

Suicide is a serious public health issue that impacts people of all ages and backgrounds. It is estimated that every 13 minutes someone in the United States takes their life and many more attempt suicide or have suicidal ideations.<sup>1</sup> In Wyoming, on average one person dies by suicide every two days. Suicide is the sixth leading cause of death for all ages, and the second leading cause of death for ages 15 to 44 years (2016).<sup>1-2</sup>

## Suicide Rates are Increasing

Suicide rates in Wyoming are consistently higher than the US rates (Figure 1). In 2016, there were 142 suicides (24 per 100,000 persons) compared with the US suicide rate of 14 per 100,000. The Wyoming suicide rate has significantly increased from 17 per 100,000 in 2004 to 24 per 100,000 in 2016 ( $p < 0.05$ ).<sup>1-3</sup>

## Cost of Suicide

When a person dies by suicide, it can have lasting impacts on individuals, families, and communities. A suicide survivor is a family member or friend of a person who died by suicide. Surviving the loss of a loved one to suicide is a risk factor for suicide. Studies estimate that for every one suicide, there is anywhere from 6 to 32 people left as suicide survivors, which most studies agree is an underestimate. Suicide survivors are deeply impacted by each suicide and experience a range of complex grief reactions including guilt, anger, abandonment, denial, helplessness, and shock.<sup>4-6</sup>

In addition to impacts on individuals and families, suicide has economic impacts. In 2015 in Wyoming, there was an estimated \$202,862,000 in lifetime work loss and medical costs associated with suicides, or an average of \$1,308,787 per suicide.<sup>1-2</sup>

## NEED HELP?

Are you or someone you know in crisis?

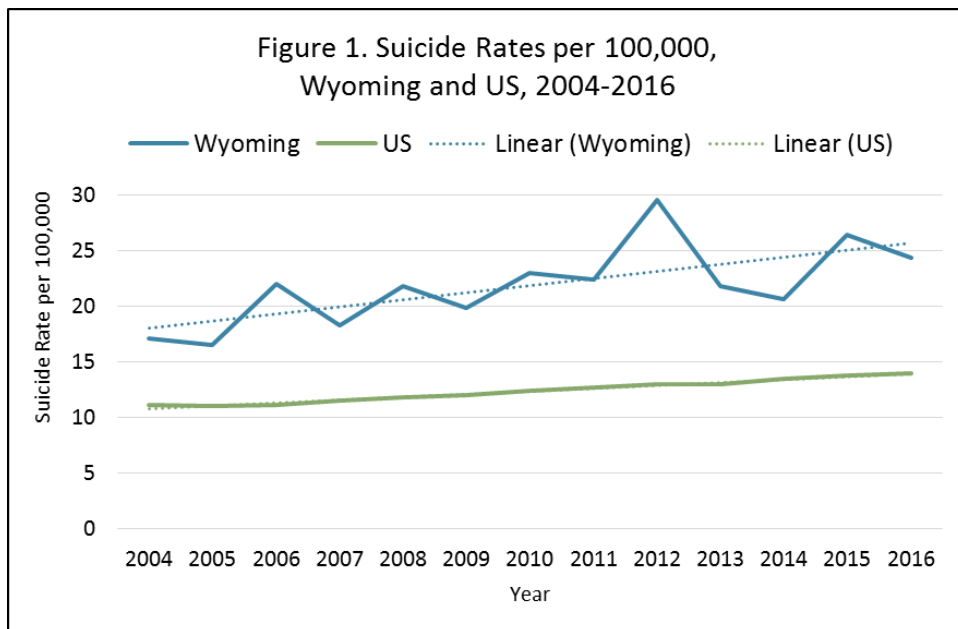
Get help now



## The Warning Signs of Suicide

The more warning signs a person shows, the higher the risk of suicide. Some warning signs include:

- talking about being a burden to others
- withdrawing from activities
- feeling isolated from family, friends, and community
- sleeping too much or too little
- increased use of alcohol or drugs
- experiencing moods such as depression, loss of interest, rage, irritability, or anxiety.<sup>7</sup>



## WYOMING FAST FACTS

64%

of suicides were completed with firearms.<sup>2</sup>

80%

of suicides were completed by men.<sup>2</sup>

### Wyoming Injury & Violence Prevention Program

6101 Yellowstone Road, Suite 510  
Cheyenne, WY 82002  
<https://health.wyo.gov/publichealth/prevention/wipp/suicide-prevention/>



### Age Differences

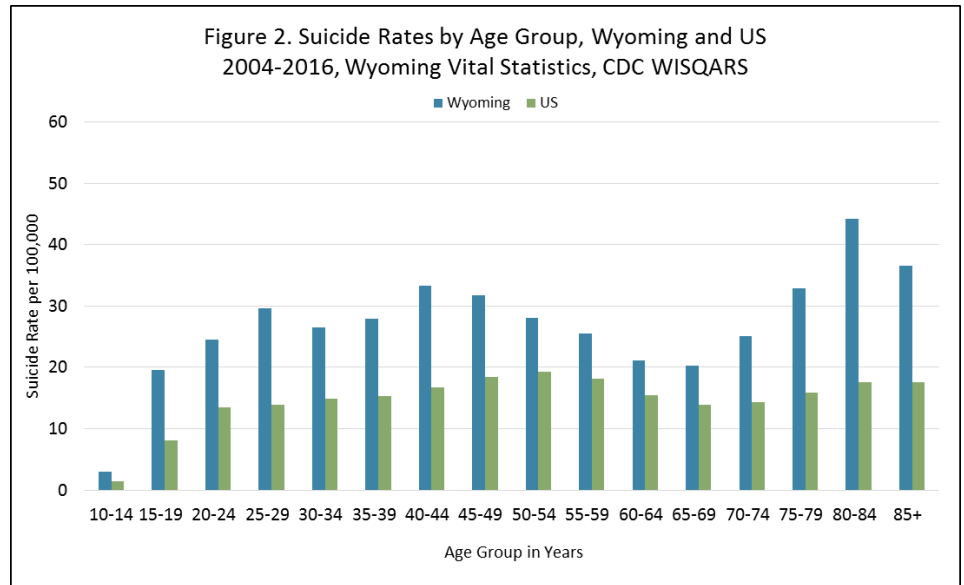
Suicide rates for Wyoming residents 15 years and older are higher than the US suicide rates. Suicide rates increase rapidly after age 14 and peak at age groups 40-44 years and again at 80-84 years (Figure 2).<sup>1-2</sup>

### Gender Disparities

Men die by suicide at almost four times the rate of women and represent 80% of all suicides in Wyoming. The suicide rate for men is 35 per 100,000 compared to 9 per 100,000 among women.<sup>2</sup> However, women are more likely than men to be hospitalized or visit an emergency room for a nonfatal self-harm injury. The self-harm related hospitalization rate for women is 49 per 100,000 compared to 26 per 100,000 for men.<sup>3</sup>

### Sexual Identity Disparities

Historically, few studies have gathered data on lesbian, gay, bisexual, and transgender individuals relating to suicide risk. The Youth Risk Behavior Surveillance Survey (YRBSS) is one survey that asks questions about sexual identity. In 2015, Wyoming High School students who self-identified as lesbian, gay, or bisexual were significantly more likely to report they had seriously considered attempting suicide (54%) or had attempted suicide (37%) in the past



twelve months compared to students who identified as heterosexual (16% and 11% respectively).<sup>8</sup>

### Mechanisms of Suicide

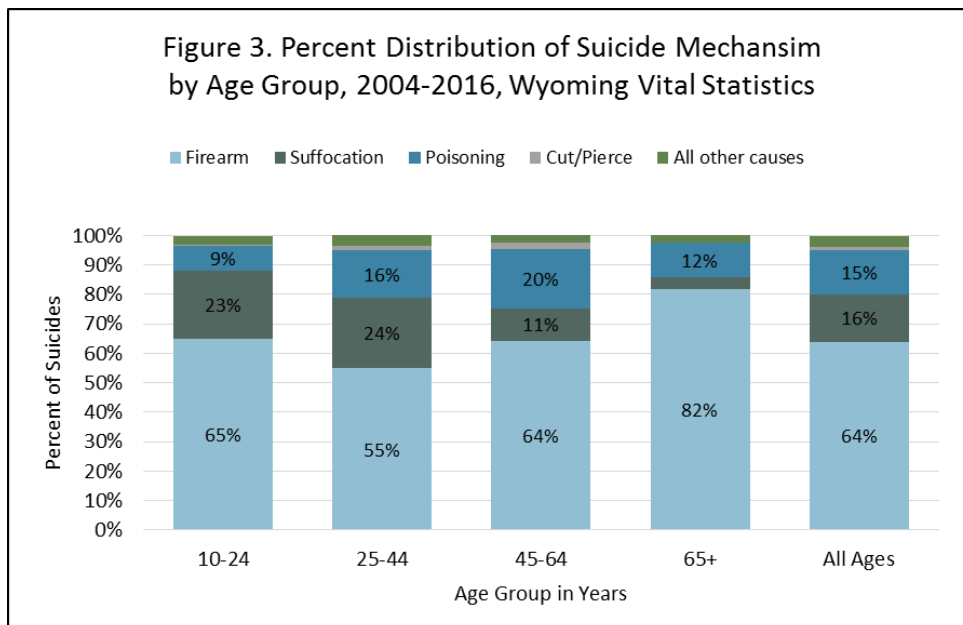
Mechanisms of suicide vary by age group (Figure 3). Firearms account for 64% of suicides across all age groups, followed by suffocation and poisoning.<sup>2</sup>

### Self-harm and Suicide Ideation

In 2016, 15% of Wyoming adults 18+ years reported that they have been told by a healthcare professional they have a form of depression. Women were more

likely (20%) than men (11%) to report a form of depression.<sup>9</sup> Among Wyoming students 6th-12th grade, 20% reported they had seriously considered attempting suicide, and 10% reported they actually attempted suicide in the past 12 months (2016).<sup>10</sup>

Hospitalization rates related to self-harm are highest among youth and young adults 15-19 years. For years 2009-2015 among youth aged 15-19 years, the Self-harm Hospitalization Rate was 83 hospitalizations per 100,000 compared to the Self-harm Hospitalization Rate for all ages of 37 per 100,000.



### Suicide Prevention

The Wyoming Injury & Violence Prevention Program continues to lead collaborative efforts on suicide prevention throughout the state by hosting suicide prevention gatekeeper trainings and providing technical assistance to local communities. To find out more information and to become involved with suicide prevention in the state of Wyoming, please visit the Wyoming Injury & Violence Prevention Program website or contact Sarah Spafford at 307-777-2923 or sarah.spafford@wyo.gov.

## References

1. Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control, CDC (producer). Accessed: December 28, 2017. <http://www.cdc.gov/injury/wisqars/index.html>
2. Wyoming Vital Statistics Services. [2004-2016].
3. Wyoming Hospital Discharge Data. [2009-2015].
4. Surviving After Suicide Fact Sheet. Retrieved December 28, 2017, from American Association of Suicidology website: <http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/SurvivingAfterSuicide.pdf>
5. Brent, D. (2010). What family studies teach us about suicidal behavior: Implications for research, treatment, and prevention. *European Psychiatry*, 25(5), 260-263. doi:10.1016/j.eurpsy.2009.12.009
6. Violence Prevention. (2017, February 03). Retrieved December 28, 2017, from <https://www.cdc.gov/violenceprevention/suicide/consequences.html>
7. Risk Factors and Warning Signs — AFSP. Retrieved December 28, 2017, from <https://afsp.org/about-suicide/risk-factors-and-warning-signs/>
8. Centers for Disease Control and Prevention (CDC). [2015] Youth Risk Behavior Survey Data. Available at: [www.cdc.gov/yrbs](http://www.cdc.gov/yrbs). Accessed on [December 28, 2017] from <https://nccd.cdc.gov/youthonline/App/Default.aspx>
9. Centers for Disease Control and Prevention (CDC). [2016] Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
10. Wyoming Survey and Analysis Center (WYSAC). [2016] The 2016 Wyoming Prevention Needs Assessment: State of Wyoming Profile Report, by E. L. Canen & S. J. Hime. Laramie, WY: Wyoming Survey & Analysis Center, University of Wyoming.