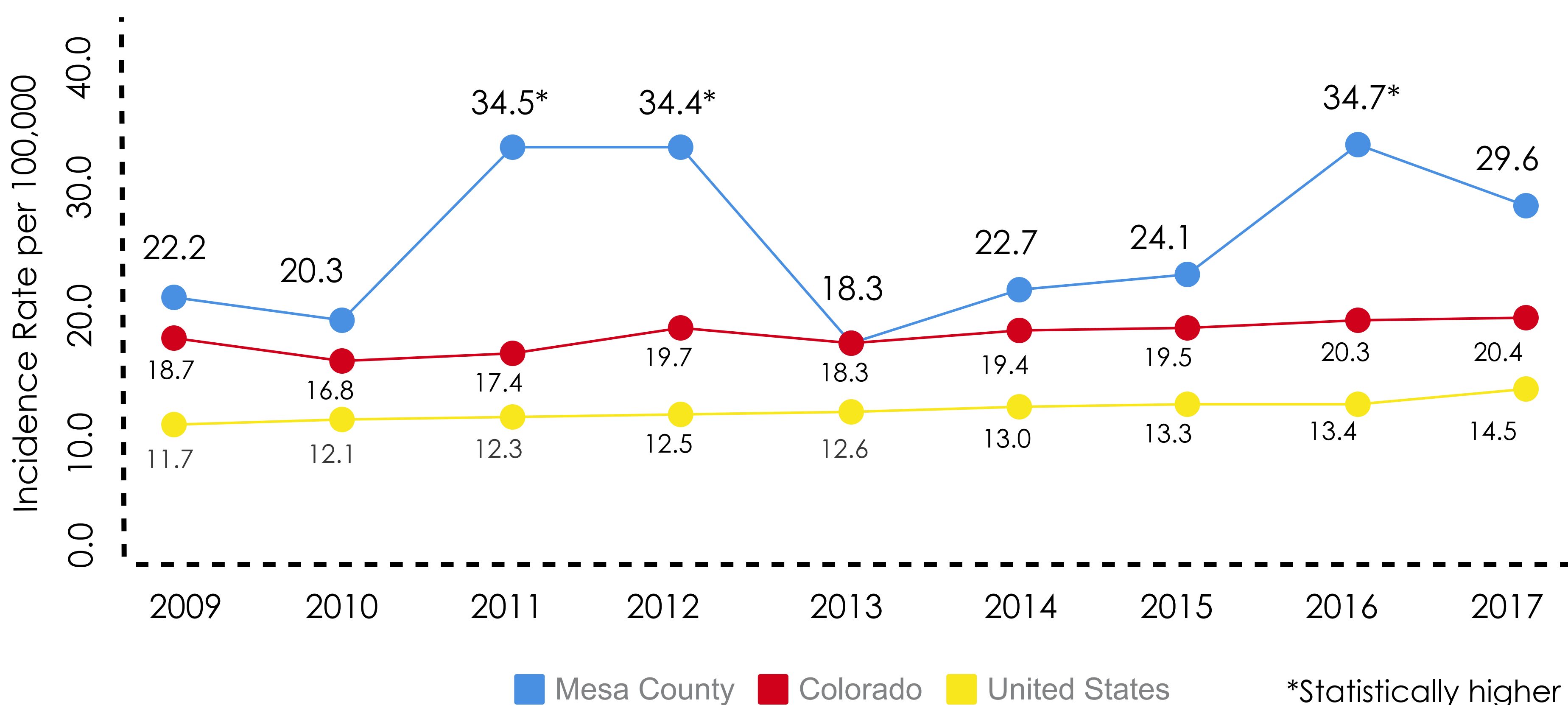


## Suicide in Mesa County

Suicide prevention is a health priority in Mesa County. Health priorities are areas in which public health partners and the community can make the greatest impact based on current resources, political will, and community readiness.

Suicide is death caused by injuring oneself with the intent to die. Risk factors include previous suicide attempts, history of mental disorders (e.g. clinical depression), isolation, easy access to lethal methods, and history of alcohol and/or substance abuse.

## Rate of Suicide Deaths in Mesa County, Colorado and the United States, 2009-2017



## Key Takeaways

**For every death by suicide in 2018, there were approximately five suicide attempts resulting in an emergency department (ED) visit.**

### Sex

- More **males** die by suicide.
- **Females** are slightly more likely to attempt suicide.

### Method

- A majority (60%) of suicide deaths resulted from a gunshot wound, while most suicide attempts were by overdose.

### Substance Use

- Of the deaths tested for substance, a majority involved drugs or alcohol.
- Antidepressants were the most common substance used in suicide attempts.

### Age

- No youth died by suicide in 2018.
- One out of five suicide deaths were males above the age of 70.
- School-based suicide risk assessments are completed most frequently on 7th and 9th grade students.

### Treatment

- Approximately half of the individuals who died by suicide had contact with behavioral health, law enforcement, and/or primary care 90 days prior to their death.

# Deaths by Suicide



Deaths



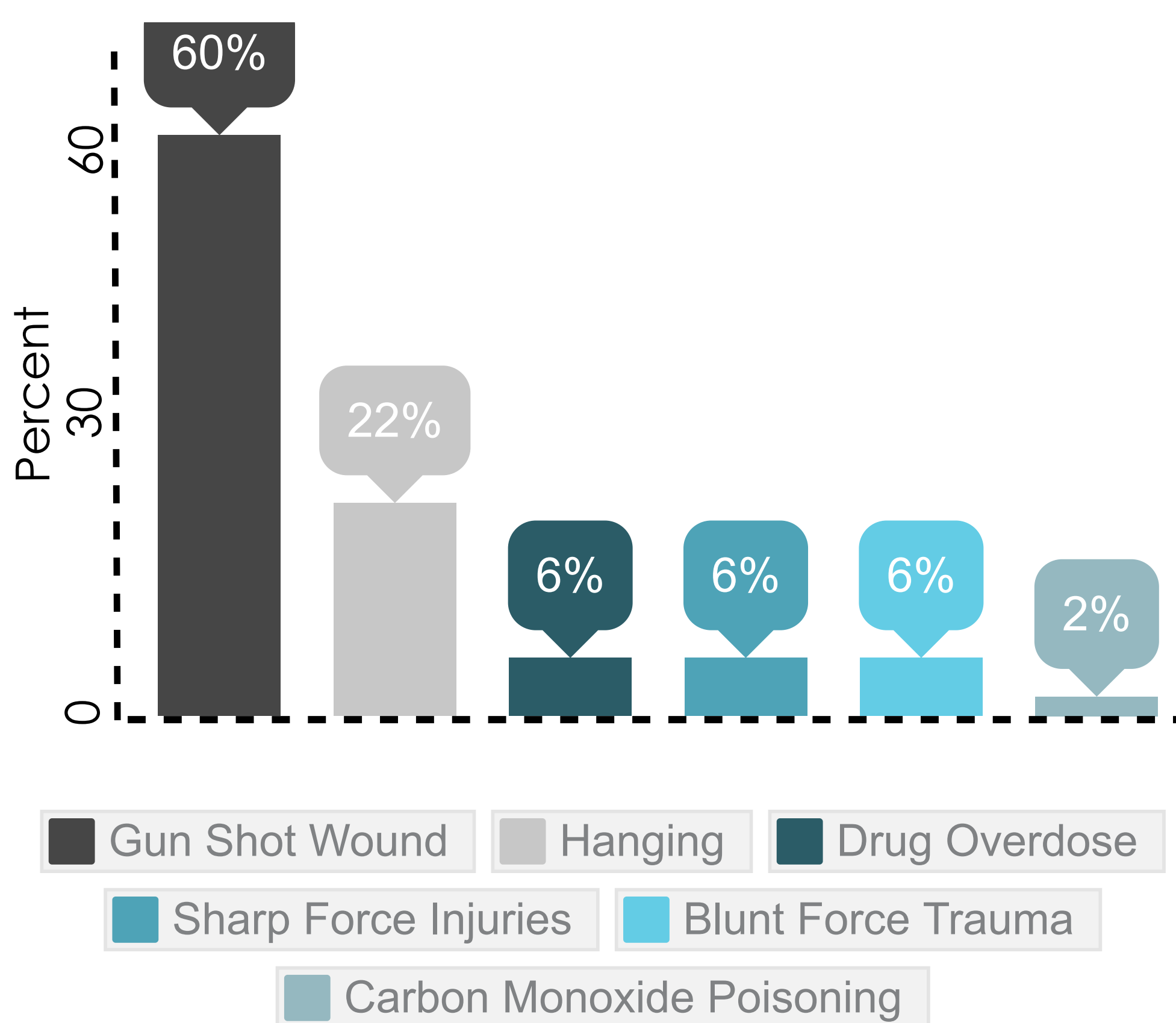
8 in 10 were male.

Average Age

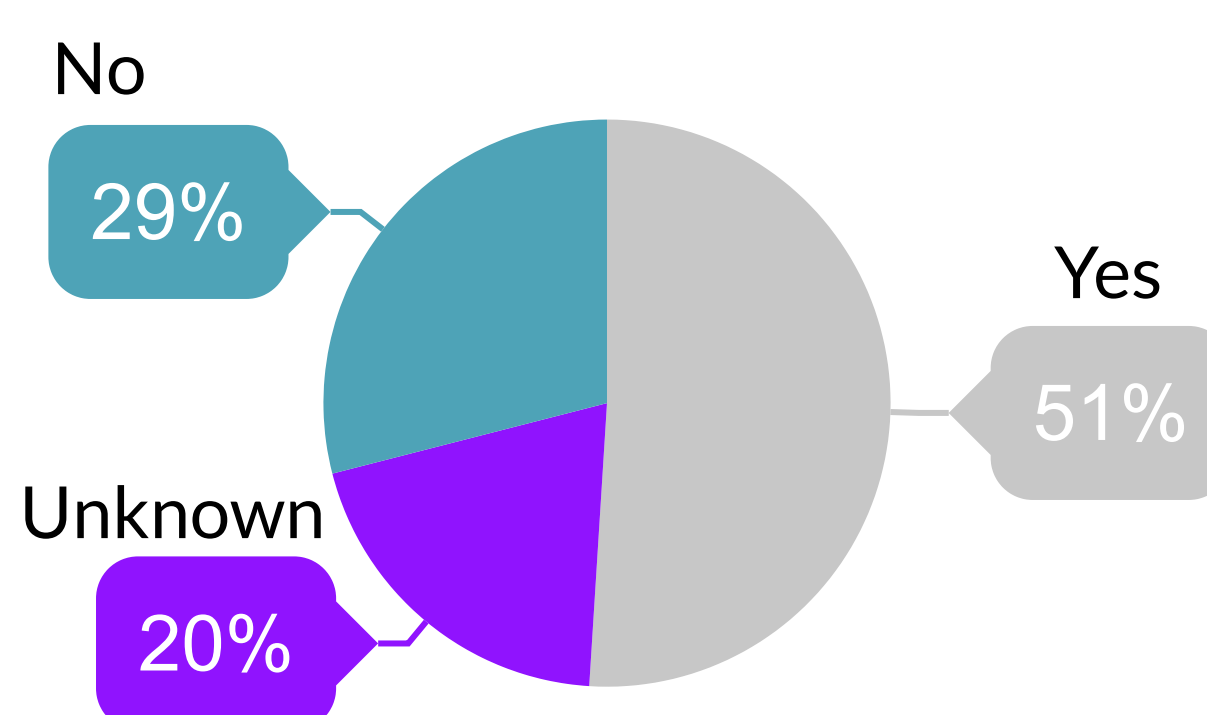


Age Range: 21-89 years

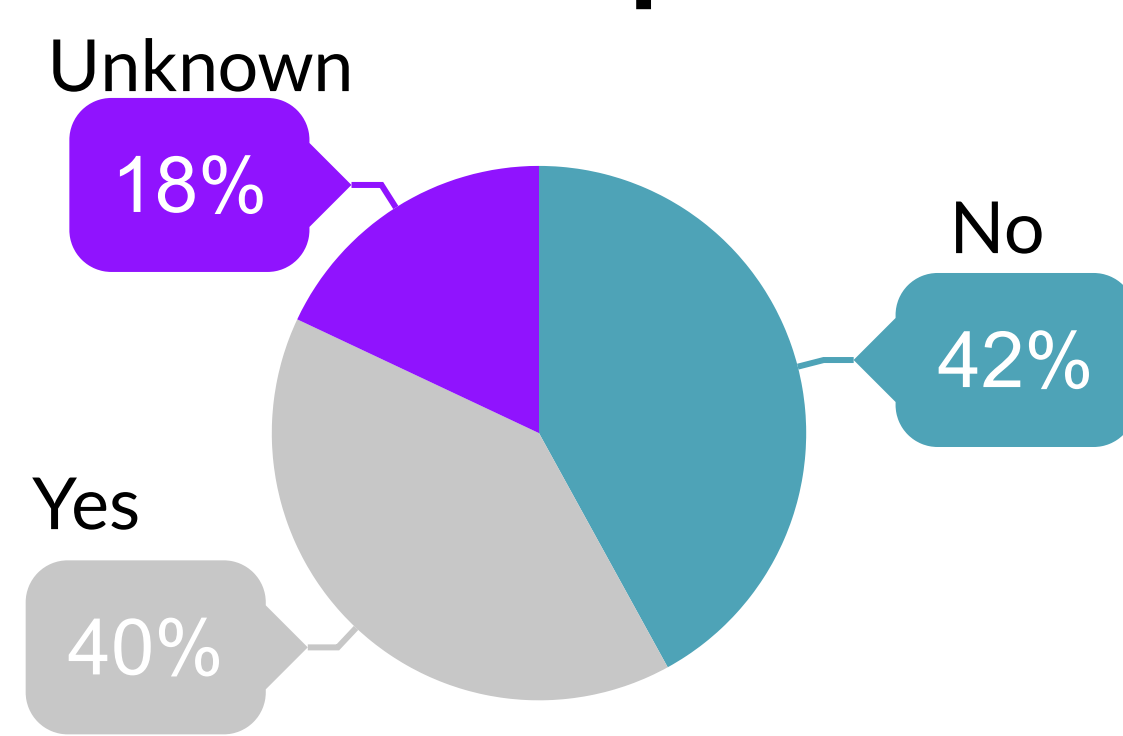
## Method



## Drug and/or Alcohol Involvement



## Previous Suicide Attempt\*



\*Reported by family or friend, may be an underestimate.

## Contact in the Last 90 Days With:

Law Enforcement

18%

Primary Care

22%

Behavioral Health

31%

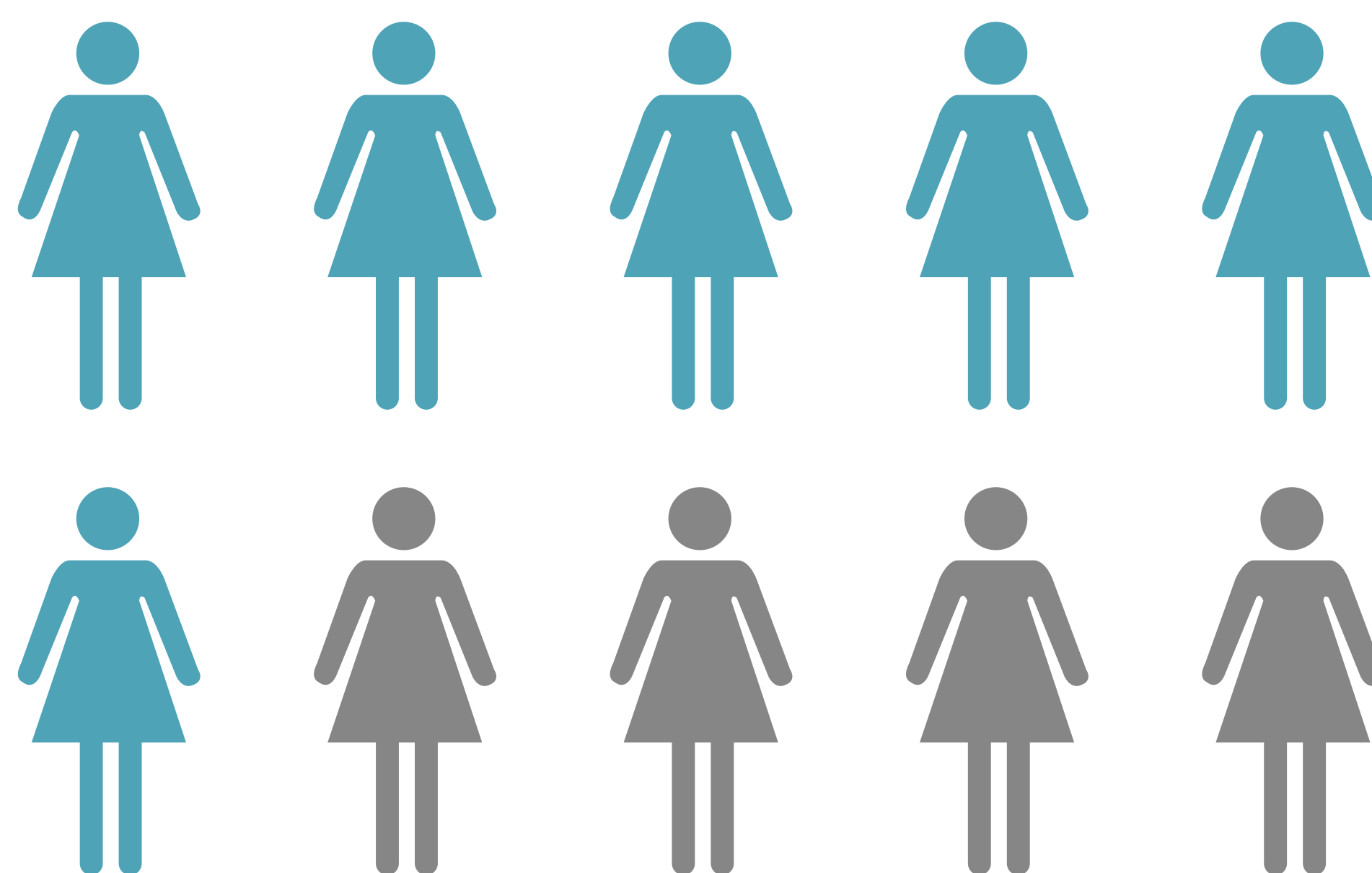
# Suicide Attempts and Ideation

Data was collected on suicide attempts and incidents of suicidal ideation resulting in an emergency department visit in Mesa County during 2018. A majority of the data are based on ICD-10 primary diagnosis code, which limits inclusion of attempts by methods other than drug overdose. The data does not include any attempts that were directly admitted to West Springs Hospital.



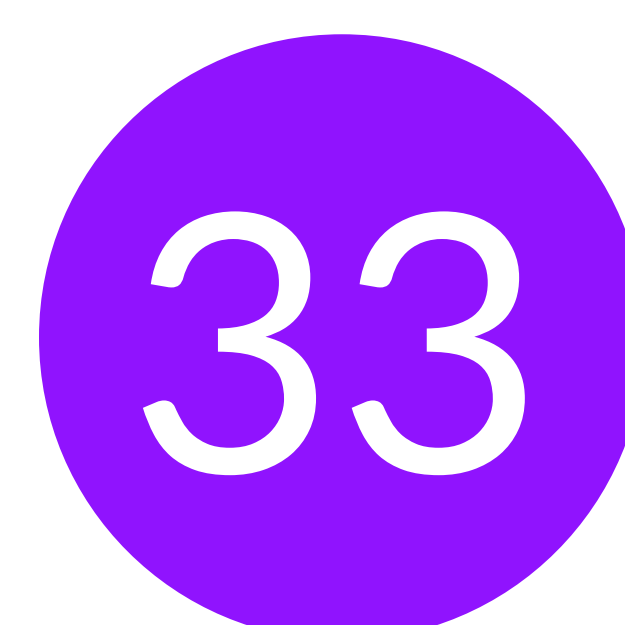
Attempts\*

\*Estimate based on emergency department data received as of March 2019, excluding suicidal ideation.



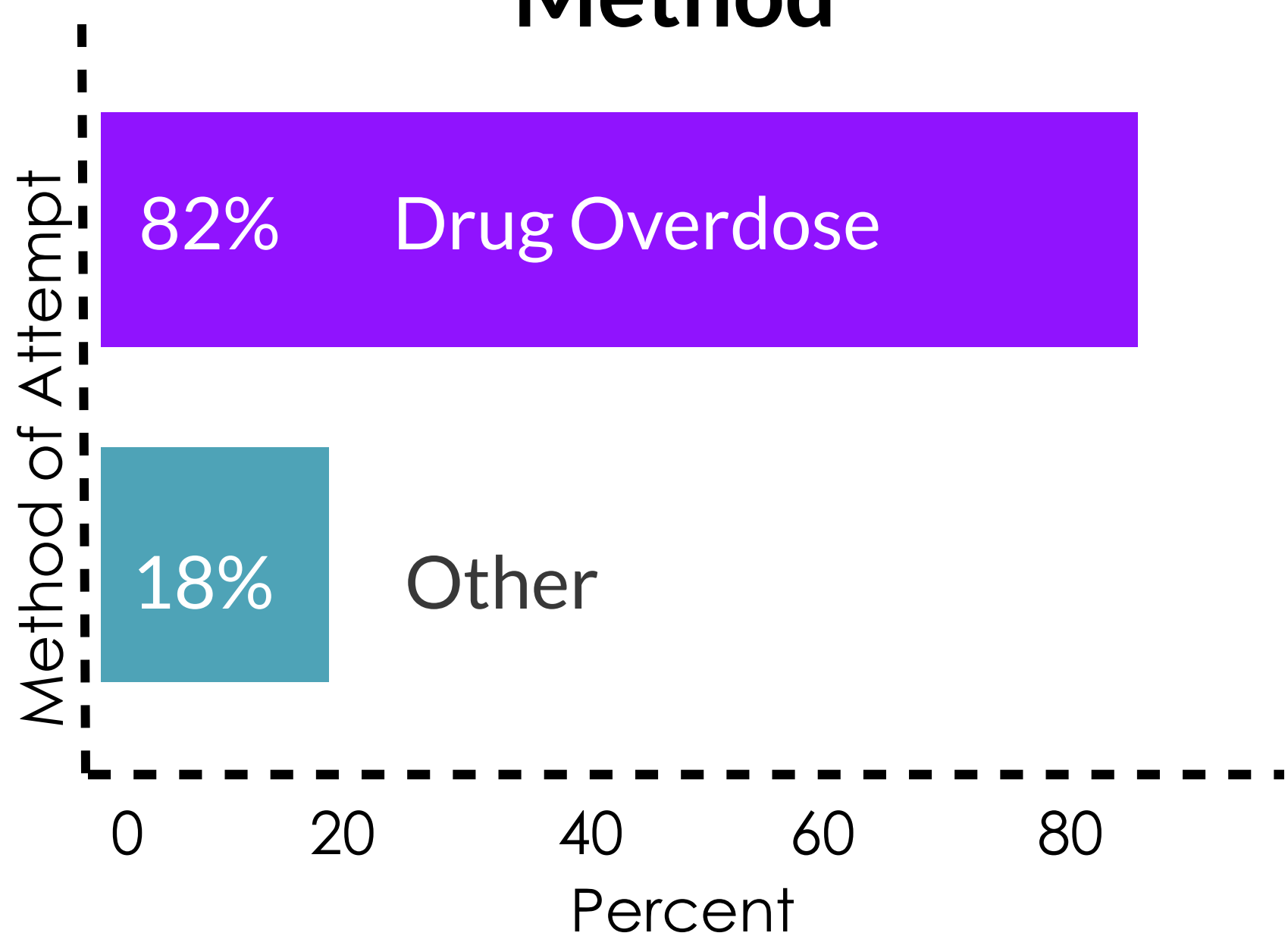
Approximately 6 in 10 were female.

Average Age



Age Range: 13-86 years

## Method



## Top 3 Drugs

1. Antidepressants
2. Benzodiazepines (e.g. Xanax)
3. Acetaminophen (e.g. Tylenol)

A wide variety of over-the-counter, prescription, and illicit substances were involved in overdoses.

## Suicidal Ideation

Suicidal ideation, also known as suicidal thought, is thinking about, considering, or planning suicide. It can range from a passing thought to detailed planning.

169

### ED Visits for Ideation\*

\*Estimate based on emergency department data received as of March 2019.

## Suicidal Behavior Reported by High School Students, 2017

22%\* Suicidal Ideation

18%\* Suicide Plan

Percent

\*Statistically higher than the state

# Suicide Risk Assessments

When school personnel are concerned about a student, they make a referral to trained staff to complete a Suicide Risk Assessment (SRA). This assessment determines the level of intervention required and can initiate immediate safety planning. Half of the students assessed were determined to be at low risk of suicide. The number of referrals is related to staff awareness and concern about behaviors that may be warning signs of suicidal risk.

602

### Assessments\*

\*Data from School District 51 for school year 2017-2018 (August-May).



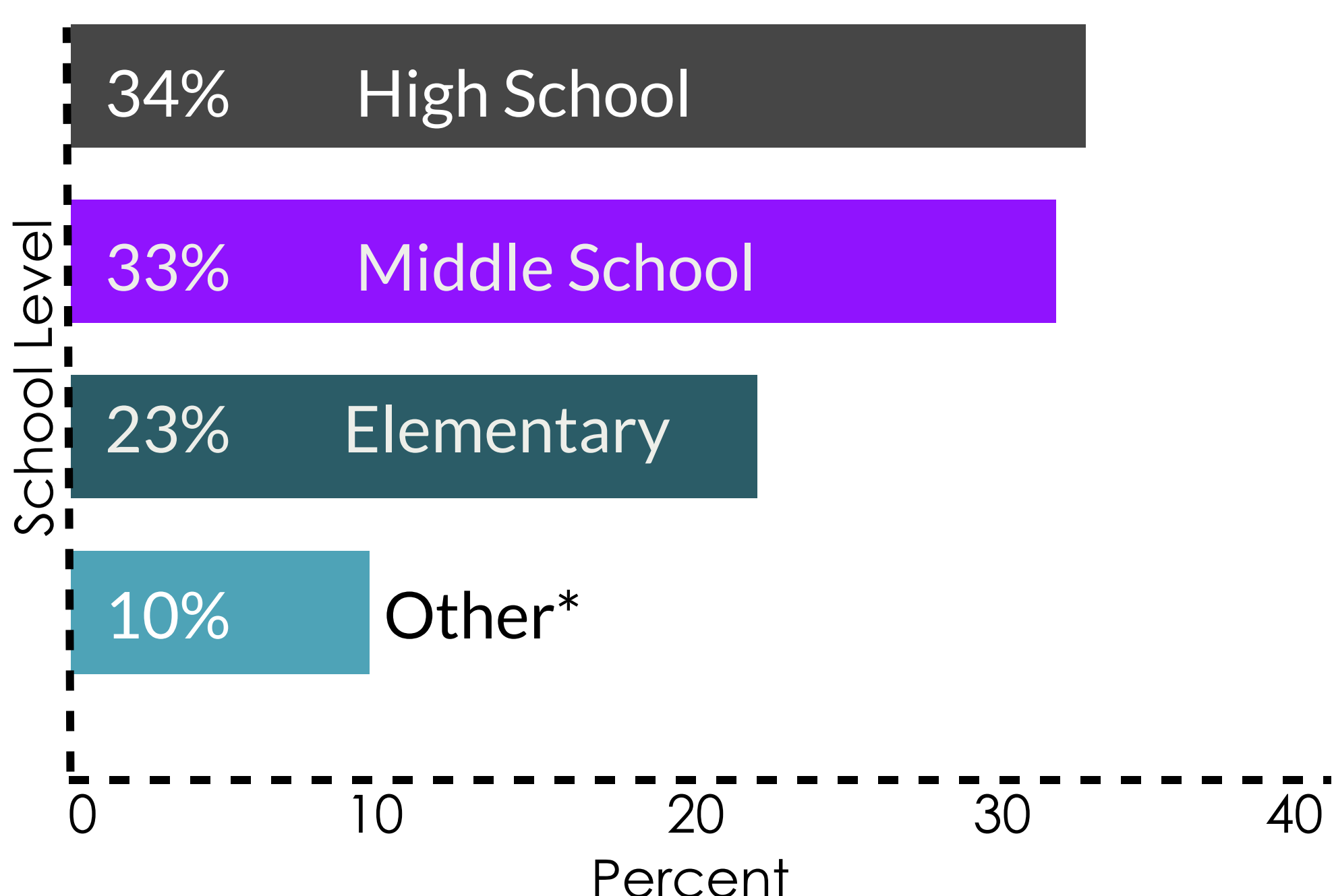
Approximately **half** were female.

7th grade

highest rate of assessments.

Range: K-12

## School Level



\*Includes schools with combined school types, including K-12 schools.

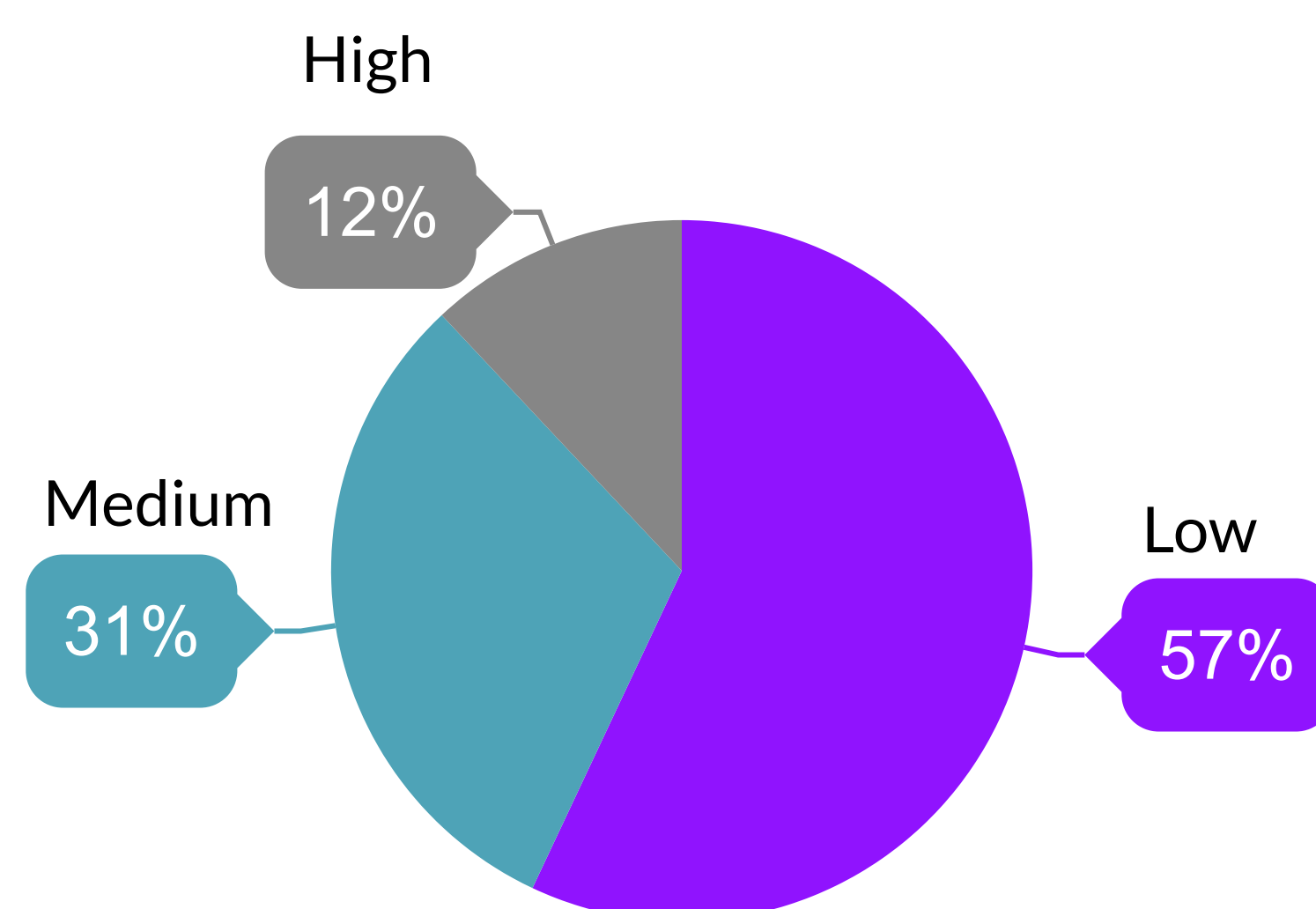
## Out of 44 schools

39

**schools completed at least one SRA.**

Up from 37 in 2016-2017

## Level of Risk



# Community Efforts

## Public Health Recommendations

- Increase connectedness to enhance social capital.
- Maintain educational programming to generate community awareness & reduction of mental health stigma.
- Expand amount and variety of support services for attempt and loss survivors.
- Strengthen economic support to increase stability in food, housing, and employment.
- Expand access to suicide care.

## Prevention Strategies

### Economic Stability

- Food security: Blueprint to End Hunger Initiative (Statewide).
- Increase licensed child care spots through the Child Care 8,000 initiative.

### Reduce Access to Lethal Means

- Added 3 prescription take back locations for 5 locations total.
- Implemented Counseling on Access to Lethal Means (CALM) training for Behavioral Health Providers.
- Gun lock distribution by VA through community partners at multiple events throughout the county.

### Increase Connectedness

- Community Transformation Group (CTG) in Clifton.
- Sources of Strength program in 87% of schools.
- Communities that Care (CTC) in Fruita.
- Promotion of Colorado 2-1-1 for local community resources and referrals.

### Education and Awareness

- 6,913 community members trained in evidence-based suicide prevention.
- Three community forums to elicit feedback and participation.
- Increased certified suicide prevention trainers. Mesa County now has 9 ASIST trainers and 11 QPR facilitators.

### Access to Care

- Between July - December, 638 crisis specific (911) calls, 46.5% resulted in treatment at the home.
- Implementation of Zero Suicide, a system-wide, organizational commitment to safer suicide care at St. Mary's Hospital and Mind Springs Health.
- D51 utilized an enhanced suicide assessment tool and have increased training among staff.

### Postvention Services

- Implemented the Suicide Postvention Pilot Project at GJPD for loss survivors.
- HopeWest held 48 grief groups at local schools.
- Media training and implementation of safe reporting guidelines.

## Data

Finding and using data is critical to effective prevention.

Data is essential for:

- Understanding the scope of the problem
- Identifying risk and protective factors
- Program implementation
- Evaluation of current efforts

## Community Partners

- Coroner's Office
- St. Mary's Medical Center
- Community Hospital
- Colorado Canyons Hospital & Medical Center
- School District 51
- Mind Springs Health
- 911 Dispatch
- Grand Junction VA Medical Center
- Colorado Mesa University
- Workforce Center

## Colorado National Collaborative:

The Colorado National Collaborative (CNC) is a partnership of local, state and national scientists and public health professionals working with health and social service agencies, nonprofit organizations, government agencies, businesses, academic organizations and Colorado residents to identify, promote, and implement comprehensive state and community-based strategies for suicide prevention in Colorado. Mesa County is a proud participant in the CNC and is working towards the goal of reducing suicide by 20% by the year 2024.

## Sources

- Suicide Attempt Surveillance, 2018
- Mesa County Coroner's Office, Suicide Death Data
- Colorado Health Information Dataset (CoHID)
- Center for Disease Control and Prevention
- School District 51, 2017-2018

