



*suicide*

S U M M A R Y

IN COLORADO



# summary

The Colorado Trust and the Colorado Office of Suicide Prevention joined together to collect and analyze information about suicide in Colorado. As the ninth-leading cause of death in our state, this devastating problem deserves considerable attention.

- ◆ *In any given year, roughly 600 Coloradans can be expected to die by suicide.*
- ◆ *On average, more than 2,800 Coloradans are hospitalized annually because of suicide attempts.*
- ◆ *An estimated 9,600 Coloradans seriously contemplate suicide each year, and approximately one-half to two-thirds of these individuals are not being treated for their suicidal symptoms.*
- ◆ *About 6,700 patients considered to be suicidal seek treatment annually from Colorado's public mental health system.*
- ◆ *In 1998, the suicide death rate in Colorado was more than 14 people per 100,000, making it the 12th highest in the country and 36% higher than the national average.*

## COMMON WARNING SIGNS OF SUICIDE

- GIVING AWAY FAVORITE POSSESSIONS
- A MARKED OR NOTICEABLE CHANGE IN AN INDIVIDUAL'S BEHAVIOR
- PREVIOUS SUICIDE ATTEMPTS AND STATEMENTS REVEALING A DESIRE TO DIE
- SYMPTOMS OF DEPRESSION INCLUDING CRYING, INSOMNIA, INABILITY TO THINK OR FUNCTION, EXCESSIVE SLEEP OR APPETITE LOSS
- INAPPROPRIATE GOOD-BYES
- VERBAL BEHAVIOR THAT IS AMBIGUOUS OR INDIRECT: "I'M GOING AWAY ON A REAL LONG TRIP," "YOU WON'T HAVE TO WORRY ABOUT ME ANYMORE," "I WANT TO GO TO SLEEP AND NEVER WAKE UP"
- PURCHASE OF A GUN OR PILLS
- ALCOHOL OR DRUG ABUSE
- SUDDEN HAPPINESS AFTER LONG DEPRESSION
- OBSESSION ABOUT DEATH AND TALK ABOUT SUICIDE
- DECLINE IN PERFORMANCE OF WORK, SCHOOL OR OTHER ACTIVITIES
- DETERIORATING PHYSICAL APPEARANCE OR RECKLESS ACTIONS

An advisory group comprised of Colorado's leading mental health and suicide experts guided the development of the report from The Colorado Trust, *Suicide in Colorado*. The report was researched and written by the Center for Research Strategies. *Suicide in Colorado* identifies the characteristics of individuals most at risk of committing suicide, suicide-prevention resources, components of a comprehensive suicide-prevention system and strategies for combating the problem. A companion publication, *Suicide Prevention and Treatment Programs in Colorado*, details suicide-related statistics and prevention resources for each Colorado county. These reports are designed to increase awareness about this tragic problem and serve as a resource for mental health professionals, physicians, and agencies and organizations in communities across Colorado that provide help to suicidal individuals and their families. What follows are key findings from *Suicide in Colorado*.

## KEY FINDINGS

### CHARACTERISTICS OF PEOPLE AT RISK OF COMMITTING SUICIDE

Suicide deaths and attempts are a major public health problem in the state of Colorado, affecting youth, the middle-aged and older adults. U.S. Surgeon General David Satcher has noted that an estimated 90% of suicides are associated with a history of mental illness, usually depression, or substance abuse. Few people commit suicide because of a single event in their lives.

#### *General*

- Risk factors for suicide can be characteristics of an individual (being male, suffering from mental or physical illness, having a family history of suicide), situational (living alone, being unemployed) or behavioral (being alcoholic, abusing drugs or owning a gun).
- Individuals at risk for suicide tend not to seek treatment for their emotional problems. Getting this population into care is an important goal of suicide-prevention efforts.
- National data suggest that only 36% of people at risk for suicide visited a medical care provider within the past year. Only 10% report having

seen a physician for their emotional problems and an additional 29% visited a physician for other reasons.

### Geographic

- In general, suicide rates are higher in Western states, although the reasons for this are unclear. Suicide trends tend to parallel unemployment patterns, suggesting that economic downturns may have an impact on suicide rates.
- Three indicators are strongly related to suicide death rates in Colorado: higher levels of unemployment, higher levels of people living alone and lower levels of Hispanics (suicide risk has been found to be lower among recently immigrated Hispanics between the ages of 15 to 34 when compared with their Hispanic counterparts born in the United States).
- The largest number of suicide deaths occurs in metropolitan Denver counties. Adams, Arapahoe, Douglas and Jefferson counties each report between 53 to 94 deaths a year.
- Counties with the highest risk for suicide attempts tend to be in the southern part of Colorado, particularly the San Luis Valley. Additional areas of risk include Mesa, Delta and Dolores counties.

### Age/Gender

- The largest number of suicide deaths occur among middle-aged men, between 35 and 44 years of age, with the risk for suicide increasing for those with a mental illness or who abuse alcohol. Middle-aged men who commit suicide are also the least likely of all groups to seek mental health treatment prior to their death.
- The risk of suicide death increases among men as they age and is particularly high among men who are 75 years or older. Most of the elderly who die by suicide are white and are not married.
- Suicide is the second-leading cause of death among youth, although suicide deaths among youth are relatively infrequent compared with other age groups.
- Young people, particularly young women, are much more likely to be hospitalized for a suicide attempt than older adults.
- The risk for suicide among women does not increase as they age.

- Women are much more likely to be suicide attempters, while men are more likely to die by suicide.

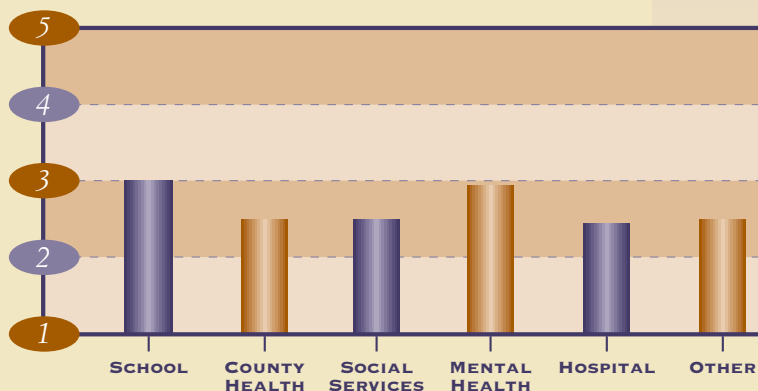
## SUICIDE-PREVENTION RESOURCES

New findings suggest that there are ways to identify and treat those who are at risk of attempting suicide. However, more research is needed to determine the effectiveness of various suicide-prevention strategies.

### *Suicide-Prevention Resources in Colorado*

- Suicide-prevention resources are available in all Colorado counties, but stakeholders throughout the state have characterized these resources as "minimally adequate" to meet the needs of those at risk for suicide-related behaviors.
- Two-thirds of existing suicide-prevention programs provide more than one type of service. These tend to be located in community mental health centers.
- School districts and individual schools offer a range of suicide prevention-related programs for students. The most common are anti-drug programs (90.8%), anti-violence programs (87.4%), general skill building (82.8%), and screening and referral services (81.6%).
- A survey of stakeholders in counties throughout Colorado has revealed that the major barrier to the expansion of suicide-prevention programs is a lack of funding.

### *Adequacy of the Suicide-Prevention Resources Available in Colorado Communities and School Districts*



1=Not at all Adequate  
5=Very Adequate

## COMPONENTS OF A COMPREHENSIVE SUICIDE-PREVENTION SYSTEM

A comprehensive suicide-prevention system identifies those individuals who need different types of suicide-prevention services and links them to appropriate service providers.

KEY COMPONENTS OF A COMPREHENSIVE SUICIDE-PREVENTION SYSTEM		
INTERVENTION OPPORTUNITY	SERVICE-ORIENTED PROGRAMS	SERVICE SETTINGS
Provide outreach to individuals at risk of committing suicide	Screening, assessment and referral programs	Primary-care settings Schools Senior centers
	Peer support programs	Schools
Educate those in gatekeeper* positions to recognize individuals exhibiting suicidal behaviors	Gatekeeper training	Schools
		Community
		Health care setting
Respond effectively to those in a suicide crisis and those who have made a previous suicide attempt	Crisis treatment	Mental health settings
	Telephone crisis hotlines	
Provide professional services to suicide survivors	Mental health treatment	Mental health settings
		Community support groups
Offer support to the families and loved ones of suicide victims	Suicide support programs	Medical care and mental health agencies
		Community support groups
Educate the community about suicide problem and prevention strategies	Community education	Community-wide
	Restricting access to lethal means	

*\*Note: Gatekeeper programs are educational programs designed to help community members recognize those contemplating suicide and refer them to appropriate caregivers.*

### COMBATING THE PROBLEM

The need for comprehensive strategies to address the problem of suicide and suicide behaviors is clear. No single approach is likely to be sufficient. A concerted commitment from all segments of the community in towns, counties and regions, and at the state level will be required.

Findings from the research conducted for the *Suicide in Colorado* report point out the need for action in three areas:

#### *Encourage At-Risk Individuals to Seek Care*

- Encourage public awareness of suicide
- Develop community-based prevention programs
- Improve primary-care providers' ability to detect, treat and refer suicidal patients
- Create suicide prevention programs in schools

- Expand gatekeeper training
- Provide services to people experiencing traumatic events

#### *Improve Care for At-Risk Individuals*

- Refine and distribute screening assessment tools
- Expand professional training on suicide prevention
- Improve the ability of mental health providers to address suicide
- Provide support for suicide survivors
- Encourage culturally competent approaches

#### *Promote Policies to Help Reduce the Risk of Suicide*

- Improve financing for mental health services
- Reduce access to firearms.

**TO RECEIVE A COPY OF THE REPORT, *Suicide in Colorado*, OR THE COMPANION PUBLICATION, *Suicide Prevention and Treatment Programs in Colorado*, PLEASE CONTACT THE COLORADO TRUST: 1600 SHERMAN STREET, DENVER, CO 80203-1604 • 303-837-1200 • WWW.COLORADOTRUST.ORG.**