



Suicide in Mesa County 2013

A Special Report

Mesa County Coroner's Office
2021 N. 12th Street
Grand Junction, CO 81501
(970) 256-6462 - Office
(970) 256-6521 - Fax
E-mail: coroner@mesacounty.us

INTRODUCTION

Suicide is often a difficult subject to talk about. People commit suicide for any number of reasons including psychological issues, financial problems, job loss, relationship problems and medical problems to name a few. Sometimes, the person contemplating suicide feels no other options exist or, in taking their life because of health issues, feels they will spare other family members. Sometimes, the act is an impulse in reaction to an angry moment.

Attempting to put oneself in the mind of someone contemplating suicide up to the point the deed is committed is difficult. Recognizing the warning signs is critical. Understanding historical data is a must.

The Mesa County Coroner's Office has been collecting death statistics electronically for eight years in a format that can be readily analyzed. Simply collecting and storing this data is one small part of the job. Helping our community work to eliminate preventable deaths, such as suicide, is a significant and meaningful function.

This report is presented in addition to the comprehensive 2013 Annual Report. This report focuses on suicides in Mesa County. The purpose of this report is to provide historical data in an effort to understand the phenomena of suicide in hopes that, through better understanding and education, suicide rates in Mesa County can be decreased.

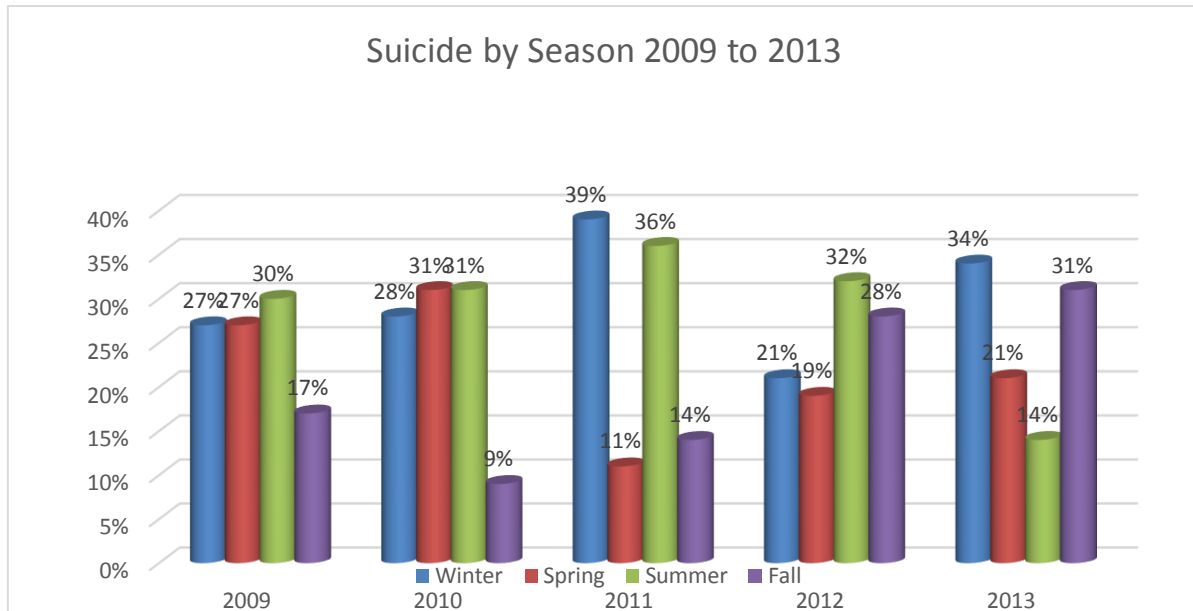
The primary task of the Coroner's Office is to determine the cause and manner of death of those who have died in Mesa County or in those whose traumatic event originated in Mesa County. Manner of Death fits into one of five categories; Natural, Accident, Homicide, Suicide or Undetermined. This report focuses on deaths caused by suicide.

SUICIDES TRENDS

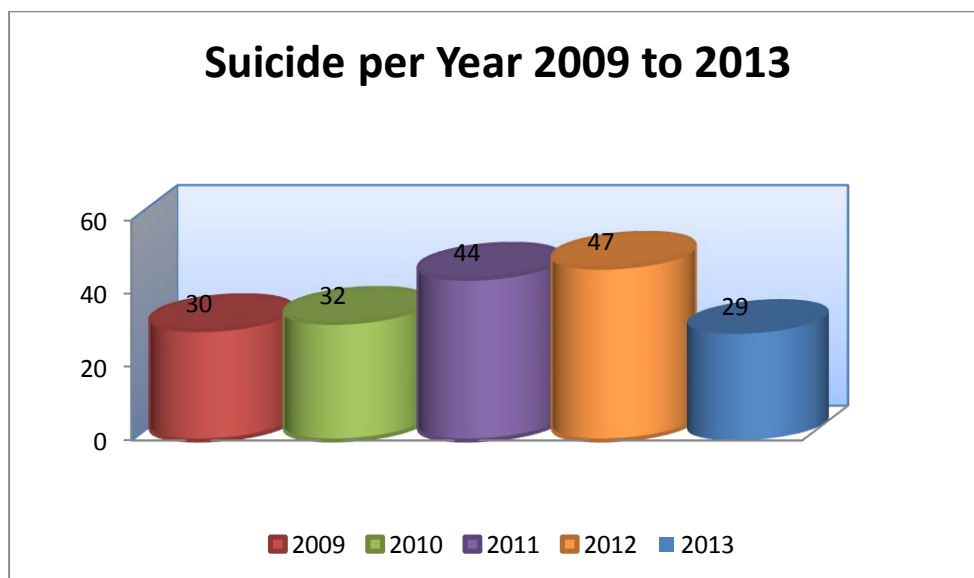
The table shows suicides by month for a five-year history. The data seems to contradict the notion that suicides peak during the Holidays. A slight uptick may be seen in January following the Holidays. A slight downward trend is generally noted in the spring of each year. Otherwise, the peak month for 2013 is not reproduced in any subsequent year.

Completed Suicides per Year 2009 to 2013 by Month					
Month	2009	2010	2011	2012	2013
January	4	5	5	4	6
February	2	3	2	2	2
March	2	1	10	4	4
April	1	4	1	3	0
May	2	2	1	3	3
June	5	4	3	3	2
July	3	4	7	4	1
August	3	2	5	6	1
September	3	4	4	5	4
October	3	0	1	3	2
November	1	3	2	6	2
December	1	0	3	4	2
Suicides per Year	30	32	44	47	29
Suicide % of Case Load	6.6%	6.7%	9.2%	10.9%	6.6%

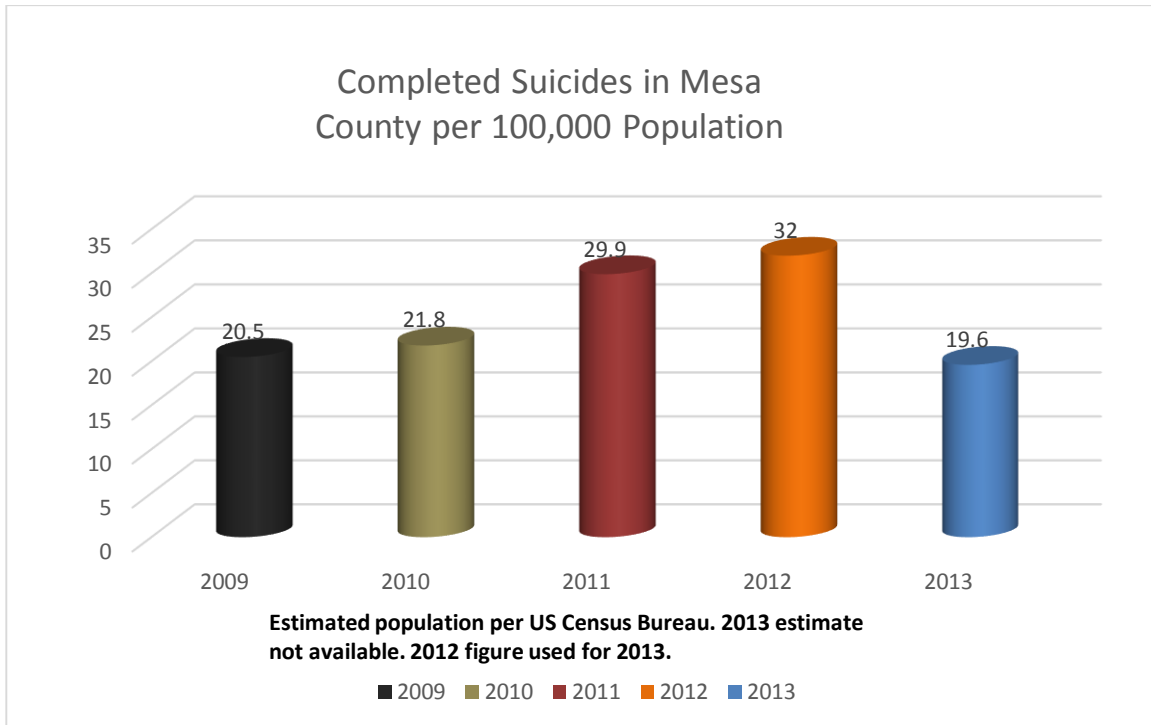
Some studies have shown that suicides occur at a higher rate during the different seasons. The following chart illustrates the seasonal effect in Mesa County.



Suicides have steadily increased over the past four years, however 2013 saw a large decrease. We now have eight years to define trends. Beginning in 2007, total suicides began a gradual decline. In 2011, the number jumped 37.5% year over year from 2010. 2012 increased 6.8% over 2011. In 2013 we had a 38.3% decrease over 2012.



Suicides rates are often expressed in number of suicides per 100,000 people. The rate for United States as of 2012, the latest figures available, was 12.5 per 100,000. The rate for Mesa County has dropped to just over 7% of the national average.



UNDETERMINED DEATHS - A DISCLAIMER

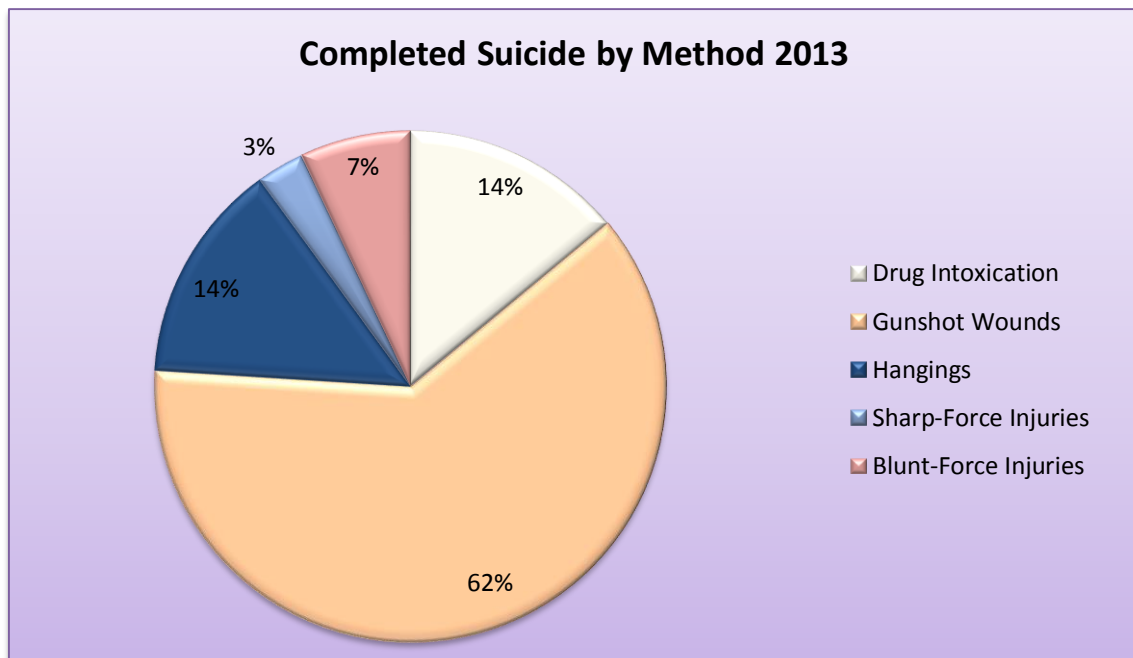
Each year, the Mesa County Coroner's Office cannot identify the exact Manner of Death in a number of cases. These cases get classified as Undetermined. These cases usually relate to a Cause of Death of multiple drug intoxication. 2013 had five undetermined cases, three had the Manner of Death related to drug intoxication.

These deaths were labeled "Undetermined" because the deputy coroner/investigator, as a result of a thorough scene investigation, was not able to establish a history of suicidal ideation of the decedent through a series of family, friend and witness interviews.

SUICIDE METHODS

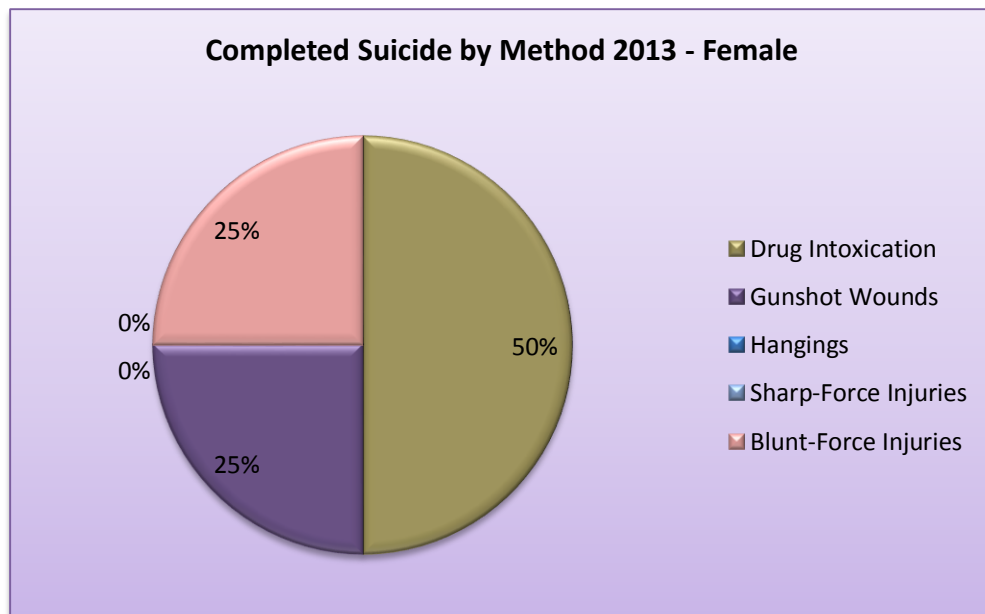
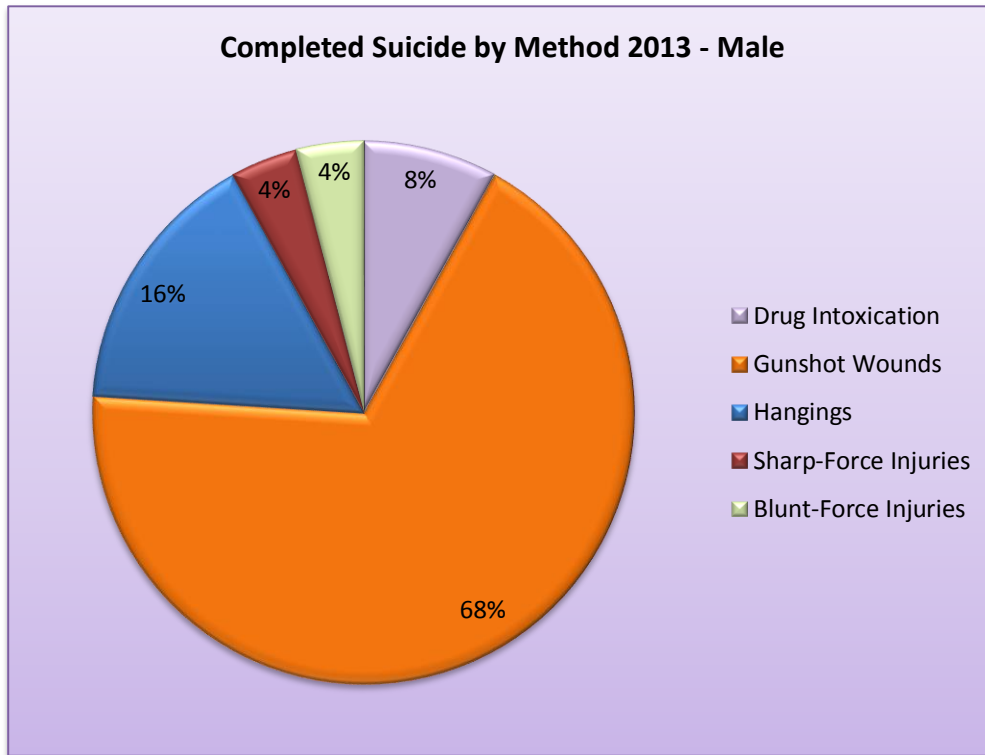
Suicides are carried out in any number of methods. In 2013, suicide methods fell into one of five different types. See graph below.

A firearm continues to be the preferred means of committing suicide, especially in males. This is followed by hanging and drug intoxication.



SUICIDE AND GENDER

Nationally, males are four times more likely to complete suicide than females. But females attempt suicide three times more than males. Males use more lethal means (firearms) while females tend to use drugs at a higher rate. Our 2013 statistics fit the national pattern as seen by the following two charts.



2013 was remarkable with only four females committing suicide. The only other time this appeared was in 2010. The following table further delineates the female/male ratio of suicides.

Completed Suicide by Sex 2009 to 2013										
	2009		2010		2011		2012		2013	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Female	11	37%	4	13%	11	25%	10	21%	4	14%
Male	19	63%	28	88%	33	75%	37	79%	25	86%

SUICIDE AND MARITAL STATUS

Marital status continued to show no clear trend. For the purpose of this analysis, married included any common law arrangements or separations that were not legal.

Completed Suicide by Marital Status 2009 to 2013										
	2009		2010		2011		2012		2013	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Married	8	26%	12	38%	13	30%	17	36%	11	38%
Divorced	11	35%	6	19%	10	23%	17	36%	9	31%
Single	11	35%	8	25%	19	43%	8	17%	9	31%
Widowed	1	3%	6	19%	2	5%	5	11%	0	0%

SUICIDE AND AGE

The following table breaks down suicide by age range and method. 62% of the suicides occurred in the 40 to 69 year age range. This year and 2012 only had one teen suicide.

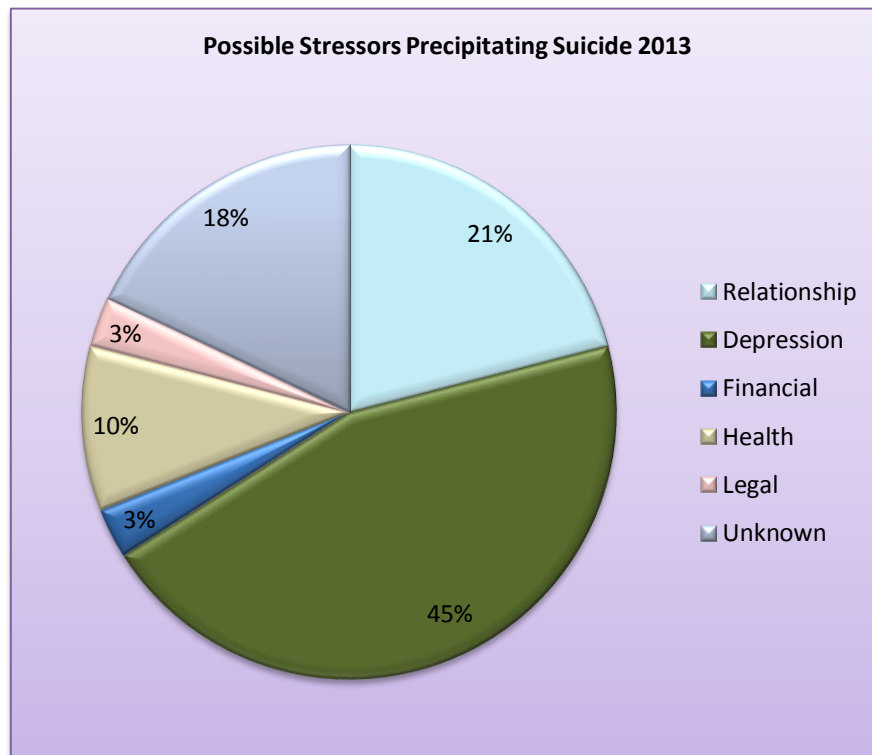
Suicide by Age Range and Method 2013						
Age Range	Drug Intoxication	Gunshot Wound	Hanging	Sharp-Force Injuries	Blunt-Force Injuries	Total
0 to 9						0
10 to 19		1				1
20 to 29		4				4
30 to 39	1	1	3			5
40 to 49	1	3				4
50 to 59	2	4		1	1	8
60 to 69		5			1	6
70 to 79			1			1
80 Plus						0

ONE COMMON DENOMINATOR

One common denominator can be found with suicides; the presence of alcohol and/or drugs in the decedent's system at the time of death. Only eight of the suicides did not show any drugs or alcohol at the time of the post-mortem examination.

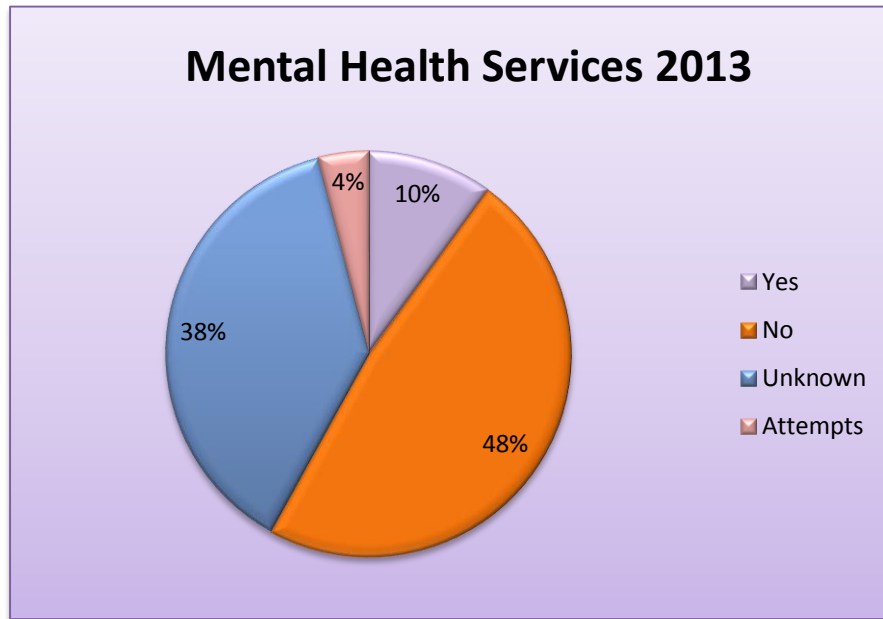
POSSIBLE STRESSORS

An attempt was made to identify the proximate stressor that caused a person to decide to complete suicide on that fateful day. This information has the opportunity to be very subjective rather than objective and is derived from interviews with family and/or friends.



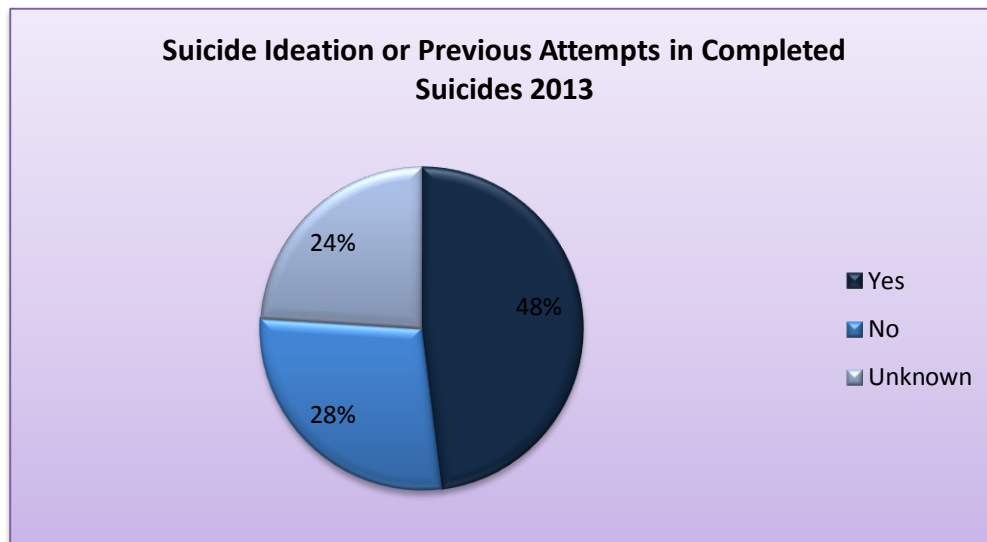
MENTAL HEALTH AND TREATMENT

Families of many of the suicide victims expressed that the decedents were depressed in the time leading up to the fatal event. Several had been through treatment programs in Grand Junction. The following chart explains graphically.



PREVIOUS SUICIDAL THOUGHTS OR ATTEMPTS

Nearly 50% of people who completed suicide in 2013 had either expressed suicidal thoughts or had attempted suicide in their lifetime.



NOTES LEFT

Many family members ask if their loved one left a suicide note. In most cases there is not a note. Notes often give the decedent's rationale for the final decision.

The suicide note has evolved during this age of electronic communication and social media. Suicide notes have often taken the shape of a text message or some type of internet posting. Sometimes computer-generated notes are found opened and available on a nearby computer.

CONCLUSION

Even with the drop in numbers in 2013 suicide is still a problem in Mesa County. Suicide does not occur in any one demographic.

Links:

Suicide Prevention Lifeline: 1-800-273-TALK (8255)
www.suicidepreventionlifeline.org

Suicide Prevention Foundation: www.suicidepreventionfoundation.org