

NEWS RELEASE



Date: Sept. 9, 2010

Contact: Christine Stone, Oregon Public Health Information Officer; 971-673-1282, desk; 503-602-8027, cell; christine.l.stone@state.or.us

Rising suicide rate in Oregon reaches higher than national average:

World Suicide Prevention Day is September 10

Oregon's suicide rate is 35 percent higher than the national average. The rate is 15.2 suicides per 100,000 people compared to the national rate of 11.3 per 100,000.

After decreasing in the 1990s, suicide rates have been increasing significantly since 2000, according to a new report, "Suicides in Oregon: Trends and Risk Factors," from Oregon Public Health. The report also details recommendations to prevent the number of suicides in Oregon.

"Suicide is one of the most persistent yet preventable public health problems. It is the leading cause of death from injuries – more than even from car crashes. Each year 550 people in Oregon die from suicide and 1,800 people are hospitalized for non-fatal attempts," said Lisa Millet, MPH, principal investigator, and manager of the Injury Prevention and Epidemiology Section, Oregon Public Health.

There are likely many reasons for the state's rising suicide rate, according to Millet. The single most identifiable risk factor associated with suicide is depression. Many people can manage their depression; however, stress and crisis can overwhelm their ability to cope successfully.

Stresses such as from job loss, loss of home, loss of family and friends, life transitions and also the stress veterans can experience returning home from deployment – all increase the likelihood of suicide among those who are already at risk.

"Many people often keep their depression a secret for fear of discrimination. Unfortunately, families, communities, businesses, schools and other institutions often discriminate against people with depression or other mental illness. These people will continue to die needlessly unless they have support and effective community-based mental health care," said Millet.

The report also included the following findings:

- There was a marked increase in suicides among middle-aged women. The number of women between 45 and 64 years of age who died from suicide rose 55 percent between 2000 and 2006 — from 8.2 per 100,000 to 12.8 per 100,000 respectively.

- Male veterans have a higher suicide rate than non-veteran males (45.7 per 100,000 vs. 27.4 per 100,000 respectively), and account for 27 percent of all suicides.
- Suicide rates vary by sex, age and race. Men were 3.7 times more likely to die by suicide than women. The highest suicide rate occurred among men ages 85 and older (78.4 per 100,000). White males had the highest suicide rate among all races and ethnicities (26.5 per 100,000).
- Firearms were the dominant mechanism of suicide among men at 62 percent. White men were more likely than other races to die from firearms (63 percent vs. 46 percent).
- Poisoning was a major mechanism of suicide among women at 46 percent.
- More than 70 percent of suicide victims had a diagnosed mental disorder, alcohol and /or substance use problems, or depressed mood at time of death; 36 percent of female victims and 16 percent of male victims had a previous suicide attempt.
- Despite the high prevalence of diagnosed mental health problems among people who commit suicide, less than one-third of males and approximately half of all females were receiving treatment for mental health problems at the time of death.

The report also contained recommendations to reduce the number of suicides, including universal depression screening by health care providers, particularly for youth, veterans and seniors; expanded prevention efforts across all ages focusing on men in particular; complete statewide implementation of comprehensive suicide prevention in high schools; identification of appropriate approaches that engage and enable men to identify depression as a manageable condition; and the promotion of community, business, family and individual tools to support successful self management. Also families and individuals should remove guns from homes when a family member is suicidal. Health care providers should counsel family members and individuals at high risk for suicide to remove guns from their homes.

The Injury and Prevention Program is working to establish more expert capacity in suicide prevention on the local level throughout Oregon. The Garrett Lee Smith Act funded projects throughout the state that implemented comprehensive suicide prevention in 50 high schools in Oregon; trained approximately 4,000 people or 1 percent of adults in Oregon to use intervention skills; and trained 36 applied suicide intervention skills trainers who can teach two-day intervention skills courses. This year 14 counties are implementing two public awareness campaigns; hospital emergency departments in counties are working with local county mental and public health agencies to conduct follow-up on youth who are treated in emergency departments and then referred to community care; and all nine Tribes are working together on an annual family event and ongoing suicide prevention activities.

To learn more about World Suicide Prevention Day go to www.cdc.gov/Features/PreventingSuicide/.

To read the full Oregon Public Health report, go to [www.oregon.gov/DHS/ph/ipe/nvdrs/docs/Suicide in Oregon 5year data report 2010.pdf](http://www.oregon.gov/DHS/ph/ipe/nvdrs/docs/Suicide_in_Oregon_5year_data_report_2010.pdf).

If you or someone you know is thinking about suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

###