Utah Military Suicide Deaths, 2012-2016

Limitations in the data: Data on military involvement, mental health conditions, and other circumstantial variables are from the Utah Violent Death Reporting System (UTVDRS). Military classification is based on the death certificate in the section captioned "Ever a member of the U.S. Armed Forces", and does not specify which branch of the military the decedent was involved in, nor does it indicate what their status was (e.g. active duty vs. veteran). Additionally, this may not represent all cases where a decedent had a history of military involvement.

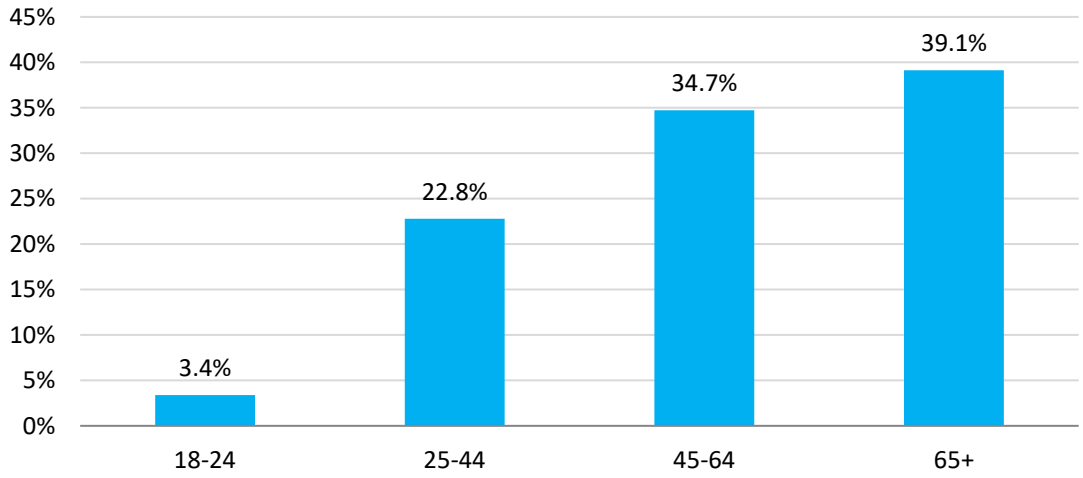
Data on Post-Traumatic Stress Disorder (PTSD) among suicide decedents is based on case narratives, so it is only included in the Violent Death Reporting System when investigators from the Office of the Medical Examiner or local law enforcement agencies mention it in their investigative reports. As a result, this is likely to be an underrepresentation of the prevalence of PTSD and other circumstances in decedents' histories.

Percentages may not add up to 100% in some instances due to rounding.

Military Service and Suicide

During 2012-2016, 386 suicide deaths occurred among Utahns who had served or were serving in the U.S. military. This comprises 13.3% of all suicides by Utah residents for this time period. Males accounted for 95.9% of suicide deaths among decedents with a history of military service. Deaths tended to occur among the older age groups (Figure 1). The majority of decedents were white (97.2%) and non-Hispanic (1.8% were Hispanic). Close to half (45.9%) were married, and 26.9% were divorced, with another 4.9% being separated from their spouse. An additional 15.5% were never married, and 6.2% were widowed. A small percentage (8.5%) had been released from some kind of institutional setting (a hospital, psychiatric care facility, or jail/prison) within a month prior to their death.

Figure 1. Percent of suicide decedents with military history by age group, Utah, 2012-2016



Of all suicide decedents with a history of military service, 44.3% had at least one diagnosed mental health problem at the time of their death, and 36.0% were being treated for their condition; an additional 6.0% had a history of treatment, but their condition was going untreated when they died. PTSD was cited as being present among 6.0% of suicide decedents with a history of military service. For comparison purposes, alcohol problems were mentioned for 13.5% of decedents, other substance abuse problems for 7.5% of decedents, and physical health problems for 39.4% of decedents.

One of the most common stressors that precipitated a suicide death were those involving a problem with an intimate partner (33.2%). Problems involving finances and/or job difficulties were present in 18.9% of deaths, and problems with other family relationships (other than with an intimate partner) were cited as contributing to the death in 13.5% of cases.

Among this population, 24.4% had a documented history of suicide ideation, and 15.5% had a history of previous suicide attempts. Approximately one third (34.2%) disclosed their intent to die by suicide to another person before they took their own life. Of these, 35.6% told a family member other than their intimate partner, 27.3% told a current or former intimate partner, and 14.4% told a friend or colleague. Only 1.5% were documented to have told a health care worker. (Additionally, 1.5% told a neighbor, and 19.6% told an unspecified or other person.)

PTSD and Suicide

During 2012-2016, 386 suicide deaths occurred among Utahns who had served or were serving in the U.S. military. Of these, 23 decedents (6.0%) were identified as having suffered from PTSD. Among these cases, investigative narratives from 15 cases (65.2%) linked PTSD to prior military service, ranging from six months to eight years in the armed forces.

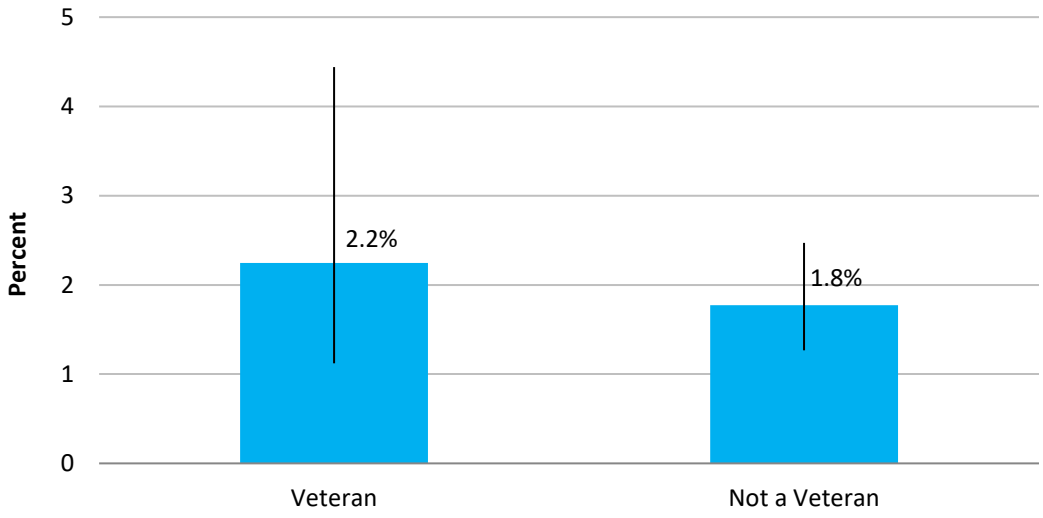
The majority (91.3%) of suicide decedents with a military history and PTSD were males. The majority (60.9%) were in the 25-44 age group; 21.7% were between the ages or 45 and 64, and 17.4% were 65 years old or older. More than half of decedents (65.2%) died of gunshot wounds, and overdoses and hanging/asphyxiation each accounted for an additional 17.4% of deaths among this population. One death (4.3%) was due to other means.

Of those diagnosed with PTSD, 73.9% were reported as currently receiving treatment for their condition when they died. In total, 87.0% had a history of mental health treatment.

Depression and Suicide Ideation among Veterans

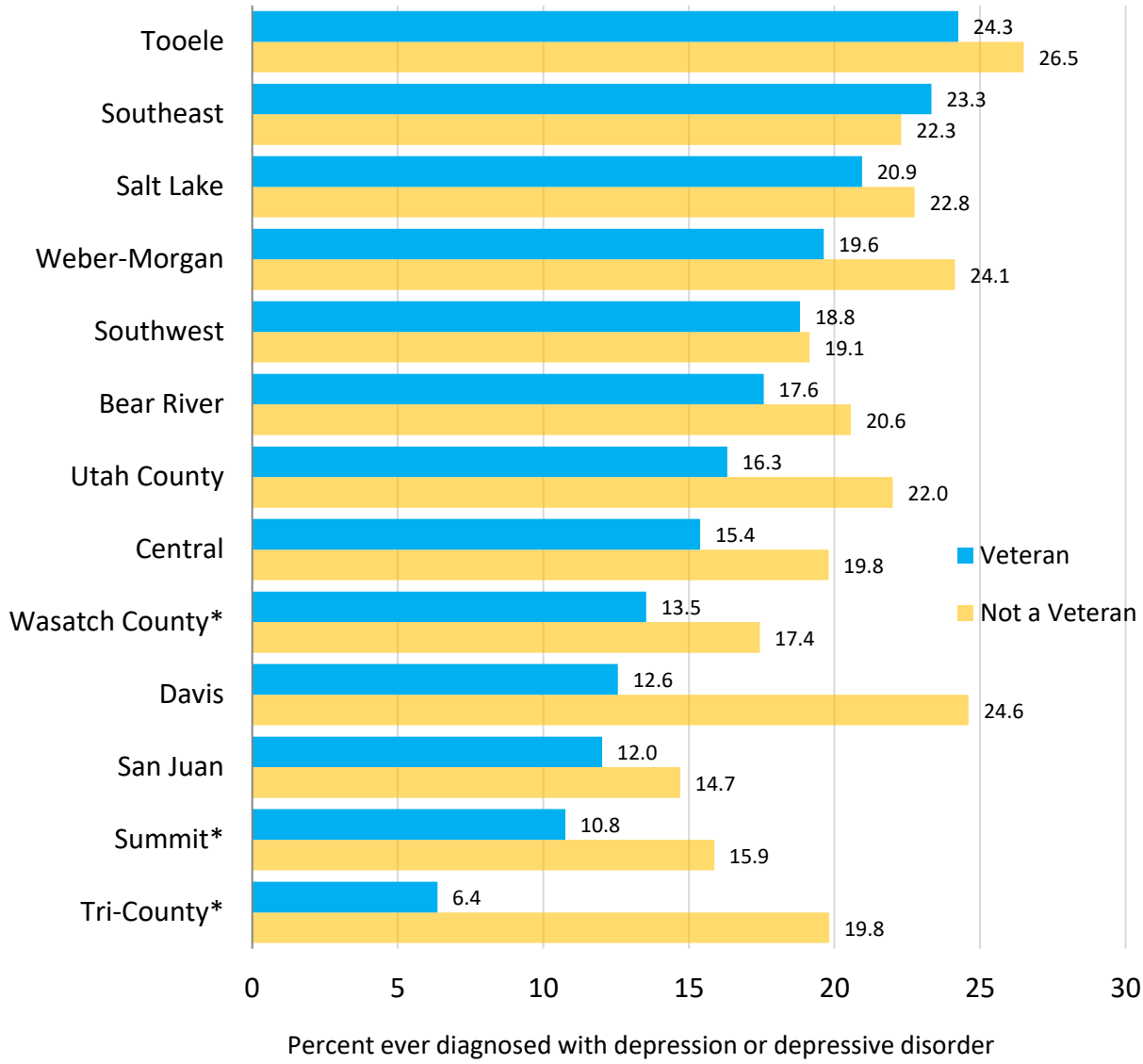
The 2016 Behavioral Risk Factor Surveillance System (BRFSS) survey included a question on suicide ideation: “Over the past two weeks, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?” Upon being asked this question, 2.2% of veterans reported they had recently considered suicide, compared with 1.8% of the civilian/non-veteran population (Figure 2). The rate among veterans was not statistically significantly higher; this may be in part due to the relatively small sample size for veterans – the data may be prone to error (statistically unreliable) and should be interpreted with caution.

Figure 2: Percent of BRFSS respondents reporting suicidal ideation during past two weeks, by veteran status, Utah, 2017



Each year, the BRFSS includes a question on whether participants have ever been diagnosed with depression or a depressive disorder in their lifetime. During 2015-2017 (the most recent data years available), 17.8% of veterans reported that they had received such a diagnosis, compared with 22.0% of the general population. Southeast local health district (comprised of Carbon, Emery, and Grand counties) had a slightly higher rate of diagnosed lifetime depression among veterans compared with the non-veteran population. Differences between veteran and non-veteran populations were not significant among any of the local health districts.

Figure 3: Percent of BRFSS respondents with lifetime depression diagnosis by veteran status and local health district, Utah, 2015-2015



*Percentages are based on small numbers and may not be statistically reliable. Interpret with caution.

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