

Alfalfa, Beaver, Cimarron, Dewey, Ellis, Garfield, Grant, Harper, Major, Texas, Woods, and Woodward Counties

## Suicide Facts

### State Facts:

- From 2013-2017, more than 3,700 Oklahomans died from suicide.
- More Oklahomans die of suicide than motor vehicle crashes.
- Oklahoma suicides outpace homicides almost 3 to 1.
- Firearms are the most common weapon involved in suicide deaths.
- In 2017, Oklahoma had the 13th highest suicide death rate in the U.S.

### Injury Prevention Service

(405) 271-3430

<http://okvdrs.health.ok.gov>



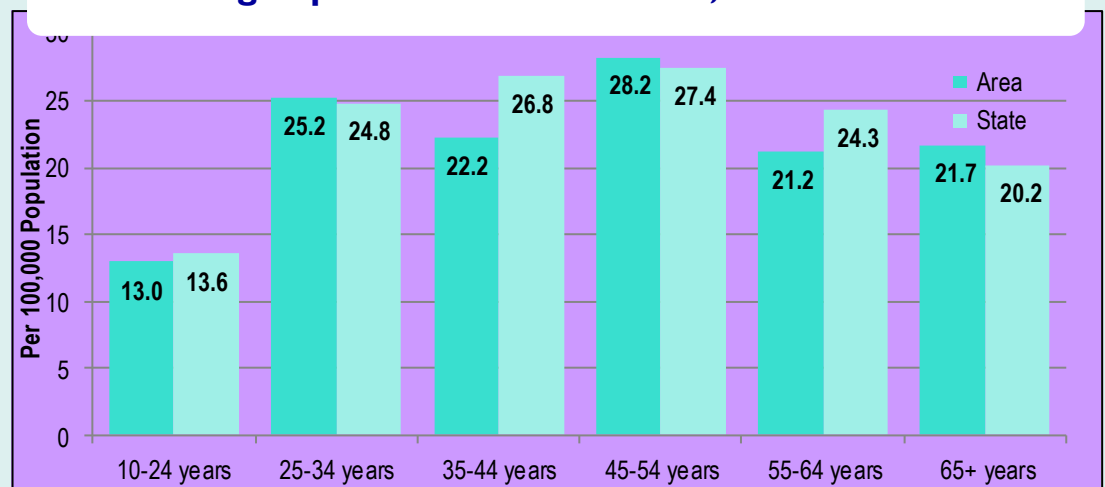
### What is a Suicide?

A suicide is a death resulting from the intentional use of force against oneself.

### Catchment Area Data (2013-2017)

- From 2013-2017, there were 138 suicide deaths in Alfalfa, Beaver, Cimarron, Dewey, Ellis, Garfield, Grant, Harper, Major, Texas, Woods, and Woodward Counties.
- 70% of suicide deaths involved a firearm, 20% were by hanging/strangulation, 8% were poisonings.
- 86% of suicide deaths were of males.
- Adults age 45-54 had the highest rate of suicide for the area.
- 44% of people who died by suicide had a history of mental health problems; 39% were experiencing intimate partner problems; 25% were experiencing physical health issues.
- 25% had disclosed suicidal intent to someone else.
- 80% of the deaths occurred at a home or residence.
- 34% of those tested for blood alcohol content (88%) were positive for alcohol; of the 41% tested for substances other than alcohol, 30% tested positive for one or more substances.

### Age Specific Rates of Suicide, 2013-2017



### Suicide is Preventable

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience. Ideally, prevention addresses all levels of influence: individual, relationship, community, and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

Source – <https://www.cdc.gov/ViolencePrevention/suicide/index.html>

## We Can All Take Action

Evidence shows that providing support services, talking about suicide, reducing access to means of self-harm, and following up with loved ones are just some of the actions we can all take to help others.

The Prevention Division at the Oklahoma Department of Mental Health and Substance Abuse Services offers extensive suicide prevention training, consultation, technical assistance and resources to assist in creating comprehensive strategies for reducing suicides in Oklahoma. For more information about suicide prevention programs and resources available in your community, please contact the Shelby Rowe, Suicide Prevention Program Manager, at [Shelby.Rowe@odmhsas.org](mailto:Shelby.Rowe@odmhsas.org), or visit [https://www.ok.gov/odmhsas/Prevention\\_/index.html](https://www.ok.gov/odmhsas/Prevention_/index.html).

### Additional resources:

Suicide Prevention Resource Center: [www.sprc.org](http://www.sprc.org)

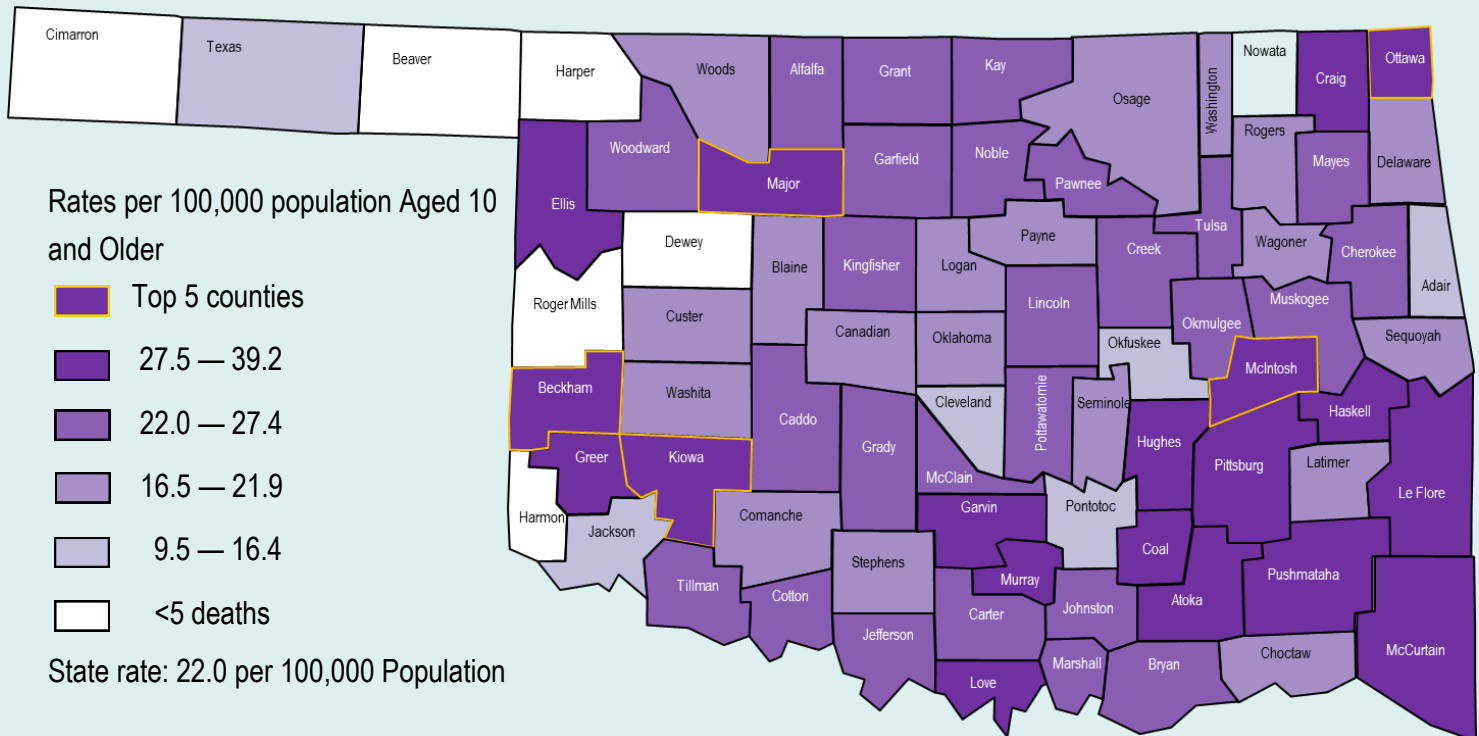
National Action Alliance for Suicide Prevention: <http://actionallianceforsuicideprevention.org>

American Foundation for Suicide Prevention: [www.afsp.org](http://www.afsp.org)

American Association of Suicidology: [www.suicidology.org](http://www.suicidology.org)



## Suicide Death Rates by County of Injury, Oklahoma, 2013-2017



Source: OSDH, Injury Prevention Service, Oklahoma Violent Death Reporting System

The Oklahoma Violent Death Reporting System (OKVDRS) is a statewide surveillance system for suicides, homicides, undetermined manner deaths, unintentional firearm injury deaths and legal intervention deaths. Data are collected from medical examiner reports, death certificates, law enforcement reports, and child fatality review data. The data are included in the National Violent Death Reporting System and can be accessed at [www.cdc.gov/injury/wisqars/](http://www.cdc.gov/injury/wisqars/).

This publication was supported by Cooperative Agreement Number 6 NU17CE002618-05-01 from the Centers for Disease Control and Prevention. The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention. A digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. Copies have not been printed but are available for download at [health.ok.gov](http://health.ok.gov).



<http://okvdrs.health.ok.gov>