Suicide in Mesa County 2012
A Special Report

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Suicide Myths

According to the website www.healthyplace.com, many myths exist about suicide:

Myth: People who talk about killing themselves rarely complete suicide.
Fact: Most people who complete suicide have given some verbal clues or warning of their intention.

Myth: The tendency toward suicide is inherited and passed from generation to generation.
Fact: Although suicidal behavior does tend to run in families, it does not appear to be transmitted genetically.

Myth: The suicidal person wants to die and feels that there is no turning back.
Fact: Suicidal people are usually ambivalent about dying and frequently will seek help immediately after attempting to harm themselves.

Myth: All suicidal people are deeply depressed.
Fact: Although depression is often closely associated with suicidal feelings, not all people who kill themselves are obviously depressed. In fact some suicidal people appear to be happier than they've been in years because they have decided to "resolve" all of their problems by killing themselves. Also, people who are extremely depressed usually do not have the energy to kill themselves.

Myth: There is no correlation between alcoholism and suicide.
Fact: Alcoholism and suicide often go hand in hand. Alcoholics are prodded to suicidal behavior and even people who don't normally drink will often ingest alcohol shortly before killing themselves.

Myth: Suicidal people are mentally ill.
Fact: Although many suicidal people are depressed and distraught, most could not be diagnosed as mentally ill; perhaps only about 25 percent of them are actually psychotic.

Myth: Once someone attempts suicide, that person will always entertain thoughts of suicide.
Fact: Most people who are suicidal are so for only a very brief period once in their lives. If the person receives the proper support and assistance, he/she will probably never be suicidal again. Only about 10 percent of the people who attempt later kill themselves.

Myth: If you ask someone about their suicidal intentions, you will only encourage them to kill themselves.
Fact: Actually the opposite is true. Directly asking someone about their suicidal intention will often lower their anxiety level and act as a deterrent to suicidal behavior. It will encourage the ventilation of pent-up emotions through a frank discussion of his problems.

Myth: Suicide is quite common among the lower class.
Fact: Suicide crosses all socioeconomic distinctions and no one class is more susceptible to it than another.
**Myth:** Suicidal people rarely seek medical attention.  
**Fact:** Research has consistently shown that about 75 percent of suicidal people will visit a physician within the month before they kill themselves.  

This report hopefully provides some basis for public awareness. It is not meant to be a report on suicide prevention. The Mesa County Coroner’s Office is dedicated to providing contemporary data to those agencies involved in suicide prevention in Mesa County.
Introduction

The primary task of the Coroner’s Office is to determine the cause and manner of death for those who have died in Mesa County or in those whose demise 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.

Suicide has been and continues to be a significant public-health issue for Colorado and Mesa County. Death rates from suicide showed a steady decline through 2010 when the figures showed an unfortunate increase. Unfortunately, the 2012 rate is the highest in recent memory.

This community has some successes and challenges:

- This is the third suicide report for Mesa County compiled as part of the Annual Report prepared by the Mesa County Coroner’s Office. Contemporary data is made available for finding commonalities and formulating strategies.
- In 2012, the Mesa County Health Department and former county commissioner Janet Rowland teamed with many agencies throughout Mesa County to formalize a suicide task force. The Mesa County Coroner’s Office is in full support of this effort and will dedicate resources as available.
- The Western Colorado Suicide Prevention Foundation has hired a new executive director.
- The National Strategy for Suicide Prevention taskforce proposed the 2012 National Strategy for Suicide Prevention as a framework for communities to build their suicide-prevention programs upon.
- www.mantherapy.org was launched in 2012 and the Western Colorado Suicide Prevention Foundation received a grant to help create awareness for this program in Mesa County.
- Psychological Autopsies were abandoned in 2011. Members of the Mesa County Coroner’s Office were not equipped to continue this process. Psychological Autopsies need to be performed by trained mental-health workers in order to provide the best and most immediate service to families affected by this tragedy. The Psychological Autopsy will provide greater insight to the conditions in Mesa County.
Facts And Figures

Along with 2012 data, the following tables, charts and graphs delineate a five-year history for residents of Mesa County who died in Mesa County as a result of suicide. Please note that previous years’ numbers have been adjusted to reflect the Mesa County numbers of Mesa County residents that completed suicide in Mesa County. However, each year a number of Mesa County residents complete suicide in another jurisdiction.

Suicide Trends

The following graphics show the numbers of suicides in Mesa County over the past five years in a variety of comparisons.

We now have seven 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.

One anecdote noted from the field investigations was that more family or friends indicated the decedent articulated a suicidal ideation. However, family and friends often did not react to those comments for a number of reasons. Reasons included that the decedent had threatened in the past without completing suicide or the family member or friend did not know what to do.

Please note that totals from previous years referenced below, as compared to the 2010 report, have been amended to reflect only those deaths by Mesa County residents who completed suicide in Mesa County.
Suicide rates are often expressed in number of suicides per 100,000 people. The rate for the United States as of 2010, the latest figures available, was 12.4 per 100,000. The rate for Mesa County approached three times the national average.
Breaking down the numbers by month further shows the unpredictability. This irregular pattern shows the need for year-long suicide awareness.

| Completed Suicides per Year 2008 to 2012 by Month |
|-----------------|--------|--------|--------|--------|--------|
| Month           | 2008   | 2009   | 2010   | 2011   | 2012   |
| January         | 5      | 4      | 5      | 5      | 4      |
| February        | 5      | 2      | 3      | 2      | 2      |
| March           | 7      | 2      | 1      | 10     | 4      |
| April           | 2      | 1      | 4      | 1      | 3      |
| May             | 1      | 2      | 2      | 1      | 3      |
| June            | 1      | 5      | 4      | 3      | 3      |
| July            | 5      | 3      | 4      | 7      | 4      |
| August          | 2      | 3      | 2      | 5      | 6      |
| September       | 3      | 3      | 4      | 4      | 5      |
| October         | 3      | 3      | 0      | 1      | 3      |
| November        | 2      | 1      | 3      | 2      | 6      |
| December        | 1      | 1      | 0      | 3      | 4      |
| Suicides per Year | 37    | 30     | 32     | 44     | 47     |
| Suicide % of Case Load | 7.8% | 6.6% | 6.7% | 9.2% | 10.9% |

One statistic of note remains significant; that is the percentage of cases of suicide investigated by the Mesa County Coroner’s Office. In 2012, over 10% of the case load was related to suicide.

Another statistic of importance relates to the ratios of accidental deaths related to all types of motorized vehicles when compared to suicide. Motor vehicle deaths of all types in 2012 totaled 23. Suicides were over double that rate.
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. Summer seems to have the most significant trend of having a high percentage. The winter season is more erratic.

![Suicide by Season 2008 to 2012](chart)

**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. 2012 had 12 undetermined cases that may have been suicides; all but one had the Manner of Death related to drug or alcohol intoxication.
Suicide Methods, Gender and Marital Status

Suicides are carried out in a variety of methods. Significant in 2012 was the varieties of methods used. Two deaths resulted from jumping at the Colorado National Monument. Three cases involved sharp force (knife) injuries.

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 2012 statistics fit the national pattern as seen by the following two charts.

![Completed Suicide by Method 2012](image)
Completed Suicide by Method 2012 - Male

- Blunt-Force Injuries: 11%
- Carbon Monoxide Poisoning: 2%
- Drowning: 3%
- Drug Intoxication: 3%
- Gunshot Wound: 3%
- Hanging: 3%
- Multi Blunt and Sharp-Force Injuries: 0%
- Sharp-Force Injury: 0%

Completed Suicide by Method 2012 - Female

- Blunt-Force Injuries: 40%
- Carbon Monoxide Poisoning: 10%
- Drowning: 10%
- Drug Intoxication: 0%
- Gunshot Wound: 40%
- Hanging: 0%
- Multi Blunt and Sharp-Force Injuries: 0%
- Sharp-Force Injury: 0%
Completed Suicide by Sex 2008 to 2012

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>10</td>
<td>11</td>
<td>4</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>27%</td>
<td>37%</td>
<td>13%</td>
<td>25%</td>
<td>21%</td>
</tr>
<tr>
<td>Male</td>
<td>27</td>
<td>19</td>
<td>28</td>
<td>33</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>73%</td>
<td>63%</td>
<td>88%</td>
<td>75%</td>
<td>79%</td>
</tr>
</tbody>
</table>

2010 did appear to be an anomaly with the ratio of female to male suicides. Mesa County tends to have approximately a one-to-three ratio.

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 2008 to 2012

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>15</td>
<td>8</td>
<td>12</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>41%</td>
<td>26%</td>
<td>38%</td>
<td>30%</td>
<td>36%</td>
</tr>
<tr>
<td>Divorced</td>
<td>11</td>
<td>11</td>
<td>6</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td>35%</td>
<td>19%</td>
<td>23%</td>
<td>36%</td>
</tr>
<tr>
<td>Single</td>
<td>10</td>
<td>11</td>
<td>8</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>27%</td>
<td>35%</td>
<td>25%</td>
<td>43%</td>
<td>17%</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>3%</td>
<td>3%</td>
<td>19%</td>
<td>5%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Suicide by Age

60% of the completed suicides in Mesa County in 2012 occurred in the 30-to-59-age bracket. Thankfully, we had a decrease in teen suicides. All but one suicide in the 60-year-old and higher age ranges was completed with a firearm. All suicides in the 70-year-old and higher brackets were related to health concerns.

Suicide by Age Range and Method 2012

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Blunt Force Injuries</th>
<th>Blunt and Sharp Force Injuries</th>
<th>Carbon Monoxide Poisoning</th>
<th>Drowning</th>
<th>Drug Intoxication</th>
<th>Gunshot Wound</th>
<th>Hanging</th>
<th>Sharp Force Injuries</th>
<th>Total per Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 to 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>20 to 29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>30 to 39</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>40 to 49</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>50 to 59</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>60 to 69</td>
<td>1</td>
<td></td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>70 to 79</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>80 Plus</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
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.
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.

**Mental Health and Treatment**

35 completed suicides were due to methods other than drugs or alcohol. 24 of the 35 showed the presence of drugs and/or alcohol at the time of death.

**Drugs and/or Alcohol – A Common Denominator**
**Previous Suicidal Thoughts or Attempts**

Nearly 6 in 10 people who completed suicide in 2012 had either expressed suicidal thoughts or had attempted suicide in their lifetime.

**Suicidal Ideation or Previous Attempts in Completed Suicides 2012**

- Yes: 57%
- No: 34%
- Unknown: 9%

**Notes Left?**

Many family members ask if their loved one left a suicide note. Notes often give the decedent’s rationale for the final decision. In Mesa County in 2012 only 3 in 10 left a suicide note of any sort.

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

Suicide continues to be a significant issue in the western United States in general and in Mesa County specifically. In 2012, Mesa County experienced the death of a well-known and respected member of the business and bicycling community as well as the death of an experienced law-enforcement officer.

Suicide is preventable. Early recognition of signs and symptoms and early intervention are keys in prevention. Education and awareness are a must for all demographic types.

Prevention may be a matter of a caring person being available in the right place at the right time with the right knowledge.

Links

Sites with Suicide/Prevention information
The following links will take you to sites that you may find helpful. The Mesa County Coroner’s Office assumes no responsibility for the content or accuracy of the information.

General Information on Mental Illnesses

Anxiety Disorder Association of America

Depression Help Treatment

everyminute.org

General information on anxiety disorders, treatment, referrals

Information of depression prevention

A grassroots campaign uniting advocates, mental health professionals and organizations into a single coalition creating a public forum advancing the need and benefit of increased mental health research

National Suicide Prevention Hotline 1-800-273-8255
<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are thinking about suicide, <strong>read this first</strong></td>
<td>For anyone having suicidal thoughts</td>
</tr>
<tr>
<td>MayoClinic.com</td>
<td>Depression information</td>
</tr>
<tr>
<td>Mental Health America</td>
<td>Advocacy, support, information, resources and referrals</td>
</tr>
<tr>
<td>Mental Health Information</td>
<td>Internet mental health</td>
</tr>
<tr>
<td>Mental Health Network</td>
<td>Information on mental health disorders and treatment, resources, videos</td>
</tr>
<tr>
<td>National Alliance on Mental Illness</td>
<td>Good site for information on brain illnesses</td>
</tr>
<tr>
<td>National Mental Health Information Center</td>
<td>Links for research, support, conferences</td>
</tr>
</tbody>
</table>

**Resources for Families, Friends, Co-Workers and Veterans**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Real Warriors Campaign</td>
<td>The Real Warriors Campaign provides veterans and military families experiencing the invisible wounds of war with practical tools, tips and resources to facilitate successful reintegration and recovery.</td>
</tr>
<tr>
<td>Hearts of Hope Camp</td>
<td>Children’s Grief Connection, formerly known as Camp Amanda-Minnesota, is a <strong>free</strong> camp for children and teens - kindergarten through high school-that have experienced the death of a parent, sibling and close relative or significant person in their life.</td>
</tr>
<tr>
<td>Depression and Bipolar Support Alliance</td>
<td>Support groups, advice, tips on living with family members with mood disorders</td>
</tr>
<tr>
<td>Families for Depression Awareness</td>
<td>Site for families with questions about depression</td>
</tr>
</tbody>
</table>
The mission of The Glendon Association is to save lives and enhance mental health by addressing the social problems of suicide, child abuse, violence, and troubled interpersonal relationships.

Video series designed for those who are responding to the health care needs of returning military, to assist in understanding what returning veterans and their family members have experienced.

Sad Scale is an iPhone application created to help screen for depression in the General Population, Postpartum Depression and Geriatric depression.

African-American suicide prevention public awareness campaign produced by SAMHSA, the Ad Council and the Stay Strong Foundation.

The Terry Wise Story recently won a Gold Award in the 16th Annual National Health Information Awards in the Patient Education category. Terry Wise is a well-known author and speaker on suicide prevention.


Suicide Prevention-Specific Organizations
(Including members of the National Council of Suicide Prevention)

American Association of Suicidology
Research, training, education, links to national support groups, crisis centers

American Foundation for Suicide Prevention
Research, education, support, advocacy

The Jason Foundation
Links for resources on brain illnesses, suicide, and resources for families

The Jed Foundation
College-aged and campus information

The Link Counseling
Grief, support, education and counseling for families

National Suicide Prevention Hotline 1-800-273-8255
Center

Means Matters Project

The mission of the Means Matter Campaign is to increase the proportion of suicide prevention groups who promote activities that reduce a suicidal person's access to lethal means of suicide.

National Organization of People of Color Against Suicide

Community-Based suicide prevention for minority communities

Reach Out

Reach Out is an informational and support service using evidence based principles and technology to help teens and young adults facing tough times and struggling with mental health issues.

Samaritans, USA

Telephone counseling and support

Sources of Strength

Sources of Strength is a comprehensive, strength-based prevention program aimed at adolescent populations from middle school to college.

Suicide Prevention Action Network

Advocacy, legislative network

Yellow Ribbon

School-based educational programs

Statistical Information and Resources

Centers for Disease Control and Prevention

Detailed statistics by year, age, gender, etc.

International Association for Suicide Prevention

Statistics, library, research, education, etc.

Knowledge Exchange Network

Government-sponsored site

National Center for Health Statistics

More suicide-specific statistics

National Suicide Prevention Hotline 1-800-273-8255
National Center for Injury Prevention and Control  
Good source for various injury-specific data

National Institute of Mental Health  
Latest information on mental health

Suicide Prevention Resource Center  
National clearinghouse for information on suicide and suicide prevention

World Health Organization  
More facts and statistics, world suicide perspective

Resources for Professionals

American Academy of Child & Adolescent Psychiatry  
Professional information, articles, links, resources

American Psychiatric Association  
Professional information

American Psychotherapy Association  
Excellent site for resources, information for various disciplines

Continuing Medical Education  
Continuing education for medical professionals

Behavioral Associates  
Excellent site with information, links, research