

INJURY UPDATE

*A Report to Oklahoma Injury Surveillance Participants**

October 22, 2004

Attempted and Completed Suicides, Oklahoma, 2002

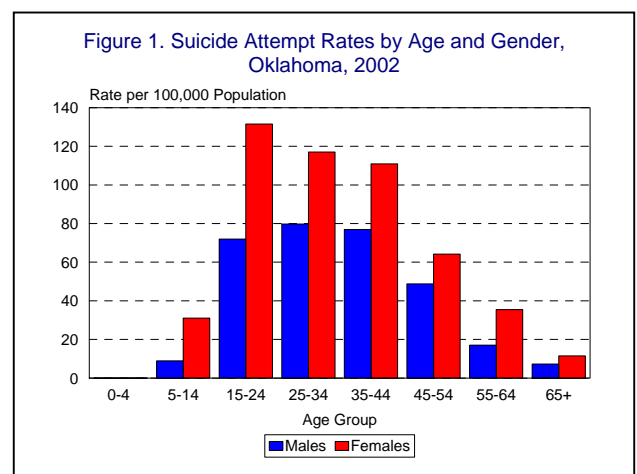
The suffering of the suicidal is private and inexpressible, leaving family members, friends, and colleagues to deal with an almost unfathomable kind of loss, as well as guilt. Suicide carries in its aftermath a level of confusion and devastation that is, for the most part, beyond description.

– Kay Redfield Jamison in the *National Strategy for Suicide Prevention*

Every 17 minutes in the United States, a life is lost to suicide. On average, 86 Americans complete suicide each day and 1500 more attempt suicide. In 2001, suicide was the 11th leading cause of death in the United States overall and the 3rd leading cause of death among persons 15 to 24 years of age. That year, the rate of suicide in Oklahoma was 38% higher than the United States rate (14.8 and 10.7 per 100,000 population, respectively). Risk factors for suicide include previous suicide attempts; a history of mental disorders, especially depression; a history of alcohol/substance abuse; a family history of suicide; a history of child abuse; feelings of hopelessness; relational or financial loss; and physical illness.

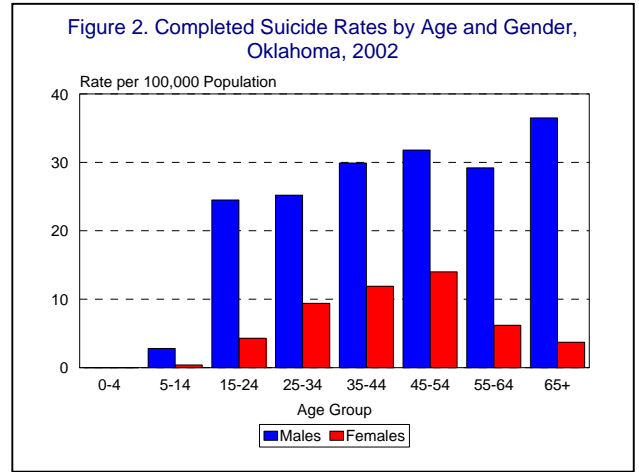
In 2003, the random statewide Behavioral Risk Factor Surveillance System telephone survey found that 3.7% of respondents 18 years of age and older in Oklahoma had seriously considered suicide during the past 12 months and 0.6% had actually attempted suicide. In addition, the 2003 Oklahoma Youth Risk Behavior Survey, a statewide randomized survey of public high school students in grades 9-12, found that 15% of students reported they had seriously considered attempting suicide during the past 12 months. Statewide surveillance for attempted and completed suicides began July 1, 2001. Data on persons who were hospitalized were collected from medical records that had an external cause of injury code (E code) for a suicide attempt (E950-E959). Data were also collected from the Office of the Chief Medical Examiner on persons with suicide as their manner of death. This report includes data on attempted and completed suicides that occurred during calendar year 2002.

A total of 1958 Oklahomans attempted suicide and 519 completed suicide in 2002 (56.0 and 14.9 per 100,000 population, respectively). For each completed suicide, there were 3.8 hospitalized suicide attempts; the ratio of completions to attempts for males was 1:2 and the ratio for females was 1:10. The epidemiology of suicide attempts was considerably different than that of completed suicides. Attempts occurred most commonly among 15-44 year old females (Figure 1). The age range of persons who attempted suicide was 9 to 90 years with an average age of 33 years. Suicide attempt rates were lowest for young adolescents and older persons.

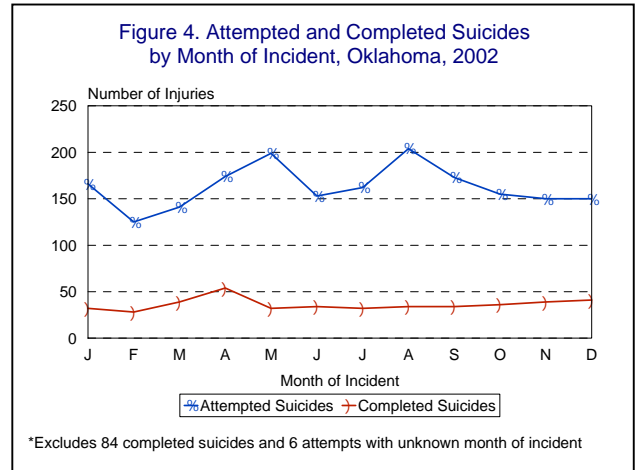


*The INJURY UPDATE is a report produced by the Injury Prevention Service, Oklahoma State Department of Health. Other issues of the INJURY UPDATE may be obtained from the Injury Prevention Service, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, Oklahoma 73117-1299, 405/271-3430 or 1-800-522-0204 (in Oklahoma). INJURY UPDATES and other IPS information is also available at www.health.state.ok.us/program/injury.

Sixty-one percent of suicide attempts were among females. In contrast, completed suicides were most common among males 65 years and older (Figure 2). Although rates were highest among elderly males, elderly females had the lowest rate among females except for 5-14 year olds. Persons who completed suicide ranged in age from 13 to 92 years, with an average age of 45 years. Seventy-seven percent of completed suicides were among males. The rate of suicide attempts was highest among whites (58.4), followed by African Americans (43.9), and Native Americans (38.5). For completed suicides, the rate was highest among whites (16.7) followed by Native Americans (7.6), and African Americans (6.2).

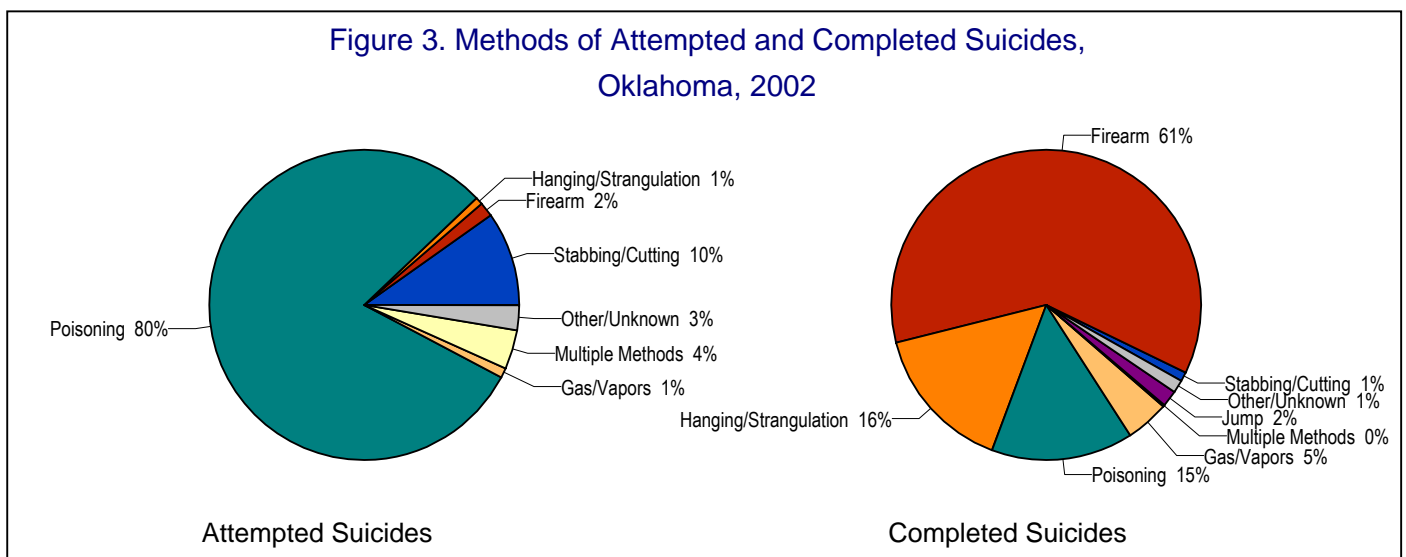


The methods for attempted and completed suicides differed dramatically (Figure 3 at bottom of page). Eighty percent of attempts were by poisoning. Other leading causes of attempts included stabbing/cutting (10%), and multiple methods (4%). For completed suicides, the most common method was firearms (61%). Other leading methods included hanging/strangulation (16%), poisoning (15%), and gas/vapors (5%).



The number of suicide attempts varied considerably by month with the highest number of cases in August and May (Figure 4). The number of completed suicides was relatively stable throughout the year with a peak in April and a slight increase at the end of the year. Although the number of completed suicides increased slightly toward the end of the year, the number of suicide attempts was fairly low during this period. The geographic distribution of attempted and completed suicides is shown in Figure 5. Rates were highest in the southeastern part of the state.

Information on suicide risk factors for persons who attempted suicide revealed that 76% of attempters had a history of a mental disorder, including depression. Other common risk factors included a history of alcohol/drug abuse (43%), a past history of a suicide attempt (37%), a recent fight with a significant person



(28%), and a recent loss or separation (21%). Complete past medical histories, including details on risk factors, were generally not available for persons who completed suicide.

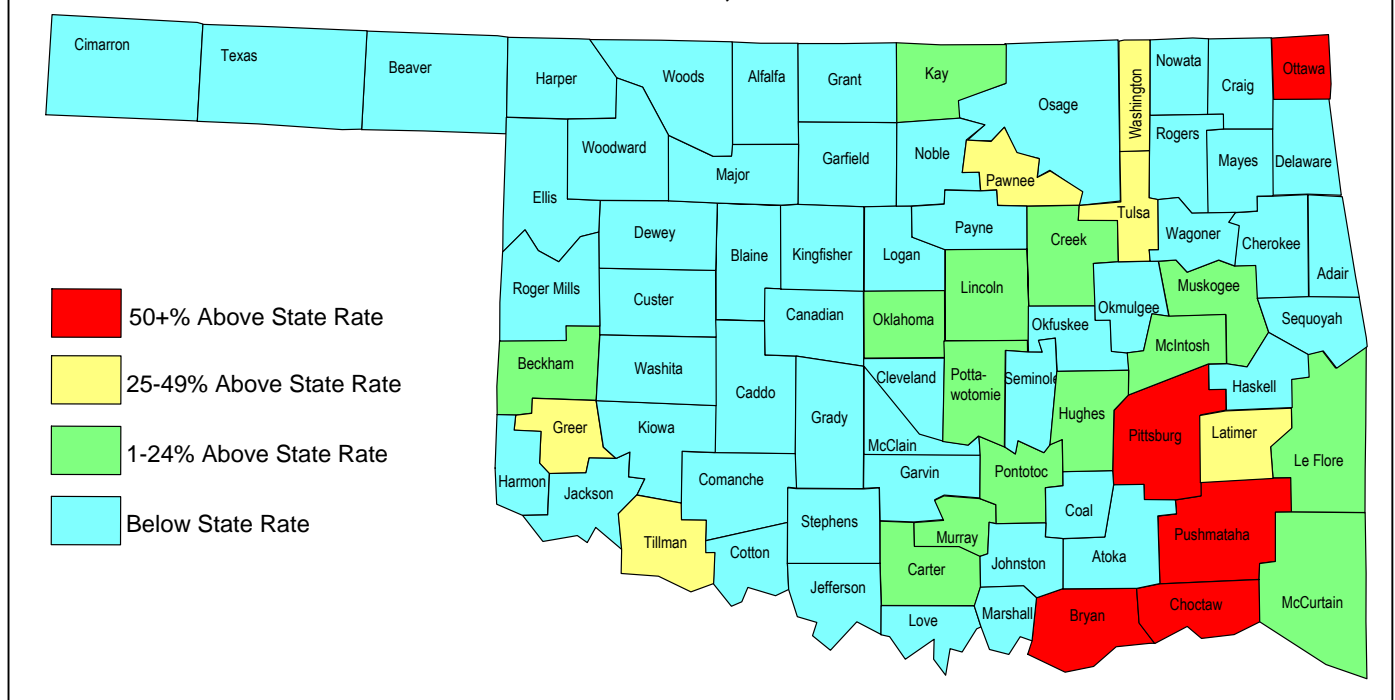
Among survivors, almost half of persons (46%) who attempted suicide were discharged home and nearly half (46%) were discharged to a psychiatric facility. Persons 15 to 24 years of age had the lowest proportion of discharges to a psychiatric facility (41%). Three percent of persons hospitalized with a suicide attempt left the hospital against medical advice. Additionally, 1% were discharged to another acute care hospital, 1% to a nursing home, and 3% to an other/unknown location.

CASE BRIEFS

Attempted Suicides

- A 44-year old female with multiple sclerosis was admitted to the hospital after overdosing on her medication. She had a history of depression and was upset that her boyfriend told her she would need to go to a nursing home for long-term care.
- A 52-year old male who had inherited some money and quit his job was found in bed at home by his wife who was unable to arouse him. He had overdosed on his medications and left a suicide note stating that life just wasn't fun for him. He reportedly just sat at home watching television and traded commodities on the Internet.
- A 17-year old male made over 200 cuts on his forearm with a razor blade. He stated that he had been depressed for quite some time and didn't want to get up in the mornings. He dropped out of school at the age of 15. He felt that there was nothing worth living for. He had a history of extensive physical, sexual, and emotional abuse and problems with rage and aggression. He also heard voices telling him negative things.
- A 66-year old patient was hospitalized after he was found by his wife lying in the garage under the exhaust pipe of a car with the motor running. He left a note in the house stating that he was depressed over chronic pain in his lower back. He stated that he could not take it anymore and wanted to end it all.

Figure 5. Attempted and Completed Suicide Rates by County of Residence, Oklahoma, 2002



- A 49-year old male going through a separation and possible divorce was extremely depressed. He thought his wife had an affair. He wanted to get her attention and have her talk to him, so he took 50 sleeping pills and left a suicide note.
- A 10-year old female was admitted to the hospital after she attempted to harm herself with a pair of scissors. The patient also laid in the street in order for a car to run her over. She reported hearing voices and having disturbed thoughts.

Completed Suicides

- A 73-year old male was found dead in his secured residence by his nephew who was checking on his welfare. The decedent had just been released from the hospital for a stroke and his overall health was failing. His brother had committed suicide four months earlier.
- A 14-year old male died from hanging by two leather shoelaces that were tied together. He was reported to be a very sensitive child who always wanted to please everyone and internalized his problems.
- A 50-year old male had many personal problems and was reported to be mentally unstable. His wife was being treated for cancer. He was in the process of losing his business and was being forced to sell his house. He was found at home by his wife, dead from a gunshot wound to the head.
- A 16-year old male was distraught over his girlfriend cheating on him. He had an argument with her and the other boy and then shot himself.
- A 49-year old female asked her ex-husband, who she lived with, to buy her a gun so she could kill herself; he refused. Upon coming home from the store, he found her sitting in a chair rubbing a knife on her throat. He later found her dead in the bathroom, hanging in the shower.
- A 39-year old female with a long history of psychiatric disorder and alcohol dependence completed suicide by overdose. Her ex-husband stated that she had attempted suicide via overdose approximately 30 times before.

PREVENTION

In 2001, the National Strategy for Suicide Prevention was published under the leadership of the Surgeon General. The National Strategy includes 11 goals and 68 objectives to: 1) Prevent premature deaths due to suicide across the life span; 2) Reduce the rates of other suicidal behaviors; 3) Reduce the harmful after-effects associated with suicidal behaviors and the traumatic impact of suicide on family and friends; and 4) Promote opportunities and settings to enhance resiliency, resourcefulness, respect, and interconnectedness for individuals, families, and communities. The goals of the National Strategy are:

Goal 1: Promote Awareness that Suicide is a Public Health Problem that is Preventable

Goal 2: Develop Broad-based Support for Suicide Prevention

Goal 3: Develop and Implement Strategies to Reduce the Stigma Associated with Being a Consumer of Mental Health, Substance Abuse, and Suicide Prevention Services

Goal 4: Develop and Implement Suicide Prevention Programs

Goal 5: Promote Efforts to Reduce Access to Lethal Means and Methods of Self-Harm

Goal 6: Implement Training For Recognition of At-Risk Behavior and Delivery of Effective Treatment

Goal 7: Develop and Promote Effective Clinical and Professional Practices

Goal 8: Improve Access to and Community Linkages with Mental Health and Substance Abuse Services

Goal 9: Improve Reporting and Portrayals of Suicidal Behavior, Mental Illness, and Substance Abuse in the Entertainment and News Media

Goal 10: Promote and Support Research on Suicide and Suicide Prevention

Goal 11: Improve and Expand Surveillance Systems

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