



Colorado Department
of Public Health
and Environment

Suicide Prevention Resources

National Suicide Prevention Lifeline:
800.273.TALK (8255)

Colorado Office of Suicide
Prevention
www.coosp.org

Suicide Prevention Coalition of
Colorado
www.suicidepreventioncolorado.org

American Foundation for Suicide
Prevention
www.afsp.org

American Association of Suicidology
www.suicidology.org

Suicide Prevention Resource
Center
www.sprc.org

Safe to Tell
safe2tell.org

Law Center to Prevent Gun Violence
smartgunlaws.org

Colorado School Safety Resource
Center
www.colorado.gov/schoolsafetyresourcecenter

Injury, Suicide, & Violence Prevention Branch

Office of Suicide Prevention

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303-692-2539

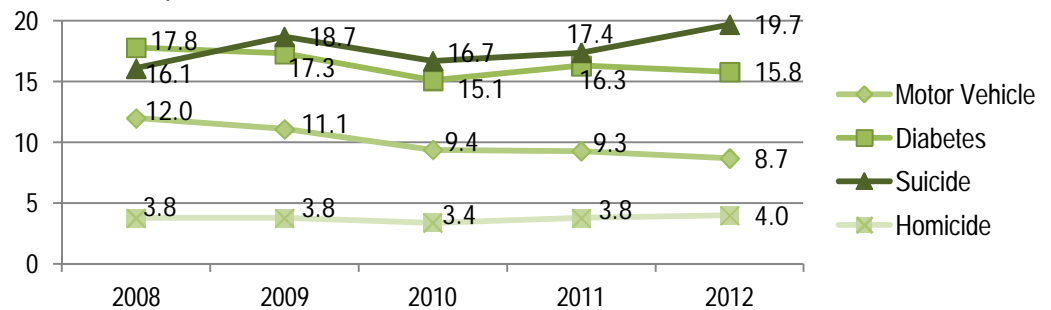
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Suicide in Colorado 2008-2012

Suicide in Colorado

Suicide prevention is an important and complex public health issue in Colorado. The state's suicide death toll has been climbing for the past decade, giving Colorado one of the highest rates in the nation and resulting in the highest rate (number per 100,000 population) in Colorado's recorded history for 2012. When unintentional injuries are separated out by type (i.e. motor vehicle, falls, drowning), suicide is the leading cause of death for Coloradans ages 10 through 44, and suicide rates are higher than motor vehicle and diabetes fatalities.

Figure 1. Rates of suicide, diabetes, motor vehicle and homicide deaths per 100,000 population. Colorado residents, 2008 – 2012. Source: Colorado Health Information Dataset



Priority Public Health Initiatives

The Office of Suicide Prevention (OSP) leads the state's suicide prevention and intervention efforts, collaborating with communities statewide to reduce the burden of suicide in Colorado. The OSP is prioritizing the following suicide prevention efforts based on suicide data:

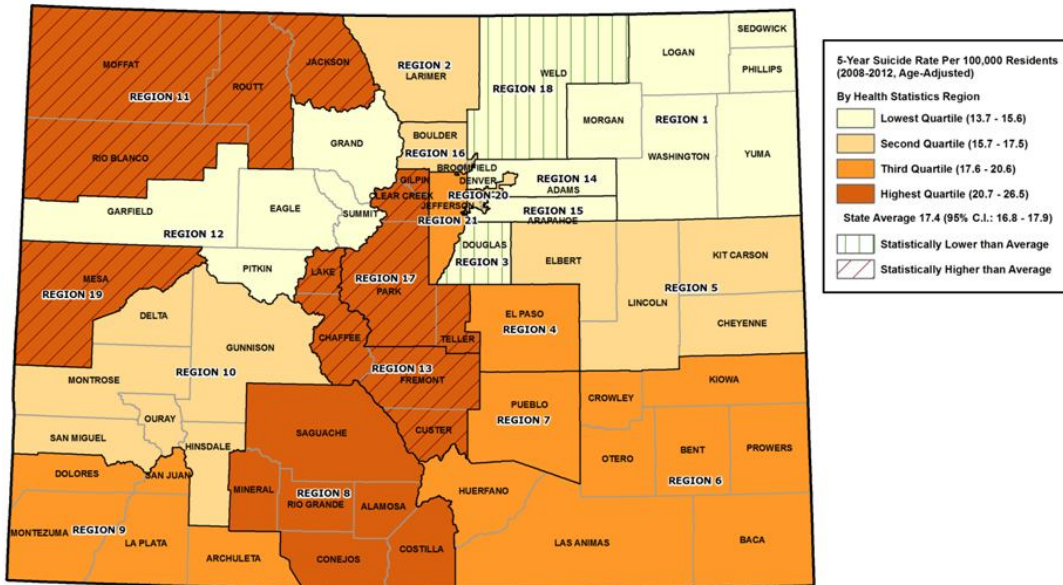
- 1. Provide funding to local communities** to implement data-driven, suicide prevention initiatives focused on high risk populations including working age men, older adults, active duty military and veterans, adolescent Latinas and youth who identify as LGBTQ. Suicide rates vary across the state, particularly for high risk populations. By providing funding to local efforts, OSP can target prevention efforts on the communities that need it most.
- 2. Means Restriction Education:** OSP is educating local hospitals to implement Means Restriction Education, equipping emergency room personnel to counsel families and other care givers to limit suicidal patients' access to firearms, prescriptions and other lethal means of suicide. As part of the priority initiatives, OSP plans to expand this program to hospitals throughout Colorado. A prior suicide attempt is the leading risk factor for suicide death, making discharge from an emergency department or hospital a critical time to provide prevention services.
- 3. School-Based Suicide Prevention:** In order to teach youth important help-seeking behaviors for themselves and for friends in crisis, OSP will continue to support youth suicide prevention by identifying partners and funding to implement *Sources of Strength* in Colorado schools. This evidence-based, primary prevention program is designed to build emotional resiliency, increase school connectedness and prevent suicide in schools.
- 4. Man Therapy:** ManTherapy.org is an online resource using "manspeak" and humor to target men at risk for depression and suicide. A fictional Dr. Rich Mahogany cuts through the stigma of mental health with straight talk and practical advice. In the first year, 273,113 people visited the award-winning site and 31,744 completed a self-assessment for depression and suicidal thoughts, anger, anxiety and substance use. OSP plans to evaluate and expand Man Therapy promotion statewide.

Data on Suicide in Colorado

Providing Funding to Local Communities

This figure shows a map of the suicide rates across Colorado by Health Statistics Region for 2008-2012. Suicide rates by region are grouped by quartile and striped to identify whether the region lies significantly above or below the statewide suicide rate. Regions 3 and 18 (Douglas and Weld counties) have rates significantly lower than the state. Regions 11, 19, 17 and 13 (counties in the northwest corner, Mesa County, and the central mountain counties) have rates significantly higher than the state average. OSP **funding for local communities** to prevent suicide could target these areas with effective prevention programs.

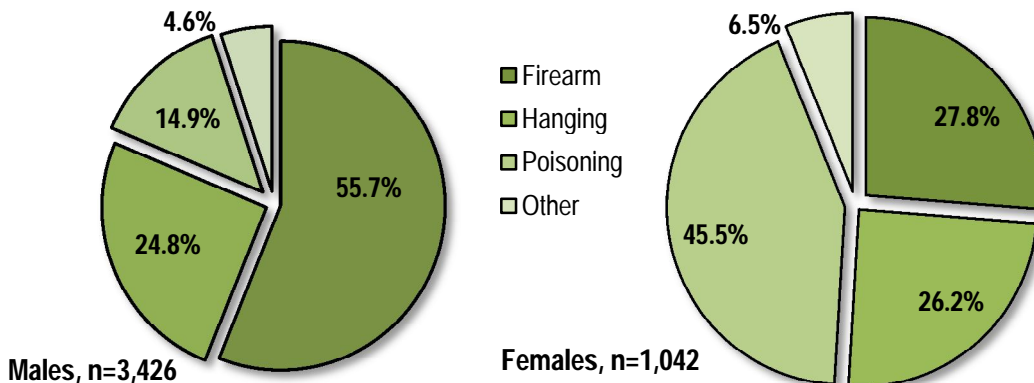
Figure 2. Map of age-adjusted suicide rate by Health Statistics Region, Colorado Residents, 2008-2012. Source: Colorado Violent Death Reporting System (CoVDRS)



Means Restriction Education

According to Harvard University's *Means Matter* initiative, it "becomes increasingly clear that how a person attempts—the means they use—plays a key role in whether they live or die." * Suicide deaths among males involve firearm 55.7 percent of the time, as compared to only 25.2 percent of the suicide deaths among women (Figure 3). Contrarily, the leading means of suicide death among women is poisoning (45.5 percent). Based on the large proportion of male and female suicides completed using firearms and poisonous substances, OSP prioritized expanding the **means restriction education** program at hospitals to reduce a suicidal person's access to highly lethal means.

Figure 3. Suicide death by means and gender. Colorado resident fatalities in-state, 2008 – 2012. Source: CoVDRS



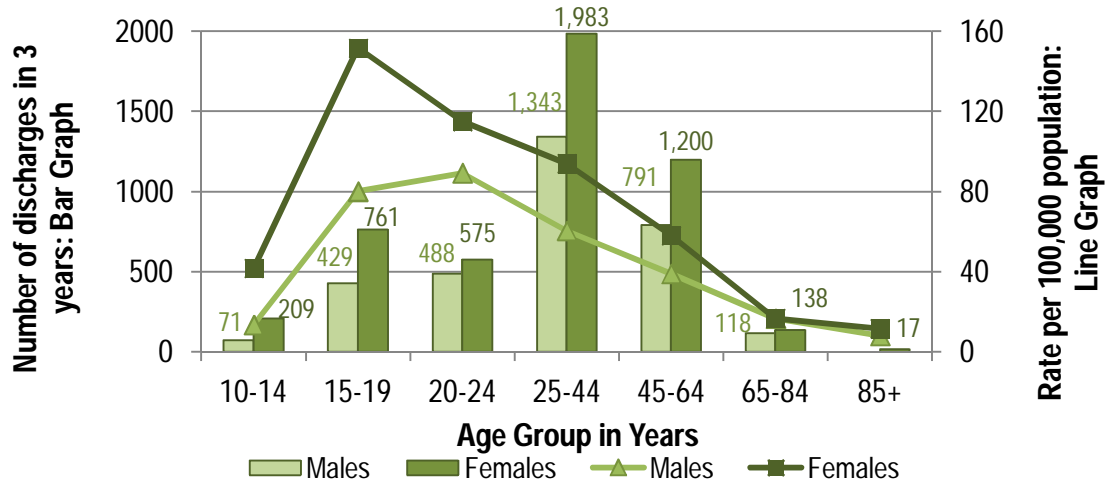


School-Based Suicide Prevention

Though the highest numbers of hospitalized suicide attempts are among 25-44 year olds, rates are actually highest for teens and young adults when calculated as a proportion of the age-specific group (Figure 4). Female suicide attempt hospitalizations are about 50 percent higher than male attempts. Since a prior suicide attempt is a leading risk factor for suicide death, **school-based suicide prevention initiatives** are a timely intervention to equip teens with the skills and resources to cope and seek help when appropriate, preventing either the first or a future suicide attempt.

Figure 4. Hospitalizations for suicide attempts by age group and gender, both numbers and rate per 100,000 population. Colorado Residents, 2010 – 2012.

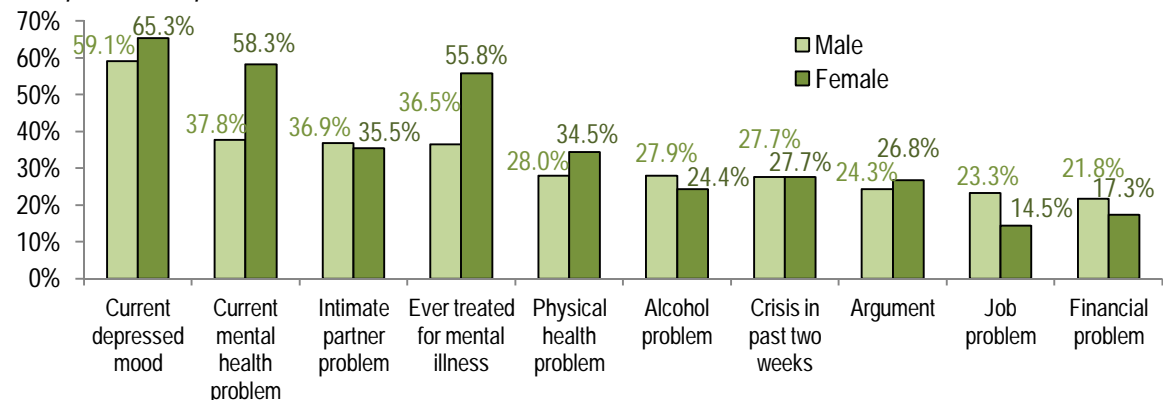
Source: Hospital discharges from the Colorado Hospital Association. Analysis: CDPHE



Circumstances of Suicide

In suicide deaths where the circumstances of the death are known and available, the most common circumstance for both males and females was depressive mood identified by family or friends at the time of the death (Figure 5). Females were more likely than males to be reported with current mental health problems or current or past treatment for mental illness. However, females are more likely to identify and seek treatment for mental health problems than males. Male suicides were slightly more likely to be associated with problems with alcohol, job troubles or recent financial problems.

Figure 5: Known circumstances for suicide firearm deaths by gender: Colorado resident fatalities in-state, 2008-2012, Source: CoVDRS

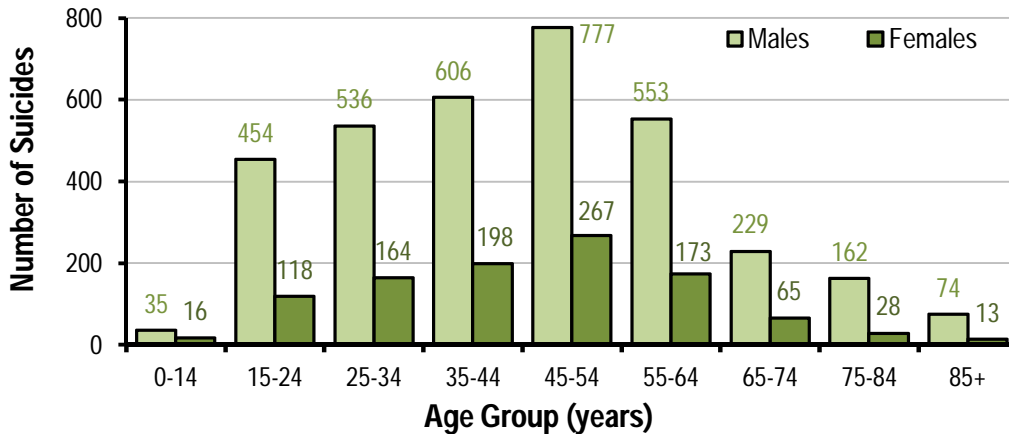


Man Therapy Campaign

Middle aged males and females have the highest numbers of suicide across age groups, specifically the 45-54 year old age range (Figure 6). Men account for the greatest number of suicides, with 810 of the 1,053 deaths in 2012 alone. Male suicide numbers from 2008-2012 outnumber female suicides more than 3 to 1. These high numbers of suicide among working-aged males was the impetus for creating **Man Therapy**.



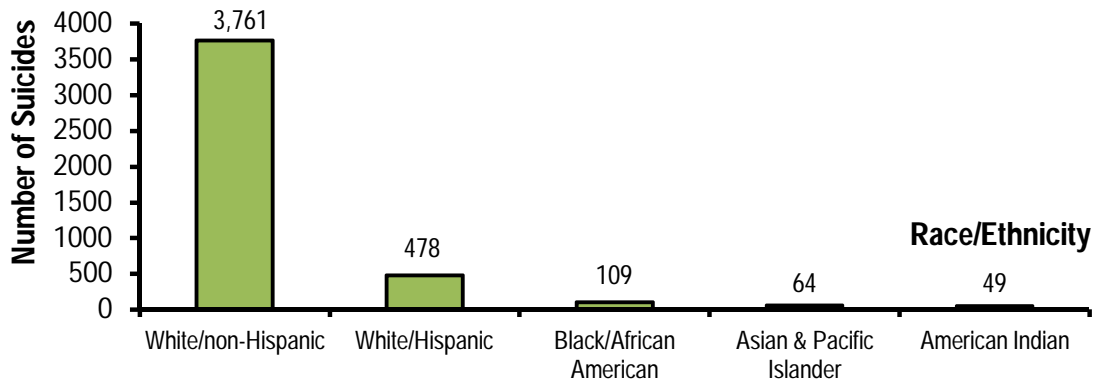
Figure 6. Suicide deaths by Age and Gender: Colorado resident fatalities in-state, 2008 – 2012 Source: CoVDRS



Suicide by Race and Ethnicity

Although White Non-Hispanics make up less than 70 percent Colorado's population, they accounted for 3,761 of the suicide deaths, or 84 percent. Of the remaining suicide deaths, 478 (11 percent) were among White Hispanics and 109 (2 percent) among Blacks. Asians and American Indians each account for approximately 1 percent of the suicide deaths (Figure 7).

Figure 7. Suicide deaths by race and ethnicity: Colorado resident fatalities in-state, 2008-2012. Source: CoVDRS



Summary

The Office of Suicide Prevention uses this state data to prioritize program implementation. In the coming years, OSP prevention priorities will focus on targeting populations of people at the highest risk for suicide attempts and death based on age and gender, preventing access to the lethal means used to complete suicide and preventing or increasing coping skills to survive the common contributing circumstances prior to a suicide. For more information on OSP's current initiatives, please go to www.COOSP.org.