



Suicide in Mesa County 2010

A Special Report

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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.

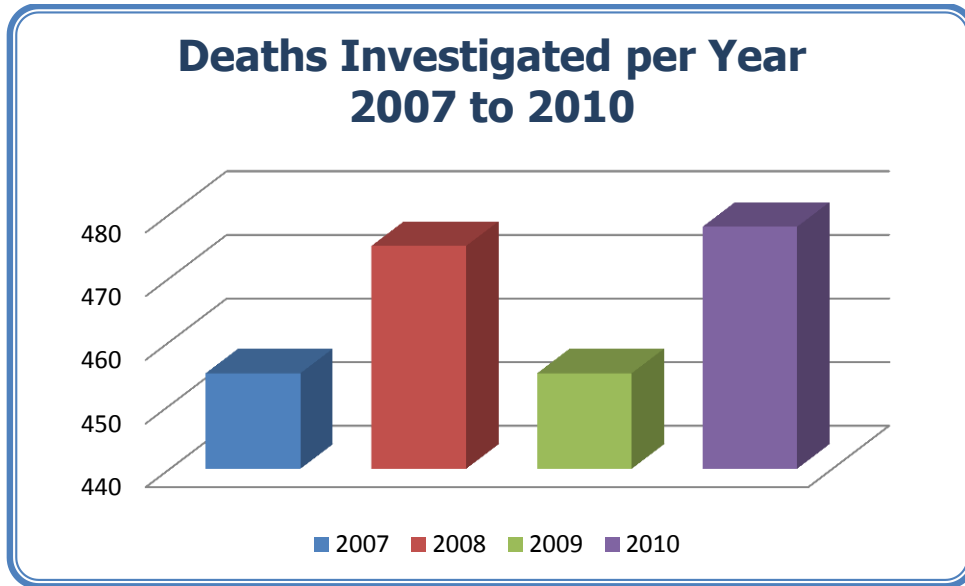
The Mesa County Coroner's Office has been collecting death statistics electronically for four years in a format that can be readily analyzed. Simply collecting and storing this data is one small part of the job. Helping our community work to eliminate preventable deaths, such as suicide, is a significant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

This report is presented in addition to the comprehensive 2010 Annual Report. This report focuses on suicides in Mesa County. The Mesa County Coroner's Office in cooperation with the Western Colorado Suicide Prevention Foundation, the Grand Junction Veteran's Affairs Medical Center and the Mesa County Sheriff's Office have made suicide a special focus for 2011 and beyond. 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.

NUMBER OF DEATHS INVESTIGATED

The following two graphics establish some background into the number of deaths investigated by the Mesa County Coroner's Office in 2010. Investigation statistics showed Mesa County Coroner's Office had a moderate increase in investigations of just 5% when compared to 2009. The total of investigations at 478 is a record high. The following chart shows the trend over the past four years.



When looking at data to discover if trends exist for when deaths occur, about the only conclusion that can be made is that no trend really exists. The following chart demonstrates the unpredictability in providing death investigations.

Deaths Investigated by Month 2007 to 2010				
	2007	2008	2009	2010
Month	Count	Count	Count	Count
January	43	43	39	39
February	31	36	39	38
March	35	37	38	42
April	47	34	44	45
May	37	38	39	48
June	36	32	28	44
July	39	45	24	34
August	39	43	38	46
September	31	45	19	40
October	52	42	45	35
November	30	39	51	36
December	35	41	51	31
Total for Year	455	475	455	478

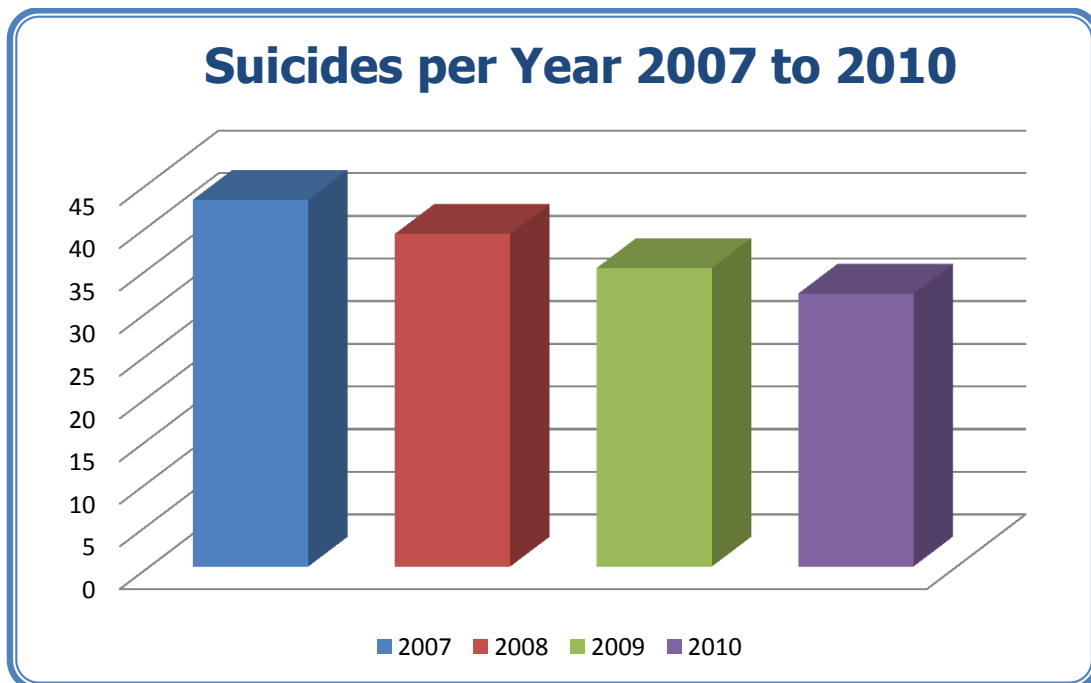
SUICIDES TRENDS

The next table shows a four-year history showing suicides by month. The data in this table 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 2007 is not reproduced in any subsequent year.

Suicides per Year 2007 to 2010				
Month	2007	2008	2009	2010
January	3	5	4	5
February	5	5	3	3
March	3	7	3	1
April	2	2	2	4
May	6	2	2	2
June	1	1	5	4
July	4	5	3	4
August	3	2	3	2
September	2	3	3	4
October	6	3	4	0
November	5	2	2	3
December	3	2	1	0
Total Suicides per Year	43	39	35	32

Suicides have steadily declined over the past four years by over 25 percent. This seems counterintuitive based on the economy in the Grand Valley. At the same time, the steady decline is a tribute to efforts in Mesa County to decrease the incident of suicide. Nevertheless, the Mesa County rate of suicide is 23.2 per 100,000 population (based on ACS estimates); over two times the national average of 11.3 per 100,000 (per 2007 data).



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. 2010 had 12 undetermined cases, eight of which had the Manner of Death related to drug intoxication.

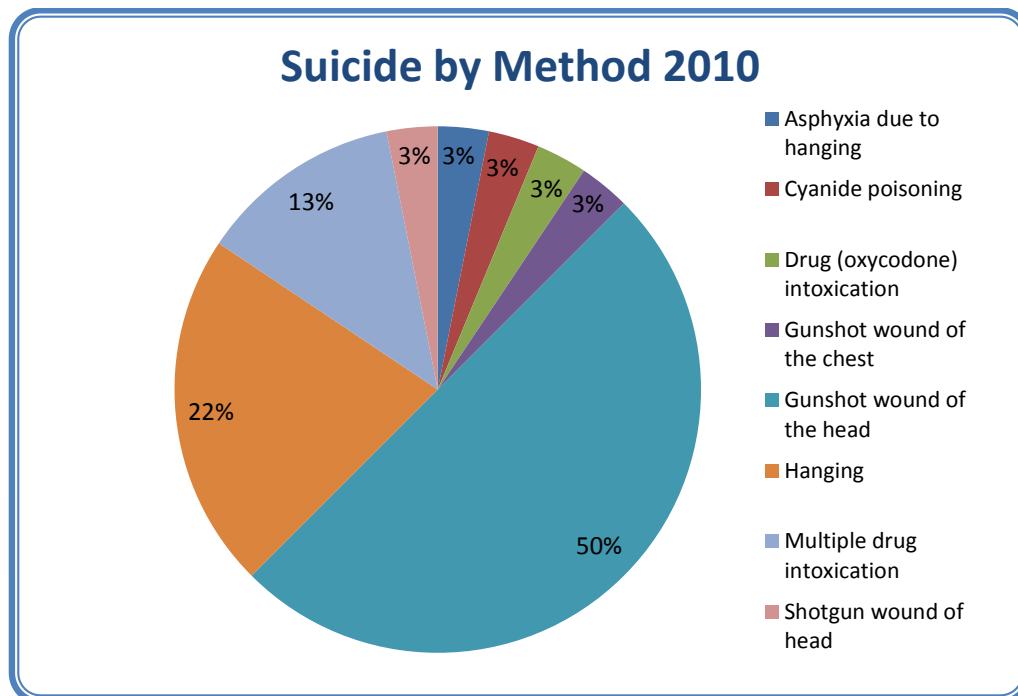
These deaths were labeled "Undetermined" as the deputy coroner/investigator, as a result of a thorough scene investigation, was not able to establish a history of suicidal ideation of the decedent through a series of family, friend and witness interviews.

The number of undetermined deaths related to drug intoxication has remained relatively constant over the four-year period and, as a result, may not be statistically significant.

SUICIDE METHODS

Suicides are carried out in any number of methods. In 2010, suicide methods fell into one of eight different types. See graph below. The most noteworthy was a suicide by cyanide poisoning that occurred early in the year. The subject was in a vehicle near a populated area of the county. The subject posted warning signs to the outside of the vehicle forewarning of the potential biohazard involved. Material was noted inside the vehicle for the manufacturing of cyanide gas. The Grand Junction Fire Department did an excellent job in mitigating this scene to prevent any further injuries or death.

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



SUICIDE AND GENDER

The following chart shows the relationship of method and gender.

Suicide by Method and Gender 2010			
Manner of Suicide	Female	Male	Total
Cyanide poisoning	1		1
Drug (Oxycodone) intoxication		1	1
Gunshot wound of the chest		1	1
Gunshot wound of the head	1	15	16
Hanging	1	7	8
Multiple drug intoxication	1	3	4
Shotgun wound of head		1	1
Total	4	28	32

2010 was remarkable with only four females committing suicide. This appears to be an anomaly. The following table further delineates the female/male ratio of suicides.

Suicide by Gender 2007 to 2010					
Year	Female		Male		Total
	Count	%	Count	%	
2007	11	25.6%	32	74.4%	43
2008	10	25.6%	29	74.4%	39
2009	13	37.1%	22	62.9%	35
2010	4	12.5%	28	87.5%	32

SUICIDE AND AGE

The following table breaks down suicide by age range and method. Over 50% of the suicides occurred in the 40 to 59 year age range.

Suicide by Age Range and Method 2010									
Age Range	Asphyxia due to hanging	Cyanide poisoning	Drug (oxycodone) intoxication	Gunshot wound of the chest	Gunshot wound of the head	Hanging	Multiple drug intoxication	Shotgun wound of head	Total per Age Range
0 to 9									0
10 to 19						1			1
20 to 29					2				2
30 to 39	1	1			1	2			5
40 to 49					3	2	2	1	8
50 to 59			1		6	1	1		9
60 to 69				1	3				4
70 to 79							1		1
80 Plus					1	1			2

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. 13 of the 18 suicides associated with guns showed the decedent having alcohol and/or drugs in their system. Five of the eight hangings had the same observation.

THE "WHY" FACTOR

When performing a scene investigation, family and friends wonder out loud, "Why?" During the process of the scene investigation many questions are asked to try to establish the reasons. Suicide notes are a rarity and don't always offer insight.

An effort was made to sort out the "why" by reviewing investigator reports on suicides in 2009 and 2010. This exercise was highly subjective and simplistic for such a complex set of events. Six broad categories were identified:

1. **Financial:** Did the deceased have any financial difficulties? For example, was a job loss experience?
2. **Legal:** Did the deceased have any legal issues where they felt suicide was the better alternative?
3. **Medical:** Was the deceased experiencing a terminal medical condition? Was the deceased feel he was becoming a burden to family providing care? Was the deceased suffering chronic pain?
4. **Psychological:** Was the deceased clinically depressed or psychotic? What the deceased receiving treatment for a psychological condition?
5. **Relationship:** Had the deceased recently had a divorce, fight with a boy or girl friend or some other discourse in the event leading to death?
6. **Unknown:** Sometimes, no reason could be discerned.

The review tried to identify the precipitating event that lead up to the final act of suicide. However, virtually all cases had multiple factors involved, and a "chicken-egg" scenario was at play. For example, some decedents were depressed over having lost a job and were having financial problems but otherwise did not have a history of clinical depression. They also had arguments with their family but did not have a history of domestic disturbances. "Financial" was selected as the why factor in those cases. Similar rationale was exercised throughout this analysis.

The following table is a subjective analysis of the "Why" Factor.

The "Why" Factor				
Why Factor	2009		2010	
	Count	%	Count	%
Financial	0	0.0%	3	9.4%
Legal	8	22.9%	4	12.5%
Medical	6	17.1%	4	12.5%
Psychological	13	37.1%	10	31.3%
Relationship	3	8.6%	9	28.1%
Unknown	5	14.3%	2	6.3%

CONCLUSION

The Mesa County Coroner's Office hopes this information will aid suicide prevention personnel in tailoring their programs to the specifics of our county. The Mesa County Coroner's Office will collaborate with the Western Colorado Suicide Prevention Foundation and the Grand Junction Veteran's Affairs Medical Center on a timely and ongoing basis. We will also assist with the training of medical and law enforcement personnel to address the notion of suicide prior to the ultimate and final act.

The discussion of suicide needs to become more mainstream in the healthcare community. According to statistics from the Suicide Prevention Foundation of Western Colorado, approximately two-thirds of all people who commit suicide have been to see a doctor in the 30 days leading up to committing the act. Discussion of suicide needs to happen with primary care providers just like heart disease or other medical conditions. Similarly, discussion of suicide needs to become part of law enforcement contacts during domestic violence and other calls.

Suicide can be prevented and the Mesa County Coroner's Office is committed to being a community partner in suicide prevention.

Links:

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

Suicide Prevention Foundation: www.suicidepreventionfoundation.org