State Facts:
- From 2012-2016, more than 3,600 Oklahomans died from suicide.
- More Oklahomans die of suicide than motor vehicle crashes.
- Oklahoma suicides outpace homicides almost 3 to 1.
- Firearms are the most common weapon involved in suicide deaths.
- In 2015, Oklahoma had the 7th highest suicide death rate in the U.S.

**What is a Suicide?**
A suicide is a death resulting from the intentional use of force against oneself.

**Catchment Area Data (2012-2016)**
- From 2012-2016, there were 237 suicide deaths in Atoka, Choctaw, Coal, Haskell, Hughes, Latimer, LeFlore, McCurtain, Pittsburg, and Pushmataha counties.
- 66% of suicide deaths involved a firearm, 26% were by hanging/strangulation, 7% were poisonings.
- 82% of suicide deaths were of males.
- Adults age 35-44 had the highest rate of suicide for the area.
- 39% of people who died of a suicide had a history of mental health problems; 23% were experiencing intimate partner problems.
- 15% had disclosed suicidal intent to someone else.
- Four out of five of the deaths occurred at a home or residence.
- 26% of those tested for blood alcohol content (71%) were positive for alcohol; of the 61% tested for substances other than alcohol, 35% tested positive for one or more substances.

**Age Specific Rates of Suicide, 2012-2016**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Area</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-17 years</td>
<td>10.7</td>
<td>6.7</td>
</tr>
<tr>
<td>18-24 years</td>
<td>18.2</td>
<td>20.2</td>
</tr>
<tr>
<td>25-34 years</td>
<td>24.1</td>
<td>33.3</td>
</tr>
<tr>
<td>35-44 years</td>
<td>27.8</td>
<td>27.2</td>
</tr>
<tr>
<td>45-54 years</td>
<td>31.8</td>
<td>26.9</td>
</tr>
<tr>
<td>55-64 years</td>
<td>25.7</td>
<td>24.2</td>
</tr>
<tr>
<td>65+ years</td>
<td>27.8</td>
<td>20.5</td>
</tr>
</tbody>
</table>

**Suicide is Preventable**
While its causes are complex and determined by multiple factors, the goal of suicide prevention is simple: Reduce factors that increase risk (i.e. risk factors) and increase factors that promote resilience (i.e. protective factors). Ideally, prevention addresses all levels of influence: individual, relationship, community, and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

Source – CDC.gov
**We Can All Take Action**

Evidence shows that providing support services, talking about suicide, reducing access to means of self-harm, and following up with loved ones are just some of the actions we can all take to help others.

The Prevention Division at the Oklahoma Department of Mental Health and Substance Abuse Services offers extensive suicide prevention training, consultation, technical assistance and resources to assist in creating comprehensive strategies for reducing suicides in Oklahoma. For more information about suicide prevention programs & resources available in your community, please contact the Shelby Rowe, Youth Suicide Prevention Program Manager, at Shelby.Rowe@odmhsas.org, or visit https://ok.odmhsas.gov/Prevention.

**Additional resources:**
- Suicide Prevention Resource Center: www.sprc.org
- National Action Alliance for Suicide Prevention: https://actionallianceforsuicideprevention.org
- American Foundation for Suicide Prevention: www.afsp.org
- American Association of Suicidology: www.suicidology.org

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**Suicide Death Rates by County of Injury, Oklahoma, 2012-2016**

The Oklahoma Violent Death Reporting System (OKVDRS) is a statewide surveillance system for suicides, homicides, undetermined manner deaths, unintentional firearm injury deaths and legal intervention deaths. Data are collected from medical examiner reports, death certificates, law enforcement reports, and child fatality review data. The data are included in the National Violent Death Reporting System and can be accessed at www.cdc.gov/injury/wisqars/.

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**Source:** OSDH, Injury Prevention Service, Oklahoma Violent Death Reporting System