

# Suicide in Spokane County

2005 - 2009\*

Suicide is a tragic, preventable cause of death. According to the Washington State Department of Health, suicide is the second leading cause of death for individuals 10-24 years of age and the eighth leading cause of death for all individuals in both Washington State and Spokane County. Among Spokane County residents, each year there is an average of 300 hospitalizations for suicide attempts and 70 completed suicides. Inpatient hospitalizations identify the more severe suicide attempts. Among suicide hospitalizations, 90% were admitted through the emergency room (ER) and the remainder were admitted directly by their physician or were transferred from another facility.

Suicide prevention advocates report that approximately 80% of people who complete suicide have exhibited warning signs or talked about suicide. By providing current statistics and information about available prevention strategies, Spokane Regional Health District hopes to have a positive impact on suicide in Spokane County.<sup>1</sup>

## YOUTH AND YOUNG ADULTS | 2005 - 2009

### Comparing Spokane County to Washington State

In Washington State, approximately 108 individuals 15-24 years of age complete suicide each year, which equals two suicides per week. In Spokane County, one individual 15-24 years of age completes suicide every six weeks. Among this age group, Spokane's suicide rate in 2005-2009 (11.64 per 100,000 individuals) was not statistically different than the state's suicide rate (11.59 per 100,000 individuals).

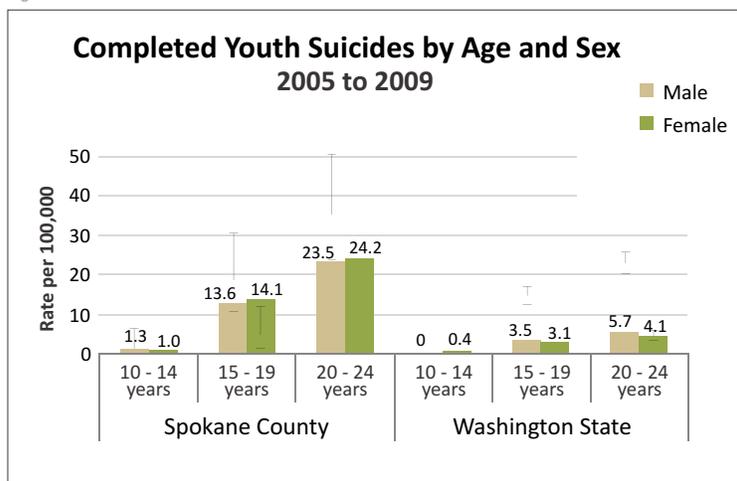
### Comparing Males and Females

More than 77% of suicides were completed by males in Spokane County and 78% completed in Washington State. Males were 3.4 times more likely in Spokane County and 3.7 times more likely statewide to complete suicide compared to females.<sup>2</sup>

### Methods of Suicide

Among individuals 15-24 years of age from 2005-2009, approximately half of suicides were completed using a firearm, 34% in Spokane County and 46% in Washington State. Research shows that males tend to use more lethal methods of suicide than females. In Washington State, 86% of males used a firearm to complete suicide, compared to 5% of males in Spokane County. Among females, .04% in Spokane County and 8% statewide used a firearm to complete suicide.

Figure 1



## RISK FACTORS

- Previous suicide attempts
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of suicide
- History of child maltreatment
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barrier to accessing mental health treatment
- Personal losses (relational, social, work, or financial)
- Physical illness
- Local epidemics of suicide
- Feeling cut off from other people

## WARNING SIGNS

- Previous suicide attempts
- Current talk about suicide/making a suicide plan
- Strong wish to die or preoccupation with death
- Giving away possessions
- Serious depressions, moodiness, expressions of hopelessness
- Increased alcohol or drug use

## KEY FACTORS

- Past suicide attempt
- A stated wish to die:
  - DIRECT STATEMENT** – I'm going to kill myself if my girlfriend leaves me
  - CODED STATEMENT** – Everybody would just be better without me
- Ready access to means (firearm, car, drugs, rope, etc.)
- Impulsiveness and taking unnecessary risks
- Lack of connection to family and friends

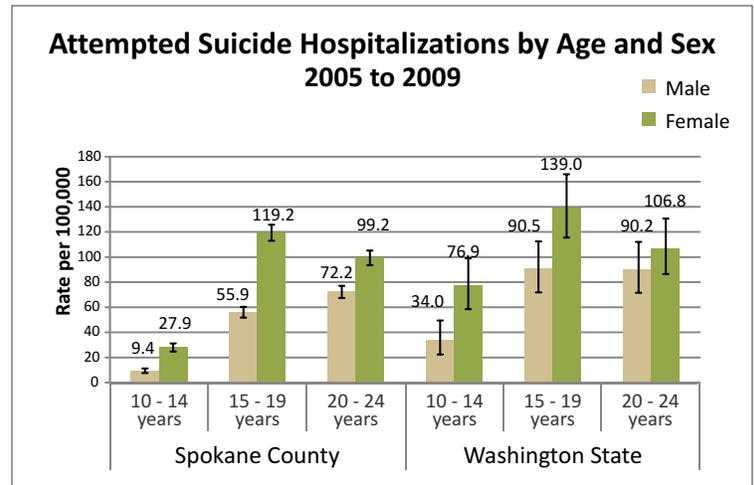
### Attempted Suicides

Among individuals 15-24 years of age in 2005-2009, females in Spokane County were 1.4 times more likely than males to be hospitalized due to suicide attempts. Statewide, females were 1.7 times more likely than males to be hospitalized for suicide attempts. The difference between females and males decreased as age increased.

### Considering Suicide

In 2010, 1 in 5 adolescents in grades 8, 10, and 12 statewide reported they have seriously considered suicide, while 1 in 10 attempted suicide. In Spokane County, 15-19% of adolescents seriously considered suicide with 10th graders having the highest proportion. In addition, 4% of adolescents reported having attempted suicide in the last year.

Figure 2



## ADULTS | 2005 - 2009

### Comparing Spokane County to Washington State

Suicide is the 9th leading cause of death for Spokane County residents 25 years of age and older and the 8th leading cause for Washington state residents. In 2005-2009 among adults 45-64 years of age, Spokane County (27.4 per 100,000) had a significantly higher suicide rate than Washington state (19.4 per 100,000). There was no significant difference between Spokane County and Washington state for suicide rates among adults 25-44 years of age or adults 65 years of age or older.

### Comparing Males and Females

Among adults 25-44 years of age or older in 2005-2009, the males accounted for approximately three-quarters of completed suicides in both Spokane County (74%) and Washington state (78%). Among females, women 45-64 years of age had the highest suicide rate. Among males, the suicide rate increased with age and men 65 years of age or older had the highest rate.

### Adults and Seniors

Although adults 65 years of age or older comprised approximately 19% of the population, they accounted for both Spokane County and statewide 19% of all suicides. According to Spokane Mental Health Elder Services, depression and losses in general (loss of spouse, friends, career, etc.) are the main factors in suicide completion among older adults.

### Methods of Suicide

Older males are most likely to complete suicide using more lethal methods like firearms, while lacerating wrists is more common among older women.

Approximately half of suicides were completed using a firearm among adults 25 years of age or older. The proportion of suicides where the method was use of a firearm was higher among males and lower among females. The proportion increased as age increased among both males and females.

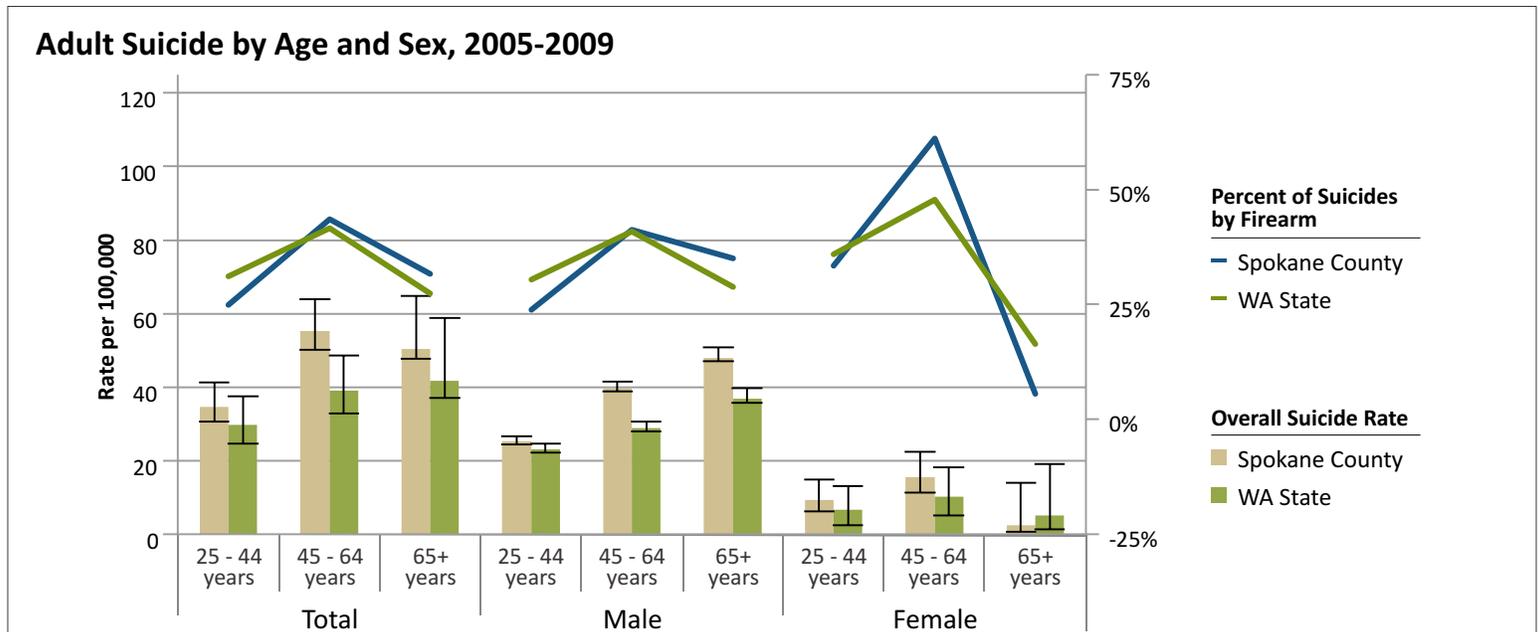
### Attempted Suicides

The suicide attempt rate among adults 25 years of age or older was significantly higher in Spokane County than the rate seen in Washington state. Suicide attempts decreased as age increased and females were more likely to attempt suicide than males. In 2005-2009, 58% of suicide attempts were female in Spokane County and 61% were female statewide.

### Suicide Hospitalizations, 2005 - 2009 | Rate per 100,000

	Spokane County	Washington State
25+ years	82.50	64.82
25 - 44 years	117.93	87.37
45 - 64 years	74.91	56.38
65+ years	16.08	17.13

Figure 3

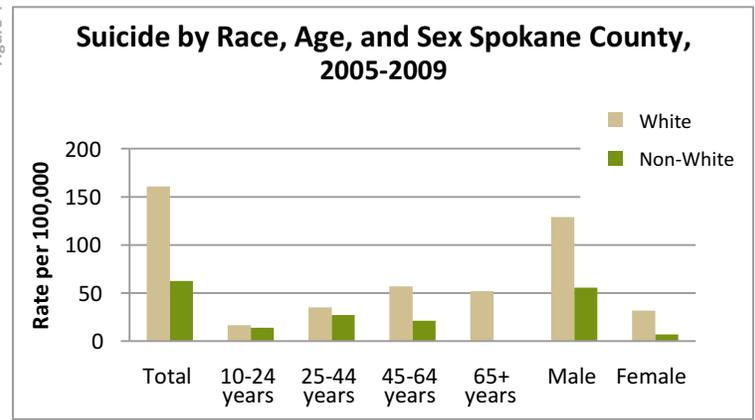


## RACE AND ETHNICITY | 2005 - 2009

In Spokane County, 97% of suicides in 2005-2009 were white residents (74% male, 23% female). The remaining 3% of suicides were among non-white residents that included blacks, Native American/Alaska Natives, and Asian/Pacific Islanders. The difference in the rate of suicide between whites and non-whites was not significant overall and for each sex.

Among whites in Spokane County, suicide rates increased significantly as age increased. Adults 45-64 years of age had the highest suicide rate in 2005-2009. Among non-whites, suicide rates decreased as age increased, but the difference was not statistically significant.

Figure 4



## OTHER RISK FACTORS

### Veterans

Research shows that male veterans are twice as likely as their civilian peers to die by suicide. Compared to civilian men who died by suicide, veterans were 58% more likely to use firearms to complete suicide.<sup>3</sup> Information about veteran status was not available for Spokane County.

### Active Duty

Suicide rates, historically, are usually lower in the military than among civilians. According to research, in 2008 the suicide rate in the Army was higher than the civilian population (20.2 out of 100,000) compared to (19.2 per 100,000).<sup>4</sup> Deployment, exposure to combat-trauma, personal and economic stress, and overall mental health are all factors that can contribute to the Army's suicide rate.

### Education Level

Individuals with a high school education or less are more likely to complete suicide than individuals with some education beyond high school.<sup>5</sup>

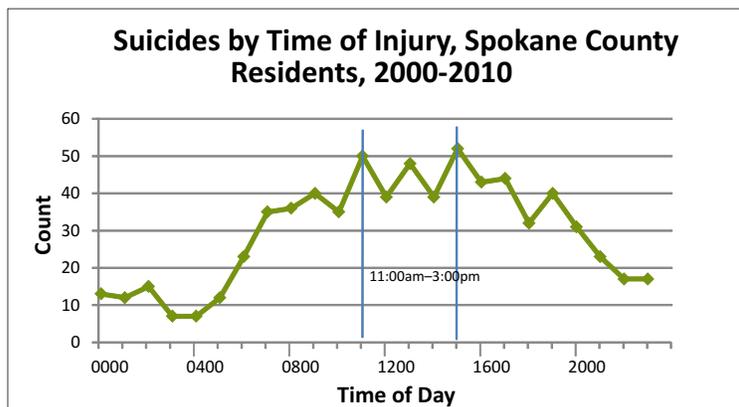
### Income

In Spokane County, individuals on Medicaid were three times more likely to be hospitalized for a suicide attempt than those individuals not on Medicaid.

### Depression

In Spokane County, 26.8% of high school students reported being depressed for two weeks or more. Among students who reported being depressed, approximately 33% had considered suicide. Students are 83% more likely to seek help for a friend who they think might be depressed or suicidal.<sup>6</sup> For this report, information was not available to evaluate depression or other mental health issues as a factor in suicide among adults.

Figure 5



### Academic

Youth who are considered academic “high achievers” are among those who may be at risk for suicide.<sup>7</sup> According to Spokane Mental Health, the reason may be because of the high expectations to which they are held and their perfectionist nature.

### Lesbian, Gay, Bisexual

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are 30% more likely to complete suicide than non-LGBTQ youth. They typically have a more difficult time accessing services and may have a higher risk of developing depression due to bullying and harassment. In Spokane, one-third of youth who were bullied or harassed several times a week or more because of their sexual orientation made a suicide plan, while 16% actually attempted suicide.<sup>7</sup>

### Occurrence

In the time period of 2005-2009, 11.4% of individuals who visited an ER with a suicide attempt had multiple ER visits with a suicide attempt. Among those individuals with multiple visits, 88.7% returned once or twice in the five-year period. Others had numerous ER visits with a suicide attempt. Most suicides were completed in early afternoon.

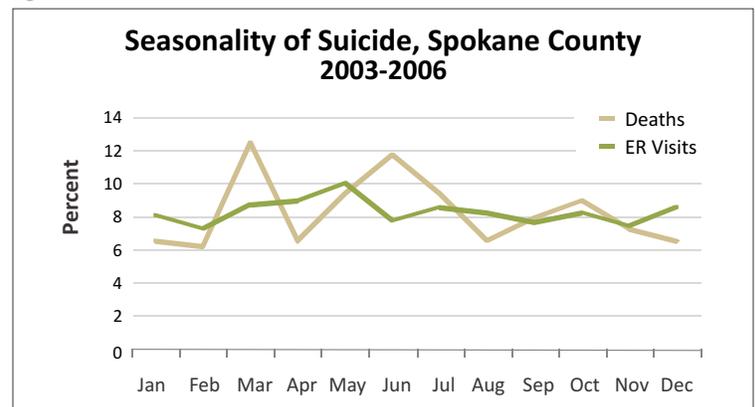
### Seasonality

During 2005-2009, there was no pattern to when throughout the year suicide deaths occurred. Comparatively, ER visits with a suicide attempt were fairly consistent over time with a small increase in the springtime.

### Bullying & Harassment

Bullying and harassment are associated factors of youth suicide. Research has shown that being a victim or even a witness to bullying is associated with multiple behavioral, emotional and social problems, and an increased risk for suicide. Research also found that bullying and suicide risk are indeed linked. About 23% of 10th graders who reported being bullied also reported they had made a suicide attempt in the past 12 months.<sup>8</sup>

Figure 6



# Suicide Prevention Strategies

## PREVENTION STRATEGIES: Available Resources

### Question, Persuade, Refer (QPR) - [www.qprinstitute.com](http://www.qprinstitute.com)

QPR stands for Question, Persuade and Refer, three steps anyone can learn to help prevent suicide. Just like CPR, QPR is an emergency response to someone in crisis and can save lives. QPR is the most widely taught gatekeeper training program in the United States, and more than 725,000 adults have been trained in classroom settings in more than 48 states.

### Youth Suicide Prevention Program (YSPP) - [www.yspp.com](http://www.yspp.com)

This program's goal is to reduce teen suicide attempts in Washington state by providing technical assistance and resources for middle and high schools to develop their own suicide prevention campaigns and a peer-to-peer prevention curriculum. YSPP measured the skills of students who had been exposed or involved with a student-run campaign and found that students with more exposure to prevention materials are more likely to use those skills with their peers.

In 2006-2007, there were approximately 95 schools in Washington state that participated in YSPP. In 2007-2008, the number of participating schools increased to 111; however Spokane County only has five participating schools.

### Spokane Regional Health District (SRHD)

SRHD's Suicide Prevention Program works to reduce suicidal behavior and leads the Suicide Prevention Coalition which includes both community agencies and individuals. Program staff provide training in QPR. Classes are currently targeted at the adult population 45-64 years of age. Many workshops are held in a workplace setting. ASIST (Applied Suicide Intervention Skills Training) workshops are also offered to increase intervention skills among caregivers who may face an individual in a suicide crisis.

**For more information about the SRHD Suicide Prevention Program, call 324-1530 or 324-1596.**

First Call for Help Crisis Hotline: **509.838.4428**  
National Suicide Lifeline: **1-800-273-TALK (8255)**  
Prevention for teens: **[www.help.com](http://www.help.com)**  
**[www.myspace.com/suicidepreventionlifeline](http://www.myspace.com/suicidepreventionlifeline)**

## PREVENTION STRATEGIES: Recommendations

### Recommendations for the Individual:

- **Educators, physicians, and health care providers** need to be trained to ask directly about suicidal thoughts.
- **Community members** need to address the stigma associated with mental illness and increase the accessibility of crisis resources.
- **Children** as young as 6th grade should be taught to recognize the warning signs for depression and suicide, how to help a friend who is exhibiting signs, and the resources available to help.
- **Teens** need to be educated about conflict resolution, problem solving, and handling disputes in a non-violent manner.
- **Parents** need to know about community resources and should be encouraged to push through barriers to asking for help.
- **Teachers and school personnel** need to develop crisis plans that encourage staff to respond to suicidal behaviors.

### Recommendations for the Community:

- **Support funding** for after school and evening programs that provide youth with meaningful activities.
- **Educate** all youth and caregivers about suicide risk and how to respond.
- **Create community coalitions** to identify and support children at risk of suicide and their families and to bring together organizations that could monitor a local plan to reduce access to guns.
- **Promote broad distribution** of information about factors related to suicide and depression.
- **Promote awareness** of suicide intervention resources, such as mental health counseling, etc.
- **Promote screening** for depression in a variety of settings.
- **Promote gatekeeper programs** where routine casual contacts, such as a mail carrier or hair dresser, are trained to identify suicide warning signs and contact an appropriate agency for an evaluation or intervention.
- **Develop and produce after school programs** that support children and adolescents.
- **Ensure accessible and effective clinical care** for mental, physical, and substance abuse disorders.
- **Educate the media** about suicide prevention and use the media to educate a broader audience.
- **Develop a plan** for what should be done after a suicide to decrease the chances of additional suicide.
- **Support bullying prevention** efforts.

1 Washington State Department of Health, Real Stories About Suicide Prevention, 2006, [http://www.doh.wa.gov/hsqa/emstrauma/injury/pubs/wscir/WSCIR\\_Suicide.pdf](http://www.doh.wa.gov/hsqa/emstrauma/injury/pubs/wscir/WSCIR_Suicide.pdf)

2 Washington State Department of Health 2005-2009

3 National Institute of Mental Health. 2007, <http://www.nimh.nih.gov/science-news/2007/male-veterans-have-double-the-suicide-rate-of-civilians.shtml>

4 National Institute of Mental Health, 2009, <http://www.nimh.nih.gov/science-news/2009/evidence-based-prevention-is-goal-of-largest-ever-study-of-suicide-in-the-military.shtml>

5 Washington State Department of Health. 2007, <http://www.doh.wa.gov/HWS/doc/IV/IV-SUI2007.pdf>, accessed July 2008

6 Spokane Regional Health District. Healthy Youth; Substance use, Health, Behaviors. 2008, [http://www.srhd.org/documents/PublicHealthData/HYS\\_behaviors2008.pdf](http://www.srhd.org/documents/PublicHealthData/HYS_behaviors2008.pdf), accessed May 2011

7 Healthy Youth Survey, grades 8, 10, and 12, 2010

8 Bullying and Suicide. 2010, [http://www.yspp.com/about\\_suicide/gay\\_lesbian.htm](http://www.yspp.com/about_suicide/gay_lesbian.htm), accessed May 2011